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(Hansard)**

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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

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

Consultations prébudgétaires

1st Session
43rd Parliament
Monday 23 January 2023

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43^e législature
Lundi 23 janvier 2023

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Monday 23 January 2023

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Lundi 23 janvier 2023

The committee met at 1000 in the DoubleTree by Hilton Hotel and Suites, Windsor.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, everyone. I want to say, first of all, that the padding on the table seems to be such that I can't really get a good bang out of my gavel. But good morning, everyone, and welcome to Windsor, Ontario. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We are here meeting today to continue public hearings on pre-budget consultations, 2023.

Are there any questions before we begin? MPP Crawford.

Mr. Stephen Crawford: Good morning, Chair. Good morning, everybody on the committee. Good morning, all the witnesses that are going to be presenting today. I would just like to move a motion.

I move that the Standing Committee on Finance and Economic Affairs meet for the pre-budget consultations following public hearings on Bill 46, An Act to enact one Act and amend various other Acts, on January 24, 2023, from 1 p.m. until 6 p.m.; and

That the witnesses who requested to appear for pre-budget consultations in Windsor who could not be accommodated be invited to appear in Essex during the allotted time; and

That witnesses appearing be permitted to participate in person or participate remotely; however, a maximum of one individual may appear in person on behalf of an organization, and any additional representatives of that organization shall participate remotely; and

That witnesses shall be scheduled in groups of three for each one-hour time slot, with each presenter allotted seven minutes to make an opening statement, followed by 39 minutes of questioning for all three witnesses, 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 of the committee as a group.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Any discussion? MPP Anand.

Mr. Deepak Anand: I think it's a great idea—something which could not be accommodated, but now, since we have time, it gives us an opportunity to listen more, get more advice and more input. I think it's a noble idea and we should all support it.

As we know, we're in Windsor and very close to London. This way, we have more representation, closer to London and Essex also. I just wanted to say that.

The Chair (Mr. Ernie Hardeman): Any further debate? Yes, MPP Kernaghan.

Mr. Terence Kernaghan: Yes, I think this is a motion that we can very much support. I think it's great to hear from a broad variety of stakeholders; although I am disappointed that we did not take Bill 46 and the finance discussion to London.

The Chair (Mr. Ernie Hardeman): Any further discussion? If not, all those in favour? All those opposed? The motion is carried. Thank you very much.

Now, as a reminder, I ask everyone here at the table, but also the delegates that are in the room, the presenters, to speak clearly and slowly, and please wait until you are recognized before starting to speak. Each presenter will have seven minutes to make an opening statement. After we have heard from all the presenters, there will be 39 minutes 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 member.

MPP Brady?

Ms. Bobbi Ann Brady: Thank you, Chair. I'd just like to make a make a point of order before we begin today. I'd like it on record that while I'm very pleased to be in Windsor today and I enjoy the work of this committee, I am a bit disheartened that the motion for this particular pre-budget consultation was made for the same time as ROMA in Toronto, making it very difficult for some members of this committee to choose between going to pre-budget and going to ROMA. So I would suggest to this committee that, in the future, that we have a look at all the significant conferences taking place when we are doing pre-budget consultation and try to avoid those conflicts. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. Any-thing further? If not, we'll call the first presenters.

WINDSOR-ESSEX REGIONAL
CHAMBER OF COMMERCE
SPIRITS CANADA

The Chair (Mr. Ernie Hardeman): The first presenters are the Windsor-Essex Regional Chamber of Commerce—the Elementary Teachers' Federation of Ontario

have notified us that they will be cancelling and will not be coming today—and Spirits Canada. So if you would come forward and we will start. As the instructions were, each one of the presenters will have seven minutes to make their presentation, and then when the presentations are finished, we will have questions from the committee.

Having said that, of your seven minutes, I will let you know very politely, “One minute,” and that, at the end of that one minute, I’ll shut the mike off. And it’s not because I didn’t like what I heard; it will be strictly because your time is up.

We will start with the chamber of commerce, and we ask each delegate to make sure you introduce yourself so your name will be properly recognized in Hansard. So, with that, the chamber of commerce.

Mr. Rakesh Naidu: Thank you, Mr. Chair. Good morning, ladies and gentlemen. I’m Rakesh Naidu. I’m president and CEO of Windsor-Essex Regional Chamber of Commerce.

The regional chamber of commerce has been active in the region for almost 150 years. Throughout the almost century and a half of its existence, the chamber has been the voice of business locally, striving to make our community more prosperous for everyone living here. Today, the organization represent 700 member-businesses and organizations that our members employ over 40,000 employees between them. They represent different sectors. We are a sector-agnostic chamber of commerce. The chamber is proud to stand as a representative of the business community to advocate on their behalf and bring forward issues that matter to it. We have carefully considered the issues facing the Windsor-Essex business community as highlighted by our conversations with members, community groups and the chamber network across the province to bring these issues for your consideration.

The first topic I would like to bring to your attention is MPAC assessments. Windsor-Essex, like communities across Ontario and Canada, has been greatly impacted by the housing affordability crisis. At one point during the COVID-19 pandemic, the Windsor-Essex real estate market was the hottest in Canada, with the highest year-over-year price growth. Houses that would have been once \$150,000 to \$200,000 have become \$500,000 homes, if not more, with mortgages that have become unattainable for many in our community.

Communities like Windsor-Essex exist all throughout this province, all deeply concerned with the impending impact of an assessment from MPAC. These assessments threaten to derail efforts at housing affordability. Re-appraisal of home values with the current housing affordability crisis threaten to drive those already struggling with their housing costs. In a time of inflation, with a potentially looming economic slowdown, moving forward with an MPAC assessment would be disastrous to commercial and residential property owners. We ask that MPAC assessments be moved back by at least one more year.

The next issue is the minimum wage increase. Employees across the region and the province are really struggling right now. Due to supply chain shortages, many have had to deal with increased costs of materials. Businesses have

had to make tough decisions around these costs. Businesses are absorbing the increased costs of doing business, worried that passing on the price increases to end customers would only drive them away. Within this context is the looming economic slowdown, and businesses cannot afford a minimum wage hike right now, as the disproportional impact would be devastating to their labour budgets. Increasing the minimum wage is not just an extra 50 cents or \$1; it’s all the employer contributions on top of that that puts an increased burden on businesses when they can least afford it. A minimum wage increase tied to CPI is scheduled for October 2023. We ask that the government push the increase by at least one more year.

Off-peak power prices: During the COVID-19 pandemic, the government of Ontario limited the cost of hydro to the off-peak rate. This was done to help households and businesses weather the uncertainty of the global health crisis. While the immediate health crisis may have passed over us, many of its consequences are still with us. Pandemic costs, labour shortages and supply chain challenges are still hampering businesses and industry. Many businesses have yet to recoup to pre-pandemic levels. Returning to off-peak power prices for one more year is an impactful way to reduce operating expenses for businesses and households.

1010

The next topic is the gas tax cut. The chamber applauds the government’s decision last year to extend the 5.7-cent gas tax cut until the end of 2023. This helped countless businesses and consumers in times of high inflation. However, the chamber is concerned about what happens when the full gas tax goes back into effect. Businesses are barely getting by now. Once their cost of operating fully jumps back, they will be back in a very difficult situation. What businesses really need is stability in an unstable economy. We ask that the government of Ontario extend the gas tax reduction for the fiscal year of 2023-24.

Supporting the Ontario wine producers: The Windsor-Essex Regional Chamber of Commerce has long advocated for the Ontario grape-growing sector in calling for the elimination of taxes and undue burdens that are unfairly placed on the wine industry. Domestic producers should not be subject to a 35% import tax for a product proudly grown and made in Ontario—all of it is grown and made in Ontario. Additionally, we ask that the government eliminate the 6.1% retail tax that applies only to wine and no other products. Ontario makes world-class wine in a variety of established and emerging growing regions. They should not have to face additional costs and challenges getting their products to market.

Business fees: Small businesses need all the help they can get. Coming out of the COVID-19 pandemic with an inflation and cost-of-doing-business crisis, many are already on the edge of shutting up shop. The chamber asks the government of Ontario to waive business permits and licensing fees for one more year so that businesses can put those funds towards other operating issues.

Development fees reimbursement: The chamber acknowledges the housing supply crisis present across Ontario municipalities, small and large. We are encouraged

by the provincial government's recognition of this issue and the swift and decisive approach it has taken to try and address the problem. We appreciate Bill 23's ambitious approach to trying to solve the problem and are generally supportive of its various elements. Our concern is the immediate impact to municipal budgets deriving from changes to municipalities' abilities to charge development fees.

The chamber supports the government's approach to make it easier and less costly to develop real estate, especially affordable housing units. Our concern is solely on the potential impact these changes will have on municipal budgets and resulting tax and user-fee increases. A phased-in approach, financed over one or two fiscal years, would give municipalities time to adjust their budgets to limit the impact to residential and commercial taxpayers.

These are some of the issues we bring to your attention for your consideration. Thank you sincerely for the opportunity to present them here.

The Chair (Mr. Ernie Hardeman): We will now go to Spirits Canada.

Mr. Jan Westcott: Thank you, Chairman, and good morning. My name is Jan Westcott and I head up Spirits Canada. We're an industry association representing distillers who account for the vast majority of spirits manufactured and sold in Ontario.

I came here today to ask a question, and I'll get to that in a minute. Before I do, however, I'd like to reflect for a moment on where we are. Many people think of Windsor as a hub of Canada's auto manufacturing sector. They're not wrong. But Windsor is also home to a manufacturing activity that is far older than making cars. Of course, I'm speaking about Hiram Walker and Sons—if not the largest distiller in North America, certainly amongst the top one or two. Maker of J.P. Wiser's and Gibson's Canadian whiskies, as well as the historic home of Canadian Club, first produced by Hiram Walker in 1858, this business has created economic activity and wealth in Ontario for longer than Canada has been a country. It does so by employing skilled Canadians to make their whiskies and other spirits, something they have done successfully and continuously for well over 160 years.

Even more remarkable, they make these world-class products from grains grown exclusively by local farmers in Essex and Lambton, as well as other Ontario growers further afield. The Grain Farmers of Ontario tell us that Ontario distillers are the fourth-largest buyers of corn in the province, and when you add in the wheat and the rye that we buy locally, we could well be even bigger. Plus, just 26 kilometres down the road, in Amherstburg, is the Diageo plant, from which all the Crown Royal sold across the globe is shipped. Again, a local facility in the Windsor-Essex area that employs Ontarians in aging, blending and packaging another whisky that has become a Canadian icon.

And this isn't all. Last year, Diageo, maker of Crown Royal, announced their plans to build a new large-scale distillery just up the river in St. Clair township, less than a hundred kilometres as the crow flies from where we're

sitting right now—a new \$250-million state-of-the-art carbon-neutral distillery that will distill Crown Royal once again in Ontario.

In the process, this plant will provide more good jobs for Ontario families; be a significant new customer for Ontario corn, rye and wheat; and source materials and services for operating the plant from local suppliers in this area, in turn generating important economic activity for this province. Projected to distill 20 million litres of absolute alcohol a year in the production of Crown Royal, it will be the first new large commercial distillery in Canada in well over 50 years. That's quite a vote of confidence in this province.

Now to my question, one that my member companies ask me on a regular basis: Why is it that beer from Mexico, Belgium or the US, along with wine from Italy, Chile and Australia, can be sold in Ontario grocery stores, but Canadian whisky made right here in this very community by workers supporting Ontario families and using entirely grain grown by Ontario farmers can't enjoy the same opportunity? It's a question that's been vexing our members for almost eight years, and we need an answer. Why are we providing products made in other countries—and employing workers in those countries—better access to Ontario consumers than is available to products made right here in Ontario by Ontario workers using Ontario-sourced materials and services?

We've heard a variety of reasons for this, some of which you've probably also heard, like the notion that allowing spirits to be sold alongside beer and wine in grocery stores will somehow imperil the LCBO. Yet beer and wine have been sold in grocery stores for almost eight years now, and their sales have had no negative impact on the LCBO. And why would they, when all of the product being sold in those grocery stores was supplied by the LCBO, taking its full markup, just as they will do when spirits are also sold in these same grocery stores?

The "risk to the LCBO" myth is further refuted in looking at what took place in British Columbia when that government expanded the number of private stores selling beer, wine and spirits to almost 700 outlets. During the six or so years it took to expand the number of private stores selling alcohol in BC, the net transfer by the BC Liquor Distribution Branch, which is their equivalent to the LCBO, to the BC treasury more than doubled. That's right. The government got more than twice as much net revenue as more private stores sold beer and wine and spirits in addition to the sales in government liquor stores. Like Ontario, all of the product sold by these private stores was and continues to be supplied by the LDB at their usual markup. Economic analyses indicate Ontario will experience the same positive outcome.

Some believe that expanding the sale of spirits to those grocery stores selling beer and wine poses greater risk. However, we know that grocery stores selling beer and wine adopted effective procedures ensuring minors or the inebriated and others can't buy alcohol, and these have proved equally effective to those in place at LCBO and beer stores.

It's also instructive to consider policy changes made during the pandemic. To help struggling restaurants and bars, government sensibly permitted those businesses to sell beer, wine and spirits with take-out and delivery food orders, a development which Ontarians took in stride. They even allowed licensed establishments to sell cocktails to go with these take-out and delivery food orders and, again, Ontarians behaved responsibly. Indeed, it's a credit to Ontarians that they responded very responsibly to these increases in convenience and access. We have no doubt they will continue to do so when spirits are sold in grocery stores alongside beer and wine.

So, back to my question: When will Ontario's world-class whiskies and other spirits get the same access to Ontario consumers as now enjoyed by beer and wine from other countries? A recommendation from this committee to do so would be a constructive next step—

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

Mr. Jan Westcott: Thank you.

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

We will start with the official opposition and the questions for seven and a half minutes. Mr. Kernaghan.

Mr. Terence Kernaghan: I'd like to thank the presenters, Mr. Naidu and Mr. Westcott, for your presentations today. My first questions will be for Mr. Naidu.

I want to thank you for the work that you do for all of your different members. I know, in London, our chamber of commerce, headed by Graham Henderson, does tremendous work. It's been an incredibly difficult time throughout the COVID pandemic, so I just wanted to thank you for all that you do.

I did want to ask, could you describe some of the impacts of the Ambassador Bridge closure on some of your members?

1020

Mr. Rakesh Naidu: Thank you for the question.

Graham Henderson is a great friend. We collaborate on multiple issues, one of them being the bridge closure, because it not only impacted the Windsor-Essex region, but it impacted so many communities on the 401 all the way, I would say, to Peterborough.

The impact to the community was significant and more severe than other communities. On a daily basis, we trade roughly about \$350 million—and that's the trade that happens specifically on that particular bridge. So when that was stopped, when the barricade happened, not only was that trade lost, but with that came also a significant amount of supply chain disruption. Most businesses in the Windsor-Essex region work on just-in-time manufacturing philosophies, so they don't necessarily carry a lot of inventory. Their inventory would be about two days' or less in most cases. When the bridge closed, many of these plants didn't have any inventory left to manufacture and hence had to close down, and that laid off several hundreds of thousands of employees in this region.

Also affected was this region's ability to ship fresh produce. Our greenhouse sector is one of the largest in North America, and we ship almost 80% to 85% of what

we grow here to US destinations. The bridge is the major crossing where these products are shipped from, and that was disrupted as well.

The third thing is, there are molds-tool-and-die shops in the region that start working on a project almost two and a half years before the product is shipped into a particular plant for it to be installed. When the bridge closed, a lot of these products which were finished and ready to be dispatched and ready to be shipped couldn't be shipped. These are not small tools. These are large tools that need huge truck beds for them to be shipped, and they could not be, which resulted in a significant amount of loss, not just for the manufacturers here but also for the end customer, which had a certain time constraint by which those products needed to be installed. So it did impact all of that.

It impacted businesses small and large as well. A lot of our small and medium-sized businesses depend on these large businesses, and all of them got impacted. So the entire supply chain and the trade opportunity and, more importantly, our reputation as a trading region—the reputation of Windsor-Essex and Canada as a whole, as a reliable partner in imports and exports and as trading partners—was severely damaged.

Mr. Terence Kernaghan: I think Flavio Volpe said it best. He was speaking about many of the same issues, especially the relationship that Canada has with the United States, and to see that very important artery be cut off was a tremendous concern.

I think what I can take from what you're saying is that it would be wise, if this should happen in the future, that the province step in and make sure that trade route is open, in the event of another such occupation.

Mr. Rakesh Naidu: Absolutely. I don't think the businesses in the region or, I would say, in Ontario and the rest of Canada can afford to have another blockade, another disruption. The economic impact is significant—but more importantly, it's the reputational impact or the damage to reputation. This region, as you know, has attracted a lot of investments. During the time of the blockade, a few of those investment decisions were on the hook. Hence, we cannot really afford to have another incident like this because it will impact current business and also future business.

Mr. Terence Kernaghan: Most definitely—and such a tremendous impact on the auto sector with the just-in-time production model.

I want to ask about your members and the Ontario Small Business Support Grant. I know that when the pandemic first hit, the official opposition was recommending a Save Main Street plan, which was endorsed by the Ontario Chamber of Commerce, and that was to provide those direct subsidies to small businesses as quickly as possible. That being said, unfortunately, it took around nine months to roll out. And I know that in my area, many individuals had tremendous difficulty not only reaching someone live on the phone—but often receiving different advice and not being provided with an appeals process when their applications were turned down. I wonder if you could speak to the Ontario Small Business Support Grant program.

Mr. Rakesh Naidu: That was a really good program, and it did support a lot of businesses, and as you rightly pointed out, the chamber of commerce network supported that. I think it was the implementation and the delivery of the program that we were asking for improvements—especially timelines, especially ensuring that the program is delivered in a way so that the complications around the application process are simplified. Our members mostly were concerned about the timelines and the complicated process of application. But we do support from the chamber network and, of course, the administration—some of those issues were resolved. We do think that was a good program, and we continue to support that program.

Mr. Terence Kernaghan: Excellent. Thank you very much.

My next question will be about, in certain jurisdictions—I believe it's Kentucky that has the Bourbon Trail, and there are certain tax incentives. They've partnered with local tourism and state tourism to promote distillery in the United States. I wonder if you could speak to how Ontario could implement that sort of program.

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

Mr. Jan Westcott: One of the interesting tax programs that operates in Kentucky is a tax credit incentive for laying down a barrel of whisky. One of the most difficult decisions a distiller has to make is how much whisky or how much distill you're going to make in a year and how much you're going to lay down. It's very difficult to predict. Most of our whiskies today are four, five, six, seven, 10 years old. Crown Royal, on average, I'm told, is eight years in the barrel.

Kentucky provides a tax credit for people that make that investment. It scales directly to how many barrels you put down. So if you put down 10 barrels, you get so much; if you put down a 100,000 barrels, you get a rate per barrel.

If Ontario is looking for ways to stimulate increased investment in the spirits business—and whisky is pretty different. Not many people hide their products away for a long time. So that would be one of the things that you could do.

The Chair (Mr. Ernie Hardeman): Thank you very much for that. Maybe you can finish the answer in the next question. It goes to the independents. MPP Brady.

Ms. Bobbi Ann Brady: Thank you, Mr. Naidu. Our small businesses are the backbone of our Ontario communities, and you raise a number of concerns that I hear in my riding of Haldimand–Norfolk as well. But my question is for Mr. Watson.

Actually, as an aside, a writer friend of mine sent me this morning on my way down to Windsor an article that he had penned with respect to Hiram Walker. It's called "The Wizard of Walkerville" and it describes his vision very nicely.

If I understand correctly, what you're suggesting is that the government is risking a significant loss in revenue if they continue down the current model with the LCBO. You touched on it, but I'm not sure that I heard it a dollar amount. I'm just wondering, how much does the Ontario

government stand to lose if they continue with the current model?

Mr. Jan Westcott: There have been a couple of studies. Just by way of background, in Quebec—so we've had this experience before. In 1982, the government of Quebec allowed the sale of beer and wine in Quebec grocery stores and in convenience stores, in *depanneurs*. When they made that decision, spirits occupied 40% of the Quebec beverage alcohol market, so four in every 10 drinks were spirits drinks. We had a commanding presence. We had distilleries. We had a thriving business.

Seven years later, our market share had collapsed to 14%. We closed distilleries. They changed the business, and significantly, even today, Quebec—they still produce some spirits in Quebec, but nothing in Quebec leaves Canada. It's not part of the global supply chain. And it wasn't some nefarious plot. It was simply the convenience of being able to buy products when you go to buy your groceries every week that changed consumers' buying habits. Slowly, they just didn't make those many trips to the SAQ—their version of the LCBO—and our business tanked considerably.

Ontario is the home and the heart of the spirits business in Canada. About 65% of our economic activity in the industry takes place here. If we see the same kind of activity here, it will kill the business in Ontario.

The second part of the answer to that question is that I'm not here to make the case; that's for a different day. But if you take three drinks, a bottle of beer, a glass of wine and a mixed drink with an ounce and a half of spirits at 40%, those are standard drinks. They all have exactly the same amount of alcohol. Spirits pay four times as much tax as that glass of wine for the same amount of alcohol and twice as much tax as that bottle of beer for the same amount of alcohol, so if consumers are moved away from buying spirits today, the risk to the treasury in Ontario is significant. One of the studies that has been put out by a company in Toronto that incidentally does a lot of work for the Treasury Board in Ontario said the risk to the province's net revenues would be somewhere between \$400 million and \$500 million.

1030

Currently, spirits generate about half of the net transfer that goes to the government from the LCBO, so a lot of money. I think the transfer last year was \$2.3 billion or \$2.4 billion. If consumers, because of convenience, because we're not in grocery stores, move over to buy other products, there's a lot less tax. There's a significant fiscal risk to the province of Ontario.

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

Mr. Jan Westcott: The other side, in a different part of the same study, pointed out that there is an economic gain, as we've seen in other places, of somewhere between \$200 million and \$400 million in gained revenue.

Ms. Bobbi Ann Brady: Thank you.

The Chair (Mr. Ernie Hardeman): MPP Crawford?

Mr. Stephen Crawford: Thank you to the presenters, Mr. Naidu and Mr. Westcott. I have questions for both of you.

I'll start with Mr. Naidu. It's great to be here in Windsor. I haven't been here in while. It's a great community. I want to make one or two points just before I go into a couple of questions.

With respect to the MPAC, there's a lot of misunderstanding by the population and the business community in terms of how the assessments have an impact on the taxes. For example, if a house property has gone up in value from \$200,000 to \$400,000, a lot of people assume, "Well, my taxes are going to double on my house tax." It's all relative to the community you live in. For example, in a community here, if a house went from \$200,000 to \$400,000, it doesn't mean that you're going to double. If the rest of the community is approximately in that same uptick of doubling, your taxes will go up very little. It may be just slightly, depending on how you rank with other properties. So, I want to reassure the business community and residents, when MPAC does their assessment—because we have seen quite an increase in value in properties, both commercial and residential, across the province—that there will be some adjustments. But you don't automatically assume by any stretch of the imagination that if a property has increased by X per cent that your taxes are going to go up by that. It doesn't work that way and there's a huge misunderstanding of that, so I want to reassure everyone on that.

I'm glad to hear about the gas tax and how that's having a positive effect on families and businesses. As you know, we extended that.

I wanted to touch on the hospitality industry. We know that the hospitality and tourism industry has been affected, perhaps the most of any industry, through COVID. We certainly helped restaurants when we lowered the prices they could buy wine from the LCBO. Typically, before, they used to pay full price, so the same price that you and I buy a bottle of wine; the restaurants now have a discounted price so they can increase their margin on something like that. I'm wondering if that's had a positive affect.

Second to that, on hospitality, I wanted you to give us a sense of how Windsor has been affected and what the current trajectory and uptick is, and what can the government of Ontario do to help the hospitality industry here in Windsor. Because we know the border is a big issue here. So, if you could answer that, that would be great, thank you.

Mr. Rakesh Naidu: Thank you, Mr. MPP, and welcome to the Windsor-Essex region.

Thanks for clarifying on the MPAC assessment. You're absolutely right that it won't necessarily increase it significantly. Our concern is that it will increase. In today's economic environment that we are in, any increase is going to be a significant challenge to the business community.

On the hospitality industry, this region is blessed to have a lot of assets that make it a great destination for tourism. Being next to a huge border region, we attract a significant number of American visitors and travellers, and that contributes significantly to our economy as well. We have over 19 wineries in the region and they are also a driver of the hospitality sector and the tourism sector.

What we've seen because of the border closure is that a significant number of our businesses, especially in the downtown core, especially the main street business, they got significantly impacted. Some 25% of the revenue of these small businesses comes from travellers from the US. They're shopping and they're spending their American dollars here. When the border was completely closed, that 25% of revenue was lost. Forget about the pandemic year, in any year, if you lose 25% of your revenue, it can be a significant challenge for any business. Our businesses endured that for more than two years and that has really hurt them, and unfortunately, we lost some of those businesses.

In terms of what can be done to support those businesses—the thing that has had a huge impact was the opening of the border and doing away with the ArriveCAN app. I think those two were detriments, and I think that has really helped in bringing back traffic. Although the traffic volume hasn't really gone back to what it was pre-pandemic—we're roughly about 50% of what it was in 2019—I think with enough time, that number should increase.

Any support that we can continue to give to the small businesses in the hospitality sector, especially the restaurant industry, would be significant. The restaurant industry has been deeply impacted because of the rising cost of food and input items. I spoke about this recently in the media as well. Many essential items such as canola oil, which has gone up by 65%—eggs have gone up by 49%; pork and essential items like flour have gone up by 38%. All of those costs do really impact the industry.

Mr. Stephen Crawford: Is there anything that the government of Ontario can do specifically, though, to encourage—we want people from the US coming over here and spending their money here. Is there anything that we can do with Windsor or businesses specifically to get that traffic back?

Mr. Rakesh Naidu: I think awareness that the ArriveCAN app is needed no more—it has taken a long time for people to understand that they need ArriveCAN, and now going back hasn't been easy. We still find a lot of people are saying that it is too difficult to get into Canada—still those ArriveCAN requirements are there. I think that's a barrier. I think more communication around that will help.

Mr. Stephen Crawford: Thank you.

How much time is left, Chair?

The Chair (Mr. Ernie Hardeman): Just over a minute.

Mr. Stephen Crawford: Mr. Westcott, sorry, I don't have a lot of time, but maybe you could give us a sense on, has beer and wine—because we've had beer and wine in the corner stores in Ontario now. Has that particular program affected spirit sales in Ontario over the last decade or whatever it has been, and—

Mr. Jan Westcott: So what I presented in January 2020—and we were at about four years, and we were just at that point starting to see some effects. Then the pandemic, of course, hit. So we're watching. I think it will take us a year or so in more normal operations as we exit from the

pandemic to see that. But, yes, we think we already saw some signs of that.

Mr. Stephen Crawford: And how many jurisdictions in Canada sell spirits in corner stores, for example? You mentioned BC.

Mr. Jan Westcott: Well, BC, Alberta, Saskatchewan. Manitoba is just bringing in new legislation to expand spirits to all of those places that currently sell beer and wine in Manitoba—so, certainly, in the west.

In Atlantic Canada, it's a bit different. They have agency stores, much like we have the LCBO agency stores in Ontario, so it's kind of a mixed bag. But certainly, the trend is more and more to allow more access by consumers other than just liquor boards.

Mr. Stephen Crawford: Have there been, from your understanding, any issues with this additional access in these western provinces? I know there are always little hiccups here and there, but have there been any issues in society, or is it just—

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

We'll now go to the official opposition again. MPP Kernaghan.

Mr. Terence Kernaghan: My next question is for Mr. Naidu. Mr. Naidu, you mentioned in your presentation that municipalities are on the hook for a massive economic shortfall with the removal of development charges as a result of the government's Bill 23. And I believe you pointed out that regular folks and taxpayers will have to pay more as a result of developers not paying their fair share towards the services and utilities etc. in order to create this housing.

My question is, will this measure be sufficient to build the amount of affordable housing that Windsor needs?

Mr. Rakesh Naidu: I think several measures have been proposed under Bill 23, and we welcome those. One of the things was in terms of expediting, in terms of lowering the overall cost and reducing the timeline, was what was proposed in terms of doing away with the development fees. What we think is that if the municipalities don't have those development fees coming in, there will be a shortfall in their budget, and that will need to be balanced. It will then need to be deferred over some other classes or maybe it will be spread over to the rest of the community. How do we really ensure that that impact is reduced and that the potential increase in taxes is not then passed on to the other community members?

1040

Mr. Terence Kernaghan: Understood. I believe, in other municipalities, they're calling upon the province to make them whole, as a result of what they are losing to the private for-profit development industry.

I just want to thank you very much, and I'd like to pass over the rest of the time to the MPP for Windsor West.

The Chair (Mr. Ernie Hardeman): MPP Gretzky?

Mrs. Lisa Gretzky: To Mr. Naidu, just a question building on that, on the development charges: I'm reading an article here right now. There are issues that my NDP colleagues and I have raised around the development

charges and getting rid of them and how that cost gets passed on to the taxpayers. So we're not really seeing—they're actually putting more burden on taxpayers in the end. There's a quote here from Mayor McNamara from Tecumseh that states that if 100 homes were built in the next five years, the town of Tecumseh would lose out on approximately \$2.4 million. That's just the town of Tecumseh. As you know, the area of Windsor–Tecumseh is much larger.

I'm just wondering if you think—I know what I think—if we are not charging development fees—and I will put out there that there's a large chunk of this area that goes from Prince Road, at one side of my riding, all the way up to Pillette Road and then up to Tecumseh Road where the city does not charge property taxes because they're trying to encourage building in the core, building up the very area we're in now. By telling builders they don't have to pay those development fees and passing that cost on to the municipalities and then on to people who are already owning a home or looking to buy a home, do you think that the builders are actually going to charge less for those homes when they build them? Do you think that savings is going to be passed on to people when they're actually looking to buy a home?

Mr. Rakesh Naidu: Well, I would like to think that they would. I would like to hope that they would. How the private sector will handle that issue is something that is in their hands. But we definitely hope that any savings would be passed on, and that helps in terms of making homes more affordable. You mentioned the CIP, under which the development charges are waived here in the city of Windsor in a certain area. I think that's a really good model to use because that is tied in to investments and that is tied in to job creation. I think that could be a way to really help. If you want to take it and then expand it further, that's a good model to emulate.

Mrs. Lisa Gretzky: Okay. Thank you. I had another question. Going back to the bridge blockade, you and I had talked during that time, and I appreciate your intervention in trying to put an end to that blockade and that you and others acted so quickly when the province was missing in action. I know that the federal government came forward with money for the businesses that were impacted. We were pushing the province to also step up and provide some relief. I've talked to many, many of the businesses—if not all of them—in Sandwich Town many, many times now. These are all small businesses. Are you aware of any funding that came from the province specifically to help provide assistance to the businesses that were impacted, especially the small businesses impacted?

Mr. Rakesh Naidu: Not to my attention. I'm not fully aware if the funding came, especially to those businesses that were impacted because of the lockdown. There were some conversations that, you know, the province was going to support, but I don't know exactly how much, if at all any, funding was passed on.

Mrs. Lisa Gretzky: Okay. Thank you. Again, I want to thank you and the others that intervened to ensure that blockade came to an end when it did. It went on for far too long.

I guess my next question is for Mr. Westcott. Can you talk a little bit more about the—I found it interesting when you were talking about the fact that Canadian-made products, specifically whisky—I am no whisky connoisseur, so you'll correct me kindly if I'm off base here. But you were saying that they are the largest buyers of corn, wheat and rye, or the largest buyers for Ontario-grown corn—

Mr. Jan Westcott: Two things: We're very proud of the fact that we source all of our grain needs from Ontario farmers. Depending on the year, we buy between 225,000 and 250,000 metric tonnes of grain, mostly corn, but a good amount of rye and a good amount of wheat as well. We're not the largest. If you think of fuel ethanol, fuel ethanol buys five million tonnes, and if you think of feedlots—cattle, pigs, chicken—they buy a substantial amount as well. The distinction that we have is, because we're laying our product down for so long, we buy the most expensive grain, so we pay a premium for the grain that we buy from farmers. We are an important local market. When the Diageo plant gets up and running, supposedly in 2025, we think that annual grain purchase will grow to something like 400,000 tonnes. For those people who know agriculture, it's not the biggest, but if you talk to grain farmers—I was at a grain farmer AGM just up in Wyoming last Friday—we are an important local customer for their products. At the same time, once we use the grain—it's called distiller dried grains. It's food—it's human-grade quality. We turn it back to farmers who use it as high-quality animal feed. We basically take all the starch out. We leave all the protein in there, so it's very protein-rich, very clean material. We've been practising this closed-loop system for a long time.

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

M^{me} Lucille Collard: My question is for Mr. Westcott. I'm coming from a different angle here. I'm sure you're aware of the study that just came out from the national advisory group about consumption and that any level of consumption is actually not good for your health. Consumption of alcohol seems to be following the trajectory that we had with cigarettes and tobacco—because that impact, I think, may drive consumption down. I would just like to know the reaction of Spirits Canada to that new study. What's your position on this? I know your objective is to provide more easy access to spirits. How do you think this new study and the reaction of the public may affect your business?

Mr. Jan Westcott: I would say a couple of things. We believe very strongly that people should be careful about what they drink and that they should drink moderately—that is a study that was conducted for Health Canada as advice on modifying the low-risk drinking guidelines, which we supported. We supported the review of them. They've been out there for 10 or 11 years. It's time to take a look at them and see—new science comes along all the time.

We do question some of the legitimacy of the work that was done, simply because of the way the panel was constructed and, frankly, the very narrow selection of the

studies that were looked at. There has been lots of scientific critique. That will go on. I'm not a scientist. It's not my place to say that. But that debate is going on.

I think, at the end of the day, it's important that people be careful and think about what they're drinking. I participated in the development of the national alcohol strategy 18 years ago, a critical part of which was developing low-risk drinking guidelines. We want to be in a position to tell our customers the best, safest way to use our products, so we participated in that. We did not participate in this; we tried to, but to be blunt, we were systematically excluded from the group that was looking at doing this, so we didn't have any input. I think as Health Canada reviews the data—they have said that they're going to review it and they're going to have consultations with stakeholders; I assume that will be us as well as many other groups. I think all of those kinds of things contribute knowledge, which is good. We'll take that knowledge and we'll adjust our advice and our counsel to customers going forward.

M^{me} Lucille Collard: One of the ideas that's floating is to put a warning, just like they did on cigarettes, about the health risks that are associated with consuming alcohol. Would that be something you would be considering?

Mr. Jan Westcott: Here's the reality: There's very little geography on a bottle. We already have labels that the government makes us put on. We've learned a lot during the pandemic; I know I did. I'm sure a lot of people here—we've all become used to using the QR codes. My vaccination status—every time I went someplace, I held it up. So I think there are lots of different ways to get that information consumers are looking for that's meaningful to them besides labels. I think we're willing to look at a whole bunch of different options. We have not argued with either the right or the need for consumers to be fully informed—it's the question of, what's the best way to do that, how do we get there?

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

Ms. Bobbi Ann Brady: Mr. Watson, with respect to agency stores in rural communities—and I represent a number of rural communities where people really favour the agency stores. Would you agree that agency stores are an example that private operators can sell liquor in a responsible way?

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Mr. Jan Westcott: They've been doing it for—I think the first agency store went in almost 70 years ago. These are smaller communities. I would make the argument that they have been behaved very well, very responsibly. Many of the agencies—they're now called liquor convenience outlets—are in grocery stores. Some of you older folks like me will remember, in the old days, there used to be stores called Red and White or IGAs. They merged 15 or 18 years ago, and they're now called Foodland. They're smaller grocery stores—

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

We will now go to MPP Anand.

Mr. Deepak Anand: My question is to Mr. Naidu. You briefly touched upon the benefit of the gas rebate. We all talk about the record global inflation, worldwide supply chain issues, labour shortage issues, and you touched on and talked about the benefit that we as Ontarians got. On the other hand, you do see the federal carbon tax is expected to be 14 cents per litre on April 1.

My question is very simple: Based on your opinion on the benefit of lower gas rates, what is your advice to both levels of government, federal as well as provincial? Please keep it as short as possible, because your local champion MPP Dowie has to ask and contribute.

Mr. Rakesh Naidu: Very simply, I would say that any additional cost, any increase, whether you call it tax or cess, that goes on and impacts the overall cost of doing business is something that we know puts additional challenge and makes doing business more difficult. Whether that's the 5.7-cent tax reduction, which we have supported—I think that's great. The carbon tax: We know that has had an impact. So any way in which we can help alleviate those additional burdens on business, we'd definitely welcome that.

Mr. Deepak Anand: Thank you.

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

Mr. Andrew Dowie: First question is to Mr. Naidu. Thank you very much for being here.

I am actually delighted we are at the DoubleTree, because I think it's a great example of what happens when governments listen to business, look at their input costs and determine whether development is viable. This building was abandoned for a number of years because no one could make a go of it as a hotel or a residence or as a viable business. The city's community improvement plan was a mechanism for the owner to make a profitable venture, and now we have a beautiful building here today.

So when it comes to community improvement plans and when municipalities decide that they wish to forfeit some of the taxes they would have collected for a set period of time before it goes back to the full taxation, I'd like to know if you feel that this is a good thing for municipal governments to take on to create environments like the DoubleTree today, or is it a bad thing, for example, if we were to spread the cost of those incentives onto other property taxpayers?

Mr. Rakesh Naidu: I think the CIP that you're mentioning is a good thing. We have supported that in the past, and we think that there is—and coming from the economic development world, I have personal experiences and examples of how businesses and investors have taken advantage of that. Clearly, I think there is a need for something like this, which can support investment and investment that is tied to a certain sector and a certain number of jobs. So, definitely, if some creative and good examples like the CIP that we have in Windsor specifically can be implemented elsewhere, we would definitely support it.

Mr. Andrew Dowie: Thank you. Can you give some examples of how decisions by cities like Windsor, for example, on this CIP or the broader economic development CIP, have created jobs and employment opportunities here in this community?

Mr. Rakesh Naidu: Yes, you mentioned this example. There is a pharma company which has got an operation—it's a nutraceutical company which is in operation right behind Devonshire Mall—that created 50 new jobs. There are investments that are coming up in the airport property, which has been using CIP funds. There are a number of small and large investments where different sectors have benefited. There are certain sectors that the city of Windsor has identified. It's not open to all sectors. But sectors where we think that there is strategic interest and strategic strength, and which also then help drive employment increase, those are things the city has really focused on, and we support that.

Mr. Andrew Dowie: Thanks very much.

Chair, I have a question for Mr. Westcott. Mr. Westcott, I am delighted that you're here. I know Hiram Walker has a significant footprint, actually, on both sides. Walkerville is within my riding, but also just on the outskirts of it is the warehouse over off of Pike Creek. And so, I just want to thank Hiram Walker for being here, and Spirits Canada for developing such a great industry for us locally.

I wanted to pry a little bit into the agency store question, if you don't mind. We've seen agency stores in places, rural communities around here, like McGregor and in the Essex area. We've seen some growth of it, and it has come with some degree of criticism. I'm wondering if you have any sense of the revenue potential. Have you seen your share of the sales drop being carried in agency stores or convenience outlets versus the grocery stores? Is it comparable, given that the convenience is there? At least you're on the shelf at the agency store. Have you seen any sort of revenue loss there?

Mr. Jan Westcott: Not yet. As I said, in January 2020, I put some information in front of this committee that suggested we were beginning to see the leading edge of change, and at that point I said, "Listen, this is a clarion call." We know exactly what happened in Quebec. We've seen what happens in some American markets when consumers have better access to certain products than other products: They tend to go there.

The good news is that the agency store model has been expanded a couple of times in the last few years, and I think in this last round they added 180 stores. I know there's an agency store in Belle River. I know there's an agency store in McGregor. They serve those local communities. We're in those stores. We compete. We want the opportunity to compete.

So no, we haven't seen it yet, but again, the pandemic has skewed everything so much that it's really hard to get an answer to that question. But trust me, we're watching closely, and we don't have any reason—I have friends who say, "Jan, stop complaining. I go to the LCBO." I say, "When was the last time?" "Oh, like six months ago." "Well, you used to be in the LCBO every two months. What happened?" "Well, you know, it's just that we were there."

Convenience is a very critical driver to modern society, it really is, and so no one intends this to happen, but it's—I was going to say "pernicious"; it's not pernicious. It just has an increasing impact on people and their behaviour,

and if some goods are easier to get than others, they will gravitate to buy those goods and we will be the victims of that.

Mr. Andrew Dowie: Thank you very much, Chair. I believe I don't have enough time—

The Chair (Mr. Ernie Hardeman): No, just half a minute.

Mr. Andrew Dowie: Okay. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time for this panel, and we thank the panel very much for your presentation. I'm sure it will be taken into consideration as we write a report to the Minister of Finance.

MPP Brady?

Ms. Bobbi Ann Brady: I just want to apologize to Mr. Westcott. I want to frame this by saying I was up before the chickens and the roosters today. I called you "Mr. Watson" and I want to apologize. I have known you for many years, and I shouldn't have made that mistake, but I'm a bit bleary-eyed today.

Mr. Jan Westcott: No worries. Thank you very much.

SOUTHWEST ONTARIO ABORIGINAL
HEALTH ACCESS CENTRE
ONTARIO CONVENIENCE STORES
ASSOCIATION
INVEST WINDSORESSEX

The Chair (Mr. Ernie Hardeman): Now we'll go to the next panel. The next panel is the Southwest Ontario Aboriginal Health Access Centre, the Ontario Convenience Stores Association and Invest WindsorEssex, if you'll come forward. I think you were all present for the previous instructions. Each delegation will have seven minutes' time for presentations, and the panel will have 39 minutes for questions and answers.

With that, we ask each person, as you start your presentation, to state your name for the record to make sure it's properly entered into Hansard, as opposed to depending on how I said it.

With that, we start off with the Southwest Ontario Aboriginal Health Access Centre. The floor is yours.

Mr. Dave Remy: Great. Thanks. My name is Dave Remy. I'm the director of SOAHAC, the Southwest Ontario Aboriginal Health Access Centre.

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I do have a video to start off with. It's a short video. We're going to try to do this with the shared screen. I'm in the actual room and the virtual room right now, but we'll see if it works. If the audio isn't working, then we'll have to try something else, but we'll give it a try.

Video presentation.

Mr. Dave Remy: Perfect. Thanks very much. If you didn't hear—and I'm sorry; the audio may not have been great—where we have our clinics is right here in Windsor and Owen Sound, and we're on-reserve in Chippewa, London. What I'm here to talk about today is Owen Sound.

When you're a health organization, you really have to parse out where your services needs are, because I know we're not going to get everything we need all at once. The reason we're focusing on Owen Sound is because we believe at SOAHAC that that's our greatest need in the moment.

Currently, in Owen Sound, our clinic there has 0.5 of physician resource to service the Owen Sound community, along with two fairly significant Indigenous communities, Neyaashiinigmiing and Saugeen. If you go through the material that we provided for you, I think it really outlines the differences between First Nations health and, I'll say, non-Indigenous or secular health in the other organizations that we deal with.

Specifically, we're dealing with high rates of diabetes, with chronic illness. One of the most interesting stats I think we provide is that our clients are seeing us almost 10 times a year. When you think of yourselves, how often do you go to your family doctor or your nurse practitioner? It's probably not 10 times a year. It's probably not a monthly event. For most of us, that's like a trip to Costco that we plan. For our community, that's how many times they need to see their provider, and it's due to the high rate of chronic illness.

What makes SOAHAC unique is that we are Indigenous-led, so when we are seeing Indigenous people and First Nations people, it's really taking care of our own in that way, and that makes a big difference to our community. There are providers in the Owen Sound area, but I will say that our communities don't necessarily want to be seen there. There are certainly issues with trust, with racism in the hospitals. SOAHAC creates that safe space for them to come.

Right now we have a clinic in Owen Sound that's a physical space and we actually travel to the Neyaashiinigmiing community, which is about an hour and a half away, and the Saugeen community, which is about 30 minutes away, to do primary care, mental health and traditional healing in those sites.

It's vital and integral to the community. We want to make sure that we are seeing our First Nations people early, to do interventions early, so that we're not adding extra burden to the health care system when they see them late. As an example, I would say we're trying to deal with the foot ulcer before it becomes an amputation. Unfortunately, with the population we see, too often it's the result of non-trust in the health care system, and then we're dealing with much more critical issues than we could have been dealing with if we were to see them in the early days.

So I think the real ask here for us is to increase our physician complement from 0.5 to two. We would be able to assign a physician to each community to work that way and help manage, to build trust, because right now, if we're sending different practitioners to different communities—it's very hard for you to build trust when you're not seeing the same person. We just really stress the need for physician services in those areas.

The Chair (Mr. Ernie Hardeman): Okay. Thank you very much for the presentation. We will now go to the Ontario Convenience Stores Association.

Mr. Dave Bryans: Good morning, everyone. I'm Dave Bryans, CEO of the Ontario Convenience Stores Association. I'm joined today via video, behind me here, by Terry Yaldo; he's the owner of Midway Convenience store here in Windsor, and he's also chair of the Ontario Convenience Stores Association. It's a pleasure to offer our input for over 6,000 family-run convenience stores.

This submission will cover three main suggestions our members have for the government in relation to the upcoming budget. These items have been well researched by my organization and by outside respected third parties that have no cost to the Ontario government but need to cut through some of the red tape. If acted upon, these items will be warmly received by the public, they will provide a much-needed lifeline to Ontario small business retailers and charities, and perhaps most importantly, will end up costing this government nothing.

The three recommendations are that government should move quickly to open the beverage alcohol retail business to include c-stores, as promised over the last five years; c-stores throughout Ontario want to launch a 50/50 in-store e-raffle lottery to support local charities and local hospitals and have been caught up in red tape by the AGCO; and we want to work together to correct the illegal shipment and sales of untaxed contraband in Ontario.

The OCSA is one of the largest small-business advocacies in the province, and beverage alcohol retail is the future for Ontario c-stores. We are encouraged by the government's commitment made by Premier Ford in the past election campaign. Since then, we've seen the expansion of beverage alcohol to grocery outlets, additional LCBO agency stores, over 18,000 bars and restaurants allowed to sell beverage alcohol with take-out and delivered foods, as well as delivery companies like Uber. We're looking forward to working with the government as it moves ahead to implement its commitment to broaden the opportunity for beverage alcohol sales beyond the foreign-owned Beer Stores and the large grocery chains and other retailers that were given a competitive advantage by the previous government. That commitment to expand the opportunity for beverage alcohol sales to Ontario convenience stores is a critical policy to not only deliver something Ontario consumers have been asking for but also to help boost local small retail businesses, which have been so hard-hit in recent years.

In anticipation of this, we've been talking to many Ontario brewers and wineries, and we're equally excited at the opportunity to boost their brewing businesses by adding new retail points of sale, giving them valuable promotional opportunities.

The government's expansion allowing bars and restaurants to sell alcohol for take-out has made fulfilling this promise even more important for convenience retailers. From an economical standpoint, it would put us on par with our competitors in an increased and competitive marketplace. Expanded access would offer more jobs, investment and stronger communities. These jobs and employment, especially in rural Ontario—20 good-paying jobs in

a small town means an awful lot to a small town in Ontario.

C-stores are in every neighbourhood and offer an untapped avenue for craft brewers to get their products in front of new customers, right in the very communities where they are produced. We understand the MFA agreement needs to be addressed in 2023 and encourage the government to not renew the agreement and to start the Beverage Alcohol Review program to open Ontario's marketplace like all other jurisdictions. If there were ever a win-win policy for the government and Ontario small businesses, this is it. We look forward to working with you for this reality in 2023.

On the area of raffle charities, OCSA members sell 75% of all lottery products in Ontario and have asked the AGCO to approve stores to now sell 50/50 tickets supporting local charities in every community and have been stalled since September 2021 on this promise to approve.

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The federal government changed the Criminal Code to allow for this type of electronic charitable raffle nine years ago. This change was driven by Ontario charities that wanted to introduce technological options in their fundraising. And unfortunately, we still don't have a licensing regime that facilitates e-raffles in Ontario convenience stores, but the regulator allows them at big-box retailers like Walmart.

The AGCO, the gaming regulator, has proposed yet another consultation on e-raffles. This consultation was supposed to begin immediately after the election. Then we were told it would take place in the fall. Now timetables are unknown.

The AGCO has already conducted extensive consultations on this matter. There was an 18-month process in 2016 and 2017. The feedback was conclusive: Charities want 50/50 e-raffles in convenience stores. The AGCO acknowledged this in 2017 by saying, "The AGCO heard from charities interested in paying individuals to sell their raffle tickets. To better understand the potential regulatory risks ... has approved the conditional use of paid sellers." That was six years ago.

Our ask does not require any legislation or regulation. We are not asking for any money from the government. We're asking for a minor policy change that would create more opportunities for more charities to make more money and to follow through on the commitment made by the government in 2017—a commitment to charities and small business.

Convenience stores are already the most trusted sales of gaming products in this province. We're investigated, licensed and approved by the AGCO. We have sold gaming products for more than 50 years, to the tune of \$4 billion last year. We've sold charity break open tickets—they're called BOTs—for over 30 years. The AGCO has approved over hundreds of new BOT game types in our stores, but not a raffle product. Adding one more similar gaming product to already approved retailers that sell 80% of OLG products and 97% of all BOT products represents no risk at all.

The government has a six-year case study at Walmart stores proving there are no regulatory concerns with selling 50/50 e-raffles at retail. Yes, Walmart stores are allowed to sell 50/50 tickets alongside OLG products and BOTs, but not c-stores. Charities and small businesses do not need more bureaucratic process.

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

Mr. Dave Bryans: We need action and we need it now. This simple policy change would create more opportunity for more charities to make more money with a bigger distribution network. This will be good for small businesses, but good for Windsor-based charities like the new hospital and charities across Ontario. Let's cut through the red tape.

Now I'll just hand it over to Terry Yaldo to talk quickly on contraband tobacco.

Mr. Terry Yaldo: Hello. My name is Terry Yaldo. I'm the owner of Midway Convenience. Thanks for allowing me to address the committee.

I own a convenience store right here in the city of Windsor and can attest to the loss of business due to contraband tobacco. Illegal untaxed tobacco continues to infiltrate every community in Ontario through an elaborate distribution and production network that is well known to all levels of government.

We only sell legal tobacco products in this province. Because of this function, we are an important tax collector for the government and equally as important gatekeepers who prevent age-restricted products from being accessed by minors. It should be noted—

The Chair (Mr. Ernie Hardeman): Excuse me. The time is up for the presentation, and maybe it will come out in the questions as we start with the panel. We'll start with the independent—

Interjection.

The Chair (Mr. Ernie Hardeman): Oh, we have one more presenter, so hold that thought until the next time around.

We have Invest WindsorEssex, and the floor is yours.

Ms. Sabrina DeMarco: Good morning. Thank you for having me. I'm representing the Windsor-Essex Small Business and Entrepreneurship Centre, which is a division of Invest WindsorEssex. Our centre operates out of two locations, the city of Windsor and the town of Essex, to better serve our rural entrepreneurs.

Our mission is to stimulate, promote and support the entrepreneurial spirit, start-up and early growth of small business to actively contribute to the economic development of the Windsor-Essex region. We have been serving the community for more than 30 years. When we support a small business, we are positively impacting lives in our community.

I'm here to advocate for additional funding for the centre and the government of Ontario's SBECs program. My main message is that the support from the ministry is appreciated; however, funding has not increased in over 10 years, and demand certainly has.

SBECs are your service delivery vehicles. We provide huge value to small and medium enterprises, which most businesses in Ontario are, and serve as the backbone of our

local economies. We deliver core programming to not only help individuals launch a business, but supports to help them manage their operations and grow. While we continue to take on new programs, such as Digital Main Street, we are doing so from the sides of our desks, with zero cost recovery towards administration, marketing, planning, reporting and staff time.

SBECs are generally the first point of contact in the ecosystem for entrepreneurs and start-ups, but we are also the main referral partner of any other business support organization, like banks, professional organizations, ServiceOntario, Employment Ontario, chambers of commerce etc. The ecosystem refers to the SBECs as the most logical first point of reference for any new or existing business owner, as well as the organization that will triage and assist with all business-related inquiries. Because of this, SBEC staff must have the ability to consult, advise, refer, assist, mentor, direct and coordinate.

In 2020, in response to COVID-19, the Small Business Centres of Ontario was formed as a network. In November 2021, we incorporated as a non-profit association called the Small Business Centres of Ontario—an exciting opportunity for our centres to collaborate, partner, and be best in class in supporting small business. We want to build on what we have accomplished, but our capacity to do so is being diminished. Current resources just don't allow us to provide the services demanded of us. Why? The entrepreneurial support system and funding is being diluted due to the multitude of organizations and funding they receive. They get the funding, but we do the heavy lifting. Our centre has a staff of five full-time employees, and the budget is very heavily subsidized by Invest WindsorEssex. We service the entire Windsor-Essex region and staff two strategic locations. At current staff levels, it is becoming increasingly difficult to meet growing demands. Over the past 10 years, the demand for services, supports and expertise has increased exponentially. Current core funding makes it difficult to meet the service requirements. We have been flat-funded for over 10 years. While new programs have been introduced, the administrative dollars do not adequately cover the resources required to deliver, manage, report and service the clients enrolled in programs. Our core funding of \$103,150 has not changed despite the increased demand for services and increased programming requirements.

In addition to core funding, we receive \$119,000 for the delivery of Starter Company Plus, and \$85,000 goes towards the allocation of 17 \$5,000 grants for entrepreneurs while the remaining \$34,000 goes to operational expenses. The program requires one full-time adviser to deliver the program. There is excessive demand for the program. In 2022, 131 submissions were received and 40 completed applications were reviewed for consideration. Only 17 grants were available. Surely we could use more grants toward businesses; however, we could use more additional dollars to deliver adequate programs.

Lastly, we have delivered the Digital Main Street program for four years. Over 200 companies are assisted monthly. In 2022, 89 companies received a digital grant. As a delivery agent, we do not receive any cost recovery

for our efforts in delivering the program, which includes management, oversight, marketing, planning, reporting. Because we rely on contract workers to deliver the service to clients, we do experience high turnover and retention challenges. The guidance and the impact cannot be overstated. In the last 10 years, the local office responded to nearly 18,000 small business inquiries, delivered 150 workshops and provided over 1,300 business consultations. These activities resulted in the creation of 243 new start-ups, 185 business expansions and 841 new jobs to the region.

In summary, the SBECs across Ontario are the first stop on an entrepreneur's journey. SBECs are one of Ontario's strategic mandated and supported entrepreneurship service delivery partners. Current funding makes it difficult to meet the service demands.

Our centre is recognized as a go-to place for small business. Unfortunately, funding from the ministry has not increased in well over 10 years despite our demonstrated success and the growing demand for services.

Since half of the SBECs across Ontario are delivering Digital Main Street, it would make sense to roll the program into the operations of the SBECs. This would help sustain the program and build capacity. Our current programs are fully subscribed, and there is demand for additional micro grants. At the current base funding level, only two full-time staff are being funded, which means Invest WindsorEssex is subsidizing most of the operations towards a provincially recognized centre.

I kindly request an increase in funding for the crucial entrepreneurship programs at the Windsor-Essex centre and the 54 SBECs across the province that operate. For our centre, this includes funding to support two additional full-time staff and operating dollars to allow expanded regional outreach.

We understand the fiscal restraints the government is under. When you look at the full impact to the economy and new businesses and jobs created, you can see that your investment dollars go a long way in fostering the growth and longevity of the small business sector. These dollars positively impact people in the community and economies across Ontario. If you want to attract talent to a community—big business and tech and tourists—you need to ensure that you are investing in a community, and that is what small business owners and entrepreneurs do. They help to create an attractive, livable community and a sense of place where you can live, work and play. Thank you.

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

Now we will go to the questions. We will start with the independents. MPP Brady.

Ms. Bobbi Ann Brady: Mr. Bryans and Mr. Yaldo, I represent Haldimand–Norfolk, which has the largest number of tobacco growers in the province. Contraband and illegal tobacco sales, we know, now sit somewhere between 30% and 40%.

In Quebec in 2009, I believe, they implemented Bill 59, which gives significant powers to provincial and municipal police forces to search, seize and fine anyone carrying

illegal tobacco in cars. Do you have any knowledge of the success of that program in Quebec, and should Ontario adopt something similar?

Mr. Dave Bryans: Sure, I'll try and answer it, it being a Quebec question, and thank you for the question.

First off, Quebec did succeed in bringing the 30% and 40% down to less than, I think, 15% by giving more powers to enforcement within the province to all types of police forces. You don't have to see a pack—I forget what it's called—to seize the load.

Right now in Ontario, if you pull over a van and you don't see an untaxed cigarette in the vehicle, you really can't search the van. There have to be more options now for police enforcement and powers.

As you know, on that same reserve you're talking about in your area, gas sales are going through the roof as well because, again, now there are two reasons to go to reserves and purchase products, and that's to fill your car up with no road tax and to buy contraband. It's about 30% of the price of a full tax-in product here in Ontario.

Ms. Bobbi Ann Brady: Thank you. A follow-up question: Along with contraband tobacco comes a host of other nefarious things, and we see it in Haldimand–Norfolk. Convenience stores tell me that there is a huge hit to their business. I'm wondering if you know the dollar amount that convenience stores lose to contraband tobacco and what the hit is to the Ontario government.

Mr. Dave Bryans: I'll let Terry answer that. Terry?

Mr. Terry Yaldo: Well, the dollar amount can be significant. I know that, during the pandemic, we saw a drastic rise of customers coming back when they couldn't get their tobacco from the reserves. One of the things that informs our business is foot traffic, so with having those customers come back, there were lot of other sales that they purchased as well. It can be quite significant and it can make the difference of a store staying open and a store on the verge of closing permanently.

Mr. Dave Bryans: Basically, on tax losses, between federal and provincial, it's over \$6 billion a year in lost taxes.

Ms. Bobbi Ann Brady: Thank you.

The Chair (Mr. Ernie Hardeman): Any further? You have another 1.4 minutes.

M^{me} Lucille Collard: Yes, quickly, please?

The Chair (Mr. Ernie Hardeman): Yes, MPP Collard.

M^{me} Lucille Collard: To Mr. Remy: I'm from Ottawa–Vanier. In Vanier, we do have a very large—one of the largest—Aboriginal population. We know that the services are very important. I do have questions and I may get to it in the second round, but can you tell us a little bit more about how the centres are funded and how much of it is covered by OHIP?

Mr. Dave Remy: We do not bill OHIP. Our centres are similar to a CHC model where our physicians and practitioners are salaried. They're not on an OHIP model.

So an OHIP model doesn't work—

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

M^{me} Lucille Collard: You have one minute.

Mr. Dave Remy:—for our First Nations population in a way because our clients will often spend maybe half an hour to an hour with their physician or their provider. If you read through the—there are multiple chronic issues.

The OHIP model is often a time-based model. You'll hear often that people who have an OHIP physician—it's like one issue. You come into the office for one issue and if you have something else, you have to rebook. When you're building trust and working with a population like a First Nation population, it would never work.

So we do not bill OHIP for anything. We runs a salary-based model through it like a CHC.

M^{me} Lucille Collard: So that's why you need increased funding to make sure that you have the physicians and the services that they need. We know that the demand is really important.

Mr. Dave Remy: Absolutely.

M^{me} Lucille Collard: Do you have an issue with recruiting physicians?

Mr. Dave Remy: No. I've had to do about two recruitments in the last two years and they both went very well. We did a recruitment in London for a physician and that one went really well, and he's been working there now for about a year and our clients are really building trust. And we had to do a recruitment in Chippewa—

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

We now go to MPP Cuzzetto.

Mr. Rudy Cuzzetto: For David here: David, I've travelled all over the world and I've seen spirits and wine and beer sold in convenience stores, Costco—if you go to Florida, you can buy wine at Costco, and then there's a liquor store attached to it where you can buy the spirits. We don't do this here in Ontario.

I know British Columbia has a different model than us, and Quebec as well. Have we seen an increase of addictions because of the different models?

Another thing is: the sale of the product, the asking for ID. My son went in for me one day—he's 22—and they asked him for ID, so I know that they do. But have we seen a decline in that in some of the private convenience stores?

Mr. Dave Bryans: No, I mean—sorry. First off, we have 400 agency stores that our last speaker will be questioned on, and we have never lost a licence by selling to an underage consumer. At the same time, Smoke-Free Ontario spends \$20 million a year—I don't know if you know that—sending underage mystery shoppers into convenience stores. It's the highest spending of any retailer in this country, and we pass at 96.4%, using their data. We FOI-ed the data, how many shops: It's about 21,000 shops a year that they do with underage shoppers in our stores, and we're pretty proud to pass at 96.4%. We should pass at 100%, but there is always going to be "I didn't see it" or "I made a mistake."

We're very proud of our record. It's time to move on and get on with this MFA agreement and put beer and wine and ready-to-drinks into our stores—a convenience for everybody.

Mr. Rudy Cuzzetto: Okay. And have you seen an increase of addictions across the other jurisdictions like British Columbia or Quebec?

Mr. Dave Bryans: There's no real studies. I did meet with the craft brewers last week, and they were questioning that study that just came out and saying, from packaging, it would kill the craft brewers to have to put labels on their nice cans. I mean, these are small business operators. We're here to help them in every community. We're here to work with them to make sure they're on our shelves, and support them. It's small businesses wanting to support small businesses.

Mr. Rudy Cuzzetto: I heard that question about putting labels on, but—I'm not even sure. Do we put labels on cannabis when they sell cannabis?

Mr. Dave Bryans: Yes, there is a government outline, and it's plain packaging—not that we want it in our stores.

Mr. Rudy Cuzzetto: Okay. Thank you very much.

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

Mr. Andrew Dowie: My first question is actually for Terry. Thank you, Terry, for being here. Midway Convenience is—I've witnessed first-hand—a key part of Riverside, and actually a community hub of sorts. It's just the nature of the people of the neighbourhood who love your store and who rely on it every day.

I'm wondering if you might be able to elaborate a bit on the ask from the association in terms of the lottery, and how you contribute to the community already and what a difference that adding in some of the requests of the association could make to help spur even greater things in your neighbourhood and throughout Riverside.

Mr. Terry Yaldo: Thanks for having me again, and thanks for your support. One of the big things with introducing a 50/50 would be—there's a big demand for it and we can help support our up-and-coming hospital and help contribute to some of the monetary needs of it. Like every other market, it's evolving and we need to add components to our business to keep that foot traffic going and keep customers getting what they want from us.

Mr. Andrew Dowie: Thank you very much. Can you elaborate a bit on the contraband tobacco aspect? I know you've seen the ups and downs, depending on the different policy changes. I know we had the conversation about it, so I was just hoping you can give a bit more detail to the committee about it.

Mr. Terry Yaldo: Well, a couple of things we would like to see is no tax increases and empowerment to law enforcement to tackle illegal tobacco collaboratively. We'd also appreciate the tabling of the tobacco strategy group report that was started in 2019 and addressed several options for an approach in addressing unregulated tobacco in Ontario. It would be great for all stakeholders to have the opportunity to weigh in on recommendations from consultations over the last three years.

I think it's really important, as an independent operator, that we see as much tobacco sales going through the legal market. Like Dave said, a lot of these contraband markets are allowing other illegal operations to grow too, and causing other disruptions in the marketplace.

Mr. Andrew Dowie: Thank you very much. Chair, I'd like to ask a question of Ms. DeMarco.

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

Mr. Andrew Dowie: Okay.

Thank you so much for being here. I know the small business centre does great work here in the community, so I've certainly heard your request loud and clear.

I'm wondering if you could elaborate a bit as to the comments that our small businesses have been making with respect to provincial rules and red tape being barriers to being successful in their businesses. Could you relay to the committee some of what you've heard in our community?

Ms. Sabrina DeMarco: Certainly. We help business owners at start-up to early-stage growth navigate the various rules, regulations and licence requirements, whether it be at the municipal, provincial or federal level. So any chance that we get to advocate on behalf of the work that the province has been doing and organize round tables, we certainly will do that. The businesses have recognized an improvement, but there's still a long ways to go in ensuring that the municipality and the province are open for business and that it is easier to do business and not get too caught up in red tape and a lot of the taxation that surrounds it as well. We certainly see that when it comes to brick-and-mortar-type businesses, food and beverage operators, there's a lot of red tape in that, so we do our best to provide knowledge and expertise and link the entrepreneurs to the proper regulatory body so they can navigate that.

Mr. Andrew Dowie: What are some examples of red tape that a small business owner will run into today that you think ought not to be there that we can look at and deal with?

Ms. Sabrina DeMarco: I think at the time of just getting up and starting the business, there's a lot of red tape that is set up in just establishing the business. Construction, zoning, building permits—those things take quite a lot of time, and it's prohibiting businesses and investors to really invest in our community and move forward. I think there's a long way to go in improving that and making sure that we are providing that friendly business environment that is needed to move our community and our province forward at a more rapid pace.

The Chair (Mr. Ernie Hardeman): The time is up. MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to thank all the presenters for appearing at committee today.

My first question is for Mr. Remy. I think your presentation was excellent, about how SOAHAC removes barriers and deals with intergenerational trauma and improves health literacy outcomes and agency. I know they do great work in the London area. So thank you for mentioning that.

In 2021, the MPP for London West, Peggy Sattler, and the MPP for London—Fanshawe, Teresa Armstrong, and I

wrote a letter to the government requesting additional physician support.

My question is, have you met with your MPP, Rick Byers, and does he support your request for an additional 1.5 physicians?

Mr. Dave Remy: We are meeting Friday.

Mr. Terence Kernaghan: Excellent.

I think it's also concerning—the statistics that you raised, that 44 people are waiting one to two years just for an intake. I think that has such terrible outcomes on people's health.

I want to thank you for your presentation today.

My next question is for Mr. Bryans and Mr. Yaldo. I noticed as well that the Ontario Convenience Stores Association had a request to increase lottery commissions to family-run convenience stores, and I just wanted to know what you are requesting of the government in that regard.

Mr. Dave Bryans: Well, obviously, the lottery commissions are 5% for electronic—for those who know—and 8% for scratch. That has been like that for 40 years.

We've had labour costs, rent costs and every cost increase. We are the biggest seller of lottery—we sell about 80% of the total government's lottery, and I think the time has come to maybe recognize that and throw a few crumbs our way so we can keep the doors open.

Convenience stores are closing at about an average of five a week in Ontario right now, and it's for many reasons, but one of them is your highest traffic generator—where your government, your best partner and biggest partner, has never recognized all the cost increases that go with running a small business. With anything else, we can put the price up. With a can of Coke, you could add 20 cents. A lottery ticket is a fixed price. I think the day has come that we should all look at it and say, "How do we help small business?" For their own lottery products, they're actually bringing in—Terry is bringing in \$4 billion a year for this government.

Mr. Terence Kernaghan: I think of my city—a friend of mine, Amit Modi, runs Springbank Mini Mart and Video, and he has also managed to get a postal outlet over the years and also now has a balloon store. This guy is quite the entrepreneur, and he does so much for our community. He's just a fantastic guy. Throughout the pandemic, he also had canned goods outside of his store for people who were struggling, free of charge.

My next question is for Ms. DeMarco. I wanted to just mention that when we were up in Kenora, we also heard from the Northwest Business Centre about how funding has not increased for more than 10 years. It is such a tremendous concern. I know I don't have to convince you that small businesses comprise 80% of economic activity in Ontario, and they're so incredibly vital to our economy: People realizing their dreams of standing on their own, taking that step, and also being a wonderful employer for people, a business that people can actually care about, a business that has a heart and soul and a face and a family behind it.

My question for you: You've mentioned doing a lot of work on the side of your desk and how frustrating that is—

and I just wanted to thank you because you care deeply about the people you support and you deserve support from this province. In terms of the increase that you'd like want to see, what would that amount to?

Ms. Sabrina DeMarco: Well, I said we've been flat-funded for well over 10 years at \$133,500 base annual funding. I'd certainly like to see that double. Realistically, looking at about \$200,000, that would support two business advisers so we can roll in a Digital Main Street program and then ensure that we have operating dollars so we can deliver expanded programming across the region.

We are seeing an increase in demand from the public, but as well as our surrounding municipalities. Some of them have their own economic development offices; most don't. So they're looking to us to provide those small business services to their communities, having office hours at their locations and providing dedicated workshops and seminars. That's where those administrative dollars would go.

Mr. Terence Kernaghan: Understood. It seems to me, when you take a look at your community impact metrics and the numbers that you've put forward to this committee, the amount of inquiries and workshops and consultations, it really shows that there's a tremendous desire for people to strike out on their own. So it's incumbent upon this government to support these folks through you, to make sure that people are able to do so, because we know that there is a financial win-win for the government because these people are contributing to the tax base; they are creating good jobs for people.

My next question was in regard to the Ontario Small Business Support Grant. Many folks in small businesses in my riding struggled tremendously, not only when they applied for this grant. They were often turned down. They weren't given any justification or reason why. There was no appeal process. Is this something that impacted your members?

Ms. Sabrina DeMarco: Yes, it did. We were recognized as the Ontario COVID recovery relief network, all of the SBECs, and certainly, that was a trying time, so all levels of government were looking at us locally to be that go-to. With that particular grant, we didn't have a lot of information to go by. The SBECs weren't briefed on the program. When a client called and you would look into the situation, you didn't know where to go. No one was picking up that 1-800 number. No one was answering emails. It was a difficult time for everybody involved.

But yes, we did work with a number of entrepreneurs that—thankfully, they were advocating on behalf of themselves, and they reached out to us.

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

Ms. Sabrina DeMarco: It took several months for them to get the approvals that they required. Eventually, it did happen, but you definitely had to stick through it and self-advocate. It was great that the province did have that relief fund at that time, but certainly, lessons learned that more communication and I think bodies on the ground to help support businesses navigate that is certainly something that would be necessary.

Mr. Terence Kernaghan: Absolutely. I think you've hit the nail on the head. Many people were calling in. They were emailing. They weren't receiving a timely response. And as we know, it was such an incredibly difficult time, and for people to go without that support and to almost depend upon it, knowing that they should qualify, that they ought to qualify—and then having to wait month after month, when the bleeding just continued for so many small businesses.

I just wanted to thank all three presenters for appearing today. I think we have about 20 seconds so I'm not going to punish any of you with a quick-fire question.

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

M^{me} Lucille Collard: A question for Ms. DeMarco: I know you need more support for small businesses, and we know that when small businesses are thriving our economy is benefiting from that, obviously. There are several areas, I think, that may be a concern. Is there any specific area where you feel the funding support is more needed?

Ms. Sabrina DeMarco: I think that there has been—the funding is just being diluted, because the ecosystem has really expanded, and a lot of other agencies are receiving funding [*inaudible*] and so everybody is applying for funding, even though their mandate is not necessarily to provide self-employment services. We're seeing community groups accessing funding, settlement agencies, but we continue to be the go-to, so we're actually mentoring these groups that are getting funding; they're sending clients our way.

As the economy and population continues to boom, more people will look at self-employment. We're looking at attracting high-potential talent to our region, newcomers. Newcomers are more likely to start their own business; they will need help understanding the landscape, the language, the terminology, how you do business in Windsor–Essex. We want to be able to support them on their journey, and we want to provide more wrap-around supports to ensure that they are successful in our communities.

M^{me} Lucille Collard: Thank you.

The Chair (Mr. Ernie Hardeman): MPP Brady?

Ms. Bobbi Ann Brady: Mr. Bryans and Mr. Yaldo, I've seen your report that you have in the past been pleased that anti-illicit tobacco measures have been included in past budgets. I think we all believed that there were supposed to be some items included in last year's budget, and I don't think we ever saw that make its way to the budget paper. Can you confirm, and if I am accurate, were you given any indication as to why those items were not included in last year's budget?

Mr. Dave Bryans: Well, that's an interesting question, because I can tell you we've worked for years at this. I've been 15 years on this file, and every successive government has said they're going to find ways of correcting it. It hasn't moved from that 30% to 35% to full 40%.

In 2019, there was a tobacco strategy group formed that we were part of, and many consultations. Today, that

report has never been shared. That report needs to be shared, so that we can figure out what we can do collectively.

This is a difficult file, and I understand that, because I've been on it for a long time. But doing nothing and not changing that needle and bringing it down from 30% to 35% is infiltrating every community. We know it's available; it's delivered. Just here in Windsor you can get DKs and Putters delivered direct to your businesses. There's not enough enforcement, there's not enough coordination and there's not enough funding for police services to do that.

So we would encourage the government: Whatever we're going to do, let's implement it, and at least do something to change the curve.

Ms. Bobbi Ann Brady: I would agree. Thank you.

The Chair (Mr. Ernie Hardeman): Any further? Okay. We will then go to the government side. Mr. Babikian?

Mr. Aris Babikian: Thank you to the presenters. I would like to go first to Mr. Bryans. Earlier today we heard from Spirits Canada about the inclusion of the sale of spirits in convenience stores. In a previous answer to my colleague Mr. Cuzzetto, you mentioned that you have a very rigorous process in selling the product to your clients. So I want to hear your thoughts about the sale of spirits in convenience stores, because, to be honest with you, in my riding I have lots of convenience stores, and these are all pop-and-mom shops. They are very, very diligent in implementing the rules, because they don't want to lose their licence, because that's their only means of making a living.

Can you expand on that, and what are your thoughts about inclusion or changing this policy?

Mr. Dave Bryans: First and foremost, let's open the policy and get rid of the MFA agreement.

But I would be more inclined to do beer and craft beer; I want to support these small businesses in every community, and then, under the spirits act, RTDs—they're called "ready to drinks." You go to the beach and you want a pre-mixed Caesar or a vodka—whatever these things are called.

I don't believe small mom-and-pop stores can carry a full line of spirits, nor do I think that's where we want to go. I think if the government wanted to cut through all this, let's go to beer. I said to Vic Fedeli, when he was Minister of Finance, "Just put craft beer in convenience stores. We would change the beer business forever and everybody would come to the table and we would help small businesses." So let's stick to beer—craft beer, especially—and make sure that we work with the government to make sure the craft brewers are well protected, and then look at how to help Mr. Westcott with RTDs, which are ready-to-drinks, and there's lots of those.

But as far as whisky and that on the shelves in convenience stores, we have it in 400 agency stores now and it's working very well. If they want to expand that model, they can. But keep in mind, the agency model is an unfair business model; one gets it in the community and everybody

else doesn't get it, and that really hurts the other stores. So why don't we just make it a level playing field, whatever we decide?

Mr. Aris Babikian: Thank you.

My next question is to Ms. DeMarco. We know red tape is costing small businesses, and businesses at large, huge amounts of money. Since we formed government, we have made a policy to reduce red tape and to save some money for small businesses. I believe that, so far, we have been able to save a few billion dollars for small businesses. What else can we do in that regard to help small businesses save time, save money, and other means to start operating and have the courage to open a small business in Ontario?

Ms. Sabrina DeMarco: Certainly, there's a lot of different angles; I touched upon some of them through MPP Dowie's question. Even when people arrive in Canada, the newcomers to Canada, making it easier for them to either launch their business or to start a job—there are a lot of foreign credentials that they have. It does take a long time for those credentials to be recognized in Ontario. I think more work needs to be done on that. That's more on the talent side.

Again, I think it's just enabling the environment so that businesses and investors can move forward with their business plans quicker and get into business faster. There's a lot of red tape and waits involved, even just in the construction process and applying for licences and such.

There could even be improvements to the registration process, as simple as it is. There have been improvements to the online registration process, but it does take a long time. Our advisers are inundated with simple things like, "I was online at the portal to register my business name"—a simple business name. It's a very onerous process. We get inundated with those questions. Same thing with even registering for a corporation. It's actually a very onerous process, and even though it's done online, it does take a long time to get the documentation that you need. So simple things like that can certainly be improved.

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

Mr. David Smith: Yes, Mr. Chair. First of all, I'd like to thank Terry, Sabrina and David for your presentations. I think it's vitally important. We clearly understand, as I heard around the room today, that small business is a vital part of economic growth, helping the economy, local economies, and it's so important that we get all those pieces down. I empathize with you—10 years, haven't had much. You're asking for very little to get things going, and this government will work as hard as possible to start improving some of those areas of concern.

But the major concern that I have: I'm hearing over and over about red tape. That red tape problem, each and every one of you spoke about it. To all of you, please explain to me what are some of the most important red tape concerns that you have and how we can help you navigate those processes. I just heard from Sabrina that there's a lot of difficulty in getting those online applications. How can we improve those things? Have you ever tried it? What are some of the problems that you're having in navigating the

system? Because with that information, it will help us to be better able to maybe adjust those forms or whatever application it is online that helps us help you and your community to process that information.

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

1150

Ms. Sabrina DeMarco: Yes. So, quickly, I was just referring to the Ontario business registration portal, which was revamped a couple of years ago—so a drastic improvement. Now, we're starting to really get a lot of inquiries and providing support, so my staff is really versed on it. It can certainly be improved. I'm happy to discuss further off-line, in those areas. I think it's important to obviously reduce the cost of doing business. I think your government has done so, in terms of the corporate income tax rate. But anything that you can do—not just to help support big business, but smaller business—would go a long way as well.

Mr. David Smith: Thank you.

Mr. Dave Bryans: Quite quickly, the red tape around this 50/50 raffle has been phenomenal, when in fact retailers are already authorized to sell any type of gaming. I think all we have to do is come together and say, "This 50/50 will help every charity in Ontario." And it isn't an OLG product—

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

We now go to the official opposition. MPP Gretzky.

Mrs. Lisa Gretzky: My first question is for either Mr. Bryans or Terry. Hi, Terry—good to see you. I just want clarification, so hopefully just a really quick answer so I can go on to ask Mr. Remy some questions, too. When you talk about illegal or contraband tobacco, and you're talking about Indigenous or First Nations tobacco—just so I'm really clear on that—are you talking about people that drive to a reserve and buy a carton or bag of cigarettes, or are you talking specifically about a much larger problem where maybe people are buying a significant amount of tobacco and reselling those?

Mr. Dave Bryans: I can quite quickly tell you there's an organized distribution moving cigarettes throughout this province. It's the most organized without advertising or marketing plans. People here in Windsor—go ask anyone—can tell you how to buy a cheap pack of untaxed cigarettes that the government gets no money from, delivered somewhere from reserves throughout Ontario.

If you look at British Columbia, the biggest issue today is growth in contraband. It's all made here in Ontario and shipped across the country. So someone has to do something to figure out how to slow it down. It's not Ma and Pa Kettle going and buying one carton. We're not saying to go attack them. This is delivered. I can tell you: My brother in Windsor has it delivered to his business here, and they're all smoking contraband. There isn't a trades guy up north that isn't smoking an untaxed cigarette today because of the economy. I think we have to get together and work together with the government and all parties to figure out how to resolve this problem.

Mrs. Lisa Gretzky: Just for the record, I would have no idea who to go to, to get contraband cigarettes.

Mr. Dave Bryans: They'll find you if you smoke.

Mrs. Lisa Gretzky: I don't have a clue. I know you can go to reserve, but I didn't know you could just find somebody out on the street.

My questions now are for Mr. Remy. I think I'm just going to tag onto the conversation about tobacco; it is health-care-related. But as you are probably well aware—although some in the room may not be—Caldwell First Nation has some economic development happening out in Leamington. I had the pleasure of actually going out and doing a tour on Wednesday last week. There is a convenience store being built, which I'm sure will be selling tobacco. There's a gas bar, which I know was raised as an issue. They're also building housing. There is culturally appropriate health care, which I believe you are partnering with them on, and a long-term-care home as well, culturally appropriate. They are going to be putting in roads and other things. I think it's important to point out that that is Indigenous-led, and it benefits the people of Caldwell First Nation specifically, when oftentimes we see Indigenous people cut out of the benefits of economic development around them. Oftentimes, they don't see the financial benefit or specifically have access to that housing or those supports and services.

I'm wondering if you could maybe draw a parallel between what is going on in Leamington with Caldwell and your partnership there, and what you're seeing in other areas of the province—specifically Grey-Bruce, since you brought it up—as far as culturally appropriate health care, where they recognize the often intergenerational trauma that takes place, the poverty that takes place, the lack of opportunities that often take place and the bigotry that Indigenous people often face when accessing the health care that we all—everyone else, probably, in this room—takes for granted.

Mr. Dave Remy: I think when people talk about health on-reserve in general, or life on-reserve in general, maybe especially in the non-Indigenous population, you do hear things about cheap cigarettes, cheap gas and some of the benefits, we'll call it, of being on-reserve. But I don't think anybody who has ever actually spent time on-reserve would feel the same way.

As an example, we do interviews with people who want to work for us all the time, and we ask specific questions about health disparities with Indigenous people, and they'll talk about things like clean water and how the northern communities don't have clean water.

If you're in London, you can drive 40 minutes to Chippewa—that has been a boil-water reserve for about 10 years.

Oneida just released a health care crisis for their water, and it wasn't about a boil-water—it was about not enough water. SOAHAC was trying to find money to buy bottled water to supply to the residents of Oneida because they didn't have enough.

So I understand that there might be some issues with gas and cigarettes, but again, I don't think anybody who spends time there feels like anybody on-reserve is living

that high life. It is a very hard life on-reserve, and a lot of health disparities come with it.

Caldwell would be the same. I know they just got their land claim and they're working towards getting themselves established as well. SOAHAC is there. We're in their health centre. We're dealing with the same health disparities on that reserve as we are everywhere else. We're seeing high rates of diabetes, high rates of addictions and mental health issues and a limited amount of physicians and providers to deal with those issues. It's not just because they live on-reserve; there are years of inter-generational trauma that we're dealing with. Many of them are generational survivors of residential schools, and that has an impact even today.

So I think we need to understand that it's a different population we're working with. Again, we're seeing our clients almost 10 times a year. That's a lot of health care to put into one person, and we need the resources to support them.

Mrs. Lisa Gretzky: I appreciate that answer.

I'm going to go back just because I want to clarify something—and I know this is not your area, as far as tobacco and gas. My understanding is that First Nations have sovereignty over tobacco, and it is actually the government that has decided that it is considered contraband. I think that perhaps there is an opportunity for the government and Indigenous communities and the businesses, the convenience store owners, to all work together to ensure that all of those people involved actually benefit, with a goal of ending what Mr. Bryans described as a large, very coordinated effort by people. I'm going to suspect that they are not Indigenous people, specifically, who are buying off-reserve and selling in the community and hurting businesses out here. I can't stress this enough: I think that's a very good opportunity—and hopefully the government side is listening—to work with Indigenous communities, to ensure that they still have their economic opportunities, while also ensuring that businesses that are not Indigenous-led businesses have their economic opportunities as well.

I want to thank you for coming here on behalf of SOAHAC and all of the people you serve and for sharing their voice. Oftentimes, they are afraid, with good reason—there are historically traumatic reasons for not coming forward to speak to government, and you bringing their voice on their behalf is very important—

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

I want to sincerely thank the panel members for joining us this morning and helping us out to answer some of the questions that exist as the government prepares its next budget.

With that, we do stand recessed until—

Interjection.

The Chair (Mr. Ernie Hardeman): I have a reminder that the deadline for requests to appear for the hearings held in Sudbury, Sault Ste. Marie and Timmins is noon Eastern Standard Time on Tuesday, January 24, which is tomorrow, and the deadline for written submissions is 7 p.m. Eastern Standard Time on Tuesday, February 14.

The committee will now recess until 1 p.m. Thank you very much.

The committee recessed from 1159 to 1300.

GRAIN FARMERS OF ONTARIO

UNIFOR LOCAL 195

LEGAL ASSISTANCE OF WINDSOR
AND COMMUNITY LEGAL AID

The Chair (Mr. Ernie Hardeman): Good afternoon, everyone. Welcome back, and we will resume public hearings for pre-budget consultations. As a reminder, each presenter will have seven minutes for their presentation, and after we've heard from all the presenters, there will be 39 minutes for questions from members of the committee. This time for the questions will be divided into two rounds of seven and a half minutes for 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.

We'll now call on the next group of presenters. The next group of presenters is the Grain Farmers of Ontario, Unifor Local 195, and Legal Assistance of Windsor and Community Legal Aid. I believe two are with us in the room and the third one we have on the video, online.

So with that, we would tell each presenter that you have seven minutes to make a presentation, and at the six-minute mark, I will give a one-minute warning. At seven minutes, I will kindly ask the next presenter to start.

So with that, again thank you, all three of you, for being here with us this afternoon. And we'll turn it over to the first one, which was, I think, the Grain Farmers of Ontario.

Mr. Brendan Byrne: Okay, thank you. You'll have to excuse me; it's always been Minister Hardeman along the way.

Thank you very much to the group for the invite. I'm happy to be here on behalf of the Grain Farmers of Ontario. My name is Brendan Byrne. I farm here locally, so I'm just outside of the town of Essex, but I represent the provincial group as Grain Farmers of Ontario, so about 28,000 farmer-members across the province—corn, barley, soy beans, oats and wheat.

Farming holds an important place in Ontario, and none more important than right now. Domestic food security and our farms contribute to rural economies and urban economies. The grains business in Ontario contributes \$18 billion to Ontario's GDP, employs 75,000 people across the province, and \$4 billion of tax revenue is generated for the province and municipalities from our farms.

Today, I'm here to talk to you about the risk on the farm and, more importantly, the request to improve the funding for the Ontario Risk Management Program. Risks, as we know, as farmers, are high. Every year, grain farmers grow crops to make food for people in Ontario, as well as people in export markets around the world. To achieve what we need, we have to be able to invest in the production of our crops.

The risk management program helps producers manage risks beyond our control: fluctuating costs, market prices

etc. Currently, farmers are purchasing inputs for this upcoming year, so fertilizer, seed etc. right now. In the spring, we'll be planting seeds with a lot of hope, putting the inputs we've purchased into the crop, this all without knowing what the exact price for crop will be, come harvest, or any other weather-forecasted pieces that may come to play.

This year, as an example, fertilizer, fuel and seed is at the highest it has ever been. So we're taking a big risk, because, every year, we pay for all these pieces ahead of time, and then we put the seeds in the ground and we hope that the return is able to cover off our costs at the end. Fortunately, in Ontario, we have the risk management program, and thanks to recent changes to the program, it's working better than it ever has. But the funding is not at the right level.

Ontario's risk management program is a cost-shared program. Farmers pay premiums of 35%. The Ontario government provides a set amount of money to the program annually. Right now, that amount is \$150 million, and we're asking for an increase in this budget of \$100 million to the program. This ask stays consistent year over year with the ask we've had of having \$150 million put in the program. We haven't factored in inflation or all these extra costs that have come into play. We've stuck and did our part with sticking with our ask of \$150 million. We received the \$50 million; we're looking at the other hundred.

I'm here as a grain farmer, but I'm not here just representing grain farmers. The group that would be at the table for this are people that are consistent with this ask. We have an Ontario Agricultural Sustainability Coalition, which is essentially the groups that are outside of supply-managed sectors that would benefit from this program. So that's Ontario beef, Ontario fruit and vegetable, Ontario pork, Ontario sheep and Ontario veal. So I'm not here just asking for myself; collectively, there are 47,000 farmers that would benefit from an increase in the program, which provides a backstop against the risks that we face every day as farmers.

The risk management program, at current funding level, provides farmers with partial financial protection against market volatility. When it is increased by \$100 million, there will be enough to provide security to farmers when the market swings down to cover the expense of the costs used to produce the crops. It will mean security for farmers and food security for the province. We'll continue to push for this ask, as it is the backstop, in our opinion, to food security.

Going into this planting season, there's a lot at stake. Farmers are facing significant risks in the market. As I've explained, the price for growing a crop is at an all-time high right now. What is also high is the risk and market volatility. The geopolitical situations from the war in Ukraine, a looming recession and uncertain growth in major economies like China all pose significant risks on the price farmers can sell their crops for at harvest time. Market experts are talking about "wild cards" and "unpredictability" to describe the grain markets. We know prices look good right now; if those prices do go down, there's

going to be significant heartache across the province. We're looking for ways to make sure to manage that risk.

Having the RMP program funded at the right level will mean that farmers can count on it to be there when the prices drop. As we all know, prices that we might receive might drop; those input costs do not drop in the same way. We've had that before. It sets a new base level for seed companies, for fertilizers, that they won't fall in the exact way that our prices could.

Prior to the election, just so everybody at the table is of the understanding, we did a podcast series with all parties. Everybody was very positive towards the ask. We had a lot of people asking good questions, but a lot of people saying, "You know what, it's time to backstop the farmers in the right amount, and let's do that." That was prior to the election, and we continue to have those discussions today.

The RMP and the self-directed risk management program are in place for, like I said, beef, horticulture, pork, sheep and veal producers. As a group, we've been asking for the increase for more than 10 years. We have not increased this ask despite all the extra pressures and inflationary costs. We were pleased to see it increased by \$50 million a few years ago. It's critical for the remaining \$100-million increase to be put in place now with this budget. We are in a volatile cycle. We need the money to be in place to safeguard our food system here in Ontario.

Like I say, we've had great conversations with members of all parties. We spoke with John Vanthof. We spoke with the Premier. We spoke with Minister Thompson. There are a lot of people who see the value in this. We just want to make sure we get it over the finish line.

There were two weeks of district meetings. In these last two weeks, we did 15 of them.

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

Mr. Brendan Byrne: We had a slide deck that said we were trying to achieve this and with that, every time it got brought up, our members peeked up, nodded their heads and said this was something that needs to happen to backstop Ontario.

We look outside of Ontario for where we can help when things such as Ukraine happen. If we put half of our fertilizer on our wheat instead of a full portion, we know we're cutting down the food production and trying to just manage our own risks. We want to be there not only to help Ontario succeed, but to provide outgoing grains to the rest of Canada as well as other markets.

With that, like I say, to me, the program is in a great place. Farmers like it. Banks love that it's used. It helps the mental health of our farmers. We just think it remains underfunded, so there's that \$100-million ask. I thank you so much for having me today.

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

The next presentation is from Unifor Local 195. I believe that's the one that's on the screen.

Mr. Emile Nabbout: Good afternoon, everyone, and thank you for the opportunity to speak in front of the standing committee on finance for pre-budget for 2023. My name is Emile Nabbout, and I am the president of Unifor

Local 195, representing around 5,000 members in various sectors in our economy in Windsor and Essex county. As well, I am the IPS president in Unifor across all the provinces. Just in this region, we represent about 45,000 members working in various sectors in the economy, from automotive to transportation to pharmaceuticals and hospitality.

Today, I really want to thank you for giving me the opportunity to speak on many different issues, but there is at least one issue we consider as priority number one: the health care issues that are impacting many people in this country. People work all their life, and then they hope that one day when they need the system, the system is there for them. We are asking that the committee take into consideration the appropriate funding that will be given to the health care system, from resources to people, to technology and everything else that we may need to serve the citizens in this country.

1310

Everybody knows it doesn't need really a deep assessment to go into the hospital and ER and take a look and see the waiting time and the backlog in surgery and everything else. We do know that the government has recently made a significant approach to open private clinics to take away some of the backlog and maybe perform some surgeries outside the hospital system. But as a union—and we are representing many members and we're hearing from the neighbours and everybody here in this community—we don't believe this is going to solve the problem. It's just going to create additional problems. We believe that the funding should be given directly to the hospital. We need to invest in more resources. We need to have more people being given the opportunity by improving their wages, their working conditions, from nurses to PSWs to doctors. I think this system has been deteriorating and we don't believe that going into a private clinic is going to really solve the problem. Maybe on a temporary basis we're going to see some relief, but in the long term we do have a concern.

I would really emphasize to this committee to really dig deep into the root cause of the problem. The system needs to be completely looked at, from top to bottom. But we do understand that the hallway medicine and the wait times continue, creating lots of problems for many of the workers we represent here and the people in this community. You go to the hospital for 24 hours, you're not going to be able to receive service, but you lose a day of work and you are subject to get disciplined by your employer for not being at work at that time. We've believed all along that the health care system needs to be looked at. We need to have people being able to get the service they need without being impacted financially and without being subject to losing their job, due to the employer, when they need the service. This is issue number one.

Issue number two is—I represent the independent parts suppliers here in this country, and we all know that this government and the federal government have made a significant investment in the auto sector. But Unifor released, in August 2022, an auto policy, Navigating the

Road Ahead, and it has pretty significant information. We all know that the country is going into the EV shift from combustible engines, and we all need to be ready and able to navigate and maximize the use of our natural resources, the skilled trades we have, the good workforce we may have in this country. We rely on the government to have a significant condition tied to those investments they put in.

Especially in the city of Windsor, where I am, so many companies have been investing in our community for a long, long, long time. With the shift and the new economy, we are afraid that a foreign investor may come over here and take over. Some of the investors, some of the companies and corporations have employed thousands of workers for many, many years. Due to the shift in technology, we need to ensure that the government is able to make a risk assessment on those companies that make a significant contribution in our economy and employ so many people, so that they will be given the opportunity through some innovation and R&D. That way they could shift if they are at risk of losing their manufacturing process due to the change in technology. They would be given the research, the prototypes, the opportunity to shift their investment from one type of manufacturing to another type of manufacturing instead of going to outside foreign investment.

I think this policy we talk about in Unifor is available to all government to be reviewed. We have significant information out there, from natural resources to a skilled workforce, to address the growth in our industry—managing the transition to keep within zero energy, enhancing the skills they need to be successful, creating high-quality, good-paying jobs and advancing equality and inclusion for everyone.

I don't want to take too much of your time, but I think the two major components we have in here are the health care and the auto sector. Not to try to downplay other sectors in the economy, but the auto sector in this country is the heart and soul for this industry and we need to continue putting in the investment and adding the necessary money to fund those programs.

Which leads me to a very significant issue: Maybe tap into the education sector, where I do believe, in that budget review, we should include a technical school for people when they finish their grade 8 in order to move them into the technical school—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time. We thank you very much for your presentation.

We now will go to Legal Assistance of Windsor and Community Legal Aid. Welcome. If you would state your name for the record before we start. The floor is yours.

Ms. Marion Overholt: Thank you. My name is Marion Overholt. I am the executive director of Community Legal Aid and Legal Assistance of Windsor.

Interjections.

Ms. Marion Overholt: I'm sorry, do I have the committee's attention?

The Chair (Mr. Ernie Hardeman): If we could have attention here.

Ms. Marion Overholt: Thank you.

My two clinics are legal and social work clinics serving the low-income residents of Windsor and Essex county. I thank you for the opportunity to appear before you today and I am delighted that the committee is travelling to all the communities throughout the province. This will provide you with the opportunity to witness the struggles we are facing. I am confident that wherever you go you will witness the indifference to human life, where we have collectively failed to care enough for each other to ensure that housing is recognized as a human right and that no one is forced to live or die on the streets. We are living through unprecedented times and this budget can address key social issues which are vital to the support of our economic recovery and our ability to go forward together.

I will speak to three concerns: the rates of social assistance, the need for comprehensive assistance in affordable housing and the continued support for legal aid funding.

I understand that it is the government's intention to modernize the social assistance system without raising the rates of Ontario Works. I do hope that you will revisit this decision. We know food prices are continuing to spiral and inflationary pressures are adding cost to basic needs, yet the social assistance rates for Ontario Works have not increased since 2018. No one believes that it is reasonable to expect a single Ontario Works recipient would be able to find shelter or pay food expenses on a monthly income of \$733.

This depth of poverty is not a natural phenomenon. It occurs because we legislate poverty in the province of Ontario. As legislators, you have the power to change that.

At our clinics, we regularly meet clients who are spending 90% to 100% of their social assistance income on housing. Without the continuing support of the voluntary sector's food bank services, they would starve. As a province, we can do much better.

The extraordinary income insecurity created by the existing system has created more homelessness, mental health and housing crises. In our community, we incur higher health costs. I know there has been a repeated call from across all sectors for this government to enact a meaningful increase to the social assistance rates.

I'm also concerned about the plans to centralize the delivery of Ontario Works and Ontario Disability Support Program benefits that will result in an increased termination of benefits. These programs are programs of last resort, and if eligibility is not determined at the local level, the resulting delays and denials will only exacerbate the homelessness crisis.

I will now address the affordable housing crisis and give you some insight into what this crisis looks like for low-income residents in Windsor and Essex county. We all know that we are playing a serious game of catch-up on the housing portfolio because previous governments at all levels failed to implement a comprehensive housing strategy. As a result, in Windsor, we've been heavily reliant on rent supplements as a means to help low-income residents access housing. However, the expiry of six programs in March of 2022 forced city workers to madly scramble to

enrol those existing supplement holders into new programs. This is the limitation of rent supplement programs: They are premised on the belief that the need is temporary and that somehow, magically, these low-income tenants will be able to access housing on their own.

We also have in excess of 6,000 families on our social housing waiting list. I know that that pales in comparison to Toronto's list, but the point is intervention is required. A comprehensive housing strategy needs to maintain housing subsidies while we build more affordable housing. It can't be an either/or proposition.

1320

The province has taken important steps to work in concert with the federal government to address homelessness. It is estimated, by the Canadian Rental Housing Index, that 19% of households in Windsor and Essex county are spending over 50% of their income on rent and utilities, and 8% of renter households are living in overcrowded conditions. It is a landlord's market, where tenants are forced out or lured out in order to attract more affluent tenants. At our clinics, we've seen landlords shut off utilities, refuse to make necessary repairs and subject tenants to baseless eviction notices in attempts to make them leave. It is incumbent on the government to define whether housing is a right, and protect it as a basic need, or whether housing is just a commodity, where out-of-town speculators can shut local residents out of the market and then neglect and ignore their legal responsibilities.

We aren't going to address the issue of homelessness if we aren't aggressively preserving the housing that we have. In Windsor, in December, our city administration had to intervene to remove over 100 tenants from a building because the landlord had neglected the premises to the extent that hydro and heat could not be maintained. Our residents slept on cots in a community centre, lost access to their units, their pets. Their lives and homes were disrupted because no one prioritized the inspection of existing housing to ensure that compliance with building code and bylaw requirements were being met.

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

Ms. Marion Overholt: The last issue I'd like to address is the issue of funding of Legal Aid Ontario, which provides low-income residents with access to lawyers in the certificate system and the legal clinic system. The cut that we endured in 2019 forced legal aid to implement restrictions on services. At this time, as the courts are struggling to reopen and the tribunal system is working to address the backlog in cases, stable funding for legal aid is required.

In summary, this budget is an opportunity for the government to restore and enhance the social and economic cohesion of our communities. Investments in social assistance, affordable housing and legal aid will provide low-income Ontarians with the basic needs that they require in order to effectively participate in the restoration of our communities.

Thank you for allowing me to present to you today. I look forward to the opportunity to address any questions that you may have.

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

We now will start the questions, and this round will start with the government. MPP Crawford.

Mr. Stephen Crawford: Thank you to all three presenters for coming here today and taking time to share your thoughts with us.

I'll start with my first question to Unifor. Thank you for the good work that you and your workers do for Ontario. I would like to focus on manufacturing. We know that in the province of Ontario, in the decade before our government came to office, we lost about 300,000 manufacturing jobs. That's a fact. I think the previous government just discarded manufacturing, thought we were all going to go to a service economy, and I think nothing could be further from the truth. I think we're actually entering a manufacturing renaissance. We're seeing big investments in companies—in Windsor here, in particular—in the automobile manufacturing sector, in the electric vehicle battery sector. In my home riding of Oakville, which I'm sure you're familiar with, we're going to be retooling the Oakville Ford facility to make electric vehicles. That's all great.

We believe there's a future in manufacturing. We're seeing a renaissance. I wanted to get your take on: Do you think Ontario has what it takes to attract manufacturing to the province of Ontario so we can continue this renaissance, have high-paying jobs that are going to be able to help sustain the health care and education that we need? And what more can the government of Ontario do to incent this type of investment here in Ontario?

Mr. Emile Nabbout: Thank you. I think this is a really good question. There is no doubt that there is an increase in investment from this government, and the federal government as well, in the auto sector.

Just to go right to the final of your question about if Ontario is ready: I believe the workforce in this city and in this region, I can speak to—a highly skilled workforce. We are ready. I think we have been working for long periods of time in Unifor in conjunction with other manufacturing experts to put this auto strategy and auto policy in front of all levels of government, to be able to be ready for any type of shift in technology. There is no doubt the level of the skilled workforce, the labour market in this region, they will put us at the top. I believe the auto sector should be the life support for any type of manufacturing in any country in the world. If you don't have the people who can build and manufacture things, I think the risk will be high to any type of government.

That's why in my address to you we are looking for a comprehensive package, not only that the government made a commitment to fund an auto sector. It has to go beyond that to protect—for example, we have at least six different employers here in the city of Windsor that have been employing thousands of people for a long, long time. We need to make sure, when the government makes an investment, to take a specific condition that those companies and those innovators can be able to convert to the new technology in the EV, and we want them to utilize all the knowledge and all the skill they may have. For

example, I could give you an example of some company making a plastic fuel tank here in Windsor since the 1980s. They are at risk to lose their jobs due to the shift in EV technology. We need to make sure that they will be able to tap in to the new shift in the battery and where we could utilize their knowledge. The government needs to identify those companies, the high risk of those companies losing thousands of jobs, instead allowing a foreign investor to come in here and take over and tap in the investment, whether provincially or federally, being put into the community to move into the new shift in technology.

I think this is the issue we would like the government to put into their budget: to have a deep assessment of who is at risk and what kind of product they can do, and give them the opportunity and the assistance needed, because they do have the level of skill and the R&D to move and adapt to the new technology.

Mr. Stephen Crawford: Yes, that's a good point. I think our society is really evolving quickly on the manufacturing front. There are challenges but there are also great opportunities and we need to ensure that Ontario is at the forefront to attract capital, to attract people, labour, to be able to capitalize on that, because if we don't, that industry in manufacturing will be gone for good. So I appreciate your thoughts on that.

Chair, how much time do I have left?

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

Mr. Stephen Crawford: Two minutes? Okay.

I'll move to the grain farmers, if I could. Thank you for the work you do in the province of Ontario. I just want to go off a bit. We had Spirits Canada in this morning, and they were talking a little bit about having more access to their product in the Ontario marketplace, for example through convenience stores and such. The fact is, from what they had suggested, if we don't put those products on the shelf and we just have wine and beer, that will really affect the sale of spirits in the province, which will in turn affect the grain farmers.

So I'm just wondering if you could share your thoughts on that from your perspective.

Mr. Brendan Byrne: Yes, absolutely. It's a great question. From our perspective, we are good partners with Spirits Canada, coming from and living in this region, with Hiram Walker and Wiser's and everything down the road, and knowing we have Don Livermore as one of the top, I guess, "whiskyologists" in the world, at our call in Ontario. There's corn that goes in all the time at harvest into those plants to produce that. Don will put out a tweet usually when it what happens: "Corn came from Essex county to make the best whisky in the world," and we see that as a tremendous partnership and we would love to see that industry thrive.

So more access to them would be great for us. We think that they should be on par with some of the other groups that are at the table. We are from an area that has wineries and such as well, but that corn piece and us delivering that corn to turn it into some of the best whisky in the world—when we go out and about and we have those bottles and say, "You know what, this is a direct product that comes

out of our fields, ends up on your table and ends up being a world-class product from Ontario,” that means a lot. So we do that all the time. We’ve got small bottles that we bring as gifts when we go to the US meetings and whatnot, to make sure they know exactly what we do here.

1330

Mr. Stephen Crawford: That’s good to know. And I’m just curious: What percentage of the grain farmer’s product actually goes to that type of client? I don’t have a clue what the percentage—

Mr. Brendan Byrne: I could get it for you. It’s probably a smaller ballpark, because they only do a certain amount for each year. But I know farmer members here will contract a certain amount of loads that will go directly in there, and if they meet the specifications right off the field, they’ll go into the whisky production. But I can certainly provide that in our submission after, if you’re looking for it.

Mr. Stephen Crawford: Thank you.

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

We’ll now go to the official opposition. MPP Gretzky.

Mrs. Lisa Gretzky: I’m going to start with a few quick questions for Emile, and then hopefully have some time to ask Marion as well. Emile, how many of your members recently lost their jobs at Syncreon, which is a manufacturing plant here locally?

Mr. Emile Nabbout: We had 300 members at Syncreon who lost their jobs in October 2022 through no fault of their own. Windsor Assembly had made a decision to insource some of the work we had done in Syncreon as a logistics company on sequencing; all the product came here to Syncreon automotive. Basically it’s about 300 workers.

Mrs. Lisa Gretzky: About 300. My understanding, if I’m remembering correctly, is there were about 300 workers who lost their jobs at Nemak when Nemak decided to close and take the research and development that those workers did to another country. Am I remembering that correctly? I believe I stood on the picket line with you there.

Mr. Emile Nabbout: Yes.

Mrs. Lisa Gretzky: About 1,500 workers, approximately, lost their jobs at Windsor Assembly when the third shift was closed, if I’m remembering that correctly.

Mr. Emile Nabbout: Yes.

Mrs. Lisa Gretzky: I believe that the Premier wouldn’t even return the local president’s phone call or emails over that. And I believe there were almost 5,000 jobs lost at the Oshawa GM assembly plant not too long ago. Am I remembering that correctly?

Mr. Emile Nabbout: Yes.

Mrs. Lisa Gretzky: As the Premier stood in the Legislature and said he wasn’t going to do anything, because that ship had left the dock. The point that I’m trying to make is that as the government members sit here and talk about the wonderful work they have done around manufacturing, what they have done is nothing as we’ve lost those jobs.

Emile, can you correct me if I’m wrong? I believe all of the investments that have been announced—here locally, anyways, around the battery plant and anything else—were actually bargained into collective agreements when Unifor was at the bargaining tables with the companies?

Mr. Emile Nabbout: This discussion has taken place during the last set of bargaining, that the new investment should be coming here, and there is a level of commitment from the employer itself—from Stellantis, and GM and Ford—to secure new investment coming to this region.

Mrs. Lisa Gretzky: So I don’t think anyone would argue that maybe the province and the feds come to the table—and that’s a good thing. But it’s actually the union and the workers who actually helped secure those jobs in our—

Mr. Emile Nabbout: Well, yes. We believe the—

Mrs. Lisa Gretzky: You do the heavy lifting, shall we say.

Mr. Emile Nabbout: Well, this is a very important question, because collective bargaining is one of the key issues that we utilize during bargaining to secure jobs for our members and to secure jobs for the community. Without us putting in those fights and convincing the employers and the investors to bring business over here—we cannot lose thought about the power of collective bargaining. That’s always very important, to continue having this in the private sector and elsewhere on collective bargaining.

We are not going to deny the fact that the government had stepped up to the plate when we secured a commitment from the investor to tap in and commit a significant amount of money, but those significant amounts of money being committed to those investing in the new technology need to be protected and need to be tied to some type of condition. These new investors need to come over here not to invest for five, six or seven different years, and then all of a sudden the money runs out and here we go again; we’re going to chase them and try to get our workers what they’re entitled to.

So I think it’s a good thing that the government is making those significant dollars through this investment, but it has to be a really robust condition on how they’re going to use that money and how the jobs will be protected in the future.

Mrs. Lisa Gretzky: Thank you, Emile. I couldn’t agree with you more.

Marion, I’m just wondering—you talked about all kinds of things, but affordable housing specifically, and Bill 23, where the developers no longer have to pay development charges to the municipalities, and now the municipalities, and ultimately the taxpayers, are on the hook for that. Can you tell me what that means as far as the municipality then being able to build or even maintain the affordable housing or supportive housing that we have here in Windsor and across the province?

Ms. Marion Overholt: Thank you so much for the question. There are huge concerns about affordable housing and how these different sections interact with each other. I know with the act there was a belief that requiring or setting those upper-range limits in terms of

builds and encouraging it by waiving those fees would incentivize the sector. I think when you look at the responses from the sector, there are concerns about the municipalities having the staff to even process the number of applications that would be required, and there's a concern that, partly because of the change with interest rates, the housing market has cooled down and if builders are going to build something, it's going to be luxury homes and not affordable housing.

What we are really looking for is that focus on affordable housing, and in so many ways of approaching it, so that when you look at the issue it's a question of changing the bylaws locally so you can move away from a single-family dwelling framework that has been very common in many municipalities, but also looking at new builds in terms of inserting those affordable housing units within apartment buildings and multi-family dwellings in order to allow for that mixed-housing model. I think there are a lot of options.

So I think it's important for the government to understand they have started this conversation, but we have a long way to go, because when we look at the extent of neglect in affordable housing and the fact that our social housing has only been subject to some improvements recently because of that federal-provincial accord that's happened, in most municipalities in Ontario, you haven't seen the increase in affordable social housing that we needed to see to meet the demand that we have.

Mrs. Lisa Gretzky: Thank you, Marion. I appreciate your time. I just wish that we didn't have so many distractions with the government side of the House having multiple conversations during the very limited time that you had to speak today.

Ms. Marion Overholt: Thank you.

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

M^{me} Lucille Collard: I'll ask the first question to Ms. Overholt. Given you're providing legal assistance and legal aid services, I'd like to hear from you about the impact that the Landlord and Tenant Board—the long backlog, what kind of impact is it having on the people that you're trying to help?

Ms. Marion Overholt: Thank you so much for the question. The difficulty with the backlog at the Landlord and Tenant Board has become acute. At my clinic, at the present time, I have applications we filed last May; we're still waiting for a hearing. Because we have a digital-first policy which is replacing the in-person hearings that we used to have, there are often sessions where we will call in and there are so many matters that are scheduled that they all can't go ahead, and so they get adjourned. We're also encountering a delay in receiving decisions for hearings that have happened. When we call to see if the video recording of that is available, "Oh, for some reason, it wasn't recorded," and now we're going to have to do a hearing again because a decision hasn't been rendered by the adjudicator.

So you're seeing people leave that system out of frustration or looking at other remedies because they're finding that the legal remedy that's provided to them is

dysfunctional. That puts our tenants in a very vulnerable situation. It's a tragedy because housing is fundamental to people's livelihood and ability to survive. When they can't use the legal remedies that have been made available to them because of the structure of the tribunal system, that's denying them access to justice. It's something that is fixable and within the government's jurisdiction to do so. It goes back to my earlier comments about the rule of law. If you want citizens to believe in the law and follow the law, then it has to be functional, it has to be efficient and it has to be fair. Unfortunately, none of that is happening now before the tribunal for Landlord and Tenant Board hearings.

M^{me} Lucille Collard: Right. As a follow-up question, then: The backlog cuts both ways, not only for tenants, but also for landlords. I can tell you I'm having small landlords, especially, coming to my office. They can't get rid of bad tenants who are using the system, knowing that they can't be evicted because of the long backlog and so they abuse the system. Maybe I could hear from you a little bit on that.

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But also, when you say the backlog is easily fixable, what, in your opinion, would be a good solution that the government would need to invest in, in order to fix that backlog to provide justice?

Ms. Marion Overholt: Yes, it absolutely cuts both ways, and I think we need to look at hiring adjudicators. We need to look at restoring access, because if you're allowing for digital access but clients don't have telephones, what you can do is restore those regional bases that the government used to provide when they had in-person landlord and tenant hearings. The closest base in order for someone to participate in a digital hearing, for anyone residing in Windsor, is in London, right? You could restore those bases.

You could look at the portal that's been created, which is assuming people have digital access and often they don't. There have been problems with the portal.

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

Ms. Marion Overholt: Those kinds of issues can be addressed.

We all support modernization of our legal systems, but they have to be usable. They have to be effective so that people can actively participate and have that forum in which they can exercise their legal rights. Absolutely.

M^{me} Lucille Collard: Thank you for that. I don't have time for another question, but I want to say that I support what you're saying, because I've heard from vulnerable people that while technology may facilitate, it's not available to these people. That makes access to justice just so much more difficult. Thank you for being here today.

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

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

Mr. Rudy Cuzzetto: Thank you, Marion, for being here. I know you've touched on Bill 23 about development charges being removed, but are you aware they're only being removed from affordable housing and rentals?

They're not going to be removed from regular-built homes, so the money is not going to developers.

And are you aware that we've been endorsed by Indwell, Habitat for Humanity, the Salvation Army and, in my riding, The Compass food bank, to build more affordable homes? And by doing this, we will be building more affordable homes through the province of Ontario. Do you think, by helping groups like that to build these homes, we will be building more? And how many affordable homes and rentals were built in Windsor in 2022, before this bill was introduced?

Ms. Marion Overholt: No, I think we had a dearth. You did not see builds in affordable housing. When you look at the history in Windsor over the last 30 years, we've been relying on Habitat for Humanity. What happened every time Habitat for Humanity came to do a build, they would go to city council and ask for a waiver of the development fees. So that's not a new issue, and I'm glad the government has recognized it.

Can you do more? Absolutely. Should you do more? Absolutely. I think you're going to hear from different sectors across Ontario in terms of the ability to build more houses and what the impact is going to be, because there is going to be such a backlog of trying to get those applications in. When you look at the targets that have been set for Windsor, you're asking for an increase of over double of what was built last year, right? And part of it—

Mr. Rudy Cuzzetto: We need 1.5 million homes in the province of Ontario.

Ms. Marion Overholt: You do.

Mr. Rudy Cuzzetto: I look at the city of Mississauga. It's going to need 120,000 homes in the next 10 years. These are aggressive targets that we're trying to hit.

Ms. Marion Overholt: For Windsor, they're saying 30,000 houses. And when you look at—they approved 500 applications last year, just in terms of housing.

Mr. Rudy Cuzzetto: That's the issue of the city, not the province.

Ms. Marion Overholt: Here's the deal on housing: The municipality can't do it alone. They couldn't do it alone on affordable housing, so they need the partnership of the provincial government.

Part of what happens with municipal governments is that they recognize the province is their funder, so they're always trying to find the best possible fix. I'm sure when the mayor comes here today, and because he's in charge of the task force, he's going to say to you, "I'm going to do my best." I totally believe him; I think he is going to do his best. But does he need more help with this? Absolutely, because this is about a basic human right.

I have had clients who have lived on the street—

Mr. Rudy Cuzzetto: Thank you very much. I just want to ask you one more question on the DC charges. How much does the city of Windsor have in revenue from development charges sitting in the bank? Because I know the city of Mississauga has \$270 million sitting there, so I'm not sure—I'd like to know from you, if possible.

Ms. Marion Overholt: I think that's a good question for the mayor of the city of Windsor because I think he's attending later. But the issue is that—

Mr. Rudy Cuzzetto: Thank you. I'm going to have to pass it on to someone else.

Ms. Marion Overholt: Oh. Go ahead. Thank you.

The Chair (Mr. Ernie Hardeman): MPP Anand?

Mr. Deepak Anand: Thank you so much, Marion. Definitely you can trust this government. We are a partner on making sure that housing—attainable housing, affordable housing—housing is a priority for us, and we will continue to work on it.

Chair, my question is to the president of Unifor Local 195. First of all, I want to acknowledge and thank you and your members for doing an incredible job, especially during COVID-19. We firmly believe, as the Ministry of Labour, we are a partner.

Speaking of which, the number one sign that we see in Ontario today is "help wanted." There are about 340,000 jobs going unfilled. What we've done is, at our end, thanks to Minister Monte McNaughton being a champion for workers, we are going to be investing a historic \$1.5 billion over the next four years. Examples of success thanks to the people like the other unions as well: We have seen with the \$620-million Skills Development Fund we are able to help 400,000 people in Ontario to take the next step in their career.

So my question to my good friend the president of Unifor Local 195 is simple. As we all know, there is a skilled trade shortage in Ontario, in addition to a labour shortage. How can you see the role of your union and other unions like you in helping us to advance the trades as a successful and rewarding career?

Mr. Emile Nabbout: Thank you, again. This is a fair question. Unifor has been active in many different fields to advance the skill and education of our members. Through collective bargaining, we have worked with many employers who are willing to take on lots of apprenticeship programs, and we believe this is probably the best way to go.

But I think, if we take a look, we are mostly in a more reactive than a proactive approach. Only when we hit the crisis, then we would try to activate certain things we have learned that can be done in early stages to be able to assess what's coming next.

I think part of my presentation is to continue having a proactive approach by expanding into the education system, with more opportunity for people to enrol more in a skilled workforce when you leave your grade school. Not everybody needs to be an academic.

I could give you an example. What we do in our field is we identify the resources; we identify the level of skill, the age, the fact that we have data. It's being collected. Every time we are faced with a challenge where people may lose their job, we create this database and we put forward that we utilize whatever mechanism and resources through our education system or through our Unifor training—

Mr. Deepak Anand: Thank you so much. And I just want to acknowledge this also, as MPP Gretzky was trying

to divide us, thank you for acknowledging that we believe that you believe that the government is a partner. We truly believe that the unions and the workers are true partners to us. We absolutely appreciate the hard work that you guys are doing, and that is the reason Ontario is doing well.

Are you aware of the Skills Development Fund, where we actually can collaboratively work with the union and help and support the local youth and the local workers for the upskilling? Are you aware of this, sir?

Mr. Emile Nabbout: Is that question for me?

Mr. Deepak Anand: Yes.

Mr. Emile Nabbout: Yes, I am fully aware. But you know how it is. Sometimes those types of programs, they have a lot of conditions; there is a complex—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time. That question was written just right. A “yes” answer would have fit right in the time stream.

We’re going to now go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you, Chair. I’d like to thank our presenters today. Mr. Byrne, I want to thank you for your presentation. I think that it’s important that we recognize the financial impacts that could be realized by investing in risk management. I believe that the grain farmers have indicated that for every dollar that’s invested, you get \$2.24 in positive economic return, so this investment of \$100 million would be the government realizing \$224 million.

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I’d also like to commend you for calling for an increase in corn ethanol and soy biodiesel as well as value-added processing to strengthen the grain and oilseeds industry.

I have a question for Ms. Overholt. You indicated that housing is foundational, that housing is fundamental. I think we could even recognize that housing is a human right and that it is a social determinant of health and that it is the province’s responsibility. In this discussion, do you think it’s wise for the government to rely on for-profit developers to create affordable housing? Is it effective?

Ms. Marion Overholt: I think what I’ve said is that this is a huge crisis and so I think there’s a role for government direct investment in housing. As I was trying to explain to the former speaker, I have seen what happens to clients when they lose housing and how difficult it is for them to resume their livelihood once they’re housed again. The cost to what they have undergone is a huge emotional cost—but it has had an impact on our health system, on our education system, on our employment system, because when you look at the long-term effects of being homeless, it’s so difficult to integrate again, and some people are never able to resume the level of mental wellness that they had before they lost their housing.

So, for me, it’s a question of, what can we do to preserve the housing that people are in now? What mechanisms can we identify in terms of keeping people housed? And how can we do some direct investment—because if the government isn’t putting money on the table to actually build social housing, we’re not going to achieve these laudable goals of increasing the number of houses that are

built in Ontario. When you look at what the industry says, they don’t have the staff and they’re worried about the market going soft, so they’re going to build those luxury homes and not affordable housing. When you have income rates like you have with social assistance, the thought of owning a home is out of range for anyone low-income. So if the government isn’t providing it, isn’t building it, then those needs are not going to be addressed.

Mr. Terence Kernaghan: Absolutely.

I think it’s important for this committee to recognize that the NDP government in the 1990s created the greatest amount of social and affordable housing of any government of its kind, and much of that social and affordable housing exists to this day.

It comes down to a question of ethos. If we’re looking towards a profit-making industry to create something, their mandate is going to be profit, whereas if we had a public builder, their mandate would be actually creating the housing itself.

It was unprecedented, back in 2019, when the government slashed legal aid funding by 30%. Chief Justice George Strathy, in the opening of the courts, talked about this.

Is investment in legal aid a prudent fiscal investment?

Ms. Marion Overholt: It totally is, because when you look at the studies that were done by Professor Farrow back in 2019, for every dollar that you invest in legal aid funding, it reaps between \$9 and \$16 in terms of savings that you didn’t have to incur in the education system, the health system, and our housing and social assistance system.

When you look at the number of people who are unable to obtain representation, whether it’s in civil courts or administrative courts, again, that access-to-justice issue becomes paramount. If you want people to believe in the rule of law, then you absolutely have to give them access to those systems.

So it is a worthwhile investment. We really encourage the Attorney General to look at restoring the funds that were cut from legal aid back in 2019 and restoring access to the system. To be eligible for a certificate now or to come into my office as a single person, your income is well below the poverty line, at \$18,000 a year. So there’s a huge gap of people who have no access at all to legal services, which could be addressed by increasing the funding for legal aid.

Mr. Terence Kernaghan: Absolutely. I want to thank you as well for your comments about hiring more adjudicators, because we know that the Landlord and Tenant Board has been seized and it’s not able to achieve justice for anyone.

My next question is for Mr. Nabbout. I want to thank you as well for advocating for workers and ensuring that workers benefit from provincial investments. I think, just to summarize, what you’ve been saying is that collective bargaining secures good jobs. There’s evidence here that we’ve discussed today that collective bargaining secures good long-term jobs. It’s good for economic security. My question, Mr. Nabbout, is, is it wise for governments to

meddle in the collective bargaining process or enact “notwithstanding” legislation that tramples on workers’ rights?

Mr. Emile Nabbout: This is a really fundamental right for workers, the freedom that we should be able to freely bargain. We take on the risk when we bargain with employers, and I think governments should have no role to interfere in the collective bargaining process.

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

Mr. Emile Nabbout: Definitely, the government does have some level of role when we ask conciliators to join the bargaining and offer some assistance. But to introduce legislation to stop the workers and tilt to the other side when there is a major labour dispute, I believe this is taking away the fundamental right of the union and worker to be able to bargain fairly with the employer.

Mr. Terence Kernaghan: I would like to thank you for pointing out that health care is definitely the struggle of our time. It’s important to recognize the Financial Accountability Office of Ontario notes that there was \$1.2 billion cut from health care funding, and they estimate that \$6.2 billion will be cut through 2025. So these attacks on workers through Bill 124 and wage restraint legislation—actually, they could afford it, and yet, they’re choosing not to.

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

We are now going to the independent. MPP Brady.

Ms. Bobbi Ann Brady: Thank you, Chair.

Brendan, I’m a whisky taster, but nobody ever told me I could be a “whiskyologist,” so I find that very interesting.

I’ve been travelling my riding of Haldimand-Norfolk since the beginning of January doing the farm circuit tour, and of course, I’ve met with district 5 and district 6 and I’ve met with the cattlemen, who are all very supportive and ask for the RMP and SDRM to be increased. My colleague, MPP Kernaghan, reminded us what the return on investment is. I’m going to work it the reverse and ask you what it could be costing the province if we don’t increase those programs.

Mr. Brendan Byrne: I think that right now is a very uncertain time on-farm, and there’s a lot of decisions that can be made with a lens of only productivity. You can take fertilizer and say, “I’m going to purchase less. I’m going to spread less. I’m going to cut my costs.” At that point, from our end of it, you’re really jeopardizing food security.

When we look at the springtime, we put all of our inputs in the ground and have no idea what the weather will be from then until harvest. We put a lot of our faith in the whole process. But there can be times where we certainly need a backstop, and if we don’t have that, you’ll be looking at farmers that will be wondering whether they will be able to actually continue farming that have done it through generations and generations of farms.

Ms. Bobbi Ann Brady: Thank you. Yes, the pandemic taught us if we want something made close to home, it should be our food. So thank you for the answer.

I have a question for Emile: Emile, you started at the end of your presentation talking about the importance of

our young people and directing them to the skilled trades. On Friday, I was at a business in my riding called Simplicity Air, and they have a futures program that they have come up with, whereby they bring in the high school administration and the guidance counsellors, and those educators are finding out from the employer what is needed to prepare these young people for the future and for the success of employers in the area. I’m just wondering if you have any thoughts on that.

I feel like the Ontario curriculum is often crafted by folks who may not go to the employers and ask what you need. Would it be beneficial if the government came to someone like you and all the employers and employees that you have and asked what we need to do to funnel our young people towards the skilled trades and what skills they actually need in order to get there?

Mr. Brendan Byrne: Definitely. We are a part of the stakeholders. You’ve got the employer, you’ve got the worker and you’ve got the educator. We all need to sit together and look into the whole picture in the future, especially when you have evolving technology and a lot of challenges.

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The best way is actually that the people who perform the work every single day need to have a seat at the table where they can see beneficial things to move into the future and tackle the new challenges we may have, people who have the skill and ability and education that can offer many different solutions. I believe that we, the workers and the union, with the employer—all need to be sitting at the table with the educator to identify the gap and what needs to be done in the future, going forward.

Ms. Bobbi Ann Brady: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this panel. We want to thank all the panellists for being here this afternoon and helping us with our pre-budget consultations.

GOOD ROADS

COMMUNITY LIVING ESSEX COUNTY

CITY OF WINDSOR

The Chair (Mr. Ernie Hardeman): Our next panel is the Ontario Good Roads Association, Community Living Essex County and the city of Windsor, if they would come forward.

We have two at the table and we have one on the screen. Welcome to everyone. As with the instructions for the others, each presenter will have seven minutes to make their presentation. At the end of six minutes I will notify you that there is one minute left; don’t stop talking, because that’s all that’s left. With that, at the end of seven minutes I will cut it off and move on to the next presenter.

With that, the first presenter is the Ontario Good Roads Association. I believe that’s Scott, and I believe he’s on the virtual this afternoon. Welcome, Scott. The floor is yours.

Mr. Scott Butler: Thank you, Mr. Chair. My name is Scott Butler. I’m the executive director here at the Ontario

Good Roads Association, or just “Good Roads,” if you prefer; we’ve tried to simplify.

I’d hoped to be joining you there in person today, but some of your legislative colleagues have brought me to the ROMA conference, so I’m hidden somewhere in the Sheridan, providing you this input today.

I wanted to talk to you specifically about an idea that we have, but before I jump into that, a bit of background: The Ontario Good Roads Association is the oldest municipal association in Ontario, founded in 1894. We have 419 municipal members and a further 19 First Nations members. Our mandate, as the name suggests, is roads; we’ve been about everything roads since 1894, and this includes everything from fixing a pothole to building out a tender to construct a new highway, and everything in between. We train about 2,500 students a year. After 129 years, we think we’re finally sort of turning our heads to this.

Specifically, today, I wanted to talk to you about a plan that we have been working with industry and our municipal membership on to build safer rural roads and address municipal liability. Road safety and municipal liability have been concerns for the government of Ontario; they’re also concerns for our membership, obviously.

Recently we have gone through a process where we’ve identified a practice that’s put in place in other jurisdictions. We looked at New Zealand and Australia, and at the state level in the United States. What we uncovered was a practice called road safety auditing. Currently this is well developed in each of those jurisdictions. It is a process that has provided significant reductions in terms of the number of people killed and the number of people injured in roadways, and we know that in Ontario the insurance industry has told us that rural roads are the primary source of claims that municipalities incur. By extension, that turns them into a very liability-exposed proposition for municipal governments.

The example in Australia showed us that adopting a road safety auditing regime actually can pay real-world results. Over the course of the 30 years that this program has been in place in Australia, they’ve seen a three-quarters reduction—almost an 80% reduction—in the number of fatalities and serious injuries in the roadway. What we are committed to doing as an organization is bringing that skill set here and beginning to develop it within the municipal sector. That will take us a good way. This is the diagnostic aspect of what they do; this process allows an expert to come in, look at the vulnerabilities that exist in the road, look at some of these more vexatious road designs or problematic sections of road, and they can begin coming up with solutions. As we build this capacity amongst the municipal membership, we would like to be able to work with the province to come up with a program that would allow municipalities to specifically address these vulnerabilities that have been identified through the road safety auditing process.

In terms of the grand scheme of things, we know when we talk about infrastructure it tends to be expensive. This is the opposite. These are really cost-effective solutions that provide significant upsides to local road authorities,

in the sense that it modifies the risk profile and prevents people from being killed and injured. At the floor, we’re looking at somewhere in the neighbourhood of \$75 a metre to undertake these interventions, and more expensive may be \$250 a metre. Once this is put in place, we are hoping to see similar results happening here in Ontario.

I think that if we’re looking at an alignment between municipal priorities and provincial priorities and the ability to address those in one cohesive fashion, this program and this idea that we’ve put in place will be transformative. In the fall, we’ll be bringing folks up to do this training for the first time. We hope at this point we might be able to get a commitment from the government to work together to move forward and find opportunities that may exist for future collaboration. We know that life’s getting expensive. There are lots of ways that costs are increasing. We firmly believe, though, that one of those costs people should be bearing should not be with their lives, and that’s why we’re really committed to seeing this put into place.

With that, Mr. Chair, I will cede the rest of my time and thank the committee for this opportunity.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. Before I give it back to the committee, I want to say, you’re a very fortunate individual this afternoon; you can do it from the Good Roads. This is the first time in 40 years that I haven’t been at the Good Roads—or at the ROMA conference. I’m sorry about that. I did miss one Good Roads.

With that, we’ll go to our next presenter, Community Living Essex County. I believe we have the first speaker from that here at the table. If you’ll introduce yourself before your presentation, we would much appreciate it.

Mr. Corey Dagleish: Thank you, Mr. Chair. My name is Corey Dagleish. I am director of operations for Community Living Essex County. I am joined virtually by our executive director, Karen Bolger. I would like to thank the committee for the opportunity to be here today and participate in the 2023 pre-budget consultations. I’ll focus on three recommendations concerning the developmental service workforce, accessible and affordable housing, and bridging the gap between the DS sector and other ministries.

Community Living Essex County is an established, proactive, innovative, non-profit charitable corporation supporting adults, youth and children who have an intellectual disability and their families since 1961. We have grown to be the largest developmental service provider in the west region of Ontario. Over 700 people of all ages receive person-directed, high-quality supports as they develop their capacity to live, learn, work and participate in their community.

Supports are provided by direct support workers, often DSWs, members of CUPE Local 3137. Funding comes from MCCSS, donations and well-established annual fundraising events. We are appreciative of the government’s positive changes to ODSP. Confirming the 5% rise in ODSP to annual inflation and streamlining the eligibility processes are meaningful. Increasing the monthly earnings exemption is especially applauded as it enables

employment, leading to pride, dignity and inclusion. It was a significant relief last year when government legislation made the \$3-an-hour wage enhancement permanent for DSWs providing direct in-person supports.

I'm grateful that the government has listened. It's unfathomable to consider how much worse our existing critical staffing shortages would be without the government's investment and recognition of the DSW workforce. COVID-19 significantly reduced the already strained workforce capacity. The agency's staff shortage has not abated since pandemic restrictions have eased. Rather, it's ongoing, resulting in our continued inability to fully reopen our services. This is having a profoundly negative impact on the people to whom we provide supports and services in Essex County. Even with our very aggressive recruitment campaigns, we're losing ground in staff capacity.

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Sustainable and stable DS workforce: Employees demonstrated enormous dedication for three years as they balanced increased workloads and demanding shifts. Relief was anticipated when the pandemic ended, yet the day-to-day situation for them has not improved. The agency has approximately 100 fewer employees today than we did in February 2020.

DSWs do not currently have access to the same tuition subsidies available to personal support workers, or PSWs. Last year, investments were made into training, education and retention of nurses and PSWs to create a stronger and more resilient health care system, but DSWs were not included. Workers were encouraged to become PSWs through provincial financial support—up to \$13,690 per student for programs at private career colleges. DSWs do not currently have access to similar incentives, despite requiring more training and education—two years for a DSW, versus a six-to-eight-month program for PSWs. Retaining skilled workers due to salaries that can't compete with other public/private sectors is challenging. Employees hired and trained by DS agencies quickly leave for higher-paying jobs in hospitals, schools and government.

Recommendation: The agency supports the following Ontario Agencies Supporting Individuals with Special Needs, or OASIS, recommendations:

(1) That the Ontario government lead the development and implementation of a fully funded sector workforce strategy to attract and retain more staff and to provide ongoing stability for the specialized developmental services workforce, by aligning training, education, and compensation incentives for DSWs to those available to PSWs, and aligning with other sectors by creating incremental cost-of-living increases tied to inflation for all DS employees.

(2) That a comprehensive sector staffing strategy, with the funding support required to fulfill it, is necessary to attract and retain the creative, compassionate and highly capable front-line staff who will be crucial to realizing the vision set out in Journey to Belonging.

Affordable, accessible housing crisis: There is an affordable housing crisis in Windsor-Essex county. The

region's central housing registry wait-list has grown to over 5,400 people waiting for affordable housing. There's a special need for supportive housing, housing for people with mental and physical challenges and for people with developmental disabilities.

Developmental Services Ontario's wait-list for MCCSS funding continues to grow. As of September 2022, 516 people are waiting for supported independent living funds. Our agency's innovative technology-enable services could increase capacity, enabling people to come off the DSO wait-list, but no affordable housing units are available. The lack of affordable housing is a huge barrier preventing people with intellectual disabilities from securing stable, supportive housing, which would allow them to lead fulfilling adult lives and to contribute to their community. The government needs to enact programs that are flexible housing solutions that address the need of the thousands of Ontarians waiting for affordable housing. Funding is needed, and it should be tied to developments that include solutions for our affordable housing crisis.

Recommendation: Our agency joins with Community Living Toronto and others calling for the government to prioritize 10% of the remaining Canada-Ontario National Housing Strategy funding to invest in housing for people with intellectual disabilities.

Lastly, bridging the developmental services gap between community services, education, health and others: Our agency has developed long-term relationships that demonstrate high-quality outcomes by bridging the gap between sectors for people with intellectual disabilities. I want to leave you with two examples. First is the example of education. In 2016, the agency offered in-person pre-employment/job readiness skills classes for students with intellectual disabilities in both public and separate high schools. Students transitioned to paid employment with job coaching and hiring of people with intellectual disabilities within schools. During COVID-19, we pivoted this program to virtual. In 2017—I'll give you an example from health—we recruited to the Beyond Disability Rehabilitation Network, a collaborative group of people with disabilities and service providers working together in a hub to enhance the quality of life for persons living with a chronic disability, to share information, advocate, and integrate services at Hôtel-Dieu Grace Health-care and the Windsor-Essex community at large.

We have achieved these gains on a local level, on a small scale. I ask you to imagine the life-changing impact to Ontarians with disabilities if the provincial government drove systemic change by removing barriers to collaboration and co-operation between the ministries.

Recommendation: Support OASIS's recommendation that the Ontario government bring together senior officials from the Ministry of Health, MCCSS and other—

The Chair (Mr. Ernie Hardeman): We'll have to hold the rest of the presentation for the questions and answers. I'm sure someone will give you the opportunity.

Next, we have the city of Windsor. Mr. Mayor, Your Worship, the floor is all yours.

Mr. Drew Dilkens: Thank you very much, Mr. Chair. It's great to see you again. Thank you for all of the work and support during the COVID crisis and temporary foreign workers and all of your support. It was a difficult time. And it's great to see you again in person, sir.

Thank you all for being in Windsor. Thank you for being in person. It's nice to be back in person and not have to be on the screen unless we have to. I hope, as you spend a little bit of time here today during your pre-budget submissions, that you feel some of the optimism and some of the opportunity that we feel as a community as a result of this—I would call it this wonderful trifecta: of course, the \$5-billion investment in Canada's first electric vehicle battery manufacturing facility. It's unprecedented and we are so excited as a community to realize this dream, which is something that we had worked for through our Windsor Works economic action plan.

But the trifecta is not just the battery factory and all of the supply chain and excitement. It also is the construction of Canada's largest infrastructure project, that being the Gordie Howe bridge, which is starting to take shape and creating a new skyline in the city of Windsor, and us trying to figure out how we can benefit from this wonderful and massive project, but also the \$2-billion hospital investment that we have been working on since 2012. Thanks to Premier Ford and this government, we've been able to get traction in a way that we weren't able to get for many, many years. In fact, in the capital budget this year, it shows that this project is being accelerated by at least six to eight months. So we're very, very excited and very appreciative as a community about that investment.

My presentation today will focus on a single request on behalf of my region. Of course, there are many asks, but I'm going to focus on a single one that I think is one of the most, if not the most, important for our region and that is the need for us to prepare our community for continued economic prosperity. As we learned, working with the Ministry of Economic Development, Job Creation and Trade during the last year, the availability of serviced industrial land—shovel-ready land—is a limiting factor when it comes to investment attraction.

In the city of Windsor, the only natural organic expansion of our community lies to the south of Windsor airport, and that is land that we call collectively here the Sandwich South lands. This parcel of land is where the new regional acute care hospital is going to get built. It's directly south of the EV battery factory where that will be located. Over the course of the past several years, the city of Windsor has been preparing for development of the Sandwich South lands. We have an approved environmental assessment for the extension of Lauzon Parkway, which is a major north-south arterial road. We've been actively planning and consulting with the community towards the creation of the Sandwich South Secondary Plan, and we're actively working on the infrastructure required to service these lands.

Our ultimate goal will be to see a cloverleaf interchange constructed where Lauzon Parkway meets the provincial 401 highway. As a community, as a region, as a province, unlocking the Sandwich South lands will produce significant economic dividends by marketing new greenfield

lands for investment attraction with direct access to the 401 and the new Gordie Howe International Bridge. In fact, when constructed, this industrial park will be the closest industrial park to the US-Canada border on the Canadian side. I appreciate this represents a large financial ask that will, by definition, need to be factored in over the long term, but like our new regional acute care hospital, which the province has already announced will break ground in 2026, we need to start the planning, the design and the procurement work to get moving on this important infrastructure.

In making this request, I want to underscore that the city of Windsor would need to find and need to fund the capital dollars to undertake the extension of Lauzon Parkway, as well as the water and waste water infrastructure to fully service the Sandwich South land assembly. I'm not coming here saying, "I've got a great idea. I'd like you to fund my idea." I'm coming here saying, "I need you to be a partner, an appropriate partner, putting in the infrastructure on the property, the 401 that you own, and we are going to be invested." Our capital investment will be, largely, well in excess of \$100 million to make sure that we provide the servicing that brings this infrastructure down to your infrastructure.

To fully maximize the value of that investment, we would need assurances that the province would complete the highway interchange in tandem with our construction activities. I know all of this will take time. It will also take money to build and this certainly isn't something that will get accomplished in a single fiscal year. But if we use the 2023 provincial and municipal budgets to start the work required to develop these lands and to secure the future interchange construction, I'm sure it will be a half decade before a shovel is in the ground at Lauzon and the 401. That is why it is so vital that we start now. And for this region to begin in earnest, we need the province of Ontario to clearly signal its intention to partner with us on this important, forward-looking investment.

Thank you, and I look forward to the rest of the discussion.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation, Mr. Mayor. That concludes the presentations.

We now will start the questions. This round, we will start with the official opposition. MPP Kernaghan.

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Mr. Terence Kernaghan: Thank you very much to all of our presenters today. My first question is to Corey. I wanted to ask you, what is the disparity between pay rate for DSWs and PSWs?

Mr. Corey Dagleish: Well, I think the disparity in pay rate is probably around \$3 to \$5 an hour, but also disparity in access to full-time employment. A developmental services career in our field is largely part-time. There's more full-time work available currently in long-term-care settings for PSWs, and additional incentives are attracting those who might choose a career in development services to the career in long-term-care settings, due to the enhancements.

Mr. Terence Kernaghan: Okay. I wanted to ask as well, you mentioned that there are 516 people currently on the DSO wait-list. Do you have a vague idea of how many years that would be until these folks are suitably housed?

Mr. Corey Dalglish: It's difficult to say. They would be allocated resources when resources are made available, and that typically doesn't happen within the sector unless others are passing away and leaving their resources available to the sector.

In terms of those 516 people, that's simply those looking for supported independent living options. The number is much greater if we're looking at those who are looking for just supported living options as well.

Mr. Terence Kernaghan: Understood. I believe, from what I understand and from what I've gathered from working with a group in my area, family-directed alternatives—they had indicated that the DSO wait-list is hovering around 20 to 25 years for people to achieve that housing, which is pretty scary. And I think that they have found as well that the list itself can frequently be unclear.

I wanted to ask, in terms of this accessible housing, what are some of the barriers that folks are finding to the creation of it?

Mr. Corey Dalglish: The barriers I think are economic barriers largely, and that's being increased right now with inflationary costs. The cost of developing affordable housing spaces has increased significantly. Just the cost of your average rental unit has skyrocketed over the last two, two and a half years or so, placing many people with intellectual disabilities outside of the market.

Mr. Terence Kernaghan: Right. Would you like to see the implementation of a building code to be more accessible to make sure that people living with disabilities are able to find and achieve that dream of independence and home ownership?

Mr. Corey Dalglish: Absolutely. I think a very important aspect to consider in all building is universal design, ensuring that places can accommodate all Ontarians of all different abilities within their settings.

Mr. Terence Kernaghan: Absolutely. Then all the new stock would have those improvements available. The built environment either includes or excludes, quite deliberately.

I wanted to ask as well, is there any opportunity for bridging programs for DSWs to enhance their skills, such as are available to PSWs to upgrade?

Mr. Corey Dalglish: Currently, nothing being subsidized by the province. We are hopeful; I know there's opportunities right now that are available through Ministry of Labour, Immigration, Training and Skills Development. Lots of folks don't think of DSWs as skilled trade. It is a skilled trade. Many in the sector are hoping to take advantage of that \$90-million opportunity that's been made available to the province, and we hope that some of our applications will be given some serious consideration.

Mr. Terence Kernaghan: Thank you.

My next question is to Mayor Dilkens. I just wanted to ask, what is the financial impact to the city of Windsor in regard to Bill 23?

Mr. Drew Dilkens: I think it's impossible for any municipality to properly gauge what that impact would be. What I mean is, there are so many moving parts. I'll use just one example, and that would be the construction of purpose-built rental stock, which would have a different development charge rate than, say, single-family homes. So I think it would depend where you're building and where the construction is happening in different parts of the province of Ontario, depending what the market will bear. Actually, you would then be able to play out and sort of game-play or put a scenario in place that would have you identify what a municipality might likely see.

I know this has lots of traction and there are lots of voices on this issue with my colleagues on the Ontario's Big City Mayors caucus. We're not flustered here in the city of Windsor about that because I think the market is dictating something different than what the act is likely going to drive in our particular region.

In addition, I think that we're seeing—let me put it this way: 1.5 million homes in the next 10 years. Our allocation down here is notionally about 13,000 new units. For us to meet that goal, we're probably going to have to slightly more than double the output that we have from a building perspective, and making sure that all the services are ready and available on the construction side. That's really what we're focused on.

I can't give you a number and I don't think any municipality can accurately give you a number with respect to this. But is it on our radar screen? Sure. It's something that should be on everyone's radar screen, wanting to make sure we have development charges to fund the "growth pays for growth" model. But I think some of the things that I'm hearing are really, from my perspective, at least down here, overplayed in the media and certainly being overplayed in general.

I can say that because down here as well, one of the factors in the act is when you actually passed your development charges bylaw. There is sort of a clawback for municipalities that recently passed a development charges bylaw and we are well beyond that window, so there is no impact for us. The development charges that were passed prior to that legislation coming into force remain, and they're about double the amount of our traditional development charges elsewhere in the city.

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

Mr. Terence Kernaghan: I understand. Just reading media reports, I understand that civic administration in Windsor is indicating that regular taxpayers are going to be facing a 5.23% increase in their taxes for 2023. That's a recommendation, of course, as I understand it. It will be debated by council in April, but it is something that your own administration is currently looking at.

I know that there are many other neighbouring municipalities that are deeply concerned about the loss of revenue that is the result from Bill 23. But at this time, I don't know that I have any more time for questions. We probably have only a few more seconds.

The Chair (Mr. Ernie Hardeman): You have 13 minutes.

Mr. Terence Kernaghan: Thirteen minutes? Oh, I've got lots of time.

The Chair (Mr. Ernie Hardeman): Thirteen seconds.

Mr. Terence Kernaghan: Darn.

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

We'll move on to the next question and the independents. MPP Brady.

Ms. Bobbi Ann Brady: I have a comment for Scott. I had the opportunity to see a PowerPoint from Scott maybe a week or a week and a half ago. Chair Hardeman was there as well. I'm not sure that he saw the PowerPoint but it was an excellent one. As a result, you were kind enough to share it with me. This week's newspaper column is based on your PowerPoint presentation.

I come from Haldimand-Norfolk and we have a lot of rural roadways. Sadly, they are often very dangerous. I commend you for the work that Good Roads is doing with respect to the research from around the world to address some of the safety concerns.

I know that in Haldimand county, we have a huge concern that I continue to go back and forth to the Ministry of Transportation with. That is provincial Highway 6 between the town of Hagersville and the city of Hamilton.

I just want to thank you for that good work. I will stay in touch with you, if that's okay, because I think some of those solutions could work here in Ontario, and I hope that you are successful in pushing those forward, so thank you.

My question is actually for Corey. Your last recommendation of your report leads me to believe that many of the issues that Community Living, not only in Windsor but across the province, is facing is because there's that saying, "Too many cooks spoils the broth." I think if that's what you're actually trying to articulate in that recommendation, then I would agree.

Do you believe that this is a case of government wanting to keep things in chaos or is this one of those situations whereby the government hasn't gotten to the red tape associated with Community Living issues?

Mr. Corey Dalgleish: I think I would like to believe it's more of the red tape type of issue and maybe not too many cooks in the kitchen, but just to say that, at the local level, there's very good collaboration that happens that's leading to quality outcomes for people.

There has been a silver lining in the pandemic in that health, for example, has a different appreciation for the developmental services sector. Partnerships and relationships have been developed throughout the course of management related to the pandemic, and I think we have a unique opportunity to work more collaboratively across ministries to continue momentum around ensuring positive outcomes for people that we intersect with.

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Ms. Bobbi Ann Brady: Great. Thank you.

My last comment, I guess, would be to echo what MPP Kernaghan said to Mayor Dilkens. I'm heartened to hear that your concerns with respect to Bill 23 are much different than what I've been hearing from my mayors and some of the other folks in neighbouring municipalities. As

a taxpayer, I certainly don't want any shortfalls to be passed on to me, so I'm heartened to hear that you are positive about this, and I guess we'll see how it plays out.

Mr. Drew Dilkens: I guess I'm just not so negative. I actually see what's happening here as an attempt to try to make the situation better. We know and everyone has talked about—I'm sure every speaker who has come up here has somehow mentioned housing—affordable housing, attainable housing—and it is an issue. It's an issue federally, it's an issue provincially and it's a top issue municipally, as well. So we have this shared goal to try and find solutions, and an act that says, "Okay, we'll waive DCs, or a portion of DCs, for purpose-built rental, for attainable, for affordable housing"—I see us as actually wanting to be partners with that because, as this gentleman here mentioned, we have got thousands of people on a waiting list.

This city council—I guess the last city council, the last term—had made the biggest investment in 30 years in the city. It was 145 units. We have 6,000 people on a waiting list. It took six years to build. It took \$16 million of municipal funding. Overall, it's a \$50-million project. We could just never keep up with that number. So I'd like to see growth pay for growth, as well.

I don't want to get into the situation that we found ourselves in as a municipality when I was 10 years old, because some of that still plays out today as we fund some of those challenges. But I believe this is at least a reasonable balance in the short term to try to get people into housing that they can afford.

The Chair (Mr. Ernie Hardeman): I believe that's the end of your time, so we will now go to the government. MPP Dowie.

Mr. Andrew Dowie: Thank you, Mayor, for being here. I wanted to get into your ask earlier in the presentation, with the cloverleaf on the 401 and Lauzon Parkway. If my memory serves me well, Lauzon Parkway was developed to support the Ford Essex engine plant, in conjunction with the E.C. Row Expressway construction. The province participated in that back in the day, and the province actually built Lauzon Parkway to its current terminus at County Road 42.

You mentioned the investment in the EV battery plant, for which the main entrance for commercial traffic will be off Lauzon Parkway. Right now, there's no access from the main entrance to the plant to Highway 401 in a direct fashion; it's really a wraparound. Either you go west, if you're taking the freeway, going west on the expressway to Huron Church and then the 401, or east to Manning Road, which has a number of traffic issues—which play into the Banwell issue as well. So really, we're almost limiting our capacity with the EV battery plant without having a direct access to the industrial plant—or the EV plant going directly to Highway 401.

On top of that, I know that south of the 401, in the next municipality, they're also looking at that land for industrial purposes, as an employment centre. Really, this is something that—regionally, having that Lauzon Parkway

access—is being asked by all municipalities in order to obtain the economic might of the region.

I'd love to know, if you can elaborate: You mentioned the hospital, as well. How important is this corridor in the grand vision of asks? Is this number one in terms of the next step to elevate Windsor and those beyond Windsor's borders to the next level?

Mr. Drew Dilkens: So there's a reason I didn't give you a litany or a laundry list of items for your consideration. I want to be very focused on this one item, because I believe it is so crucial to the economic future of our city and such an opportunity not just for Windsor-Essex, but for Ontario and our nation.

People have said to me countless times, "Drew, you're so lucky. You've got this wonderful Gordie Howe bridge. It's Canada's largest infrastructure project—\$6 billion. Aren't you just so lucky? Don't you think you're lucky?" And I say, "Well, sure I'm lucky. As they're spending \$6 billion over the course of five or six years building this bridge, all of the jobs that it's creating in my community are wonderful, but they will go away." And so, having a highway-to-highway connection—once that bridge is built, how lucky am I going to be unless I work to create that luck and to create what that luck will bring? That's what this is all about—making sure that we benefit, as a province and as a municipality and as a region, from having this brand new international bridge crossing, which is one of those once-in-a-generation-type investments like getting a new hospital, like getting an EV battery factory.

So the Lauzon Parkway connection to our municipality, the way that it opens up adjacent land in Tecumseh, will also open up a much faster connection for those who live in Essex, who live in other parts of Essex county, to be able to get to the new hospital when it's constructed, around 2030.

So we've got lots of work to do. There's no shortage of ways to spend money. I reiterate: This isn't me coming out with my cap in hand, saying, "Hey, I've got some great ideas. Government, please fund it." I'm saying that we're going to be invested in this—\$100 million is probably short; it's probably \$150 million to \$200 million—for all of the projects that have to happen, including the connection at Banwell and E.C. Row to help support the battery factory.

Mr. Andrew Dowie: I'm hoping you can describe a little bit about the land costs here, relative to other places. I think we've heard a lot about big employers looking for large sites that have access to servicing, access to all the utilities. But just the physical footprint of the land—relative to other places, would we have an advantage down here in Windsor-Essex, in terms of the opportunity to buy the land, to consolidate the land and actually develop an industrial park faster and on a larger scale?

Mr. Drew Dilkens: One hundred per cent is the answer. If you ask Minister Fedeli or anyone in his ministry about the ability to sell the largest or the closest industrial park to the US-Canada border as a sales pitch, knowing that we compete not just against Chatham and other municipalities up the 401—our biggest competitor is

right here. Our region is really Michigan, Ohio, Indiana, Kentucky. So we need to be competitive against those jurisdictions, and we've proven we can be with the province's investment, the federal government's investment, our city's investment in the battery factory, but there is a whole host of supply chain that is following this battery factory. In fact, LG themselves have told us that we should get about 200 acres of land ready to help support the supply chain that is coming. We are able to host some of this at our airport, but there are constraints on the airport site—lease versus ownership; we can only lease. There are height restrictions and use restrictions because of the runway and the facility itself. It's not appropriate for everyone.

So the opportunity is now. We know we need to spend and get invested in this. I think many of you will recall, when you had your provincial election in June of last year, that a bit of a bomb was dropped into the campaign, with the conversation about electricity. There was a lot of focus about not having enough electricity for LG Chem, the particular client. The reality is, why we lost that deal had nothing to do with the electricity. We didn't have land available anywhere around here that could host that operation. If you had double the power that they needed, we still couldn't host them because there was no service land ready to go. That is why this is really important—to get traction on this and to align our collective resources, because it actually benefits not just Windsorites, but it benefits so many other businesses in Ontario if we get this right.

Mr. Andrew Dowie: A couple of the other members of the committee have asked you about Bill 23 and the incentivization of the development that is being sought after. I know the city of Windsor has a lot of programs that it has initiated on its own in order to drive new development here, new economic growth.

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

Mr. Andrew Dowie: Can you describe, in the remaining time, the kinds of programs that the city has enabled?

Mr. Drew Dilkens: The biggest one I would describe is the community improvement plan. We have implemented a number of those for brownfields and seen great success with Mr. Farhi and the complete redevelopment of an old brownfield by where the Windsor Spitfires play, and even the battery factory. This wasn't just the provincial government or the federal government giving a cheque to help support that investment. The beta was, "What's the municipality going to do?" We were able to use our CIP, our community improvement plan, over 20 years to abate the taxes for those folks to get up and running, to hire 3,000 people and to make a \$5-billion investment. I would submit to you and to anyone in my community that it was an appropriate tool and a very competitive tool vis-à-vis who we're competing against in Michigan, Ohio, Indiana and Kentucky.

Mr. Andrew Dowie: Just based on your comments, incentivization of the development we need has paid dividends here in Windsor?

Mr. Drew Dilkens: Absolutely.

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

We'll now go to the opposition. MPP Gretzky.

Mrs. Lisa Gretzky: I'm going to start with Corey. I think Karen dropped off at some point, so it's over to you.
1440

I'm just wondering if you could talk a little about: You say your agency has approximately 100 less employees today than in February 2020. Can you just kind of outline what that looks like for the people that your agency supports, having fewer staff?

Mr. Corey Dalglish: Absolutely. Right now, it is the main barrier as to why we are unable to fully reopen our community participation supports and our respite services. Our community participation supports are currently operating at about 60% capacity right now, and it's been painstaking efforts for the last year to get us up to that point. We had been at around 30%; we had been shifted to some virtual types of supports.

Also, our out-of-home respite services are currently not operating, and this provides a lifeline to families that are providing care to, often, a child, an adult with an intellectual disability. This is a level of service that allows families to sustain and maintain their situations without requiring additional resources and more intrusive, involved types of supports. Currently there's about 80 families that we're serving that are without their critical out-of-home respite services.

The 100 or so employees—I think we're being even somewhat conservative around that—that have left since the beginning of the pandemic have often—if you recall, there were restrictions from working across sectors initially. We had many of our employees leave for health care settings, leave for the educational setting, and they just have not returned when those restrictions have been lifted.

All of our typical—and then more—recruitment efforts: We are hiring about 10 a week, but we're continuing to lose about 15 per week, so the staffing concerns have just not abated since restrictions have been lifted and eased, and we continue to struggle with that staffing capacity. And these are critical services that keep families out of crises that we're currently unable to operate.

Mrs. Lisa Gretzky: Thank you. And on the not just affordable housing, but supportive housing, the rough estimate on the provincial wait-list, so across the province, is well over 25 years long. There are many, many adults with intellectual disabilities that are placed in hospitals, in psychiatric intensive care units, and that's where they spend their days, without the support that they need. And we all know—or we should know—that that is much more expensive than being able to put them in a home in their communities.

So I'm just wondering if you would agree that that money would be better spent by government on actually building supportive housing and funding the agencies that support individuals, rather than institutionalizing these individuals in the hospitals.

Mr. Corey Dalglish: Absolutely, Lisa. I couldn't agree with you 100% more that we're going to save a tremendous amount of monies if we are able to work across sectors and target investments that are going to provide appropriate housing for people that require supports that keep them out of hospital. That is the reason why many people are in hospital, because of the lack of affordable housing.

Appropriate supports can't be decoupled from appropriate housing, right? Finding appropriate, affordable housing for people that gives them access to transportation, that allows them access by foot to services in the community, including doctors and medical appointments and things like that, significantly reduces the requirement for paid services in a person's life. Appropriate housing is half the battle in terms of developing an unpaid support network that can really assist a person to be a part of their community as well. Affordable housing can't be understated in terms of its contribution to the current problem—a lack of affordable housing for people with intellectual disabilities.

Mrs. Lisa Gretzky: Supportive housing.

Mr. Corey Dalglish: Yes.

Mrs. Lisa Gretzky: How much time have I got left, Chair?

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

Mrs. Lisa Gretzky: Okay. Then I just have one question for you, Mayor. You had said you're not—at this time, anyways—super concerned about Bill 23. And this isn't just me being negative; I'm hearing it from my constituents, who are your constituents. The question that keeps coming up to my office is: If the city is unable to collect development fees from the developers—and I think you yourself have said that for us to reach the target the government had set, that would mean building on land that is yet to be serviced. So there are no sewers, potentially no roads, or whatever infrastructure needs to be there. If those development fees are not being collected by the builders, who covers the cost of that? How is that going to be covered when all of that needs to be taken care of?

Mr. Drew Dilkens: Well, from my reading of the bill, development charges will be paid. There's just an offset. There's a scaled reduction depending on the type of housing being built. So if I use the WFCU Centre, that Farhi development that's still ongoing, there are 103 executive homes that were built in there. Every single one of those would have paid 100% development charges without reduction. Then we look at the rental units. Some are condos for sale. Some were apartment rentals. The ones that were rentals would have a discount in development charges based on the number of units being built, up to a max, but we would still be collecting development charges.

And so the question really is, can you cover the cost of the infrastructure with the development charges you're being billed on multi-residential developments like that? And I would submit to you that you can. It's not going to tank the city and put us in a highly precarious position. The question is, if it was all multi-res and there were huge infrastructure needs and we didn't see any of those single-family homes being built, then the conversation may

change, and we may need to go back to government and figure out a different way to manoeuvre through this.

But in my own mind, the alarm bells aren't ringing, and I say that as someone who supports the growth-pays-for-growth model. I don't want to revert back to the general tax base to cover infrastructure and have me as a taxpayer, you as a taxpayer fund someone else's sewer construction so that they can live in a single-family home at WFCU.

Mrs. Lisa Gretzky: So I'm just wondering then, if the infrastructure is there already, the sewers and that kind of thing, and they're building the right kind of housing to qualify for reduced development charges or no development charges, and the city is not collecting on the fact that they're building something, what kind of community services might be impacted? What kind of decisions would the city have to make then upon other services—

The Chair (Mr. Ernie Hardeman): I'm sorry. The time is up. There's no time for an answer. Save that for the next question.

Now, we'll go to the independents. MPP Collard.

Mme Lucille Collard: I would actually like to hear the answer from Mrs. Gretzky's questions because I was actually interested. So I'll give you some time to do that.

Mr. Drew Dilkens: Again, I would go back and say that we are going to collect. My reading of the bill is that every development will pay some development charges, and every community will have a different rate, having gone through a development charges bylaw review justifying the amount. In my mind, there seems to be this—some are ringing this bell before they truly understand what the impact is. I actually think we can manoeuvre through this in a sensible way without any real pain to the taxpayer and accomplish the goals of actually building affordable housing, attainable housing, the things that we're trying to do.

The bigger challenge for us, frankly, from a city perspective, is trying to more than double the output, to deal with the number of building permits and incentivize the private sector by having available land ready to go to get them to meet our provincial target of 13,000 units in the next decade. That will be the bigger challenge for us as a community, but, I would submit, based on what I'm hearing and what I'm seeing in the community, one that is of paramount importance to everyone—not just at our level of government; provincially and federally as well.

Mme Lucille Collard: Thank you. I'll move to Mr. Butler. I'm interested, actually, in the kind of road safety audit that you talked about that actually seems to be a success in Australia. I was wondering if you had any kind of overview to provide on the return on investment that funding such a regime would bring, maybe based on the Australian model.

Mr. Scott Butler: We can quantify costs in terms of road safety in a number of different ways. I think the one that sticks out to me when I look at the Australian example—and granted, they've been at this for decades—is they've seen almost an 80% reduction in terms of the

number of people killed and injured on the roadways. That's number one.

Number two is that when we look at what's happening in Ontario, the latest Ministry of Transportation annual report acknowledges the fact that almost half—48%—of the accidents and deaths that are occurring on Ontario roads are occurring on rural roads. It's worth keeping in mind only 13% of people in Ontario actually live in rural communities. So we see an outsized risk associated with those roads.

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We know municipalities are under considerable pressure to finance their risk management through insurance. They've had multiple conversations. The Attorney General has struck a committee to look at municipal liability more broadly. We know, talking to the insurance sector themselves, that township roads are the leading cause of claims payments in Ontario. So there's a public health cost to be realized, and there's a fiscal cost at local government to be realized.

When we talk to industry, the jobs that would be required—the road safety audit is the diagnostic element, and then there's the treatment element. When we begin putting in place some of the new, innovative road safety products that are on the market currently, we're looking at reasonably good-paying jobs, somewhere in the neighbourhood of \$30 to \$40 an hour. I think that's another impact that we need to quantify. We're not certain at this point how big the need is—we're working fairly actively to actually be able to give you a definitive answer—but it's considerable.

Mme Lucille Collard: Just one quick question to Corey: How important is the ODSP in allowing people with special needs to live with dignity? Is the 5% increase sufficient?

Mr. Corey Dalglish: “Sufficient” is up for debate. I think it's movement in the right direction. I think “sufficient” would be—we had a recent example of government stepping in to subsidize during the pandemic, when people were not able to work, and it's an amount far higher than what people on ODSP receive. Although it is movement in the right direction—

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

We'll now go to the government and MPP Anand.

Mr. Deepak Anand: Mayor, before I start, I want to talk about collaborative leadership. That's what I see in you. This is when people come together as peers, in a constructive way, to create authentic visions and strategies for addressing shared concerns of the organization and the community. I just want to share this with you: When I was hearing it from you, I felt as if this is collaborative leadership.

Something which the previous delegate, Marion from Legal Assistance of Windsor and Community Legal Aid, talked about—I just want to share my thoughts on housing models. Number one is multi-generational housing, something which we have seen in our region as very beneficial.

Parents go to the upper floor when they have kids getting married, and then when they have kids, maybe they drop the kids to the grandparents and help each other.

The second one is mixed-size housing, which is something we had in India, actually. Within the same complex, you have an L, which is smaller units, and then medium units and then higher units. As young people are getting into the workforce, they can't afford much and they don't need much, so they will go to a small house—buy the house or rent the house, whichever way it is. Then, they get married, and now they have double the income, bigger dreams. They move from the same smaller house to a medium house. Then, they have kids, and they have more savings, more dreams, so they move from the medium to the higher one. So this is something where they're still moving within the same community, but they're able to move up with their dreams. Can you think of something of this kind in your area as well?

Mr. Drew Dilkens: It's a great point, and I think we see that play out each and every day in different parts of the city.

When I'm listening to you pose your comment to me, I keep thinking we can't—with all of the stuff in the talked-about development charges, you're not going to be able to script the market. People will want what people want, and they'll want to live how they want to live.

It's interesting; in Windsor, in the last 10 years, we've seen the price of real estate climb so quickly that there are now issues that we have to deal with municipally that people would describe as Toronto-style issues. That price of real estate escalation has happened so quickly. So everyone is readjusting. The market is readjusting. But ultimately, a developer, people that we have to work with, that we have to provide the services for and have them pay for to realize the construction of 13,000 new units—they are going to be market driven. If there is a market here for 13,000 single-family homes that are detached with a garage and a backyard, I guarantee that's what they're going to build. If people are asking for something different, including the types of living accommodations that you mentioned, they will absolutely build those. It will be a market-driven exercise.

Our goal is to support that, to make sure we're removing the red tape from the city's side, that we've got the right human capital and resources in place to be able to push through the planning and development applications, because we all, at every level of government, have a shared goal of getting as much housing built to satisfy the demand that's in the market.

Mr. Deepak Anand: Thank you so much. That's about it from me, Chair.

The Chair (Mr. Ernie Hardeman): Mr. Babikian.

Mr. Aris Babikian: Thank you to our distinguished guests and presenters today.

Before I put my question to Mr. Butler, I would like to make just a short comment. Mayor, it is refreshing to see such a rational approach and analysis of the development charges issue, because tying development charges to

increased taxes is not a fair approach. I come from Toronto, and the city of Toronto is increasing its property taxes 5.5%. I spoke with many councillors, and they told me the increase of the property taxes has nothing to do with the development charges because it has not kicked in yet. The charges or the tax increase is happening because of inflation, because of shortfalls from the COVID pandemic etc. So it is refreshing to see such a rational and logical approach to this issue.

Going back to Mr. Butler, I want to put a question. If approved in 2022-23, the province will commit approximately \$3 billion to repair and expand provincial highways and bridges. This includes construction funding of almost \$1.7 billion in southern Ontario and almost \$624 million in northern Ontario, as well as funding for property design and other program costs. These smart investments are estimated to create or sustain approximately 15,300 direct and indirect jobs and improve the quality of life for workers, families and small businesses across Ontario. Do you have any thoughts on these plans? Can you tell us where the funding can go that will be most impactful?

Mr. Scott Butler: Thank you for the question. I note the operative word, from my perspective, is “provincial highways.” This does nothing for the 305,000 lane kilometres or the approximately 30,000 structures that are overseen by municipal governments. I think, ultimately, the administration and decision-making surrounding provincial highways are best left to the folks at MTO. They're held in high regard by their municipal partners.

When we're looking at the municipal realm, though, what we're looking for are affordable, cost-effective solutions that will satisfy a number of different priorities, be it local or be it ones held by the provincial government. The reason we came forward with this idea is we thought long and hard about the need to improve road safety on locally administered roads, and we also needed to find a way that would actually address the liability proposition for local governments. From that perspective, I think that we're fairly committed to the idea that undertaking this diagnostic work and then working with the province to put in place treatments to address these problems that have been identified is an extremely prudent use of resources.

Mr. Aris Babikian: Thank you.

Interjection: How much time do we have?

The Chair (Mr. Ernie Hardeman): Thirty seconds. MPP Smith.

Mr. David Smith: Thank you, Mr. Mayor. I'm really glad that you are here today. I heard you mentioned the Gordie Howe bridge, which is a major connector to Windsor and Indiana, Ohio and Detroit—or Michigan. This morning, we had the chamber of commerce here, and we saw some of the impacts of not having a bridge, and COVID and all that—

The Chair (Mr. Ernie Hardeman): Thank you very much. There was almost time for a question, no time for an answer. But thank you all very much to the presenters for being here this afternoon and talking to us and helping

us with our budget deliberations. We appreciate the time you've taken, so thanks again.

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BLUE BRANCH
ONTARIO HEALTH COALITION
ONTARIO COLLEGE OF
FAMILY PHYSICIANS

The Chair (Mr. Ernie Hardeman): We will now go to the next panel. The next panel is Blue Branch; the Ontario Health Coalition, Chatham-Kent Health Coalition, Wallaceburg-Walpole Island health coalition and Sarnia-Lambton Health Coalition; and the Ontario College of Family Physicians.

With that, as with the instructions for everybody else, the delegates will get seven minutes to speak. I will notify you at the six-minute point to give you a one-minute warning, and then at seven minutes the presentation will be concluded.

With all that, with the thanks of the committee, we ask the first one, from Blue Branch, to come forward and make their presentation. Is that the one that's on the screen?

Interjection.

The Chair (Mr. Ernie Hardeman): You're saying that there's two? Okay. We have one on the screen and one sitting at the front, I believe. With that, Todd, are you the—

Mr. Todd Clyde: I'm Todd Clyde from Blue Branch, and that is not Greg Seniuk, but—

The Chair (Mr. Ernie Hardeman): Okay. Well, I would say you're the first presenter and the floor is yours. If you would again repeat your name and introduce yourself for Hansard. With that, the seven minutes starts now.

Mr. Todd Clyde: Great, thank you very much. My name is Todd Clyde, CEO of Blue Branch. We are a social enterprise created in 2017 to study labour mobility and address some of the labour shortages that were unique to Stratford, Ontario. We were approached at the time by the chamber of commerce and Mayor Mathieson, at the time, to discuss their challenges with the manufacturing segment that was increasing, yet the competition or areas that they used to draw their labour force from—those regions as well were experiencing upticks in manufacturing and construction, and so all of a sudden they had an under 3% unemployment rate in a 32,000 municipality.

My background was doing work in fly-in and fly-out situations in Alberta. I said, "What we can do is look at how we increase labour mobility into the Ontario market and take some of the best examples we found from the western expansion through oil and gas and other industries." We quickly put a team together and from 2017 to 2020, we moved close to 400 people from different parts of Canada into Stratford, Ontario, for manufacturing jobs. At that point we formed a coalition of companies with like-minded challenges and we said, "How do we expand this solution, and how do we get more employers to participate in it?" Because although it's not new—fly-in

and fly-out scenarios—in Ontario, it was new. In Alberta, they had perfected a lot of these things.

So I said, "Well, let's see what's out there." We formed a coalition of both non-profits and social enterprises and post-secondary to study the problem and to bring the resources together. We worked with Ohsweken and Six Nations to work on getting job opportunities for their youth. Achēv from Mississauga is our non-profit partner that deals with new Canadians and helps them find employment. And we also said, "Let's look at the research," which there was barely any on labour mobility. We know how it works, but not the why: Why do people do it, why don't people do it, and is it an opportunity for Ontario? We put together researchers from the University of Toronto and the University of Windsor. We wanted to study and to look at the opportunity.

In 2020, we were successful in our skills development from the Ontario government, and we've been funded for the last two years to provide wage subsidies to employers to participate in labour mobility in order to study it. The challenge we have right now is there's very little research on why labour mobility happens and the impacts on it. What we do know is, from 50 years ago, we had roughly 2% of the population of Canada that was mobile. Since then, it's reduced to 1%, which doesn't sound like a lot but we're looking at a decrease of about 400,000 jobs that are less mobile today in Canada than before, and we don't really have any research to tell us why.

So what we were able to do is focus on manufacturing and construction and look at other places in the country where people were underemployed or unemployed and ask them, using a nudge approach, "Would you try Ontario, and would you try Stratford, Ontario, and some of the rural communities we worked in?" The answer was, "Well, I don't know much about it." We said, "Well, we're going to give you a nudge approach here. We're going to let you try. We're going to fly you in. We're going to find you accommodations and find you an employer, and we're going to come in and do turnarounds so you can go back to their family every four to six weeks, reset and come back in for another week, and repeat that process."

What we found is that on average, the people who did relocate would come into the communities, bring family members and become full-time employees of those employers that participated. That was very important to us, because it was increasing the need for skilled tradespeople in manufacturing in Ontario. When we started doing it and the word got out, we were asked to participate with different municipalities; I'm proud to say that we've been working with municipalities from Ottawa to Timmins to Niagara and west out to Windsor.

The interesting thing in our process is that although we were focused on the construction and manufacturing segment, this is a process that can be used across segments, across verticals. Currently, with Premier Ford's announcement about removing some of the restrictions on health care professionals, we are engaged right now in looking at how we can bring critical resources for health care into the province using the same methodology, with the hope that they will relocate.

When they do relocate, they typically bring families. For our new Canadians, we focus on people who are living in urban markets currently and giving them a nudge approach to try rural markets where the diversity is really required right now. Probably our largest success has been new Canadians in this SDF program over the last two years. People have relocated to those communities and become full-time citizens in those communities.

Also, women: We are punching 300% above the Ontario average of around 4% of women participating in the skilled trades. Our current program is about 12%, so we think that with some additional support, we can increase that.

I think for Ontario we have to look at how we can create a labour mobility strategy to deal with some of the challenges we have, from health care to construction. We think that we can be part of that. Our goal at Blue Branch is to increase in the next five years labour mobility up to another 1%, and have another 400,000-plus people mobilizing, whether it's through us or through our outreach and part of the services we deliver. We think it's a recruitment strategy that Ontario needs, that communities need and that individual employers need.

What we're asking is, we've submitted another three-year application to the Skills Development Fund to increase the research, and also to find out how we can expand this into other markets across Ontario, as well as different industries including health care.

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

The next presenter is the Ontario Health Coalition, Chatham-Kent Health Coalition, Wallaceburg and Walpole Island health coalition and Sarnia-Lambton Health Coalition. I think it's going to be virtual.

Ms. Shirley Roebuck: Good afternoon, everyone. My name is Shirley Roebuck, and I'd like to thank you for allowing me to present today. About 25 or 30 years ago, Ontario had quite a vibrant, progressive and inclusive public health care system, and I think many of you in the committee room and online today have benefited over the years from that public system. However, because of over 25 years of austerity put in place by all political parties, public hospital funding per capita and as a percentage of GDP is now the lowest in Canada.

All health care sectors are experiencing horrific shortages of staff, catastrophic bed shortages, long wait times, and I've given you a number of other problems in my written presentation. In short, though, Ontario's public health care system has too few beds, too few qualified workers, sporadic shortages of medicine and equipment, and, sadly, no realistic plan to remedy any of these things.

Premier Ford is leaning towards privatization of our health care system and, in fact—I'm sure everyone knows—he has just announced giving taxpayers' dollars to private, for-profit surgical clinics and diagnostic centres.

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Of course, we need help in the public system; we're not denying that. But we do not feel that throwing money at private businesses will remedy anything. Instead, the already under-sourced staff will be divided into two streams, leaving the public system with worse staffing

shortages and lengthening wait times. There is, in our opinion, a better solution, and that is to fund our public health care system to the level that other provinces in Canada are funded. That would mean immediately reopening existing surgical suites, med/surg beds, as well as cancelling the Conservative appeal of Bill 124. This will obviously take some time, but it would be a start. It's also true that Mr. Ford has approximately \$1 billion that was not spent on health care in the last year, and that would serve to sustain and improve our health care system at present.

I want to tell you about three recent stories from sectors across Ontario.

One member of the Chatham-Kent Health Coalition and her husband actually visited Shouldice clinic in Toronto over a year ago. Her husband wanted to have his hernia repair done at Shouldice, which has an excellent reputation. He was turned down because he had a history of chronic obstructive pulmonary disease. I'm happy to tell you that this gentleman did have his hernia repair at the local hospital, with no complications from his pre-existing COPD problems. However, this couple was told that once they were accepted into the Shouldice clinic program, they would actually be charged some extra charges. Premier Ford is making quite a statement, saying that these private clinics will not charge anything except your OHIP costs. Shouldice was going to charge OHIP for three nights in their clinic. Hernias in the public system are usually done on an outpatient basis. So perhaps the patient isn't charged anything, but what happens is that your tax dollars are being given over to private, for-profit clinics.

Public hospital admissions: There was a fellow in Chatham-Kent who went to the local emergency room because he was very short of breath. I won't go through all of the details, but he was subsequently, after a long wait in the ER, admitted to the intensive care unit. He said, when he spoke to me, that he tried to speak to the nurses, but they had to reach over him to get supplies, which leads me to believe that this fellow didn't make it into an ICU cubicle but was within some sort of supply room scenario. He was told by his doctors that he could stay in the hospital or he could be discharged if he had family to watch over him. He elected to go home with family because he felt that other people needed that bed that he was occupying. This isn't the way we're supposed to be delivering public health care. This fellow, at present, still has an elevated heart rate and has been referred to a cardiologist in Windsor. But that's really, you know—

The Chair (Mr. Ernie Hardeman): Thank you very much, again. We have consumed the end of our time here, so we will now go to the next presenter.

The next presenter is the Ontario College of Family Physicians. I believe you're sitting at the front. As with the rest, six minutes and I will warn you, and the seventh minute will be the end of the presentation. Thank you very much. The floor is yours.

Dr. Jen Bondy: I want to thank the committee very much for having me here this afternoon. It's good to see everyone. Thank you. My name is Dr. Jen Bondy and I'm

a family physician. I work at the Canadian Mental Health Association's health centre in Windsor, and in addition, I work at a shelter and a drop-in centre for people experiencing homelessness. My patients are some of our community's most vulnerable.

When I'm not providing direct patient care, I work as a physician consultant with the eHealth Centre of Excellence in Kitchener, as I want to help improve the digital health landscape across our province. I also work with medical students and residents at Schulich's Windsor campus to help prepare the next generation of family physicians, and I'm a board member with the Ontario College of Family Physicians.

I've been a family doc for nearly nine years and yet I still wake up every morning feeling energized, ready to go, not believing that I have the great privilege of being able to help serve my patients and help to improve, hopefully, my community. I love what I do, but over the past few years being a family doctor has become a little bit more difficult. The individuals that make up this great profession are struggling, and we know that Ontarians are as well. We're seeing more patients than ever before, and the people that we do see are getting older and they're getting more sick. This means that they need more time, and we want to give them more support to help them through their journeys.

As an example, in my own practice, I saw a young patient last week with a pretty severe developmental disorder. Despite our best efforts, the patient had not made contact with the medical centre for quite some time. When I did finally see the patient, there were a number of things that had accumulated and that were actually quite serious, and we're going to have to have a number of follow-up visits to explore those things. Unfortunately, this is not an isolated incident; patients are now regularly coming to us with more complex needs. I do my very best to provide the best care I can to my patients, but like most family doctors, I'm finding it increasingly difficult to keep up with the demand.

Following the pandemic, many people are behind on regular appointments. They're behind on cancer screenings. They may be waiting to see specialists, and they may be continuing to struggle with some of the impacts that the pandemic has had on both their physical and mental health. It truly pains me to say that I fear that some people may be falling between the cracks.

Adding to these challenges, this region is greatly impacted by the Ontario family doctor shortage. In Windsor-Essex, more than 36,000 people don't have a regular family doctor, while across the province that number is nearly 1.8 million. We know that this will continue to get worse if we don't act. It's predicted that by two years from now, one in five Ontarians won't have a family doctor, which is three million people. It's a crisis impacting all levels of the health care system because, for example, almost 8,200 patients who don't have a regular family doc had to access the emergency department in Windsor-Essex over the past two years. We must take action now if we're going to change the course for millions

of Ontarians. By investing in upstream medical services like family physicians, we can reduce downstream costs by keeping people healthier in the first place.

The Ontario government has made a number of health-care-related announcements recently. Just last week, Premier Ford and Minister Jones were in town in Windsor to announce a tremendous amount of support for our cardiac centres and our cancer centres, which is tremendous news. This goes without saying: This is wonderful news for Windsor. At the same time, we can't ignore the urgent issues that Ontarians are facing due to the family doctor crisis.

The reasons for the shortage of family doctors are complex, and while hiring new family doctors is necessary, we all know that it takes years to train medical professionals. However, there are things that we can do right now that would allow family doctors to see more patients and potentially take on new patients.

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The Ontario College of Family Physicians recommends the following:

The first would be to enable family doctors to take on more patients and to see them faster by hiring an additional 1,000 health care team members: for example, social workers, nurses, pharmacists and many more. The evidence is clear that team-based care provides patients with care that is more accessible. When family doctors can work with other health care providers, we can better triage the needs of our patients so that they can see the right person at the right time for the right kind of care. This allows family doctors to be there for the patients who need us the most.

In Windsor-Essex, only 12% of patients have a physician who is part of a family health team, and that's only half the provincial average. By expanding access to team-based care in Windsor-Essex, we could have an immediate impact on access in this community.

The second piece is that we must increase the time that family doctors spend directly with patients by investing in new and existing initiatives like virtual assistance and centralized referral pathways. Family docs can spend hours a day engaging in what are increasingly inefficient administrative tasks. More efficient systems would create time in the schedules of family doctors who are currently working—already here—so that we can spend more time face to face with our patients and potentially take on new ones.

Right now in Ontario, for example, there's no easy way to send or receive a referral. This could be improved by creating centralized referral processes. We could also improve inefficiencies by standardizing or eliminating the many forms that we're asked to complete and by working to improve the somewhat aged electronic medical records.

To put this another way, currently family doctors are spending up to 19 hours of their week on administrative tasks. If we could reduce even a fraction of the time that doctors are spending on this admin—this inefficient admin—it would equate to having almost 2,000 more family doctors caring for over two million Ontarians. This

would bring us much closer to ensuring that every Ontarian has a family doctor.

Ontario family physicians care about our patients. We play a critical role in their lives but also in the lives of their families, our communities and the entire health care system. But the system is crumbling. We need this government's support, and now is the time for change. We must invest in a strong primary care sector and family physicians, in particular, in order to realize cost savings downstream through less emergency visits, less hospitalizations and less surgeries.

Simply put, Ontario can't afford to not invest in primary care, because, as the saying goes, an ounce of prevention is worth a pound of care. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for that. We've reached the end of the presentations. We now start the questions, and we start with the independents. MPP Brady.

Ms. Bobbi Ann Brady: I have a few questions here for Dr. Bondy. Can you tell me if you know if all Ontario family physicians are back to work in their offices after the pandemic? I know that my constituents tell me sometimes that their doctor is still working off-site and doing virtual or telephone appointments.

Dr. Jen Bondy: Thank you very much for the question, MPP Brady. I can't speak exactly to what every family physician in Ontario is doing. I can say that there has been research out of the University of Toronto that has demonstrated that the majority—the vast majority—of family physicians were working in their offices even throughout the course of the pandemic.

But I hear what you're saying. If constituents are having the perception that physicians are not in their office, that's certainly concerning. I think part of what this may come back to, though, is the fact that physicians may not necessarily be in the office because they may be working in more than one setting. Family physicians can work in long-term-care homes, they may work in the emerg—in a variety of different settings. This might impact their availability in the office at any one given time.

Ms. Bobbi Ann Brady: Okay. That leads me to my next question: 1.8 million Ontarians don't have a family doctor. I myself have used online doctors, and I find it quite efficient. The government has recently announced that it's going to decrease payments—or has decreased payments—for one-off virtual appointments. Do you feel that those virtual appointments, for those 1.8 million, were a good way to bridge that gap?

Dr. Jen Bondy: I think that there is research that, again, has come out recently out of the University of Toronto that has unfortunately demonstrated that many of those virtual appointments that were not made with someone with a continuous family doc ended up increasing the amount of ED visits that happened at a later point.

I guess the question would be: Would those ED visits have happened one way or the other, and is the system then being charged twice for it? Certainly we want access, but is that the best form of access?

Virtual care certainly has its benefits, but I'm not sure for the 1.8 million if that's enough, if we shouldn't be thinking outside the box and finding other solutions for them.

Ms. Bobbi Ann Brady: I would agree with you, but in the meantime, if you don't have a doctor, it might be the only thing available to you.

You mentioned using your other health care professionals to assist in all the settings, but you didn't mention physician assistants or nurse practitioners. I know that in the US, they use physician assistants quite often. I've been in the ER recently, where I saw a great complement of nurses in the ER who efficiently got people to their bed and everything else and did vitals, and then they waited for one doctor to come around. I thought to myself, wow, this would be a great opportunity for an influx of physician assistants in the ER to help get rid of that anaphylactic—to get rid of this, that and the other while the doctor is looking after those with more complex needs.

Dr. Jen Bondy: And so the question is—is that a comment or a question?

Ms. Bobbi Ann Brady: Physician assistants. Do you support the use of physician assistants?

Dr. Jen Bondy: Absolutely. And my apologies to the group, because absolutely, the OCFP would support that; there just wasn't time with the seven minutes to be able to touch on it. There are a number of different allied health care professionals that I think would have a very important role to play within primary care and family medicine offices in particular, so yes.

Ms. Bobbi Ann Brady: Great. Thank you.

Dr. Jen Bondy: You're welcome.

The Chair (Mr. Ernie Hardeman): Finished?

M^{me} Lucille Collard: I can use the rest of the time, maybe, to ask another question to Dr. Bondy. Thank you so much for doing what you do.

My question is about recognition of foreign credentials. We need more physicians. We need more health care workers. Do you think the government should better support the recognition of foreign credentials, for example, bridging programs to allow people quicker access to the workforce?

Dr. Jen Bondy: I mean, my understanding is that in recent months the government has relaxed some of the restrictions to help improve that. I think that this is a complex question, because we want to be mindful of not taking away health care professionals that have been trained in other countries by those countries and taking away their talent if that's where people were meant and wanting to work.

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

Questions from the government: MPP Smith.

Mr. David Smith: Thank you, Mr. Chair. I want to thank Dr. Bondy for your years of service and recognizing some of the things you talked about. I know this government is doing lots of what you are talking about.

Today, my question to you is, what kind of programs should the government consider to encourage more medical students to enter family medicine and its related fields?

Dr. Jen Bondy: MPP Smith, I think that's a great question. One of the hats I wear is undergraduate family medicine director here in Windsor, and so I ask myself the same question quite often: How can we encourage more medical students to go into family medicine? I think the crux of it now is that there are medical students looking to their preceptors, looking to the people that they're working with, and seeing that people in family medicine are increasingly having difficulty doing what they do. I speak with doctors who have been around for 20, 30 years who say it's just the last few years where this inefficient administrative burden has really gotten in the way of being able to do what we love to do, which is work with patients. So I think by helping to support a move towards more efficient administrative processes and, additionally, helping to fund these teams so we can really work to top-of-scope as family physicians, that's going to demonstrate to incoming medical students that this is a great place to work, within family medicine, and that, in and of itself, it becomes a very nice job if you can do what we're supposed to be doing, which is seeing patients.

Mr. David Smith: Great. I'm glad you recognize that our government is also looking at foreign credentials. I'm at the Ministry of Labour, Immigration, Training and Skills Development, and we are working in a desperate manner to recognize foreign credentials and to remove the Canadian experience out of that to get these individuals as quickly as possible to help some of those areas. Thank you.

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

Mr. Stephen Crawford: Thank you, Chair. How much time do we have left?

The Chair (Mr. Ernie Hardeman): You have 5.11 minutes.

Mr. Stephen Crawford: Okay. We have lots of time.

Thank you to all the presenters for being here today. I'll start off with Blue Branch, Mr. Clyde. The situation that you brought up intrigues me, and I don't know a lot about it. Obviously, I know that in Alberta, a high percentage of the workers I know out there in the oil and gas sector come from other provinces, particularly the east coast and whatnot.

1530

In terms of Ontario doing this, with what you're doing right now, I'd just like to have a little more perspective on where these workers are coming from to Ontario, how many are there, and where do you think we can attract that talent from?

Mr. Todd Clyde: Right now it's obviously very competitive. Alberta has launched a campaign to bring workers back and spent tens of millions of dollars on the campaigns. We're currently seeing our largest influx of individuals either coming from the east coast provinces or in some parts of Saskatchewan and Alberta when there is a dip in the oil and gas sector. We had incredibly skilled

people who were unemployed, and here we were saying, "We need people." Obviously, immigration has to play a part of that. But also when the immigrants get here, when they have been here, if they have been displaced because of a downturn in the economy, how do we create a system they can access? Right now, obviously the unemployment rates are low right across the country, but we're going to have "have" and "have-not" provinces, so we have to develop that.

The other area where we've seen a large increase is from the urban centres moving into the rural settings for upward mobility, especially new Canadians, which was something unexpected. We didn't anticipate the participation level that we saw. We looked at cost of living and increased mobility, but we also have individuals from the east coast that want to experience the city. We've worked in places like Mississauga to Hamilton to Toronto and also in areas like Niagara and Stratford and other regions. I think the attractiveness of Ontario alone and the types of jobs and now the wages they're paying, I always say if you're from the east coast and you could do a two-hour flight here—in some cases with the turnarounds and the layovers, it took guys 12 to 15 hours to get out to Alberta. The difference back then was the wages in Alberta were so high. In Ontario, we're almost at par right now.

Mr. Stephen Crawford: Would the employers typically pay for flights?

Mr. Todd Clyde: Yes. What we do is we build it into—we are the process in between. We get them here and we say, "Look, if you want to attract them, the more you offer them to come, if you pay for all their housing and all their flights"—some pay a portion of it. The federal government did implement a \$4,000 mobility tax credit, but that was only for apprentices and skilled trade workers. We think some of these tax credits could be applied to employers to offset some of the costs that have to come in, because we're bringing people who aren't currently here, which is tax dollar spending in the communities, moving homes, bringing children with them and participating in the schools. We see that as a tremendous opportunity.

Mr. Stephen Crawford: It's intra-Canada, though?

Mr. Todd Clyde: Correct, yes.

Mr. Stephen Crawford: It's mostly Atlantic provinces. There are pockets of Ontario that obviously are not in as good a position as parts of the GTA, so have you looked even intra-province?

Mr. Todd Clyde: Absolutely. When we're looking for individuals, we're typically looking for areas of high unemployment—typically over 6%. When you see unemployment rates, 8% and higher is usually an indication that something has happened in the area. It has become depressed for some reason. We might see someone that wants to relocate to a region just because they have—maybe their kids are going to university now, so "How do I get there? How do I try it?" Our method is really just saying, "Look, just try this. Don't make any commitment yet, because there's a lot of upheaval that happens." By moving those barriers and the anxiety of moving and allowing them to try it, we've had tons of

people from Ontario moving into rural settings in the last couple of years. The research is still coming out on it. The first peer-reviewed paper is about to be released from the University of Toronto, so we'll have some more information on the research, on what worked and what didn't and the most regions where people came from.

Mr. Stephen Crawford: That's interesting. In the little bit of time we have left, if you could just sum up how you see the government of Ontario being involved.

Mr. Todd Clyde: Looking at a coordinated strategy on attracting individuals from other areas; looking at, potentially, tax credits for these individuals, because there's a huge cost of living—you're trying another area while you're still having a rent—matching somewhere along the federal credits, but also expanding them to more than just the skilled trades, which is—we obviously need tons of skilled trades right now but also physicians and other health care professionals. I think supporting Blue Branch and what we're doing with the research is going to really allow this to be put into the public sector and policies to be built around it.

The Chair (Mr. Ernie Hardeman): Thank you very much. We will now go to MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to thank you, Mr. Clyde, Ms. Roebuck and Dr. Bondy, for your presentations today.

I'd like to start with my questions for Ms. Roebuck. You pointed out throughout your presentation that Ontario is lagging behind other provinces in terms of public hospital funding, in terms of health care workers per capita, and that we are the last among the other provinces in Canada. You also pointed out the problematic response in terms of COVID that we saw across this province and the awarding of 30-year contracts to many private organizations—30-year contracts to some of the folks who had some of the worst COVID protocols.

My question is, in particular, about these private, for-profit health care organizations that the province is now funding. With your organization and with your work, have you heard of anyone in some of these private, for-profit clinics being asked to sign liability waiver forms before their procedures?

Ms. Shirley Roebuck: I, personally, have not, sir, but that doesn't mean it doesn't exist.

Mr. Terence Kernaghan: Understood. If we take a look at an endoscopy clinic—let's say somebody is going in for a colonoscopy outside of the hospital setting—what do you suppose would happen if somebody were to experience some sort of nick or cut during the procedure?

Ms. Shirley Roebuck: Well, I don't have to suppose; I know. Any adverse effects that come to the client because of the procedure—that client will be sent immediately to a public hospital emergency room. If the client doesn't feel these negative effects until after business hours—which is how the private, for-profit clinics work—then obviously they would have to seek help at a public hospital. These are clinics. They are not hospitals.

Mr. Terence Kernaghan: So I guess what you're saying is that if there is this move towards having these scaled-down rooms, it would be better administered by the

publicly funded and publicly delivered hospitals—that they already have the system tied in. Thank you very much, Ms. Roebuck.

My next questions will be for Dr. Bondy. Thank you very much for all of your work looking after your patients and the community. It's inspiring to hear that you are inspired each and every single day. Good for you. I was particularly taken—and I hope the rest of this committee was—with your words about upstream investments in our public health care system and making sure that we are properly funding primary care and family medicine.

I was just wondering, with these family health team models, what would happen if one of the individuals on that family health team were to retire.

Dr. Jen Bondy: Thank you very much for the question, MPP.

There are different types of family health team models. For the sake of the conversation, to keep things as simple as possible, the idea is that if someone were to leave a group practice, then the group leadership would work together to find someone to help replace the person who has departed in order to ensure that the patients who are already part of that team, who are familiar with not only the physician but all of the other allied health staff, would be able to continue on with as little disruption to their continuity of care as possible.

Mr. Terence Kernaghan: Excellent. That was exactly what I was about to mention—that there would be greater continuity of care. I know there are many individuals across this province, as you mentioned in your presentation—and it's something that we all hear, as MPPs—who are struggling to find a family care physician. If you are in a position where your physician, your GP, is getting ready for retirement and they don't have somebody who is willing to take over their practice, there simply isn't that continuity whatsoever.

In particular, you mentioned the 19 hours of administrative work—"inefficient administrative work," I believe you called it. What is the economic impact or cost savings if that could be alleviated with a more efficient type of admin?

Dr. Jen Bondy: Well, this is what I'm saying. The 19 hours, if we look at even saving a fraction of that—if I could save an hour of my time each day, for example, for five hours a week, when you extrapolate that, that could equate to adding 2,000 family physicians to the system. The difference is these are sunk costs, adding doctors, because they're already trained, they're already here, the infrastructure is already in place, and there's more time in the schedule to see people because we're not toiling away with a computer that doesn't work. That's 2,000 more docs in the system. It's additionally over two million—like 2.25 million—Ontarians being covered by family doctors, which means less constituents calling saying, "I don't have a family doctor." This is just by improving a small fraction of this inefficiency in the administrative burden.

1540

Mr. Terence Kernaghan: It's really powerful when you point out that that really minor technical change, something that could be easily achieved, will have such a

broad-based and tremendous impact. I think that's one that, hopefully, this committee will take under consideration, looking across at my friends on the government side.

Just a question, Chair: How much time do I have left?

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

Mr. Terence Kernaghan: Okay, 1.3.

I just wanted to ask, Dr. Bondy, do you have any concerns with this government's changes in their funding of these private, for-profit clinics?

Dr. Jen Bondy: The OCFP definitely supports change and supports innovation. At the same time, we want to ensure that there's an HHR plan in place that won't destabilize the other parts of the health care system, primary care, in particular, for us, but for the whole system. We want to ensure that the highest-quality standards of care are maintained.

Mr. Terence Kernaghan: Absolutely. We've seen different things that many organizations have talked about—Bill 124, wage-restraint legislation—and then this further funding of private, for-profit hospitals. Many are concerned about the subsequent loss of health care professionals into the private, for-profit health care clinics. It would be disastrous right now because we know there is a lack of a health care human resources strategy across the board.

I want to thank you all for your presentations today.

The Chair (Mr. Ernie Hardeman): Thank you very much for that. Now we're going to the independent. MPP Brady.

Ms. Bobbi Ann Brady: My question is for Ms. Roebuck. I'm just trying to get a handle on what you feel is the most concerning thing with respect to these private clinics. You talked about the Shouldice clinic and I understand your example there. But when I look at LifeLabs, it's probably the largest privatization in Ontario's health history, and you'd be hard-pressed to find somebody who would say anything wrong about LifeLabs.

I'm wondering if you support midwifery, because you talked about the idea that if somebody—in response to MPP Kernaghan's question, you pointed out that if somebody is in a clinic, if something went wrong, they'd have to go to a hospital. We know that also happens in other settings that many of us support.

I'm just trying to get a handle on how you see last week's announcement as being different.

Ms. Shirley Roebuck: The announcement is different because none of these private clinics or diagnostic centres will be tied to a public hospital. Usually—I think midwifery is one example—they have a physician adviser, and that physician adviser obviously is connected to a public hospital.

As far as LifeLabs goes, it is a very successful model of privatization; however, they're successful because they do tests in bulk. By that, I mean that LifeLabs does all of the "easy" tests: complete blood counts, electrolytes, kidney function etc. The tests that are done which are complicated are not done at LifeLabs; they're given back to public labs. And there are examples of people being charged for service at private labs.

Ms. Bobbi Ann Brady: Thank you for that explanation.

The Chair (Mr. Ernie Hardeman): MPP Collard?

M^{me} Lucille Collard: My question is for Mr. Clyde from Blue Branch. Like MPP Crawford, I'm not that knowledgeable about labour mobility initiatives. I think it's quite interesting and something worth looking into. I'm just wondering, from your experience, what you have seen that would work well in attracting those workers to smaller towns as opposed to just big centres. Are there any strategies? We need to grow the economies in the smaller towns.

Mr. Todd Clyde: It's interesting; what we've found is that a large segment of the urban population is willing to try the rural areas if they can experience them. When they get there, we find that the rural communities are very open to welcoming them and helping them with supports.

We've seen that some of the challenges with new Canadians are multiculturalism, access to areas—and we're seeing that the rural areas are starting to have programs there to assist individuals. For example, in Stratford, simple things like—we had an individual looking for halal meat, and the multicultural centre said, "Bring him over to us. We'll welcome him here." It's a community effort, and the community knows they need to expand. In Stratford, you have a lot of multinationals that could pick up and go to different countries if the labour supply isn't there, anchor tenants that potentially could go to Buffalo, for example, and have access to a larger pool of workers. So we've found that the municipalities, the economic development officers and all the supports in the community are welcoming them because it helps everybody in the area. I think the idea—

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

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

Mr. Andrew Dowie: I'll say hi to Dr. Bondy. Thanks so much for being here.

I'm curious about what you described as the administrative tasks that could be removed to basically use your time and your colleagues' time to better effect. What are the types of tasks that you're currently doing that could be off-loaded to others?

Dr. Jen Bondy: Well, off-loaded to others—but just made more efficient. One example of this would be referrals. As I say, there's no centralized referral pathway right now. If I see a patient in my practice who needs to see a surgeon, I would write a letter and fax it over to the surgeon and wait to hear back from them. That can take a few days. If the surgeon is not able to see them, then that will come back to me, and they'll say, "I'm sorry. I can't see them. Please direct them to someone else." So the process starts again, and I click on all the attachments and I write a new letter, or copy and paste it if I really want to save time. That can go on three, four or five times. That's a complete waste of time. There are solutions in place right now, like e-referrals through Ocean, for example, that allow some of these referrals to happen, but it's not happening on a mass scale across the province.

Another example, as I said, would be the standardization of forms. We get forms from everywhere—from workplaces, from all levels of government, from insurance companies. Certainly, we understand that people may need information. At the same time, if we could work to standardize these forms so that it's the same information being asked and the electronic medical record could plug whatever information it can into that so that we're not typing the same stuff over and over, that would be helpful as well.

Mr. Andrew Dowie: You got me concerned when I heard the word “fax” because, ultimately—my office has a fax machine, and I know it's still there, so I feel your pain. Honestly, we do need to modernize. I appreciate your comments on that. Certainly, I take that very heavily back.

I'm curious as to, just in terms of bolstering our supply of family doctors—right now, I know it's likely multifaceted. I'm hoping you can describe it so I have a better understanding. We have a certain number of spaces in our medical schools. We have the college that does the regulation of the physicians, and there's a strenuous test and experience—practice and examinations—that needs to go into that. Also, here in Windsor-Essex, we lose a lot of practitioners to across the border, so we may be actually training people here—or living here—who, just because of opportunity, leave Ontario. So I'm hoping you can share some of the strategies that you see that we could engage in to get our numbers of family physicians up and retain them here in the province.

1550

Dr. Jen Bondy: Yes, I think investing in primary care and recognizing that all high-functioning health care systems around the world have strong primary care at their core—when we can start recognizing that, I think it demonstrates to family physicians who are currently working and it then demonstrates to people who are coming up the ranks that people outside of medicine understand about health care and what's going on. So that's one thing.

The way you can do that, as I say, is by investing in teams to allow us to work to top of scope, so that I'm not doing something that someone else might be better trained for and vice versa, and by improving the workflow for us.

I appreciate that, I'm sure within most industries, there are technological issues that can drag things down. I think what is perhaps not necessarily unique but that does happen in medicine is that we're seeing patients back to back to back to back, so if my computer stops working for 10 minutes, for example, that literally throws off my entire day, and then the next patient says, “Well, why are you running late? Do you not respect my time?” “Of course I respect your time—absolutely I do—and I respect you, but I've got this computer glitch that's happening,” and then it just goes throughout the course of the day.

By improving things like this, we can do the work that we want to do, we can practise medicine, and I really think that if people are able to do that and they're drawn to doing what they love to do—the reason they got into it and the reason they want to get into it—I think that will attract people and it will retain people.

Mr. Andrew Dowie: Thank you very much.

The Chair (Mr. Ernie Hardeman): MPP Cuzzetto, 2.3 minutes.

Mr. Rudy Cuzzetto: I would like to thank all the presenters here today. This question is really for Shirley, but I want to tell Shirley something about myself.

Shirley, 12 years ago I had a mechanical heart valve put in, and I'm on Coumadin for the rest of my life. So I use LifeLabs on a monthly basis and I think that LifeLabs does a great job. Instead of me going into the hospital to do blood work or to my family doctor, which would take up the physician's time or the hospital's time, it's good to have a clinic like LifeLabs around so they can do those types of processes.

But I know you touched on hospital beds, the shortage of staff. I'm not sure if you're aware that we're spending \$40 billion to build hospitals across the province of Ontario, and the largest hospital will be built in my riding of Mississauga-Lakeshore. It will be 24 storeys high—sorry; 24 surgical rooms and the largest emergency centre in North America. And we're spending \$6 billion on long-term-care beds in the province of Ontario. Where the previous government only built 611 beds in 15 years when they were in government, we're building 30,000 new beds and 28,000 rebuilt beds throughout the province of Ontario—632 in one location, right in my riding, as well. I'm lucky that I'm getting all this investment in my riding and I'm really proud of what our government is doing.

You touched on private health care to help assist our hospitals. Do you have a family doctor with a private facility?

Ms. Shirley Roebuck: No, sir. I see a nurse practitioner.

Mr. Rudy Cuzzetto: Because, if you know, every doctor in Ontario that has a private clinic is private, and we pay with our OHIP cards. Would you want us to eliminate that as well and have it covered under a system like a hospital instead of having private doctors run their own clinics through the province of Ontario?

Ms. Shirley Roebuck: I can't comment on how doctors should be operating in this province. I will tell you that I'm glad to hear that Mississauga is going to get such a wonderful hospital; I wonder how you're going to staff it.

Mr. Rudy Cuzzetto: Well, that's why we're investing \$342 million in new staffing through our colleges and training people to come. This new plan has even been endorsed by the OMA, and our Trillium Health Partners has endorsed the plan, about taking some of the pressure off our hospitals to do those surgeries.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. We're now going to the official opposition. Terence Kernaghan.

Mr. Terence Kernaghan: Dr. Bondy, I just wanted to thank you as well for your suggestion, which will alleviate so much stress on our system by investing in family health teams and will actually take cost away from the emergency system and all the wait times and all the problems and delayed surgeries. It's almost as though this is the same cycle as long-term care, where there's an increased administrative burden and decreased funding, leaving less and less opportunity for care.

I wanted to make a recommendation that rather than talking about “administrative burden,” you might want to call it “red tape,” because when you say those words it gets everyone really excited on the government side. It’s just something that I wanted to make as a humble recommendation. See, they’re all looking at me now, because I said “red tape.”

With that, I’d like to pass it over to MPP Gretzky.

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

Mrs. Lisa Gretzky: Do you know what? I could answer that question that MPP Cuzzetto asked Ms. Roebuck. The difference is—what we’re talking about—when you go to a family doctor for care, they don’t tell you that your care is based on what you can pay for. You get the care that you need when you need it. When you go to these private surgery clinics for cataract surgery, you can have better lenses if you’re willing to pay for it. Not everybody gets access to that level of care; it’s based on whether or not you can pay for it.

I will also say that we have operating rooms across the province, including here in Windsor, that sit closed—the room is dark; nobody is using them—because there is a staffing crisis. There’s a staffing crisis. Even local dentists have come to me and told me that the kids who are on the Healthy Smiles program, who need care within an OR so they can be sedated for the care—kids with developmental disabilities—can’t get time in an OR, because there’s no staff for them to be able to get time. So what you need to be doing is investing in our publicly funded, publicly delivered, not-for-profit health care to ensure that we have the staffing levels to be able to open the operating rooms before you even consider privatized, for-profit care.

My question, Dr. Bondy, is for you. I know that for the doctor that I see, there is a family health team. It’s maybe not as broad as what you’re talking about; I don’t think there’s a social worker and some others—which I think is fantastic, because we know that when people have access to those services and supports from the front end, it’s more likely to keep them out of hospital, which is more costly. Frankly, we don’t want them to be so sick that that’s where they end up. So I think it’s phenomenal. I know with my doctor, I have an opportunity to either see him in his office in the Ziter building, so I can either go up and see him upstairs, or I have an option to see the nurse practitioner who is always in the clinic. If I can’t see one of them, then there is another doctor from within that team in that building who I can see, who has immediate access to my records, knows my health history and has that information, and then can update it down the road for my doctor as well. So I think it is phenomenal to be investing in all those connected services, and I’m interested in the fact that you mentioned also to have social workers and others, because I think that’s really important.

Not too long ago, we heard the Minister of Health saying, and the Premier has since said it, that primary care—as we usually call them in the political realm, but most people know them as family physicians—needs to just step up and do more to help alleviate the crisis in our hospitals, which we know is being caused by a health human resources crisis. Here in Windsor, we have nurses that go to work in the States because they’re paid better.

They have a better chance of picking the hours that they work. They talk about being more respected over there. We know that Bill 124 is also a barrier for retaining and attracting nurses here.

So I’m just wondering: Do you, or any other family physicians that you know, have extra time to provide the amount of time to give your patients or their patients the quality of care that they need, on top of everything that you’re already doing? Because this government seems to think that family physicians have all kinds of time to be providing more care in order to alleviate the crisis that we’re seeing in our hospitals.

Dr. Jen Bondy: Sure. Thanks for the question, MPP Gretzky. I think it’s a little bit tricky. Because family physicians are generalists, there’s probably a long-standing feeling that generalists are able to do a little bit more of everything as compared to our specialist counterparts. So oftentimes we’ll be tapped on the shoulder because people know that they can come to us. If they need someone to help fill in at the ED, if there aren’t enough specific ED docs, they could tap on the shoulder of a family doc who has training in that area. The same could be said if there aren’t enough geriatricians, for example, to go into the long-term-care facilities; they can tap on the shoulder of a family physician to be able to do this. Particularly in remote and rural communities, we continue to see our colleagues doing this type of work. So I’d like to think that this is where the commentary is coming from—that we know how much family physicians are able to do, so we continue to tap on the shoulders of family physicians, because we know that they’re able to respond. The problem at this point, though, is that this has been ongoing for years and years—probably decades—where I think there has been a bit more focus on tertiary care as opposed to primary care, which is good. We want to focus on tertiary care, but I think that has been to the detriment, to a certain extent, of primary care. If we could shift some of that focus in order to help strengthen the primary care sector, I think that it would leave the health care system in a better place overall.

1600

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

Mrs. Lisa Gretzky: We’re good. Thank you.

The Chair (Mr. Ernie Hardeman): Well, that concludes this table. We thank all three presenters for the time you took to prepare for this and to be here to share your thoughts with us. I’m sure it will be of great assistance as we move forward in preparing the budget that’s coming in a month or two. Thank you again.

CITIZENS FOR HEALTHCARE
WINDSOR-ESSEX REGION

HIATUS HOUSE

TRIOS COLLEGE

The Chair (Mr. Ernie Hardeman): Our next panel is Citizens for Healthcare Windsor-Essex, Hiatus House, and triOS College. I see triOS College is coming in—full disclosure, he used to work in my office a long time ago.

The three presenters will take seats at the front.

As with all presenters, each presenter will get seven minutes to make a presentation. At the end of six minutes, I will let you know that there's one minute left—and when there's one minute left, I will tell you that's it.

With that, we'll start with Citizens for Healthcare Windsor-Essex. Good afternoon. The floor is yours.

Ms. Kathryn Hengl: Good afternoon. My name is Kathryn Hengl. I am here today representing Citizens for Healthcare Windsor-Essex Region. Thank you for this opportunity to share our concerns and need for immediate funding to bring to fruition the new Windsor-Essex regional hospital long planned for our county.

Citizens for Healthcare is a community-based organization founded in 2016, campaigning as an independent and non-partisan group of concerned citizens in support of the new Windsor-Essex hospitals system plan. We continue to participate in the key five-stage process, both locally and provincially, to help get the new Windsor-Essex regional acute-care hospital built in a timely manner. Our new hospital has been in the planning stages for over 10 years now, and it is now only at stage 2 of the stage 5 process. The hospital is not expected to be completed and opened before 2030, which is some 17 years since the announcement of the new hospital was made in 2013.

The recently completed functional program is one of the main components of the stage 2 submission currently targeted to be submitted to the ministry in April 2023—that's this year—presenting all clinical and non-clinical needs for the new hospital, thereby defining the total scope of the project. If the ministry could begin reviewing the functional program document now with a goal to approving it in May of this year, the hospital planning and design teams could effectively move right into stage 3 planning to further the design work into indicative design plans and procurement documents, and thereby save perhaps nine months in the overall project time. In order to facilitate the foregoing, it is imperative that the \$25 million required for stage 3 work be committed in the provincial budget this year. And then, if we follow the same approach for stages 4 and 5, it will shorten the schedule so as to permit construction of the hospital to start by late 2025, and possibly complete it and open the new hospital earlier than 2030.

Much has changed in our area since this process started, which is why we must now move forward, as we have suggested, in a timely fashion with utmost diligence. Our community continues to grow in many different and varied ways. The Windsor Star recently reported that 1,800 refugees and asylum seekers arrived in Windsor in 2022. That number will only increase with everything that is going on on the world stage. The 2021 census indicated there were 96,940 immigrants throughout the county of Essex, showing a 30% growth rate. This indication of the diversity of the area makes us a likely candidate for continued growth, followed by a growing need to provide sufficient and quality health care services.

Opportunities abound as Windsor and Essex county experience growing and emerging industries developing in

our area. We currently have significant growth in a number of areas that we wish to apprise you of.

Firstly, we have advanced manufacturing. This includes areas of automotive production, feeder plants, connected autonomous vehicles, automation, mobility tool and die, as demonstrated by the new \$5-billion LG Energy plant currently being built as we speak, which will employ 2,500 people. There is also an additional battery feeder plant that's set to employ another 300 people locally.

Next, the local agriculture and agri-tech industry continues to grow and expand beyond the current 100 food and beverage processing companies, 1,500 growing operations and 15,000 employees.

Locally as well, the health and life sciences industries of pharmaceuticals and nutraceuticals continue to grow.

Another growth area is information and communication technologies, which includes artificial intelligence, cyber security and mobility.

And, additionally, we always have here transportation and logistics—warehousing and cross-border technology—opportunities that continue to expand locally as well.

We will be providing you with links for each of these areas of growth with our written submissions of this presentation so that you will see where the information from this comes from, and that all suggests that the urgent need to move the hospital planning process forward is now.

All of this, of course, is in addition to the continued construction on the new Gordie Howe International Bridge as well.

When all of these new industry and economic growth opportunities come together in a short period of time, that will put enormous pressure on our aging health care system and speaks directly to our need to move this hospital planning and construction process forward in a timely fashion we spoke of earlier, with utmost diligence.

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

Ms. Kathryn Hengl: Our current century-old health care facilities—I will repeat that, our currently century-old health care facilities—cannot handle the existing demand for services, and these anticipated and planned developments will only increase that demand for health care services. To meet this timeline and, more importantly, the needs of our community, we request this government to commit the \$25 million in this year's budget to take this project to the next stage 3 and permit our new hospital to be in service sooner than 2030. Again, as I indicated, we will provide you links with this information substantiating all of the economic influences.

We look forward to working with you to continue to see this come to fruition, but first we need that \$25 million to move forward in stage 3.

The Chair (Mr. Ernie Hardeman): And us, with you. That's the end of the time. Thank you.

Ms. Kathryn Hengl: Thank you very much.

The Chair (Mr. Ernie Hardeman): Now we'll hear from Hiatus House.

Ms. Sylvie Guenther: Hi. Good afternoon, everybody. My name is Sylvie Guenther and I'm the executive director at Hiatus House here in Windsor. With me is Brittany Rumball on the screen behind me. I'd like to thank the Chair and the members of the committee for accepting my request to be here today.

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Hiatus House offers a 42-bed emergency shelter for women and children and community services for women, children and men to help them live a life free of violence. Those we serve experience family or domestic violence and/or human trafficking. We have a vision to end all forms of gender-based violence throughout Windsor-Essex.

I'd like to acknowledge the investments that the provincial government has made to help the women and children we serve and the work of all the organizations like ours across Ontario. We've benefited from recent investments in the Transitional and Housing Support Program and look forward to those becoming permanent.

The pandemic has been challenging for most of us. Our team was actively working on-site throughout the pandemic, maintaining ongoing hypervigilance to make sure that everybody remained safe. We are grateful for the COVID recovery fund that allowed us to create social distancing by using hotels for women and children.

Our team has talked about hearing extreme stories of violence during that time that they weren't used to hearing before that. The extreme was the result of isolation, partners being out of work and at home, and the inability to find a safe place. When society tells you, "Stay home for your safety," it doesn't consider when home is not safe.

Now our team is experiencing high levels of burnout and fatigue. We're experiencing clients who have a greater degree of complexity than they have in the past. We're seeing more addictions, using substances that we're not familiar with and have little knowledge about, acute mental illness, and the complex trauma that comes from a lifetime of abuse and violence. We bring this complexity into a congregate setting where these people come together, where people are seeking safety.

Our staff are seeing active drug use, violence, threats to others and suicidal acts on a regular basis. We've all heard of the Great Resignation. Hiatus House has replaced about 30% of its workforce in the last year. This is the one year, not the entire time of COVID. We are hiring employees with less experience and need more people to do the same work as a result.

Employees leave because they can get paid more with a less stressful job somewhere else, where they have assured safety and steady daytime hours. They also leave because they feel a sense of hopelessness with the number of women leaving the shelter to homelessness, and this is because of the housing crisis that we're facing and other systemic barriers.

Our staff are quickly hired to other agencies because employers know that they are well trained and have good skills to manage crises. We, on the other hand, don't have the resources to offer them what they are worth.

I've talked about the post-pandemic fatigue, the Great Resignation and the complexity of the people that we serve. Our inability to resource the solution to these issues is compromising the quality of the service we provide. I read that inflation was 6.5% in 2022. There has not been an increase to our base funding in several years, since 2019. We received some one-time funds, but they are not permanent or predictable.

Some employees struggle to put gas in their vehicles. We have full-time cleaning staff that are not earning the living wage in Ontario, and our social workers are not earning what their peers are making in other sectors who are working with the same kinds of issues. On top of this, we are expecting to lose \$268,000 of dedicated housing support funding, of which \$160,000 covers our operating budget, because our mortgage will be paid.

These are systemic issues in the gender-based-violence sector, and I know that this is a challenge for planners and decision-makers, and it can't happen overnight, but I believe we can do better. Employees are leaving because they can't afford to stay. Add to that the increased costs of COVID, food—we all know what's gone up in the last couple of years. We struggle to do our work well, and other agencies in the community are picking up the work that we're mandated to do because we can't afford to do it.

There are strategies and recommendations to help us, such as the national action plan on gender-based violence and recommendations that have come out of many inquests over the years, most recently the Renfrew inquest, where there are 86 recommendations. I've spent most of my career working in mental health and addictions before coming over to VAW, and I've seen what investments into that sector have done to improve services.

According to Women and Gender Equality Canada, 30% of women 15 to 24 have reported gender-based violence in the last year, and 44% of all women have experienced some form of violence in their lifetime. The OAITH, Ontario Association of Interval and Transition Houses, femicide report tells us that there was, on average, one murder a week in Ontario in the last year of a woman because she's a woman, and three murders occurred in the Windsor-Essex area in just over one year. In Windsor-Essex, people across multiple sectors came together to make local recommendations for improvement. Hiatus House can answer to these recommendations and we ask that you make it a priority.

We have a plan to build 40 transitional housing units that will help women gain the skills and confidence they need to live successfully as full members of society. At the same time, it will address other social issues such as homelessness. This is in line with the national action plan that suggests we provide critical, life-saving support and safe spaces to victims, survivors and families, and social infrastructure and enabling environments. We will work with partners to deliver that social, health and community service to protect and empower them. We need help to make this happen and we require both capital funds and ongoing support to operate it.

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

Ms. Sylvie Guenther: The process of applying for these funds is expensive and we've spent money only to be turned down.

Imagine a woman comes to you and asks for help because she is being abused. You offer her emergency shelter where she can get out of the crisis and then you transition her to a housing unit where she can learn to use the resources around her to develop her own personal skill and ability and find the confidence to live independently. With this, she doesn't cycle back to the shelter. She has the space and time to gather herself, and her children no longer witness the abuse. This creates a different life for her and her family.

The community is very generous, and more and more we depend on donations to help us, but we're dependent on these more and more and we want to be able to use the support of our province to help us make that happen.

It won't happen overnight, but together let's create a comprehensive, sustainable and committed system that doesn't just react to violence but that supports people to live in non-violence. We'll do this by delivering high-quality, evidence-based services. The issue is critical. Women matter. Everyone one of us has a mother and this isn't—

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

We're now going to the triOS College. The floor is yours.

Mr. John Cruickshank: Good afternoon, Mr. Chairman, and thank you for the opportunity to appear before you today. My name is John Cruickshank and I am the manager of government and community relations for triOS College.

Just a little bit about triOS: We are Ontario's largest private career college group. Under the triOS banner, we have eight campuses across southern Ontario spanning from Windsor to Scarborough. We also operate four campuses in the Maritimes as Eastern College, and we have two GTA campuses that are in partnership with Sault College and one GTA campus that is in partnership with Mohawk College. We also recently acquired the Centre for Distance Education, a leading online college, with students nationwide. In total, across half of Canada, we have 15 physical locations with over 7,000 students studying with us every week. Over the 30 years we've been in operation, we have helped over 60,000 people become job-ready graduates.

For those who are wondering who attends our school, the average age of our domestic students is 33 in Ontario and 31 in the Maritimes. Our students tend to be older than those who are attending community college and are looking for a second career. More than 50% of our students already have a post-secondary credential. The students at our triOS campuses want a quality education that allows them to re-enter the workforce as quickly as possible.

I wanted to use this opportunity today to talk about two issues that we would like the government to consider for the upcoming budget. The first issue is the Co-operative Education Tax Credit. As some of you may know, the co-

op tax credit is available to employers who hire and pay co-op students who are attending public colleges. This allows them to defray some of the cost of hiring students. Unfortunately, the tax credit is not available to employers who take on co-op students who are attending private career colleges. We know co-op placements are an important part of most of our programs and can offer invaluable experience to students. It shouldn't matter if the student goes to a public college or a private college. This is especially the case where both public and private colleges are accredited to the same standards and the only difference is the ownership. This move would allow more of our students to be offered paid internships and would level the playing field with the public system.

The second issue I wanted to talk to you today about is the need to quickly hire and train more early childhood educators. It's been estimated that to meet the future demands for child care spaces in Ontario, we'll be short approximately 20,000 ECEs. This shortage will hamper the province's desire to expand child care spaces. There are two actions that the province could consider taking to meet this shortage.

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First, treat the shortage of ECEs as urgently as you treated the shortage of PSWs. With PSWs, the province set up a challenge fund that paid the cost of training for thousands of PSWs. At triOS we trained about 800 PSWs in the first year of the challenge fund and currently we're training approximately 1,200 students that are being paid for out of the second iteration of the challenge fund. In total, our school alone has trained approximately 25% of the total number of PSWs trained by all of Ontario's private career colleges. The challenge fund has been a huge success, responsible for training thousands of new PSWs working in Ontario's health care system. A similar fund should be set up to pay for the training of ECEs.

The second thing that needs to happen is to open the training of new ECEs to allow private colleges to offer the program. Under the current system, if you graduate from a community college with a diploma in early childhood education, you are automatically qualified to join the College of Early Childhood Educators. For any other program, such as a degree program or a program at a private college, the College of Early Childhood Educators must approve your program in order for the graduates of that program to qualify for membership in the college. In the history of the College of Early Childhood Educators, they have approved only one private college.

Currently, we are teaching hundreds of international students in the ECE program at one of our Sault College campuses. Our Sault College students, when they graduate, will automatically qualify for membership in the College of Early Childhood Educators. We'd very much like the opportunity to teach ECE at our triOS campuses.

By opening the ability to train ECEs to Ontario's private colleges, you would increase the size of the pipeline of new ECEs coming into the system. If allowed to offer the ECE program, triOS has the capacity to scale up quickly to start training them to help meet the demand, just

as we did with personal support workers. We could scale up quickly without sacrificing the quality of the education our students receive.

With that, Mr. Chairman, thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes the presentations. We will start the first round of questions with the government. MPP Dowie.

Mr. Andrew Dowie: My first question is for Ms. Hengl. Thank you for being here. It should be no surprise that I'd be very supportive of what you're bringing to the committee today. The fact that I'm here today, I think, is indicative of the public support for the hospital project and the support of our government, which has announced, after a long, long period of us waiting, that this is worth investing in. Phase 2 is funded, and both the budget and the fall economic statement from 2022 indicated support for the Windsor-Essex regional acute care hospital.

I'll give a quote which I hope gives some solace to you, further to your question in your introductory about any further delays. Minister Sylvia Jones mentioned on September 27, "We owe it to the community as a government to make sure that we will remove any barriers that in any way delay this project," speaking of the Windsor-Essex regional acute care hospital. So I think it's without doubt that any opportunity to remove delays of the process will be undertaken by this government, and any opportunity to accelerate the timeline of the hospital will be undertaken by this government. That's been said over and over again. I just want to reinforce it with you today.

I thank you for your support of the Windsor-Essex regional acute care hospital—long needed. We don't have to rehash history as to why it's been delayed by past governments, but with that, I know we still have some time to go. I know, just this week, Premier Ford and Minister Jones—and I was there, along with MPP Leardi—were at Windsor Regional Hospital to announce approximately \$30 million to connect people with improved treatments for patients with cancer and cardiovascular disease. I know one of the burning questions was, "Well, aren't you getting the new hospital?" Well, we can't wait. Just as the slogan was, we can't wait to treat people who are in distress and who are going through pain and agony and need a correction of their medical condition.

I'm wondering if you have any feedback on the investments like the government announced this week to expand access to convenient care as well as the investments that have been confirmed by our government for the Windsor-Essex regional acute care hospital.

Ms. Kathryn Hengl: Thank you very much for your question, and thank you very much for the support that we are currently receiving in this area to move the hospital forward in a most expeditious manner.

To answer your question: No, I'm sorry, I don't have any feedback with regard to what has been proposed most recently. And I think where we are looking is simply that rather than waiting till next year to come to the budget and ask for stage 3 funding, if the stage 2 process will be completed in the spring of this year, in just a couple of

months, then perhaps that time frame from April until January can be saved by ensuring that the funding for stage 3 is available in this budget, so we can move forward without having to wait an additional time frame. That's basically where we're coming from in this regard.

Mr. Andrew Dowie: Just to follow up on that—sorry, Chair; I know I need to go through you: Your understanding is that this year's budget and the inclusion of it and the minister's statements do not make it clear that stage 3 will be funded as soon as stage 2 is done?

Ms. Kathryn Hengl: Oh, yes, I do see what you're saying. Yes, of course. That's certainly very helpful. As soon as stage 2 is done, that's what we're looking for—to have that commitment for stage 3.

Mr. Andrew Dowie: Thank you very, very much. I appreciate your advocacy on this issue for a number of years.

My next question is for Sylvie. First, I want to say thank you for the service you provide. Like many in our community, I know first-hand many who have been a part of the service you provide. They are fleeing awful situations. You provide a home and support for them that's transformative and gets them back on the right path. I know there are lasting impacts from experiences that everyone goes through who passes through Hiatus House. You leave a marked impression on them. Thank you so, so much for that.

Ms. Sylvie Guenther: Thank you.

Mr. Andrew Dowie: You mentioned that on the retention side, it's a combination of things: You mentioned a sense of hopelessness—"Will we ever turn the corner on the outcomes?"—and the other agencies that are looking for the talent pool that are with you and are able to offer more. You also mentioned that other agencies pick up some of the work you've been mandated to do.

Can you expand a bit on a couple of points? One is, who is in the sphere of recruiting the staff who work for you today? Who's looking for the staff you employ? As well, what are the other agencies that are assisting or at least trying to fill the gap, given the limitations that you're going through today?

Ms. Sylvie Guenther: We're losing our staff to other social service agencies. They're staying in their field. They're going to other social work jobs, whether they be in family services or mental health and addictions services. I do think that, as I said, they get recognized as being quite skilled—because of the diversity of the clients we work with and because it's a 24/7 facility, they have a range of experiences. So when I say other agencies are picking up—I'm hearing that they are providing services for gender-based violence, which is okay; we're going to do this together. But sometimes it sort of makes me think we're not doing our part. We want to do more. We want to do better. We recognize that we're not always doing everything we can be doing because of the resources.

Mr. Andrew Dowie: You mentioned that the process to apply for the funding is expensive. Can you describe the process you go through that makes it expensive?

Ms. Sylvie Guenther: We applied under the women's shelters and transitional housing grant for the CMHC federal—it cost us about \$100,000 to apply, and we were turned down. That's \$100,000 that we don't have in our budget to spend on this, but we were confident and given indication that it would happen, but it didn't. So there was progress made, but we're not going to get that back.

The Chair (Mr. Ernie Hardeman): With that, we'll go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to thank the presenters for coming to committee today.

My question will be for Ms. Guenther. I just wanted to first start by thanking you and Hiatus House for the work that you do. Gender-based and sexual violence continues to be a scourge and has been on the rise throughout the pandemic, so I just want to thank you and your staff for all of the work that you do changing lives and also saving lives. I just can't thank you enough.

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I did want to dive into the mass resignation and your loss of 30% of your staff. I did want to ask: What are the staff currently paid at this time, and what is the disparity between other social service providers?

Ms. Sylvie Guenther: Our social workers are paid around \$25.60 an hour. They usually start closer to \$30. They're even leaving for jobs that pay \$27 or \$26, but they're not 24-hour and they're not high-crisis. We've had staff leave to do intakes and book appointments making more money.

Mr. Terence Kernaghan: Definitely. It would be an exhausting job on the best of days. It takes a very strong, very caring person to hear some of the stories that people experience in this sector. I did want to ask as well, is what you're asking, in terms of what you would like to pay your staff, to increase their wages to \$30 an hour?

Ms. Sylvie Guenther: Yes. We are doing market research right now to look at what the average is so that we can set up scales, but we expect that it's going to take us—we are not going to be able to implement it because of the lack of funding, but we're hoping to be able to scale our staff. We are thinking around \$30 an hour is where we are going to be.

Mr. Terence Kernaghan: Understood. A living wage is something that's very important, and it's important that they are also paid well for the incredibly important work that they do.

I wanted to ask: What is the average length of stay for individuals and families at Hiatus House?

Ms. Sylvie Guenther: Six to eight weeks, depending on their situation. We always have to make sure that we're able to admit high-risk women, so to make room on the front end, we have to discharge on the back end. We don't want to, but they often get discharged to homelessness or back to partner or they're couch-surfing. If a woman has no resources—we can't get her into a homelessness shelter, she may be a newcomer who doesn't speak the language—we have extended those stays longer so that we don't create a bigger problem. We do everything in our power to make sure she has somewhere to go, but it does

often look like homelessness. And the staff—it's hard, right? You are telling a woman, "You can't be here," and she has nowhere to go. So the staff find that very difficult, and some of them have said that's why they're leaving.

Mr. Terence Kernaghan: Definitely. You can't create space out of nothing.

Ms. Sylvie Guenther: Exactly. And housing wasn't an issue four or five years ago. Today, we can't get them off the list. We can't access housing to get them into a place.

Mr. Terence Kernaghan: Absolutely. We have seen the commodification of housing and prices skyrocketing while real estate investment trusts make a lot of money while people are suffering.

Ms. Sylvie Guenther: The transitional housing will give them a year to two years to get on their feet, get employment skills and sort of get established. Meanwhile, their name will come up on the social housing list, and they will have a safe place to go to.

Mr. Terence Kernaghan: Absolutely. In terms of the HR loss that you are experiencing, have you tracked the financial implications of having to continually retrain staff?

Ms. Sylvie Guenther: I don't have a solid number, but what we did do is applied through Women's Shelters Canada for a trainer. We have one individual committed for one year. She is in the role of trainer, so she is onboarding people. It's helping us for sure. But the other thing that costs is the lack of experience that group has. Two staff are working together on shift; one has been there four months and the other one has been there two, and they're saying, "How do we do this?" They don't have the experience to be able to do it, so it is costly for sure.

Mr. Terence Kernaghan: Absolutely. Thinking about some of your comments earlier, there really isn't an adequate tracking system in the province of Ontario. You mentioned the number of women who are couch-surfing, who just simply are not represented within the understanding of the government.

I was also quite struck by the fact that your organization had to spend \$100,000 to apply for federal funding. I just wanted to put it on the record: Were you aware that for-profit developers who are applying to Infrastructure Ontario to administer P3 projects—did you know that applicants are given up to \$2.5 million just for applying?

Ms. Sylvie Guenther: Wow.

Mr. Terence Kernaghan: Shocking, isn't it?

Ms. Sylvie Guenther: Yeah, shocking.

We wanted to take it to the next stage. So we got the "no" answer. Now there's rapid housing out again. We got a quote for a total cost of \$1.5 million to get us to full readiness, because we weren't at full readiness. That's a "no," because we don't have \$1.5 million to get us to readiness. So how do little agencies like ours do that, when we can do the work and we want to do the work and it fits our mandate?

Mr. Terence Kernaghan: I noticed you were mentioning "after the mortgage is paid." Are you currently in a situation where you are able to pay the mortgage?

Ms. Sylvie Guenther: So the mortgage is part of the dedicated housing support. It's \$108,000 a year. And the rest that I mentioned is the operating; that's part of it. Out of the operating, we pay maintenance, we pay our cleaners, we pay our supplies for cleaning, we pay our heat and hydro, and that amount is going to be gone when the dedicated housing support money is gone.

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

Ms. Sylvie Guenther: We were told by our MCCSS rep that there's no intention in continuing it once the mortgage is paid. But there's more than our mortgage that's attached to that amount.

Mr. Terence Kernaghan: Understood. It's a strange situation that you're going to be in a re-negotiation situation when you didn't necessarily have to be. That's very unfortunate.

I guess my last question is, in terms of—sorry. I wanted to also ask: In 2019, this Ontario government cut \$17 million. It was an arbitrary cut. They reduced funding for women's shelters from \$172 million to \$155 million. Did that affect Hiatus House in any way?

Ms. Sylvie Guenther: When I look at the budget patterns, there are some spots in there. I'm relatively new—two years. There has been some up and down.

The Chair (Mr. Ernie Hardeman): That's the end of the time.

We will now go to the independent. MPP Collard.

M^{me} Lucille Collard: Thank you, Mr. Chair. I'll continue with you, Ms. Guenther.

I think it's become very evident through all the testimonies that we've heard and the interventions that the underinvestment in our public health care system has significantly impacted our economy, that we need to invest at the root and that the solution lies with more investment but also with all levels of government working together instead of trying to patch up the system. I'd really like to see it, as I'm sure you would.

You mentioned the inquiry but also the national action plan that provided some 86 recommendations—a very striking number. I'm just wondering if you can elaborate a little bit more on some of those very important recommendations.

Ms. Sylvie Guenther: Right. So there have been many inquests in Ontario. Interestingly, I was cleaning through the cabinet in my office before I got there, and I pulled out a news article from 1986 that said, "We should call domestic violence an epidemic." And the number one item on the recent 86 recommendations is to identify gender-based violence as an epidemic. It sort of shows that over time we keep coming out with these things, but we're not doing a lot about it.

The recommendations are really around being able to service people fully, being able to create prevention activities and, like you said, having all levels of government come together to be able to plan and find real solutions for it. We do get other money from different sources—it's all temporary, not permanent, so we can't plan long-term around it—but it is piecemeal. It comes for different reasons, and it comes with strings attached,

which doesn't give us the ability to plan and do the things that we need to do and even make sure that our current services are doing all the work that we're committed to doing. So our staff aren't paid enough, but we get this little pocket of money to do new things.

M^{me} Lucille Collard: Thank you. I'm sure we could talk hours about all of that.

I'm just going to direct my other question to triOS College, to Mr. Cruickshank. I find the idea very interesting, to provide public funding to private schools. I'm not saying it's a bad idea; I'd like to understand a little bit more about it. I was at a private academy last week giving a little presentation and discussing with students about the roles of our different levels of government and whatnot, and the teacher actually raised that question of how a private system can collaborate more with the public school system. I'm wondering if that idea of providing funding for programs that are being delivered in public schools is a way to provide easier access to education. What's the rationale behind it?

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Mr. John Cruickshank: To start with, I'd just say the private systems should collaborate with the public system. As I said in my presentation, our students are typically older than those who go to public colleges. They often have to retrain. They've lost their job. They need a second career. They're looking for something that's high-quality but that can be offered quicker than at a public college. Or they just wouldn't go to a public college, as they've aged out of it, so to speak. So I think we're complementary to the public system. I think we serve a different demographic than the public system, but it's a very important demographic that often needs that kind of assistance.

The Chair (Mr. Ernie Hardeman): We'll now go to the second round and the government. MPP Babikian.

Mr. Aris Babikian: Thank you, esteemed presenters, for your insight and your input.

I would like to start with a question for Kathryn. During your presentation, you mentioned the five-stage process of approval for new projects—hospitals or capital projects. I know this policy was implemented by previous governments before the 2018 election. I want your insight. Is this five-stage process important for approvals, speeding up the process of building hospitals and other health care facilities in Ontario, considering the time constraints that we are facing right now? And if it is important, how can we speed up the process or shorten the process or reduce the process so that we can start providing the financial support to start the building and put the shovels in the ground?

Ms. Kathryn Hengl: That's a very good question. The five-stage process is what we have to move this process forward—and I haven't really looked at it with all the other hospitals that are going on to see how efficiently it works. But using that process, I think in order to speed it up—rather than waiting until each process is completed before the funding for the next one starts, if there were a way to get everything in the queue ahead of time, to get the funding in place, perhaps in a shorter period of time,

that would then allow the whole process to sort of collapse in and move along in a more efficient manner. So although it's important, I think that, like I said, there needs to be a way to find how we can shorten it without having to wait until one stage is completely finished before we approve or authorize the next stage, by getting it in the queue earlier and having some sort of pre-approval for the next stage as you're completing the current stage.

Mr. Aris Babikian: That is very helpful input.

I can assure you that you are not alone in this process. I know, for example, the Scarborough Health Network is facing the same delays and the length for the five-stage process. It will be helpful to everyone around Ontario if we can find a solution to this five-stage issue.

My next question is to Sylvie. In 2021-22, the government of Ontario invested \$198 million to help victims of violence and \$11 million for violence prevention initiatives. We have also invested an additional \$2.1 million over three years to expand victim and sexual assault services in underserved communities. Furthermore, we were also providing \$18.5 million to support victims of domestic violence and survivors of human trafficking to find and maintain affordable housing.

So these are some of the initiatives that we have already implemented last year to address some of the issues that you raised with us, and I can assure you that the safety and the security of women, children, abused or otherwise, are a priority for our government.

So what other steps can we take to improve the system, to give you more ammunition to fight this phenomenon? And additionally, do you find this abused woman syndrome—is it related to financial issues, cultural issues or other related issues?

Ms. Sylvie Guenther: I'm not sure I understand the last part of the question, but I can say is that we did receive money under the Transitional and Housing Support Program which was last year. It's three-year funding, so we will plan for it for the next three years, but we can't vision out past that because we don't know that they'll become permanent supports. So we do have that. Can you repeat the last part of your question?

Mr. Aris Babikian: I'm sure that you have done many studies on the cause of the phenomenon in our society of using violence against women. So from your studies, your analysis, are there one or two direct causes for this phenomenon in our society? Is it financial reasons, is it cultural reasons or are there other reasons that we should focus on to prevent this issue from happening?

Ms. Sylvie Guenther: I think there are a variety of issues, and it's as complex as the people, right? I think, definitely, somebody who has grown up with a history of abuse is more likely to either perpetuate it or be victim of it. We live in a society that has a lot of violence: We see it in media; we see it in the news; we see it in scripted television shows. We also have attitudes and beliefs around how boys should act and how girls should act.

I think that social media has not helped the problem. I think that it has become far worse. Women and girls are victimized much younger. I think we're seeing human

trafficking being a widespread issue that maybe was not as widespread before. It's just so prevalent, so the problem runs so deep that I think we'll spend a lot of time and energy trying to get to the root. But we want to teach people from a young age up about how to have healthy relationships.

Mr. Aris Babikian: Thank you. I will pass to my colleague.

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

Mr. Deepak Anand: I have very limited time, so I am going to go straight to John from triOS College. Congratulations on the new campus in Mississauga.

Mr. John Cruickshank: Thank you.

Mr. Deepak Anand: I quickly just want to know that with \$158 billion in investment, 340,000 jobs going unfilled, more coming up in the pipeline: How can these colleges help us in the labour shortage?

Mr. John Cruickshank: How can we help? We can help with training those employees with a high-quality education as quickly as possible and get them in the workforce and meet those demands.

Mr. Deepak Anand: Any suggestions for the government in terms of how we can help you?

Mr. John Cruickshank: Sure. Again, as I said in my presentation—

The Chair (Mr. Ernie Hardeman): Thank you very much for the question, and I almost gave you time for the answer.

I will now go to the opposition. MPP Gretzky.

Mrs. Lisa Gretzky: My first question is for Kathryn. Since I was elected eight and a half years ago, the hospital has been a topic. It was a topic before that. And so, it has taken us a ridiculous amount of time to even get to where we are. But I have said since the day that I was elected that we deserve the investment, we need the investment, but also that we need to ensure that we actually have the front-line health care workers to provide the care in that new hospital.

I am just wondering what you think about the fact that the government had introduced Bill 124, which capped the wages—froze the wages of specifically nurses, but other front-line health care workers, and the fact that province-wide we are experiencing a health human resources crisis. And now they're taking those nurses to court.

1650

So what is it that you think the government needs to do—or any government, because there will be an election before the hospital comes to fruition. What do you think any government should do as far as ensuring that not only is that building and that infrastructure done as quickly as possible, but in a manner to ensure that people actually receive the care that they need when they attend the hospital?

Ms. Kathryn Hengl: Thank you very much. That's a good question. And thank you as well for your continued support on this, because it has been a long time coming.

I think that in addition to ensuring that the government completes the construction of this hospital, they have to deal, as you've indicated, with being able to ensure that

the bodies are available to bring the services to fruition. I think that's the question that you're posing. Frankly, that's not something that our group has really taken a look at. We started out strictly on the bricks and mortar for the building and getting the location of it. But it's certainly not an unfounded question.

In order to bring the people here, I think that they've already started to do some of the things, as having doctors who don't need to recertify and that sort of thing. That's all very helpful. The best thing would be to find a way to keep the nurses who are trained here in our city. As you know, and you've pointed out earlier, that's a huge issue, particularly in this city. They all go to Michigan. So there needs to be some mechanism that will keep them here. I don't know what that is. I'm not part of the health care profession in that—I'm not knowledgeable enough to know all of the information as to what they get paid and that kind of thing. But I think that there needs to be a process that helps to keep those people here so that we can facilitate that hospital.

As well, once all of these other economic opportunities come to Windsor, obviously more people will be coming to Windsor, and hopefully with that group of people you will see some of the health care professionals that will be coming as well. It's sort of an all-in-one package. You have the industrial growth, the economic growth. And people will see that and will want to be part of it.

There's lots of discussion as well about the number of housing starts that need to be completed in this area. Something like 30,000 houses need to be built within the next five or six years in this area in order to accommodate and facilitate the economic growth that is projected. Perhaps people will see that as a new opportunity, and that will entice people to come to the area. I think that's part of it; places like investment Windsor and all the other groups that we have down here that are drawing people to the city have to include that as part of their parcel.

Mrs. Lisa Gretzky: Thank you.

Next, I'll go to Hiatus House. I have a thank-you and an ask. I'll start with the thank you to Sylvie and Brittany and the team at Hiatus House for the incredible work that you do for our community. I'm going to cry. Maybe folks around the table don't know: I had been homeless as a teen. It was a women's shelter—it shouldn't have taken me in, because that was not the place for me to go, but there was nowhere else—that took me in. It was people like you who gave me the opportunity to now do what I do.

And I know that not just you but House of Sophrosyne, the Welcome Centre Shelter for Women and organizations that support women, whether that is them fleeing domestic violence, whether that is mental health or addiction supports, are grossly underfunded. It's negligent.

I know you called yourselves a little community organization, but the work you do is enormous, absolutely enormous. So I want to thank you and your entire team for the work that you do and continue to do under incredibly difficult, almost impossible conditions, frankly.

So my ask is this, and it's not to you from Hiatus House; it's to the government side: If you want to break the cycle of violence against women, you have to invest in organizations like Hiatus House. It has to be stable, year-over-year funding, not something they have to apply to and it's a one-off, not something they have to pay to get.

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

Mrs. Lisa Gretzky: You have to invest in organizations like Hiatus House. You have to invest in affordable housing for women and children in our communities and across the province, and you have to invest in education—in our youth and men—to break that cycle of violence so the children that witness it don't go on to perpetuate it themselves. Please, please, if you want to support women, you need to give stable funding to organizations like Hiatus House.

The Chair (Mr. Ernie Hardeman): Thank you very much. We now go to the independents. MPP Brady.

Ms. Bobbi Ann Brady: My question is for Kathryn. In preparation for today I did some research on your project and I see that you've had your fair share of ups and downs, and I see that it was quite a heated municipal issue. Mayor Dilkens was here this afternoon, and had I been thinking ahead, I would have largely encouraged him to advocate on your behalf to this government.

I think you are bang-on when you talk about advancing those queues. I have a hospital in my riding that is in the same position, and that's exactly what they tell me: The waiting period between the steps really puts them at a disadvantage for moving ahead. In doing so, I know that that costs valuable money, so I'm wondering what the delay in this project is actually translating to in dollar value to your project?

Ms. Kathryn Hengl: Well, that is a good question. I can't tell you the exact dollar value, but certainly as each year progresses, when you have inflation and you have new and various groups that come to the table and you've got increased construction costs and all that sort of thing, it's easy to see how it mounts very, very quickly. So yes, for that reason it's important to have the queues to collapse the time frame. In addition to the cost, it's the length of time. As I indicated, if we can even just cut off another year or two—instead of it being 2030 by the time the hospital is open, if it was 2028—that would be wonderful.

Ms. Bobbi Ann Brady: Yes. I think, in that process too, when it's delayed, you lose that community momentum, the excitement around the project. Thank you very much.

I do have a question for John; nice to see you. You talk about a kind of accelerated education at triOS. How can you get an accelerated education in the private setting versus the public?

Mr. John Cruickshank: Well, a lot of times we'll compress it so our programs are 52 weeks. There is not a four-month semester then a four-month break then a four-month semester. We compress it all into 52 weeks.

Ms. Bobbi Ann Brady: Thank you. That's all I have.

The Chair (Mr. Ernie Hardeman): MPP Collard? Nothing further? Okay. We'll now go to the government.

Interjection.

The Chair (Mr. Ernie Hardeman): No? That's it? Oh, that was the last one. Okay. That gives me time to say thank you to the presenters. Thank you for helping us with our pre-budget deliberations. It will hopefully help us, with the Minister of Finance, to write a budget and solve all your problems. With that, we do very much want to express our appreciation on behalf of the committee for coming forward and helping us with this.

LIFE AFTER FIFTY
WINDSOR REGIONAL HOSPITAL
CANADIAN MENTAL
HEALTH ASSOCIATION

The Chair (Mr. Ernie Hardeman): Our next panel, and the one that the committee has been looking for all day, is the panel that consists of the Centres for Seniors, Life After Fifty—I don't know how you can start seniors at 50, but that's what it says here—Windsor Regional Hospital and the Canadian Mental Health Association. If we can come forward and take seats at the table, the first presenter will be Centres for Seniors, Life After Fifty. As with the previous panels, everybody who presents will get seven minutes. At six minutes, I will say “one minute,” and at seven minutes I will say thank you. I believe we have one virtual and two presenting.

1700

With that, the floor belongs to Centres for Seniors, Life After Fifty—and I just want to add: Make sure everyone gives us your name as you start speaking, to make sure it is properly recorded in Hansard.

Mr. Thomas Wilson: Thank you very much. My name is Thomas Wilson. I'm representing Centres for Seniors, Life After Fifty. I did hear a comment about “After 50—how does that relate?” Well, I'm here to try to share with you the idea that we have to where—for older adults, we need to think about what we're doing earlier rather than later.

I'm going to give you a personal example of what that means for myself. In September of this year, I made it a mission for myself to make my life a healthier life, and the start of that process was actually getting a new line of work, at Centres for Seniors, leaving long-term care and moving to the non-profit sector.

Some of you may be asking, “Why did you do that?” It started with a mental health change in my life, based on what we've experienced in these last two years. The second part of that was my physical health. I started a physical group I'm involved in where I've been able to go from 211 pounds to 174 pounds since September. One of the things that we talked about in our group discussion and what I want to bring to you today is that if I were to have started that 10 years from now, would I have seen the same gains that I would see starting them now? That answer is no, because age has a factor in this. If I start 10 years from now, I'm not going to be able to get my body to the point where it would need to be versus starting now.

So I think when we're looking at Centres for Seniors and Life After Fifty, this brand logo-ing is something that

needs to start that change and thought process for us, as a community and as a people who are thinking about the older adult population. As we know, we're coming to a crunch right now with this population, and it's serving to be a problem for many communities throughout the province. What we do now is going to have serious ramifications five to 10 years from now, so the thought process is that we should start now—and not just thinking about where we're going to be 10 years from now, but thinking about how we can affect 10 years from now. That was my thought process and what made me get to my change. What I do now is going to affect where I am 10 years from now. That's what I want to begin to present to you today, so as we move forward in my presentation, please keep that in mind. What we do today is going to affect where we can be 10 years from now.

Just a little bit about Life After Fifty: We are an organization that is out to enrich the lives of older adults. The question can be asked: What is an older adult? For us, we have deemed it to be after 50. We know that there are many regulations that qualify for seniors and older adults, but with this model, we wanted to have a breaking point where we can say, “Let's start here so that in 10 years, or when you are 65 or 75, you're going to be engaged in a community; you're going to be involved in physical fitness; you're going to be involved in learning new skills; you're going to be involved in a community effect of things, which is going to, in the end, lead to a better quality of life for you, better mental health, better physical health.” We want to make sure that we are allowing people to age healthy, to age well and to be social.

One of the things that I have found in my career over the last 20 years of working with seniors is that socialization sometimes gets overlooked. Sometimes we overlook the importance of socialization for the older population. But I'm here to just note that socialization is probably the most important thing we can think about when it comes to the older adult population. With socialization, you have better mental health, you have better physical health. With socialization, you're not isolated. We know that older adults tend to be the vulnerable, isolated portion of a population. If you're social, that means you're not isolated. That means you have people around you that you can communicate with.

That also leads to the point of: If you need assistance, you have somebody around that can actually know and see that you need assistance, so they may be able to find supports for you. That is something that the organization of Life After Fifty takes seriously, because not only do we want to provide the socialization and be involved in enriching the lives of this population, but we want to be there to be able to assist people when we find and know that they need assistance. Coming from the long-term-care sector, we know how crowded that sector is, and we can't build facilities fast enough to house, so we have to think creatively. How can we allow people to stay home effectively? Socialization, physical health and having the supports in place is the only way that we're going to be able to allow that.

A little bit about our locations: We have two here. One is in the west side of Windsor on McEwan Avenue, across

from Adie Knox, and the other one is in the east side at the WFCU Centre. We own one facility and we rent out the other facility. One of the challenges with that is: How do people get to the facilities that you are trying to offer out these programs to? That is a challenge, because obviously as you age, transportation can be a concern.

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

Mr. Thomas Wilson: Yes.

With that, I want to let you know about one thing, if I can: social prescription. Right now, we're in a medical model where you go see your doctor when you have an ailment, and they begin to treat you. I would like to just open the opportunity of discussion for social prescription, which is now starting to gain traction throughout the province of Ontario. For us as a centre, we are one of the leading front-runners in that area as far as the referral process and how many people are using the referrals. Social prescription is the same. When someone goes to a doctor and the doctor begins to find out more about them and they begin to see that they need socialization or they need to be involved in a community that would benefit them, they will write a scrip and they will bring that scrip to us. We will provide the opportunity for them to come to our centres so that they can be fit, be social and be well. I think that this is how—

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

Our next presenter is Windsor Regional Hospital.

Mr. David Musyj: Thank you, members of the Standing Committee on Finance and Economic Affairs, for allowing me to present to you this evening. I am David Musyj, president and CEO of Windsor Regional Hospital.

Windsor Regional Hospital employs some 4,000 front-line staff, and we also have another 600-plus physicians, midwives and dentists with hospital privileges. Needless to say, the last three years have been stressful, not only to our staff but to our community, province, country and world as a whole. I'm so proud of our health care staff for taking care of not only our region's patients, but patients from across Ontario and even across Canada.

The gaps in health care were highlighted, exacerbated and attacked relentlessly during the pandemic. These gaps did not occur in the last three years. They have existed for decades and will take years to fix. It will require bold actions and accepting the status quo is not tolerable. Doing nothing is actually a decision. I always say God gave us a neck for a reason: Stick it out every so often. Now is the time to stick it out.

Talking about sticking out your neck, a lot of attention has been made on the issue of creating community surgical centres. I appreciate some are skeptical. However, you don't have to look far to see one working and a massive success. Since 2020, we have the Windsor Surgical Centre in coordination and collaboration with Windsor Regional Hospital—in place to now handle some 6,000 eye surgeries a year. If it was not for creating the 2020 surgical centre, the wait-list would be close to 20,000 people. The only thing that changed for a patient is the location of the surgery. Oh, you know what? I take that back. Actually, they don't charge for parking. We do. Same physicians in the hospital; OHIP still works.

1710

This concept of upselling has been raised by those that unfortunately do not want to stick their neck out and would be the first to complain if the wait-list was 20,000 people. Can a patient pick a non-OHIP covered lens if they want to? Yes. I've been in health care for over 20 years. That's been around for over 20 years. Nothing's changed. Each political party could have made that change themselves. They had the opportunity. They decided not to. If you want a 100% covered lens, you get it.

Another issue is this issue about having surgeries later in the day at hospitals' ORs. Sure, our ORs do reduce later in the evening, but for good reason. There's been many a study that indicates later-in-the-day surgery results in increased morbidity and mortality for patients. In talking to surgeons like Dr. Tayfour, he works all day, and asking him to operate at night is not good, let alone the age of a patient getting things like a cataract surgery to be done at 10 p.m. at night. Is that patient-focused?

I can tell you we run our MRIs and CTs late into the evening. Our no-show rate is much higher than during the day. Is that a wise investment? Those that complain about community surgical centres—do they want us to start charging patients who fail to show up at night? I didn't think so.

So I can inform you that whenever Windsor Regional Hospital has asked for help in the last three years of this government, they've answered the call. This includes extra funding for hiring close to 500 more front-line clinical staff than we had pre-COVID, approximately 60 more medicine-surgical beds than we had pre-COVID. We got funding for lost revenue, funding to recruit more staff in the form of signing bonuses and the like. Nothing has gone unanswered.

In addition, as to capital projects, this government delivered on a previous government's failed promise to provide stage 2 funding to build a new acute care hospital and, also, they accelerated it to put a shovel in the ground in 2026. That project started in 2012. It would have been great to have construction before 2018, and we'd be moving into the facility now.

To top it off, we have two legacy projects that were also promised previously with big fanfare and not delivered on—one for a second cath table and another for a fourth radiation bunker, both desperately needed before we move into the new acute care hospital. This government delivered on both projects, and both will be completed within the next two calendar years, and any equipment with useful life will be transferred to the new acute hospital, and renovated space will be used after the move as well.

I'm buoyed by recent news of substantial progress to increase federal health transfer payments to Ontario and other provinces. I strongly suggest all Ontario political parties unite to insist the federal government increases their transfer payments from 22% to 35% immediately. Please come together provincially with a fully united voice to the federal government. Make sure the federal government hears clearly that all Ontario political parties support our Premier in his discussions unconditionally.

I agree there should be reasonable conditions on the use of the monies by the federal government and agree to that provincially. However, the federal government holding back any percentage increase until total agreement is achieved is not looking after the best interests of Ontario residents or Canadians. Even the federal government has recognized additional health care funding is desperately needed for Canadians' health care. Holding back on funding increases until the provinces jump high enough is not appropriate when we're dealing with Canadians' health and access to timely health care.

I want to thank you for all your time today and look forward to any questions you may have.

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

Our next presentation is from Canadian Mental Health Association, and that one is virtual.

Ms. Lisa Jones: Good evening. I'm Lisa Jones, the director of finance at CMHA Windsor-Essex. Thank you for the opportunity to address the committee.

I know that this committee has already heard from my colleague at CMHA Kenora, and many of the challenges she shared are the ones we face here at Windsor-Essex. Every day at our branch, we strive to provide the highest quality of care for the individuals we serve, but this priority has become a difficult challenge, due to decades of underfunding, the increased need for service due to the pandemic and the ongoing impact of Bill 124.

The funding model for mental health and addictions in CHC sectors has been broken for decades. This needs to change if the province truly wishes to champion comprehensive health care, which includes not only primary care but also community mental health and addictions care.

In terms of funding, CMHA Windsor-Essex has received only 2% base funding over the past seven years. This puts us in a difficult position when you consider that inflation, since 2014, has been about 24%.

The lack of appropriate annualized operating funding has a negative ripple effect on our staff and our clients. Eighty-seven per cent of our budget is compensation, and like many agencies, the majority of our workforce is unionized. Reducing positions is the only way most agencies can bridge the gap between rising compensation costs and static funding. And with issues like the opioid crisis and homelessness affecting our community, we know that more people need our services and require more complex care than ever before.

This increased need for service also means we're struggling to keep our staff from experiencing stress and burnout. Many of our staff are leaving the mental health and addictions sector for jobs that pay significantly more. Often, we lose people to hospitals, public health and other areas of health care that we can't match when it comes to salary and resources for their jobs.

At our branch, we're managing a staff vacancy rate of around 5%, which equates to approximately eight positions and potentially 160 clients, depending on the program. A recent industry poll identified that 5% is the average vacancy rate across CHMAs in the province. That amounts to more than 250 positions going unfilled. These are crisis workers, addiction workers, social workers,

nurse practitioners, psychiatrists and others who seek to help some of the most marginalized people in our community. CMHAs are forced to use vacancy management to balance. Some agencies will be negotiating reductions to their targets with Ontario Health. We simply can't do more or even provide the same level of service if we are not properly resourced.

It is evident that this is only going to get worse in years to come, as organizations and unions grapple with the current state of Bill 124. Our largest bargaining unit has been without a contract since October, and we know that positions will have to be eliminated if the province does not recognize that 0% to 2% is not going to keep us whole. Staff are expecting, and quite frankly deserve, greater wage parity with their broader health care colleagues.

Each CMHA branch needs at least an 8% increase in base funding as an immediate emergency stabilization investment to be prepared for these challenges. For our branch, that equates to \$1.078 million across the mental health and CHC sector.

There are also a few mental health and addiction issues that we would like to mention today. First is the need for supportive housing. Our city keeps a running tally of people experiencing chronic homelessness called the by-names prioritized list. This list helps service providers better know the city's homeless people, understand their needs and connect them to supports faster. An individual is added to this list if they are experiencing homelessness for six months out of the year or 18 months over the past three years. More than 100 people were added to the list in 2022, bringing the total to 600 in December, and there's an indication that the actual number is likely higher.

We applaud the province for its priority on creating more affordable housing; however, when that is actualized, we also need it to equate to more supportive housing. We know that without housing with wraparound supports, a person living with mental illness can experience a deterioration in their health conditions. Evidence also shows that supportive housing can help a person's journey to recovery, even from a severe mental health issue. Stabilized housing also benefits communities in cost savings for other, more expensive parts of health and corrections systems.

The opioid epidemic is another pressing issue faced by our community. In the five-day period spanning December 29 to January 4, health care officials in Windsor-Essex reported there were 13 opioid overdoses. On January 4 alone, there were 10 emergency department visits due to opioid overdoses. We need a comprehensive, integrated, cross-sectoral and coordinated provincial drug strategy that addresses this crisis which continues to impact our community and the communities across the province.

1720

As you can see, we are facing a number of challenges. As we continue to put our clients first, we regularly review programs, workflows and assessment tools, and align staff to meet the needs of our community. This is frequently accomplished through fund-raised or grant dollars. We need to be able to count on the province to commit to annual economic increases to address the financial and service demands we are experiencing.

In closing, I'd like to thank the committee for making time to hear from CMHA Windsor-Essex and other stakeholders in our community. I appreciate the opportunity to share the challenges and needs of our community during these dedicated consultations. Thank you.

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

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

Mr. Terence Kernaghan: Thank you to all our presenters who have come to committee today.

My first question is for Mr. Musyj. I just wanted to ask if you had seen the effects of Bill 124 on staffing at your hospital.

Mr. David Musyj: We've got to back up: Just like I said in my presentation, there's a ton of blame to go around in every political party. When I started my legal career—I started it during the Social Contract Act. Then I got a taste of the pay freeze during McGuinty. And then I'm dealing with Bill 124. So we've got to move forward with respect to where we're at now to address the situation.

Mr. Terence Kernaghan: Would you like to see the provincial government enact a health care human resources strategy in order to deal with the absence of enough qualified professionals?

Mr. David Musyj: We have one. We've been working with the government non-stop. As I stated, we have over 500 more front-line clinical staff today than we had pre-COVID.

Mr. Terence Kernaghan: I was just asking about a provincial strategy.

Mr. David Musyj: Yes, there is a provincial strategy—at least for health care, for hospitals—through Ontario Health, that focuses on multiple priorities that have been very successful, as I stated, from signing bonuses to recruitment efforts of international grads to what we just heard, as of right, just recently, which is going to be a big, positive issue for Ontario, coming up. I could go on and on.

Mr. Terence Kernaghan: You also mentioned that hospital capacity in Windsor was around 110% to 112%. I believe you said that the demand for this was as a result of people who had put off their health care concerns during the pandemic.

I was just wondering if you are aware that the government is currently sitting on \$4.6 billion in unallocated funds and that \$1.2 billion was cut from health care in the last year.

Mr. David Musyj: Again, all I can comment on is my experience at Windsor Regional Hospital and the other experiences of the other hospital CEOs. Literally everything we've asked for has gone answered. They've provided additional beds, over 60 acute-care beds. We've been able to hire over 500 more front-line clinical staff. That's substantial. So it's not for—

Mr. Terence Kernaghan: It sounds like you're not having a health care human resources problem in Windsor, but—

Mr. David Musyj: Sure, we are. But what you're trying to do is paint that it's as a result of the government

not allowing us access to resources or telling us no. That's not what's happening—

Mr. Terence Kernaghan: Thank you for your comments.

Mr. David Musyj:—and I really am offended when people try to say that. It's just not correct.

Mr. Terence Kernaghan: Okay. Well, we've heard from a number of nurses and health care practitioners who have said that Bill 124 has acted as an impediment. I just wanted to hear your comments. Thank you very much—

Mr. David Musyj: As I stated, there's a lot of blame to go around with Bill 124, with what happened during the McGuinty days—and yourself with the Social Contract Act, with unpaid days.

Mr. Terence Kernaghan: My next questions are for Ms. Jones. Thank you very much for all of the work that CMHA does. I know it's incredibly important work in the community. I wanted to ask you the same questions. What have you seen as the impact, as a result of Bill 124?

Ms. Lisa Jones: For us, our largest union group would just be starting its moderation period now. Because the bill has been appealed and there was no order of stay, that union, we are anticipating, is going to ask for some pretty substantial increases. So we're concerned right now, because of the status of the bill, that we don't know going forward what that's going to equate to us. But we're anticipating that it's going to be a reduction in positions because we're not going to be able to fund the increases that they're going to be looking for.

Mr. Terence Kernaghan: When was the last time CMHA received a baseline funding increase?

Ms. Lisa Jones: The last increase was in 2017.

Mr. Terence Kernaghan: Okay. I also wanted to ask, Ms. Jones, you had talked about the by-name list. How has that been working? Have there been any problems with the by-name list, or any recommendations you would like to make to the government's implementation?

Ms. Lisa Jones: If I could defer to Dr. Sonja Grbevski to answer that.

Mr. Terence Kernaghan: Sure.

Dr. Sonja Grbevski: Thank you for this opportunity. At the end of the day, what we're experiencing is just the access to housing, period. It's a great system that has been set up—ability to monitor and track individuals who require housing—but the spectrum is actually quite wide. And even though we have access to supplemental funds to support individuals, it's again getting access, and then once there's access for individuals, it's supporting and working with the individual as well as working with landlords to keep individuals housed. So that's our biggest hardship as we see today.

Mr. Terence Kernaghan: Understood. I just wanted to mention to you, and this was a pilot project that was in concert with CMHA in my area, and it was something that was brought by about Dr. Cheryl Forchuk at Lawson Health Research: It was providing a prescription for mental health devices for people who had frequently struggled with housing as well as their mental health so they're able to attend counselling sessions and receive reminders through their smart device. They also received a pill

dispenser, an activity tracker and weight scales. Overall, the pilot project showed tremendous promise, and it cost—the funding was, I believe, \$16,000 per individual, per year; really, it was peanuts. And when you consider the cost in my area for a mental health bed for an entire year, it would be in the neighbourhood of \$150,000 to \$200,000. Would you like to see updates to the Assistive Devices Program to include things like that that would help people maintain their housing?

Dr. Sonja Grbevski: Absolutely, we'd welcome that, and that's exactly where we're looking at targeting. It is truly the boots on the ground and working in the midst of our community, everything from backpack nursing with long-acting injections and being out there front and centre. That is our desire and way ahead.

Mr. Terence Kernaghan: And just to be clear, it wasn't an algorithm. There was an individual actually providing the counselling on the other end. But it was something that was wonderful throughout the pandemic, so they didn't have to have community health workers going into people's residences. It showed such wonderful promise. Thank you all for your presentations, but we're running out of time.

The Chair (Mr. Ernie Hardeman): Thank you. We will now go to the independent. MPP Collard.

Mme Lucille Collard: Thank you, Mr. Chair. I'll direct my question to Mr. Musyj. You've heard the presentation and request for more support for mental health services and support generally. Do you agree with their requests, and do you think that has the potential in providing some relief for the hospitals?

Mr. David Musyj: Yes, for sure. What we're doing right now—and CMHA is aware of this—is Ontario Health is trying to do an inventory of all the mental health services that are available in Windsor-Essex. And I know they're trying to do this across the rest of the province to make sure what is being delivered meets with what was promised in the first place, and also meets with the needs of our community.

For instance, having services that only operate historically until, say, 3 o'clock in the afternoon for mental health isn't going to work. So we have to look at broadening that, and that's the work under way right now.

Once we get that work done, I'm confident that then the money will start to flow to help supplement that, or if there's a need for extra monies to help support that. But we have some work to do on the ground here in Windsor-Essex, and I know the rest of the province, to make sure maybe we haven't drifted away from what is actually needed on the ground.

Mme Lucille Collard: As a follow-up question, and I guess you alluded to that a little bit, but speaking maybe of emergency services in a hospital, do you have data concerning the type of care or patients that come to the emergency that would be better served by community health services or another type of primary care?

1730

Mr. David Musyj: Yes, definitely. That's one of the issues that, again, historically has been there. After a certain time of day, a hospital emergency department is the

only game in town. As a result, we have to address that. However, even with the mental health and addictions population, if we're focusing on that, a lot of them need to have medical clearance before they have their mental health issue addressed—medical clearance meaning a lot of them have either a diabetic situation or cardiac issue, something like that that needs medical clearance. Then, at the hospital, we help them with their mental health or addiction issue after. So it's not as simple as just going somewhere else, because you need that service there to take care of them on an emergency basis. But definitely, if we can get services that last deeper into the evening out in the community, that would help.

Mme Lucille Collard: Ms. Jones, did you want to react to that, or are you in agreement with the statement that was just made by Mr. Musyj?

Ms. Lisa Jones: Again, if I could defer to Sonya Grbevski, please?

Dr. Sonja Grbevski: Actually, to Mr. Musyj's point, illnesses don't happen between 8 and 4, so we do have to look at those extended hours, though we have to look at individuals as a whole as well. I think one of the most critical aspects is that immediate access to care and those transitions. We lose people from one service type to the next level of service type. There is a role for everyone to play, though. We can really tighten all of that work. This way, we can look at that whole preventive piece and avoidance of going into the emerg, as well as if they are in the emerg or into an in-patient area, then how quickly and how does the next level of care take over.

Again, it speaks to access and immediate access. When we're speaking about mental health and addictions in particular, like any other illness, we need to strike while the iron is hot. When a person is ready for an intervention, we need to be there—no wait-list, no nothing. We need to be front and centre.

The Chair (Mr. Ernie Hardeman): Thank you. We now will go to the government side. MPP Dowie.

Mr. Andrew Dowie: My first question is for Tom. Thank you so much for being here, and I certainly want to applaud the great work you did at Extendicare Tecumseh. It was very notable to see your interaction with our seniors and those that were looking for support. I wanted to explore the question you had about isolation. That's something we definitely noticed during the COVID-19 pandemic. It was by necessity, effectively, but I can't imagine the impact that it had on the mental health of our seniors. I'd like to ask you to explore that a little bit, especially as it relates to the services that Centres for Seniors provides or could provide to help address that—your thoughts on what we could do to avoid what we saw in the pandemic with respect to isolation going forward.

Mr. Thomas Wilson: What I've seen as far as isolation was very, very traumatic. It was exacerbated during COVID-19, obviously, but it was there before. It's just the nature of the population that we're dealing with, so we have to take that very seriously.

As far as an organization, we are set up to provide supports to prevent isolation, whether it be via our Seniors' Centre Without Walls—because we know that

there are some people that are not going to be able to make it into our facility, we'll offer the programs, the services, the education components or whatever it is as far as bettering themselves via that avenue so they don't have to actually participate in our facilities. We want to stretch and reach the population as a whole, so we have centres that can provide all of those things. We have the Seniors' Centre Without Walls. We have the Meals 2 Go. We have social supports of people that actually are checking up and making sure that people who are isolated in their communities are taken care of.

One of the things that we understand and know is that we have people that are isolated and are by themselves in the community, whether it be loss of a loved one, a spouse and such, and we need to be able to allow them the opportunity to thrive. If I had my presentation with voice and sound, I would have played it for you today. It was a woman who lost her spouse, and she didn't know how she was going to live and make it through. She was isolated. She was at home for many years until she found Life After Fifty. She says that we are her saving grace, and I don't think she's alone in that aspect. I think there are hundreds and hundreds of thousands of people out there in that same predicament that just don't have the know of facilities like ours or the means to be in a facility like ours. That's where we can reach them, whether it be through one of our programs in-house or the Seniors' Centre Without Walls program.

It's something that we need to take considerably seriously. I'm hearing all of these conversations about mental health and how serious it is. This is why I'm here and this is why our centre is here. As a seniors' active living centre, we have to be able to provide that socialization for people so that they can have the mental health to be able to have the wherewithal to take care of themselves, and it starts with socialization. Thank you.

Mr. Andrew Dowie: Thank you, Tom.

My next question is for Mr. Musyj. Thank you so much for being here and for all the work that you and your staff do to take care of the people in Windsor and Essex county in their time of need. I certainly want to show my support for the great work that you've done, especially with respect to the Windsor Surgical Centre, the innovation. It's phenomenal, has been operating for three years. We wouldn't even have heard about it, really, had it not been for our government's plan to adopt the great work that you've already initiated with Dr. Emara and Dr. Tayfour. So I'd just say, incredible work in getting that done.

I wanted to explore a little bit about the regional acute care hospital. Earlier on we heard from Citizens for Healthcare Windsor-Essex, who showed concern that we would not be seeing an advancement to stage 3. Have you had any indication so far from this government that that funding would not be available when stage 2 was completed?

Mr. David Musyj: No. At this point, it has all gotten appointed or whatever. With respect to getting it done, if anything, what happened is, of course, we got stage 2 money that we were waiting for years to get from this

government that was promised by a previous government and was not delivered upon. Originally it was a 2027 shovel in the ground; now it's 2026. So that got expedited by greater than a year, and we're going out to tender in 2025.

Just like anything else, we've got to keep it going. We've got to keep the momentum. But at this point, this government hasn't shown any hesitation in supporting this project. If anything, it's technically, short of the initial announcement, the first government to actually put money where their mouth is and get this project going. We look forward to a shovel in the ground in 2026.

Mr. Andrew Dowie: Just building on the announcement this past week—approximately \$30 million for the cath lab at the cancer centre—could you speak to the services that this will improve for us in our region?

Mr. David Musyj: Again, these were promises that were made over a decade ago that were not fulfilled—big fanfare; didn't happen. When this government came in we had to raise these issues with them to bring them up to speed. Then, of course, the pandemic hits. Even in the midst of the pandemic, we still had discussions to get these projects done. These were actually approved last year and were not announced until this year, even though I'm saying to your government that we've got to announce these because these buildings are going to be up and running and people are going to want to know what they are. You finally came around and said you're going to announce them. I give you credit for not tooting your horn a year ago but agreeing to do it now. So kudos to focusing on getting it done.

The cath lab: We have one cath table. It focuses on angioplasty. As a result, when that one cath table goes down, even for general maintenance, we have to send patients to Detroit or London. That's very costly and not very good for patients, needless to say. Now we're going to have two cath tables running that we can balance off each other, so it's going to be very beneficial.

The radiation bunker is a fourth radiation bunker to fit demands, desperately needed to get our wait times down for radiation treatment. Once it's installed—it's going to be up and running in August or September of this year—we're going to then start replacing the underlying three radiation machines, one by one. So we'll be bouncing between four and three, and within 36 months we'll have all four up and running. Everything is on wheels; it all moves to the new acute care hospital, so there's no loss of investment, and the facility that's being done for the cath lab will have life in the Ouellette campus.

Mr. Andrew Dowie: Thank you, Mr. Musyj. I truly hope that you feel our government has been supportive of Windsor Regional Hospital over the last number of years.

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Mr. David Musyj: Yes, very much so.

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

Mrs. Lisa Gretzky: I'm going to start with David, and I'm just going to say thank you to your entire team at

Windsor Regional Hospital for being province-wide leaders, frankly, during the height of the pandemic.

The documentary was just re-aired last night on TVO, believe it or not. I was flipping through the channels and it was there. If you haven't watched the documentary, I highly recommend you do. Make sure you have tissues available, though, because it is very touching.

I know, from talking to health care workers at Windsor Regional Hospital, Hôtel-Dieu and our public health department, that they are doing the very best they can with the tools they are given. It has been a very difficult haul, and it still is, for many of our health care workers. So I want to take the opportunity to say thank you to all the front-line health care workers for the work that they've done and continue to do. It has not been easy. I don't think they ever thought they'd experience something like this in their lifetime; I certainly didn't.

I'm going to ask Tom a few questions. I'm putting you on the hot seat because you told me you were nervous earlier. I wonder if you can talk a little bit more—and I know the answer because I've been there, but there are people who have not been to Life After Fifty. Also, I turned 52 just a few days ago, and I'm still having a hard time believing that I could be part of your group. Could you talk a little bit more about what goes on at Life After Fifty and what kind of socialization happens, aside from snooker?

Mr. Thomas Wilson: Snooker is hot, but we have all types of programming going on. One of the most exciting things that I have seen there was the lapidary program, where people are learning to make custom jewellery. I think this is something that's important, because every time we can learn a new skill, it helps us tremendously. It keeps our brains functioning. So when we have programs like that where we can be able to share new skills with people, I think it's phenomenal and it's amazing.

We also have pickleball, which is probably the fastest-growing sport around right now. We're changing all of those tennis courts into pickleball courts because we know the need is there, so we have to offer that and provide that as a means of exercise and fitness.

You're talking about shuffleboard—it's huge—euchre, mah-jong, Mexican train dominoes, sewing, and the list goes on. It's not really about the types of programs; it's just about that there are programs.

One of the things that I can speak to personally over these last three years with this pandemic and seeing isolation in long-term care—granted, there was not much else we could do, but I can tell you that based on what I've seen, isolation has actually probably done a little bit more damage than COVID. We had to isolate people in their rooms for long periods of time just so that we would be able to maintain no spread, and that was traumatic. When you do that, you lose so much. Many people do not come back from that to what they used to be.

That's why I'm saying it's important to begin to think about where we want to be as a society. We know that this population is not going anywhere. It is here and it's going to create some growing concerns for us. We need to have the ability to support them now so that we don't reach—

it's already a problem today, but just imagine what the problem is going to be five or 10 years from now if we don't start addressing the need.

I'm not here talking about how much the government has given to Life After Fifty because, honestly, I've only been there for a short amount of time and I can't speak to that. But what I can speak to is the fact that if we can just consider some way that we can portion some finances towards organizations like mine throughout the province that will be able to be involved in the pre-component to people's health—we're talking about mental health. We're talking about hospitals. We're talking about health that's needed right now. But what about the before? How can we start managing the before so that we don't get to this point as fast? That's what I'm asking everybody to think about today.

Mrs. Lisa Gretzky: While I have the mike, I'm going to challenge MPP Dowie to hit up the pickleball court, practise up, and maybe we can have a match. I can tell you that in the west end, they're pretty serious over there, so I think I'm at an advantage learning from those folks there.

To the team from the Canadian Mental Health Association: I want to thank you and your team as well, because it's not easy on any given day, let alone when you throw a pandemic into the mix. We heard just before you from Hiatus House. We've heard from many organizations like you, not just during these consultation meetings. I'm sure all MPPs have had organizations in their community reach out, talking about the need for more funding—not just more funding, but for stable, year-over-year funding that they can count on to at least plan a little bit ahead and try to address some of the need in our communities.

I'm wondering if maybe you could talk a little bit about that: the need for that continuity, for being able to count on that money year over year and what that would mean for an organization like yours.

Dr. Sonja Grbevski: Thank you for that question. It really speaks to trying to avoid further erosion within the mental health and addictions sector. What we're really talking about today is the effect of our core services. It's two separate things. One is salvaging our core services and further growing them. The other is: I know we have received targeted funding, which has been absolutely amazing, because that really speaks to the specialized needs and us modulating to what the needs and trends are within the mental health and addictions system. But what we're really concerned about is our core services, like case management, justice programs, vocational rehab. We have safe beds, counselling and therapy, our community health centre—that's the stuff we're taking about, the grassroots stuff. Again, I keep bringing it back to that, but that's really where we need to strengthen, those areas, and from there we can continue to build in more of those targeted areas.

The biggest piece for me today is really investing in our youth. We have recently opened up a youth hub in our city. We've been very fortunate to get that in here, though we also recognize the spread. Again, it speaks to that whole early intervention, and it's the same thing: another program, early intervention, that really requires some support—

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

So we now go to the independent. MPP Brady.

Ms. Bobbi Ann Brady: Thomas, in a few short years, I'll qualify to come make some custom jewellery, so I look forward to that. I just have a quick question with regard to the social prescription. I understand what it is. Are doctors or family physicians receptive to this? I've never heard of this. Just tell me how receptive they are.

Mr. Thomas Wilson: Absolutely, they are receptive. We have several doctors here in the city who are actually part of our referral program. It has been accepted and I think it's just outside-of-the-box thinking. Not many people are thinking that way, but we do have doctors here who are on board and providing. I can't even tell you the number of referrals, but there are actually more referrals than there is grant money to cover the referrals, so if that says anything. There are many people with that need, but oftentimes we don't have the grant to be able to provide for that need.

Ms. Bobbi Ann Brady: Great. Thank you. Good work. It's an interesting concept, though.

Mr. Thomas Wilson: Absolutely.

Ms. Bobbi Ann Brady: Kudos to you guys.

My next question is for David. David, quickly: What year did the Windsor Surgical Centre open?

Mr. David Musyj: In 2020.

Ms. Bobbi Ann Brady: In 2020, okay.

You're right that surgeries late in the day would be a bad idea, because right now I'm not sure that I'd be able to—I can't perform surgery, but right now, it would be a really bad idea.

I want to thank you for speaking to the Windsor Surgical Centre. It's obviously very successful, but people are worried. I have in my riding—and when we were in Kenora, we heard from folks that that health care worker shortage is very real. I'm in a rural riding, and my emergency department has shut down more than once due to staff shortages.

It's fantastic that you are very positive about the future and that you see things in a different way. What advice would you have for my small-town hospitals, or how would you comfort them in saying to them, "Hey, look, you know what, these private clinics aren't going to take from your staff at the hospitals"?

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Mr. David Musyj: Yes, great points. That's why I said earlier on that collaboration and coordination between the hospitals and the surgical centres needs to be clear. The announcement, when it was made, stated that that was going to happen. So we're going to see that, hopefully, in the legislation and the regulations that come out, that they ensure the hospitals must work very closely with these surgical centres and technically almost must approve them and make sure that that doesn't happen.

Right now, with ourselves and Dr. Tayfour and Dr. Emar, all the ophthalmologists and anesthesiologists who work at the surgical centre also have to work at the hospital. That's critical. They can't just break off and say they're just going to do the surgical centre work. Also, we

work with them on the staffing and the sense of the staffing and to make sure one is not taking from the other. Dr. Tayfour made it clear when he was asked about this: It doesn't benefit him or anyone else at the surgical centre if staff are being "stolen" from the hospital. It defeats the purpose of it.

Ms. Bobbi Ann Brady: Okay. I can't help but ask: How late in the day is the Windsor Surgical Centre open?

Mr. David Musyj: It's straight days during the day, Monday through Friday, again for those very reasons. And that's what the patients want, right?

Ms. Bobbi Ann Brady: Thank you.

The Chair (Mr. Ernie Hardeman): That it? Thank you.

The government. MPP Smith.

Mr. David Smith: My question, Mr. Chair, is to Thomas. You look like a fairly young man. It's nice to know that you have gone into seniors' quarters at Life After Fifty, which is a lengthy area. I think I'm qualified, and a few of us in the room are qualified for that, so I guess I'm going to start doing a couple of the chores that you're talking about so I can be competitive whenever I get involved there.

I want to talk to you today about our government's offer of community support. Are you aware of that? We have a senior community grant. Are you aware of that program?

Mr. Thomas Wilson: Yes, I am.

Mr. David Smith: And we have a Seniors Active Living Centres Program. Those are all things that you can tap into, if you haven't yet, to make certain that you're getting your fair share to keep those two great centres going here in Windsor and the Tecumseh area and Essex and wherever.

The question I have for you is, what do you see, in your experience with your organization, as the most important area of a senior's life that you address? And where do you see that changing in the future?

Mr. Thomas Wilson: Thank you so much for your question. Currently, at this time, for me, what I see the organization service is physical as well as social support. Physical is the most important thing. We are offering not just pickleball but all types of fitness classes at all levels of involvement. I think that's the idea of where we are moving forward through. It's not just exercise classes for those who are 60 or 70 years old. We need to begin to think about how challenging these classes are and offering classes that are for all age groups and ranges, because older adults aren't just one class of people and they're not just one ability. We have some older adults who are 75 that are functioning almost like me and you, and then we have others that are not, so we have to have a broad range of what we're offering. But physical is what they want and need, and we know that's going to increase the best benefit. The problem is, in order to get to the physical, you have to address the social, because if you don't address the social, no one is going to come do the physical. They go hand in hand. That's the problem that we have.

I know that you've mentioned those grants, which we do take part in, but oftentimes those are linked to specific

programs per se. But that has nothing to do—like everyone's talking about here, as far as base funding and what you can do with base funding. It's hard to implement something new and strategize for something moving forward when you don't know next year if you're going to have a staff there to do those items, or to even present something new and then next year not have the funding to continue that new thing. We need to talk about what we can do as far as the base funding for organizations like mine throughout the province that are struggling. If the hospital is struggling to find employees, so are we. It's just the nature of the business.

So in order to get to where we need to be in the future, from what I can see, as an organization that is able to provide socialization, to be fit, be well and be social, we have to begin to stabilize that funding model so that we can then be creative and plan how we can do things that will help Mr. Musyj over here at the hospital so that his waiting rooms are not overcrowded by people that maybe are there because they have no other supports to look to; that's the only option for them.

But sometimes health concerns are not just physical health concerns. Stress is a problem; people end up at the hospital because of stress. Financial problems can cause all of these things. It's not just physical health.

Mr. David Smith: Thank you. Just quickly, I want to ask in terms of someone—we speak about 75, but what would someone at age 50—let's say they join your organization. What would they be doing?

Mr. Thomas Wilson: My intention and the intention of our organization is to be involved in those programs that are for them, such as the pickleball, such as the lapidary, such as maybe being instructors for sewing.

People who are 50 to 60 may be just rounding their end-of-work and can provide knowledge, can provide new skills to an organization like us. They might not be involved per se actually taking the program, but maybe they can be involved in leading the program. That's where I can see that 50 to 60, if we don't have those programs for them to be involved in. In order for us to do that, we have to expand our reach. Right now, we're only open from 9 until 4.

Mr. David Smith: Thank you. The government is not—we want to help. So what I'm saying is, whatever you have as a new area of concern, bring it to us. For example, you said that they are not doing a specific area right now. Put that in a proposal and let us see what it is and what direction you're going in, so we can help wherever we can.

Mr. Thomas Wilson: And that is the plan, absolutely. Thank you.

Mr. David Smith: Thank you. I want to thank you, David. I want to thank Lisa and Sonja and Thomas for your presentations. Thank you.

The Chair (Mr. Ernie Hardeman): MPP Crawford?

Mr. Stephen Crawford: Yes, with the remaining time—

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

Mr. Stephen Crawford: Thank you, Chair. I just wanted to ask the Windsor Regional Hospital, David, if you have any initial feedback on our government's decision to allow pharmacists to be able to prescribe for 13 common ailments. Is this something that you have any feedback on initially? And secondly, is this something that you think can be maybe expanded in the future?

Mr. David Musyj: Yes, definitely. First of all, I am a proud member of Life After Fifty. So just so everyone knows that it's a great place.

Laughter.

Mr. David Musyj: So anything the government can do to help them, I'd appreciate it.

Yes, in all these programs that have been announced—the pharmacy program, the as-of-right program, also the community surgical centres—they all have an opportunity to do more. Our cataract centre can do possibly low-acuity orthopedic procedures etc. and can expand.

But when it comes to the 13 ailments that people can go to a local pharmacist to deal with—huge, huge positive feedback, especially issues like UTIs. I know my family members struggle with that. I mentioned to the media—don't repeat this, Hansard—it's my mom. She greatly appreciates that, because she doesn't have to—

Mrs. Lisa Gretzky: Oh my God.

Mr. David Musyj: I know, eh? I get that reaction. She doesn't have to now book an appointment with her primary care practitioners; it can be handled by the pharmacist directly. So—and agree, it has the opportunity. Let's get it successful and then build from there.

The Chair (Mr. Ernie Hardeman): I hate to cut the last speaker off, but I'm going to.

Mr. David Musyj: I've been cut off many times.

The Chair (Mr. Ernie Hardeman): Time's up, and I do want to thank the three panellists on this panel for your participation. Well, I guess I should say four panellists because Canadian Mental Health Association did have two presenters. I want to thank you all for taking the time to prepare for this and come and talk to us about the needs and where we can go and what we can do in the budget to make you all happy.

With that, as I said, that's the last delegation, the last panel that we have for this consultation here in Windsor. We very much, first of all, want to thank all the people of Windsor and the people who were so gracious to host us here today.

A reminder that the deadline for requests to appear for hearings in Sudbury, Sault Ste. Marie and Timmins is noon, Eastern Standard Time, on Tuesday, January 24—that would be tomorrow—2023, and the deadline for written submissions is 7 p.m. Eastern Standard Time on Tuesday, February 14.

The committee is now adjourned until Tuesday, January 24, 2023, in Essex.

The committee adjourned at 1800.

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