Legislative Assembly of Ontario

Assemblée législative de l'Ontario

Official Report of Debates (Hansard)

F-13

Journal des débats (Hansard)

F-13

Standing Committee on Finance and Economic Affairs

Comité permanent des finances et des affaires économiques

Pre-budget consultations

Consultations prébudgétaires

1st Session
43rd Parliament

Tuesday 31 January 2023

1re session
43e législature

Mardi 31 janvier 2023

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

Hansard on the Internet

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

Le Journal des débats sur Internet

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

https://www.ola.org/

Index inquiries

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

Renseignements sur l'index

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

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

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

ISSN 1180-4386

CONTENTS

Tuesday 31 January 2023

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Tuesday 31 January 2023

Mardi 31 janvier 2023

The committee met at 0958 in the Delta Hotels Waterfront, Sault Ste. Marie.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, everyone. Welcome to Sault Ste. Marie, Ontario. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're here meeting today to continue public hearings for pre-budget consultations, 2023. Are there any questions before we begin?

Ms. Catherine Fife: Can you move your mike closer? I want to hear you.

The Chair (Mr. Ernie Hardeman): Thank you very much. Everybody else was suggesting we move the mike the other way.

As a reminder, I ask that everyone speak slowly and clearly. Please wait until I've recognized you before you speak. And before I forget, for everyone on the translation, the mikes are slightly different here so you have to do it with the headsets on for these units if you want the translation.

Each presenter will have seven minutes to make an opening statement. After we've 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 members as a group. With that, if there are no further questions, we will ask the first presenters to come up.

ONTARIO PUBLIC SCHOOL BOARDS' ASSOCIATION

CANADIAN MENTAL HEALTH ASSOCIATION, ALGOMA

ONTARIO MEDICAL ASSOCIATION, NORTHEAST DISTRICT

The Chair (Mr. Ernie Hardeman): We have the Ontario Public School Boards' Association, Canadian Mental Health Association and the Ontario Medical Association, northeast district. If you will all take a seat. I believe one of the groups is virtual. The Ontario Medical Association, northeast district, will be virtual on the screen.

We also just wanted to tell the people at the mikes that the control centre will run the mikes. You do not have to turn them on and off. There seems to be a little discussion about the presenter turns it on, control turns it on too, and then it's turned off instead. So if we just leave it in the hands of the professionals, we'd be better off. We thank you.

As I said, each presenter will get seven minutes to make their presentation. At the six-minute mark, I will just quickly say, "One minute." That will mean, "Don't stop talking," because you have exactly one minute to finish up and get your punchline in your presentation.

We also ask that the presenter, as you start, start by introducing your name to make sure it's in Hansard, and all the comments you make will be attributed to you. We wouldn't want anybody else to take credit for the good things that you said.

With that, we will start with the Ontario Public School Boards' Association.

Ms. Elaine Johnston: *Remarks in Anishinaabemowin*.

I just said my spirit name is Flower Woman. My English name is Elaine Johnston of the Turtle Clan of Serpent River First Nation.

I am chair of the Indigenous Trustees' Council of the Ontario Public School Boards' Association. I am also the Indigenous trustee of the Algoma District School Board, whose board office is located here in Sault Ste. Marie, also know as Bawating, within the Robinson-Huron and Robinson-Superior Treaty territory.

Both my parents went to the residential school in Spanish, and I too also went to the Indian day school.

Thank you for giving me the opportunity to speak to you today on behalf of the Indigenous Trustees' Council and OPSBA, whose member school boards together include more than 1.3 million students, which is nearly 70% of Ontario's K-to-12 student population. Our members include all 31 English public school boards and 10 school authorities.

In early December, OPSBA provided a submission to the government as part of the annual Grants for Student Needs consultation. The submission was shared with all parties in the Legislature and it is posted publicly on our website. Our submission reflects feedback from students, trustees, the OPSBA Indigenous Trustees' Council, business officials from the member boards and our senior staff.

I would also like to point out that, just last weekend, OPSBA hosted its annual public education symposium, where we welcomed many new trustees and held face-to-

face meetings with our Indigenous trustees. I'll share with you some of the important discussion points.

I'll begin with the key items and recommendations to support Indigenous education in our province. I think it's important to note for the committee that no two school boards are the same and so we are seeking funding that recognizes that every community and school board has its own local context that needs to be taken into account. There is no one-size-fits-all approach.

In Indigenous education, advancing reconciliation is one of our association's identified priorities. OPSBA and its Indigenous Trustees' Council continue to advocate for enhanced and focused funding for all First Nation students in publicly funded schools. Ensuring equity in our education system is one of our core beliefs. To this end, it is essential that funding be targeted to allow all First Nation students the opportunity to achieve a provincial standard regardless of where they live and whether they are included under an education service agreement or a reciprocal education approach.

The last couple of years have represented an opportunity for pivotal change to Canada's and Ontario's relationship with all First Nations people and First Nations communities. The ongoing discovery of unmarked graves of children who died while attending Canada's residential schools has ushered in a new era of understanding, teaching, learning and accepting of this country's shared history. And, unfortunately, these discoveries will continue. OPSBA, ITC and the entire education sector have a critical role to play in truth and reconciliation, to build knowledge about the lasting impact of the residential school system.

Former justice and senator the Honourable Murray Sinclair has said, "Education is what got us here and education is what will get us out." My father, a residential school survivor, agrees with this statement.

Our system needs annualized funding with long-term commitment to supporting the development of First Nations education, leaders to provide a growing pool of talent, and mentorship for Indigenous youth. Establishing a focused pre-service education recruitment strategy for teachers at both the elementary and secondary levels, as well as a school administrator specific to First Nation micro and terminal credentials, would advance the leadership and teaching gaps that exist between First Nation communities and public district school boards, which are increasingly in receipt of First Nation students.

Additionally, continued and annualized funding for Indigenous graduation coaches, along with accompanying accountability and performance metrics to ensure resources directed for First Nation students are being spent on these intentional interventions, will advance not only graduation outcomes for students but advance reconciliation as well.

The ITC and OPSBA recommend that the provincial government appropriately fund and demonstrate its commitment to accurately representing Canada's legacy of residential schools by developing a mandatory residential schools curriculum for all students, and that it be required to be taught as part of the Ontario secondary school diploma. Included in such funding would be supports for teaching staff, curriculum support and professional development that allows for a provincially mandated credit-bearing course, and also the ability for collaboration at the local level between First Nations and school boards to embed locally developed content reflecting local history.

The government must ensure that all school boards are funded for and required to offer the NAC10, Expressions of First Nations, Métis, and Inuit Cultures, and NAC20, First Nations, Métis, and Inuit in Canada, courses for students in order to ensure an accurate historical account of the legacy of Canada's Indian residential school system and its intergenerational impacts.

The government must improve funding for dedicated Indigenous language instruction taught by accredited Indigenous language speakers.

We must also continue investing in and expanding broadband access for Indigenous students. It is essential that we support the promotion and development of Indigenous people into teaching positions and teachers into leadership positions, such as school principals and vice-principals, supervisory officers and directors of education, to advance reconciliation.

As a trustee from a northern board, I am also keenly aware of the unique challenges that our northern school boards face, including difficulty attracting and retaining employees, transportation issues and the rising cost of capital projects. Student transportation continues to be a major issue when considering the availability and shortage of qualified drivers, the length of routes, the extreme temperatures and the cost of ground and air transportation for Indigenous students from remote northern communities who attend public schools in urban communities.

I say meegwetch and thank you for the opportunity to address this committee, and I look forward to any questions. Meegwetch. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation. Next we will hear from the Canadian Mental Health Association.

Ms. Annette Katajamaki: Thank you. It's Annette Katajamaki with the Canadian Mental Health Association of Algoma. Thank you for allowing us and my colleagues across Ontario the opportunity to address this committee.

At CMHA Algoma, our mission is to improve the well-being of our community through safe, inclusive and accessible mental health and addiction services, but decades of underfunding, an increased need for service and Bill 124 are having devastating impacts on how we can best support people in need. If the province wishes to champion community mental health and addictions care, these factors need to be addressed.

Unlike other areas of health care, CMHAs rarely receive annual budget increases, which impedes our ability to expand services and reduce wait-lists. For example, CMHA Algoma has received just a 2% budget increase over the past 10 years. With inflation since 2014 around 24%, this means we are being asked to do more with inadequate funding. These fiscal restraints lead to extraordinary pres-

sures on our dedicated staff, many of whom are emotionally exhausted or burned out from increased demands for service.

As you've heard, health human resources are a priority issue for our sector right now. The impacts of Bill 124, compounded by the lack of base funding, rising inflation and particularly high gas prices in the north, have led to many of our staff leaving for other fields outside our sector. At our branch, we are managing a staff vacancy rate of around 14%, and we know from our colleagues across the province that the average vacancy rate across CMHAs is 5%. That amounts to more than 250 positions going unfilled across Ontario. This includes counsellors, addiction workers, social workers, housing support and outreach workers, peer workers, nurse practitioners, psychiatrists and others who seek to help people in our community, including some of our most marginalized members.

1010

Without the ability to increase wages to competitive levels, we are bleeding talent. As a direct result, many CMHAs are for the first time negotiating reductions in their annual targets with Ontario Health. We simply can't do more, or provide even the same level of service, when we aren't resourced properly.

We need to be prepared for when the provisions of Bill 124 no longer apply to our team later this year, and we have already received notice from the union that they are grieving the fact that we are not reopening wage discussions immediately. Staff will be expecting—and, quite frankly, deserve—wage increases to be on par 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's about $675,000.

The ripple effects of these challenges also extend to many of the social determinants of health affecting our clients. Part of our work is focused on ensuring that people living with mental health and/or addiction issues have the conditions and supports they need to recover, and the care they need to be well. This includes housing, income and wraparound health supports.

We applaud the government for creating more housing stock. However, that doesn't equate to more supportive housing. We know that without housing that includes wraparound supports, a person living with a mental illness or an addiction can experience a deterioration in their health conditions. Evidence shows that supportive housing can help a person's journey to recovery from even a severe mental health or addictions issue. It also benefits communities in cost savings for other more expensive parts of the health system or corrections, as evidenced by an evaluation completed a few years ago on our 10-bed 24/7 supportive housing program, where we saw significant reductions in hospital emergency room visits, hospital admissions, calls to 911 and evictions from housing.

At CMHA Algoma, we provide a rent supplement program which provides subsidies to individuals living with poor mental health who are at risk of being homeless. But without enough supportive housing units, many of these supplements have remained untouched and been reallocated elsewhere.

The latest data indicates that the average wait time for supportive housing across the province is 300 days but far longer in some communities. Here, the wait time for a one-bedroom apartment is approximately three years, and for the portable housing benefit, it's anywhere between two and two and a half years. Supportive housing must be increased in tandem with the increase to affordable housing.

Shifting gears for a moment to the opioid epidemic, Algoma has one of the highest rates of opioid deaths in Canada, with a mortality rate around 50 per 100,000 people. That's more than double the provincial average. We need a comprehensive, integrated, cross-sectoral and coordinated provincial drug strategy that addresses this crisis.

As you can see, we are facing a crisis of care in our community. Our current budget allocations are limiting our ability to respond to the needs of our clients and community, and the impact is dire. We are hearing from individuals in our community that, as a result, they don't know where to turn. There is an overwhelming feeling of hopelessness growing among both our clients and our staff.

Last week, there was an article in our local news media about an individual who, due to lack of housing and service supports, was contemplating a MAID order. He spoke directly to his extreme feelings of hopelessness that anything would change soon.

It is imperative that individuals with mental health and/or addiction issues receive the programs, supports and resources they need to be well and live with dignity. But without a base budget increase to help shore up operations and cover operating costs that increase annually, CMHAs will have to keep making tough decisions on staffing and resources.

I appreciate the committee taking the time to hear from CMHA Algoma and other stakeholders in our community, and the opportunity to share these challenges and needs of our community during these dedicated consultations. I'm looking forward to your questions.

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

We will now go to the Ontario Medical Association, northeast district.

Dr. Stephen Cooper: Thanks, and welcome to northern Ontario. My name is Stephen Cooper. I've been a rural physician on Manitoulin Island since 1992. Together with my colleague in the northwest, Dr. Viherjoki, we serve as the Ontario Medical Association's chairs for both northern Ontario districts. It's large geographically, but with a population that's smaller than Ottawa.

I'm here today in my role for the Ontario Medical Association's northeastern district. It's a vast area of Ontario that stretches from Wawa to Temiskaming Shores, from Moosonee and James Bay to Parry Sound. It's a region of stark contrasts: downtown Sudbury and remote Kapuskasing and Hearst, mining and resort communities, remote and urban Indigenous communities, a large francophone population as well as immigrants of Italian and Finnish

descent. We have a health science centre that is striving to create a world-class reputation, and smaller hospitals, like the one I worked in last night, to provide cradle-to-grave care by a handful of all-purpose nurses and physicians. We had somebody in palliative care last night and somebody having a baby.

I appreciate the opportunity to speak to the standing committee on financial and legislative affairs during its pre-budget consultations and to bring to you the perspective of a rural physician who has practised in the north for three decades.

We know the health care system is facing enormous challenges. These are the same challenges in northern Ontario that you have in southern Ontario with HHR, but it's magnified by the vast geography. We have a small and disproportionately older population dispersed over a vast geography, lower life expectancies and a mental health and addiction crisis that you've already heard about that has only become worse since the pandemic. Last year, the north had a shortfall of 325 family doctors, internists, psychiatrists, pediatricians, anaesthetists and other subspecialists. This gap was partially filled with an inefficient locum program, and where that gap wasn't filled, patients didn't get care and emergency departments closed.

Ontario's doctors have been working hard to bring forward practical solutions to problems that we confront every day. Last year, the committee heard about Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care, setting out 87 recommendations to put the health care system on the road to recovery, including 12 specific ideas to make care more accessible in the north.

We are grateful for the investments the government has made to deal with some of the issues over the past year, including investing in 30 more undergrad seats and 41 postgraduate positions at NOSM, investments to combat the opioid crisis—the opioid recovery—and capital investments to build a new francophone community centre in Timmins.

But the urgency of the situation demands that we confront these challenges more aggressively. In the north, that means implementing these investments without delay and addressing the shortage of doctors and specialists with new ideas that can have immediate effect.

Dr. Viherjoki will have more about this now.

Dr. Stephen Viherjoki: Thank you. Good morning. My name is Dr. Stephen Viherjoki. I am currently the chief of emergency services at the Dryden Regional Health Centre, and the chief medical information officer for the Thunder Bay Regional Health Sciences Centre.

I'm here today in my role as the chair of the Ontario Medical Association's northwest district. Its boundaries reach from the Manitoba border in the west and the Hudson Bay in the north to the United States border in the south. It encompasses 47% of Ontario's land mass, but it is sparsely populated, with only 2% of the population. It is a pleasure to speak to this committee during its pre-budget consultations.

As you've heard from my colleague Dr. Cooper, Ontario's physicians have been working hard to bring forward practical solutions to the challenges that confront our health care system. I appreciate the investments made in the last provincial budget, including the new cardiovascular surgery program at my referral hospital in Thunder Bay and the new health campus at the Weeneebayko Area Health Authority, but the urgency of the situation demands that we confront these challenges more aggressively, and that's what I'd like to focus my comments on today.

Over the past several months, we have been working to develop a set of practical solutions that can be implemented quickly to address three of the most pressing issues that are preventing us from providing the care Ontarians need, when they need it. Our plan deals with the shortage of doctors, long wait times and pressures on our hospitals.

As mentioned, northern Ontario is short more than 350 doctors, including 200 family doctors and 150 specialists. Ontario doctors are recommending that the province license more foreign-trained physicians by introducing a [*inaudible*] practice-ready assessment program, coupled with a mentorship program designed to keep physicians in the north, which could be implemented immediately, would potentially be a game-changer in building a lasting supply of physicians in northern and rural communities.

1020

More than 21 million patient services and procedures that should have taken place during the pandemic did not, causing wait times for many diagnostic procedures and surgeries, which were already too long before the pandemic, to exceed provincial guidelines. As a result, patients who would have been diagnosed and treated sooner are presenting to us later and sicker. Ontario doctors are recommending the establishment of centralized wait-lists with single intake, referral and triage management systems for surgeries and procedures in each region, including the north. This initiative would provide enhanced transparency regarding wait times and increase access to care.

Finally, we have developed a number of recommendations for the provision of diagnostic equipment and services in long-term-care homes aimed at relieving pressures on the hospital system. These include investments in mobile X-ray clinics for long-term-care homes and the supports that would allow them to deliver IV antibiotics. It also means maintaining the ability of physicians to provide virtual care in long-term-care homes.

We recognize these recommendations alone will not solve all of the problems facing our health care system, but they're an important start—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. We'll start the round of questioning, and hopefully there will be an opportunity to finish your presentation. So with that, we'll start the questions with the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all presenters—truly appreciate you being here this morning. I'm going to start with Elaine. Your recommendation to the government is to create a mandatory residential school curriculum. Can you extrapolate a little bit on this idea? Is it very similar to what we would consider the civics course, so you would have to complete the course in order to graduate?

Ms. Elaine Johnston: That's correct. It would be a mandatory course that all students would take. And the

reason that we're recommending all students is because if you want to talk about reconciliation, it's not just Indigenous; it has to be Canadians and Ontarians. Reconciliation is both ways. Having students understand what reconciliation—I think that's the issue, that people think, "Well, it's Indigenous people that have to reconcile." No, it's Canadians, it's Ontarians that have to reconcile. If they don't understand, then this is the understanding that will be created.

Ms. Catherine Fife: Is this the council's first time making this request? You make a very good point that where we are as a nation, with the discovery of unmarked graves—which will continue, as you rightly pointed out—there's an opportunity here to truly address truth and reconciliation through the education system. Have you made this recommendation before? Is this something that the council has been working on?

Ms. Elaine Johnston: We haven't made this recommendation before, but there have been discussions from the Indigenous Trustees' Council for some time, and especially since the unmarked graves have been found, starting with Saskatchewan, talking about, "What is reconciliation?" Because we're talking about that: "What does reconciliation mean?" And I think everybody is struggling with that. "What do we do?" So I think we all have a part to play in regard to reconciliation, and so learning, why is reconciliation even here?

Ms. Catherine Fife: Yes. And you make a very good point that this would allow the 31 school boards to work in collaboration with the respective communities of First Nations, Métis and Inuit people across the province.

I'm going to move on now, please, to Annette. Annette, the Canadian Mental Health Association has been consistent throughout the pre-budget consultation on the need to invest, the systemic underfunding and, really, the crisis that is no longer denied. For many years—I've been on this committee for 10 years—we've been talking about the tsunami of mental health and that we're going to reach a tipping point, but we're well past that.

The government and their commitment on Bill 124—the fact that they're even appealing the decision that was made at the Superior Court of Ontario, which found that it was unconstitutional and violated collective bargaining rights. I just need you to clearly articulate to this government how damaging Bill 124 has been to the culture and the negative impact on the health care human resources in Ontario.

Ms. Annette Katajamaki: I think a lot of it points to the hopelessness of the staff that I had referred to previously. Staff are feeling very devalued. There are sectors that were not under Bill 124; I can give you an example: Our Algoma Public Health unit had all the case management services for people with mental illness up until 2020, at which point, in 2021, we integrated their services and their employees into CMHA Algoma. They were not under the restrictions of Bill 124, so those folks continued to get increases in their salaries. When they integrated into our system, because we were under Bill 124, their staff with the same credentials, the same work, working alongside our staff, were making $20,000 more annually.

It's a huge, huge issue, and part of the reason we are having some issues around our health human resources. Why would they work with their colleague sitting at the next desk making $20,000 more? We are working on that, but again, Bill 124 has impeded our ability to rationalize our salaries, let alone increase.

Ms. Catherine Fife: Thank you for that. Also, thank you for pointing out that housing is health care. That is a very strong point that you've made, particularly here in the north, where you've pointed out the wait-list is three years for a one-bedroom.

I just wanted to give you a chance to talk about the emotional labour of your front-line staff, because Ontario is experiencing a health care human resources crisis. There's no other word for it. If the people aren't there to care for other people who are in desperate need, that's a crisis.

You mentioned medical assistance in dying. Some of these stories have caught our attention, but speak to the impact of someone seeking a medical-assistance-in-dying service in the space of not being able to access health care, please.

Ms. Annette Katajamaki: This individual—it was a story that was covered from Orillia, but we know that many of the clients we're currently working with feel this desperate, hopeless feeling: "It's not going to get better." We have gentlemen who have been living in our low-barrier shelter for over a year, just because there's nowhere else for them to go. We have people living in hospital that shouldn't be living in hospital. They're not seeing that anything's changing quickly. They're not sure what will be different tomorrow, next year, in five years. They're desperate to get out of this circular system that they are wrapped around, but they don't see a way out, and our staff don't see a way out.

In a month, we might house five people, get them out of shelter and put them into housing, but there are 10 more people waiting at the door. Staff are getting burnt-out by this constant ineffective system that we have created. They themselves don't know what to do.

In the north, we have lots of mines. I have many staff who have left social services, social work, with master's degrees in social work, and they have gone on to work in a mine underground because they can support their families. It really is an overwhelming feeling of, "It doesn't matter what we do; we can't get out of this hole at this point."

Ms. Catherine Fife: Okay. I know our member Mike Mantha, for Algoma–Manitoulin, has been very vocal on this issue, and these are untenable choices.

I've run out of time, but my colleague will hopefully address the urgent need that both Stephens asked for around addressing the locum in northern Ontario. I see that one of the Stephens—it looks like you're in a closet. I hope that's not your office.

Laughter.

1030

Ms. Catherine Fife: But I think that my time is likely up, and then my colleague MPP Kernaghan will take over next time.

The Chair (Mr. Ernie Hardeman): Okay, thank you.

We'll move on to the independent.

Ms. Stephanie Bowman: Thank you all for being here. I will start with—

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

Ms. Stephanie Bowman: Sorry, I didn't hear what—

The Chair (Mr. Ernie Hardeman): I forgot to say it.

Ms. Stephanie Bowman: Okay, thank you.

I will start with our two doctors. My late brother actually practised here in Sault Ste. Marie, so I know some of the challenges that you experience.

I just wanted to talk a little bit more about the foreign-trained physicians and how easy it would be to implement that program. I know that it's talked about a lot, and I know that people are working on it. I heard recently about a midwife who had come from Afghanistan and would have to go basically back to square one here in Ontario before she could practise, versus one of her colleagues from Afghanistan who went to the US and entered a six-month—kind of like what you're talking about, it sounds like—on-the-job training and assessment, and that person is now practising as a midwife in the US.

I wonder if you could just talk a little bit more about some of the practical steps of how we would implement or how you could implement this program. Could it be done as a pilot? Is it the OMA? How would the ministry work together to make this program a reality?

Dr. Stephen Cooper: Go ahead, Steve. You started this.

Dr. Stephen Viherjoki: Sure. I can actually envision a few ways that this would work. There is already a process in place by which foreign graduates can be assessed. Unfortunately, there are very limited spaces available, and it generally relies on already full-time working physicians to be able to do those assessments, take on those physicians or other allied health professionals—really at their own expense—and bring them through the system.

We have to be able to identify foreign graduates rapidly. We know that they're applying to our medical schools and residency programs all the time, so that's available. We have to be able to dedicate funding so that there are physicians available—practising doctors in these communities that need help—and fund their time to be able to take on this extra burden and do the required work. I think both the OMA, our local rural hospitals—we have a lot of infrastructure in place that we can identify where the needs are and those willing to do the work.

Ms. Stephanie Bowman: Okay, thank you so much.

I will turn now to Elaine. I really do like the idea of a mandatory course. I think it's an important part of reconciliation, as you talked about. I'm wondering if you could talk a little bit about, again, what work might already be done, how quickly this could get going. I just want to confirm you've got the support, you said, of all of the school boards across the province to proceed with this. Is that correct?

Ms. Elaine Johnston: Yes, there is support from the school boards. It is [*inaudible*] the priorities. We've talked about being part of the curriculum development at the provincial level but also involving local content. For example, I come from Serpent River First Nation, so there was a residential school right next to me. You want to involve the local content because it will be different across the province.

Ms. Stephanie Bowman: So the idea is that there would be a base curriculum, but then it would be customized a bit locally and supported with resources from local First Nations communities?

Ms. Elaine Johnston: That's correct.

Ms. Stephanie Bowman: Okay. All right, great. Thank you.

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

Mr. Rick Byers: First, thanks to all the presenters this morning. Thanks for sharing your thoughts with us. And more importantly, thanks for all you're doing in your community. It's terrific.

Maybe I'll first ask Drs. Stephen from the OMA northeast—I think I heard you say that your region occupies 47% of Ontario's land mass. Wow, if I heard that correctly. Thank you. I want to carry on a little bit with the previous—the government really appreciates the ongoing discussions the OMA has had. In terms of your points of some solutions to the doctors in your region, you talked about some of those solutions. I know that we have new as-of-right rules and other elements coming on to enhance the supply of doctors in your community. Have you seen some impact from those measures? And you mentioned some of the ongoing work that needs to be done; if you could expand on that a little, I'd appreciate it.

Dr. Stephen Cooper: Since NOSM started, which is the Northern Ontario School of Medicine, there's been an increase of physicians working, particularly in the more urban areas. There's been some really great success with that. There's been a number of programs over the last couple of years to give doctors specialized training to do rural practice, whether that's a family doctor doing emergency department or a general surgeon learning to do obstetrics or an internist learning to specialize in cardiology so that they can fit the needs of their community. So there's been some real benefit along that.

I think what's happened, though, is health care has changed so much that the systems we've put in place over the last 20 years need to be updated to fill the gaps that are being created over the last three to four years.

The other big issue, I think, is showing people how you can make a living and how you can have a successful career and a successful family living in the north. You've driven up here; you've seen how beautiful it is. The recreation opportunities abound. We have world-class education facilities. But telling somebody from Mississauga or London or Windsor that there's a life for them in the rural communities is a challenge.

Mr. Rick Byers: Thank you very much.

To Annette, a question—and thank you very much for your presentation this morning. Certainly we've seen—our first meeting, frankly, was up in Kenora, and we heard directly about opioid and mental health challenges in the community. Whether we've been in rural communities,

urban communities, we've heard that. Certainly, I've met with CMHA Grey Bruce and understood their view on the situation directly, and certainly the government appreciates this, and since the last few years, we've invested in community addiction services and youth wellness hubs etc. I'm curious whether you've seen an impact from those programs in your community and, again, whether there are other elements that we should consider going forward.

Ms. Annette Katajamaki: We have a youth wellness hub. It's just been funded within the last few months, so we haven't really seen much movement except that the community is banding together and creatively coming up with a really great youth wellness hub implementation model. So I'm awaiting that, but thank you for that. We also have our residential withdrawal management program that's in construction. So we have a lot of construction under way, and we're hopeful that those will be very necessary.

Again, it links back to housing and it links back to health human resources. We can create, we can treat, we can counsel people until we're all blue in the face, and then we put them back out into shelter or homelessness or substandard housing, and we start all over again. So it really does circle back to housing.

I think all of those new investments are necessary and are appreciated and will be very helpful. I think the piece that's missing, for me, is that we continue to invest in new programs and services, and many of those new programs and services assume that the existing services that may have been funded 40 years ago when I first started in the field still exist, and they don't. Those are the very programs and services that are crumbling due to underfunding and not-consistent base funding increases, and I think that some of our new programs are at risk because they are built on those assumptions that those current programs exist in the same structure that they were funded for. And I can tell you, they don't.

Mr. Rick Byers: Great. Thank you. I'll pass my time to—

The Chair (Mr. Ernie Hardeman): Further questions? MPP Dowie.

Mr. Andrew Dowie: My question is for Stephen. Stephen, thank you so much for being here. I know recently in my community—I'm from Windsor. Actually, I love it up here, so thank you for your comment earlier. This is a great place to come and have a great lifestyle. But I just wanted to understand—back in my community, we created the Windsor Surgical Centre, or our local hospital did, to help address the backlog of procedures in the community. The government of Ontario made an announcement a few weeks ago that this sort of model would be expanded.

Could you tell us if and how an initiative to involve more off-site facilities that would be operated separately from the hospital but integrated with their operations in communities could help address backlogs here in northern Ontario?

1040

Dr. Stephen Cooper: Yes, definitely the OMA has come out in support of that. I think it's a key piece of it. I think the challenge in communities like yours where people have to travel is to allow—if those facilities are running in, say, Windsor, that people have the opportunity to travel to the community to get the services, but also the accommodation and housing, again, for those procedures.

The other big thing, and Stephen can speak a little bit more about it, is the success of some of the surgical programs that allow physicians to travel to different communities, to allow patients to have those ambulatory care services in their own communities and save them having to travel, particularly sick patients. I think the variation in dealing with the rural patients in a geographically wide area—and it's not just northern Ontario; there needs to be some consideration about how to make that equitable for all Ontarians, not just the people that live close to those centres.

Mr. Andrew Dowie: To follow up, Chair, on what it's like here, I'm curious to understand that—what kind of travel is involved, just to get what we would call a standard medical procedure? What kind of proximity exists for services here in the north?

Dr. Stephen Cooper: Well, I don't know how you got to the Soo, but if you drove from Sudbury, you would have done that four-hour drive. Now, somebody from the Soo—and that's a big area—would have to travel to Sudbury to get their hip done and then travel back. If that's in February, that's a challenge. So I think that's the difference from, maybe, a smaller distance drive in southern Ontario. But still, it's not inconsequential, even for those people, to make that travel, that trip, and if you're older, that's a challenge. I think, when we build these centres—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. We'll go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to thank all the presenters for coming here today and sharing very important information.

My first question is for Elaine. I think your comment that everyone is on this journey of reconciliation is quite apt. We're not only looking to decolonize systems, but we also all have a responsibility to decolonize ourselves. I just want to thank you for that. Also, my question is, with September 30 being recognized as the National Day for Truth and Reconciliation, what are your thoughts about the province not recognizing that as a provincial holiday?

Ms. Elaine Johnston: Well, I think this is an issue that has been talked about at our Indigenous Trustees' Council. One of the things that you also need to recognize is that I've been impacted; my parents went to residential schools. Some of our teachers have been impacted. Some of our students have been impacted, because it might be their grandparents, it might have been their parents. And I don't think there's a recognition that the people that work in our institutions have been impacted. So one of the issues and concerns is that if there's no recognition within the province, then is there really true reconciliation, is there an understanding of what that impact is?

I'm going to talk about the treaties, because when we agreed to the treaties, we agreed that we would work together, that we would follow together. We are not opposed

to any government, no matter whether it's Conservative, NDP, Liberal, whomever. We want to work together on this land that has traditionally been ours. How do we look at economy, together? I think that's what we're talking about when we're talking about reconciliation.

That's what we're hoping, that the province will recognize that and work with us. Recognition of that day is really important because all people have been impacted, even within many of our economies.

Mr. Terence Kernaghan: So it's a partnership—not simply in words, but also in actions. Thank you very much.

My next question is for Annette. I want to thank you for really helping to underline that Bill 124 has really eroded morale, and also for speaking to the unfairness that two people working in the same positions—you know, the disparity of $20,000 in income is really such a detriment, too, to staff morale. It's completely unfair.

I also want to thank you for mentioning supportive housing units. My question is, we've heard—oh, and just on Bill 124, I think it's also important to recognize that the government's own documents that have been revealed by freedom-of-information requests acknowledge that they have created this staff morale crisis yet refuse to address it, by bringing back that appeal.

But my question is about supportive housing units. We've seen many measures from this government to promote the creation of supposedly affordable housing. Will these for-profit developers—in your mind, do you think they will create supportive housing units as well?

Ms. Annette Katajamaki: Let's be honest; for-profit is for-profit. There's a reason they're called for-profit. We have been somewhat successful with independent landlords finding units that we can support people in. We have great local partnerships with our DSSAB. We do a lot of work in that area. We will continue to advocate for that, I'm hopeful, but if we can't guarantee that the supports are going to be in place, I'm not sure landlords are going to be that interested in renting to folks who need supports. So that's really the whole comment around how we need both at the same time. We need to enable folks to continue being housed, and we can't do that without the supports as well as the stock.

Mr. Terence Kernaghan: Absolutely. Very well said.

My next question is for Drs. Stephen. I just want to thank you for your comments as well. You had mentioned that the locum program was inefficient. I wonder if you could speak to the gaps and the issues within the locum program and also address how the province could fix them.

Dr. Stephen Cooper: Steve, do you want to have a go?

Dr. Stephen Viherjoki: Sure. So the locum program has struggled for years now. It seemed in the past it was more streamlined. Recently, issues with locums, once they've provided their service—increased administrative burden to be able to be paid for their work and longer times to get paid. We've got a lack of a central area or repository of information of people who are available to work and the types of work that they're willing to do, so physicians who need help and need the relief don't have that yet.

What we do need is a list of people who can do this work, who are interested. We need a repository of people who are looking and to have access to that. And then we really do need to make it seamless for both sides and reduce that administrative burden so that physicians who are in the communities can get the help that they need so that they can spend time with their families, decompress and get away from the practice when they need to. So, absolutely.

Mr. Terence Kernaghan: I see. Thank you very much for your comments.

I also wanted to turn to the Prescription for Ontario and your five-point plan. I think this government also would be wise to recognize that economic recovery depends on full health care recovery. You had mentioned in your presentations about meeting standards in long-term-care homes—

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

Mr. Terence Kernaghan: —as well as home care. What do you perceive to be the obstacles to the implementation of these standards in long-term care and in home care?

Dr. Stephen Cooper: Well, just like everybody else at the committees here, we have problems with HHR and getting people who want to work in long-term-care facilities. And home care is a challenge in rural communities especially, but even in some of the small urban areas, we just don't have the people to do it, so that's our number one issue.

And then specialized training in those areas, wound care—managing it with patients with dementia is a challenge that I have. The personal support workers who work with them are great, but it's not a thing you're born with; you need to be trained for it, and you need the support of your administration to do that. And accommodation for both permanent and rental places for people to stay, so that if they come to northern Ontario, when they finish work, they have a place that's decent to go back to—and that's in short supply in rural communities.

The Chair (Mr. Ernie Hardeman): Thank you very much for that. With that, we will go to the independent. MPP Bowman.

Ms. Stephanie Bowman: My question is for Annette. Annette, we heard yesterday some powerful testimony about the safe injection sites and basically how people will come, and then one day, they actually get to a place where they say, "I'm ready to seek treatment and get help." Could you talk a little bit about your views on that, as well as sharing any other kind of positive stories out of programs? I know there's a lot of hopelessness, but I also know that people like you and your team are dedicated to helping. I wonder if you could share some stories that help keep you going in this difficult work.

1050

Ms. Annette Katajamaki: There are two innovative programs we've just started in partnership with our partners across the community that I could highlight for you. One is the downtown ambassador program. This is funded primarily through the city. What we have done is we have

hired peer workers. These are folks with a lived experience, who have been homeless, who have been addicted to some kind of substance—or some other kind of addiction—who may have a mental illness as well. We have certified them in peer support and provided them with lots of training. They walk the downtown core, which is usually where people hang out when they don't have anywhere else to be. They walk from 2 o'clock in the afternoon until 8 o'clock at night. They carry needles. They carry safe injection supplies, harm reduction supplies, mitts, food, water, naloxone, whatever is needed.

They have been responding to the downtown businesses who are noticing people in the alleyways or noticing people who are sleeping or are nodding—are on the way to an overdose. I can't tell you how many times they have given people naloxone, called 911, and saved a life. It's making a big difference. The businesses are ecstatic about the program.

It's only from 2 to 10, Monday to Friday, and during the day on the weekends. We know that that's not necessarily all the times when people are out, but we know we're making a difference and saving lives.

The other program that we started during the pandemic is our community wellness bus. The DSSAB gave us a decommissioned ambulance and retrofitted it for us. We have the hospital loaning us a nurse. We are loaning the peer workers, and Algoma Family Services, our youth mental health provider, is loaning us their social workers, their support workers. We're going to five different places every week—the shelter, the soup kitchen, the Salvation Army—and we're trying to reach out to the people where they're at instead of making them come to us. We know that's not always successful. If we wait behind an office door for people to come to us, they may die. If we're out there on the street with them, they will approach us and they'll get some help.

It's making a difference. People are getting some of their primary care needs taken care of. They're getting prescriptions. Again, they're getting referrals. You do not know when that lightbulb will go off. I've been at CMHA now since graduation, in various positions, for 37 years. Every time somebody comes and you talk to them, and they go back and they overdose again, and then they come back and they overdose again—I don't know when that lightbulb will come on. I have seen that lightbulb come on for people and they have turned their lives around. That's the power of keeping at it and not giving up.

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

Ms. Stephanie Bowman: Thank you.

Elaine, could I just come back to you for one minute? There are so many demands placed on our education system in terms of the new learning that we want our students to have, in many fields. Could you talk a little bit about how OPSBA sees this fitting in? It's mandatory, but how would that work in terms of the school day and the other credits that students are trying to get as well?

Ms. Elaine Johnston: It can be worked into the school system. I think it's working with, again, the local school boards, because they do look at that.

Also, I think you can look at other opportunities, because we can include land-based learning with science and technology. So, it can be incorporated into the existing curriculum.

Ms. Stephanie Bowman: Excellent. Thank you.

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

With that, we'll go to the government. MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Good morning. Thank you so much for joining us today. We very much appreciate all of the information and insights you're sharing with us today. I think it's really important for us, as a committee, to be able to take all of this back.

I'd like to start just by asking a question to you, Annette. You referred to the decades of underfunding, particularly in this mental health and addictions area. In fact, that is why, when our government first got elected, acted very swiftly to make an investment of over $3 billion over the coming 10 years specifically to address mental health and addictions.

One of the things that really struck me in your commentary was the fact that the opioid deaths here in this community are more than double the provincial average. That's a startling statistic for us to hear.

You also mentioned an increase in your base funding of 2% per year. Now, I assume your funding is allocated from CMHA or your Ontario health team. Is that how it works? How is that assessed, and therefore a determination made that you're only getting that 2%?

Ms. Annette Katajamaki: The 2% was once in 10 years, not every year. We had a 2% increase in 2018, I believe, but that was it. It actually comes from Ontario Health North East. We do have an Ontario health team here in Algoma, but there's no funding allocation process yet in place, and CHMAs across the province are all independent organizations, so we work in a federated model. Our funding comes from Ontario Health. We also have funding from MCCSS, and we live on grants from federal and provincial donation fundraising efforts.

Ms. Effie J. Triantafilopoulos: So then is it an annual request that you would make each year based on the needs in the community?

Ms. Annette Katajamaki: There is a CAPS process, which is the community annual planning submission, and those were due for the 31st, today, to Ontario Health. Basically, it's a request for funding. The caveat is, "Please don't ask for more than you received last year, because then we'll just give the budget back to you to redo it." So it's a zero-based budget that we plan for every year. We are told, "Don't submit a budget that's over what we gave you last year. It will be turned back to you." That's our budget process.

Ms. Effie J. Triantafilopoulos: Thank you. That is interesting.

You also commented about some of the clients and how the supports are there, and at a certain point you hope and anticipate the light bulb goes on. Can you just describe that

a bit more as well? What happens? What makes the difference in that individual's life that they will actually seek the change they need?

Ms. Annette Katajamaki: I think that probably is different for everybody. It's hard to speak to exactly what that light bulb moment might look like, but it could be that they finally feel like somebody is listening to them. It could be that something happened, like maybe somebody stopped on the street and said hello to them, or somebody smiled at them instead of ignoring them.

I don't know what that light bulb is for everybody; it could be something minor, like a smile, and it's like, "Yes, I'm a worthwhile human being, and I deserve this." It could be that enough people have reached out and said, "Let me help you," that they're finally willing. Maybe they found out that they're going to be a father or a mother. It's different for everyone. I don't know; those moments in life are transient, and we need to be able to be there when they are ready, not when we're ready.

Ms. Effie J. Triantafilopoulos: Thank you.

I have a question for the Drs. Stephen as well. I was struck by some of the recommendations that you made about some specific ways in which changes could be of help. One of the ones in particular was how you address care for long-term-care residents. I think you mentioned the mobile X-ray clinics. Was there something else in addition? How would you see that working, particularly since, as we know, long-term-care homes would really be at a distance from family and relatives and obviously hospital care as well?

Dr. Stephen Viherjoki: There are basically mobile X-ray units that could be brought as required to the centre, so as to keep patients close to where they live, where they're best set up, least confused and least disrupted.

It's also, especially in smaller northern communities, a real lack of ambulance service that is available. There are no dedicated patient transfer services due to the size of our communities. Being able to transfer patients from long-term care to a hospital for an X-ray is disruptive at many levels. It takes people who are very fragile into a very confusing and scary place. It also really taxes an ambulance service and takes that ambulance, probably the only one in the community, out of action while they're transferring a non-urgent patient, most of the time. So really putting that service or mobile units close to long-term care and having access to them as required would be an excellent idea.

Ms. Effie J. Triantafilopoulos: Thank you for that. I know that the paramedic services have been expanded throughout the province in order to allow seniors who are currently living at home and who are on a wait-list to get into long-term care to be able to still have someone look in on them to test their blood pressure, to do some minor procedures like that. Can you speak to what the paramedic services are doing here in this community with respect to seniors?

1100

Dr. Stephen Cooper: Yes, I mean, it's a program that has been successful. Unfortunately, it's a program that's probably a little bit better suited for urban areas, where the distance to travel isn't so great.

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

Dr. Stephen Cooper: Our home care services and our paramedic services will maybe get half to a quarter of the patients seen because of distance between different places. So that's the big issue, but it really has helped people stay in their communities.

I want to emphasize how important it is for people, whether they live in downtown Toronto, Mississauga or on Manitoulin Island in Little Current, to get care in their own communities, particularly care that's culturally appropriate. Whether or not you're Finnish, whether or not you're Indigenous, whether or not you're francophone, living in different communities is a challenge for people when they're older in long-term-care facilities—close to family.

Ms. Effie J. Triantafilopoulos: Thank you. One of my colleagues? Anyone else?

Mr. Deepak Anand: How much time is left?

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

Interjections.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation. That does conclude the presenters in this panel. I want to first of all thank everybody on the panel, both virtual and at the desk, for all the work you've gone to to prepare for this meeting and to come and share your thoughts with us. I assure you that they will be put in the report to the Minister of Finance, who, if we're lucky, will do all the things that were suggested here at this meeting. So with that, I thank you again for your participation.

INVASIVE SPECIES CENTRE

OSHKI-PIMACHE-O-WIN: THE WENJACK EDUCATION INSTITUTE

ALGOMA UNIVERSITY

The Chair (Mr. Ernie Hardeman): Our next panel is the Invasive Species Centre, the Wenjack Education Institute and Algoma University. I believe we have—

Interjection.

The Chair (Mr. Ernie Hardeman): Okay, so we're all here at the table. As we get to the table, each presenter will have seven minutes to make their presentation. At the six-minute mark, we will say, "One minute." Don't stop talking, because then you have one more minute. We do ask you to stop immediately at the seven minutes.

I also want to say that you don't have to adjust your microphone. The control room will turn them on when you go to speak. If you turn it on, they will turn it off, and then you won't hear yourself.

With that, we ask you to start the presentation, and the first one is the Invasive Species Centre. We ask that you state your name for the Hansard to make sure that your comments are attributed to the right presenter. With that, the floor is yours.

Ms. Sarah Rang: Thank you very much for the opportunity to speak with you today. My name is Sarah Rang. I'm the executive director of the Invasive Species Centre. We are a non-profit organization headquartered here in Sault Ste. Marie, just down the street. If you get a chance to go outside in the frigid weather, we'd love to see you.

The Invasive Species Centre: Their focus is really to protect Ontario's lands and waters from invasive species. You might be scratching your head to say, "What the heck is an invasive species and why should I care about that?" Invasive species that you might know are wild pigs; phragmites that grow along the 400-series highway that are infiltrating all our wetlands; there are Asian carp—I have a fun Asian carp just to pep up our day a little bit today that I'll pass around. These are some of the species that are coming to Ontario. They're not from Ontario, but they come here and they cause impact on our economy, our environment and our society. You might not have heard of them; they're an underappreciated threat to both our nature and our economy. We're here really today to let you know a little bit about it and also to propose four positive next steps that we could do, as well.

Invasive species: Not only are they here, but they're costly. They're about a $3.6-billion-a-year problem in Ontario alone. That sounds like a heck of a lot, but it's because it is actually having an impact on our forests. There are over 10 invasive pests. Some of you might have them in your own communities, like the emerald ash borer, which has taken down most of our trees in most of our municipalities. They're spending billions of dollars cutting down those trees from a public safety perspective and replanting as well. If you live along the Great Lakes, which I know many of you do, you'll have heard of zebra mussels and quagga mussels that are clogging up all your municipal intake pipes—again, a costly problem. If you're anywhere near any agricultural communities, as some of you from Windsor and Norfolk are, you'll know there are many invasive pests. This is a new one called spotted lanternfly. It's not yet in Ontario, but loves to eat our grapes and hops, so it's a significant threat to our new wineries across Ontario as well.

So not only are invasive species underappreciated as a threat to Ontario's economy and society, but they're expensive. What we're seeing is more invasive species coming in. The ones here are spreading further, often with change in climate. Not today, but when our winters aren't as cold, definitely, we're seeing a spread northward to areas like Sault Ste. Marie. So they're here. They're expensive. They're spreading. Globally, costs are expected to triple every decade. This is an issue that we're just on the beginning of the hockey stick of.

The Invasive Species Centre collaborates with many different partners—governments, non-profit organizations, community groups—to try to draw attention to invasive species and provide some positive solutions. We'd like to suggest four things that we could do today to help invasive species.

The first one is an increased investment in catalyzed action on invasive species, so local, community-driven action on invasive species. Many of you might have seen groups out doing controls. We believe, like many of the investments we're beginning to see in the US and other jurisdictions who are beginning to pay a lot of attention to invasive species, that the time is now for Ontario to be proactive and invest in this early stage, which is the most cost-effective stage of controlling invasive species. If we wait for invasive species like wild pigs to be everywhere on the landscape, it's much more costly. We need to act now while they're either not here or in very small areas. So an investment now would actually be much more effective than an investment later.

The investment would have many benefits. It would help community groups, municipalities and Indigenous communities deal with invasive species in their own backyard. So not only is it cost effective, but it's also very great in terms of the community engagement as well.

The second pillar of that is really increased coordination on invasive species. We have many great volunteers doing many great things across the landscape, but what we really need is a more coordinated collaborative effort on invasive species. The Invasive Species Centre is part of that activity in terms of drawing different community groups together, but there are many groups who are available to help.

The third area is really supporting innovative tools. Ontario is a leader in some of these tools and we believe that an investment in innovative tools can really help us a lot. There are incredible things happening in terms of drones and the ability of drones to map invasive species on the landscape and monitor them, and even now manage, from drones, invasive species on the landscape. So part of this investment would help those innovative tools. We see great things happening in Ontario, being a leader in what we call environmental DNA monitoring, a big fancy word to be able to take a scoop of water from any lake, run it through your lab and tell not only what native species are there, but what invasive species are there. So the technology now exists for us to have an incredible monitoring system for invasive species in Ontario. Those are just a couple of examples of how we believe an investment can really drive this innovation and tool development as well.

And the last area I'd like to leave you with is really the importance of acting now in terms of preventing invasive species coming and getting them when they're really at the very small stage.

Certainly, we're here to answer any of your questions and appreciate your interest. Please let me know if you have any thoughts.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. The next presentation is Wenjack Education Institute. I do believe we have two presenters, so I ask unanimous consent from the committee to have two in-person presenters. Hearing no objection, as the instructions were, you get seven minutes to make your presentation, and I will notify you when there's one minute left to wrap up your presentation. So with that, the floor is yours.

Ms. Lorrie Deschamps: Good morning. My name is Lorrie Deschamps. I'm the president of the Oshki-Wenjack

education institute. I'm going to start off by giving you the background of Oshki-Pimache-O-Win, the Wenjack Education Institute. It was envisioned and created by the Nishnawbe Aski Nation Chiefs-in-Assembly in 1996 to provide culturally appropriate education and training programs to the people of Nishnawbe Aski.

1110

Nishnawbe Aski covers two thirds of the province of Ontario. It is comprised by Treaty 9 and the southern portion of Ontario by Treaty 5. Our people traditionally speak Cree and Algonquin in the east, Oji-Cree in the west and Ojibwe in the central south. Nishnawbe Aski Nation represents 49 First Nations communities which Oshki-Pimache-O-Win serves to serve education programs to our people. There are approximately 45,000 members living on- and off-reserve. Oshki-Wenjack was established in 2001, and our mission was to achieve excellence as a leader in the innovative design and delivery of quality post-secondary education programs which meet the holistic educational needs of Nishnawbe Aski Nation and other learners in a safe, inclusive, supportive and culturally enriched environment.

Our post-secondary training model is very different from other colleges and universities. We have a unique blended delivery model for post-secondary education. The model achieves positive results in student retention, student success and higher-than-usual graduation rates. Slightly decelerated academic loads are balanced by a year-round continuous semester that allows learners to remain in their home communities and attend campus for two-week sessions twice per semester.

Our new HyFlex teaching and learning audiovisual equipment further allows expanded access for remote learners who are unable to attend our Thunder Bay campus due to family and community responsibilities. This further extends our accessibility to a wider range of post-secondary education learners, particularly Indigenous women. In 2018, we also purchased a mobile trades training lab, equipped for six trades, which is housed in a trailer that enables training on site and travel to road-access First Nation communities, further aligning our unique learning model.

Presently, our small campus is in a leased space comprising the top two floors of a downtown commercial building in Thunder Bay, with no exterior facility or green space. We are squeezed for academic and staff spaces, and the building needs improvements. This constrains our ability to grow. Thus, we need a new, state-of-the-art campus building with access to green space for land-based learning.

In addition, we have completed business, strategic and academic planning forecasts to map out our growth strategy for years to come. This new strategy will require a significant adjustment and increase for our core and operational expenses. We are asking the government of Ontario to prioritize our need for upcoming capital infrastructure funding opportunities. We look forward to parity in operational funding in recognition as a member of the third pillar in post-secondary education as an Indigenous institute.

Ms. Kim Falcigno: Hello. I'm Kim Falcigno, vice-president of Oshki-Pimache-O-Win.

The Indigenous Institutes Act, 2017: After years of collaborating with the Ministry of Colleges and Universities, Oshki-Wenjack received recognition as one of nine Indigenous institutes formally recognized as a third pillar, alongside colleges and universities, within Ontario's post-secondary education system by the passing of the Indigenous Institutes Act in 2017. Indigenous institutes are largely funded through the Ontario Ministry of Colleges and Universities.

Since the passing of this vital legislation five years ago, the IIC and member institutes continue to advocate for equitable and sustainable resources related to core operations and minor and major capital expenditures. Gaining recognition as a third pillar in post-secondary education is an achievement in that institutes now have the ability to seek accreditation and offer their own unique programming.

However, this is a major barrier to equitable delivery of quality post-secondary education programs amongst the Indigenous institutes that the other two pillars, colleges and universities, do not experience. The lack of predictable resourcing is a barrier to sustainable growth and planning, and that results in significant restrictions to budgets and operations, in addition to inadequate facilities and campus space.

Our priorities for the Ontario standing committee on finance and economic development for the 2023 pre-budget consultation is that there have been strides in PSE that meet the needs of Indigenous learners within Nishnawbe Aski Nation, but Oshki-Wenjack cannot keep pace with growth in enrolment, in addition to meeting the growing needs of learners and employers, without significant investment in building a proper campus. It is incumbent on the government of Ontario to provide resourcing parity and stability for Indigenous institutes. Provision of adequate core funding, land grants and urgent capital investments for Indigenous institutes signals a clear path to reconciliation by helping to remove barriers to post-secondary education for Indigenous learners, resulting in a labour force that has skills employers need and promotes strong local economic growth.

The province of Ontario's gift of land to Indigenous institutes, in the spirit lent to colleges and universities upon their inception, is the next step in solidifying Indigenous institutes as the official third pillar of post-secondary education in Ontario. Meegwetch.

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

The next presenter is Algoma University.

Ms. Asima Vezina: Good morning, everyone. Aanii.

Thank you and merci for the opportunity to address the pre-budget consultation panel this morning. As was indicated, my name is Asima Vezina, and I serve currently as the president and vice-chancellor of Algoma University.

I also want to recognize my colleagues who are here this afternoon, because we have wonderful partnerships with both organizations—stellar organizations in northern Ontario doing incredible work for this province.

I want to speak a little bit today about the needs in mental health and addictions, and some of the work that we're doing at the university that the standing committee may not be aware of. I think my colleague who went earlier spoke to you about the mental health crisis that's facing this community right now. We've been working very hard as a community over the last five years to try to put localized solutions forward for what we call the second pandemic.

Some of the challenges that we have been facing include lack of housing, lack of supports with housing, and lack of health providers and health care services in the community. The area that I'm going to speak to you today about is the lack of professional and well-trained mental health and addictions professionals out in the community. We're working very hard on this problem, but we need a coordinated approach from this province. I think Einstein said it very well when he said if we keep doing the same things over and over again, that's the definition of insanity. We need different today.

I want to speak a little bit about—Minister Bethlenfalvy was in Brampton not too long ago. I was able to speak to him, as well. Two years ago, he visited our campus here in northern Ontario, and I shared with him—we actually asked some of our elders to come in from the community. The reason we did that is because I don't think people truly understand what's happening in our communities.

If we don't get to the base and the core root of the problem, and we don't have trained individuals who really understand how to treat the trauma that's in our community, then we're going to continue to put band-aid solutions, right? We will never change the emergency room crisis that's on our hands in our hospitals right across Canada. We will continue to overburden the policing units, because they can't keep up. They're getting called over and over and over again. It's the same 10% to 15% of the clients that they're trying to serve. They're ill-equipped to deal with it. They do not have the training or the expertise. Some communities are now sending social workers and medical professionals with the police units so that they can at least have some hope of getting some counselling to them.

We are really looking very seriously, as I said—when we talked to the Minister of Finance two years ago, just about the time when the pandemic was hitting, we talked about our vision for a mental health training and research institute in northern Ontario and in southern Ontario. We feel that Algoma University, in partnership with Indigenous institutes, colleges, medical schools and hospitals and other health care providers—if we were to create this mental health and addictions research and training institute, as led by Algoma University, we could actually start to signify some pretty significant change in how we train professionals to go into the workforce.

1120

This government has put a lot of resources into the college sector and PSWs. We acknowledge and we appreciate that. That's helping. But we need a much higher level of sophisticated training to go on if we're going to actually make change happen in our community. We've got to get away from the band-aid solutions.

So why Algoma University? One of the things that we've been working on is understanding the impact of trauma through the stories of the residential school survivors. Many of you wouldn't know this, but in 1970, the residential school here in Sault Ste. Marie, called Shingwauk Indian Residential School, closed its doors. Algoma was up at the college site and decided to move and rent space there because they too were expanding and didn't have enough space at the college site. We moved into the Shingwauk Indian Residential School the year after it closed.

With that came an inherent responsibility to this university, and we've been trying to figure out what that responsibility is, quite frankly. In the last 50 years, the residential school survivor community has developed an incredible exhibit on the property of the Shingwauk site so that people can learn the truth and understand the trauma that was created when these four-, five-, six- and seven-year-olds came: the abuses, the atrocity, physical, sexual and cultural assault.

What we want to do now is try to figure out how we support all communities. When children have faced significant trauma in their lives, how can we treat that trauma in culturally responsive ways, in highly sophisticated ways? How can we look around the world and see where the best treatment programs are that we can bring here to Ontario?

We have significant challenges in Indigenous communities. We have newcomers that are struggling. We have a highly cross-cultural population now. We need to think differently about how we're treating mental health.

We'd like to move the health and addictions research and training institute forward. We are moving into phase 1 of a feasibility study. We have the feasibility study now. We'd like to bring NOSM to Sault Ste. Marie in a much more expanded way. We're asking for support for NOSM, and we have space for NOSM. They want to be in Sault Ste. Marie. They want to continue to serve northern Ontario and expand their commitment and their abilities. We want to offer graduate programming with them, and we want to get phase 1 off the ground.

I have lots more detail I can share in the question section, but I hope that I've piqued your interest.

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

We'll now start the questioning of this round. We start with the independent. MPP Bowman.

Ms. Stephanie Bowman: That's great. Thank you so much. You have piqued my interest. Could you talk a little bit more about—you said you've just completed phase 1 and are moving to phase 2. Could you talk a little bit about, again, how you see this moving forward, what kind of resources you would need to advance the second phase, and also just what kind of reception you're getting so far from other partners across the province? As you said, you would partner with other universities and colleges. So are

they supportive, are they on board with that, and how would they support you moving forward?

Ms. Asima Vezina: We just finished the feasibility study a couple of months ago, and what it calls for in phase 1 is to have the university and the medical school in the area get into a much deeper partnership. We built the feasibility study in Sault Ste. Marie with the local Indigenous institute, Shingwauk Kinoomaage Gamig, as well as the college and the hospital as partners and the Northern Ontario School of Medicine.

So in phase 1—there are three phases—the key is to get the medical school presence here. I want to acknowledge we have a board member with us right now, Jake Pastore.

Our board has approved almost a $10-million investment in the mental health and addictions research and training institute as well as the Northern Ontario School of Medicine.

What we need is to get programming and research under way now, immediately. We are building the infrastructure; we need help getting the institute. We want to bring key researchers in. We want to bring professionals to the table. We want to build new programs, but we want to learn from what's working out there across the world, and we believe that this research and training institute is the key for that.

We know NOSM is asking for more seats in their medical school. We think that needs to happen for the north. They are in every community in northern Ontario. They're underserved and underfunded right now. They need help if they're going to be successful. Sault Ste. Marie needs NOSM here. We have such a shortage of medical doctors, but they have a bigger vision, and we share that vision, of working with Algoma University on the master's level and specializations that we can take to train medical professionals in the community. I hope that answers your question.

Phase 2 really gets the institute to the next level, and that includes, then, all the partners. We've built a model that can be replicated in other communities. That was on purpose. We know every community in Ontario is struggling with mental health and addictions challenges, so we have built a model that can be replicated. We just need to get the model off the ground now.

We've been asking for support. We have not seen a lot of financial support coming from the government yet for universities and medical schools to focus in this area. It's critical. We have doctors and we have nurses and we have many health care professionals, including social workers, who do not feel like they are adequately prepared to deal with the depth of what they're dealing with in the community right now. It is crazy, and when you're dealing with that kind of trauma, you can actually create more damage if you don't know what you're doing.

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

Ms. Asima Vezina: So it's scary stuff if we don't get working on it together.

Ms. Stephanie Bowman: So this kind of program and training doesn't exist elsewhere in Ontario at the moment? Does it exist elsewhere in Canada?

Ms. Asima Vezina: There are some really strong research pieces coming out—nothing that we have found yet that has worked extensively with Indigenous knowledges and other cross-cultural knowledge bases. We have a very strong Western science program—Western: You know what I'm saying when I say that.

Ms. Stephanie Bowman: Yes.

Ms. Asima Vezina: But we really feel we need to be interweaving cross-cultural understanding, and there are good practices around the world that we need to learn from. Some folks have learned how to do this well in community. I think we're all looking for grassroots solutions. The province can never coordinate this alone; we need to find ways to build models that will work.

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

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

Mr. Deepak Anand: First of all, I want to thank each of the members for coming here. I specifically want to talk to the Wenjack Education Institute. I'm going to start with boozhoo, wâciye. I'm not sure if the pronunciation is correct.

I'm really amazed by the simplicity and the clarity of your document talking about Oshki-Pimache-O-Win, a new beginning, such a wonderful, strong, clear message. I just want to say thank you for that.

Talking about our government, especially my colleague David Smith and I, under the leadership of Premier Ford and Minister Monte McNaughton—we're working hard to make sure the opportunities are spread equally and widely. Thank you; you have a program which I looked at. In 2018, you purchased a mobile trades training program. For one, I want to ask you, how is that going and how can we help you to expand? That's number one.

Number two: You talked about how you're looking for a facility. I'm not too sure if you're aware; right now, there is a grant which is called the Indigenous Economic Development Fund. There are two grants, the Economic Diversification Grant and the Regional Partnership Grant, which started on January 26 and are going to be finishing on March 7. If you need any assistance, your local MPP is Kevin Holland and a great champion. Feel free to reach out to him. Through him, we'll be happy to help.

So first, the program about the mobile, and what else we can do as the government to support you. Meegwetch.

1130

Ms. Lorrie Deschamps: We did purchase the mobile trailer in 2018. We had a few programs that we did with Musselwhite mine and Longlac and Geraldton, and then the pandemic hit.

So now, we're trying to get the trailer back out in the communities. We did apply for funding from FedNor, and the other one was—anyway, we have two proposals out there. We need gas for this trailer, is what we need. The insurance is very high. So we're starting to do proposals just to get the trailer back on the road. We've had requests for carpentry. We partnered with Newmont, so Newmont works with us. The goal of this was to bring the trailer to the communities and offer trades, because if the pandemic

showed anything, it was that people couldn't go in the communities just to do plumbing. So now we're really working with our communities, trying to get these programs up and going. I think the biggest thing is the insurance, the gas money. We also need—we pay for parking for that trailer, so we need a campus where we can have all our facilities together and just be under one roof, because we do pay a lot to keep our trailer up and running.

Mr. Deepak Anand: Thank you.

Ms. Kim Falcigno: If I could add one specific thing, we do have an ESDC grant that we're in the process of working with the project officer on, negotiating the details. It's a partnership agreement. So there was some money coming in from the industry employer, Newmont; there was $1 million that we wrote into the grant that was coming from the province; and there was the rest of the $10 million coming from the federal government. We have not been able to secure the $1 million from the province of Ontario. So that would be a direct opportunity to give us right now—we're looking to start that project in May, so we're kind of scrambling right now and wondering if the opportunity from ESDC will expire if we're not able to leverage that commitment. We have talked to the Minister of Indigenous Services about this. We've been talking, and we're still looking for a solution. So that's an immediate thing I just wanted to share.

Mr. Deepak Anand: Thank you so much. And again, as I said, there is a grant which started January 26. You can look at that as well.

That's about it from my side, Chair.

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

Mr. Rudy Cuzzetto: I want thank all the presenters. This question is really for Sarah here. I live in Mississauga–Lakeshore. I have Lake Ontario and the Credit River that runs down the middle of it. I know about the Asian carp, the mussels, but the wild pigs—I'll tell you a story: I was in Italy in 2019 in my father's hometown of Grimaldi. A lot of the Grimaldesi live in Sault Ste. Marie. They immigrated here in the 1950s. I was driving a Fiat 500, and, right in front of me, a 250-pound wild boar runs in front of the car, and we had to slam the brakes on really quickly. Now, I know that issue is occurring here in Ontario, but a lot of people are not aware about the wild boar or wild pig issue that we have. What are the challenges we're facing with that issue, and how can we build a better partnership with people to realize this issue that will be occurring here in Ontario?

Ms. Sarah Rang: Thank you for the question. Yes, wild pigs are very prevalent in Europe. They're also throughout the US. Texas, for example, spends millions of dollars annually in controlling wild pigs. In Canada, mainly Alberta has a significant problem. In Ontario, we're at that very early stage of that hockey stick, so they're not yet established in Ontario, which is a real advantage. There have been some sightings in the Pickering area and those things.

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

Ms. Sarah Rang: And the Ministry of Natural Resources and Forestry, who we work with, have been able to go out and send people to actually try to control the population at this very early stage. It's a great example of how early action really pays off, not only financially but economically.

There is a program on wild pigs that's run by a couple of our partners. The Ontario Federation of Anglers and Hunters is very active on the wild pigs. There have been some new rules written on wild pigs; for example, not to have boar farms, which have been a source of escapees of wild pigs that then become established on the landscape.

So just to conclude, there is action taken, but certainly we believe it's an imminent threat and worthy of increased action.

Mr. Rudy Cuzzetto: Thank you.

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

Ms. Catherine Fife: I want to start with the Wenjack Education Institute. I just want to be clear: Minister Rickford is aware of your proposal for the $1 million for the skilled trades training capital funding?

Ms. Lorrie Deschamps: It's Deputy Minister Shawn Batise.

Ms. Catherine Fife: Oh, federal.

Ms. Lorrie Deschamps: Yes.

Ms. Catherine Fife: But this is provincial, so what outreach have you done with the provincial ministry?

Ms. Lorrie Deschamps: We're in the process of setting up a meeting with McNaughton and Rickford.

Ms. Catherine Fife: Okay. So the grant that MPP Anand mentioned to you, which closes on March 1: Were you aware of that?

Ms. Lorrie Deschamps: Yes, we received some news about that a couple of days ago, and he just kind of reiterated that for us.

Ms. Catherine Fife: Oh, a couple days ago? Okay.

It occurs to us that we have a skilled trades shortage in the province of Ontario. The government is employing multiple avenues to secure international workers to come to Ontario, and you have a solution—right here, right now—to train around skilled trades. Your capital request is in writing, and it's something that I would really appreciate if you would copy us on, so we can also track it, so it doesn't go into the void of the black hole.

But I do want to just say that clearly the return on investment is very clearly outlined here for this investment, and I just want to also say that I appreciate the fact that you raised the issue of resourcing parity as a clear path to reconciliation. We just had a previous presenter propose a compulsory, mandatory civics course on reconciliation in our education system, because we do know, as has been often quoted, "Education got us into this mess and education will get us out of it"—by former justice Murray Sinclair. Please follow up with us on this specific request so it doesn't get lost.

And then, thank you very much, Asima, for the presentation on Algoma University. It sounds like you, again, want to be part of the solution as well, and raising the complexity of the issues that have impacted northern communities and Indigenous communities is well timed given

what we're seeing with the discovery of unmarked graves. This opens a window of opportunity for us to actually demonstrate that we are truly committed to action.

I did want to say, though, you're making the case for investment to train health care professionals in a very specific way—very strategically, I would say. What we are hearing, though, across the province is that even the existing health care workers—the social workers, the psychologists, the PSWs, nurses—we're losing those staff right now. Partly it is because they don't feel supported; partly it is because of Bill 124; partly it is because of the emotional labour of the work that they're doing.

I guess my question to you specifically is, will your training perhaps address the need for resiliency in the sector and the need for support? Because if we keep losing people from these sectors, we're never going to draw enough people to even come into Algoma University to be part of the solution, and so I wanted to give you an opportunity to address that specific issue.

Ms. Asima Vezina: Yes, in the model that we're building, we have the opportunity to offer everything from micro-credentials right through to PhD programming with medical staff and everything in between. We're also focusing on working with communities. What we're finding when we are out talking with communities is the struggle that the community has to put a holistic strategy in place, which would also include building the resiliency of your workforce. These are really challenging roles that people are taking on in the mental health and addictions field.

We also know that our graduates, when they first get out into the field—it is shocking for them, and many are leaving the profession after less than a year or two of actually being in it. They just are not feeling prepared for the challenges that they're facing or the deaths that they're witnessing: the suicides, the opioid deaths. It's a lot to deal with.

So I think, absolutely, the plan is to build a wholesome strategy that supports all of the communities we're serving and can provide a model for other communities as we move forward.

1140

Ms. Catherine Fife: Okay. In the meantime, I think it's important for the government to also understand that, as the CMHA just presented to us, we are bleeding. We do not have a health care human resources strategy in Ontario. We have been pushing for it. But if we continue to bleed those staffers out of this system into others, like mining, for instance—that's what we heard, that social workers are leaving their field to go work in a mine because that's how difficult it is.

I think it's important for the government to understand that the retention of staff currently and the support of those staff is and needs to be a key part of the health human resources strategy in Ontario. Do you agree with that?

Ms. Asima Vezina: I agree with that. I also think that we have to move beyond the social workers to policing, ambulatory care, first responders. They're also struggling right now with their own mental health and resiliency. This is very challenging work.

And what happens when you see the same client over and over again, and maybe they die, right? These are things that people are taking very personally. I'm experiencing it because I'm on the ground. I'm talking to people who are in the field, who are working in the trenches of this horror.

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

Ms. Asima Vezina: We need to understand how serious this is, and we don't have a conglomerate and a model in the university and higher education sector that can actually work directly with communities to think about what they need in terms of the talent, the level of workforce and the upskilling and reskilling.

Ms. Catherine Fife: Yes. I think you're actually also making the case for investment to the Wenjack Education Institute—

Ms. Asima Vezina: Yes, I am.

Ms. Catherine Fife: —because it has to happen in collaboration, and you get the added bonus of actual reconciliation.

Just on the policing: Police have advocated with me as an MPP for 10 years for additional mental health supports. They do not want to be on the front line of dealing with mental health. They have some de-escalation strategies that some are able to employ, but without that mental health piece, we see the escalation of violence in our communities. So thank you for addressing the extreme trauma in these communities—

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

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

Ms. Stephanie Bowman: I have two questions, so I want to just divide the time, if I could limit you to about two minutes.

I want to first talk to the Wenjack Education Institute. It feels to me like you spend almost as much time trying to get your resourcing and energy as you spend on actually educating, and so I'd like you to talk a little bit about the impact of that and also just to talk—again, very briefly—about some of the success stories. It seems this is a wonderful model in terms of educating Indigenous youth, giving them a place where they feel safe and included. So just quickly, on those two points.

Ms. Lorrie Deschamps: Okay. I guess the success story, since we're so time-limited, is I could tell you about our basic radiology technician program. It's funded by the First Nations and Inuit health branch. What happens is they're chosen from the community so the nursing station could do X-rays. We had a janitor that was chosen and he completed the program. So now he cleans the building, but if somebody comes in, he does the X-ray. I always found that to be one of our great success stories that I could think of at the moment.

We also have a state-of-the-art nursing lab that was just built this past year. We had to give up a classroom and a boardroom. We were so excited to get it because lab time is with our partner colleges, so we always had to adjust the time. So we were able to get funding for this very nice nursing lab, but we gave up space. So now when students come in, we make a timetable to come in for two weeks,

12 hours a day, and then we shuffle them. So first and second semester comes, then third and fourth semester comes, and we go all year like that.

And instructors: We have struggled with instructors because for our practical nursing program, they need a master's in nursing. We don't have money to pay them. We can't find people to come work for the amount of money that we can offer. Our director of academics has her master's in nursing, so she's overseeing it as a coordinator until we find one. There's a lot of things like that.

Ms. Stephanie Bowman: Right. Well, I just want to thank you again for the good work. I know that under the previous Liberal government, this act was created and it was an important step in advancing reconciliation. Again, you've certainly got our support in terms of continuing that journey, which I know is a long one and a hard one. But as you say, you need ongoing funding and resourcing and, as MPP Fife talked about, parity with other institutions.

If I still have a bit of time left—

Ms. Lorrie Deschamps: Oh, sorry.

Ms. Stephanie Bowman: No, that's okay.

I wanted to move to the invasive species team and just talk a little bit about the impact, environmentally and economically, of your work, and whether or not Bill 23 and the impact on conservation authorities will have any impact on how you are able to, again, track and provide data around the status of various invasive species.

Ms. Sarah Rang: Thanks. Yes, we do work a lot with many different partners. Collaboration is kind of how we do our work. We do work with municipalities. We also work with conservation authorities, Indigenous communities and a variety of different groups, as well, in our work. I would say there are mega trends that are affecting us.

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

Ms. Sarah Rang: In terms of your question, yes, we are working right now with conservation authorities to figure out exactly how we can continue the work in terms of monitoring for invasive species, mapping them and managing them, which was a key role for conservation authorities. It's still in the works, I would say.

Ms. Stephanie Bowman: And what are they telling you about the impact?

Ms. Sarah Rang: We're kind of, probably, three or four tiers down in terms of programming for many of the conservation authorities, so we're still in the conversation stage in terms of what would happen.

Ms. Stephanie Bowman: Okay. We'd love you to keep us posted on that.

Ms. Sarah Rang: Okay.

Ms. Stephanie Bowman: Thank you.

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

Mr. Stephen Crawford: Thank you to all the presenters for being here today. I'm going to share my time with MPP David Smith.

I'd like to start out with the invasive species as well. You did mention the collaboration with conservation authorities and organizations. I'd like to understand how you actually collaborate with the Ministry of the Environment and what kind of dealings you have with them.

Ms. Sarah Rang: Sure. It's kind of a split role at the provincial level. The Ministry of Natural Resources and Forestry—we deal with them on forestry invasives and a lot of the aquatic invasives that we're seeing. We work a lot with MECP on some of the plant invasives, phragmites being a key one for many around the table who have had it in their area. We work closely with MECP on the Great Lakes work and aquatic invasive work as well.

We also work with OMAFRA in terms of some of the invasives that we're now worried about having a huge impact—the spotted lanternfly in terms of the wine and grape-growing industry, as well, and the vegetable industry. So we try to work federally, provincially, municipally and with Indigenous communities, because invasive species is one of those issues that is really cross-boundary.

Mr. Stephen Crawford: Do you typically notify the government where you see problems? How does it work?

Ms. Sarah Rang: We work a little bit on the mapping of them, which I think is maybe what you're getting at. We indicate to them where we think challenges and opportunities are. Sometimes MECP has Great Lakes funding programs that we're eligible for. We're running one right now in Welland. Along the Welland River there's a new, nasty aquatic invasive there that can spread throughout the Great Lakes. It's the first time we've seen it, so we identified it as a problem. We've got a summer crew coming out this summer to try and help it.

We try to be collaborative with as many partners as we can, yes.

Mr. Stephen Crawford: All right, thank you. And in terms of what you'd like to see in the budget, do you have a specific dollar ask for a specific program? You talked about the investment.

Ms. Sarah Rang: Yes.

Mr. Stephen Crawford: Could you be a little more specific on that?

Ms. Sarah Rang: Sure. Because with invasive species you can't be one and done, we're advocating for a multi-species, multi-year investment, so a five-year investment of around $20 million per year—fewer in the years where we need to plan, but more in the out years. That money would really go to support municipalities, Indigenous communities, community groups—all the people who are actually the engine of doing invasive species action on the ground. So it really is an investment in the issue of invasive species management and it is really designed to help provide gas in the tank to get the people out in terms of management of invasive species so that we can be there when we first see spotted lanternfly in Niagara. We can be there instead of waiting for it to go through Niagara and then Norfolk and Prince Edward county, and we've got a real problem.

1150

Mr. Stephen Crawford: Thank you very much.

I'd like to pass my time to MPP Smith.

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

Mr. David Smith: I want to speak to Sarah, but I want to thank, first and foremost, all of you for your presentations. All are the quality type of things that are impacting what you're doing. Thanks for the great work.

To Sarah: $3 billion is a significant amount of money. I'm glad that you said that we have to be proactive, because this can even get worse. I was just concerned if it's only wild boars or pigs we're talking about. What other animals are we fighting with that are invasive species?

Ms. Sarah Rang: Some that you might know are the zebra mussels, really small little things in the lakes. Some are so small you can't see them. There's a new spiny water flea, it's called, so if you're into fishing, you will notice that it clogs up your whole fishing line, for example. The problem with that one is it's so big that fish can't eat it, so they starve. These are the kinds of impacts that we're seeing in terms of invasive species.

It's really any animals: sea lamprey; Asian, or invasive, carp. It's the bigger animals like wild pig. It's plants like dog-strangling vine—a great name for that awful thing you that see throughout all your parks.

Really, it can even be a disease or a pathogen, like what we're calling oak wilt, which is a new one that can kill an oak tree in three weeks. So it's really very broad in terms of what an invasive species can be, and that makes it hard to talk about. We generally talk about it as being forest-invasive. Those are your pests that are basically killing your trees and accelerating that wildfire impact that we're seeing across the north. Invasive species have a big role in promoting wildfires.

And then we have a basket of invasive species, plants and things in the water, and a basket on land—those are the wild pigs. That might be more than you reckoned for.

Mr. David Smith: Thank you. My next question is, are you seeing more of the impact in the water or on land? Like, is it all marine life? I guess there's a lot of hindrance in there. Talk a little bit about that.

Ms. Sarah Rang: Yes, we're pretty worried about what we're seeing in our waters, for sure. We've got new fish swimming down the St. Lawrence. We've got fish swimming up from some of the Chicago area waterways. Certainly in the Great Lakes, we are a little bit worried about invasive species, for sure.

Really, I would say also, my worry is in the forestry and forest health area. We're seeing surprising new numbers of forest pests, and they can spread very quickly. Not only is it an economic issue from the forest sector, but it's a forest health issue, not only in terms of your urban park, but also the wonderful forests that we have in Ontario. So forest invasives are definitely keeping me up at night. I might be the only one in the room, but they're definitely keeping me up at night.

Mr. David Smith: My colleague MPP Crawford just mentioned cost. I've noticed that there's a pattern where the dollar amounts don't associate, and thanks for talking about it.

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

Mr. David Smith: I think if you're talking about $3 billion of loss to our economy, $20 million is a snapshot. I think that is something that I am very concerned about. We need to look at it, and I'm glad that you pointed out the four-point system which you talked about and how we can get to this problem. The last thing I liked here is you said we've got to implement action now, because that is serious.

My concern, again, is to Algoma—great institution; it looks like a lot of things are working fairly well in that area. I see there are a lot of asks, again, but I'd like to get an aggregate number. I'm a numbers guy, so when I don't see them in front of me, it kind of strays me off the track. If you can put that all together with numbers—

The Chair (Mr. Ernie Hardeman): Thank you very much—a great question, but no time for the answer.

We now go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you very much to everyone for their presentations today. My first question: Sarah, you outlined very well the economic cost, which is $3.6 billion. That should make everyone on this committee have a little pause. I think, as well, it costs far less to provide an upstream investment to take care of this before it is out of control. I wonder if you had a metric that you could provide this committee. I know the ask was $20 million, but is there any way you could outline—and this could be a very difficult question to answer. What would, let's say, $1 of investment yield in economic benefit towards combatting invasive species?

Ms. Sarah Rang: Great question; thank you for it. Usually, we see a leverage ratio of 2 to 1. For every dollar that we receive from public funding, we're able to lever that at least again, and sometimes twice, and sometimes three times. And that's because we work with very many partners who can bring new funding sources to the table, whether they're private landowners or in different sectors or even volunteer time, which is incredibly valuable in terms of the fight against invasive species. So we pride ourselves on our leverage ratios in terms of being able to put money to work and bring other people to the table. We guarantee at least 2 to 1. If we're successful, sometimes it's 3 to 1.

Mr. Terence Kernaghan: Excellent. You know, I was approached recently by a number of Oneida on the Thames near my community talking about phragmites and how they're strangling waterways, so this is something that I think affects everyone across the board because there is no planet B, as it were. But thank you very much.

My next question is for the Wenjack Education Institute. I think you've really outlined a very dynamic model, and it's wonderful that you're able to reach distant communities with your training. I think it's really excellent what you've been able to achieve.

You also mentioned the limitations of your current leased space, and I wonder if you could please outline for the committee the importance of land-based teaching.

Ms. Lorrie Deschamps: All our students come from First Nations communities, so a lot of them speak their language and do a lot of cultural teaching, trapping, hunting, smudging. It's really important that we have the green space for our students because part of our learning is cultural,

and we spend money taking them out on a school bus to properties in Thunder Bay where they learn how to maybe cook a rabbit, or they pick cedar and they pick sweetgrass. So stuff like that is really important, and we'd love to have that included in our new campus that we're so desperately seeking.

Mr. Terence Kernaghan: It would make a great deal of sense, rather than having to travel to it, to have it right there.

Ms. Lorrie Deschamps: Yes. Extra costs all the time.

Mr. Terence Kernaghan: Indeed.

My next question is for Asima. I want to just thank you for outlining a number of different, very important current issues that your community is facing. I also wanted to congratulate you on your first stand-alone graduate degree recently at Algoma University.

You mentioned in your discussion of all the current issues things like mental health, trauma-informed care and how band-aid solutions are frequently more expensive and less effective. I think it's very wise for anyone who is fiscally conservative to really recognize the value of upstream investment to address the root causes of trauma, and you've outlined it so well.

You also mentioned housing as an issue that is affecting students in a very big way. Now, many initiatives that we've seen from the government have been to incentivize private, for-profit developers to create affordable housing. Do you think that that will be sufficient, or do you think measures are sufficient currently to address that need for your students?

Ms. Asima Vezina: When I was speaking to housing, I was talking about the three pillars that need to be in place in a community to support the mental health and addictions work. And so from the housing aspect, we know that our community as well as DSAB and Aboriginal housing are working to create opportunities for those that are struggling with mental health and addictions so that once they come out of the crisis, they can actually be housed in good housing with the mental health and addictions supports, and we would be providing the talent then to go in and support the housing and supports.

What's been happening, though, is there is a lot of challenge in the way the ministry currently funds the support piece, and so the conversation between housing and supports gets muddy because this funding can only go over here, and it may not qualify if we put it over here. Those are the sort of challenges.

1200

In terms of housing for students, affordable housing is absolutely necessary. I think we're looking at new housing models for international students, primarily. We need to figure this out because it is a problem. We have a campus in Brampton; we have a campus in Sault Ste. Marie. Both northern communities and southern communities are struggling to meet the demands of the international students that are coming. They're looking at a different model of housing, and I think it would be good to have a table really taking a look at a provincial strategy for housing, versus leaving it for the universities to figure it out by themselves.

These students are bringing a lot of economic impact into this province. If you've looked at the numbers, it's significant. So we need to treat them really well when they're here, and a housing strategy by the province which includes university and college input would be helpful.

Mr. Terence Kernaghan: Absolutely. You know, you look at the number of graduate students who decide on where they're going to take their post-secondary or graduate studies and much of that is based upon the affordability.

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

Mr. Terence Kernaghan: I did want to mention, just to build off of MPP Fife's comments about the first responders in the police services not having enough mental health supports, that there's a great program within my community known as the COAST program. It's a collaboration between St. Joe's health care, CMHA Elgin-Middlesex and Middlesex-London Paramedic Service, as well as London Police Service, in which teams will respond to mental health calls with a social worker—someone who is trained effectively. It's not something that is funded by the province, but is that the type of program you would like to see within your community and something that the government should fund across the board in Ontario?

Ms. Asima Vezina: I say yes. However, it should be part of a wider provincial strategy, and I think what we're looking at with the mental health and addictions research and training institute is there are best practices emerging around this province and across our country. We need to be bringing those best practices together and exposing communities to what the impact of these are. We know Sioux Lookout, for example, has an amazing program that is working. They're reducing the number of deaths in their community. Timmins has—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time that you've had, half enough time for the answer. Thank you.

That concludes this panel and I want to thank the presenters for the time you took to prepare and the time you took to tell us what you believe we should be doing in the coming budget. I'm sure that the minister will be looking at your presentation as to look for some solutions for the problems that we have. So with that—

Ms. Catherine Fife: Chair?

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

Ms. Catherine Fife: Just a follow-up for research: We heard earlier today, when the Canadian Mental Health Association was presenting, from Annette Katajamaki, the CEO, that her understanding is that they are only permitted to submit a budget that is no higher than the previous year. I think it was a good question from the government side of the House, and so I'm seeking a budget clarification, because my understanding, having been an MPP for 10 years, is that this process is the place to make the case for improved investment, not status quo investment. I'm hoping that research could clarify—I think it's the budget process ask, specifically, because that was a little alarming to hear from the CMHA today.

If research could also—this is a second request—around the curriculum clarification from OPSBA, if they

had submitted a specific curriculum vitae for the government? I think that this is an impressive ask and I think it would benefit all of us on the committee to see the specific wording around the curriculum request. Those are the two issues.

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

Interjection.

The Chair (Mr. Ernie Hardeman): Did you have a question?

The Clerk pro tem (Ms. Tanzima Khan): I just wanted to clarify something. Ms. Fife, if you could just clarify, for your question about CMHA, if that's a question from the committee for research or if that's something that is a personal request from yourself?

Ms. Catherine Fife: Well, I think the question came from the government side—or the answer came out of the question from the government side, and I think that a clarification around the parameters of budget processes works.

The Chair (Mr. Ernie Hardeman): If I could—

Ms. Catherine Fife: I was just answering the question from the Clerk.

The Chair (Mr. Ernie Hardeman): Yes. I would just point out: I think, as I was listening, that the comments that were made by the CMHA was about the budget they applied to Ontario Health, who allocates it, and they can only ask from their previous budget, not about this budget process.

Ms. Catherine Fife: Well, even more reason to have clarification. I mean, that would be new news for our committee, that the local DSAB is only accepting specific parameters around budget asks. A clarification is needed regardless.

The Chair (Mr. Ernie Hardeman): Okay. I guess if it's going to take research, we need permission from the committee to ask for that, not just from the member asking for it. Does the committee want to go that route? Do we have any comments from this side? MPP Anand.

Mr. Deepak Anand: Quickly, through you, Chair, I just want to understand, are we asking a simple clarification for research to reflect back and answer back to MPP Fife, or are we talking about extending the work of the committee? I'm not too sure, so that's what I wanted to ask you.

The Chair (Mr. Ernie Hardeman): Maybe the member could—

Ms. Catherine Fife: Yes, I'm happy to clarify. What we heard when MPP Effie asked the question was that CMHA was only permitted to submit a budget that is status quo. This was the first time that I had ever heard this, so I just wanted research to clarify if this is a consistent practice or if it's inconsistent. I think the entire committee would want to know that practice, and I don't think that it would take a lot of work on of behalf of research to find that out.

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

Mr. Deepak Anand: Through you, Chair, thank you to MPP Fife for clarifying. I think what she's asking is to do the research, getting that information and clarifying back to the MPP, and maybe you can copy us and the rest of the MPPs as well—just FYI. Thank you, Chair.

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

Mr. Stephen Crawford: It is my understanding as PA to finance that people can submit whatever they want as budget submissions, so I would suggest that if MPP Fife has any more questions, she can ask individually.

Ms. Catherine Fife: Chair?

The Chair (Mr. Ernie Hardeman): Yes?

Ms. Catherine Fife: This is a very simple question of clarification. Why would the government members not be interested in finding out if this is a one-off communication issue or if it's a systemic issue? Because that would impact the way that we deal with the upcoming budget. It's a very simple ask. I don't think it's very complicated.

The Chair (Mr. Ernie Hardeman): Further comment? Yes, MPP Crawford.

Mr. Stephen Crawford: We're fine with that. Do we need to vote or are we in agreement?

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

Mr. Deepak Anand: Through you again, Chair: I think I also said it and we all agree to it, that MPP Fife can ask for this request to research and research can directly reply to MPP Fife. And as an FYI, you can send it to the rest of the committee members as well.

The Chair (Mr. Ernie Hardeman): Does the committee agree with that? I just need agreement from the committee. Agreed.

The Clerk pro tem (Ms. Tanzima Khan): Can I just clarify something?

The Chair (Mr. Ernie Hardeman): Yes. The Clerk has a question.

The Clerk pro tem (Ms. Tanzima Khan): I'm just going to clarify for everybody. Research can speak to it too, but since the question has now been agreed to come from the committee, the answer will be to the full committee. It's not just going to be a copy, just so everyone is clear. If there are any further questions that Ms. Fife has, then she can come to research separately.

The Chair (Mr. Ernie Hardeman): Okay. Is everybody happy with that? Any objections? If not, that concludes the public hearings for pre-budget consultations in Sault Ste. Marie.

The deadline for written submissions is 7 p.m. Eastern Standard Time on Tuesday, February 14. So all the presenters who have presented, if they want to make further written submissions, they have until the 14th of February.

The committee is now adjourned until Thursday, February 2, 2023 in Timmins.

The committee adjourned at 1209.

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Chair / Président
Mr. Ernie Hardeman (Oxford PC)

Vice-Chair / Vice-Président
Mr. Terence Kernaghan (London North Centre / London-Centre-Nord ND)

Mr. Deepak Anand (Mississauga–Malton PC)
Ms. Stephanie Bowman (Don Valley West / Don Valley-Ouest L)
Ms. Bobbi Ann Brady (Haldimand–Norfolk IND)
Mr. Rick Byers (Bruce–Grey–Owen Sound PC)
Mr. Stephen Crawford (Oakville PC)
Mr. Rudy Cuzzetto (Mississauga–Lakeshore PC)
Mr. Andrew Dowie (Windsor–Tecumseh PC)
Ms. Catherine Fife (Waterloo ND)
Mr. Ernie Hardeman (Oxford PC)
Mr. Terence Kernaghan (London North Centre / London-Centre-Nord ND)
Mr. David Smith (Scarborough Centre / Scarborough-Centre PC)
Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Clerk pro tem / Greffière par intérim
Ms. Tanzima Khan

Staff / Personnel
Ms. Heather Conklin, research officer,
Research Services