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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
43rd Parliament

Thursday 11 January 2024

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

Consultations prébudgétaires

1^{re} session
43^e législature

Jeudi 11 janvier 2024

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

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

Thursday 11 January 2024

Jeudi 11 janvier 2024

The committee met at 1000 in the Croatian National Home Banquet and Conference Centre, Welland.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, and welcome to Welland. I call the meeting of the Standing Committee on Finance and Economic Affairs to order. We are 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. Are there any questions before we begin?

If not, as a reminder, each presenter will have seven minutes for their presentation, and after we've heard from all of 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.

NIAGARA NUTRITION PARTNERS
FEDERATION OF ONTARIO PUBLIC
LIBRARIES/ONTARIO LIBRARY
ASSOCIATION/NIAGARA-ON-THE-LAKE
PUBLIC LIBRARY
SHAW FESTIVAL

The Chair (Mr. Ernie Hardeman): We will ask the first panel of presenters to join us at the table. The first presenters are Niagara Nutrition Partners; Federation of Ontario Public Libraries, Ontario Library Association and Niagara-on-the-Lake Public Library; and the Shaw Festival.

As I said, you will have seven minutes. At six minutes, I will say, "One minute." Don't stop, because at seven minutes I will stop you wherever you are, so that gives you one minute to get the punchline in.

Each speaker should introduce themselves before they start speaking so Hansard can properly record it in the record.

With that, we will start our discussion this morning with Niagara Nutrition Partners.

Ms. Jessica Stephenson: I'm Jessica Stephenson, program manager for Niagara Nutrition Partners, also

known locally as NNP. NNP coordinates 201 student nutrition programs across 12 municipalities. These programs consist of a healthy breakfast, lunch and/or snack, and 24,000 students across Niagara access food daily as a result. It is important to mention that all four school boards in our region participate, making it a true community effort.

Chair, 1,000-plus volunteers I like to call "hunger heroes" work the front lines. Some schools invite service clubs, parents and corporate groups to provide hands-on assistance, making for an impactful mentorship opportunity.

But most impressive is that many of our programs are student-run, providing life skills and a sense of purpose and belonging within the school community. Often built into everyday curriculum, students learn to do the program budgeting, food ordering, and many high school culinary teams cook and serve each meal. In 2022, the Ontario science curriculum added food literacy. Our programs complement this requirement in a tangible and practical way.

Something as seemingly small as a healthy breakfast can have a big impact on student success. That impact is multi-faceted and includes things like an inclusive school community; improved learning capacities; reduced occurrence of behavioural incidents; and of course, the most obvious would be alleviating hunger-related stress by providing access to healthy food.

It is unfortunate that stigmas are frequently associated with people using supportive resources. For children to deal with stigmas for something as essential as access to healthy food is even more disconcerting. Ontario's leadership in implementing the concept of universality has been transformative in removing the stigma often associated with school breakfast clubs. All student nutrition programs funded in part by the Ministry of Children, Community and Social Services follow this model, meaning that if you come to school hungry, no questions are asked and you have access to healthy, filling foods.

We know that childhood hunger is not isolated only to low-income families. There are a variety of reasons children access these programs. The meal room provides a safe space for asylum-seeking and refugee students to meet and get to know new peers, practise language and integrate with the school community in an inclusive, authentic and welcoming environment. It's also a place where learning resource teachers send students in need of a brain break during EQAO testing, or a place for rural

students to gather, eat and regulate after a very early morning bus ride.

Feeding our kids feeds the future. It is an investment. And these programs are beyond filling stomachs. At the core of it is making life better for children and families.

Unfortunately, student nutrition programs across Ontario are experiencing a perfect storm of obstacles that have had a large impact on how we run non-stigmatizing programs. Our expenses for food, equipment and delivery are increasing at alarming rates and each program is becoming more expensive to maintain as a result.

Our rightful mandate from the ministry is to provide fresh, preferably local, high-quality foods at all times. Two to three food groups are always offered to each student—so that's a fruit/veg, grain, dairy product. This is what the kids deserve, but significant cost comes with that. As families continue to rebuild from pandemic-related losses, they face the same. They are becoming more reliant on our programs than they ever were in previous years. Quite frankly, the last school year has been unprecedented for us.

As you know, we receive partial funding from the Ministry of Children, Community and Social Services for some local coordination and direct food purchasing. That funding only covers a portion of the cost for each program. Unfortunately, this provincial funding has not seen a consistent or meaningful increase since 2014, despite the number of students served, the needs in our communities, and inflation.

And we're not alone. Student nutrition programs across Ontario are sounding the same alarm bells, many sharing similar shortfalls. Last March, with a heavy heart, schools were asked to stop purchasing and ordering food if they were at risk of a negative balance, and serious occurrence reports were submitted to our lead agency and ministry liaisons indicating a pause in service for approximately 13 schools. Our staff worked with the remaining schools to reduce capacity if needed, meaning that instead of students receiving a hot breakfast, they were getting something like a granola bar.

For the first time ever, NNP was forced to dip into deferred donations—our reserves—and drain our specialized funding accounts to keep schools afloat. We were fortunate enough to receive significant one-time investments from local philanthropists and community members, and schools stepped up in a big way to fundraise what they could. In June, the government also came through with a one-time investment of \$1.1 million across Ontario, in which Niagara received \$32,652. These efforts essentially saved our programs in the short term but left us longing for some sort of sustainability moving forward.

As you are aware, in September the government of Ontario committed an additional \$5 million towards the Ontario Student Nutrition Program and the First Nations Student Nutrition Program for this school year, and Niagara's portion was \$103,080—an important acknowledgement that school meal programs are an essential pillar in food security. With these funds, NNP has been able to on-board two of our 10 wait-listed programs and will stabilize funding for schools experiencing unprece-

ented participation increases over the last year. However, the question becomes, what happens next September?

The Ontario chapter of the Coalition for Healthy School Food is asking the government to double its current investment in student nutrition programs from a total of \$32.3 million, which includes Ontario student nutrition and First Nations student nutrition, to \$64.4 million in 2024. Not only would this funding stabilize and enhance programming, but it's also an excellent economic investment that provides relief for families who are struggling due to the affordability crisis, which includes many working parents. A recent report by Ruetz and colleagues—

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

Ms. Jessica Stephenson:—showed that for every dollar spent on school food, the return on investment is 2.5 to seven times that in terms of the increased human health and economic equity it leads to. School food can lead to healthier lifelong eating habits, which in turn can help reduce spending on diet-related diseases, which is estimated to cost \$5.6 billion annually in Ontario. Our local agri-food sectors also stand to benefit through increased business and employment, which aligns with the Grow Ontario provincial agri-food strategy.

Your current investment is changing lives, and your consideration of increased core funding would be appreciated. Feeding kids is truly a non-partisan issue. School food programs offer a huge opportunity for the government of Ontario to support the health and learning of our future leaders and their families.

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

We'll now go to the Federation of Ontario Public Libraries, Ontario Library Association, Niagara-on-the-Lake Public Library. The floor is yours.

Ms. Cathy Simpson: Thank you for this opportunity to present at the 2024 pre-budget consultations. My name is Cathy Simpson. I'm the Niagara-on-the-Lake Public Library chief librarian and a member of the Federation of Ontario Public Libraries and the Ontario Library Association. Libraries are founded on the principles of sharing and co-operation, so I'm proud to work with these associations, as well as the other library systems in the Niagara region and throughout Ontario.

You've already heard from several of my colleagues, I know, over the last few sessions, so you'll know we're focused on three budget priorities: the Ontario digital public library, the First Nation Salary Supplement, and the provincial library operating grant.

Communities in Niagara range from mid-size urban centres like St. Catharines and Niagara Falls through to small rural communities like Wainfleet and West Lincoln, with Niagara-on-the-Lake falling somewhere in between. Niagara amalgamated into 12 municipalities in 1970, and we've seen our population grow, especially over the last few years when newcomers and residents from larger centres have moved to Niagara looking for affordable housing. In Niagara-on-the-Lake, many of our newcomers are surprised when they discover that we can't provide the

same learning resources, programs and services offered by libraries in larger cities.

1010

Niagara-on-the-Lake welcomed new residents over the last decade, especially, like I say, in the last few years. And the town's population is forecast to double in the next 20 years, mainly in the Glendale area, which borders St. Catharines along the QEW and the Welland Canal and is home to a campus of Niagara College and an outlet mall.

Currently, Niagara consists of six villages, including Glendale, as I mentioned, with economies rooted in agriculture, wine, tourism, heritage and the arts. We have one branch library in Niagara-on-the-Lake and self-service in two of our villages.

Many residents face challenges visiting a library in person, so they rely on our website and our e-resources, making digital literacy a skill that's very important—a skill that became more necessary during the pandemic, and a skill that continues to be important as more and more services go digital. Seniors isolated at home with limited technology and skills are especially impacted by this shift to digital, so at the library, we provide one-on-one tech tutoring as well as classes on a number of technology topics to keep them connected and empowered.

We also serve a large community of migrant farm workers, who often don't have access to an Internet connection, or at least a high-speed connection, and who need literacy and English-as-a-second-language instruction. We loan Internet hot spots so they can connect with family and community services, and we work with local agencies and volunteers to provide literacy and ESL instruction.

Our town's high school closed several years ago, so the library serves as a community meeting place and learning centre for local teens who are bused to schools in neighbouring communities.

These are just some examples of our residents who would benefit tremendously with access to the digital resources proposed for the Ontario digital public library.

Residents have requested and need language learning, professional development, lifelong learning courses, K-to-12 research resources, live tutoring, and automotive and farm equipment manuals. Currently, we can only offer free resources like CBC Corner and G1 driver test databases, along with one paid resource, the genealogy database Ancestry.

We estimate that the Ontario digital public library would provide resources at a cost savings of up to 40% when compared to libraries subscribing individually. The province of Ontario can leverage its significant purchasing power to fund this resource at an estimated cost of \$15 million annually and, in doing so, deliver equitable access to a common set of authoritative learning resources to every Ontarian regardless of where they live, with technology and supports provided by library staff.

Equally important, our second ask is a sustainable funding model for First Nations public libraries. Libraries on-reserve serve as gathering places and information-sharing centres and are deeply important to maintain a sense of community and to reduce social isolation on these

often remote reserves that face unique social and economic challenges. These reserve libraries don't receive municipal tax funding, and receive only limited support from their bands, often for things like utilities. The annual provincial operating grant combined with the First Nation Salary Supplement currently provides an average of \$15,000 annually to each library on-reserve. A modest investment of \$2 million annually would sustainably fund library operations for First Nation libraries and ensure a living income for their staff.

Finally, there's an urgent need to increase the annual provincial operating grant to address critical priorities shared by the province and local communities. Public libraries have received no increase in provincial operating funding for over 25 years, and during that time, the value of the province's investment has actually decreased by over 60%. While most public libraries are municipally supported—up to 90% to 95%—

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

Ms. Cathy Simpson:—the provincial portion of funding is critical.

In addition to maintaining current levels of provincial funding, we propose an annual investment of \$25 million to address shared community and provincial priorities, including supporting economic recovery through job training and skills; addressing the impacts of mental health and addictions on communities; providing services and resources to seniors, newcomers and low-income families; and supporting early literacy and kindergarten-to-grade-12 success.

Public libraries are one of the last free community spaces that welcome all, and they are truly critical parts of social infrastructure.

On behalf of public libraries across the Niagara region and Ontario, I'm advocating for critical, targeted investments to stabilize public libraries and ensure all Ontarians, no matter where they live, have access to modern, cost-efficient resources and services to thrive and succeed. The partnership between the Ontario government and local public libraries is vital—

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll now go to the Shaw Festival.

Mr. Tim Jennings: My name is Tim Jennings. I'm the executive director and CEO of the Shaw Festival in Niagara-on-the-Lake, Ontario. On behalf of the 600 employees who work with me, I'd like to thank the committee for the opportunity to present today and to welcome you to Niagara.

Established in 1962, the Shaw Festival is now Canada's second-largest theatre company, the greater Niagara region's largest cultural charity, and one of its 20 largest employers, with, as I say, a workforce of over 600 artists and arts professionals. We operate in a repertory model, meaning that for most of the year, we run 10 to 13 plays across three theatres in daily rotation, six days a week, or seven different shows every day, plus our two annual holiday productions. This ends up being almost 900 performances a year, and these are supported by almost 4,000 additional education and outreach activities each season.

Our patrons come and stay in the area for long periods, anchoring extended annual vacations around a multi-performance experience, with an average Canadian household seeing six plays and an average U.S. household seeing 10. Over 90% of our attendees cite that they visit Niagara each year specifically because of the Shaw, but they then make use of the amazing range of opportunities available to them around our performance dates, leasing housing and hotels, eating in our wonderful restaurants, buying wine from the local vineyards, shopping on the main street and buying local produce from our farmers to take on their picnics to area parks as they explore the beauty and the history that is found here in Niagara.

Data shows that our patrons are worth roughly 42% more than the average visitor to Niagara's economy. This combines to make the Shaw the largest generator of economic impact of any independent arts and culture charity in Ontario, and one of the largest in North America. The annual economic impact of the Shaw Festival is, according to a recent 2023 PWC report, \$238 million in annual tourist spending, or roughly 10% of the total \$2.4 billion spent by tourists in our region each year. That equates to around \$7 spent in our community for every dollar spent with Shaw. Thousands of Niagara-area jobs are reliant on us for their existence.

We normatively receive only 5% to 6% of our \$37-million annual budget from all government sources, primarily through the provincial and federal arts councils, and must now raise over \$12 million a year in annual charitable donations from individual philanthropic supporters just to break even. U.S. and international patrons account for 30% to 35% of our attendance and our donations; the rest are Canadians who arrive from literally every district of Ontario and Canada, and only about 12% to 14% come from Niagara each season.

We are the very definition of a destination theatre and a tourism generator, and we're not done yet. Coming through the pandemic, we were uniquely able to keep every one of our 600 artists and workers employed and active. We also used that time to develop an ambitious vision for the future—a future that will drive Niagara tourism forward and make Ontario and Niagara the destination of choice for Canadians, Americans and international visitors once again.

But make no mistake, we are facing tremendous challenges. Put simply, we do not have access to the same public resources as Toronto arts organizations or other larger urban areas. We need government to make capital investments outside of Toronto and into smaller communities across this province—specifically, here in Niagara.

Take, for example, our Royal George Theatre, located at the very heart of our downtown community. It was built as a temporary building almost 100 years ago, and with its clay foundation now dissolving, it must be rebuilt to make it safe, accessible and eco-friendly in order that it serves our patrons for another 100 years. Since we introduced the idea in 2017, our Royal George Theatre's annual Christmas show has turned the holiday months in Niagara-on-the-Lake from the slowest business months of the year into the

second-most profitable for local businesses, injecting tens of millions of dollars of additional revenue into the local economy each year. That impact is in danger of going away unless we can rebuild that theatre immediately.

We also have a housing crisis. This is not a surprise to this group. Shaw leases over 100 units of housing year-round to supply to our out-of-town artists and artisans while they do their work in Niagara. Shaw has been working to find permanent housing solutions for its artists and for visiting students so we can release much-needed economically accessible housing stock back into our community. We now have that opportunity, but we will need your help to realize it.

1020

These are just two of our challenges. There are many, and we're actively working towards the solutions, but we can't do it alone. We need government to come to the table, alongside our generous donors, volunteers, patrons, and local leaders.

There is a very clear opportunity before us to accelerate Ontario's economic recovery and growth through tourism and culture infrastructure. For the Shaw Festival, that opportunity is our All.Together.Now. campaign, a massive \$150-million undertaking that will expand our footprint in Niagara and boost Ontario's economy for decades to come. According to the PWC report, this project, which includes rebuilding our Royal George Theatre and creating our new artist village and education centre, will allow us to generate \$300 million in direct economic impact and leverage over \$800 million a year in cost savings for the private and public sectors annually by 2030, while also creating almost a thousand new full-time jobs in the region.

We share government's view that getting shovels in the ground on major projects will unlock a brighter, more prosperous future for Ontario. And we strongly believe that tourism and cultural infrastructure should be part of your government's plan to build Ontario. We need the government to invest in vital tourism and cultural infrastructure projects, like our ambitious All.Together.Now. campaign—projects that are vital to our communities in Niagara and across Ontario. We ask the provincial government to match what we are raising from our own donors and supporters in order to make that project a reality. This is, we believe, best done through a dedicated stream for tourism and culture infrastructure, as part of the forthcoming renewal of the Investing in Canada Infrastructure Program. The federal government has been clear that it can also bring support through the ICIP program, but only if the province makes their own commitment in this upcoming budget.

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

Mr. Tim Jennings: We ask that you unlock these dollars with your own investment. We know this is the key to driving a strong recovery for our region.

It is our sincere hope that the government thinks of Shaw and Niagara as it works on the 2024 budget to build a stronger Ontario.

On behalf of the Shaw Festival, thank you again for joining us here in Niagara.

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

We will now start the questions. First, we'll go to MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you to our presenters this morning for coming out on kind of a snowy day. We had gotten away with the weather in Niagara—pretty lucky, actually.

My question is going to be directed to Jessica from Niagara Nutrition Partners, and then my colleagues will follow up with other questions.

Jessica, I toured the nutrition program last fall, I believe it was. Your program in Niagara is stellar. What struck me the most was how efficient it was, and your program ran throughout the school. So much is done, day in and day out, by volunteers. You might want to correct me after I ask you the question, but I believe it's run on about 1,000 volunteers in Niagara. The program is very efficient, and it's a well-run program.

Children going to school with empty bellies is inexcusable in Ontario. It should never happen. We're not Third World—we are top, in Canada, I like to say. And I'm very proud to be a representative of Niagara.

I think that the deficiencies would mostly have to do with inflation, with the cost of food. We're seeing it across every table in Niagara, as well as Ontario. Are you finding that and hearing that with other programs?

Ms. Jessica Stephenson: Absolutely. Over the past two years, student nutrition providers have reported to the Coalition for Healthy School Food that their food expenses have increased by 40% to 80%, while student participation rates have risen by 25% to 40% due to increased demand for the programs. That shows families are struggling with the exact same obstacles that the student nutrition programs themselves are. These pressures are seriously impacting the quality and quantity of food that is served in the programs—including putting many across the province at risk of shutting down; like I said, here in Niagara, 13 were forced to pause last school year, which was heartbreaking.

As a result, programs must take some of the following heartbreaking actions to move forward if there isn't a sustainable, long-term increase in funding: reducing their servings of fruits and vegetables to something less costly, like just one grain; reducing the number of days per week that they operate, so instead of five days, only two or three; keeping schools on wait-lists—right now, in four of our regions across Ontario, there are 100 schools on a wait-list, while others have reported that they have wait-lists for the first time ever.

Many different programs are dipping into reserves, like we had to last year, by hundreds of thousands of dollars in some cases, or they're stopping their operations in the spring rather than continuing all the way through until June. They're drastically increasing their fundraising efforts in hopes that their money will not run out before the end of the school year, but we all know that those funding pots

are dwindling. They're not the same as they have been in previous years. Many organizations are struggling with the same inflation issues that we are, and those dollars just aren't there.

So we're definitely asking the provincial government to step up to help fill some of those voids.

Mrs. Jennifer (Jennie) Stevens: I believe you said that the Ontario chapter of the Coalition for Healthy School Food is asking for double the current provincial investments. Is that correct?

Ms. Jessica Stephenson: That is correct. So from \$32.3 million—again, which includes the Ontario Student Nutrition Program and the First Nations Student Nutrition Program—they're asking for \$64.4 million in 2024.

And just to clarify, the Ontario coalition is 80 non-profit and community-driven organizations from across the province that have invested interest in school food. Our members and endorsers include student nutrition, food literacy boards, local governments and stakeholder associations—including the Ontario Public School Boards' Association and the Ontario Federation of Home and School Associations—from across the province. The chapter is part of the national Coalition for Healthy School Food, which is made up of over 400 member and endorser organizations from every province and territory. They work to advance a national school food program in Canada and support strong programs within provinces and territories.

What I do want to note is that Ontario has the largest saturation of student nutrition programs across Canada. In 2022, Manitoba, BC, Quebec and Newfoundland and Labrador announced significant annual funding increases to their student nutrition programs. I do believe that Ontario has a responsibility to commit to an annual increase as well; we need to follow suit.

Mrs. Jennifer (Jennie) Stevens: I know that my grandchildren and my children went to school and the teacher often had a granola bar in the pocket—and I'm sure MPP Harris has several children who are in the school board right now in another riding in Ontario. However, it is a very important program. As I said, no child across Ontario, not even in Niagara, should be going with an empty belly. Consider that the province is asking for testing, and we know if we fuel our bellies, those EQAO testings will be at higher scores.

I will pass it on to my colleagues, Jessica. Thank you for that information.

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

Mr. Wayne Gates: Welcome to Welland.

I want to talk quickly—I'm going to get an opportunity to talk to some more questions in the next round, hopefully—on the importance of the Shaw Festival to the overall tourism of Niagara. I think that's where we have to go when we're in a crisis with the Royal George Theatre like we are. You did touch a little bit on the tourism part. The government has just made a very good decision on taking away the 6.1% tax on small and medium-sized wineries. You know and I know that a lot of the visitors visit those same small and medium-sized wineries.

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

Mr. Wayne Gates: When you're talking about the Shaw, you're not just talking about the Shaw, but you're talking about how important it is to Niagara-on-the-Lake; how important it is, quite frankly, to tourism in all of Niagara—because you're absolutely right; a lot of Americans who support the theatre are donors who come back every single year and make Queen Street what it is.

I really want to talk, just in my 30 seconds left, on how important the Shaw is. I'm really hoping my colleagues on the other side, who I know have been to the Shaw theatre—I've seen some of them there—understand that when you get into a crisis and you look for help, the place where you have to go is your donors. You can go to the municipality, but when you're talking the dollars that you are for the fix that we need, we've got to go to the provincial government for help.

The last thing I'll say, and then I'll get a question out later—I want to congratulate you. You are one of the employers—one of the few—that during COVID—

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

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

1030

MPP Andrea Hazell: Thank you all for coming in and presenting to us. I'm going to go to Jessica first.

If you have children, you know we've got to address this. I also believe that our children should not be going to school hungry, should not be learning and having an education on a hungry stomach.

We all know what's impacting us greatly, worse than before: It's the inflation, the affordability crisis we're having, and the uncontrolled rent we're all experiencing.

I want to bring this down to a personal level. We know you're asking for funding; that's why you're here. But beyond the immediate nutritional benefits, can you share some insights into the broader societal impacts of school nutrition programs, like the benefits that the children are getting from the program? Can you share some insights and stories with us?

Ms. Jessica Stephenson: It's bigger than breakfast. It's bigger than lunch. It's bigger than a snack. It's creating opportunities to connect and be a part of the social fabric of the school community.

I mentioned earlier that it's a place for asylum-seeking and refugee students to come and be introduced to their school community, to learn the language, to see that there are people who care. In Niagara Falls last year, we had an unprecedented increase in student population as a result of the asylum-seeking and refugee families who were brought there. I had a school call me that had 140 new students with four days' warning. Those students required our student nutrition program, not just to fill their stomachs, but to become a part of that social school community. The breakfast room, the lunchroom becomes a safe space—it's familiar faces. It's a place where you can go and you can talk to people who care about you.

We often build student nutrition programs into the school curriculum—so it's life skills, learning skills, tan-

gible skills that they can bring with them for a lifetime. We have alternative classrooms that run the programs. These are children who wouldn't normally have interactions with the rest of the school community. They are isolated to a self-contained classroom. This is an experience that they wouldn't normally get. They're rolling food through the hallways. They're delivering it to classrooms. They're getting high-fives from peers. It is a beautiful thing to watch.

I know it's a lot of pressure on breakfast—but it truly is more than just filling stomachs.

MPP Andrea Hazell: Can you relate that to the mental health capacity in the school and the increase in academic performance? Can you detail that?

Ms. Jessica Stephenson: In our region alone, we've had anecdotal quotes from teachers that there is less absenteeism and there is an increase in behavioural regulation.

A lot of teachers use brain breaks. The student nutrition program is a brain break. They will send students into the breakfast room or lunchroom to, say, pack bins and deliver them. It gives them an opportunity to leave the classroom. So they're using it in those capacities as well.

We know, even as adults—if my stomach is empty, I can't think; I am a blur. It's the same thing with our students and our children. They need to have a full stomach to succeed the way that they should throughout their school day. Reducing that stigma and offering food and student nutrition to everybody levels the playing field so that they all have the same opportunity to succeed. In Ontario, that is the place that I want to live in and I believe that we can live in.

MPP Andrea Hazell: Very well done.

I'll get to the other speakers in my next round of questions.

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

Mr. Sam Oosterhoff: Thank you, Jessica. Thank you to the library association and, of course, Tim.

Jessica, my son is almost three, and he has inherited the “hangry” gene from my family, so I know the importance of ensuring we have food in those little bellies. I know my colleagues, in the next round, will be asking you more questions, but I just want to thank you for the work you do—and the importance of the investments that are made at the provincial level and, of course, from various organizations, as well, to your organization. It's very important, and I know we're going to hear more about that in the next round.

In my round right now, I want to ask Tim a few questions.

We had the chance to have the Shaw Festival at Queen's Park last fall—a really important message that was shared there from the Shaw Festival.

First of all, you didn't actually specify the exact amount that you're looking for in terms of the commitment.

Mr. Tim Jennings: What we're hoping for is a commitment, through ICIP, of \$38 million from the provincial government and \$42 million from the federal government, and we'd supply the other \$70 million through private donation.

Mr. Sam Oosterhoff: Thank you. I just wanted to make sure we had the actual dollar amount on the record.

I want to ask about a cultural issue that I think governments of all stripes and all levels seem to have, and it's with regard to understanding the economic impact of arts and culture in our communities. It's easy—and I've experienced this myself—for governments to talk loudly about the importance of a manufacturing facility that gets built or to talk about the jobs that are associated with the new plant that's opening or even a new construction project, but there doesn't seem to be the same understanding—again, this is at all levels and all stripes—of the impact of organizations like yours. The economic driver that the Shaw Festival is—you've talked about some of these numbers: 90% of patrons saying they came to Niagara because of the Shaw Festival; hundreds of millions of dollars in economic spinoff and the corollaries to that, and not just for Niagara-on-the-Lake, as important as that is. I know that many of my constituents who will drive in to work for you and to be able to participate—whether it's working at a local winery, whether it's working at a local restaurant. But there doesn't seem to be recognition of that always—it's almost an afterthought.

Again, regardless of political stripe and level, there seems to be—yes, arts is nice to have, important, but where the real economy is, that's really in building things. Of course, I understand the importance of manufacturing and how manufacturing is key to what Niagara is, but there are a lot of jobs that are tied in with the arts and cultural sector.

Could you talk a little bit about the importance of that sector from an economic development perspective? We can talk about the legacy and the importance of the ephemeral arts and culture space on another day, but today we're focused on this economy, on economic drivers, and I think you are one. Make that case.

Mr. Tim Jennings: The cultural identity of Niagara is what drives tourism here, and it is the largest tourism destination in Canada. People come here for all the cultural assets, from the Falls to us, to entertainment of all kinds, and the forts, the Parks Canada and Niagara Parks spaces.

In Ontario, the value of live performing arts is directly about \$2.5 billion a year of economic activity, but it drives seven and a half times that in terms of outgoing attachment. More people attend live arts events than live sporting events every year in the province of Ontario, according to your own ministry. In fact, Lisa MacLeod used to hold that up, during the pandemic, as one of the things that was seriously affecting all of the other activities. You don't go to a play without going out to dinner, without doing a little shopping beforehand, without paying a babysitter, without getting gasoline. There are obvious attachments to going out to live things, and it drives a kind of tourism impact that's much higher than something like development of film. Even though film is a fantastic media and does huge amounts of business, it doesn't get people out and about, and it doesn't put them into gathering spaces together; it doesn't drive other economic activities. We've seen, as digital screens have more and more activity in people's

homes, that they go out less. So what we're trying to do is reincentivize people going out and doing things in their community.

As I said, while more than 90% of people come to Niagara because of us, they make huge use of other activities while they're here. They do everything possible in the area. We end up generating, because of that, massive dollars in impact. It's true of a lot of rural theatres. A lot of rural arts organizations across the province or across the country have way more impact than you would think they do, even for their size. So—

Mr. Sam Oosterhoff: I want to ask another question because we only have so much time.

Mr. Tim Jennings: Of course.

Mr. Sam Oosterhoff: We saw the Niagara games, and it was fantastic. That was a one-time event. There was \$100 million in spending between provincial, federal, local governments—\$110 million, if my memory is correct. We have a great legacy facility, as a result. We had a great event, but that was kind of a one and done.

You're talking about having an improved facility that definitely won't be one and done; it will be, according to your numbers, 900 and done—every year. And that's consecutive investments that draw more people in.

Again, why do governments sometimes think about arts and culture as a nice-to-have, not a need-to-have, when we see this kind of economic driver? It's not any provincial government or any federal government—it's all of them. It's something that we need to change our mindset around. Why is that?

Mr. Tim Jennings: I think there are two reasons, and one is, it feels like an elitist activity, which it is not. We see people from every possible walk of life. There's an assumption, I think, that the opera house in Toronto or those sorts of things attract a certain kind of person—whereas rural activities like ours, or destination activities, tend to not be that; they tend to be very broad-spectrum.

1040

I would say the other thing that's really clear about it is that we do appreciate art and culture; we just don't talk about it. That's the problem. Everything from architecture to things like the new power plant at Niagara Falls, which is generating huge dollars—these are investments in cultural activities. In fact, even wine and food, ultimately, are cultural activities. These are things that have combined together to be much more than the value of a single item.

So while I can absolutely speak to the value of live art, the wider cultural assets are actually what I'm asking—

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

Mr. Tim Jennings: —for the ICIP to include, because I think it isn't just about us; there are a whole bunch of assets that need these refurbishments.

We just happen to be in a desperate situation. We will, in fact, have to close the Royal George, which will take \$70 million out of the Niagara economy every year until it gets rebuilt. It will close at the end of 2025, so we're looking for this to happen sooner. We've already generated about \$60 million in government revenues a year. We're asking

for \$80 million from both levels of government, so that investment will get paid back very, very quickly.

Mr. Sam Oosterhoff: I support your ask. It's an important investment in Niagara. I think a lot of my colleagues, from what I've heard, also see that need, and it's going to continue as we move forward—to continue to make that case.

I appreciate you coming before the committee. I want to also extend my gratitude to all those who work with your organization.

And I want to thank the presenters. Like I said, in the next round, there will be more questions.

I just wanted to make sure we had a chance to chat about this driver, because I think—

The Chair (Mr. Wayne Gates): Thank you very much. We'll now go to the official opposition. MPP Gates.

Mr. Wayne Gates: I'm going to direct my questions to the Shaw, and then hopefully I'll get a question to get into the library as well.

Two things—one: You could talk a little bit about the All.Together.Now. campaign that you're running. But I think more important for today's ask is the Royal George Theatre that has some real concerns and will have an incredible impact on the tourism and the growth in Niagara-on-the-Lake. Could you touch on those two, please? Use as much of your time as you can, but leave me at least a minute to ask a question to Niagara-on-the-Lake.

Mr. Tim Jennings: All.Together.Now. really is thinking about how arts and culture organizations can reconnect people and the basic human needs that are served through art. Our thought process is that gathering is a necessary part of life and that we try to put different kinds of people in rooms together to share common stories and to reflect on those ideas that are presented in them. Some of the things that we're looking at are ideas like—in our education and artist village area, we're trying to develop a new senior space. About 70% of audiences attending theatre across Canada are seniors. There's no centre for research on how arts impacts those people and how we can help reduce social isolation and improve cognitive, physical and social maintenance. We believe, through the study that we've done recently, that we can, in fact, actually reduce health care costs by \$800 million a year if we can reduce social isolation by 5% through combined programs across all arts and culture organizations in Canada. We think that's a very doable, achievable goal in the next eight years.

In terms of the Royal George, as I say, the project is very large. We bought up the properties around it to be able to rebuild the centre. We weren't able to do that previously. The building was built out of clay. We lost six performances this summer just to rain permeation through the walls; it started pouring in directly through the foundation. It now needs to be rebuilt. If we don't rebuild it, it won't be safe to use anymore. Actually, when I started at the Shaw in 2015, I had a 10-year-old report saying the building had to be closed in 10 years. We've mitigated that another decade now. We need to move forward on changing that or, as I say, we'll lose the \$70 million of impact on the main street.

Mr. Wayne Gates: What is the cost that you're looking at to repair that, and what would be the economic impact on Queen Street? This is a theatre that's right on Queen.

Mr. Tim Jennings: Yes, it's our downtown campus.

The two aspects of the project are the artists' village and education centre and the Royal George. The Royal George is the more expensive of the two spaces. We're basically looking at taking a building and rebuilding an entire facility there into Canada's first net-zero theatre and its first Rick Hansen-certified theatre.

The building itself would be in the approximately \$90-million range to rebuild. It would have a large rehearsal space and a major theatre in it of about 370 seats or so. That's our aim at the moment. What that would do is drive an additional \$30 million of revenues a year into the downtown, over the \$70 million we're already driving, plus provide a variety of community assets that aren't available currently in Niagara-on-the-Lake. It also allows us to be able to generate year-round business, which we're not able to do right now. We can run that theatre up until late December, but frankly, it's very, very difficult to run in the winter because it wasn't built with heat. We've created ways around that at the moment, but the new facility would, in fact, have that and, in fact, act as a net-zero space. It's a very important thing.

The other thing is, it's not an accessible building. It was built as a lecture hall, originally, for the military, and the audience chamber is eight feet deep. The accessible wash-room is outside the building, down an alley. It's just not appropriate to a 21st-century facility for one of the world's leading theatre companies, and we do need to rebuild it.

Mr. Wayne Gates: You mentioned the military, which is kind of interesting. That's how far back that theatre goes.

Mr. Tim Jennings: Yes. It was built initially for officers in World War I, and it was built as a temporary building, literally out of clay tile, that we just keep repairing and repairing and repairing at an extreme expense.

Mr. Wayne Gates: Hopefully, the government will see the need there and, certainly, include it in the budget.

To Niagara-on-the-Lake—Cathy, to your library services: Tell us how many people use that particular facility and why you need the ask to this government—a little clearer—and what it is that's needed. Talk about how many residents in Niagara-on-the-Lake actually use that service. It's amazing, quite frankly. I think that would be helpful for the committee.

Ms. Cathy Simpson: Thank you. In terms of people who use the library, statistics are a little strange right now because of the pandemic. We were forced to close on and off over the last three years. We're finalizing our 2023 statistics. In 2022, with completely being closed in January, we had just over 30,000 physical visits, so that's in-person to the library; and in terms of our website, that was just over 75,000 visits. Of course, the virtual visits increased due to some of the closures.

We have what we call "active members." That's a number we give to the province. That's people who have used their library card in the last two years. We have approxi-

mately 9,000 active members. That doesn't include people who don't have a card but just come and stay and sit down, read the newspapers, use the computers. We do see tourists coming to print, say, their plane tickets or itineraries. And I believe—sorry; did you want some other statistics, as well?

Mr. Wayne Gates: The point I'm trying to make is that—in my last election, one of the candidates said that we don't need libraries anymore. That was kind of what the headline was in the local paper, and a lot of people really got upset—

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

Mr. Wayne Gates: —about that because of the fact that we know how much it's used. It is really the hub of the community. We've got a little store in there so that we can get some food and meet there, and a lot of our seniors go there. I think it's important to have the committee understand how important this service you're providing every single day is. It gets our seniors out of their homes and gets them to meet each other and go read the books.

How many book signings have you had in that particular facility? I've been to a lot of them. It seems like every time I go, you've got to buy a book; it's the way it is for the book signings.

All those things—it's just such an important part of our community.

When you come and you ask at budget time for some help, these are good reasons why the committee, I would think, would say, "Yes, these are needs that we have to address, and we can do it at budget time."

Ms. Cathy Simpson: Agreed. We're kind of food for the brain, and we're also a cultural—

The Chair (Mr. Ernie Hardeman): Thank you very much. Maybe we can add that to the next question.

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

MPP Andrea Hazell: Tim, my questions are going to be for you in this round. I'm going to ask Cathy a quick question, as well.

First, I want to say thank you for continuing to be one of the largest employers in Niagara region. I also want to say thank you—I hope I get this number right and I'm not inflating it: \$220 million per year to the economy.

Mr. Tim Jennings: It's \$238 million.

MPP Andrea Hazell: There you go: \$238 million. I thank you for that.

1050

I want to talk about COVID, because you were hit in 2020 and you had to cancel some of your programs. Have you recovered? Do you now have all your programs back—pre-pandemic?

Mr. Tim Jennings: We were unusually fortunate in that, in 2015, I took out pandemic insurance which helped insulate us against what happened in 2020. That allowed us to keep all 600 of our employees on. As a living wage employer, it was important to us to make sure that everybody was safeguarded during the pandemic, so we worked very hard to make sure that happened. We were able to do that—I think uniquely in Canada, at this point.

We are not fully recovered. Tourism generally is still down about 20%, although numbers, dollar-wise, are getting back towards the 2019 level. Of course, the rate of inflation has been enormous over the last four years. We see cost increases of almost 30% compared to 2019. Even though the current year made more money than our 2019 year, it made that money on increased donations. We were up about \$3 million over 2019 in terms of donations this year, but our attendance is still about 60,000 people less than the 325,000 people we saw in 2019. This year, we'll see about 271,000 in total attendance for 2023. That number needs to come back up to normal in order to have the kind of economic impact we want, for sure.

MPP Andrea Hazell: And that can impact your operating cost.

Mr. Tim Jennings: It certainly does. It doesn't cost us less to run the shows just because less people are showing up.

However, what we've done well on is being able to have our individual donors help. We have about 14,500 people who donate to the Shaw Festival annually, and they're all kinds of people from all walks of life, so it has been very helpful to have that wide spread of donors and households being able to help us out.

MPP Andrea Hazell: I want to ask you a transportation question. In my riding, when we're gifted tickets to Shaw, we think, "Oh my God, it's the best thing since sliced bread"; we're all happy to get there. But I'll tell you, one of the gaps that we face is the public transit. The one-day shuttle service from downtown Toronto is \$29, and the GO train and WEGO bus package is \$30 on the weekend.

Mr. Tim Jennings: Yes, we've had to actually start running a bus.

MPP Andrea Hazell: As a person in the financial field, I'm thinking that if you can increase these numbers by getting better transportation, it can add to your bottom line. What are your thoughts on that?

Mr. Tim Jennings: Yes, absolutely. The intercommunity transit is very, very important to our employees. Most of our folks have to own a car in order to get to Niagara-on-the-Lake, frankly.

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

Mr. Tim Jennings: It's just not possible to have that intercommunity transit work. It's a huge priority for us and for major employers all over the region.

We do run a bus service ourselves, the Shaw Express, from downtown Toronto several days a week because of this lack of transport from Toronto. There's a stop in Burlington on the way. But it doesn't solve problems for people coming from other areas. The GO train increases were great, but we'd like to see even more of that. The area is becoming a commuter hub to Toronto, so we think there's a real reason for that to happen, both for tourists and for workers.

MPP Andrea Hazell: I wanted you to get that on the record.

Cathy, your libraries have done amazing presentations really detailing what the funding is for—towards the li-

brary operation funding, digital public libraries and First Nation public libraries.

What I didn't hear is, the migrant workers are using the libraries—

The Chair (Mr. Ernie Hardeman): Maybe the answer will fit the next question, which will come from MPP Harris.

Mr. Mike Harris: Thank you all for participating today. I know that for some of you it was a little bit of a trek to get here. Not too far—it was about two hours for me from Kitchener, and it was a little snowy on the way.

I want to talk a little bit about Niagara Nutrition Partners.

We have Food4Kids Waterloo Region, which I'm sure you're very familiar with. I've done a lot of work with them over the last five years, and they're a fantastic organization. I know one challenge they've had is liaising with—not necessarily the school boards, but with certain schools. Some schools have taken on the program and have really enjoyed it; some have been hesitant.

I'd like to get a little bit of information as to what you're seeing on the ground here. And if you could give me a little bit of a rundown as to what school boards you deal with—if it's just Niagara, or if you branch out a little bit into some of the other areas.

Ms. Jessica Stephenson: Niagara Nutrition Partners serves the 12 municipalities here in Niagara. That includes four school boards: the District School Board of Niagara, the Niagara Catholic District School Board, and both French boards, the public and Catholic. We're in all four. That equals 201 student nutrition programs, and there are 24,000-plus students served every day.

I will say the struggles that they're facing go back to that stigma I was talking about, and that's the reason why universality is so important. There are so many reasons why these programs are beneficial.

A high school in Pelham, E.L. Crossley, did not have a program for a very long time because the stigma was so rooted. They started inviting the student athletic teams down to the breakfast room early in the morning, and they talked about the correlation between healthy eating habits and athletics and what that benefit was. Seeing all of those student leaders and athletes coming down normalized the program. They saw an increase from 30-odd students to 200-odd students coming down and partaking in breakfast, and today it's even more than that.

I do want to say that 10 of the wait-listed programs we have are in Mr. Oosterhoff's riding, which traditionally has not struggled with low income or poverty-type issues. It did exist, but it wasn't a large concern. Most of our programs were saturated, say, in Niagara Falls, St. Catharines, some of those more urban centres.

Mr. Mike Harris: Would you say that some of that is due in part—obviously, with inflationary pressures; we've talked about that already. But with the reduction of that stigma, that more people—when we look at mental health initiatives, for example. You can't go anywhere without talking about mental health anymore, but 10 years ago, that wasn't the case.

Ms. Jessica Stephenson: Exactly.

Mr. Mike Harris: Would you think that some of that is due to breaking down some of those barriers?

Ms. Jessica Stephenson: Absolutely, and that's exactly what I was just about to say. Those communities are seeing a need. There is poverty popping up. Poverty doesn't have a neighbourhood. We use the term "house poor" now. In a lot of those communities, people can afford their home, but we don't know what's going on behind those closed doors due to inflation etc. They are now seeing the benefit of student nutrition programs in terms of mental health and well-being. That stigma has been reduced. A lot of those schools that traditionally said, "Oh, we don't need that; it's okay," are now coming forward and saying, "There actually is a huge need. We want to be a part of this, but we can't afford it."

Mr. Mike Harris: There was an additional roughly \$5 million that was invested into the programs across the province. I think it was announced just last fall. What does that mean for your organization, specifically? And with the extra amount that you're looking for in this budget coming up, how will you be able to expand programming? I know you talked about it a little bit in your opening remarks—but if you could get into a little bit more detail about some of those wait-listed schools or how you can expand the program into areas where you may not be already.

Ms. Jessica Stephenson: That money was a wonderful leg-up; however, it was a one-time investment.

This school year, we were able to on-board two of the 10 wait-listed programs. Obviously, we chose based on the highest need. We tried to be as equitable as possible in making those decisions. Basically, one of the school's teachers were paying out of their own pockets because the need was so severe.

We were also able to help some of the schools in Niagara Falls that had experienced unprecedented population growth due to the influx of asylum-seeking refugee families, to sustain their funding and carry them through. It was, in all honesty, a band-aid.

It's going to get us through this school year, but we're going to have the same struggles come September if there isn't a consistent increase and an annual funding commitment from the provincial government.

Mr. Mike Harris: How much time left, Chair?

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

Mr. Mike Harris: Just quickly, I want to give an anecdotal story, and MPP Stevens was touching on it earlier. Anywhere we go, I always have to talk about my five kids because I love them so much. But I can tell you from first-hand experience, what you're talking about, with teachers who are paying out-of-pocket or providing a little bit of granola bars up at the front—my kids will come home and say, "Hey, so-and-so went up and grabbed a thing today." I say, "Well, encourage them. Tell them if they ever need help, reach out and don't be shy about it." Like you said, that stigma and reducing it, I think, is really key.

The other thing that we haven't really talked about much, and I'm just going to plug it, is the programs that you guys do during March break or during the Christmas break or holiday break. It's not just about that one day or during school; it's about moving those programs forward through into the summer as well, right? I think it's something that you would really love to be able to do.

1100

I think that probably eats up most of our time, but if MPP Dowie wanted to chime in—

Mr. Andrew Dowie: You can continue.

Mr. Mike Harris: Well, that's it. Thank you.

The Chair (Mr. Ernie Hardeman): There's 1.8—

Mr. Andrew Dowie: Sure, I'll take one.

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

Mr. Andrew Dowie: I'll be quick.

I want to thank all the presenters for your comments. This has been an opportunity to learn about Niagara for myself and I'm sure—actually, I look with envy at what Niagara has got, in some cases.

I have a question for the Shaw Festival. In terms of the overall upkeep of the buildings and the built environment, can you elaborate as to what sources of funding exist today, and partnerships that you have, say, with municipal governments?

Mr. Tim Jennings: There isn't a regional or municipal arts council or funding body, really. The discretionary grant system for Niagara-on-the-Lake is a total of \$100,000 to all organizations, and Shaw doesn't tend to apply to that simply because we have other ability to raise funds from individuals. As I noted, we get a total of around \$2 million a year from the various arts councils. We raise about \$12.5 million a year from individuals. We also are able to raise money from foundations and corporate sponsors additively to that. And then, we sell tickets, of course—

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

We want to thank all three of the presenters for the time you took to prepare and to come here and present to us. I'm sure it will be of great assistance as we proceed in trying to develop a budget coming forward.

CHEMISTRY INDUSTRY ASSOCIATION
OF CANADA

ALS SOCIETY OF CANADA

The Chair (Mr. Ernie Hardeman): The next panel will be the Chemistry Industry Association of Canada and the ALS Society of Canada.

As with the others, you will have seven minutes to make a presentation. At the six-minute mark, I will give a notice of "One minute left," and at the end of the one minute, time is up.

I'll also ask that when you start your presentation, you give your name for the Hansard so it will be properly recorded.

With that, we will hear from the Chemistry Industry Association of Canada first.

Mr. Don Fusco: I'm Don Fusco. I'm regional director, Ontario and corporate secretary for the Chemistry Industry Association of Canada. Thank you for this opportunity. You are receiving our pre-budget submission document as I speak, which includes our recommendations, and I'll briefly summarize.

Ontario's combined \$50-billion chemistry and plastics industry is the third-largest manufacturing sector in the province. Our members are key employers here in the Niagara region, as well as Sarnia-Lambton, the GTA, the Waterloo region, as well as eastern Ontario. Our chemistry facilities employ high-skilled, well-paying jobs, with average salaries for production operators hitting \$100,000 per year.

The vast majority of our members are Canadian subsidiaries of foreign multinationals. As such, our members not only compete globally for market share, but they compete internally within their organizations for investment dollars.

Some 95% of all manufactured goods are touched by chemistry in one way or another. Our products provide vital inputs to support the economic viability of key industries in the province, including automotive/EV/battery, agri-food, mining and critical minerals processing, and forestry.

Globally, the chemistry industry continues to expand at roughly one and a half times global GDP. This translates into roughly half a trillion dollars in capital expenditures each and every year.

However, despite its historical importance, this investment wave continues to bypass Ontario. Where we would have expected about 15 major new investments totalling \$20 billion in the last decade, we have seen one major investment here, and that's Nova Chemicals' \$3-billion project nearing completion in Lambton county.

Ontario is to be congratulated for the significant progress it has made in eliminating unnecessary red tape, which has kept our facilities open and allowed for some modest expansions.

I also want to highlight Ontario's plan to return the emissions performance standards industrial proceeds in full to emitters to invest in emission-reduction initiatives, a first in Canada.

Nevertheless, Ontario's chemistry industry is now at a crossroads. A strategy is needed to ensure the provincial chemistry sector remains viable and able to participate in the low-carbon and circular economy transformation that is now happening in greater scale in other clusters in Canada and the US.

Our sector, as I mentioned, is in the midst of two major transformations: decarbonization, the net-zero carbon emissions transition; and, of course, a circular economy for plastics.

On the net-zero carbon emissions front, Canada is leading the way. As an example, Dow Chemical recently confirmed plans to invest upwards of \$10 billion to convert and expand its Fort Saskatchewan, Alberta, facil-

ity to be the world's first net-zero ethylene and derivatives production complex. This is in addition to other recently announced investments in Alberta that lever carbon storage. These investments are supported by Alberta's existing carbon storage framework and federal and provincial incentives. We are encouraged with recent actions here to develop a regulatory framework for carbon storage. Investment opportunities for both existing and new facilities are reliant on carbon storage as part of their decarbonization strategy. I cannot impress more the need to move quickly beyond signalling intention to full implementation here. The lack of commercial-scale carbon storage also blocks Ontario firms from federal investment tax credits. This is part of Canada's attempt to level the playing field with the US Inflation Reduction Act. Until we have commercial-scale carbon storage here, we are shutting the door to investment incentives that are available to other companies in Canada—and, of course, partly paid for by Ontario taxpayers.

On the circular economy for plastics, Ontario has the scale and the chemical sector to be a regional innovation hub—to develop, scale up and commercialize new mechanical and advanced recycling technologies. Innovative recycling technologies are key to ensuring hard-to-recycle plastics don't end up in a landfill and can instead have a beneficial use such as feedstock for new plastics and synthetic industrial fuels. We must recognize post-consumer and industrial plastics as a resource. Presently, any facility that wishes to recycle these materials is still considered a waste disposal facility. However, sorted post-use plastics for the purpose of recycling is similar to and should be treated the same way as any other manufacturing facility. There will also be a need for significant investment in plastics recycling infrastructure. Our large population and the rollout of the standardized Blue Box Program will provide a stable supply of feedstock, a necessity to scale up recycling. We recommend that Ontario establish a public-private partnership to support investments in both cutting-edge mechanical and advanced recycling and sorting innovation. British Columbia, Alberta and Quebec have launched funding programs to support these initiatives.

Speaking about investment attraction, along with the additional funding announced for Invest Ontario in the fall economic statement, we encourage the province to develop a range of investment-attraction initiatives to secure large-scale, long-life, high-value job-creating anchor and add-on investment opportunities in our sector. We point to Alberta and Quebec initiatives that Ontario can replicate.

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

Mr. Don Fusco: The Alberta Petrochemicals Incentive Program provides certainty based on a 12% fixed grant funding level for all major chemical projects. The funding is allocated once a project achieves commercial operations. Alberta has also signalled its intent to expand this program to include carbon storage products.

Quebec recently announced an expansion to its C3i program, which provides refundable tax credits on defined capex up to \$100 million over four years. This tax credit

level ranges from 15% to 25%, with investments made in regions with lower economic vitality receiving a higher tax credit, and this is on top of Quebec's 30% top-up of the accelerated capital cost allowance funding.

Lastly, we see Ontario's voice as a valuable asset in coordinating pan-provincial efforts with the federal government. We seek the province's assistance to advocate on behalf of the chemistry and plastics sector to make the accelerated capital cost allowance permanent—

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

We will now hear from the ALS Society of Canada. The floor is yours.

1110

Ms. Melissa Van Tuyl: My name is Melissa Van Tuyl. I'm here on behalf of ALS Society of Canada and the five multidisciplinary ALS clinics in Ontario. Today, I'm representing over 1,300 Ontario people living and dying with ALS. In my role at ALS Canada, I work directly with 127 people in Hamilton, Niagara, Haldimand and Brant.

ALS is a terminal illness that gradually paralyzes a person who will lose their ability to move, to speak, to swallow and, eventually, to breathe. With no cure, 80% of people with ALS will die within three to five years. The progressive nature of ALS is relentless and results in a substantial care need that increases over time. It has profound impact on the individuals and residual trauma for the families. Today, the Ontario health care system is not meeting these needs, leaving people living with ALS unable to access the critical care and support they urgently require. This issue extends beyond the immediate health care concern. It impacts our families, our community, our economy, and the very fabric of Ontario. Without dedicated and substantial funding for ALS care and support, people living with ALS face greater risk, leading to increased strain on our health care resources.

ALS Canada is a charity that has been addressing the gaps in critical equipment and community support services by providing over 40 different types of equipment in a timely manner and direct psychosocial support in communities throughout our province. Our services not only support the individual with the disease, but also their caregivers and their families, ultimately impacting more than 8,000 Ontarians affected by this disease. These vital services should not be funded by donor dollars. This is inappropriate and unsustainable.

The five multidisciplinary ALS clinics in Ontario are beyond capacity and under-resourced, unable to meet the unique level of complex care that patients require, as identified in the Canadian best practice recommendations for management of ALS.

People living with ALS and their families are in an increasingly vulnerable position. We are seeing one out of four people dying of ALS choose to access medical assistance in dying because they cannot get the care they need.

Between these challenges, there is hope and an opportunity for change. To respond to the urgent need, ALS Canada, in collaboration with the clinics, developed the

Ontario Provincial ALS Program, which represents a comprehensive solution to a complex issue.

For budget 2024, we are asking the provincial government to implement the recommendations outlined in the Ontario Provincial ALS Program: an investment in ALS clinics to ensure that clinical care needs of the community are met—the full staffing of a neurologist, a respirologist, occupational therapists, a physiotherapist, a social worker and a dietitian can be provided with regular visits with the full team as the disease progresses; sustainable funding for ALS Canada's equipment program and community services, so people with ALS in Ontario can maximize their quality of life and minimize additional cost to the health care system due to emergency interventions for the individual or for the caregiver who may be injured in trying to provide care; formation of a secretariat to ensure the program's effectiveness, ability to adapt and value for money. We are also asking for development of a regional strategy for people living in northern and rural Ontario to get the care that they need.

The initial investment required for this transformation program is estimated at \$6.6 million, which is a modest figure in comparison to the profound impact it promises. The immediate funding of \$6.6 million equates to approximately \$5,000 for each person living with ALS. In contrast, the average cost for a person with ALS who is admitted to hospital in a crisis state is almost \$30,000.

At the Sunnybrook clinic alone, in the past year, 46 patients were admitted, with an average length of stay of over 16 days, and the cost per patient was almost \$30,000. Sunnybrook is caring for the largest number of people with ALS, with over 700 patients, and only 20% are coming from within their catchment area. If Sunnybrook restricts access to this catchment area, it will push the people back to their other clinics that lack capacity, causing further despair. Some people will simply not have access to a clinic and the care they need.

ALS Canada is efficient and cost-effective but cannot continue to fill the gaps and meet the demand going forward. Providing core services and equipment is inappropriate and unsustainable using donor funds. We will need to start to restrict the services and equipment we can provide.

As the care needs increase, so does the burden on the caregiver, psychologically, financially and physically. You can only imagine yourself caring for your parent, your spouse, or your child—trying to care for them or transfer from a hospital bed to a power wheelchair without the equipment that you need. The risk to the caregiver is dramatically increased without these basic pieces of medical equipment that ALS Canada is currently providing. The caregiver is also likely to need health care resources if not appropriately supported.

One in four people dying of ALS are choosing MAID, increasingly citing a lack of access to care and resources. We are concerned—

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

Ms. Melissa Van Tuyl:—this will significantly grow if care, services and equipment are further restricted.

As you consider the Ontario budget, please know that, together with the Ontario government, we can ease the burden of ALS and ensure Ontario's people living with ALS and their loved ones receive the care and support they highly deserve. In doing this, we can also save the health care system from significant cost. Thank you.

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

We will start this round with the independents. MPP Hazell.

MPP Andrea Hazell: Thank you for coming in. I enjoyed your presentations, and I learned a lot from both of your presentations. Thank you for submitting that material.

I want to talk about the recycling part of your presentation. I know that you are working to advance recycling facilities for plastics and that you want government investment into this.

What percentage of our current plastic is recycled?

Mr. Don Fusco: Generally, about 10% of plastics are recycled today, and it's primarily through mechanical recycling. The most common are water bottles and plastic bottles, because they are easily recycled—grind it and then remold it back into plastics.

Plastics are a very complex material. If you look at food packages, you would be surprised that there could be 10 or 11 different layers in there.

MPP Andrea Hazell: I heard.

Mr. Don Fusco: That cannot be easily recycled because of the different properties in it, whereas innovations now that are beginning to become commercialized use gasification and pyrolysis as a means to break down that package into its molecular components to then be reused and manufactured into the same or different plastics. That's going to be one of the key drivers to improve recycling, and we are committed to working with that because we believe plastics must stay in the economy and not in the environment.

MPP Andrea Hazell: I have one more question for you. Your submission does not mention investment in education and training. I didn't hear that, and that was key for me. I thought you would have touched on that, because your sector is so vital to this economy and to bringing us closer to our net-zero goals.

Mr. Don Fusco: Very good point. I'll make sure that we do follow up with that.

Obviously, high-skilled jobs are required in our sector. Things are becoming more digital and more specialized. We point to Lambton College as one of the key sources of the skills and graduates to go into the cluster, but also, obviously, chemistry, engineering and bioengineering are critical aspects. Finding the right labour force is always a problem for any manufacturing sector now that it's moving to upskilling, and it's an important element.

MPP Andrea Hazell: We heard universities here that were presenting to us. They are asking for more operating funds. If they do not get that, can that be a risk to your sector?

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Mr. Don Fusco: Absolutely. We're dealing with retirements of workers and having to replace them with recent graduates or new Canadians—

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

Mr. Don Fusco:—so it's important to have not only the feedstock to produce product but also the stock of skilled trades, yes.

MPP Andrea Hazell: I know you asked about different investment sectors, but what is one crucial investment line that you would rather get here for this committee, just on record?

Mr. Don Fusco: It is competing with the state and federal investment-attraction incentives in the US.

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

Mr. Deepak Anand: Thank you to both of you for coming. I want to start with ALS Canada, and then I want to move over to the chemical industry.

There are 3,000 patients in Canada. How many are in Ontario, approximately?

Ms. Melissa Van Tuyl: There are 1,300.

Mr. Deepak Anand: Recently, the government made some changes wherein the government announced they would now be covering the funding for Albroiza as a new treatment for ALS. Would that make a difference in their lives?

Ms. Melissa Van Tuyl: It's great that we're having more access to therapies; however, not all ALS patients qualify. You have to reach certain breathing markers to obtain this medication. Unfortunately, if you are diagnosed and already experiencing significant breathing complications, you are not qualifying for that therapy. Also, there are several types of red tape in obtaining the therapy. It's costly, and companies are just now picking it up. Again, it's great, but it doesn't cover the whole population of ALS.

Mr. Deepak Anand: But you think it is a step in the right direction?

Ms. Melissa Van Tuyl: It's a start, 100%.

Mr. Deepak Anand: Thank you.

To the chemical industry association, I just want to disclose this: I graduated in chemical engineering. Even though I didn't practise in chemical as a professional engineer when I came to Canada, I did work in the chemical industry for five years.

I was amazed to see that Alberta has a big presence in the chemical industry; Saskatchewan has it. When it comes to Ontario, there are very few of us. You did talk about \$30 billion in chemical manufacturing, 45,000 jobs, \$3.2 billion in the average salaries paid, which is about \$74,000 average salary—it's a decent salary. Why is there so much difference? What can we do? We talk about life sciences; we talk about automotive; we talk about fintech; we talk about the IT sector—Ontario is leading Canada, but not in chemicals. Why?

Mr. Don Fusco: Frankly, because other jurisdictions want it more. We see that it's a very competitive industry. Alberta has led the way in the last decade in attracting

investments because it has developed a focused strategy, not only funding programs—and I mentioned the Alberta Petrochemicals Incentive Program—but the fact that it has picked that as one of its anchor aspects of its economy. It has been an anchor part of Ontario's economy since World War II, but it doesn't receive the same attention, as an economic driver—in Ontario, over the past 20 years, it has been holding, but Alberta and other clusters in North America have been booming.

Mr. Deepak Anand: What gets measured gets done; we know this. We know that maybe it's too late to compete to have the petrochemical refineries out here, but what are the few things we can do? What are those two or three sectors where we are actually in the top three or top five, where we can thrive—maybe low-hanging fruit or whatever you call it? What are those sectors that we can concentrate on to begin with? It's a vicious cycle: You invest into those sectors, more investments come into that sector, the sector grows. When the sector grows, we can bring in more investment and we can regenerate that cycle. So what would those sectors be?

Mr. Don Fusco: Certainly, when we talk about sectors and the transformations that are going on—decarbonization and leveraging investment attraction and reducing carbon emissions at the same time—that benefits the entire chemistry sector. And improving mechanical and supporting advanced recycling here in the province, I would say, on the recycling side, is a critical area of future growth that, if we can take hold now, will drive economic and environmental benefits for Ontario for lasting periods.

Mr. Deepak Anand: Again, as a follow-up: I would appreciate if you can share some of those sectors. There is more probability of us getting more investment—not right now, but if you can pass it on to our office, I would be happy to look at it.

I do appreciate that you had Ontario MPP tours done in 2022—my colleague MPP Harris was one of them. He really enjoyed it; he was talking about that a couple of months back. I would appreciate doing more of that in the future so that we see first-hand the experience and the result that you're producing, not just for Ontario, but for the rest of the world. We would be more excited, as well.

Mr. Don Fusco: If I may, MPP Gates toured a facility here in the Niagara region—

Mr. Deepak Anand: That's it for me. Thank you.

The Chair (Mr. Ernie Hardeman): MPP Dowie, you have a further question?

Mr. Andrew Dowie: Yes, I do. How much time is left, Chair?

The Chair (Mr. Ernie Hardeman): You have two minutes—almost.

Mr. Andrew Dowie: Thank you, Chair.

I want to thank both presenters for being here. I'm going to focus on Mr. Fusco.

I give a hand to Imperial Oil. Last summer, they invited a number of MPPs out to see these facilities. I was so encouraged by what I heard from Imperial Oil, including the prospect of recycling every plastic that we've got. We can see the end of the landfill. That's how aspirational it

is. It seems like we're on the cusp of it, so I want to thank the industry for getting us to that point. It's going to happen in our lifetime, from the sound of it, and I'm so encouraged about that.

Just speaking on the development of the chemical industry, down in my community of Windsor–Tecumseh—

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

Mr. Andrew Dowie: —we had a debate over the amount of electricity that is needed to support a chemical plant. I'm hoping you might be able to elaborate on the infrastructure needs that we will need in Ontario to develop the industry further.

Mr. Don Fusco: I'll do my best, and I may need to follow up with additional information.

It's a high energy-intensive sector. Producing chemicals means cracking molecules, and that is high pressure and very high heat and steam. Generally, that's only available right now through natural gas as the fuel source. Hopefully, we can move forward with electrification on that as technology becomes available, but we are, I think, second only to steel in terms of energy-intensive—

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll now go to MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you to our delegates today for coming and speaking about the chemistry industry in Canada and the ALS Society of Canada.

My question is going to be directed to Melissa.

ALS is a disease that—it doesn't affect anyone until it has affected your family or a friend or someone within your social circle. Unfortunately, I've had three of my good friends pass from ALS, and that's just here in Niagara. It's a terrible disease—to see someone actually deteriorate muscularly, but then their mind is still there, and they're really dying from the outside in.

I participate in your ALS walk, and I encourage everyone here around this table—I believe it's at the end of May that ALS does their walks across Ontario, or around about there?

Ms. Melissa Van Tuyl: In June, yes.

Mrs. Jennifer (Jennie) Stevens: I encourage everyone to get a team and get out there—because it's really, really needed monies to help the caregivers, as you said.

You did touch on investment in a client clinic, I believe. Can you elaborate on what steps each and every one of the neurologists, the respirologists—everything that is needed and how important that is on cost savings to our emergency rooms, to the stress on our health care that is right at its brink right now?

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Can you express to me how important it would be to have even just one that steps forward, besides just that—I believe it's Albrioz—a medication that is actually at the end of life of an ALS patient?

Ms. Melissa Van Tuyl: Thank you for your continued support.

A multidisciplinary clinic is so important because of the progressive nature of the disease. Upon your diagnosis, you need to be followed by a neurologist, but given the progression rate that you experience, you could lose your

ability to walk, so you need an occupational therapist to assess you for your ever-changing needs for equipment in the home so that you can be in the home safely and so that your caregiver can address all your needs. Unfortunately, what also happens with ALS is that your diaphragm becomes affected, so you have a hard time breathing. You need a respirologist to be there because you're going to have to transition to a BiPAP machine. You also lose the ability to swallow your own saliva and to swallow food, so you need a speech-language pathologist and a dietitian to be constantly addressing your swallowing issues. You also need a gastroenterologist to know when the right time is, in conjunction with your breathing, to receive a feeding tube.

Many layers of care are needed for someone with the progression of ALS—not even looking at psychosocial supports that are needed. Our clinics are so important—to have the right care, because it keeps people out of the emergency room. I have so many clients who don't have access to an OT or a speech-language pathologist, so they end up in the emergency room. They're not the best people to be taking care of someone with ALS. Then, they're getting emergency feeding tubes, going back out into the community, and they have no follow-up care from an SLP or a dietitian. We want to keep it in the clinics, where people are the best people for ALS—they are the experts, and they can keep their hands on from diagnosis right to end of life.

You have to realize that most people die within three to five years. They call it the “rare common disease.” We are seeing more people diagnosed each day—as young as 19.

Mrs. Jennifer (Jennie) Stevens: It's actually, I think—when I was speaking to a caregiver of my friend Wade, who had ALS, they were saying that it's becoming more popular.

When somebody is diagnosed with ALS, the family is first in shock, but then it's almost like if you have somebody in your family who has cancer.

I want to reflect back on what you were saying, a dollar figure of \$6.6 million that is needed, and that's only—if we look at it in a big, broad picture, and it's kind of a privileged statement, I'm going to say—\$5,000 per person. That is like this in a provincial budget that you're asking for.

Ms. Melissa Van Tuyl: Absolutely.

Mrs. Jennifer (Jennie) Stevens: As I said earlier, you do not know what this disease is until it touches your family and friends.

For \$5,000 per person with ALS—can you stress and maybe highlight how much savings that is on the burdens in our hospitals?

Ms. Melissa Van Tuyl: The average length of stay in our hospital, that Sunnybrook saw, was costing the hospital at least \$30,000 per patient. So that's well over almost \$1.4 million with all those patients.

If we have funding, we're not draining resources in our community, and we're saving a lot of money by keeping people out of the hospital, keeping them in the clinics and

keeping them at home, keeping them out of long-term care.

It is a small ask for an intolerable disease. It is a disease full of suffering—and until you know, you know.

Mrs. Jennifer (Jennie) Stevens: Considering the advancements in medical research, how do you foresee the future of ALS treatment and care—your vision?

Ms. Melissa Van Tuyl: Therapies are promising. ALS Canada does have the largest Canadian-focused research—so we are making advances. But again, there's no cure, and everyone's progress is so vastly different within this disease that therapies are promising but they're not equitable for all people. You can imagine being diagnosed with a terminal illness, being given three to five years, and then someone dangling a treatment in front of you but saying, "Actually, you don't qualify because you're too far advanced." That's what we're seeing every day.

Mrs. Jennifer (Jennie) Stevens: How much time is left?

The Chair (Mr. Ernie Hardeman): You have just about one minute.

Mrs. Jennifer (Jennie) Stevens: I'll just finish up, then, and I'll leave the rest of the questions to my colleagues.

I'm going to comment on ALS again. I want to thank you, Melissa, for all your work throughout the Niagara region, as well as all the way to Brant county.

Can you highlight what is the most important thing—why you're here today—to get from the provincial government in funding?

Ms. Melissa Van Tuyl: I work with people every day who are dying, with intolerable suffering. They have no hope. Our health care is not set up to deal with these people. I just had a man who was 37 years old and chose to do medical assistance in dying on December 23, because his needs couldn't be met. It is a horrible diagnosis to be given; there is no hope. But you want a quality of life within this disease, and if we don't have any sort of funding from the government, people are going to be put into despair. ALS Canada is effortfully fundraising in each community, but it's not enough. Numbers are growing, and people are suffering.

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

MPP Hazell.

MPP Andrea Hazell: Melissa, thank you for coming in. I've learned a lot today.

Some of the stats I've learned—and I hope I get it right: 13 Ontarians today suffer from ALS. Is that number correct?

Ms. Melissa Van Tuyl: It's 1,300.

MPP Andrea Hazell: It's 1,300. And there is no cure for the disease right now?

Ms. Melissa Van Tuyl: Yes, there's no cure.

MPP Andrea Hazell: And 80% of cases are fatal within two to five years of diagnosis?

Ms. Melissa Van Tuyl: It's 80% of people diagnosed will die within three to five years.

MPP Andrea Hazell: That's horrible.

Ms. Melissa Van Tuyl: Yes, it is horrible.

MPP Andrea Hazell: It's horrible and scary.

I want to touch on how your organizations are educating your community, especially where equity for health care is concerned. What's happening in that area?

Ms. Melissa Van Tuyl: We do a lot of education. We have an advocacy and education department at ALS Canada, so we do go out into communities. I work in the communities with family doctors, long-term-care homes—anyone, really, that is experiencing or having experience with ALS. We are doing a lot of advocacy and research—and through our fundraising too—trying to get our name out there. Most people didn't even know about the disease until the Ice Bucket Challenge. The Ice Bucket Challenge really put us on the map, and then people started to say, "What is this disease?" When you realize and know the disease, then you understand the complex, progressive nature of this disease. So we are working on education.

Unfortunately, education is third on our list at this point, because we have people dying, and we need to make sure that they get the care they need. You have such a short lifespan with this disease. We want to give people a quality of life within that three to five years.

MPP Andrea Hazell: So you're here; you're presenting. What do you want to leave us with?

Ms. Melissa Van Tuyl: How important it is. If you have never seen someone with ALS, please google it. Please go on YouTube. Educate yourself so you understand the progressive, cruel nature of this disease and how progressively things change. We are seeing people in their forties with young kids—two working parents—who are affected by this disease. They are thrown into crisis, and they are dying a horrible death.

MPP Andrea Hazell: Time?

The Chair (Mr. Ernie Hardeman): You have 2.1 minutes.

MPP Andrea Hazell: I want to go back to Don. In your presentation, you mentioned Alberta's incentive funding and tax program—I think it's up to 25% in low-job regions. Talk to me about your vision for that.

Mr. Don Fusco: The Alberta Petrochemicals Incentive Program is a flat, fixed 12% grant on eligible expenses—generally equipment, structure, connectivities, all that—which is set. It's established. It's transparent. As long as the investments meet the definition codes of the equipment and manufacturing, then it's paid out once the facility becomes commercially operating. There's no discretionary aspect to it. There's no application and approvals process and subjectivity.

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

MPP Andrea Hazell: Under a minute, I want you to really detail your number one priority leaving here today, for the record.

Mr. Don Fusco: The number one priority is that—our sector, globally, is growing at one and a half times the GDP. Investments are happening in Alberta. They're happening in Quebec. They're happening in Ohio, Illinois, Louisiana and Texas. They're skipping Ontario, for the most part, because those jurisdictions have proactive incentive programs specific to the chemistry sector.

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MPP Andrea Hazell: And so, for the record, what are you expecting to change?

Mr. Don Fusco: We would like to have the chemistry sector be one of the priority investment sectors for the province's economic development strategy. We appreciate Minister Fedeli's focus—

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

We will go to the government. MPP Dowie.

Mr. Andrew Dowie: I'm hoping you might be able to elaborate on the infrastructure needs. That will conclude my ask, and then I'll pass it to MPP Harris.

Mr. Don Fusco: I'm sorry?

Mr. Andrew Dowie: The infrastructure needs to develop the industry, so mentioning the electricity supply—you had been cut off when describing the intensity of electricity that's needed.

Mr. Don Fusco: Well, as I mentioned previously, natural gas is a key fuel because the electricity costs in Ontario at the industrial stage are higher than the same level that is needed for hydro-based generation. So there's a need for—certainly, hydrogen is the next stage of opportunity, and potentially expansion of nuclear, as long as it provides lower-cost supply of electricity to our sector.

The other side of infrastructure is not the generation side but is carbon storage. No investment in our sector, global-scale, that will occur will not occur without some form of carbon storage, and we need that.

Mr. Andrew Dowie: I hope you were relieved by one of our more recent bills allowing for carbon storage too.

Mr. Don Fusco: Yes, we've just got to move forward quickly.

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

Mr. Mike Harris: Melissa, I was wondering if you could touch a little bit on some of the other rare diseases that we see in Ontario, like cystic fibrosis or multiple sclerosis, and how—you said roughly 1,300 patients with ALS—those numbers, say with CF or MS, might compare and what their funding models look like for clinical care?

Ms. Melissa Van Tuyl: Well, to the best of my knowledge, MS is not a terminal illness; it is progressive—but they have much longer life expectancy. So I'm not really sure about their models.

ALS Canada's numbers are growing every day and we—again, it's not a disease as well known as MS. We're seeing a lot more public highlights with figures like—different NHL players are coming forward, but again, it's still a disease that's in the dark.

I really can't speak to the other models because I'm not really sure—

Mr. Mike Harris: What about with CF? They seem to get a lot of airtime compared to dealing—MPP Hazell was talking about that education piece, getting that awareness out into the community. How are you finding that that's going?

Ms. Melissa Van Tuyl: We're trying. Again, we are working at a crisis level right now. We actually are just trying to get equipment in the homes. We're trying to give

people a quality of life within their disease. We're trying to get services. As much as we would love to focus on education, at this point, we're just trying to get people the actual immediate medical assistance they need.

Mr. Mike Harris: I understand.

Don, it's good to see you. I think the last time we were together was up at Lanxess in Elmira, which seems like ages ago, but I think it was only about a year—just coming off the tail end of COVID.

One thing I haven't heard talked about in your presentation today and some of the other questions that have been asked was the advancements in environmental controls that have come out in conjunction with work that has been done by your association. I wonder if you could elaborate a little bit on that and how you're strengthening those environmental standards and helping to come into compliance with key investments that have been made. We talk about electrification, electric arc furnace at Dofasco—a big deal—but there are also a lot of other, smaller plants, manufacturers, producers around that have done a lot of work.

Mr. Don Fusco: Absolutely. And part of the decarbonization strategy—it's multi-faceted. The first element is plant modernization, bringing in the newest, most efficient and lower-emitting equipment—furnaces, heaters and coolers—that all require energy, that are needed for the production of chemicals.

One example in your riding is Sulco, which produces sulphuric acid—a great story. They needed to improve their water-cooling capabilities. They were able to combine a project which takes the excess heat from their plant, captures it, and then recycles that into generating electricity for their plant for heat that would have been emitted to the atmosphere. They reduced their need for gas-fired generation and their carbon emissions as a result, and they are now pretty much net-zero.

Mr. Mike Harris: It's great. I know the town of Elmira is happy to see it and see those investments given, obviously—everything that has happened there over the time span of the last few decades.

Mr. Don Fusco: If I may elaborate, on a larger scale, in Sarnia-Lambton, one of the largest transitions was moving away from crude oil as a feedstock to natural gas liquids, which cut GHG emissions by over a half, intensity-wise, per tonne of production as a result. So those are elements.

We're never going to be fully net-zero until 2050. That's why carbon storage is a critical element that we need to start moving forward with as soon as possible.

Mr. Mike Harris: I think MPP Oosterhoff may have a question, sir.

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

MPP Oosterhoff.

Mr. Sam Oosterhoff: I have a question for ALS Canada. This disease is something that I never heard of, growing up—and you're right, the Ice Bucket Challenge changed that initially; since then, I've also seen it with my extended family. Is it something that has increased with time? Do we know if it's a disease that there's more of now than there used to be? Are there causal components?

Or is it just something that has been around for a long time but never really received any attention, and maybe now is getting a little bit more? Again, I totally understand that there isn't enough funding around it. But I'm just wondering—because it wasn't something I grew up hearing about, and now, there it is. Are there more cases than there used to be?

Ms. Melissa Van Tuyl: Absolutely. Our numbers are growing.

People commonly refer to it as Lou Gehrig's disease.

The problem is that there's no singular test for a diagnosis of ALS; it is a process of elimination, so it can be very difficult, over a span of time, to acquire a diagnosis. You need to have early detection from family doctors, who will instantly refer you to community neurologists. You need to have a community neurologist—

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

We'll now go to MPP Burch.

Mr. Jeff Burch: I have a couple of quick questions and then I'll hand things over to my colleague.

First, Don: MPP Dowie raised this already—the availability and cost of energy. It's something that I am actually meeting with a biomedical company about next week. I've talked to the steel industry in Welland. We have a vertical farming operation I'm meeting with that's having challenges because of the cost and capacity of energy. They take a lot of energy in their industries.

So you've kind of answered this already, but what's the time frame on the electrification of your industry? Would that be part of developing an Ontario action plan that you talked about?

Mr. Don Fusco: Yes, as part of decarbonization, we look at plant modernization. It's a basket; it's not one sole thing. I don't think we'll ever move fully to electrification—but by 2050, hopefully, that could be the case.

I want to compliment the Ministry of Energy on a number of initiatives on supporting industrial electricity and taking some of the costs away from the consumers and putting it onto the tax base, like the green energy funds and global adjustment of the past.

1150

Certainly, nuclear, and an expansion of nuclear, whether that's the megaprojects or the small modular—those have potential opportunities to create enough of the localized need and supply of power that could drive more into electrification. We work together with the Canadian Nuclear Association—and that is an opportunity where, should that prove successful, that could be implemented more locally. That could be an opportunity.

Mr. Jeff Burch: Thank you.

Melissa, I come from the not-for-profit sector, and my wife works in mental health, so I understand the difficulty with spending so much time, as an agency, on getting private donations. It really takes up a lot of time that could go toward caring for the people you're trying to look after. I know that's not a sustainable model, so I hope the government understands that.

I'm going to hand things over to my colleague MPP Gates.

Mr. Wayne Gates: I did tour Cytec—even though it was cut off for some reason, I did tour the plant. It's an award-winning plant. They do a great job there—great-paying jobs.

The Ontario government should be investing more in that industry; I agree 100% with you.

To Melissa: All I can tell you is that it is an awful, awful disease, and it just sucks the energy and the compassion right out of the families. There's no other way to describe it. I'm glad Jennie and myself have done walks with ALS.

We shouldn't be spending all our time on fundraising. The reality is that government should play a role here. They should be playing an important role. I believe it's a win-win. It's very similar to trying to get them to do a prostate bill and cover that testing so we can save lives. This is a win-win, when you can make sure that people are having a quality of life and saving health care dollars, freeing up our emergency rooms—here in Niagara, sometimes it's eight, 10, 12 hours, with five or six ambulances waiting for hours. I don't know why we can't get this.

There was some question, I think from the Liberals—and maybe even from my colleagues on the other side—around awareness. Awareness is very, very important. Lou Gehrig's disease has been known forever. There has been lots of awareness around it.

There is a new program. I don't know if you're aware of it. They just announced it either yesterday or the day before. It's about the disease and the awareness, and it's being run by the National Hockey League. Börje Salming died from Lou Gehrig's disease—they didn't call it ALS. Another Leaf—I think his name was Kirton?

Ms. Melissa Van Tuyl: Mark Kirton.

Mr. Wayne Gates: Yes—he has, also.

That will certainly help with awareness. For whatever reason, in this country, we idolize our sporting heroes. If you want to get a message out, sometimes that's one way to do it. I compliment the National Hockey League for seeing what a terrible disease this is. It's very similar to Huntington's disease.

Ms. Melissa Van Tuyl: Correct.

Mr. Wayne Gates: They don't have a cure there, but you live longer. The suffering sometimes goes longer for the caregivers—but you can live longer.

I'm hearing out of the States, because I do read a lot on, not necessarily Lou Gehrig's disease, but the other one—they're saying that they are getting closer to finding out what's causing the disease, and I have heard that some people have had some very successful brain operations. The fundraising part is an important part of it, but the research is coming a long, long way.

I believe there is a lot more ALS, Lou Gehrig's disease—seems to be—in Niagara region than in other parts of the country, and I'm not sure why; maybe you know.

Do you believe it's a win-win for the government and for your organization and, more importantly, for the victim who has the disease and the family?

Ms. Melissa Van Tuyl: Yes, 100%. It's a small ask. It really equates to \$5,000 per person—to give them a quality of life within such a short lifespan.

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

Ms. Melissa Van Tuyl: It allows someone with children, with a spouse, to have a quality of life, to have the equipment and the proper medical service that they need. It keeps you out of the hospital, out of long-term care. And it would allow ALS Canada to use those donor dollars to do advocacy, awareness and more research so we can find a cure.

We are close to finding a cure. The genetic form of ALS—there is a lot more research and therapy going into that, but we need the money and the time.

Right now, like I said, we're working in crisis mode just to make sure that people who are diagnosed have somewhat of a quality of life—and sadly, they're not.

It's a small ask for the government.

Mr. Wayne Gates: What I'm reading is, we are getting closer to a cure, and this is even more important now—for governments to support your organization. If we're that close to a cure, let's free up the dollars that should be going into, quite frankly, the families and research, and saving the health care dollars. It's a win, it's a win, it's a win, and I hope you get the dollars you need.

Ms. Melissa Van Tuyl: Thank you.

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

I want to thank the presenters for preparing and coming to deliver your message this morning. We very much appreciate it.

With that, the committee now recesses until 1 p.m.

The committee recessed from 1156 to 1300.

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 have 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 from the committee?

CANADIAN MENTAL HEALTH
ASSOCIATION, NIAGARA BRANCH

LUMINA DX

KINARK CHILD AND FAMILY SERVICES

The Chair (Mr. Ernie Hardeman): Our first table of presenters are the Canadian Mental Health Association, Niagara branch; Lumina DX; and Kinark Child and Family Services.

We will start the presentation with the Canadian Mental Health Association. There will be seven minutes for the presentation. At six minutes, I will say, "One minute." At seven minutes, I will say, "Thank you very much for your presentation." We do ask that you start your presentation

by identifying yourself to make sure that Hansard has the proper recording name to the proper presentation.

With that, we welcome the Canadian Mental Health Association, Niagara branch. The floor is yours.

Ms. Tara McKendrick: I'm Tara McKendrick from the Canadian Mental Health Association, Niagara branch. Thank you to the committee for having us here today.

I'll begin by thanking the provincial government for providing a 5% base increase budget last year. This increase clearly demonstrated the government's commitment to community mental health and addictions care, and it was the first infusion of infrastructure funding for our sector in more than a decade. It came at a critical time, when we were struggling to keep the lights on while continuing to provide the highest quality of care. But as demand for our services and the complexity of our clients continue to grow, so does the wage gap between our sector and other health sectors.

We urge the government to maintain momentum this year by providing another round of stabilization funding for the community mental health and addictions sector.

Municipalities across Ontario are facing complex social issues that intersect with community mental health and addictions care, and Niagara is no exception. Last year, Niagara region declared a state of emergency on mental health, homelessness and addiction, which was echoed by the municipal governments in Welland, Niagara Falls, Thorold, Grimsby and St. Catharines.

More than 1,100 people are currently experiencing homelessness in the Niagara region, and this is more than double the number of individuals since 2021. Shelters and municipal partners in our community are struggling to meet this increased demand and working hard to find new and innovative solutions to house individuals. And while not all people experiencing homelessness have a mental illness, we do know that people who are homeless are more susceptible to poorer mental health than the general population and are often the most complex to serve.

It's difficult to fully support our municipal partners with homelessness initiatives when we have limited resources and are struggling with a health human resource crisis. Providing quality mental health and addiction services for Ontarians requires immensely dedicated staff, yet our staff are among the lowest-paid health care workers. When compared to others doing the same job in other health sectors, our staff are often paid 20% to 30% less. A compensation survey on behalf of CMHA and our sector partners found that community health sector workers collectively earn \$2 billion less annually than their counterparts in hospital and other health sectors. Therefore, we're continuing to lose people to hospitals, public health and other areas of health care that pay more and offer more resources.

At our branch, we're managing a current staff vacancy of around 34%. Of 16 staff who left our branch between January and December 2023, seven of them cited better pay elsewhere as their reason for leaving.

Across our sector, these are crisis counsellors, social workers, nurse practitioners, psychiatrists and others who

help the most marginalized people in our community yet are not paid an equitable wage. This must change.

With these challenges in mind, our branch and others in our sector are constantly pursuing any additional revenue sources at our disposal. Community donations, grants and other small contributions help to keep us afloat, but they're not long-term, sustainable solutions. And pursuing these opportunities takes us away from our primary purpose, which is to support our clients, which brings me to our formal pre-budget ask: The community mental health and addictions sector needs a 7% increase in funding, equal to \$143 million annually, to be prepared for these challenges. This includes 5% in stabilization funding to help us enhance services while managing the health human resource crisis, and the remaining 2%, or \$33 million, comes in the form of a new provincial three-year community supportive housing innovation fund.

We appreciate that the government is focused on more affordable housing across the province, but this needs to include more supportive housing. Supportive housing is a forgotten segment of the housing continuum. It helps to reduce homelessness and connects service users with wraparound mental health and substance use supports. Evidence shows that supportive housing models help a person's journey to recovery from even a severe mental health issue, and it's also cheaper than stays in hospital or correctional institutions. But the latest data indicates that the average wait time for supportive housing across the province is 300 days. At our branch, as of this morning, the wait time is 282 days.

The new community supportive housing innovation fund would provide capital and operating dollars for the development of innovative and evidence-based models of housing with supports. This fund would be available for initiatives led by the community mental health and addictions sector, who are experts in this space and have many collaborative partnerships with municipalities, private landlords, civic-minded developers and other social service providers. It would complement the Ministry of Municipal Affairs and Housing's Homelessness Prevention Program, which our municipal partners have indicated is appreciated but not enough to support those in need. The community supportive housing innovation fund and the Homelessness Prevention Program would work in tandem to get more people housed and ensure they have the mental health support they need.

Investing in mental health and addictions care also serves to limit unnecessary hospital visits. Our sector is proud of the work we do to provide community care pathways for clients and help reduce the strain on our colleagues in the emergency room. Our work is in line with the last Auditor General's report, which recommended strengthening the community care sector to support our hospital system.

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

Ms. Tara McKendrick: Crisis response programs are an example of emergency department diversion. CMHA Niagara's mobile crisis team alone served over 996 individuals last fiscal and diverted 92% of those individ-

uals from hospital. In this sector, stabilization funding also allows us to strengthen evidence-based programs like same-day, single-session counselling, early psychosis intervention and assertive community treatment teams which help to prevent clients from going to hospitals for care.

As you can see, our work helps support many areas in our community, and with stabilization funding and more commitment to supportive housing, our sector can help improve outcomes for individuals in our community, while also supporting the government in addressing key issues that are impacting our municipal partners.

In closing, I would like to thank the committee for making time to hear from CMHA Niagara and our sector, and other stakeholders in our community. I look forward to taking your questions.

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

Our next presenter will be Lumina DX.

Mr. Karam Bains: Thank you for the invite. My name is Karam Bains. I'm director of consulting here at CGI, and I'm representing our partnership with Lumina DX, who are the founder and ideation of the solution that we're presenting.

I'll just ask Justin Babwah to do a quick introduction of himself, and then we'll get started.

Mr. Justin Babwah: Thank you to the committee, and thank you to the government for having us today to give a little talk. I'm one of the co-founders of Lumina DX. We're looking to bring some innovative tools to help bring some real innovation and change to our health care system.

Mr. Karam Bains: Thanks, Justin.

Just to give you a little bit of background or an introduction on Lumina DX: It's an early-stage-based start-up company in Toronto. Its focus is to address gaps and inefficiencies in critical care pathways. Really, it's fuelled by the personal health care challenges that they've seen in their clinical experiences, and also from personal journeys within the health care system. Obviously, there's a desire here to innovate for today, but solving for health care solutions for tomorrow.

Lumina DX's emphasis is around patient navigation and around data centralization or program centralization. I'll give you a little bit more detail in terms of what the solution is and how that will have an impact on the health care system. But really, the focus is around central intake, it's around digital patient navigation, and it's around real-time population health and dashboards. Essentially, the overarching goals are to streamline the processes within health care, make it a little bit more efficient, have better patient experience and patient journeys, enhance the efficiency, obviously, and make it all patient-centric.

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The vision and mission of Lumina DX is as follows: Lumina DX envisions a future state where digital patient navigation, central intake and real-time population health dashboards redefine what our health care standards are, creating efficient, patient-centric journeys, having an overall impact of a quadruple layout for health care. The

mission is really to become an innovative digital solution provider and is dedicated to enhancing, basically, the patient experience, again, while benefiting providers within the health care system, streamlining the processes and improving health care outcomes.

Today, we'll be talking about a specific care pathway where, based on Jesse's and Dr. Babwah's experience in the clinical space with the colonoscopies, we've focused our first launch, or iteration, of the solution around CRC, or colorectal cancer. However, we do want you to keep in mind that there is an ability for the solution, just on an overarching or on a high level, to be able to address patient navigation and siloed systems with data.

Just to give you a little bit of context here again, just to understand the landscape of CRC or cancer screening, the patient population that we're going after—there are really two methods of being screened within the province of Ontario. One is a fecal immunochemical test, a FIT test, which is basically a stool sample that is provided to the lab and identifies whether you're positive or negative and need further screening; and colonoscopy is the second stage. I'm going to go into a little bit of detail in terms of the challenges that patients experience coming through these different screening processes.

Overall, the current state, when we look at the challenges within the screening pathway and even in the health care system in general—it's really about patients having the ability to adopt or uptake the services that are available to them. Their intake model is generally decentralized within Ontario, so we have fragmented systems when it comes to data processes or even a patient journey and follow-up on how we're supporting those patients through the system. Of course, like I say, it's siloed and fragmented. System navigation is a challenge. All of this contributes to wait times, whether it be within the community setting, with primary care, or within the hospital setting when it comes to surgical backlogs. Obviously, we want to make sure that the system is notified so that different players in the system are all aware of what the patient's journey is.

As I mentioned, there are two different types of FIT screening. One is that FIT kit test, and the real barrier is about the access to that test. There are access difficulties, and there are also referral difficulties, the second part of it. Both of these processes for the patient require a primary care visit, which takes up valuable primary care access when it comes to patients who really need to be seeing primary care physicians versus one who could be triaged, digitally or automated, and have access quicker to FIT and to colonoscopy.

Just a couple of reminders in terms of the scope and the scale of the challenges that health care is experiencing in this space: If we look at cancer screening specifically, about 11% of newly diagnosed cancer screening cases in Ontario are accounted for by colorectal cancer. It's the third-most common cancer, after breast and lung, and it accounts, obviously, for 11% of cancer care deaths. So it's a very serious area that we need to identify. Approxi-

mately one in 15 people in Ontario are expected to develop colorectal cancer in their lifetime.

Another aspect that I want to focus on before we give you an overview of what the solution is—these are some of the numbers that explain, again, the scale and breadth or the seriousness of the situation: About 4.5 million Ontarians, approximately, are overdue for cancer screening, so we really need to address this. This leads to increased wait times and increased costs, because a lot of these procedures are happening downstream, when they've been diagnosed, or within the hospital.

Lumina DX's platform is really about a centralization and screening digital platform. Some of the functionalities around this include patient intake or pre-screening digital assessment for eligibility, auto-generated lab requisitions where we're replacing that primary care visit, patient notification and messaging, auto-generated referral to identified specialists—again, that e-referral to the specialist—quick access and then, obviously, systems in real-time dashboards.

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

Mr. Karam Bains: Ultimately, we're eliminating two primary care visits, potentially, creating that access and allowing patients to have quicker and more responsive access to solutions or services within the health care journey. Some benefits, at a high level, really talk about patient experience; the improved population health aspect of it, which is very aligned with the Ontario health teams and the provincial mandate; provider experience; improved value overall for the system; and health equity.

Again, there's a scalability part of this solution—not only CRC, but really emphasizing patient navigation, centralization of programs and automation.

The next areas that we could be looking at are HPV and lung cancer.

Obviously, this is aligned with Ontario Health strategy priorities, and we hope to encourage the committee here to provide additional funding to support cancer care screening and patient navigation—

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

We'll now go to Kinark Child and Family Services.

Ms. Cynthia Weaver: Thank you for the invitation to speak with the committee. My name is Cynthia Weaver. I'm the chief operating officer and vice-president of programs and services for Kinark Child and Family Services. Kinark is a children's mental health provider across central and east Ontario and one of three secure treatment providers for the province of Ontario.

I'm here today to talk to you about an opportunity to achieve better outcomes for children and youth who experience serious mental illness, while reducing unnecessary and recurring hospitalizations. By making investments that leverage existing community resources, you will improve health outcomes for children and youth with serious mental illness and reduce unsustainable burden on our hospitals.

Secure treatment for youth is an opportunity for an extended stay in a locked treatment environment where there

is time and the right resources to support stabilization and recovery and where all components of daily living are provided to these youth, like education, like recreation and like community integration, to support the individual needs of youth and families as they come forward. At this time, there is no critical pathway for ill youth to move seamlessly between hospital and secure treatment that is not subject to a court order.

We know—and what has been stated previously—that 70% of adult mental illness has its onset during childhood and adolescence. At any time in Ontario, there are a small number of youth with very serious mental illness whose related behaviours make them at risk to themselves or others, including their family, their friends and their community members. Treatment for these youth must be intensive and longer-term, given the severity of their issues. Left untreated, these youth will get worse, and they will experience risk of homelessness, of family breakdown, of chronic unemployment, involvement with the justice system perhaps, health crisis and, in some cases, suicide.

Frequently, these youth are admitted to hospital because they are unable to access appropriate intensive treatment supports in their communities when they need it, and families are left with nowhere else to turn. Hospitals are often able to stabilize and protect youth in the short term, but once youth have been stabilized, hospitals struggle to discharge them to somewhere appropriate where they can receive appropriate longer-term treatment. The longer you stay in hospital, however, the more likely their behaviours are to escalate again, and hospitals are not well positioned or with the right resources to do ongoing and longer-term treatment needs. Currently, many hospitals are reporting that these youth are blocking necessary beds in in-patient units, draining both staff and financial resources while hospitals are attempting to contain their symptoms and their behaviours and wait for the most appropriate treatment option to become available. Our current wait-list for a secure treatment program, which is in Oakville, at Syl Apps Youth Centre, fluctuates between six and nine months, and this is not inclusive of the amount of time it would take to receive a court order to be admitted to secure treatment.

Hospitals providing mental health in-patient services to children and youth are experiencing significant pressures due to the growing numbers requiring hospitalization for a full range of issues like anxiety, depression, eating disorders and substance abuse. Pediatric bed capacity is strained daily, and staff are burning out. Behaviours are growing due to the lack of other viable options for the treatment of their serious mental health concerns. Ability to effectively treat youth mental health issues is limited in settings without specialized clinical capacity like psychiatry, psychology, behaviour analysis, and the safety risks require frequent containment, which is traumatizing to our youth and traumatizing to the staff who have to apply those applications. There are significant gaps in treatment pathways for these profiles in youth, resulting in long stays in hospital and poor outcomes upon discharge.

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I know, on Tuesday, when the committee was in Oakville, you heard from Children’s Mental Health Ontario, and you were told about a youth who had a transition to secure treatment from a GTA hospital. Our secure treatment program in Oakville was the secure treatment program that had that youth transition into our setting. At the time of the transition, the youth was locked in an in-patient adult psychiatry unit, in a bedroom, for 23 of 24 hours a day.

I’d like to read you three excerpts from a letter that this youth’s family—his two parents, who are both health professionals—wrote to Kinark about their experience of how their family accessed services for their son:

“While the hospital worked hard around the medications, there was limited therapy available, which our son also needed. There wasn’t the specialized clinical services that he required available at the hospital. When we visited, the visits were supervised by security guards. Our son was getting worse in hospital.

“After a brief period of adjustment, he has done very well in the secure treatment, participating in therapy, seeing a psychiatrist, attending school and participating in recreation. We are looking forward to him coming home to live with us again.

“The acute-care mental health system appears to be designed to manage emergency situations, and once the acute concerns have been addressed, it moves on to discharge individuals. Our son and many like him need something longer-term that will keep them safe while they engage in therapy and deal with their mental health challenges. We believe that a facility that is able to accept transfers under the Mental Health Act, like a schedule 1 facility within a secure treatment facility, would mean that people like our son would not have had to stay in a system that was ill-equipped to meet his needs.”

The opportunity before us is to act on—

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

Ms. Cynthia Weaver: So how can Kinark help? Release the backlogged capacity in acute community hospitals by establishing a new pathway to enhance the capacity within secure treatment, leverage the resources that exist within Kinark and within our physical plant and fund capacity for 24 youths a year to go through this critical pathway between hospital and our secure treatment facility.

I’d like to thank the committee for having me today. I would also like to thank our current provincial government for the investments that they have made within children’s mental health.

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

We’ll now start the questions with the government. MPP Oosterhoff.

Mr. Sam Oosterhoff: I appreciate the opportunity to interact with some of the presenters this afternoon, and I thank you for the work that you do. I appreciate, especially, hearing today from Tara.

Tara, we’ve had the opportunity to interact a number of times over the years. I’m very grateful for the work of the

CMHA Niagara branch and the important work you're doing.

I have a couple of questions around the staffing matters, first of all.

I had the opportunity to work in the Ministry of Education for a number of years, and one of the things that we did that I'm very proud of, but I learned later had some unintended consequences, was that we more than quadrupled the mental health funding to school boards in the province of Ontario. That was done for very good reason. We wanted to ensure that we were investing and providing care to those who need it most at inflection points. Our youth obviously deserve that care. We more than quadrupled it from around \$20 million when we came in to over \$80 million by the time I was moved out of that ministry in 2022. One of the unintended consequences of that, which I heard locally, was that we were seeing a mass exodus from some community-based organizations such as yours into the school boards because they had reasonable hours; they had, perhaps, better pay, as you mentioned; they didn't have to work weekends; summers are a little different. The problem, of course, is at 11 o'clock on a Friday night, when a 14-year-old is in trouble, they're not able to go to their school counsellor down the hall. That, of course, has been something that perhaps wasn't as thought through as it could have been at the time.

I still believe in the investments being made there. But it raised a broader question around staffing. As we have sought to pour money into this space, sought to allocate funding to mental health in the most effective way possible—there are a lot of different organizations. I'm sure we'll hear from Pathstone at a certain point. We hear from a lot of community-based organizations that are very sure that the funding should be allocated to them.

When you have a limited amount of staff, in this case, within the mental health space, what is the most effective way of allocating those resources? If you're simply shifting people around, if you're moving your staff to the school board and then they're going from the school board to this organization and from Pathstone to you and vice versa, and you're not actually adding that much in the way of capacity because of the lack of people who are in the space—what's the solution?

One of the things that a former finance minister once told me is, "In government, you move one thing here and you have three things move over here."

I totally agree with the need for more mental health funding. Everyone I talk to agrees with that. That's great. Broad picture—get specific: What does that actually look like and how can we actually help things?

Ms. Tara McKendrick: I immediately go to wanting to bring attention to the different sectors. When I'm speaking, I'm speaking on behalf of the community mental health and addictions sector, and then the different health care sectors, where there may be mental health and addictions investment, but it's not particularly community mental health and addictions. A school system is not necessarily community mental health and addictions. A hospital is not community mental health and addictions. When I'm

speaking on investment into community, that's where I think part of the answer lies, because we are the ones who are working the non-traditional hours, the 24/7 programs—the opportunity to relieve from hospital because we are providing the programming outside normal office hours.

There are many sectors, and needing to invest in the community mental health and addictions sectors so that we're not dispersing the investment across without also improving the accessibility and—as you said, the Friday night at 11 o'clock or the Sunday morning at 2 a.m.; that we're investing in the programs that are able to do those 24/7 non-traditional hours, that is not hospital. Right now, the alternative is hospital because they are 24/7, but we don't need everybody going to hospital for mental health and addictions care.

Mr. Sam Oosterhoff: So are you adding capacity to the sector as a whole? I understand the community part as a sector.

We've had people come before the committee even this morning, and I'm sure there will be more over the course of this committee, who say, "You should really invest in X, Y, Z thing that we do"—I'm going to take arts and culture as an example—"because it's good for mental health. Everyone knows if you're able to get out, you're able to go see a show, able to interact, have social opportunities—that's good for mental health. You've decided to allocate all this funding over 10 years to mental health; we should get some of that." What's your response to that kind of argument?

At a certain point, the government has its \$5.7 billion over 10 years or whatever it is, and you're stealing from Peter to pay Paul at a certain point, right? You can't put \$80 million into the school system and then say, "Well, we're also going to use that same \$80 million in community mental health." It's not there twice; of course, we would all love it to be, and I'm sure Treasury Board would love it to be, as well.

What would you see as the biggest bang for your buck? I'm assuming you're a sector. Make the case as to why your sector would be more deserving of those funds than other organizations.

Ms. Tara McKendrick: I appreciate the challenge that's before the committee and anybody setting a budget because there's never going to be enough dollars to meet all of the needs—and it is quite a puzzle of what contributes to better health outcomes and health for any individual.

Specifically, to the community mental health and addictions sector: I would suggest that investment in stabilization funding allows us to maintain and expand programs such as case management and supportive housing, which then provides the supports that are needed to help individuals participate in those activities. Otherwise, if they are not getting those supports—right now, our system is set up that you need to be in crisis to get help, whereas if we're putting that stabilization funding in place, we can have more community support workers. We can have more of that to get—and I know I'm not answering your question—

Mr. Sam Oosterhoff: I want to ask one last question. I remember, a few years ago, the mobile health clinic out in the rural areas towards Wainfleet and southwest Lincoln. I believe the CMHA was involved with that, and Haldimand county. Do you know anything about how that's going—the mobile mental health clinics?

Ms. Tara McKendrick: CMHA currently is not involved in that. That was our community addictions support—

Mr. Sam Oosterhoff: Maybe I mixed it up there.

Ms. Tara McKendrick: Yes. It wasn't us, so I do not have an update on that.

Mr. Sam Oosterhoff: I apologize. I wanted to get an update, but I guess it was the wrong group. We'll have to follow back up and make sure I get—

Ms. Tara McKendrick: I want to acknowledge the investment, and I don't have any update for you.

Mr. Sam Oosterhoff: I appreciate all that you and your team do. It's really important. I know the committee appreciates you raising these issues.

You spoke about the state of emergency; it's not just unique to Niagara region—

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

We'll now go to MPP Burch.

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Mr. Jeff Burch: Thank you for your presentations. I want to start with Kinark Child and Family Services. I think you may want to comment on this as well, Tara.

Picking up on what MPP Oosterhoff was talking about in terms of funding, coming from having experience in the not-for-profit sector myself, I know that in some sectors, like mental health, a shocking amount of the funding comes from donors. The donor dollar is very stretched. My wife works in children's mental health, at Pathstone, and I know that a huge amount of what they do is made possible through their foundation and private donations from individuals. A lot of dependency is being put on municipalities, as well, which are already strapped, and the partnerships that happen with them. This is a model that is not that stable and not that sustainable.

Could you both talk about the sustainability of the current model and why there's such a need for stabilization of the funding?

Ms. Cynthia Weaver: Thank you very much for the question.

Kinark receives 97% of our funding from the provincial government. We do have a foundation for the organization. I would agree with the member of Parliament that these dollars are becoming harder and harder to find. For the local community members, with the rate of inflation and with the increasing costs in daily living, there isn't as much donation coming through the door and events in order to look at foundation dollars and events to raise dollars for very significant shortcomings in funding for essential services. It's becoming more difficult.

Kinark uses all of its resources appropriately in order to support the services that we deliver and attempt to retain our service delivery to the best of our ability, and utilizes

our foundation as a necessary support, but it is becoming more difficult.

Mr. Jeff Burch: Tara, did you want to address that?

Ms. Tara McKendrick: Yes. Thank you for those remarks. I would have similar remarks and add that part of our challenge—while we appreciate the donor dollars, the grants and those contributions—is the amount of time that it takes, because 90% of our expenses are wages, and people equal service, and people equal better health outcomes; for us to be able to accumulate enough donations to equal a person is very, very difficult. So it's not necessarily resulting in service; we use donations to provide basic needs for people coming into our programs. But it's not sustainable. The 5% base budget increase last year was helpful in a movement and a momentum towards sustainability, but that was after a decade of no infrastructure. We need to see that momentum continue into the future; otherwise, because our wages are 90% of our budget, it leaves us very little wiggle room for cuts in other areas. So we're looking at cutting staff when that's necessary, which then impacts service levels.

Mr. Jeff Burch: I assume you are a living wage employer, but you haven't seen increases for a long time. What do the increases to your staff look like, let's say, over the last five years?

Ms. Tara McKendrick: Thank you for asking that and reminding me. We are not a certified living wage employer; we would like to be. We're not able, from a sustainability place, to commit to what that means. Right now, we are using donations to ensure that all of our staff are making a living wage in Niagara.

Mr. Jeff Burch: So the money that you use for your staffing is not even stable enough for you to call yourself a living wage employer, because the funding isn't there to make that commitment?

Ms. Tara McKendrick: Correct.

Mr. Jeff Burch: That's a real shame.

I thought you might want to talk about what kind of partnerships—because I know that the services are heavily dependent on partnerships. And how much has that dependency grown through the pandemic and the increase in demand for services after the pandemic?

Ms. Tara McKendrick: I'm speaking on behalf of the community mental health and addictions sector, so that's inclusive of our partners. We do have some funding that is addiction-specialist-specific, and we partner with Quest Community Health Centre, with Community Addiction Services of Niagara—we have so many partnerships, but they're all part of the community mental health and addictions sector, so they're experiencing the same challenges in recruitment and the same challenges in turnover, which has an impact on the clients we share. Every time we lose somebody and need to recruit, the client needs to change workers, and that can also be impactful.

So we have many partnerships, and we share the struggles and the concerns with the health human resource piece for the same reasons.

Mr. Jeff Burch: Thank you.

How much time is left, Chair?

The Chair (Mr. Ernie Hardeman): You have 1.3 minutes.

Mr. Jeff Burch: I'll hand things over to MPP Gates.

Mr. Wayne Gates: This is something that I think, hopefully, my colleagues will listen to. We raised a motion in the House to help establish a 24/7 crisis drop-in centre in both Niagara Falls and Welland. Do we still need those stand-alone 24/7 crisis centres, and how do you feel that would assist mental health challenges in Niagara?

I'll follow up on that question when I start over in the next round.

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

Ms. Tara McKendrick: Yes, we would still benefit from having those resources. As I mentioned earlier, right now the only opportunity for 24/7 care for mental health and addictions is in our hospitals, and that's not always the best point of care. We have opportunities based on models that we've seen with other CMHA branches across the province, in having crisis hubs and the opportunity to further relieve emergency department visits, as well as our emergency medical services—having alternative destination options. That would definitely have an impact in Niagara, allowing people to access the care they need at the right place in the right way with the right people rather than needing to rely on just what is available in that moment.

Mr. Wayne Gates: Yes. Mental health doesn't happen at—there's no time on it.

Ms. Tara McKendrick: Yes, it's 24/7.

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

MPP Andrea Hazell: Thank you so much for coming in and presenting to us.

To the Canadian Mental Health Association, Niagara branch, and Kinark Child and Family Services: Your presentations, unfortunately, are not new. Your need for funding is not new. The crises that your organizations are going through are not new.

We've heard from many health organizations this week on their funding and their sustainability piece. As we sit here and we listen to these presentations, it's very painful, because it's affecting our youths and our adults, and it's affecting a lot of our seniors. I'm pretty sure that every one of us in this room knows two or three people who are suffering from this mental health situation.

I know the government says, "We're giving money. We're pouring in money." It's just not enough, because our population is growing and we are experiencing inflation, unemployment, affordability crisis, out-of-control rent. Behind the doors, we do not know how the citizens of Ontario are suffering.

You mentioned a 5% increase for stabilization funding. I want you to state on the record, if you do not get this funding, how long can you continue to keep your centre operating fully and helping the people who really need help?

That question is for Cynthia and Tara.

Ms. Tara McKendrick: Thank you for the question.

I think our sector has reached the peak of being able to be innovative and creative and finding efficiencies without impacting the health outcomes of the people who need us. While I would not go as far as to say our services would end, service levels would be impacted—as well as the risk of the impact on the staff who are working in those programs. Every time we need to go down a staff member, we still have targets to meet that are connected to the funding, so fewer people need to achieve the same targets. So that has a further impact.

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I wouldn't be able to say that we would not be able to operate, but—and it has been our experience over the last decade or more—yearly service levels would be impacted. Staff morale is impacted, which then has an impact on direct client care.

We will keep going; we won't give up. But I think it's those impacts that we need to look at—how effective, efficient, the impact it's having on the staff and therefore the impact on the client service.

MPP Andrea Hazell: What happens to the clients who cannot get the service? Do you follow up with them? Where do they go? Do they disappear?

Ms. Tara McKendrick: Yes. Unfortunately, right now we're seeing, because of the lack of options for early interventions—

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

Ms. Tara McKendrick: CMHA Niagara and others have same-day counselling services, but it's only Monday to Friday, 11:30 to 7.

So where do people go? They go on wait-lists for case management, or their situation escalates until they're in crisis, and then they become part of a crisis response system. Then, because we don't have case managers and wait-lists, we don't have the resources to provide the follow-up, so we find people go into a crisis cycle. Where do they go? They go on wait-lists, or they give up trying to get help, or they suffer.

MPP Andrea Hazell: And then we see a lot of them turn up on the streets and become homeless.

Ms. Tara McKendrick: Potentially, yes.

MPP Andrea Hazell: That's the part of the program that I needed you to elaborate on for this government to understand how serious it is—

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

MPP Harris.

Mr. Mike Harris: Tara, I appreciate you being here today.

I have a very good relationship with your colleague from Waterloo Wellington, Helen Fishburn, who I'm sure you're well aware of. She has been with CMHA for a long time now in various different positions, and one thing that we've always talked about—and I think both of us are firm believers in it—is trying to get to issues upstream before they start to get too far downstream, where you're needing a lot of those critical interventions that are quite timely, as we've heard already today.

I was wondering if you could highlight, just for the benefit of us who are not from Niagara—and it's great to have so many colleagues here from the region today, but not all of us can represent beautiful Niagara region.

Interjection.

Mr. Mike Harris: I know, right?

What are some of the things that you're doing currently to try to get out into the community and deal with some of those upstream problems before, like I said, they're needing to get those critical interventions?

Ms. Tara McKendrick: Specifically to Niagara, I would use our same-day counselling service as an example of where we're trying to provide an alternative to hospital. People can get a same-day counselling session, regardless of what level of mental health concern there is—that can be early intervention; it can be crisis. The challenge with that is that it's Monday to Friday, 11:30 to 7, in two cities—so it's not the 24/7 or more accessibility that has an opportunity to be preventive, to reduce crisis situations.

Another example I would use is our safe beds. We have 12 community beds where people can stay for an average of three to five days during a self-identified crisis—but again, that can be earlier to be preventive.

Those are also the programs—when we're talking about base-budget stabilization funding—where we haven't seen an infusion in the base budget. So we're having difficulties recruiting and retaining staff for those programs.

Mr. Mike Harris: What about investments in other sectors that are ancillary to the work you're doing? Policing, for example: We have the IMPACT program in Waterloo region, where you have mental health clinicians who are based with active-duty police as they're out in the community. I think in Hamilton they call it COAST or something along those lines. Is there anything like that in Niagara region that you take part in?

Ms. Tara McKendrick: Thank you for asking.

I think each region has a different name for it. CMHA Niagara does partner with the Niagara Regional Police Service for a COAST program, which is a 24/7 crisis line as well as mobile outreach. And we have a mobile crisis rapid response team, which is the 911-response social worker in a cruiser with a police officer responding.

Mr. Mike Harris: Are you finding that those are starting to help reduce some of those more downstream problems where you're seeing people with chronic homelessness, addictions issues etc.?

Ms. Tara McKendrick: Yes, 100%. Those were the stats that I shared without naming the programs—it was the 92% diversion rates, so 996 individuals with a 92% diversion rate. The challenge is—I didn't share the stats around number of visits, because when I was talking earlier about the cycle of crisis without the case management, without those other supportive long-term, ongoing—

Mr. Mike Harris: You don't have that follow-up ability.

Ms. Tara McKendrick: We don't have the follow-up to connect people to the care and community that they need, so then crisis becomes the response again.

We do have those programs. They have a high success rate. There are pieces of the system that are missing, because being on a wait-list, when you need that—that's where we see the cycle continue.

Mr. Mike Harris: Thank you. I think MPP Anand has a couple of questions.

Mr. Deepak Anand: My question is to Lumina DX—I couldn't find your website, so I'm just going to quickly go through simple questions.

What exactly do you guys do, and are you only in Ontario or are you all across Canada?

Mr. Justin Babwah: We're an early-stage start-up. The company was founded by my brother, Dr. Jesse Babwah, and myself. We're looking at providing digital innovative tools that can serve not only Ontario but all of Canada. We do have some ideas and some pathways that we're working on, and then we'll be working with other provinces as well.

Mr. Deepak Anand: What has been your experience so far with Ontario Health, or Ontario?

Mr. Justin Babwah: We're just in the ideation phase. I think Karam can speak to that a little bit. We've done a six-month engagement with CGI. We've developed the strategic assessment, and we're in the process of securing some meetings and meeting with both Ontario Health and the Ministry of Health.

Mr. Deepak Anand: With respect to the start-ups, I had the opportunity to visit Collision, and I was really impressed with the ideas people had.

Is there anything that you think the government should do more to help support those people and those ideas? At the end of the day, these are the vicious cycle—you have the idea; with the support of each other, the idea becomes commercialized and then becomes a success, and the government is the first one to get the benefit out of that, as the tax. Is there anything that we can do, as a government, to support those entrepreneurs and these ideas?

Mr. Karam Bains: It's a very good question.

As start-ups, especially in the health care space and the public sector space, I think there's a challenge with organizations, whether it be Ontario Health or whether it be health care organizations that are providing the services to either take on the risk—if I can put that loosely—to take on a new solution and evaluate it.

I think, often, within the health care space, pilots kind of go to die. There's a lack of investment in terms of being able to support our organizations to take on a new solution, test it out and evaluate it, number one; number two is to be able to make that scalable and sustainable over a long time to really, truly evaluate it.

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

Mr. Justin Babwah: You've probably heard this before. It's just encouraging these solutions or these entrepreneurs that come up in Ontario to be able to sell and execute within the Ontario landscape, versus going to the United States or somewhere else abroad to develop their solutions, test them and bring them back here eventually—which may be too late then.

Mr. Deepak Anand: What is one recommendation you want to give, or what is your ask?

Mr. Karam Bains: Our current ask here is just to be able to make sure that there is enough funding to support CRC screening in this digital health care space. Like I said, we're really focusing on digital navigation and centralization of the program. While it's for CRC specifically, we do want to encourage that it can be utilized across different care pathways. We're really looking to make sure that there is enough funding within the innovative space and the screening space to be able to execute and co-design this with Ontario Health.

Mr. Deepak Anand: Thank you, and best wishes.

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

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

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Mr. Wayne Gates: I'm going to go back to you again on the 24/7, but before I go there, I want to talk about how it really is disheartening to hear that you have dedicated employees, wonderful employees, and you can't pay them a living wage. So you're losing them to the education sector. The same thing is going on in child care. This government has to provide you with enough funds. You shouldn't be fundraising to pay for staff. That's a little shocking to me. I was really surprised by—not by the question, but I was surprised by your response.

On the 24/7: In Niagara, whether it's in Welland, St. Catharines—I think St. Catharines may be a little worse than the other two communities—Niagara Falls, we have a mental health crisis. We have a homelessness crisis. We have an affordability crisis. The reason I mention the motion about 24/7 is—this government made a commitment, through the minister, that that was going to happen here in Niagara. You know and I know that we've had a number of young people who have gone to the hospital at night and then went out and ended up, whether it be on a bridge or whatever, taking their lives. This would save lives. Where do you go after 7 o'clock at night? That crisis doesn't wait until morning; it doesn't shut off. And if you're going to get into a crisis—a lot of times it happens after 4:30, because now they're alone.

I'm really just saying this because I want my colleagues to hear this. You made a promise to Niagara. We need it 24/7. We are in a crisis, probably as bad as there is in the province of Ontario. I think there are a couple of communities up north that may be in a little worse position than us. So I wanted to get that out there.

In your opinion, who is the most at risk in Niagara right now—age group, demographics? How do you believe the affordability crisis of both food and shelter is affecting the reality here in Niagara? And what do you feel are some of the solutions from this government that should be put in the next budget to help us? Very clearly, we need help in Niagara—and I think all my colleagues will say the same thing.

Ms. Tara McKendrick: I just want to use some of my time to provide some context around the living wage piece. There is a lot of focus on clinical service and front-

line staff, but agencies in the community mental health and addictions sector need support staff and they need infrastructure. So those positions that aren't necessarily getting a living wage are support staff and those administrative functions that we need.

When you ask who is most at risk, I would honestly be troubled to try to give that right now. CMHA is for 16 and up, so I'm familiar with the 16-and-up category, which, depending on what risk you're talking about, differs. Men 40 to 50 are most at risk of dying by suicide, whereas women are more likely to experience anxiety and depression. So it would depend on what the risk question specifically was.

Food and shelter—addressing that, or what those solutions are. When people do not have food security or shelter, they're not focusing on their mental health or their mental illness or following through on doctors' appointments. We know that providing food security and supportive housing increases the likelihood that an individual will also participate, seek out help for their mental illness or their mental health issues, as well as follow up on primary care appointments and therapy appointments etc. It's Maslow's hierarchy, right? If I'm wondering where my next meal is coming from or where I'm sleeping, I have other priorities.

So I would take us back to the supportive housing ask—that we need to make sure that not only are people housed, but they also have the support they need to be able to access food security and maintain their housing, have social inclusion and those pieces. I think our ask around supportive housing also supports those basic needs.

Mr. Wayne Gates: Thank you.

I'll turn it over to my colleague Jennie Stevens from St. Catharines.

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

Mrs. Jennifer (Jennie) Stevens: I want to thank all of you for coming and presenting.

I want to direct some of my questions to Tara.

St. Catharines, the largest city and the largest municipality of Niagara region—it's ground zero there. We are in an emergency crisis. It has been declared, as you've said.

Homelessness is a complex issue, but it can appear straightforward because we see it, and it's so visible when you go into our downtown and into any part of the city of St. Catharines right now; it doesn't matter if it's the north or the south.

I just want to say what the Premier came out with. He said that what we need are more rehabilitation centres for people in Ontario. It took me aback, because we know speaking about solutions in simple terms can be problematic, and when we see what's going on within a larger municipality and we see people living out of garbage cans for their next meal—a lot of work that your organization does is preventive in nature, though, I think, through funding.

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

Mrs. Jennifer (Jennie) Stevens: Can you describe the mental health landscape in the Niagara region, and the

specific challenges faced as it relates to the homelessness in St. Catharines and across the region?

Ms. Tara McKendrick: Definitely, the state of emergency—I would also refer to our Niagara regional police statistics. Their calls for mental health and addictions have increased 238% over the last few years. Again, that's not the best place to be getting mental health and addictions response, but it's a 24/7 option.

When we're talking about what some of the solutions are and rehabilitation centres and beds, we also want to be cognizant of individual choice, and every situation is individual. We really need to have a better understanding of what has happened to people.

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

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

MPP Andrea Hazell: My question is going to be for Lumina DX. I want to say congratulations on your start-up. It's not easy to do a start-up. I was a business owner. It's very tough. I think you said you are in your six-month phase. Is that correct?

Mr. Justin Babwah: That's correct.

MPP Andrea Hazell: So it's going to be very tough, moving forward.

Congratulations for being here and presenting to the government within the space of six months. I think that is incredible.

What is your sustainable business vision for the success of Lumina DX? Can you detail that some more for us?

Mr. Karam Bains: Thanks for the question.

Lumina DX has partnered with CGI. I'm not sure if you're familiar with CGI. CGI is a large Canadian-owned IT and business consulting and system integration firm. We do a lot of work within the health care space, especially out west. We're hoping to build that skill set here within Ontario, and we've partnered with Lumina DX because they have a great idea, a great solution, a great concept that we think can be very impactful within the Ontario landscape for patients and for providers and the system overall.

Where the sustainability will come in is—obviously, it can be used with other care pathways, but CGI can offer them the expertise from the IT and business expertise point of view, and having a track record globally in terms of being able to execute and deliver on solutions.

MPP Andrea Hazell: Thank you for that explanation.

I want to bring this next question to you about inequities: Have you done any research in your program to make sure that your testing is going to be going to low-income and ethnic minority groups? When it comes to cancer treatment, there are a lot of inequity challenges.

Mr. Karam Bains: I think our focus here is on enhancing what Ontario Health is already currently doing when it comes to accessing FIT kit tests and even screening. Obviously, they have Health811; we want to be able to enhance those services. We're creating a digital solution, and that in itself will have some inequities in terms of access to digital or a website. So I think we need to do a little bit more of a deeper dive with Ontario Health and within our jurisdiction to see how they can best leverage a

digital solution within their communities. If we think about shifting care from hospital to community care—one way to look at equity is that we're shipping where this treatment can happen to be more focused on the patient and where they are located, versus just going to the hospital.

1400

Mr. Justin Babwah: To follow up on what Karam was saying, as well: If we're talking about inequity, in terms of patients having access and having to go to multiple appointments and all that—that can be a major strain on people, whether it's to take time off to work, to commute, travel costs, all these sorts of things. By simplifying that process and bringing the care to the patient where they are in community and in their homes, which is certainly aligned with Ontario Health, we think we can bring a lot of value there and improve lives.

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

MPP Andrea Hazell: Cynthia, can you take one minute for the record and elaborate on your funding needs today?

Ms. Cynthia Weaver: The ask that I have before the panel is to allow for 24 beds to be purposed at Syl Apps Youth Centre for a critical pathway between hospitals and secure treatment that would be deemed for schedule 1 capacity, where we could transition youth who have significant mental health concerns and behavioural issues to a schedule 1 bed; and if they require a longer-term stay, then transition into secure treatment, to unblock the bed capacity that's currently blocked at our pediatric hospitals, as we don't have the intensive service availability within our communities or within our secure treatment programs at the moment—

The Chair (Mr. Ernie Hardeman): That does conclude the time for this presentation and for this table.

I thank all the presenters for the time you have taken to prepare and the quality of the deliberations that you brought here. Hopefully, it will move us forward to a great budget coming forward.

ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS

MR. AUBREY GONSALVES

The Chair (Mr. Ernie Hardeman): Our next panel is the Ontario College of Social Workers and Social Service Workers, and Aubrey Gonsalves. We just have two on the panel, and they're both virtual.

You will have seven minutes to make your presentation. I will let you know at six minutes when you have one minute left, and I'll cut it off at seven minutes.

As you speak, please make sure that you give your name for Hansard recording to make sure we can attribute the comments to the right person.

With that, we will start with the Ontario College of Social Workers and Social Service Workers. The floor is yours.

Ms. Denitha Breau: My name is Denitha Breau. I'm the registrar and CEO of the Ontario College of Social Workers

and Social Service Workers. Thank you for inviting me to speak with you all today. Throughout my remarks, I'll refer to our organization as "the college."

I can start by taking us directly to who we are and what our mandate is. The college's primary mandate is to protect and serve the public through a transparent and effective regulatory structure. Within this mandate, the college supports ethical and professional practice through the regulation of both social work and social service work professions. The main focus of social workers and social service workers is based largely in mental health, including counselling, community services and social support programs. We are the only regulatory college in the province whose registrants are trained entirely in providing mental health support services, making them uniquely positioned to provide specialized support in our health care workforce. We regulate over 28,000 social workers and social service workers in diverse settings across Ontario.

We're often asked what the difference is between a social worker and a social service worker. Social workers collaborate with their clients to address challenges through a process of assessment, diagnosis, treatment and evaluation. They operate in settings like hospitals, social service agencies and schools. Social service workers similarly assist clients in dealing with personal and social problems by delivering counselling, community services and social support programs. They operate in settings like group homes, settlement agencies, crisis centres and income support programs.

As a provincial regulator, some of our duties include setting registration and entry-to-practice requirements, ensuring registrants follow a code of ethics and standards of practice, providing transparency through the maintenance of a public register and maintaining rigorous complaint and discipline processes.

Why are we presenting here today? We know that Ontario's children and youth are in crisis. Across the province, demand for mental health services remains concerningly high. Demand has increased by more than 100% in the past four years. As we know, the regulator is one of many groups and agencies that are provided with a public protection mandate. In order to achieve this mission of providing the strongest possible oversight and compliance to keep Ontarians safe, there are vital legislative changes that are needed. To maximize the effectiveness of our college as a regulator, we require changes to our current governing legislation that would allow us to collaborate with those agencies involved in ensuring increased protection and better care to our province's most vulnerable.

So let's go over our current state. In its current form, the Social Work and Social Service Work Act has strict limits of confidentiality, meaning essential information regarding a college registrant or member, a social worker or social service worker, cannot be shared between the college and other relevant parties, including children's aid societies. We can only share what is made public. Where this has a direct effect is in matters that involve ongoing investigations.

Being able to share relevant investigative information regarding a registrant or a member of the college with relevant parties like CAS is essential to the well-being of children and youth living in these settings. We are aware that the most beneficial route to protecting the public is to empower local agencies. The college can achieve this goal with the requested changes to our existing legislation. It's important to recognize that this isn't really a thought exercise. There have been several previous incidents where the college has not been able to share registrant and member information in the interest of public safety that have resulted in delayed actions and potential harm to vulnerable populations involved, such as children and youth under the care of a registrant or member. This gap in information-sharing during investigations increases the potential risk to Ontario's most vulnerable people, meaning significant additional burden on our province's health care system.

With the government's clear focus on operations being as efficient as possible in its efforts to protect children and youth, there is a clear opportunity for section 50 of the Social Work and Social Service Work Act to be strengthened to achieve our shared goal of creating a safer environment for children and youth. Enabling the college to share information about a registrant during an investigation will eliminate or reduce significant risks to children and youth. These changes are already in place in the regulation of health colleges. We urge the government to look at similar clauses, such as section 36 of the Regulated Health Professions Act, which does allow for collaboration and sharing of information with other regulatory bodies and agencies, with the ultimate goal of protecting the public.

As part of our role in protecting the public, our legislation, the Social Work and Social Service Work Act, should allow for exemptions from confidentiality limitations as it relates to the college's registrants, when it is relevant to the safety and/or well-being of children or youth in out-of-home care provider investigations. This amendment is timely, with MCCSS currently opening the Child, Youth and Family Services Act to make legislative and regulatory changes aiming to strengthen oversight of licensed out-of-home care providers. We see this as an opportunity to expand the scope and include the college's legislation as well. The ability to properly share information can help divert and reduce strain on Ontario's health system, at a time when resources are in short supply.

When we're looking at the path forward, we know we have many shared goals, including reducing the immense pressure on the province's health care system as a whole and creating safe environments for vulnerable populations. These amendments to the Social Work and Social Service Work Act, as it relates to our mandate of public protection, would build on these shared goals of strong oversight and compliance to provide the best possible environment for the most vulnerable Ontarians.

We're looking forward to continuing to work with the government to protect Ontarians by ensuring the province's social workers and social service workers are professional, compliant and can provide the highest standard of mental health care.

Thank you very much for the opportunity to present today and to discuss this essential topic during the pre-budget process. More details about the college's ask can be found in our official pre-budget submissions.

1410

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

Our next presenter is Aubrey Gonsalves.

Mr. Aubrey Gonsalves: My name is Aubrey Gonsalves. I'd like to thank the committee for this opportunity.

I want to start by talking about your budget and the budget process. I believe the budget needs to both reflect adequate program spending—and just as importantly, earmarked money should be, in part, spent. To be clear, since coming into office, this government has underspent program spending by \$31.5 billion over the five years in an averaging, basically, of \$6.3 billion a year. This trend of intentionally and substantially overpromising and under-delivering was not present in the previous administration.

However, failure of the public services and not keeping up with the needs is made worse because wages have not kept up with inflation over the decades. This is not a recent phenomenon. Over the past three decades, workers' wages have constantly fallen behind. Failure of real wage gains has meant that reliance on social support such as food banks has become a reality and a fixture in the lives of Ontarians. Within the last six months, it seems that one in five have found a meal at a community organization or a food bank.

Just to give some background, I'm a child protection worker in Ontario, and I also sit on various committees representing developmental service workers, child care workers, municipal social services, community agencies, as well as children's aid societies.

Social service sectors in Ontario are in very challenging times. An already fragmented and under-resourced sector was battered during the heightened pandemic. Recovery has been happening in this sector and society broadly, but in the array of dynamic services that make up the not-for-profit and social services sector, they're exhausted and frustrated with constantly having to do more with less. That's the message from this government: "Do more with less."

Workers are facing, generationally, a recruitment and retention challenge. Workers are leaving the field, whether it's in health care, whether it's in CAS. This was compounded by Bill 124, which kept compensation artificially low in a sector already renowned for low pay and few benefits.

As part of the care economy, we're asking that the sector be resourced appropriately. It contributes to 8% of the province's GDP and has a \$65-billion economic impact. We're comprised of almost 60,000 employees in the social service worker sector, and it employs 844,000 workers across the province.

The government did respond in the height of the pandemic, setting up special envelopes of money, recognition of extraordinary situations. The urgency for services has

not subsided, and in many communities, it has actually increased. For example, when considering child welfare and developmental services—these agencies were often the last resort for many, but people have not recovered from the global pandemic and now face down generational costs of increase.

Here are some recommendations:

- extend the permanent wage enhancement in development services to all job classifications;

- raise minimum-compensation thresholds in bilateral child care deals to bring more people into the field and stop people from leaving;

- commit to a housing strategy that prioritizes real, affordable housing based on the 30%-of-income threshold;

- continue to enhance the resources to the violence against women sector that were available during the height of the pandemic;

- introduce more transparency and consultation on child welfare reforms, particularly on any changes to the funding formula;

- work with all stakeholders, from workers to labour to employers, on human resource strategies that effectively deal with recruitment and retention issues; and

- bring back economic certainty to the sector by abandoning the governmental judicial appeal on Bill 124. That money can be used in so many different positive ways.

I want to talk about some of the aspects that we're experiencing in child welfare and the difficulty that workers have had with this government. We have been calling for a meeting to sit down and speak to this government and have been refused by the minister.

I'm not sure if you're aware, but children are being kept in motels and hotels because there are not enough residential settings—foster homes, group homes—for these kids to go to. This is not acceptable. We've been calling for the government to do more, but all we're hearing is, "Do more with less."

One of the things the ministry is asking CASs to do is to link to community partners in their geographic areas and maybe those community partners can take the work and burden off CAS workers. This government, unfortunately, has no idea about the community dynamics, because many of those resources have closed since the pandemic, and the ones that remain have waiting lists of six months to a year.

So I'm here to ask that the government invest in public services; specifically, social services. And how do we do that? Consider increasing some of these corporate taxes. Since coming into office, the government, as I mentioned, has not only just underspent—but the corporate tax cuts to the wealthiest have been in an increase over the years. We're asking that the government consider this and do a reversal to gain more income in order to invest in these important services.

Thank you very much for your time and consideration.

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

We will start the questions with the official opposition. MPP Gates.

Mr. Wayne Gates: Aubrey, I enjoyed your presentation.

Who refused to sit down and talk to you? You said it was a minister. What minister?

Mr. Aubrey Gonsalves: It's the Minister of Community and Social Services.

Mr. Wayne Gates: Does that minister have a name?

Mr. Aubrey Gonsalves: I believe it's Michael Parsa.

Mr. Wayne Gates: Well, the reason I ask that question is, there have been a few ministers in that job, and I don't think it would be fair to put it in a blanket. I know Mr. Parsa has only been there for a while, so I think it was a very reasonable question on my part to ask—

Mr. Aubrey Gonsalves: If I could be more clear in my response: I've been in this sector for over 20 years and, as the leader of the children's aid workers, I have met with every single minister assigned by the Liberal government. Since the Ford Conservative government took over, we have not met with one minister. I respect and understand the fact that there have been many minister movements in this ministry. We've asked for meetings constantly because there are a number of issues, and we've been turned back to speak to our employers. Our employers are experiencing the same issues, and they're advocating on the same issues that we are—trying to set meetings with the minister.

I hope that's clear.

Mr. Wayne Gates: That sounds very clear to me.

I believe that ministers should be meeting—you don't just meet with people who might like your government; you should be meeting with all of them.

You talked about the workers who are burnt out, tired, exhausted. And that's no different than what we're seeing in our health care sector. Our nurses are tired. They're burnt out. They feel unappreciated.

The other thing that you brought up that I don't think this government has paid as much attention to as they should is Bill 124. When you're not compensating people fairly and you're eliminating their opportunity to get increases in compensation, and when they don't feel respected and they're burnt out, what normally happens is, they end up finding a different job or leaving. In Niagara—I'm not going to speak for the other MPPs who are here—we can't find workers because of those issues. People are leaving health care because of Bill 124.

I've been trying to deal with an issue on after-school programs for child care. Even though they're advertising as much as they can, they can't get anybody there. They're not being compensated fairly, so they don't do that job anymore and they go somewhere else.

Bill 124 is hurting our employees incredibly by not compensating them fairly. I think the time has come to stop fighting Bill 124 in the courts. Repeal Bill 124 and let's try to restaff your organization—our nurses, our child care providers. I'm glad that you raised Bill 124, because I really think people are not keeping it in the limelight that it should have, and it's a mistake.

1420

The other one that you talked about, and I can kind of relate a little bit to—you mentioned that kids are staying in hotels. Could you elaborate on that?

Mr. Aubrey Gonsalves: That's also happening in your region and in Windsor and across the province. This is something we warned the ministry about, as well as the employers.

In 2011 and 2012, there was a consultant who went around from children's aid society to children's aid society across the province and provided the same consultation report for any children's aid that still had open group homes. That report was, in a nutshell, "You provide outstanding service in the community; however, it's not financially sustainable."

One by one, in those years, the agencies closed the group homes. The government were ecstatic because they were able to save money, but then all these privatized, for-profit group homes opened up. We warned the government that this was creating a monopoly, and that once the profits start winding down, these for-profit agencies would close up shop and there would be a reduction of the placements available. And 10 years later, this is exactly what we're seeing.

What's happening here is, number one, there are not enough placements. Number two: The kids are so complex, with their behavioural issues—and they cause a health risk to workers—that some residential placements are saying, "No, we're not going to accept them." That's the difference between having a residential placement at CAS and a private, for-profit residential placement—they can refuse; we have a mandate not to refuse. This was set up by the Liberal government and is now compounded by the Conservative government. Again, workers, employers and communities are calling on the government to do something.

I want to talk about your second question, on Bill 124. When this government first came into power—when they were doing their campaigns across the province, they campaigned on a slogan: "For the People." We sometimes question which people they are here for.

We would like to see this budget reflect all the people, especially those who are hurting the most in the province. We want to see something in the budget for those folks in that population.

Mr. Wayne Gates: I appreciate your honesty, and you're accurate on a lot of it.

Maybe you can touch on wage enhancement so that people understand that, as well. That was another thing that was brought in by COVID. We're still fighting to get some people paid the wage enhancements that they're owed. Maybe you could touch a little more on it and explain what it was. Do you feel that particular program was successful? I know it was successful in the grocery stores, and the Weston family got rid of it pretty quick, but—

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

Mr. Wayne Gates: Maybe you can answer that, as far as the wage enhancement.

Mr. Aubrey Gonsalves: I'll give you one example. There was a wage enhancement around developmental service workers that was launched by this government in health care. And I want to be clear: I know I've been doing

a lot of criticism, but I do appreciate what the government did with those wage enhancements. They were fairly well-received. Basically, it was this kind of, if you will, at-risk pay for people going out in the community or doing work during the pandemic, such as developmental service workers, such as health care workers, as well as children's aid workers and residential workers. They didn't have a right to refuse unsafe work. It worked out fairly well.

I think one of the problems around that wage enhancement was that employers were supportive of it, but once the funding stopped, employers were saying, "Where do we find the money? We can't afford it through our core funding," and the government just expected the employers to figure it out. Or—

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

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

MPP Andrea Hazell: Thank you, Aubrey Gonsalves, for your presentation today. I can hear your passion, and I can hear your hurt. Thank you for that strong presentation and your honesty.

Your presentation and some points that you spoke about today—it's not new for me, sitting here and listening to the issues, but I want to spend my time with you today because I want you to elaborate on the critical issues that you are experiencing.

You talked about the burnout of your employees. We also know the impact of Bill 124. Can you share some stories of the impact that this has on the employees as well as the children you're supporting?

Mr. Aubrey Gonsalves: Thank you for that. My passion comes from growing up in these high-risk communities, where my neighbours were involved in crime or had difficulty finding employment, and realizing that I had more to offer, and becoming a social worker and moving into the field to help others, some of the people I grew up with.

Workers and service users are feeling like the government has neglected them. They're feeling like the government is focused on big business and people with money. We are called a forgotten population, whether we're a service user or a worker. Workers have felt attacked by the government—and we don't know why; it's not like we've ever done anything. It's almost like this government has made us feel that we made a bad choice in deciding to join public services and social services, and that we should be grateful for having a job and just accept anything that is given to us.

Many of our people are moving into food banks, can't afford their mortgages, are having difficulty making ends meet—and that's just economically.

On top of that, the workload issue is surmounting. We don't have appropriate staffing—and it's not just about finding new people; it's about keeping the people. When employers don't have enough to have appropriate staffing, that burden falls on workers and they burn out. When you have a burnt-out worker trying to provide services to someone, you're not getting 100% service.

I want you to know that the children's aid society—we used to offer food vouchers, TTC tickets to help families get to visits. That has all stopped because we just can't afford it with our funding anymore.

Families are so strapped. So what we're asking for in this budget is to see something for the marginalized population of Ontario, for the workers in health care. We can't rely on a safety net when we're burning out the people who are holding the net together.

Again, all of these attacks on workers, from Bill 28 to Bill 124—people are just asking why.

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

Mr. Aubrey Gonsalves: Thank you.

What did workers do to this government to receive such attacks? What did vulnerable people do to receive neglect?

MPP Andrea Hazell: My last question for you: What is one thing you want to leave on the table for us, to end your presentation on a very strong and impactful note today?

Mr. Aubrey Gonsalves: Think about building Ontario for all Ontarians, and think about having equity in your mind so those less fortunate in our population and our society are benefited through what your budget looks like. They need the most help. Our service users, our children—those people need the most help. If there's anything I would leave, I would ask you to consider putting those people at the forefront of your budget.

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

Mr. Mike Harris: Thank you both for your presentations today.

Mr. Gonsalves, are you here on behalf of CUPE or here on behalf of yourself for today's presentation?

Mr. Aubrey Gonsalves: Thank you very much for the question. Just to be clear, I'm here on behalf of myself.

Mr. Mike Harris: Okay. You touched a little bit on bilateral deals. I was just wondering if that was in relation to the CWELCC deals or if that was in relation to something else. Could you clarify for me?

Mr. Aubrey Gonsalves: Yes. It was specific to the child care deal.

Mr. Mike Harris: One of the things that I think we're very proud of—and hopefully, we can hear your support on this—is being able to include not just not-for-profit daycares and child care spaces in this, but also being one of the only jurisdictions in Canada that was able to work with the federal government to be able to keep for-profit spaces open as well, which was something that was really important for my area. I represent a population that's about 50% rural, and that would mean roughly 30% of our child care spaces wouldn't have been able to take advantage of that \$10-a-day daycare.

I'm just wondering if we could get your thoughts on that, and whether you think we should have more investment into those types of deals.

1430

Mr. Aubrey Gonsalves: I'll just be clear with my bias right up front: I don't believe that there should be for-profit in social services. I don't believe people should be making money in these kinds of fields. I believe it should

be public services and not-for-profit. I've seen what happens when for-profit comes in. Their focus is profit; their focus is not service. You may think they have great intentions. But I've seen when group homes open up, instead of paying their staff their proper wages based on qualifications, they lower the qualifications in order to pay them lower wages, in order to boost the profit.

When you have a for-profit setting come in anything, whether it's business, whether it's social services, whether it's even shelters, their focus is profit. Let's be real here. You and I can both agree that once the profit ends or they're not making enough, they're not continuing that service.

Mr. Mike Harris: So what would you say to the residents in my riding and other rural areas across the province, where, if you were to not offer those spaces—and it would take, quite frankly, maybe years to be able to spin up not-for-profit organizations to take over that space. What do you say to those families, then, who wouldn't be able to take advantage of that?

Mr. Aubrey Gonsalves: It's a very good question.

I would say that for-profit—there's a space and a time for that. If there's not enough structure right now to set up a public child care in that area, then yes, maybe for-profit, for now, should be in place to support. But that should not be the solution. I want to be really clear: That's a band-aid solution. The solution is investing in public infrastructure to support publicly funded social services.

Mr. Mike Harris: What other bilateral deals do you think could be signed, whether it be in other spaces or talking about CAS? Obviously, that's where your passion lies. How do you see something like that factoring in?

Mr. Aubrey Gonsalves: I think the government really needs to listen. I think that's one of the challenges that we have here. I'm not sure if the government is getting clear messaging. The employers do not bite the hand that feeds them, meaning the employers will never tell you the real story, because you're giving them their funding. Any employer that has gone against the government—there have been examples of the ministry just taking over that, terminating the ED from that agency. So listen to the workers. Listen to employers. Understand what is needed, and then make those deals in terms of what would be appropriate funding, what would be the balance.

I want to be really clear: When you're talking about raising wages and what workers need, we're not looking at breaking the bank. We want to work with our employers. We want to work with the ministry to see what is feasible. Right now, what we're seeing isn't feasible, and we're at a point where we're constantly, if you will, begging for increased funding to promote the services and programs that were cancelled, to hire back the staff who were laid off.

I'm not sure if I answered your question—

Mr. Mike Harris: Not exactly.

How much time is left?

The Chair (Mr. Ernie Hardeman): You have 2.2 minutes.

Mr. Mike Harris: It's more on the side of how we can work with our federal partners to be able to leverage some federal dollars, federal ideas. When we're talking about bilateral deals, usually in our case, when we're government, we're working with another form of government, whether it be a municipality or whether it be the federal government.

How do you see a little bit of interplay there, similar to, say, what we've done with CWELCC and the child care spaces? How do you see that playing into some of the other environments that you do on the day-to-day?

Mr. Aubrey Gonsalves: Thank you for the question.

I'm going to have an answer that's out-of-the-box thinking, something that probably hasn't been tried before. Maybe instead of just the provincial government going to lobby the federal government, there is a joint campaign of workers, community, employers and the provincial government going to the federal government. I think something like that, a coalition-building of partners, would be mind-blowing, would be groundbreaking and definitely out-of-the-box thinking. I'm not saying we're always going to agree on things, but when there are common grounds like the child care plan, that's something that we would jump on board and work towards together.

Mr. Mike Harris: Yes, it's an interesting thought, for sure.

The Chair (Mr. Ernie Hardeman): You have one minute left.

MPP Dowie.

Mr. Andrew Dowie: I want to go to the Ontario College of Social Workers and Social Service Workers. In your presentation, you mentioned matching or getting close to the kind of protections for youth that are shared by other regulated professions. Would you like the same wording, or is it a variance of the wording that you had in your mind as being the most effective tool?

Ms. Denitha Breau: Thank you for that question.

I think the wording actually exists in the Regulated Health Professions Act for the health colleges, under section 36. That wording allows a fair bit of flexibility and an ability for a regulatory body to determine if public risk is at play and to share information.

If a registrant is being investigated, if that investigation hasn't been referred to discipline—the way our act is currently set up, we can't disclose to the public that we're actively investigating someone. Simple—

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

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

Mr. Jeff Burch: Thank you to the presenters.

I have a question for the Ontario College of Social Workers and Social Service Workers. A long-standing issue for social service workers—and I know this from being a union representative for Community Living workers in a past life—is the increasing amount of abuse, both physical and mental, that occurs, especially with the stress of the pandemic and the real increase in mental health challenges and other challenges after the pandemic. I'm just wondering if you could comment on how much of a problem that is and whether it's being addressed effective-

ly, and what more we can do to address that threat of physical and mental abuse for front-line social service workers.

Ms. Denitha Breau: Since we regulate both of these professions, social work and social service work, we support them through standards and ethical practices and engaging with employers and engaging with our registrants. To the extent that we can offer support and engage with different agencies, we take every opportunity available.

The ability that we have that I think we really want the government to take away is that—we believe in regulation. It allows us to have oversight over the profession. We're able to offer supports through our professional practice department that allow these individuals who are regulated to seek out guidance. To the extent that the legislation allows us to do our work and protect the public, we are able to be an effective regulator. That's really what we're hoping to convey here to you today.

Mr. Jeff Burch: I know there's a fairly high rate of unionization across the sector. But what are the challenges in terms of having equal pay for equal work across the sector? I know that has been a real challenge, even for unionized workers, in the past.

Ms. Denitha Breau: Unfortunately, I can't speak specifically to those issues. OASW is the association for social workers, and OSSWA is the association for social service workers, and they can speak about pay equity. We can say, as a regulator with public protection in mind, when we have a regulated group of professionals who are paid well, they offer excellent care or they offer quality care to the public, and then we're able to ensure that public protection mandate is met. But we don't have a direct influence over their equity of their compensation.

Mr. Jeff Burch: I think we're all dealing with issues across the public sector, with fallout from the top-up pay you were talking about earlier and some workers getting it and some not getting it. I have a terrible situation in our local hospitals with PSWs who, inexplicably, were working with the public but are not getting it, and I know it's a similar situation with social service workers and other sectors.

Aubrey, do you want to comment on that?

Mr. Aubrey Gonsalves: Yes. One of the examples is the wage enhancement to the developmental services, the Community Living staff across the province, that you've come from. When the wage enhancement was put out by the government—again, we do appreciate that, but it was really clear that it was just earmarked for front-line workers. But Community Living employs more than just front-line workers—there are also support workers; there are cooks; there are cleaners. That wage enhancement was never offered to them. So when we're looking at how we compensate folks, those are some of the aspects that we're looking at.

1440

I missed your question—I know you were talking about health and safety, and I apologize; my mind went off.

Just before I was here, I was at a return-to-work accommodation meeting for a worker who was injured by

a youth in one of our group homes. They were throwing something and it hit them in the eye, and they're just recovering and coming back to work. This is a real aspect of the work that we deal with.

I'm sorry; I got lost in your question.

Mr. Jeff Burch: Is there enough being done to protect workers, with the increasing incidence of both physical and mental abuse for front-line workers?

Mr. Aubrey Gonsalves: I do have some pretty good news on that. I think employers and unions are coming together. Obviously, there are always outlier employers, but for the most part, we have had some really good gains on health and safety. The Occupational Health and Safety Act has been a real help for us. Anything to strengthen that would be much appreciated. There is some work still to be done. It's a real issue.

When you have youth in the motels, we're noticing, again, an increase in violence and an increase in risk. Just a few weeks ago, there was a worker who got something thrown at them and had a concussion. We can learn from examples. I just want to be clear: In Winnipeg, Manitoba, they housed kids in hotels, and there were deaths and murders that happened during that time. We're sounding the alarm before anything happens. Please pay attention to this.

Mr. Jeff Burch: I thought you may want to make a comment—either one of you—about the stabilization of funding in the sector.

It might be a good time to mention that the Community Living sector is coming out with a #5ToSurvive campaign. They need a 5% increase to their base budgets just to continue delivering the not-completely-adequately funded services that they already are trying to deliver.

Do you have anything you want to add about the stability of funding in the sector?

Mr. Aubrey Gonsalves: Coincidentally, I just had a meeting with Community Living Ontario, and they walked us through their #5ToSurvive. We support that 100%. This is a good example, because this is an organization that we sometimes don't see eye to eye with, but we have some common grounds. We want to make sure that increase, the #5ToSurvive, goes towards programs. And we were really clear—

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

Mr. Aubrey Gonsalves: Yes.

Some of it is for compensation, but workers are as focused on improving services to the families and children and youth we serve as you are, as a government.

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

Mrs. Jennifer (Jennie) Stevens: I would like to thank both of the presenters for coming and being so clear on your mandate to this committee. If you want, you can elaborate on what you'd like—

The Chair (Mr. Ernie Hardeman): We've consumed the time.

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

MPP Andrea Hazell: My question is for Denitha from the Ontario College of Social Workers and Social Service Workers. Thank you for your presentation.

I might have missed this part in your presentation, but I want to spend some time here because I want to make sure—for the record, and for me moving on to the next presenters—that I do not miss out the most important thing that you came here to present for. So can you elaborate on your critical priorities for funding today?

Ms. Denitha Breau: We are asking for our legislation which governs social workers and social service workers, the Social Work and Social Service Work Act, to be looked at, specific to section 50. We're not asking for a specific monetary amount. We're asking for your budget to include review of legislation so that we are allowed to regulate, to the best of our ability, within our environment. We regulate over 28,000 social workers and social service workers. We want to be able to collaborate with the many agencies that you heard being spoken of today, and the current way that the legislation is set up does not allow us to collaborate when we are aware of information that we think would best fit some of these agencies and ensure that public protection is taking place.

MPP Andrea Hazell: Can you share some specific cases or scenarios?

Ms. Denitha Breau: I can take you through some scenarios.

For example, we may find out that we have a registrant who has a concern, brought to our attention, that relates to sexual abuse or something of that nature that stands to have a direct impact on any individual they deal with. That registrant may also be practising, let's say, at a CAS or another agency. It may benefit that agency to know that there is an investigation taking place. Currently, our legislation does not allow us to work with those agencies or those other employers and to share this information openly with them until we take that case to discipline and a public decision has been released. There is a period of time when we can't share anything and a period of time when we must investigate appropriately.

The health care colleges—nurses, doctors, physiotherapists—have a piece of their act called section 36, which allows them to share when they determine that public risk is higher than withholding, than having that confidentiality.

We just want our legislation to reflect what's already out there for health care practitioners. Social work and social service work, for some reason, was not afforded that luxury of what section 36 says in the RHPA, the Regulated Health Professions Act.

MPP Andrea Hazell: I have one more question to ask. With this act being changed—how would that positively impact your organization today?

Ms. Denitha Breau: If that act was changed today, and we encountered a complaint or a concern regarding a registrant's practice that put the public at risk, we could take the next steps to ensure—

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

Ms. Denitha Breau:—that the least restrictive measure has taken place so that we can ensure that the public protection is put into place. We don't have to rush through

an investigation to get out a public decision to ensure that public protection takes place.

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

Mr. Deepak Anand: My question is to the Ontario College of Social Workers and Social Service Workers.

I think what you're talking about is increasing efficiencies or a reduction in red tape. Have you reached out to the ministry of red tape? We are blessed to have the PA from the same very ministry, who has done an incredible job—we have two, actually.

Ms. Denitha Breau: I don't think we have reached out directly to the minister of red tape. We're making notes, and I'm sure we'll take that back. We have reached out to many individuals in various ministries as it relates to this specific issue.

Yes, you are correct; this would ensure that our systems are in place so that we are actually meeting our public protection mandate.

Mr. Deepak Anand: I'm going to be sharing some of my time with the PA for the ministry of red tape, so maybe at that point you can have a conversation.

I want to take a moment to thank you and your organization. Many of the government's initiatives, particularly in the Ministry of Children, Community and Social Services—we appreciate your dedication to regulating more than 28,000 social workers and social service workers.

My next question is for Aubrey. You work with the children's aid society, and I work closely with the Peel Children's Aid Society. Something which we have an issue is with the youth who go to the children's aid society—bringing them back and supporting them financially, becoming financially independent. We're working with the Peel Children's Aid Society to put together a youth hub, so that it's not only for the kids who are under the care, but it's for all. Having that inclusion means they will merge with each other, work with each other and become part of the mainstream again.

I'm proud to talk a little bit about the Ready, Set, Go program, which has provided better support for the youth as they transition out of care. This was a \$68-million investment to help them build life skills that will help them to pursue a post-secondary education, skilled trades training and employment support. Do you have any suggestions on that? I'm part of that ministry; I can take it back. Is it a good thing or a bad thing? What more can we do to support those children?

1450

Mr. Aubrey Gonsalves: I know about the program at Peel that's opening. They're actually opening something to model what the Toronto children's aid society has; it's called PARC, Pape Adolescent Resource Centre. And I know about the Ready, Set, Go program.

Before joining the children's aid society, I ran a lot of workshops in youth detention centres and correctional facilities. The amount of CAS clients who are in those facilities is astonishing, and one of the reasons why I believe that is because once they hit 18 or 21 or whatever that benchmark to end services, they're on their own. You

have to understand that most of these kids don't have parents, don't have supports, don't know how to access networks, and they have felt ostracized by our regular society. These programs, after-care supports, are vital in making them productive, effective and involved participant citizens. But these programs are not part of the funding model, and they're not observed.

I think OACAS and CUPE and others are going to come in with formal presentations, and they're going to talk to you about supporting these kids outside, supporting the transitions, increasing the monetary supports, including this in your funding project, looking at prevention—most of our society is based on a reactionary model. The children's aid society has an opportunity to do preventive work, and this aspect of post-care is vital.

Thank you for bringing that up.

Mr. Deepak Anand: Thank you. We all are part of the same Ontario fabric. We truly appreciate what you're doing.

Over to PA Oosterhoff.

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

Mr. Sam Oosterhoff: My thanks to MPP Anand for sharing his time.

My question will be to the Ontario College of Social Workers and Social Service Workers.

First of all, my door is open; I'd be happy to sit down and chat with regard to red tape reduction. While we protect the health and safety of workers, our environment and the health of Ontarians, we also want to ensure that we're streamlining where possible and removing duplications and things that are unnecessary when it comes to making sure that we have work environments that are safe and healthy but also responsive to the needs of a changing economy—and recognizing that we've seen a lot of changes over the past few years and as governments; we need to be nimble in that, as well. So I'm happy to chat off-line about any particular concerns.

I love your website. It's nice. It's neat. It's clean. It's easy to go through. I appreciate it.

I was curious about two things: One, your governance review that's mentioned—how is that going? The last update is from December. Second, I have a question around the strategic plan. It looked like a great plan. It said that it expired in 2023. Now we're in 2024, and I'm curious to see what the next few years bring. I know those aren't specific to the conversation, but I think they're also relevant in terms of our understanding, as legislators. If you'd be willing to dive into those subjects, I would appreciate it.

Ms. Denitha Breau: Thank you. First of all, I will be sending you an email immediately after this, because the act is front and foremost in our mind.

The governance review has been completed, and we're putting the action plan into play; we have a few items left. It has been quite remarkable. Our council has really come a full 360 through the governance review. I highly recommend it to almost any organization that has a board. I think it should be done regularly. Again, since we're not part of the RHPA and the health colleges—I know the health

colleges require a governance review every three years—we do not require it. But we do plan to engage in it on a frequent basis.

Our strategic plan is coming to an end at the end of this year. We've started the strategic planning exercise, and we hope to have—

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

Ms. Denitha Breau:—our new strategic plan in play by mid-2024 to, at the latest, September 2024.

Mr. Sam Oosterhoff: I want to ask about those changes. The last strategic plan, from 2020-23—I'm sure when it first came in, you didn't really see COVID happening. Of course, every organization had to, to use the overused term, "pivot." They had to understand the need to respond, and governments had to do the same—not always perfectly, but trying to have the backs of the people of Ontario and support them and the workers in this province.

I'm wondering what you see as upcoming challenges over the next few years, now that we're in the recovery stage and we're not so much in the acute stage. What do you see as some of the challenges facing your sector, some of the potential opportunities, and the best way that we can be a partner in supporting your sector?

Ms. Denitha Breau: I think it's really important to keep in mind, when we're developing our next set of strategic plans, that what we have in mind is not to really put ourselves in—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. It was a great question, but there's no time for an answer.

That concludes the panel. We thank both panellists for the presentation and for the time you took to get ready and be with us.

We will recess for five minutes. We're waiting for somebody to make a presentation.

The committee recessed from 1456 to 1501.

SMART CANADA
TOURISM INDUSTRY ASSOCIATION
OF ONTARIO
MR. DON MCLEAN

The Chair (Mr. Ernie Hardeman): We have everybody present, so we'll call the meeting back to order.

Our next panel is SMART Canada, Tourism Industry Association of Ontario, and Don McLean. They're all virtual, so they may not have been here for the instructions.

Every presenter will get seven minutes to make a presentation. At six minutes, I will say "One minute." That doesn't mean you stop. You will have one more minute to get your last thought in, and at seven minutes we'll cut it off.

As you begin to speak, please identify yourself for Hansard to make sure we get the right name for the right presentation.

We will start with SMART Canada.

Mr. Chris Paswisty: I'm Chris Paswisty, director of Canadian affairs for SMART union Canada.

Good afternoon, Mr. Chair and committee members. I want to thank you for the opportunity to speak with you today. On behalf of over 10,000 Ontario members in the sheet metal, air, rail and transportation workers union, I'm looking forward to sharing with you our ideas on how to support workers, grow our economy and help Ontario succeed.

As I mentioned, SMART is the International Association of Sheet Metal, Air, Rail and Transportation Workers. We're one of Canada's most dynamic and diverse unions. Our members are qualified professionals and certified tradespeople dedicated to all aspects of roofing, architectural cladding, custom sheet metal and complete ventilation systems.

Our members are on the front lines of infrastructure, building across Ontario, for nuclear refurbishment projects, new homes and condos, hospitals, schools, EV plants, transit expansion, and new manufacturing facilities. Our members fabricate and install proper ventilation and air filtering systems to ensure the overall health of our schools, offices, hospitals, homes and factories.

Our roofing and architectural members play a vital role in the building envelope by enhancing and protecting the investments of the project. The building envelope keeps the outside, such as moisture and humidity, from entering and causing major damage. Envelope components are designed to prevent water leakage or infiltration to the interior of the barrier that repels and sheds water at the outmost surface. As the building envelope becomes more efficient, the supplying of fresh air into buildings is vitally important. Whether it's cleaning the air within the building or cleaning the air before it's dispersed into the atmosphere, our members play a vital role to ensure that the air we breathe is for human consumption.

The COVID-19 pandemic and wildfires have certainly elevated the importance of proper ventilation, proper fresh air intake and an increase of air exchanges—most importantly, it's upgrading and improving the air filtering system and the need to increase the capacity of the HVAC system.

As Canada sets its target for net-zero emissions by 2050 and retrofitting of all buildings across Canada, the need for our highly skilled members to carry out this work is vitally important. Our members can help reduce our carbon footprint, as the HVAC energy is approximately 35% in buildings and up to 65% in the residential sector, compared to about 11% use for lighting. That's a significant return on investment and will help reduce our carbon emissions.

As Ontario experiences a period of economic growth marked by significant infrastructure development, it's imperative to address the parallel need for support for our construction workers and equally robust health and safety infrastructure. As Ontario's construction sector grows and thrives, the important efforts of the Ministry of Labour, Immigration, Training and Skills Development must also keep pace to protect workers' health and safety and to ensure everyone is playing by the rules.

SMART is here today to present a set of recommendations that we firmly believe will reinforce Ontario's health and safety infrastructure, align it with our economic trajectory and, most importantly, uphold the well-being of our workforce. Our recommendations are threefold. The Ministry of Labour, Immigration, Training and Skills Development must (1) invest in training, recruiting and retaining additional occupational health and safety inspectors; (2) sustain funding for the Infrastructure Health and Safety Association, the IHSA, to guarantee healthy workplaces that are free from incidents, injuries and fatalities; and (3) launch consultations on the working conditions on job sites, to ensure a healthy and well-supported workforce.

To contextualize the importance of our first recommendation, we can look towards Skilled Trades Ontario's commitment to issue over 17,500 certificates of qualification and more than 200,000 wallet cards to apprentices in the certified skilled trades. This is a significant number and a step in the right direction. However, there remains a critical need for enhanced provincial oversight to verify that individuals working in Ontario's licensed trades possess the requisite credentials. Similar to professions such as nursing, medicine and teaching, where foreign credentials undergo rigorous scrutiny, the same level of diligence must be applied to the trades. Instances of unqualified individuals participating in critical projects are far too many, and there needs to be an increase in enforcement.

I currently sit as a member of the board of directors at the Infrastructure Health and Safety Association, as a labour representative for the industrial, commercial and institutional construction sector. Our second recommendation calls for sustained funding to the IHSA. Safety must be a non-negotiable aspect of the workplace. The IHSA's role in maintaining Ontario's high safety standards is undeniable, with over 64,000 training participants in 2022 alone, but we must ensure that every worker in Ontario returns home safely after their shift. The government's dedication to education, prevention and enforcement is commendable, and we support continued investment in these areas for the well-being of all workers.

Our third recommendation also echoes the need for a higher health and safety standard at construction sites. We've often heard stories of our construction workers waiting to finish their shift to go back home to use the washroom, or having to go to a nearby Tim Hortons, because of a lack of access to flushable toilets and running water at construction sites. Having access to flushable toilets should not be a luxury; it should be to ensure the well-being of our workforce.

In conclusion, these recommendations are underpinned by a simple truth: The health and safety of Ontario's workforce is not just a matter of compliance, but it's foundational to our continued economic strength.

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

Mr. Chris Paswisty: The Ontario government, and the Ministry of Labour, Immigration, Training and Skills Development in particular, have an opportunity to take

decisive actions that will ensure our safety infrastructure is capable of supporting our economic ambitions.

Once again, I want to thank you for the invitation to speak with you this afternoon. I look forward to your questions.

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

Our next presentation will be from the Tourism Industry Association of Ontario.

Ms. Jessica Ng: I'm Jessica Ng, director of policy and government affairs for the Tourism Industry Association of Ontario. I want to thank the members of this committee for the opportunity to be with you this afternoon.

For those members who are unfamiliar with the Tourism Industry Association of Ontario, or TIAO, we are recognized by industry and government as the voice of tourism in Ontario. TIAO works on behalf of its membership, collectively representing the majority of tourism businesses and tourism workers in the province.

Over the past four years, we have seen a greater awareness of Ontario's tourism industry and recognition of the important role it plays in our province's economy. Increasingly, we recognize the symbiotic relationship between a thriving tourism sector, the success of local businesses and the strength of our economy. When Ontario destinations attract more visitors, tourism businesses benefit through direct spending that creates a positive ripple effect for other economic sectors and for local employment. Government benefits through increased tax revenue generated from visitor spending and employment income—revenue which in turn can be put towards health care, education, community services, infrastructure, and paying down the provincial debt. When tourism does well, so does Ontario.

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The tourism industry in Ontario is continuing to rebuild thanks to a combination of the innovation, dedication and skill of those working within our industry, and a successful collaboration with government to leverage opportunities to recover and thrive. Together with the support of Minister Lumsden, we work to advocate for federal debt relief, for launching festivals and events earlier, for removing red tape, and for promoting Ontario as a place to rediscover. We are gaining back visitor numbers, consumer spending and skilled workers, but the economic contribution of our industry is still not quite where it needs to be.

While we have regained the domestic visitor market, international numbers remain below pre-pandemic figures and behind some more domestic competitors. The US market, for instance, is down 14% from 2019 and the Chinese market is still down 79%.

As of last summer, convention bookings at the Metro Toronto Convention Centre and Ottawa convention centre alone were down by over 40% compared to 2019.

For many local festivals and events, attendance and revenues have not returned to 2019 levels, with ongoing challenges in obtaining the required public and private funding.

Inflation and the cost-of-living crisis have dampened consumer spending. And while rates have gone up, hotel occupancy is still down by 25%.

Moreover, seasonal businesses have borne the brunt of climate change impacts, with summer wildfires and warm winter weather affecting the length of key tourism seasons and the perception of Ontario as a consistently reliable visitor destination.

Meanwhile, like other economic sectors, tourism continues to face structural challenges that impact the industry's ability to grow and thrive. Staffing remains a critical issue for businesses, with the housing crisis and rising cost of living pricing current and prospective tourism employees out of their chosen career. Immigration barriers make it extremely difficult for tourism employers to hire international talent on a permanent and reliable basis. Tourism businesses continue to face increased cost uncertainty around outdated property tax assessments and the automatic annual increase of the basic beer tax, which is no longer fit for purpose. Destinations continue to miss out on revenue from the municipal accommodation tax, which leaves money on the table due to legislative loopholes. Moreover, as destinations prepare to welcome more visitors in the years to come, with Canada's population growing at an unprecedented rate, gaps in inter-regional connections by bus, air and passenger rail have come to the forefront, with widening gaps in the implementation of sufficient EV charging infrastructure to meet both resident and visitor demand.

Travel is trade. Tourism is an export industry, and one that can bring new money into our economy. According to Deloitte, each 1% increase in Canadian arrivals would generate a \$1-billion increase in Canadian exports. We need to increase our focus on attracting out-of-province travellers to complement our strong Ontario visitor market, which already makes up the bulk of Ontario's tourism income.

There are short-term and long-term strategies to help us get there. Provincial investment in attracting major events and conventions is one quick and easy way to achieve identifiable, measurable wins almost immediately. Events and conventions bring visitor spending to host and neighbouring destinations, benefiting accommodations, food and beverage, retail, attractions and transportation operators. When Taylor Swift performs in Toronto this November, the local economic impact of her six shows is estimated at almost \$700 million.

When tourism does well, so does Ontario. To enable our industry to overcome structural barriers and fully leverage the opportunities to rebuild, remain competitive and realize even greater return on provincial investment, we need a provincial tourism growth plan that best positions our industry to move forward. This includes many of the recommendations outlined by the Auditor General, including strategic regional planning to take destination marketing to the next level; recalibrating existing funding opportunities; better leveraging gateway cities and our convention centres; and developing a data strategy to guide local and regional tourism planning.

In partnership with the Ministry of Tourism, Culture and Sport, we hope to facilitate this strategy with our members and stakeholders. We invite other ministries to

join us to co-create this strategy and increase economic productivity for industry and for government. The future of tourism is bright if prioritized, but we must act quickly. Ontario tourism cannot be left behind.

Thank you. I look forward to your questions.

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

Our next presentation is from Don McLean.

Mr. Don McLean: Thank you for having me speak. I'm from Hamilton, not from Welland, and I was kindly added to the list today because the list in Hamilton was overloaded.

You can see from my picture that I'm not a young person. I've been in Ontario all my life. I am now 75 years old, and I have been interested in and watching civic affairs and political affairs in the province since I was about 12. I think I've come to some conclusions along the way that may or may not be helpful to you.

As members of the Legislature who are charged with the task of taking the province forward, you face the difficult task of dealing with the problems that we face, but also dealing with the future that we are heading into and that is unfolding in front of us. Irrespective of the party in power, in my history, things have proceeded in positive ways and negative ways.

One of the things that was positive when I was young was a very strong commitment to education spending, under Premier Frost, under Premier Robarts, and eventually under Premier Davis. That future spending, I think, was a wise choice; I think it has been understood to be wise. It benefited me personally because I ended up as the first person in my working-class family to be able to go to post-secondary education.

I think it's wise to pay attention to the future in terms of what we are looking at with the budget, and not conclude that past spending decisions are good ones just because they were popular. We continuously have to re-examine where we're heading and what is going to help us most.

One of the things that has been a perennial spending component, a large component, of the provincial budget has been highway spending and construction of new highways. I suggest that that is something we need to put in the past; that it ignores real changes, both current and future. Every new road that we add in the province increases congestion on the existing roads. Widening space is no longer available in the most populated and congested places. Population growth is continuing, adding in the GTA about 100,000 people a year with a lot of cars. The QEW, the 401 and roads leading into them are already heavily overloaded, and that's increasingly the case for other major highways. There's a long history of reliance on private transportation, and at this point, I think we should understand that it's strangling the province; it's slowing us down; it's strangling our residents; it's strangling our economy, and we need some new thinking here. So the ideas being suggested of building a new highway, called 413, in Hamilton; the widening of an existing Highway 6; further north, roads heading into the northern

part of the province—all of these are problematic in terms of where we are and what our future is unfolding for us.

Predicting the future is tricky, but some things are obvious, and one is, certainly, a worsening climate impact: more flooding, more fires, more heat domes. A provincial government of any—a municipal government ignoring these threats will find itself facing them anyway and being blamed for failing to take appropriate action. I recall the situation that we had in Walkerton a number of years ago, where a failure to pay attention to the direction is something that the provincial government and the people of Walkerton paid heavily for.

Ontario has a pretty proud record on the question of climate change. We took both steps to eliminate coal use and power production, and like our education spending and our road spending and all these other things, they have been ones which have not been partisan measures, but ones which have been taken up by all the parties, and that is—the elimination of coal use production was ahead of its time. It's one of the reasons why electric vehicle battery production is now investing here and why we are attracting other investment that is relying on clean energy, but those days, unfortunately, I think are being frittered away by plans currently operational to replace some of that electricity production with the burning of methane, also called natural gas, although 90% of natural gas is methane, and the majority of it used in Ontario is from hydraulic fracking, which is the most polluting kind.

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The energy regulator, the Ontario Energy Board, has understood that this is not the way to go. This is internationally recognized. We have to get off gas as fast as possible. So it's foolish to build new pipes for a gas future that won't happen—

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

Mr. Don McLean: —and it's unfair to force existing taxpayers to pay for that. The province should not reverse the Ontario Energy Board wisdom.

So, spending on what? Highways we don't need that will make climate worse, sprawl development that will make climate worse, more use of methane to produce electricity that will make climate worse—all of them in the wrong direction.

Let me just finish by making something more personal. I was astounded that my MPP, Sarah Jama, was banned from speaking in the Legislature. This is an outrageous attack on democratic rights—hers, mine and everyone else's—and it must be reversed. It should be noted perhaps that her comments on the Gaza situation, three months ago, are now clearly very understated given what has happened since then, with the killing of over 22,000 Palestinians in Gaza—

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

We now will start the rounds for questioning, and we will start the first round with the government. MPP Crawford.

Mr. Stephen Crawford: Thank you to all three presenters for taking the time to present your ideas and

thoughts to the Standing Committee on Finance and Economic Affairs. It's great to be here in Welland, Ontario. Our committee actually has more dates across the province than ever in the history of this committee, so we're taking your input and bringing it back to the Minister of Finance.

Mr. McLean, thank you for coming and speaking out today. I will just mention that I disagree with you in terms of your comments on the transportation system and the highway system. There was a report that actually just came out today that mentioned that Toronto was the third-worst city in the entire world for traffic, and this has only gotten worse. The GTA, as you mentioned, has been one of the fastest-growing cities not only in Canada but in the entirety of North America. There are challenges with that. People want to come to our city and our country, and that is great, but there are challenges, with one of those being infrastructure and transportation.

Our government has been committed to trying to alleviate these problems because we foresee this only growing over the next few decades. It's not an either/or approach. It's not just cars and transportation, although that's part of it; we do need roads, bridges and highways. But we are also having the largest investment in the history of Ontario in subways, in GO Transit expansion, so that's part of it too. It's not an either/or; it's a combination. I think we have to look at both of those venues of transportation for the future to serve the needs of a growing population. So I'll respectfully disagree with you, but thank you for coming out today. We do appreciate it.

I have a question for the Tourism Industry Association of Ontario. Thank you for coming here today. I just want to get a little bit more understanding of some of the tourist trends that you touched on, and then, secondly, what you would like to see more specifically in the budget that we'll bring out in March.

My question on the tourism trends: You mentioned that there have been a lot less Chinese, in particular, and US visitors, with the US being a large component of travellers in the Niagara region right here, but across Canada. Is there something that you feel the Ontario government can do in conjunction with industry to get those travellers back? What is causing this problem?

Ms. Jessica Ng: With respect to US travellers, we are seeing still not quite the visitation that we had pre-pandemic. Part of it is down to inflation rising and the cost of living. That has dampened consumer travel sentiment. So that is really impacting US visitors' capacity and intent to travel.

With respect to the Chinese market, it is down to the diplomatic tensions between Canada and China. So it is a federal issue, and we have impressed that issue upon our federal colleagues. We are looking for that issue to be resolved. In terms of provincial support, we would just be looking for support from members of this committee, members of provincial Parliament to have this issue addressed at the federal level as quickly as possible. China is one of our biggest spenders for the Ontario market. They spent \$739 million in 2019 in Ontario alone, and having this lost market is a significant reduction in revenue for

our tourism operators, particularly for group travel, for cruises, retail as well.

In terms of budget recommendations, to get our visitor numbers back up there, one of the things that we can do is increase our strategic destination marketing budget, re-allocate some of those resources to focus on those out-of-province travellers that currently are a crucial market for us but one that we can absolutely increase. US visitors are a big spender for us, and so increasing this market is very vital to us.

Mr. Stephen Crawford: You mentioned inflation and rising costs, but it's my understanding—and correct me if I'm wrong, but I think US visitors have actually increased their spend overseas, so they are maybe travelling, but for some reason, they're not travelling here. To me, Canada, Ontario specifically, would be a logical place to—if they were concerned about some costs, it might be a little more affordable. I'm thinking that maybe we can get more US visitors attracted to Ontario.

Ms. Jessica Ng: That is absolutely what we're seeing, what we're hearing from operators. Canada—Ontario, in particular—is falling behind our international competitors in terms of attracting that visitor spend, in terms of attracting that visitation. Those logical markets for us, New York, New Jersey, Pennsylvania, Ohio—these are folks who are instead choosing to travel elsewhere. It does impress upon the importance of strategically aligning that destination marketing to attract those visitors in particular and compete against those international destinations.

Mr. Stephen Crawford: Is your focus attracting foreign tourists to Ontario, or even just staycations as well?

Ms. Jessica Ng: It would be across the board. Ontario is the biggest market for us in terms of visitation right now. In terms of visitor numbers, this is where the bulk of our revenue and our visitation does come from. However, we do need to increase the out-of-province visitor spend and visitation in order to remain a robust tourism industry over the long run, so increasing and stepping up that destination marketing is very important to us.

One of the things that we can do, as well, is increase investment in things like attracting major meetings and conventions to Ontario. This is a big source of visitor spend for us that not only benefits the host destinations, the accommodations, but also retail, food and beverage, attractions, neighbouring destinations. That's one way of injecting that immediate cash and being able to have that trickle outwards.

Mr. Stephen Crawford: Thank you very much.

How much time is left, Chair?

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

Mr. Stephen Crawford: We don't have a lot of time, but in the remaining time, I'd like to ask SMART about—you mentioned three issues you had that you would like to see in the budget.

My first question is related to the skills development training centres that our government has been supportive of. I'm not sure if you were involved in that or if that's

something that you've found to have been a benefit to date and if we should be doing more of that type of investment.

Mr. Chris Paswisty: Thank you for the question.

We do have to be doing more investing in regard to getting people into the skilled trades, so I laud the government for what they've done, but I don't think it was actually promoted enough. I hear, talking to other associations and all that, that not everyone was aware of it, so it may be something in regard to just amplifying that a little bit.

When we come to talking about apprentices or getting people into the skilled trades, I think we've also got to put an emphasis on retention. I know there's a lot of money floating out there for people to start apprenticeships, but we have to complete them or else it's not money well spent for a government, for a community or a society. We want to make sure that we have a product at the end of the day and not just cheap labour. I laud all of the attention and funding towards the training centres, but I think we have to be a little bit more—

The Chair (Mr. Ernie Hardeman): Thank you very much. We've come to the end of that time.

MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you to our delegates today, Chris, Jessica and Don. Thank you for taking the time out of your busy schedules.

I'm going to address some of my questions to Jessica, through the tourism aspect of what's going on here in Niagara and across Ontario.

When I talk to my colleagues in Toronto, I'm often reminded by them how special tourism is in Niagara and what a great tourist destination it is. I am always asked for suggestions of where they can go, like what would be the best winery.

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I'm going to let colleagues on the opposite side, before I go, know what the great wineries in Niagara are and great restaurants they can visit on their way out and great places they can buy flowers and see live performances—and the Lundy's Lane attractions. Where the best places in Niagara are is right here within the Niagara region, and I'm tooting my own horn, I guess I could say, but this is because it attracts people. All of these things I just mentioned attract people to Niagara, and not only to Niagara but to Ontario.

We are a border town in Fort Erie, in Queenston, and those are US visitors we're saying that we can bring if we can start them off as a gateway right here in Niagara and then move them through, may I say, all of the wonderful destinations in Ontario—starting here, though.

I know tourism is one of the biggest economic engines within Ontario as well as in Niagara. I believe this is why it was highlighted in the recent Auditor General's report—and it was very concerning to me. It was made clear that Ontario does not have a sufficient plan. Frankly, I'm not even sure if we really do have a plan yet for tourism for Niagara and for being a gateway, as I said, in the border towns to all of Ontario. I think it's really important that that plan is instituted. We had the Canada Summer Games

here in Niagara. This year we'll be hosting the 2024 World Rowing Championships, which will bring Ontario to the global stage, may I say—the world stage. People all over the world will be looking at Ontario.

Worse than that, it's clear in the sector that we have dropped the ball, I think. When I talk to stakeholders here in Niagara, they pretty much confirm that. The Auditor General's report stated that a tourism strategy, as I said, has not been formulated since 2016. That's almost a decade that we have not had a formulated tourism strategy.

Jessica, is the industry concerned that we haven't had a strategy made since 2016?

Ms. Jessica Ng: Thank you for the question, MPP Stevens.

Over the past few years, the industry and government quite rightly were in response and recovery mode. Some long-term strategic planning was put on hold, understandably, but now is the time to not only make up lost ground but to create a future-focused strategy to ensure that there is that economic, cultural and social growth that we are cultivating. TIAO and its members are best positioned to work with government to co-create this strategy. It is our primary priority, and we are looking for a commitment to make this happen in 2024.

Mrs. Jennifer (Jennie) Stevens: It's very important, I think, that we work together and we collaborate on a really good strategic plan for all of Ontario tourism.

Considering the pandemic impact, and we talked about this on different things, that COVID-19 really did impact a lot and not only from mental health, which we heard about earlier, how is the association adapting its approach to ensure a sustainable recovery for the tourism sector? Do you have any examples to specifically highlight what might be needed for recovery for the tourism industry?

Ms. Jessica Ng: Thank you for that question, as well.

In terms of recovery, there are a number of short-term and long-term strategies that we do need to put in place in order to get this recovery happening. Some of the short-term strategies that we have, for instance, could be revisiting the existing tourism funding programs that we do have: Experience Ontario, Tourism Development Fund. These have been identified, as well, in the Auditor General's report as being important lifeline programs to tourism festivals, events, programming, but they have timelines that do not necessarily work for the tourism operators. Being able to align these programs to when these events, festivals, programming do actually happen so that we can best effectively use the resources that have been put in place by the province—that's something that, in the short term, would really be useful.

We've had reports from tourism operators that even applying for these programs is incredibly difficult. The timeline is such that often, by the time the funding is rolled out, it's just too late for these events to happen. Events have been cancelled as a result, and it results in that lost economic revenue for those event operators, but also, again, for that local visitor economy: retail, food and beverage, attractions, accommodations. So there are significant losses there.

Another important part of recovery is transportation. You mentioned the Ontario Winter Games, for instance. This is something that is being held in Thunder Bay next month. However, 1,500 athletes, coaches and their families will be missing out on these games precisely because of a lack of flights, a lack of affordable airfare and transportation options into Thunder Bay.

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

Ms. Jessica Ng: Addressing some of these transportation issues between regions and destinations is something that, over the long term, is important for recovery, for rebuild, for thriving.

Mrs. Jennifer (Jennie) Stevens: I was just reading an article—and unfortunately, we lost Ed Broadbent today at the age of 86. He was an icon around my family table. My father ran federally in 1978. But now I'm seeing in the newspaper that sports is also something that brings people to our areas, and it's shameful to hear that more than half of confirmed sports have withdrawn from next month's Ontario Winter Games due to the lack of flights to Thunder Bay. That will be a direct hit to the community and northern Ontario tourism. I was going to ask you to highlight on that—

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

We now will go to the government. MPP Anand.

Mr. Deepak Anand: I will be sharing my time with my colleagues.

To SMART Canada: You talked briefly about the Skills Development Fund, the benefit of supporting the workers. What is your opinion about the Skills Development Fund? The reason I'm asking this is, I'm a big fan of it, but I just wanted the other committee members to listen to it. And if you believe there is a good benefit to the society at large, should we continue to do it?

Mr. Chris Paswisty: Thank you very much for the question.

Yes, anything that we can do in regard to promoting the skilled trades for the next generation of workers, we have to do that. It's how we focus our money and where we put it and what the strengths are. I go back to, like I said, retention and all that. It's very important.

When we're looking at building communities, building houses, starting a trade, you're starting a career. That's how we have to look at it. It's not just a place for workers for the short term, so investments in long-term education, training, bricks and mortar and all those are very needed. It's long overdue in the sense that we've taken it out of our education system long ago; we don't have shops per se in regard to focusing on hands and skills and building communities. So it's something that I encourage and support.

Mr. Deepak Anand: So two thumbs up for the SDF. Thank you.

My next question is to the tourism industry association. Truly, I believe it is not just tourism; tourism is economic prosperity. For example, if you increase the number of footsteps through the Royal Ontario Museum by 15%, then there's more revenue for the parking lots; there's more revenue for the restaurants around; there's more revenue

for the gift shops. It's not just the visit; it brings in more benefits to the society at large. Is there any one thing that we can do to increase those footsteps that you want to say to the committee quickly?

And then I'll pass it on to my colleagues.

Ms. Jessica Ng: Thank you for the question.

Absolutely, there are definitely more things that we can do to increase that footprint for tourism. One of those things could be investing in EV charging infrastructure and the availability of these charging stations across Ontario in those tourism destinations. People, when they are charging their electric vehicle, are going to have to stay there for an hour or two. It is really easy—visitation opportunities for those destinations when people are able to come in, charge their vehicles, explore what's around, and so that already is a win-win for transportation availability, for tourism.

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Another thing that we can possibly do is, again, take advantage of the great transportation offerings that are coming ahead. The return of the Northlander train—fantastic opportunities to get people to Muskoka, get people to Gravenhurst, to northern Ontario and highlight what there is to offer there. Having these package deals, being able to layer itineraries and layer more offerings on these other transportation local destinations—food and beverage, attractions, accommodations. There are really great opportunities there.

And so it does require working with the government and with the industry at these local destinations.

Mr. Deepak Anand: Thank you so much.

To MPP Oosterhoff.

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

Mr. Sam Oosterhoff: I'm going to try to get a couple of questions in there, and the first are going to go to SMART.

It's very big-picture, but our government has made a lot of investments in infrastructure. You look at roads, bridges, the largest transit expansion in Ontario's history; of course, the expansions that we're seeing in terms of hospitals here in the Niagara region and across the rest of Ontario; new long-term-care homes—six going up in the region here alone. Are your members seeing the benefit of that, in terms of work?

One of the things that I hear about from the Minister of Infrastructure is that labour shortages are creating enormous cost pressures just around making sure we have enough people to do the work to actually build these sites, which, on the one hand, is a challenge around tendering, but, on the other hand, it's a benefit to the people who need that work.

I'm wondering if, on a big scale, all this infrastructure is good news for your members and if they're seeing that?

Mr. Chris Paswisty: Thank you for the question.

Yes, right across Ontario you see—and I think it was mentioned earlier by one of the presenters: We're one of the biggest and fastest-growing cities in North America. At one point, we had the most cranes at any given time. So yes, our members are benefiting from that. All the con-

struction workers, contractors and workers alike are benefiting from that. In regard to that, there is an influx—I know that we are out there promoting the trades, making sure that we're getting new individuals into the trades who haven't been exposed to the trades. We're advertising at schools, reaching out to guidance counsellors, reaching out to minority groups and new Canadians to make sure that we're able to fill those gaps.

The other thing that we're doing is working with our contractors to project. Everyone can say that they're going to need X amount of workers at a certain time, but what's the actual reality when it comes to the timelines and how we can move that workforce around—because not only do we have access to workers across Ontario, but we have access to workers right across Canada.

Mr. Sam Oosterhoff: I know I'm going back a few years now, but a number of reforms in the Ontario College of Trades and the abolition of some of the onerous requirements there—are your members seeing some of those benefits?

Mr. Chris Paswisty: To be honest, that's what my first recommendation is coming to—the enforcement question. There are benefits out there, but we have to make sure that the people who are doing the work are qualified and skilled and that the inspectors and/or enforcement, because it has been moved back to the Ministry of Labour, are actually asking those questions when they roll out there. That would be a benefit not only to the industry, to the buyer, purchaser of construction, but also to the workers themselves.

Mr. Sam Oosterhoff: Thank you.

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

Mr. Sam Oosterhoff: My last question is to Jessica. We had the Shaw Festival in this morning speaking a little bit about how much of an integral economic driver they are to the Niagara region, and I asked them this question because I think it's a problem with governments of all stripes and all levels.

There seems to be this recognition, of course, around manufacturing, the service sector and the construction sector and how important these things are to our economy, but when it comes to arts and culture sometimes it can almost seem like a nice-to-have, not a need-to-have, when it comes to provincial, federal, and municipal budgets.

What do you think the economic impact of the arts, heritage, culture sector is to our economy? We heard about those impacts, and I'm wondering if you think that's something that needs to be better explained.

Ms. Jessica Ng: Thank you for the question.

The impact of arts and culture is significant to Ontario's economy. When we talk about tourism, we are also talking about arts, cultural events and festivals. The economic impact—I don't have the numbers at my fingertips, but there has been a study done by the Ontario Arts Council showing that visitors who come to Ontario—

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

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

Mr. Wayne Gates: First, I'm going to go to SMART Canada, because I really paid attention to your presentation.

You talked about health and safety. Today, we're having more people injured and killed on the job than we have in a long time. You talked about cheap labour, and that's what some of my concerns are on where we're heading in the province of Ontario. You talked about making sure we have proper credentials. They just shut a plant down in Windsor because some of those workers there—foreign workers—didn't have the credentials to do the job and almost caused an incredible, unsafe health condition. You also talked about skilled trades and unqualified skilled trades.

I've got a number of things, but I want to make sure I get to the tourist sector, seeing that it's very important in my area.

WSIB issues around opioids and using opioids because you can't get WSIB—all those things are happening in the skilled trades today.

The one that I'd really like to find a comment from you is that this government—we don't have our shops anymore in our schools. They took them away, I think, under a Conservative government. They're now allowing young people in grade 11 to get on job sites, and I'm really, really concerned about that. I've seen kids lose their fingers at McDonald's, getting injured on the job. As SMART Canada, do you think that's a smart thing to do?

Mr. Chris Paswisty: Thank you very much for the question.

No, I do not believe that it's a smart thing to do in regard to this.

Unfortunately, if you're coming to start the trades and it's not something that you're into—a lot of industries require grade 12. I know when we get into grades 8 and 9, we've got to pick our paths then, but we're also told that we've got to make sure that we're ready to change careers seven times.

At the end of the day, I think that the individuals who are going to be going into the trade should be encouraged to continue to get their education, because high math skills—a lot of organizations want grade 12 because of the fact that there's more than just the old-school of slapping a nail and a hammer together; there's math and everything involved. For a path for a future for the individual, they're going to choose that. They're going to choose that whether they're at grade 10, which is a minimum that can get into the trades, or grade 12, or after, when they get their mechanical engineer degree or whatever that is.

I encourage everyone to get as much schooling and as much education as they can, and whatever occupation that they get into in the future or are fortunate enough to fall into, I guess, they will find that. I think that the education is the most important thing for a society.

Mr. Wayne Gates: I appreciate that.

I want to talk to the tourist industry. When COVID hit, 40,000 jobs were lost in Niagara overnight. We have had some successes since then.

I talk about sports tourism a lot. We had the Canada Summer Games here, and people came from all over. My colleague talked about the World Rowing Championships coming here in August.

We need to support our industries. The government made a good decision when they got rid of the 6.1% on small and medium-sized wineries—a tax on retail winery stores. That was a good decision. It really helped those small and medium-sized wineries.

We heard this morning about the Shaw and how they need some support from the government. I'm certainly hoping they were listening to that.

We need to continue to grow the industry. From what I'm hearing from the tourist industry, our domestic looked like it was very close to where it was before, in Niagara Falls, at least, and Niagara-on-the-Lake. But we are still hurting when it comes to international—not just the Chinese, by the way. There are some issues with the federal government on that, and I think that hopefully can get resolved at the federal level. But we are still having some problems with getting the Americans to come, particularly from New York, Pennsylvania—within three, four, five hours of Niagara and Niagara-on-the-Lake, the Welland Canal, all those things.

Do you have any idea on how we can get—something that I think can be fixed relatively quickly—the Americans to come back to Canada? They have the advantage that we don't have: When we go there, we pay a lot of money on our Canadian dollar. They're coming with American dollars, which should help them in tourism. Have you got any idea on how we can fix the American problem?

Ms. Jessica Ng: Thank you for the question.

There are a couple of things that I think we can do. I think we can, again, step up our destination marketing to really target those US markets and those US visitors to increase their visitation to Ontario destinations. Those are key markets for not only border regions like Niagara, but also northern Ontario for hunting, fishing, lodges and outfitters.

The other thing that you mention that we can do, as well, is on the issue of alcohol taxes. We can eliminate the basic beer tax—the automatic, rather, annual increase of the basic beer tax, which was implemented by the previous government and has been deferred ever since, since this current government took office. This is something that increases that uncertainty for businesses and results in that added cost, potentially, for consumers and added cost, as well, for those craft brewers. Craft brewers have a huge presence in Niagara and a huge presence in rural Ontario, and this is in a sector that contributes \$211 million to tourism economic activity every year. Being able to contribute to this sector and lower those costs can help to increase US visitation and visitation by other out-of-province visitors.

The Chair (Mr. Ernie Hardeman): You have 1.3 minutes.

Mr. Wayne Gates: Yes. The other thing I think we should raise that hasn't been raised is that the craft beer

industry is in the same boat as the wine industry, and I think that would be an important part.

The other thing that we did is, we introduced legislation that was a tax credit for domestic tourism—we had said \$1,000; the Conservative government cut that back. I believe that's another thing that we can still do—do a tax credit until we get back to 100% in the tourist industry.

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

Mr. Wayne Gates: I know we're still having trouble in the north with tourism, particularly the Americans just coming across in places, so maybe you can address that and whether you thought that was a good program and something that we should try again to get us back to 100% and protect all the jobs in the tourism sector.

Ms. Jessica Ng: Thank you for the question.

The staycation tax credit is an absolutely fantastic program. This is a program that we have heard encouraged folks to go to new destinations that they've never been to before, stay longer at other destinations, benefiting accommodations, the local visitor economy, local retail, food and beverage, and attractions. This is something that we would look forward to having another round of. When it was implemented, it was implemented partway through the year, and we do know consumers did not have time to really take up this program. With higher inflation dampening consumer spending and travel sentiment, this is something that could encourage domestic visitors to really get out there and discover Ontario and, again, contribute to and protect those Ontario tourism jobs.

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

I want to thank the participants for being involved and taking the time to prepare for this and to present to us today.

With that, I just want to inform the committee that our next one is not yet ready and they're both virtual, so we have to wait until the time comes. So we'll recess until 4 o'clock.

The committee recessed from 1553 to 1601.

HAMILTON IS HOME

HAMILTON HEALTH SCIENCES

The Chair (Mr. Ernie Hardeman): I call our committee meeting back to order.

Our next panel is Hamilton is Home and Hamilton Health Sciences. Hamilton is Home is on the screen, so we will give the instructions.

You will have seven minutes to make your presentation. At six minutes, I will let you know that you have one minute left, and at seven minutes, I will cut it off. We do ask that you start your presentation by introducing yourself to make sure Hansard has the right name to the right presentation.

With that, the floor is yours.

Mr. Graham Cubitt: My name is Graham Cubitt. I'm the director of projects and development with Indwell. Indwell is one the member organizations of Hamilton Is

Home, a coalition of Hamilton's leading community housing developers committed to ending homelessness and developing affordable housing in Hamilton. Thank you for this opportunity to present today.

We're very excited to continue to offer the supportive housing that our members have across all types of housing in Hamilton, from homelessness supports right through affordable home ownership and market rental housing. We are consistently delivering most of Hamilton's new affordable housing and supportive housing. As a coalition, we're deeply committed to the success of building housing and delivering supports within Hamilton.

The opportunity in front of us today that we'd like to share with you and that we ask for your support on is particularly related to developing supportive housing. We know that the homelessness crisis is something that is provincial now, but in Hamilton we have an increasing problem. We know that encampments are not solving themselves, and as a coalition of providers, particularly the four organizations that deliver supportive housing, we're committed to actually solving this issue, and we've been working closely with city hall to make this plan possible.

We have eight projects that are possible to deliver in the next year, over 400 units—418 units, specifically—and this portfolio of projects will effectively end the street homelessness crisis that is facing our city. Between Sacajawea Non-Profit Housing, Indwell, YWCA Hamilton and Good Shepherd, we have all of the experience and the sites lined up to be able to deliver this portfolio. Obviously, there are key social benefits for developing supportive housing specifically, but right now, the 380 people who are encamped in Hamilton would find homes. We know that we can deliver these projects within 15 months. We can start having occupancies within 15 months, building 418 new supportive housing units. This is new housing to be constructed. We can see these buildings being very environmentally efficient, energy-efficient, keeping costs in check for operators and for tenants and, importantly, we see over 400 direct jobs from this development proposal as well as over 250 long-term jobs through operating these supportive housing units.

The key pieces of the puzzle that we would like you to consider today, particularly as the province makes important decisions about investments—building new supportive housing is a very good public investment, delivering long-term results. We know that the Ministry of Municipal Affairs and Housing has consistently put somewhere in the order of \$150,000 per unit in capital towards new supportive housing when we see these investments being made across Ontario. That \$150,000 per unit times the 418 units that we're able to deliver this year would be \$62.7 million that we request from Ontario.

The key piece of supportive housing, though, is the operating side. We know that continuously improving the lives of Ontarians is important to our government, so health care investments of \$23.4 million—we don't need all of that this year, but that would be the ongoing requirement to continuously deliver over 400 new supportive housing units. That's key to the success. We know that

these are important investments, they're feasible investments, and the coalition, and particularly our supportive housing providers, are ready to deliver upon your commitment of these funds.

We know that those who are benefiting most are vulnerable Ontarians. Mental health and addiction are key deliverables that we'll be able to address; women fleeing violence, particularly those with children, many of whom are getting stuck in shelter systems or other parts of the system right now and not finding results; people who are experiencing developmental disabilities.

We know that many Indigenous people experience homelessness, particularly at disproportionate rates. In Hamilton, over 20% of those who are homeless are Indigenous, although only 2% of our population in Hamilton overall is Indigenous. Sacajawea Non-Profit Housing, one of our key partners, has already been allocated funding through the provincial ISHP program and so we know that they're a key leader within this proposal.

Of course, those who are currently on our streets have the fewest options to create their own solutions. That's why as a province and as a city and as proponents, we know that when we work together, we can support those who are most vulnerable.

These upstream investments are going to deliver results. We know that we're proven organizations with long track records of being able to successfully deliver housing.

We really thank you for considering our request today for both the capital and the operating funds for this strategic investment in ending street homelessness in Hamilton. On behalf of Hamilton is Home, thank you very much for taking the time to hear our request today.

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

The second presenter is Hamilton Health Sciences. You may have arrived after I started the first presentation, so I just want to point out that you will have seven minutes to make a presentation. I will notify you at one minute left, and then at the end of it, I will cut it off if you're not finished. I ask you if you could introduce yourself as you start your presentation.

With that, the floor is yours.

Mr. Keith Monrose: My name is Keith Monrose. I'm the chair of the board, Hamilton Health Sciences. I thank you for this opportunity to discuss the current financial state that we see in Ontario, particularly in the health sector.

I'm just going to give you a little bit of background on Hamilton Health Sciences. It's one of Ontario's largest, most diverse specialized academic teaching hospitals, and it provides a range of specialized care from pre-birth to the end of life. We support a population of just over 2.5 million Ontarians.

Hamilton Health Sciences is the largest employer in the Hamilton region and is home to a very highly skilled workforce of approximately 18,000 people. It is also one of Canada's top seven research-intensive hospitals.

We are here—I'm not sure if my colleague Aaron Levo is here—to shed light on how the past four years of the

global pandemic exposed long-standing systemic underfunding for hospitals and forced significant challenges onto Ontario's health system. To help mitigate this, hospitals, government and other health care providers have taken a Team Ontario approach, and this really has been targeted to developing innovative solutions aimed at improving patient care, reducing backlogs and stabilizing the sector.

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There have been some successes. For example, additional procedures and diagnostics have been added through this Team Ontario approach, expanding pediatric and mental health services and increasing the workforce by approximately 11%. But this is not enough in a post-pandemic environment. Hospitals continue to face a significant backlog of patients, capacity issues, rising inflation, retroactive impacts of Bill 128, health human resource shortages and other long-standing funding issues. These all contribute to the current strains felt throughout the system in Hamilton Health Sciences and, as an increasing concern, hospitals need to work collaboratively, to maintain service delivery in this environment.

Right now, we have an opportunity. There is an urgent need to reinforce our hospital system to meet Ontarians' current and future needs.

How did we get here? Hospitals in Ontario have a strong track record on remaining focused and providing restraint. We're also leaders in operational efficiency.

Hamilton Health Sciences, specifically, has reduced its operating budget by over \$200 million, which has been an incrementally difficult task, resulting in greater strain on our service delivery, patient experience, staff workload, and recruitment and retention. These ongoing and growing challenges are impacting the hospital's finances, operations and also the critical future infrastructure that we need to meet the future demand. These and many other pressures remain beyond our control.

This year, in terms of financial pressures, hospitals face three key pressures: One is labour costs, one is the non-labour inflationary pressures, and the third is service growth in the hospital sector.

Let's talk a little bit about labour costs. These comprise about 70% of hospitals' overall expenditures, and components of that include the Bill 124 labour arbitration decisions. It's the largest source. The government has committed to reimbursing hospitals for the required retroactive payments, but these decisions also impact us at a significant level. That's about \$1.43 billion that needs to be incorporated into our budgets on a go-forward basis. Compensation costs are forecasted to increase by \$455 million in 2024-25, and the ongoing financial cost at Hamilton Health Sciences alone is about \$65 million. On top of this, increasing workforce challenges have forced hospitals to rely on agency nursing, which comes at an exorbitant cost to maintain services. Hospitals and government need to create a system-wide capacity plan that incorporates health workforce planning to address some of these long-standing capacity pressures and demographic growth.

The second area that drives fiscal pressures are non-labour inflationary pressures. Hospitals have to increase their debt servicing due to Bill 124. There is less available capital, and that leads to deferred maintenance or replacement of equipment, which ultimately impacts patient care. At Hamilton Health Sciences, unfunded inflation on everyday items and services costs \$30 million a year now.

The third area of financial pressure is the service growth to meet the needs of rapidly growing and aging populations. In five years, Ontario's population is expected to grow by at least 1.5 million people, with a surge in the number of seniors relying on hospital care. In 2021, 53% of Ontario's hospital expenditures were attributed to those 65 years and over, and this number will continue to rise. Right now, our health care infrastructure is not equipped for this growth, and the current backlog of patients waiting for care is set to increase.

These capacity issues can be seen in real time this week. At the Juravinski Hospital and Hamilton General Hospital, we've reached capacity levels of 121%. This means that we are about 90 patients over our funded bed census.

A critical cause of this growing backlog is the lack of community care options for 6,200 Ontarians waiting for alternate level of care, or you might have heard it called ALC—those who occupy a bed in the hospital but do not require the intensity of a hospital setting. At Hamilton Health Sciences alone, there are about 270 ALC patients—patients who don't require the intensity of a hospital.

In December, the provincial acute-care occupancy rate was nearly 100% when it should be, at that time of year, around 80%. To help alleviate this, Hamilton Health Sciences has partnered with St. Joseph's hospital, St. Joseph's Healthcare Hamilton, and opened a satellite health facility—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for the presentation. Hopefully, we can get the rest of it in in the question period.

We now will start the question period with the government. MPP Oosterhoff.

Mr. Sam Oosterhoff: My first question goes to Keith. Thank you very much for your work with HHS. They're an incredible organization, really serving as the backstop for, as was mentioned, the entire Haldimand, Niagara, Brant and Hamilton area, Halton. It's an incredibly large area. It's a huge population, and you do an excellent job.

I want to specifically thank your team for the work that has been undertaken at my local hospital, the West Lincoln Memorial Hospital. You might have heard of the capital project there that has been under way now for several years. It started before my time—before I was even born, in fact, people were protesting to keep it open. We were protesting, and now we're rejoicing that it's going to be open, so there's a little bit of a change in tone, which is great. I know there is a lot of work that has gone on there.

I'm wondering if you can speak a little bit about some of the changes that our government has made and some of the pieces that are coming to fruition now as it pertains to staffing. I have spoken before with some of your team members around staffing challenges, and I know a large amount of retirements are happening, just given the aging

demographics of the health human resource workforce. It has been a unique challenge. I'm wondering if you can speak a little bit about some of the changes that we've made around, for example, internationally educated workers and how they're coming into the workforce, how the new nursing programs that were launched a few years ago—for example, even here, at Brock University in Niagara, we went from 300 to 600 spots in nursing, and we're seeing those people begin to graduate now.

I know Hamilton Health Sciences works very closely with McMaster and their medical school. I know there are some new residencies and new spots that are opening up there as well. I get that each one of these, on an individual basis, isn't a silver bullet, and I respect that and I understand the fiscal challenges as well—we'll get to that in my supplementary question—but I'm wondering if you can speak a little bit about whether or not you're seeing the impact of those changes start to help the system when it comes to health human resources retention, recruitment, and if that's having its effect.

Mr. Keith Monrose: Thank you so much for your question.

Certainly, necessity is the mother of invention. Because of all of the challenges that we faced as a society, the openness to foreign-trained health care personnel—for example, nurses, and streamlining the process for their entry into practice. While we're not seeing large numbers, we're certainly seeing improvements in that area.

In addition, with all the opening of nursing spots in the province—not just in Hamilton, but across the province—that has created a larger source of students. Through partnerships, we have been able to establish an extern program that allows students, especially nursing students, to come in and work in the hospital at an earlier point in time, which then gives them an opportunity to become familiar with the organization and, hopefully, land a job or get a job at the hospital.

As many of you know, we are looking for nursing personnel and all health care personnel. I think there are opportunities, certainly, with the government's support—especially, for example, the example that you cite in nursing; we're definitely seeing some benefits and some pull-through in terms of addressing health human resources.

Mr. Sam Oosterhoff: Another question I wanted to just make sure I asked about: I had heard for some years about the pressures around pediatric supports; specifically, the pediatric funding model and concerns that it wasn't meeting the needs of the people of Ontario. I know last year there was the \$330-million increase across the province in annualized pediatric funding and some \$30 million, if my memory is correct, going to McMaster Children's Hospital, and I'm just wondering if Hamilton Health Sciences is seeing the impact of that funding. Sometimes it takes a bit of time for dollars being announced at one time to actually flow through and impact the quality of care that's being provided and to hire people. What are you seeing from that increase in pediatric funding?

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Mr. Keith Monrose: Yes, certainly that was well-received. We have seen increases in terms of the activity around recruitment and ability to bring in more people into the pediatric hospital. I can't speak to the exact numbers, but I have discussed it with Bruce Squires, who is the president of the children's hospital, and he has told me that it has made a positive impact. So we're certainly grateful for that recognition and support—the McMaster Children's Hospital being a part of that.

We do have a number of areas that are pressures. For example, we run the second-largest NICU in the province and there are significant needs there. All in all, we think that this funding helps alleviate some pressures. I can't speak specifically on the areas, but I have heard, as I said, from Bruce Squires that it's making a positive dent. Certainly, I know Bruce would welcome to take you through some of the places in the hospital and show you where the benefits are, but also show you where the need still is. There are a lot of needs across our system.

Mr. Sam Oosterhoff: Last question: I understand that in our provincial budget last year we did have an \$850-million increase to base funding at, I believe, around 4%. What sort of impact does that kind of increase have and what sort of specific percentage are you looking for in this year's budget?

Mr. Keith Monrose: I can't speak to the specifics of that. Again, as the chair of the board, I do know that there are three areas of financial pressure. Certainly, the labour costs, the non-labour inflationary pressures, and the service growth, or the demand, that we see. When you take those pressures—

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

Mr. Keith Monrose: —and you balance them against those increases, I suspect that there will be a gap, but I can't speak to the actual gap. But you can imagine that these pressures overwhelm the increase that we received to our base budget.

Mr. Sam Oosterhoff: Just to put a finer point on it: There was a 4% increase. Is there a specific request for a specific percentile increase this year? I understand the pressures. I'm just trying to understand, for our advocacy as a committee—to go back to the Ministry of Health and say, "That 4% was great; now give us more." I'm just wondering how much more?

Mr. Keith Monrose: I would love to tell you a precise number. If I could have a little bit of time, could I get back to you very shortly about that?

Mr. Sam Oosterhoff: Totally, yes. No problem.

Thank you. I appreciate your time.

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

Mr. Jeff Burch: Thank you for your presentations. I have a question for both of you, and we'll start with Keith from Hamilton Health Sciences.

Of the three pressures on your budget that you talked about, I want to centre on the labour/HR thing. I don't want to get into all of the reasons that we talk about for the human resource problem that we're having in health care.

What I'm concerned with—and you may be somewhat aware of our local situation here in Welland—we've had some emergency services cut back at our local hospital in terms of emergency surgeries. We have urgent cares in Port Colborne and Fort Erie that have had hours reduced. And the reason given by our health system is that it's about HR issues and it's about finding qualified and enough doctors, anesthesiologists, front-line staff—those are the reasons given for it.

What I'm concerned with is, if those issues aren't resolved in terms of finding appropriate numbers of front-line staff and professionals, some changes become permanent, and I'm concerned about when decisions are made about infrastructure, about hospital plans, strategic plans—issues that are created by problems that should be temporary, like labour problems which are solvable, you'd think. They have a permanent impact on hospital plans and infrastructure plans. I'm wondering if you could comment on that and if that's a concern that you have in Hamilton as well.

Mr. Keith Monrose: From a hospital perspective, certainly we are concerned about attracting skilled people, skilled workers, skilled professionals to our organization. When you are unable to attract those skilled people, then the next question is, can we deliver the levels of service that we need with the resources that we have? We continue to compete not just at a regional level or a provincial level, but sometimes at a national and international level for these health human resources. And to your question: Yes, if we're unsuccessful in attracting, developing, training and, most importantly, retaining these very skilled people, then that puts us at a competitive disadvantage.

Health is one of those things that, at least in the Canadian context, we don't look at as a commodity; we look at it as an important life-giving resource, and we've funded it as such in our society. But we operate in a very competitive world where we're competing for this talent, so being properly resourced, being properly supported in order to be competitive when it comes to attracting and retaining this talent is one of the most critical concerns going forward, and also being malleable in terms of adapting these workers for the workplace of the future, which is changing very rapidly given the technological and other changes that we see afoot in our society.

Mr. Jeff Burch: I have another question, and it's based on—I know the politics behind this; I used to be a union rep for health care workers in hospitals, and I know that your organization has CUPE members in it. I know that you're going into bargaining.

Recently, CUPE did a poll with respect to the morale within hospitals across the province—specifically, I think it took place in Hamilton—and found some pretty disturbing results. How concerned are you with the fact that front-line health care workers seem to be under more stress than ever before and many are considering leaving the profession? This is not blaming hospitals; they have tremendous pressures they're struggling with. But how concerned are you with that kind of information that you see in a poll by a well-renowned company that says that a huge percentage

of health care workers are frustrated and don't want to go to work—I think it was 70% who are concerned about going to work, and many are considering leaving the profession.

Mr. Keith Monrose: Yes, certainly, that is a concern. We have seen the great flight, if you will. It's not just in health care; it's in other sectors, as well, but it certainly has a huge impact for us in health care. As a governor, I'm a few steps removed from this, but I do know that senior management is taking this very seriously, looking at programs to support the staff in terms of staff resilience.

Mental health care and wellness has become a huge topic in hospitals, throughout the pandemic and after the pandemic. Looking at different ways of working with our partners in government and in the community to ensure that we put the right incentives in place to support our workers will also be an important discussion point going forward.

Mr. Jeff Burch: Thank you.

How much time do I have left, Chair?

The Chair (Mr. Ernie Hardeman): You have 1.24 minutes.

Mr. Jeff Burch: Okay. I have a quick question for Hamilton is Home. Graham, I used to work in the settlement sector—

The Chair (Mr. Ernie Hardeman): Excuse me. He's not online anymore.

Mr. Jeff Burch: Oh, he's gone? Okay. Well, I guess I won't be asking him a question, then.

That's it for me.

Mrs. Jennifer (Jennie) Stevens: We can pass on the time.

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

1630

MPP Andrea Hazell: Keith, thank you for your presentation today—very well detailed. But I want to dig some more on the retention of nurses and other health care workers who have been struggling because of the pandemic burnout and the government's unconstitutional wage suppression legislation with Bill 124. Has that had any impact in your line of sight? We've heard presentations with health care organizations this week, and it's on and on—of suppression of the wages, and private agencies are actually offering them a higher pay wage. We're hearing nurses are burnt-out, emergencies are closing, shortages of staff. Can you talk about that?

Mr. Keith Monrose: I certainly can talk about it from the perspective of a governor. Again, as a governor, I don't have a day-to-day understanding of the issues that the front-line staff experience, but I do get that information at a—not at a management level, but at a governance level. What I understand is that there are multiple issues at play. The pandemic had a significant impact on nurses and other health care workers. That created a certain amount, as you correctly identified, of burnout with some. We are taking measures to address that.

With respect to their salaries, I would say with Bill 124—nurses have received an adjustment. The impact, though,

will be debt servicing within the hospital as we have not received all of the monies, going forward, to support these salary increases. When you increase the cost of the hospital, that means that potentially we're not going to be able to do other things unless that cost is rolled into the base budget of the hospital.

I'm not sure if I can answer your question directly. I do know that from a financial perspective, the repealing of Bill 124 has now provided a significant increase for nurses, but that also has a downside because it creates debt-servicing costs, which we hope will be alleviated in the upcoming budget cycle.

MPP Andrea Hazell: I know you mentioned in your presentation the three pressures on the budget, but I want to give you some time to basically put that in perspective, put that in details. What do you want to leave us with today? What should we remember?

Mr. Keith Monrose: I think that you need to remember that Ontario hospitals are reaching their maximum capacity.

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

Mr. Keith Monrose: Hamilton Health Sciences has reached its maximum capacity, and we do need increased investment now.

With respect to the earlier question that the other MPP asked, we will get back to you with respect to what that percentage is.

The Chair (Mr. Ernie Hardeman): To the government: MPP Harris.

Mr. Mike Harris: We don't have Graham back, do we?

The Clerk pro tem (Ms. Thushitha Kobikrishna): No.

Mr. Mike Harris: No further questions from our end for this panel.

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

Mrs. Jennifer (Jennie) Stevens: We were going to ask questions in the next seven allotted minutes to Graham as well. Did he happen to get back, or has he dropped off?

Interjection.

Mrs. Jennifer (Jennie) Stevens: That's unfortunate.

I do want to thank our other presenter today for coming and answering all the hard questions that we've put forward to you.

We have no more questions.

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

MPP Andrea Hazell: I just want to continue with you. Can you continue—take my minutes and really put forward what you want this government to take away from your presentation today, your highest points.

Mr. Keith Monrose: I think that my highest point is that Hamilton Health Sciences as a system is underfunded, and we do require an adjustment in order to meet the increasing service demands, which are driven in part by a number of financial pressures: labour costs, non-inflationary pressures, and the growth to service.

By the way, we live in a community that has significant demands from an aging population, mental health, substance use, the housing issues that we face as a community. All of these things are broader determinants of health that drive increased demand on the health care system. In

order to deal with this, we are asking for increased funding to support these shifts that are rapidly growing in our society and impacting the hospital.

MPP Andrea Hazell: And what is the increased funding? Did you mention that already?

Mr. Keith Monrose: I did mention increased funding, but I didn't mention the amount—the percentage. The first MPP asked for the percentage, and I promised to get back shortly with it.

MPP Andrea Hazell: That will be very important for the record. Thank you so much.

No further questions.

The Chair (Mr. Ernie Hardeman): There being no further questions, we want to thank the presenter for this panel. I believe that our 5 o'clock one has arrived.

Mr. Chair on the screen, we thank you very much for your presentation this afternoon, and we look forward to dealing with it in the budget cycle.

Because one of the other presenters dropped off the side of the earth or whatever, disappeared on the line, we're going to get our last one done earlier today.

HAMILTON COMMUNITY BENEFITS NETWORK

The Chair (Mr. Ernie Hardeman): Our next panel is the Hamilton Community Benefits Network.

Thank you very much, sir, for being here right on our time rather than your own. We very much appreciate that. You will have seven minutes for your presentation. At six minutes, I will say "One minute," and at the end of that one minute, we will stop that and we will go to questions from the committee.

We do ask that you give your name for Hansard before you start your presentation. The floor is all yours.

Mr. Karl Andrus: I'm Karl Andrus, executive director of the Hamilton Community Benefits Network. Our organization is a community labour coalition representing 63 organizations ranging from trade unions, not-for-profits, neighbourhood associations, employment service providers, environmental groups and social housing providers. We specialize in municipal policy and advocacy around community benefits, affordable housing and public transit. I thank this committee for the opportunity to present to you today. I will not need seven minutes. I'm going to try to be as succinct as I can.

As this committee of government and opposition parties approaches the 2024 budget, I hope the feedback from these hearings will help cement government choices in the coming budget. I hope the feedback from these hearings will help graciously, and I look forward to contributing to them today.

The government has graciously invested in working with the federal government to provide \$1.4 billion towards the construction of 14 kilometres of light rail transit in the city of Hamilton, where I'm from. This project is already transforming the city and the shovels are not yet in the ground. It has spurred a construction boom that Hamilton has not seen in a generation. Cranes tower overhead.

Nearly 16,000 luxury condominium units are planned or under construction already. Development permits in Hamilton have grown, each passing \$2 billion over the last five years. As an engine for change, it is changing the city.

1640

Not all of that change is for the better. In addition to record building permits, Hamilton is also breaking other records—record numbers of those living in tents and encampments. Over 2,000 people a month are now experiencing chronic homelessness. On any given night, there are almost 200 people who are turned away, that we count, from shelter services that are existing and available, and that number is growing constantly. We are now seeing, on a daily basis, families living in encampments in the city of Hamilton, because our shelter system cannot handle the number of even working families who are currently unhoused. As I mentioned, the encampments and tents are why we have an incredible 6,000 households on our wait-list for affordable housing—that’s individual households that are sitting on our affordable housing wait-list in the city of Hamilton.

Rental costs have almost doubled since this government took office. A one-bedroom apartment is now \$1,800 a month, and a two-bedroom is pushing \$2,400. The city of Hamilton, one of the last bastions of affordable housing in the province, resisted the ongoing trend of a lot of neighbourhoods for gentrification and for raising rents and is now experiencing it at a pace far outstripping the rest of the province. We have seen our rents double, as I said, in six years—double—if you can imagine.

That rental housing cost is incredible. The condominium boom is bringing many new units. The LRT is doing exactly what it’s supposed to do. It’s spurring private sector investments. We are seeing, as I said, billions of dollars flowing into our city in new construction, in renovation and refurbishment of old buildings. However, that is coming at a cost.

In Hamilton, again, we have lost around 13,000 market affordable housing units, those costing under \$800 a month. Those are private sector household rental units that cost less than \$800 a month. They’re gone. In six years, we’ve lost that many of them. Just to put that in context: The private housing market is losing 28 affordable housing units for each one new unit the not-for-profit sector can create. The private housing market is not creating affordable homes, and it will never be able to create that level of affordability again without some kind of government assistance. That’s what I came here to underline today. We could build millions and millions of new homes, and they will never be available on the market for the price that they used to be rented at in the city of Hamilton. That is a dire crisis. Residents are desperate. We’re seeing an increase in families and those with full-time jobs living in encampments, precariously housed, or sleeping in their cars. No-fault evictions by landlords to renovate hard-working residents from their homes are surging.

While it’s worth noting the steps that this government is undertaking to build more housing, that housing is primarily market housing. We desperately need deep

investment in non-profit, non-market housing. As this budget approaches, you must find ways to address the massive inequity fuelled by some of the displacement and gentrification happening in Hamilton by projects driven by this government. Solutions for this area are not complex but do require additional funding.

Currently, the city of Hamilton receives \$29 million from the province for homelessness but nothing for affordable housing operations. The province also, in 2023, provided \$10 million in capital support for affordable housing, for a total of around \$38 million last year. And I’ve come here to tell you that that is deeply inadequate. At minimum, if you’re not going to increase OW and ODSP rates—which, by the way, are \$200 a month lower, adjusted for inflation, than they were in 1997—you can at least give more help to the city of Hamilton to build affordable housing and move folks from the encampments we see all over the city into homes. You found \$1.4 billion for Hamilton’s LRT; \$38 million for housing and homelessness isn’t nearly enough.

Let me talk a little bit about why spending more can also cost you less. Every \$10 invested in supportive housing results in an average savings of \$21 to \$23 across health care, social services and justice systems. It costs \$2,100-plus a month to house someone in a shelter bed. It costs \$3,500 to \$4,000 to shelter a family in the shelter system. It costs \$4,300 a month in a correctional institution to house one person for a month. It costs \$13,500 a month to put someone in a hospital bed. As we’re seeing the increased effects of homelessness on people, they end up in emergency rooms, and that cost is massive to the system. It is more valuable to provide funds to shelter folks before they get into the system than after. With increasing capital and operational funding for affordable housing in Hamilton, in the longer term you can actually efficiently spend your government’s money and aid more people, remove more encampments from our cities.

Finally, I’ll end with a quote: “Don’t tell me what you value. Show me your budget, and I’ll tell you what you value.” Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. Since in this panel, we only had one presentation—something unique. We got the call back that we lost on the last presentation, so we’ll start the questioning and we will include the presenter of the previous table and you, and we’ll go through the route.

With that, we’ll start with the official opposition. MPP Burch.

Mr. Jeff Burch: Thank you, Karl, for your presentation. I know my friend MPP Stevens has some questions for you, but I’d like to go back to Graham.

Welcome back, Graham, from Hamilton, his home. The question I wanted to ask had to do with newcomers in Hamilton, actually.

In my former job, I was running a settlement agency. We did a lot of work in Hamilton during the Syrian refugee crisis, so I’m familiar with a lot of the organizations that you listed—Good Shepherd, YWCA and others.

I'm just wondering how the issue with finding homes for newcomer and refugee families factors into your programming and the work that you're doing, and what further work needs to be done around affordable housing in Hamilton?

Mr. Graham Cubitt: That's a very important issue. I personally have a newcomer from Kenya living with us because she was living in a shelter, taking up space in a system that wasn't designed as a newcomer-welcoming system. This is a very real issue.

The 418 units that we're proposing are directly targeting the encampment type of homelessness rather than newcomer homelessness, but easing the pressure on the current shelter system will dramatically improve the prospects for newcomers.

We do believe that there are probably better ways to build supportive and affordable—particularly affordable—housing for newcomers, and this is where some more strategic alignment between federal and provincial programs might be key. We know that the co-investment fund, the federal CMHC program, right now does have some merit for larger-scale projects that could really ease the burden for newcomers.

The Hamilton is Home coalition, amongst our members—as I say, four of us are focused on supportive housing; the other four really are focused on the broader range of affordable community housing. Together, we would love to see about 1,000 units actually get launched in 2024. The key piece, from a provincial perspective, is that health care funding in order to deliver the mental health and addictions support and build that deeply affordable supportive housing, which is why we focused on that in this conversation today. But we are integrated with the city's response, and we would love to find—well, we need to build thousands of new units, but we would love to find ways to really construct the housing that newcomers need.

Mr. Jeff Burch: Thanks very much.

Karl, maybe I could ask you a similar question but more along the lines of—you alluded to the fact that the government needs to get more proactively involved in housing. I think the federal government has taken that approach. I think it's being very much requested around newcomers and other issues from municipal governments.

Do you feel the provincial government needs to take a more proactive approach, like a post-World War II approach to housing, and get more involved in creating affordable social housing and other types of housing?

Mr. Karl Andrus: I'm happy to answer that.

I'd like to frame my answer in the context of the province's investment in the light rail project, which is what our organization is specifically focused on—partnering with organizations like Hamilton is Home, who we do some work with. I want to talk specifically about that project because the provincial government, when it delivered that project, said that that project would come with a promise of affordable housing. That was one of the key clauses in the memorandum of understanding between the province and the city of Hamilton. So far, there has been

zero inclination in terms of what that investment will look like from the province in terms of affordable housing, whether that's in the form of land donation—which has already been paid for with public money, which wouldn't need to be approached in this budget period—or whether that's in the form of ongoing operating subsidies, or whether that's in the form of capital. But we need a large-scale public and private housing boom.

I think this government has been focused a lot on the private sector market and making sure that they have the adequate tools and removing some of the regulatory concerns, but they haven't been as focused on the public sector market. And we do need both of those. We do need the not-for-profit sector to be building that non-market housing, because they can provide and deliver housing at a cost that the private sector just can't—they can't afford to do it.

1650

The non-market sector, besides being charities and having other constraints in terms of the profit levels that they would extract from the housing, deeply cares and is deeply committed to the residents they are supporting, and they're a missing piece that I think this government is well positioned to support when we're talking about a massive housing boom. It's great that we've got the private sector gearing up to deliver millions of homes, but we really need that public sector piece, or at least that non-market, non-profit piece to really push those other—because there's a range of affordability that the market will not be able to provide. You're not going to get a condominium builder to build an apartment that they can put out for less than \$2,000 a month. Why would you? It just doesn't make profitable sense. You can get a non-market developer, with a little bit of government assistance, to then leverage the CMHC funding that Graham is talking about and some of the other federal programs that can do that with a minimal amount of provincial investment, and they can use that as a force multiplier to access those mortgages and to build that non-market housing.

So we do need that response. We need all hands on deck. The government talks a lot about the importance of housing, housing people, and how it's the greatest crisis that we're going to see in the next decade, possibly two. I do think that all solutions should be on the table and the government should be looking to partner with those non-market providers as well as those market providers to maximize the amount of housing that we can get.

Mr. Jeff Burch: I'll pass this over to my colleague MPP Stevens.

The Chair (Mr. Ernie Hardeman): You have 1.3 minutes. MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: I want to thank Karl. I know that you know Graham from Hamilton is Home, and I'm sure you guys have worked together on non-profit housing and non-market housing. I believe that—anyway, I'm going to go—because I'm from St. Catharines and we have encampments popping up all over, and I can feel your pain of what is going on for the more vulnerable people

within our communities. I think that the loss of rent control has also highlighted more homelessness, and I feel that we are seeing it more and more within communities that have never seen homelessness before.

Maybe you can highlight, Karl, more of the key goals and strategies of the Hamilton Community Benefits Network for your community development.

Mr. Karl Andrus: Yes, I would be happy to spend a little bit of time. Thank you for the question.

I actually went to university in St. Catharines, so I spent the better part of a decade living in your city. It's a wonderful garden city, and I did enjoy my time there.

That being said, at the Hamilton Community Benefits Network, our advocacy is focused on a bunch of key areas. I came today to talk about affordable housing because it's the most pressing need. There are other things that we prevent in terms of—

The Chair (Mr. Ernie Hardeman): Thank you very much for that. We'll have to go to the next question and hopefully we can get back to the rest of the answer.

The independent, MPP Hazell.

MPP Andrea Hazell: Thank you for your presentation.

I'm going to ask Graham this question. You talk about eight projects, but I think the one that you've dived into the most today is the project with 418 units. You talk about, also, decreasing homelessness by having affordable housing, and that's news to our ears. We want more of that—so great effort for collaborating with the important people who are supposed to be around the table making those decisions. I see benefits. You talk about 400 direct jobs, 250 long-term jobs that will be staying around. What I want to hear more about is your funding model. Is there a funding model for this project? Is that what's going to be in place to make sure that this project comes to fruition? Who is at the table financially now, and what is in the \$62.7 million in funding that you're asking for?

Mr. Graham Cubitt: Thank you for those important clarifying questions.

It's technically eight different projects that add up to 418 units, so these are projects being proposed by four different organizations. The sites are already owned or controlled by those organizations, so that investment has already been made. The \$62.7 million works out to 418 times \$150,000 per unit; that's the math for that. The Ministry of Municipal Affairs and Housing typically is investing in supportive housing, through various programs: the Homelessness Prevention Program, ISHP, or other kinds of—OPHI. There's all different programs, but it's always somewhere around a \$150,000-per-unit range. Unfortunately, at the moment, the provincial investment is not linked to the federal co-investment program, like the old IAH program was, but with \$150,000 per unit from the province, we can leverage co-investment for each of these programs with the direct applications to CMHC and also leverage the city of Hamilton's emerging commitment. It's in their budget. It's through the Hamilton Housing Sustainability and Investment Roadmap, HSIR, that the city is investing, and each of these organizations

is a charity. So our community is supporting each of these projects through charitable donations, business donations etc. That is basically the funding model.

The private sector gets the ball rolling. The city comes on board, CMHC with co-investment, and then the province at \$150,000 per unit. That's the capital that gets things built. Then, the ongoing operating is through that \$23 million. That is based on each program model delivering a different kind of supportive housing: mental health and addictions, women fleeing violence etc.—we go down the list—because each organization, including Sacajawea as an Indigenous housing provider, can focus on their core strengths. That's how we can end the homelessness crisis, particularly the street homelessness crisis, because we're not trying to create one mega program. It's nuanced, tailored strategies for each building.

MPP Andrea Hazell: Thank you for putting that in detail on the record.

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

MPP Andrea Hazell: Karl, I know about the Toronto Community Benefits Network, and I support them. I was on the board of directors, and I know the great work that you guys are doing in so many different areas. For you to be digging deep into helping with housing—it's a housing crisis. I wanted to understand, with your housing ask and the funds that you're hoping to get so you can close the gap on housing for our most vulnerable people—can you share some more information on that for me?

Mr. Karl Andrus: Absolutely. One of the—

The Chair (Mr. Ernie Hardeman): I hate to do this again, but the bell went off.

MPP Harris.

Mr. Mike Harris: Graham, I'm glad you're back. It's good to see you. I want to get some questions to you in a second, but I want to start with Karl. I think it's very interesting that you're both here presenting at the same time, which I think you were just alluding to.

You'll have to forgive me, Karl. I'm from Waterloo region. I'm a little bit familiar with the goings-on in Hamilton, but I was hoping you could provide me with a little bit more background as to what your community benefits network is doing and some of the different challenges you're hoping to take on and solve.

Mr. Karl Andrus: I can answer that very succinctly. We came together when the initial announcement came for the Hamilton LRT project—what we wanted to do was propose adding some community and labour voices to the project delivery so that the money the government was already spending could be used as a force magnifier for good, we like to say. So I would say every dollar that the government is already spending, it would spend twice. So not only would it build the light rail transit project, but it would provide sustainable community benefits in terms of employment opportunities for marginalized groups. For example, one of the things that we're working on with Metrolinx in the city of Hamilton is making sure that at least 10% of the jobs that come from the Hamilton LRT projects provide training and employment opportunities

for Indigenous women and persons of colour into the unionized building trade. It's a training stepping stone, so by the end of the project, they've got their apprenticeship; they've got their full seal, their journeymen—whichever particular path they take—electrician. Then, they have a career. So we advocate for them to make sure that that spending that governments are already doing—on either affordable housing or in this term a large infrastructure project, like LRT—has net community benefit beyond just the project itself.

We also do a lot of engagement at both the neighbourhood level and the stakeholder level just to make sure the concerns around the project delivery etc. are magnified through our voice and through our role, both as sitting on the city's LRT subcommittee meeting, as a community organization, as a sister organization to the Toronto Community Benefits Network, who has about a decade ahead of us—

Mr. Mike Harris: Sorry; I don't mean to cut you off, but we do have a limited amount of time with these.

1700

I'm sure you're aware that we do have the LRT system that was built in Waterloo region—a bit contentious, I guess you could say. Personally, I ended up having to close down my business on King Street in uptown Waterloo because the street was closed for so long. There was very little help from the local municipality. It was over budget, it was over time, and there really wasn't a lot going on in regard to not just compensation, but just general help when it came to what was happening from the municipality.

Does your organization provide or liaise with the local community to the local municipality, or am I outside the box?

Mr. Karl Andrus: We're partnered with the chamber of commerce and the BIAs in Hamilton to advocate for business supports and to make sure that some of those voices are raised. It's a little early in the construction phase in Hamilton for those conversations, but as we're at a provincial budget—it's always nice for them to think about including business supports during large infrastructure project deliveries, in answer to your question.

Mr. Mike Harris: Thank you.

I just want to pivot over to Graham. It has been a little while, I think, since we bumped into each other last, but it's good to see you virtually.

Obviously, in Waterloo region, you've got some great Indwell projects that are going on at the moment and have been good partnerships between multiple levels of government. Correct me if I'm wrong—I know you're not necessarily here on behalf of Indwell, but as part of the Hamilton is Home coalition.

How many projects are you doing outside of Ontario and/or in the US? It could be Canada or the US. And how are you liaising with multiple levels of government there and looking for that dual-party, tri-party funding that's coming in, and how are you seeing those things play out versus what's going on here in Ontario?

Mr. Graham Cubitt: In terms of Indwell, we're focused on Ontario at this time because most of the calls that we get are from Ontario municipalities—seven of them currently across southwestern Ontario and central Ontario. We do see different approaches in different provinces to investing in supportive housing, particularly. Although we do believe that this approach in Hamilton could be a model for across Ontario and, indeed, for the rest of the country, we don't see significant investments in any communities. I was reading articles about Austin, Portland and many other communities in the States. They have huge homelessness issues, and nobody is investing in supportive housing, and I think that this is the key. We can build encampments, we can build structured things, we can do cabins—we can do all kinds of stuff, but as long as we build bigger band-aids and not actual, real housing and then linking that with the supports, we're still going to fall short.

This is an opportunity with Hamilton is Home and with what we're doing across Ontario to say, "Let's build supportive housing." It's real housing that builds real jobs, real stability, gets people out of crisis, makes mental health and addiction investments worthwhile, focuses on recovery, and actually just really re-establishes Ontario as the place to be, the place to live, the place to raise families, the place to grow old. These are all important things. When we have seniors who are living on park benches, we have a problem, especially in a community like this.

Mr. Mike Harris: I want to use a made-in-Waterloo-region solution here and focus a little bit on shelter care and the things that John Neufeld is doing. Can you tell me a little bit about the partnership and how things work transitioning from a true shelter into that next step, which is what you're looking to provide—which is more supportive housing and truly affordable housing, with some of those, we'll say, non-traditional and traditional supports built in, which I think is great. How does that look from a transition standpoint?

Mr. Graham Cubitt: Shelter care is a great example of reinventing the shelter model and finding a place to move out of that kind of structured shelter—

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

Mr. Graham Cubitt: —keeping the health care linked. We don't want to lose the value of health care investments. Coming out of shelter and going into supportive housing means that those health care investments actually pay off because people move past crisis. That's the key value of supportive housing.

Mr. Mike Harris: Thank you very much.

I don't think we have any more questions from our side.

The Chair (Mr. Ernie Hardeman): The official opposition: MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: I believe that the rounds of questions was only going to be one. I do want to thank Karl, though. I want to thank you for coming in from Hamilton, all the way down the QE. I know that's a terrible drive at this time of the day, and you made it on time, so you must have left an hour early—

Mr. Mike Harris: You made it early.

Mrs. Jennifer (Jennie) Stevens: Yes, you made it early. So I just want to say thank you—and as well, to Graham. Keep up the good fight, because I'm behind you on this one, believe me.

The Chair (Mr. Ernie Hardeman): Any further discussion?

MPP Andrea Hazell: I'm totally fine with what I've heard. I just want to say to continue to do the great work. You're making a great impact. Do not stop. There are so many people counting on your services.

The Chair (Mr. Ernie Hardeman): Everybody has said their piece. I just want to say, I think you proved that if you all work together, you'll get the job done. It's five after 5, and we're finished.

I thank both the presenters at this table, and we look forward to telling the minister to consider some action in the budget.

The committee is now adjourned until 10 a.m. on Tuesday, January 16, 2024, when we will resume public hearings in Chatham, Ontario.

The committee adjourned at 1706.

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