



ISSN 1180-4386

**Legislative Assembly
of Ontario**

First Session, 41st Parliament

**Assemblée législative
de l'Ontario**

Première session, 41^e législature

**Official Report
of Debates
(Hansard)**

Tuesday 19 January 2016

**Journal
des débats
(Hansard)**

Mardi 19 janvier 2016

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

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

Consultations prébudgétaires

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:

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 416-325-3708.

Le Journal des débats sur Internet

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

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 416-325-3708.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRSCOMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES

Tuesday 19 January 2016

Mardi 19 janvier 2016

The committee met at 0900 in Caesars Windsor, Windsor.

PRE-BUDGET CONSULTATIONS

The Chair (Ms. Soo Wong): Good morning. I'm going to reconvene the committee. Welcome to Windsor.

I just want to go through the routine for the witnesses before us. We have a teleconference this afternoon, so we need to be on time. And just before we recess for lunch, there's an outstanding item that the committee has to discuss before we can recess for lunch. I just want to kind of remind you.

Mr. Fedeli and Mr. Barrett, I was just saying that before we recess—

Mr. Victor Fedeli: Yes, we heard you. Teleconference.

The Chair (Ms. Soo Wong): No, no. Before we recess for lunch, there's an item that the committee needs to resolve, to give some direction to the staff. Okay?

CANADIAN MENTAL HEALTH
ASSOCIATION,
WINDSOR-ESSEX COUNTY BRANCH

The Chair (Ms. Soo Wong): I'm going to call the witnesses forward. The first group before the committee is the Canadian Mental Health Association, Windsor-Essex county branch.

Good morning. Welcome, ladies. I believe that before us are Colleen Campo, the Canadian Mental Health Association bereavement specialist, and Kim Willis, the senior manager of fund development and community engagement. Good morning, ladies.

As you've probably heard, there's a 15-minute allocation for your presentation, of which 10 minutes is your presentation, followed by five minutes of questioning. Because it's a new day, we are going to be starting this round with the third party. You may begin at any time. When you begin, please identify yourselves for the purpose of Hansard. Thank you.

Ms. Kim Willis: Good morning. I'm Kim Willis, and I'm just going to start by giving an overview of CMHA.

We are the lead provider and advocate of community mental health services. We achieve this through treatment, collaboration, education and community engagement. Our vision is "Mentally Healthy People in a Healthy Society."

In particular, we want to talk to you today about Bill 141 and our bereavement program.

Ms. Colleen Campo: Good morning. I'm Colleen Campo, and I'm a bereavement specialist at Canadian Mental Health. I've been serving at Canadian Mental Health for 13 years and in mental health services for almost 40 years. That tells you how old I am, kind of.

What I'd like to talk about is how many people we serve at Canadian Mental Health. As a bereavement specialist, my specialty is parents who have lost children. Perinatal loss has a quite significant impact on parents. We're looking at miscarriage, stillborn, and children under our perinatal are under the age of two. The bereavement program serves almost 600 adults and children annually. We have 1.8 staff—I happen to be the 0.8—who serve 600 adults. We have individual and group counselling.

We're really fortunate in the city of Windsor and Essex county, in that the program is 40 years old. That came when we had a tornado in Windsor in 1973 or 1974. We had this tornado in Windsor and there was a real need. Louise Allen went to her parish priest and said, "I need to be around other people." Eight people were killed in that tornado, and she said, "I need to be around other people." What happened was that the program started then when the church agreed to put a 12-cup pot of coffee on, and what ended up happening is that 250 people showed up at the church basement. That's when we knew that we needed bereavement services in our community.

Over the 40 years, we've become lead providers in complex grief. What we're doing at Canadian Mental Health is, we're really keeping people out of the hospital. We're supporting them. We're helping them get on with their lives and work through their grief.

In the bereaved parents of infants groups—that's loss under the age of two—we support 40 to 50 families annually, and many of them are couples. What we've done very uniquely there is start a program called "Memory Box." This came from me sitting on a committee, and what I did is that I teamed up with our local school boards. I got a provider who made kitchen cabinets—at the time, I was renovating our kitchen—and I asked this cabinetmaker if he would donate any scrap wood. I got the wood sent over to the school board and got the kids to do memory boxes. Those memory boxes went to the hospital, and when a baby died or there was a

miscarriage, people were able to put their items in this memory box. In turn, what I did was I went to the school and taught the kids about grief and the loss.

Now this project has really gone across the province. I get calls all the time from different hospitals on how to do this. We know how to do things with a little bit of money and a lot of co-operation, but what we do need are more funds to help us, not 1.8 staff. We need that kind of input.

Another thing that we do is a candle vigil every year where families—we're at year eight and we're going to do it again next year. We provide this candle vigil for parents, and they came out in the middle of December. It's a worldwide candle vigil, and we provide that for parents.

Each case is treated individually. If I can, I'm just going to pass this around. This is a picture of a dad with his little one about an hour before his child died. This is a family that I supported. This just gives you an example of how we think out of the box when we're doing services. This dad was a lawyer in Toronto, but his family lived here in Windsor. What we did was, with the grief counselling, he would bring that picture wherever he went. He went out of town for four days; he would bring the picture with him. His child died, like I said, about a couple of hours after that picture was taken. The grief work that that gentleman was able to do by having that picture was immense to the whole family.

I sit on a committee representing at the perinatal committee that's working with the hospital. We have pastoral care; we have all types of different people who sit on that committee and we try to make services better. This has been going on for 20 years. Our difficulty is in the funds. When you're dealing with—as I said before—1.8 staff, it's just not quite enough to get what we need. We run seven different support groups, so bereaved parents of infants are separated a little from the older children because the issues are quite unique.

What I'd love to see is another thing. We have a lot of parents who have their loss, the first or second pregnancy. I was just talking to Kim, and I said I would love to see us do some work with people so that they come to us when they're pregnant for the second pregnancy or the third pregnancy, so that we can keep them out of the hospital. Do you know how many times they go to the hospital to check the heartbeat because of anxiety? If we could be providing services up front, I could stop people having to go to the hospital. We could, as an agency, not have them keep going to check these heartbeats to make sure everything is okay, because we reduce that anxiety for these people. Those are some of the things we would love to see.

We'd love to see training for the hospital staff. We do training now: When a Baby Dies. We try to get donations to be able to do that. Often, many of us volunteer our time. It's called When a Baby Dies, and we're able to provide it to the nurses once every two years. What happens, then, is that the nurses have to take a day off of work without pay and come to this because there's no

money to do some of the things that we'd like to do. When a Baby Dies: The training that these people get is that they're taught to take pictures of the baby when it has died, and we do footprints. You'll see this; it happens across most hospitals. But we're always so limited in what we're able to do. If we could do more it would be better.

My goal is to keep people happy, as in our mission statement: happy, healthy, mentally healthy and well. By providing these services, that does that.

Another thing is, we use peer support. My bereaved parents group has almost eight volunteers who come and meet with me, so often I will have them meet with some of the family members and they will work with the families also. We're able to use volunteers. We have almost 20 volunteers, that are specialized and trained in bereavement, that help. So not only have you got just the 1.8 staff, but you've got the volunteers that are integral in what we do.

0910

I would just like to show you—I didn't bring you handouts, and I can't share too many of these, because I haven't gotten permission from some of the people. Over the 10 years, these are the thank yous. These are the thank yous from the families. You needed to see this. This is everybody saying, "I can't believe how you've changed my life. I can't believe how I went on."

I keep them. I don't think people need to read them, but I keep them. There are letters, long letters, about the impact that this program has on them. It's not a costly program. It needs a little bit more. But there are even CDs where people have used their grief work and written on the CDs, saying, "This is the music I use. You taught me this."

How I describe the work that I do: People always say, "How do you do this work? How do you sit with bereaved parents, day in and day out?" The way I describe it is, I hold people's joy until they're ready to take it back. They always come and they take it back, and that's because—

The Chair (Ms. Soo Wong): Ms. Campo, can you wrap up your presentation? I'm going to go to the questioning.

Ms. Colleen Campo: Yes. That is it. I hold their joy until they take it back.

Any questions?

The Chair (Ms. Soo Wong): Thank you very much. Ms. Fife?

Ms. Catherine Fife: Thank you very much, Colleen and Kim, for being here.

Ms. Colleen Campo: You're welcome.

Ms. Catherine Fife: You started off your presentation by referencing, of course, Bill 141.

Ms. Colleen Campo: Yes, I did.

Ms. Catherine Fife: MPP Colle's private member's bill received support from all parties, but now we have to make sure that that bill is actionable and it actually does what it intended to do. What we would like to hear from you specifically is—we've heard that you need more

staff. My question really is, are there other agencies or groups that are doing the kind of work that you do in the community? Because what it will come down to is who's going to deliver the services and how much funding is going to be allocated. There's no doubt that you are keeping people out of the hospitals. Dealing with complex grief, especially when children have passed away, is a specific talent that you have and that your organization has. Tell us what you need Bill 141 to look like and what it will mean for you in this community.

Ms. Kim Willis: We have been identified as leaders in providing bereavement services in the community—

Ms. Catherine Fife: By who? By the ministry?

Ms. Kim Willis: I don't know that it is by the ministry. The community has identified that.

Ms. Colleen Campo: Under Bereavement Ontario Network, which is an organization across Ontario, we often are called upon, numerous times, to consult for them. We're seen as leaders because we do different support groups on type of death. We are always forward-thinking, under best practices. We do a lot of training; we do a lot of research. That's how we're seen as leaders in the community.

In our community, there are bereavement groups that are run, not specific to type of death—so, hospice-run support groups, we'll say, with somebody who has died from cancer. Ours are specific to the type of death, so that the peer support comes from within their own peer group, which is really significant. Funeral homes provide support groups, but it's not long term and it's not with the individual counselling with master's-level social work or a bereavement specialist who is working on that.

Ms. Catherine Fife: What is your financial ask today of the finance committee?

Ms. Colleen Campo: Honestly, I would love to see— as a taxpayer, I don't want you spending my money without doing exactly what you're doing, so I'm grateful for that. As a worker, I don't use a pencil unless I have to, because I want to make sure these services—we need at least two to three more staff. Two to three staff would make a huge difference. If we didn't have to do a lot less—we're constantly doing more with so much less. We use our volunteers like crazy, but there's just no money for the training and everything.

Ms. Catherine Fife: Okay.

Mr. Taras Natyshak: Thank you so much for being here, and thanks for the work that you do in our community. How many people, or families, would you estimate that we're missing in this area, through the services that you provide?

Ms. Colleen Campo: Good point. I try to do six individual appointments on a person whose child has died. I need to support them for three years or two years, maybe monthly. I need them to be able to come back.

Mr. Taras Natyshak: Is there a cut-off for the amount of support that they receive?

Ms. Colleen Campo: No, not so much a cut-off—there used to be, but what we do is prioritize, or we see

less when we'd love to see more. We don't want to leave anybody behind, but we're forced to.

The Chair (Ms. Soo Wong): One minute.

Mr. Taras Natyshak: One minute? The preventive care post-mortem of a child: Are there any other agencies that are doing that type of work, or is this—preventive, between pregnancies—that seems like an intervention that is really important. Who else is doing that and what are the outcomes, or is this a novel thing from—

Ms. Colleen Campo: I think what's happening is, some people—I would say Healthy Babies are supporting within the region but not in the bereavement sense. They would help the mother, but not with the specialty of bereavement. So if we could—with the grief of the child that died and not have it.

For example, I work with a lot of families who have a set of twins; one of the twins dies, and now I'm working with that mother who has just had a new baby but she's grieving. There's this real complex issue of, "I have a baby that lived, but I have a baby that died."

Infertility is a huge issue—

The Chair (Ms. Soo Wong): I'm going to need to stop you here. Thank you very much, Ms. Campo and Ms. Willis. If you have any written submission, you have until Tuesday, February 2 at 5 p.m. to submit it to the Clerk. Thank you very much for your presentation and have a great day.

ELEMENTARY TEACHERS'
FEDERATION OF ONTARIO
THAMES VALLEY TEACHER LOCAL

The Chair (Ms. Soo Wong): I believe the next group coming before us is the Elementary Teachers' Federation of Ontario Thames Valley Teachers Local, Craig Smith, the president.

Good morning, and welcome. I believe the Clerk is coming around with Mr. Smith's presentation, folks.

Mr. Smith, as you probably heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questions will be coming from the government side. You may begin any time. Please identify yourself when you begin for the purpose of Hansard. Welcome.

Mr. Craig Smith: Thank you. My name is Craig Smith and I am local president of the ETFO Thames Valley Teacher Local. We serve and represent about 3,300 elementary teachers who are employed by the Thames Valley District School Board. It's nice to be in Windsor. I came to teacher's college here, so it's nice to come home. The teachers we serve and represent are in London and then in the counties of Oxford, Elgin and Middlesex.

I just wanted to begin by thanking you for the opportunity to speak with you today and to thank you for the work that you do. I know that you hear that all the time, both here in the committee and in your constituencies, but it is appreciated and acknowledged. I must say, for the record as well, I did want to thank the Clerks of

the committee, because their communication to us was very clear, and their answers to our questions were done with good grace and good humour. And so, I thank them too; they did a terrific job.

I understand that our provincial organization will be presenting ETFO's provincial budget submission to you on the 1st of February. So not wanting to steal their thunder, what I have presented for you today for your consideration is the Building Better Schools document, and that is ETFO's education agenda and education platform. What I'm going to share with you really are our platform highlights, and there are six building blocks for better schools. I'm going to go briefly over those, and then the budget recommendations that flow from that. So there is a mix of some provincial and some local perspectives, and then we'll take questions, if you have any, at the end of that.

As I mentioned, there are six building blocks for building better schools. The first in your package refers to smaller classes for all elementary students. Class size is a big, big issue for elementary teachers throughout the province, and in Thames Valley no less than anywhere else. We would look to ask for a reduction in class sizes in grades 4 to 8 and in full-day kindergarten, to enhance activity-based learning and positive social interactions among students and to maximize individual attention from teachers.

0920

Our recommendations are really three. To maintain the existing primary class size caps in grades 1 to 3—those have been of great benefit to both teachers and students in those grades. But we recognize that they have put pressure on the junior and intermediate grades, and we're finding increasing class-size pressures in FDK classes. So we would like to see the primary class cap maintained and the implementation of a hard cap in FDK at 26.

We have a class size average right now in Thames Valley, as we do province-wide, which means that we have classes over and above 30, and that is a difficult situation for FDK. We feel it undermines some of the really positive implications of the FDK program.

The first recommendation is a hard cap in classes from grades 4 to 8, in junior classes. It's interesting that you'll have a grade 8 class with 35 or 36 students, and then those students go into secondary classes of 21 and 22 the next year. It is a real implication for both students and teachers in the class size piece.

The second deals with EQAO. We're looking for making student assessment of learning more meaningful. One of the things you are no doubt aware of is that ETFO has a fairly strong position regarding EQAO. We are suggesting that EQAO move from a standardized provincial test to a random sample model akin to what's used in Manitoba.

The recommendations are specifically that we would require EQAO to move to a random sample model for testing of students and establish a moratorium on all EQAO and LNS-related initiatives. There's a reason for that: Those are achievement-driven to improve test

scores, and often have very little to do with student learning. We would like to see a better alignment in the model and what's being done with the initiatives that support the testing model.

Any savings that came from a trimmed-down EQAO or a trimmed-down initiative model should be accrued and reinvested back into the education sector. We're not looking, in that case, for more money; it's simply reallocating funds that already exist and using them to better purpose.

Our third point deals with specialist teachers. We do believe it's important that all teachers and students are able to access teacher-librarians and specialist teachers, particularly in the arts, design and technology, guidance, and physical and health education, to provide balanced and enriched programming for elementary students. We've made no specific recommendations there because we think that speaks for itself.

There has been a pressure on the elimination of specialist teachers on the elementary panel, and that is becoming hugely problematic given the complexity of the educational things and educational expectations that students will be expected to find in secondary and post-secondary education.

The next point really is a critical one for us, and we think it really is a crisis point in the education system. We are recommending more resources for students with special needs, not only to expand their opportunities but to provide meaningful support for the teachers who have to care for and educate these students.

There are some specific recommendations that we have in this area: provide appropriate training and resources to support teachers with the growing special needs population. In Thames Valley, for example, the board says that it has not cut spec-ed funding. In fact, it does allocate more than its budgetary grants to that, but need is outstripping the supply. So we have a problem. Regardless of the good intentions of the board and the support that they provide, our needs are simply being outstripped. That needs to be addressed critically.

We are also really looking for an expansion of funding for English-language learner programs and support for ESL teachers. This is an ongoing problem. This file gets cut almost every year. We all know that we have the normal patterns of immigration that put demands on the system for English as a second language and support for ELL learners—all the more thrown into relief, particularly in Thames Valley, London and the surrounding areas, with the influx of Syrian refugees. This is putting huge demands on our ESL teachers and the ELL system, so we would look at some consideration for reallocation of funds there.

To have school boards actually be required to spend their full allotment for ELL: It isn't sweated as strongly as it might be, and we think that it should probably be more sweated so that it would be allocated appropriately where that need is.

Lastly—and this is really a local one. We know that our colleagues in greater Essex have done this: a require-

ment that would have teacher representation and education worker representation on special education advisory committees. Right now, there are trustees, superintendents and principals, but no teachers, no EAs, no ECEs—no one else. We are the front line when it comes to supporting spec-ed students, and it would probably be appropriate to have a more formal voice in those committees. As I say, it's a one-off in Essex. We think it should be province-wide.

We are mindful of the economic situation in London and St. Thomas, very much akin to areas in Windsor and greater Essex, in terms of the devastation in the manufacturing sector. We see that every day in our classrooms. We have made some recommendations there around the minimum wage: that it be increased to \$14 and indexed to inflation; that there be a meaningful commitment to affordable housing units for low-income tenants; and expand the number of high-quality child care spaces. There seems to be a sense that now that we have FDK, that has taken some of the pressure off the child care piece, and that isn't the case. There still is a need for affordable, high-quality child care, regardless of what we've done in terms of FDK.

As a strong union voice, we are partners in all of this, and we think it's important that unionized teachers and education workers are able to speak out on behalf of the students in our care and the system that we so strongly support. We've made some key recommendations here that the education unions, ETFO being one of many voices, be seen as full partners in discussions around implementation of education reform. It needs to have teacher and education worker voices at the ground floor if we're going to make any changes that are meaningful and of long-lasting benefit.

Lastly, that we allocate funding for health and safety training to principals, who are the leaders in our schools, and educators to ensure that school boards meet the requirements of the Occupational Health and Safety Act and the Education Act. There is a sense that we get from the Ministry of Labour at times that, "Well, we're just schools," although we are defined in the industrial sector. We think there should be some resources there to support the work that we do.

The Chair (Ms. Soo Wong): Mr. Smith, I need to stop you here. I'm going to turn to the government side to start this round of questioning. Ms. Hoggarth?

Ms. Ann Hoggarth: Good morning. How are you, Craig?

Mr. Craig Smith: I'm fine, Ann. How are you?

Ms. Ann Hoggarth: It's nice to see you again.

Mr. Craig Smith: Nice to see you again.

Ms. Ann Hoggarth: On behalf of the government, I'd like to say how much we appreciate what all your members do for the children and students in our province. It's no wonder that we have such a wonderful education service that we have great results coming from that. All of the things that you've talked about, of course, are important to this government as well. I congratulate ETFO on the recent bargaining and us finding a solution that would work for both sides.

I thank you very much for your presentation. As you know, I sat in the spot you were in for many years. You thanked us around the table, and we seldom get that. I want to thank you because I know that the union leaders seldom get thanks. Thank you very much.

Mr. Craig Smith: Thank you, Ann. Full disclosure: Ann and I actually shared space on annual meeting floors over a number of years in our local activities. So thanks, Ann. Much appreciated.

Ms. Ann Hoggarth: Thank you very much, Craig.

The Chair (Ms. Soo Wong): Thank you very much, Mr. Smith, for being here and also for your written submission. It's very much appreciated.

Mr. Craig Smith: Thank you very much.

The Chair (Ms. Soo Wong): You have a great day.

MOTOR CITY COMMUNITY CREDIT UNION

The Chair (Ms. Soo Wong): We now have Motor City Community Credit Union and, I believe, Mr. Charles Janisse. Welcome. Good morning.

Mr. Charles Janisse: Good morning.

The Chair (Ms. Soo Wong): As you probably heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the official opposition party. You may begin any time. Please identify yourself for the purpose of the Hansard.

Mr. Charles Janisse: Thank you, Madam Chair and committee members. It's a great pleasure to be here today. My name is Charles Janisse and I'm the CEO of Motor City Community Credit Union. We are based right here in Windsor, Ontario. I am proud to say that Motor City has been serving our community and our members since 1938.

I'm here today because I believe that Ontario credit unions are in a unique position to help grow the economy and create jobs in Ontario. That's because our focus is on local prosperity. Our goal is to improve the financial well-being of families, local businesses and community organizations in Windsor and Essex county. We invest resources in our local community where our credit union members live and work. While other financial institutions focus on providing profits for shareholders, the credit union's purpose is to provide service to our members and the community, helping them reach their goals.

0930

Our members include over 200 businesses that are financed directly by Motor City Community Credit Union. Many of these businesses turned to the credit union during the last recession after the banks turned them down and all but left our community. These businesses are thriving today and employing many people in our community because of Motor City.

Our membership also includes people who have imperfect credit because of a divorce or other financial hardships, and who have been turned down by the big banks for a mortgage or loan because they may not fit

into the banks' limited lending criteria. Now, I don't want you to get the idea that all of our members are in distress. We serve 12,000 people in Windsor and Essex county, and they put their trust in Motor City to help them meet their needs, because we, essentially, put their needs first.

A recent example of this is an elderly member who could no longer manage her home and was moving in with her children. Her home was mortgaged with the credit union and instead of selling the house herself, she decided to walk away from her home and turned the keys into the credit union. We put the house up for sale and received an offer that would have paid out our mortgage, but left very little beyond that. We could have easily taken the offer and justified the price, but this would not have been in our member's best interest, so we held out and negotiated a price that not only paid off the mortgage but also returned almost \$10,000 to the member following the sale.

As credit unions, we are owned and governed by our members, by the people who have decided a co-operative business model would generate greater mutual success in everyone's interest. Credit unions as a whole are a large and growing player in the Ontario economy. You may hear these stats more than once over the next couple of days and during your consultations, but as of November 2015 Ontario credit unions that are class A members of Central 1 had total outstanding loans of \$34.1 billion; \$20.8 billion in residential mortgages; \$9.8 billion in commercial mortgages and loans; \$1.4 billion in agricultural loans; and \$32.3 billion in total deposits. We are a part of this group of credit unions, and we are growing every day.

I'm also here because, as you know, this has been an important year for credit unions. The legislation that regulates us has been reviewed, and we are expecting to hear the results of that review any day. Our policy submissions to the current government have encouraged Ontario money to be reinvested back into Ontario. That's what we do, and we pride ourselves on the diversity in our system, serving members with different needs.

Financial services face global competition for investment and talent. To continue on a path of growth, benefiting businesses and families in our community, credit unions will need to explore new ways of differentiating ourselves and capitalizing on opportunities in order to have a sizable impact in the community going forward. The credit union system is at a bit of a crossroads.

I want to take a moment to reiterate a few opportunities that are of particular interest to us. First, credit unions pay premiums on deposit insurance, and the cost of these premiums, much like your own car insurance and home insurance, is tied to the amount of coverage we have. Presently, the insurance premiums in Ontario are based on \$100,000 worth of coverage per member. This is the lowest rate of coverage for credit unions anywhere in North America. New Brunswick, Nova Scotia, and Newfoundland and Labrador each have a \$250,000 limit,

while every province to the west of Ontario has unlimited deposit insurance for credit unions.

Banks also have \$100,000 of coverage, but that is based, per account, with each subsidiary, meaning that banks can double- and triple-up on insurance by holding customers' funds in different subsidiaries. They also operate extra-provincially, meaning that there's no guarantee that the deposits made in Ontario will stay in Ontario. Raising the level of the deposit insurance to \$250,000 per member would encourage more deposits to be kept in Ontario with local institutions and level our competitive playing field.

Secondly, we think it makes good sense for municipalities, universities, schools and hospitals to keep deposits with local financial institutions. These funds, when held locally, work to create jobs in the communities where they are needed the most. We believe that unlimited deposit insurance on MUSH sector deposits will help to level the playing field, giving credit unions the opportunity to attract these deposits, and also giving municipalities, universities, schools and hospitals the opportunity to further invest in their communities.

Finally, we wish to applaud the government of Ontario for not raising the provincial tax rate on credit unions, as was done by the federal government in 2014. Today I want to strongly encourage you to maintain the present tax rate. Because credit unions are capitalized differently than banks, we estimate that if the provincial tax rate were increased in line with the federal rate, it would result in a decrease of \$266 million in loans to households and small businesses in Ontario. These loans often mean money reinvested back into our local community, creating jobs where they are very much needed.

Our time is short here today. I will leave it at that. The credit union difference is all about service, putting the needs of our members and the community first. This means driving community and economic impact as well as pioneering innovative approaches to banking. With these changes I've outlined today, credit unions will be better positioned to work together to build a greater awareness of the co-operative values and the unique differences that make us an integral part of the Ontario economy.

Thank you for your time and consideration, and I'm happy to answer any questions.

The Chair (Ms. Soo Wong): Thank you very much. I'm going to turn to Mr. Fedeli to begin this round of questioning.

Mr. Victor Fedeli: Thank you very much, Mr. Janisse, for an excellent presentation. I also want to say thank you for the role that the credit union plays in communities across Ontario.

You had presented some scenarios about the \$100,000 and those types of things. Would there be any cost to the taxpayers in Ontario for any of those items that you're outlining?

Mr. Charles Janisse: No. Our deposit insurance is self-funded. It totally comes from credit unions, so the impact on taxpayers would be neutral.

Mr. Victor Fedeli: So why do you think that hasn't happened, then?

Mr. Charles Janisse: Political will? The banks are opposed to it. There are probably some insurance companies that are opposed to it as well. They don't necessarily have the best interests of credit unions or anybody but their shareholders at heart, so that might have something to do with it. I know that in other provinces, as I mentioned, the rate is substantially higher. It would be very nice for Ontario to take a similar approach, and we would be able to attract further deposits and reinvest those deposits directly into our communities.

Mr. Victor Fedeli: And again, your shareholders are your members?

Mr. Charles Janisse: They are, yes.

Mr. Victor Fedeli: One hundred per cent?

Mr. Charles Janisse: One hundred per cent. You have to be a member of the credit union for us to provide services to you. To become a member, you invest in the shares of the credit union.

Mr. Victor Fedeli: We had a presentation yesterday from one of the credit unions in Hamilton, so I'm going to ask you the same questions, basically, that I asked there.

When a municipality has a tax sale and you want to buy a piece of property from that municipal tax sale, today you cannot bring your cheque from a credit union. Do you have any idea about the history of that or why that is or your ask, if you will?

Mr. Charles Janisse: It would certainly be very nice if municipalities changed that and put us on an equal footing. We find that that type of discrepancy between banks and credit unions is random and arbitrary and does nothing to improve the image of credit unions; it actually is negative towards the image of credit unions in Ontario. It essentially treats us as second-class citizens. If municipalities were able to change that, that would certainly be helpful to credit unions and our reputation and image in our communities.

Mr. Victor Fedeli: And from a functionality point of view as well. I live in northern Ontario, and in some communities you're the only act. You're it.

Mr. Charles Janisse: Yes.

Mr. Victor Fedeli: Imagine having to leave your community to go to get a bank draft, and you have to come back to your community to buy something from your community.

Mr. Charles Janisse: Yes. It certainly makes no sense.

0940

Mr. Victor Fedeli: My final question is about the Ontario Registered Pension Plan. You have clients who are businesses. What would your philosophy be or your thoughts be on the effect to these businesses of the pending ORPP?

Mr. Charles Janisse: Our concern is, it would be taking money away from the businesses to pay for premiums. Many of the businesses in Ontario, and in Windsor specifically, already have self-directed RSPs

and the like that may or may not qualify. Taking money away from these businesses would certainly not help create jobs. It could potentially have the opposite effect and would be a hardship, or a potential hardship, on businesses.

I know Motor City is currently in negotiations with our unionized employees, and we're having to make changes in our union contract to compensate for these additional costs to the credit union. It may not affect jobs in our specific interests, but I know, from talking to other credit union business members, that they definitely do have a concern with regard to that.

Mr. Victor Fedeli: Thank you, Chair.

The Chair (Ms. Soo Wong): Thank you very much. If there's any written submission, Mr. Janisse, can you make sure you submit it to the Clerk by February 2 at 5 p.m.? Thank you very much for your presentation.

Mr. Charles Janisse: Thank you.

SUN COUNTY LYME AWARENESS SUPPORT GROUP

The Chair (Ms. Soo Wong): The next group before us is the Sun County Lyme Awareness Support Group. I believe the Clerk has the written submission coming around.

Welcome. Good morning. I believe you're Cheryl Abbate. As you probably heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the third party.

You may begin any time. Please begin by identifying yourself for the purpose of Hansard. Thank you.

Ms. Cheryl Abbate: Thank you. My name is Cheryl Abbate. I'm a co-founder of a Lyme disease support group, and a Lyme sufferer.

Good morning, and thank you for providing an opportunity for the public to suggest ideas for potential inclusion in the 2016 provincial budget.

The Lyme community is very familiar with the passage of Bill C-442, the Lyme disease strategy, a private member's bill submitted in 2012 by Elizabeth May, leader of the Green Party.

After its passage in 2014, the province of Ontario entered a bill, Bill 27, regarding emerging vector-borne illnesses. This, of course, includes *Borrelia burgdorferi*, the causative agent of Lyme disease. The bill was ardently supported by all parties, and Toby Barrett and Michael Mantha as well as Rick Nicholls, from my own riding, deserve great credit for championing our cause.

To all of you, we offer a heartfelt thank you for the unanimous passage of Bill 27. Because a committee has been created which is working to arrive at new and more effective strategies for dealing with Lyme disease, among other illnesses, we are not suggesting more research or better diagnostic and treatment options at this time. Those issues will be among the topics discussed and, hopefully, settled by the committee.

A walk in the park should not be a debilitating experience, yet this is what many Ontarians do experience.

What we would like to suggest today is the need for more prevention, awareness, surveillance and education about this disease.

In my own case, I was bitten by a tick at Point Pelee National Park in March 2007. There was no signage whatsoever in the park regarding Lyme disease. I knew little, if anything, about the illness at the time, but unfortunately, I live with it now every day, as too many others do, and know first-hand the devastation it causes.

Signage: This is one thing we would like to see changed. There needs to be signage regarding ticks carrying Lyme disease so the public can be made aware prior to venturing into tick habitats, so they know Lyme is a potential threat. These signs should explain how to protect oneself from Lyme disease while entering these areas: for example, by using DEET at 20% or higher; tucking pant legs into socks; and doing a thorough tick check following these walks, including checks of pets that may have joined in.

The signs should also teach proper tick removal. This is to ensure that the ticks are not removed in such a way as to squeeze the abdomen, thereby expelling the contents of the tick into your bloodstream.

We would also suggest that the signs explain acute and early signs of the disease, including the ER or bull's-eye rash, although the rash does not only present in a bull's-eye form, if a rash develops at all. Many—in fact, less than half of those infected—will ever display a rash. Fever, headache, and body aches are often present during the acute stage, as well. In this current day of immigrants and refugees, and given the seriousness of this infection, it may be most beneficial to have the signage in several languages, in addition to our bilingual tradition.

There's quite a bit of conflicting information out there regarding endemic areas. Since Point Pelee is a self-proclaimed endemic area, we are concerned with why Wheatley Provincial Park, only a few miles away along the Lake Erie shoreline, is able to declare they have no black-legged ticks. Wheatley Two Creeks Conservation Area, one mile away from there, is infested with ticks. We're concerned that adequate surveillance is not being accomplished in these areas.

The topic of signage is a matter of concern that is also mentioned in the Ontario Health Protection and Promotion Act. This is under the responsibility of the Minister of Health and local medical officers of health. We're concerned, then, why it is that effective warning signs have not been erected. None of the parks or conservation areas mentioned here currently have any signage warning of ticks or the potential of Lyme disease. This is not serving the public well.

Surveillance: In order to advise the public on known areas of Lyme-carrying ticks, proper surveillance must be done. This may include dragging and flagging in areas known or suspected to have these pathogen-carrying ticks, or performing live trapping, which is more effective in random areas for determining an active black-legged tick population and whether or not they carry the Lyme disease pathogen.

We have learned that often there is not enough funding available to provide thorough surveillance initiatives. If this were to change, and thorough surveillance were achieved, the province could better warn and protect the public from an illness that is debilitating when not caught early.

Veterinarians know the disease is well on the rise. When they map the areas of reported cases of Lyme-infected pets, these same areas have Lyme present for the human population as well.

It should also be considered that the results of the surveillance initiatives be made easily available to the public. Doctors' offices or clinics in noted endemic areas should have this information posted in plain view. The symptoms they present with while visiting their doctor could very well be the result of an active Lyme infection. In addition to signage placed at the appropriate sites, the public needs to be made aware. Lives depend on it. Billboards and TV ads would be very useful and proactive in giving highly visible warnings to the public.

Boards of education: Throughout Ontario, the boards of education, separate and public, should be aware of the potential threat of Lyme disease when sending students on class trips to nature areas. The boards should advise teachers and send notices home to parents regarding these educational field trips with advice on how to prepare the students for a trip into tick territory.

These notices should include mention of the importance of using DEET, tucking pant legs into socks, wearing long sleeves and hats, proper tick removal and how to perform appropriate tick checks. The notices should also mention what to look for in their students following such outings. Teachers involved in the outings should also ensure that students have adequately prepared, by ensuring the students have used DEET, tucked their pant legs into their socks, etc.

There is a reason I have mentioned the onus on boards of education. Here in our own county last year, an anonymous donor provided funding for all of the elementary schools in the county to go on class trips to Point Pelee National Park, a known Lyme-endemic area. Keep in mind that we are not suggesting that exceptional donations like this be discouraged, but that outings to these areas be done with appropriate precautions taken.

Following this particular trip, where there were no notices given to parents about what to expect, a kindergarten student presented with a bull's-eye rash, always a positive indication of the presence of Lyme. We only heard about this one child from one school, but in our county, where 93 schools enjoyed a class trip to the park, that could have meant 93 lives ruined because of no measures taken against contracting this insidious illness.

0950

The seriousness of Lyme disease must be recognized and appropriate precautions taken by all school boards across the province. The lives of our students, as with all Ontarians, matter, and this issue should be paramount.

In closing, I would like to thank you for allowing me to call your attention to a disease that can cut you off at

the knees. If we have prevention, awareness, surveillance and education as our only usable tools at present to battle this monster in Ontario, we need to use them now to the best of our ability. Protecting the public depends on it. If any of these preventative measures are considered, that would be a positive step; if all are considered, even better. Thank you.

The Chair (Ms. Soo Wong): Thank you very much for your presentation. I'm going to Mr. Natyshak to begin this round of questioning.

Mr. Taras Natyshak: Thank you, Cheryl, for your work. Thank you for your advocacy and the effort that you've put into the issue. Many members here at committee took part in the Lyme association campaign last year, the Lyme Sucks campaign. We were all given limes—

Ms. Cheryl Abbate: It is true: Lyme sucks.

Mr. Taras Natyshak: Lyme does suck, and it definitely put a bad taste in our mouths. But it put an emphasis on, really, the devastating nature of Lyme disease and the toll that it takes on individuals and families, so thanks again for doing that. Continue that work, because it informs us in the Legislature. Our hope is that all the points that you've raised today become part of a province-wide strategy. That was something that was called for, in a motion that was passed unanimously, by our colleague Mike Mantha. You referenced him.

Ms. Cheryl Abbate: That was on June 1.

Mr. Taras Natyshak: On June 1; that's right.

The signage and the prevention: That just makes sense to us, and I'm sure the public at large would like to be informed of any imminent threat to their health. Do you know of any other jurisdictions in other provinces, perhaps, that have signage specifically for Lyme awareness in endemic areas and how that has worked out?

Ms. Cheryl Abbate: I am not aware of any signage visible in any known tick-endemic areas at this point. That would probably be—the best line of defence is the prevention. I would like to see that too, anywhere. It should just be standard practice that if you're entering into an area where ticks are known to be, you should be on the lookout for this, and also be educated as to what to do should you be bitten: as I was suggesting, the instructions for proper tick removal, etc.

Mr. Taras Natyshak: I believe that we post warnings or at least deliver information for visitors to provincial parts of any other imminent threats. At Point Pelee, the undercurrent has been a known risk for a long time, and I know that there is signage there. It would stand to reason that we would inform visitors of all potential threats.

Ms. Cheryl Abbate: At Point Pelee, I believe, when you go through the entrance, there's an area that you have to pull off to the right and there's one massive billboard where there is a tiny section mentioned in the bottom left-hand corner. However, when you first enter the park, you're not obligated to pull off into that area, in which case it would not make it easily visible. I do know that in the past, when I have been at the park, there have been recommendations to stay on the paths. That is a good thing, but it doesn't tell you why you should not

venture off or mention the danger of Lyme disease at any other point in the park.

Mr. Taras Natyshak: And ultimately, the larger issue is in supporting and providing treatment for those who are infected by Lyme disease. I know that through our office—and I assume that other colleagues hear stories of folks who require treatment and are left with no options in the province of Ontario. In fact, physicians who attempt to treat people with Lyme disease are reprimanded in some cases. Again, ultimately these families and individuals have to seek treatment in the United States or even Germany, where treatment is an option and has proven to be successful in some cases.

So you certainly have my support in advancing our coverage here within the province to support folks with Lyme disease.

Ms. Cheryl Abbate: We appreciate that and we appreciate your support as well.

The Chair (Ms. Soo Wong): Ms. Fife, do you have any questions? Thank you very much for your presentation and thank you for your written submission as well. Have a great day.

Ms. Cheryl Abbate: Thank you so much.

CORPORATION OF THE CITY OF WINDSOR

The Chair (Ms. Soo Wong): I believe the next witness coming before us is the Corporation of the City of Windsor, and we have a large delegation. Welcome. I think the Clerk has your written submission so he's coming around with the presentation. I will just say, gentlemen and lady, as you're coming around, can you each introduce yourself for the purposes of Hansard, as well as your position with the city of Windsor so that we all know who you are. As you heard, there will be 10 minutes of presentation followed by five minutes of questioning. In this round, questioning will be coming from the government side. You may begin at any time and please, again, identify yourself for the purposes of Hansard. Thank you.

Mr. Onorio Colucci: Thank you. My name is Onorio Colucci. I'm the chief financial officer for the city of Windsor. I certainly want to thank the committee on behalf of Mayor Dilkens and all of city council for the opportunity to present. I want to welcome you all to Windsor.

I'll take a minute now to have each of our committee introduce themselves, starting with Jelena Payne on my left.

Ms. Jelena Payne: Good morning. Jelena Payne, commissioner, community development and health for the city of Windsor.

Mr. Bruno Ierullo: My name is Bruno Ierullo. I'm the executive director of employment and social services for the city of Windsor, and we also service the county of Essex.

Mr. Rob Oleynik: Rob Oleynik, social housing administration, city of Windsor.

Mr. Mark Winterton: Mark Winterton. I'm the city engineer for the city of Windsor.

Mr. Onorio Colucci: Our presentation will be rather brief. We have detailed notes that were passed around, so in the interest of time I'll keep my comments brief and we would be glad to take any questions to the team as well.

My presentation is going to touch on four main themes, those being economic development, Ontario Works issues, housing infrastructure issues and overall infrastructure needs.

On economic development, Windsor has gone through some significant structural changes in our economy over the last decade. We have been dealing with high unemployment—amongst the very highest in the province as well as the country. In response to that, our city council has developed certain initiatives that have helped in that regard: for example, a city-wide community improvement plan which aims to provide rebates of up to 100% of the incremental property taxes for any new investment. We've also practised fiscal restraints which have driven our taxes for properties well below the provincial average for similar municipalities.

What we'd like to ask the province is to develop readily available joint incentive programs with an emphasis on these programs being prompt and timely in response to opportunities. While there are programs, it's our experience that it takes time to access these programs and, in the very competitive field of economic development, especially as it relates to some of our neighbours across the border, that is a significant competition for the city of Windsor. That readiness and timeliness is critical.

These can take the form of start-up grants, tax abatements, employment and especially employer on-site training. As I mentioned, given our proximity to our neighbours north of us—as it stands, with Detroit being north of Windsor—it's very important that these programs be available at a moment's notice.

1000

The second theme I'd like to talk about is Ontario Works. We understand that there's a consolidation of employment-related benefits which is being considered as part of the Brighter Prospects report. Our understanding is that it will be a benefit in the range of \$1,200 to \$1,800 per year compared to the current \$3,000 per year for employment-related benefit expenses. Though we welcome the consolidation, we have some concerns in terms of the level. As well, we urge the province to continue stable funding for Ontario Works on a per case basis as well as the 50-50 allocation distributed by caseload for administration of the program. We'd also like to ensure that municipalities get reimbursed 100% for the costs related to the implementation of the SAMS system, which we know has had some significant growing pains.

The third theme is housing infrastructure. Windsor-Essex, being an older municipality, has some of the oldest public housing stock in the province. Given the noted challenges with our economy, it's clear that we

need some help in terms of funding for this important service in terms of modernization and, in fact, adding to the housing stock to alleviate the significant waiting times that we currently are experiencing.

My final theme is infrastructure in general. This is probably not something new for this committee; I'm sure you've heard that across the province. In Windsor especially, being an older municipality with significant infrastructure—some of our sewers, for example, are 100 years old—it's clear that we need some senior levels of government funding to achieve reasonable service levels from these aging assets. We've certainly done our part. We are spending record amounts on infrastructure, roads, sewers and the like, but it's clear that relying on the property tax base locally is not sufficient, in our view, to ensure that infrastructure remains viable and provides significant service to the citizens.

That is my presentation. Certainly, as a financial person myself, I realize the financial challenges of the province, but I urge you to consider some of those comments. Thank you.

The Chair (Ms. Soo Wong): All right. Thank you very much for your presentation. I'm going to turn to Mr. Milczyn to start this round of questioning.

Mr. Peter Z. Milczyn: Good morning, Mr. Colucci and your colleagues. Thank you for your presentation today and thank you to the city of Windsor for being able to host us in the matter today. It's always great to be in Windsor.

Mr. Onorio Colucci: Glad to do it.

Mr. Peter Z. Milczyn: Certainly, being from a municipal background for many years in the city of Toronto and my background in architecture, I look around Windsor and I see a city with great bones and a city with great potential. I understand the economic concerns that exist in Windsor and the region, not of the municipality's making, and you're doing your best to address them.

In terms of the infrastructure funding which the province has been able to provide on an ongoing basis to the city of Windsor, how have you been managing to allocate those funds? Have you been able to prioritize them, use asset management plans to manage your assets, figure out what needs to be done first and leverage other partnership opportunities for funding?

Mr. Onorio Colucci: Yes. That's a great question, and I thank you for that. Certainly, as I mentioned before, the city of Windsor is spending record amounts on infrastructure. We've more than doubled the annual infrastructure funding in the last decade—not all of that strictly from the municipal point of view. Certainly things like the gas tax, both the federal and provincial components, have played major roles, but also in terms of our own initiatives. We implemented a capital funding levy in 2002 and a debt reduction levy in 2004, which have increased our funding dramatically to the tune of about a \$40-million base increase over that time, as well as reducing our overall debt levels from \$230 million to the current \$100 million.

Certainly a lot of money has been spent. We've done formal asset planning. We just reported to council, for example, on a 20-year plan for our roadway system, and it's clear that we've increased the funding tremendously. It's still not enough to achieve significant stability in our service levels or increases in those areas that are needed.

Mr. Peter Z. Milczyn: Those are all great strategies which you've adopted. Certainly, lowering your debt levels, which creates more capacity to do more work—that's great—and using asset management plans.

The massive infrastructure investment, beyond purely municipal infrastructure—the Herb Gray Parkway and the Gordie Howe bridge: I understand that the big hurdles on the other side of the border have been tackled now, so that project can go ahead. Has your municipality been doing some planning work to look at the lands abutting those major expressways, those initiatives, to use that investment, the ability to flow goods across the border better, to create economic development opportunities for new buildings, new employment in the city of Windsor?

Mr. Mark Winterton: Maybe I'll try that one. We've got some comments in the submission here. We certainly are working, both from a planning point of view and from a transportation point of view, to leverage the work that's being done as part of the Herb Gray Parkway. One of the challenges we have is the issue of connecting links and the issue of all of the transportation and the trade that goes across the border here, as it relates to the city and the pressures it puts on the city—a 200,000-person-plus-or-minus city.

We have an undue amount of stress on, for example, Huron Church Road, our adjacent parkways and the connecting links that we have. That's something that's in the submission, but it's an important thing. We certainly are aware of it, and we're leveraging it. We're trying to, as part of the asset management plan—the actual physical infrastructure and then the long-range planning—leverage those corridors and what we can do. So, yes, we have a fairly robust plan for all along there.

Mr. Onorio Colucci: Maybe I can add to that too, although I touched on it in my presentation. In addition to the specific corridor that you speak about, we've also taken steps across the municipality in, I would say, two main ways. One is our community improvement plan, which is available to existing businesses and new businesses coming into the city, where, if they meet certain criteria, we will refund 10 years' worth of property taxes up to the amount that is being invested in the community.

The other thing is that our fiscal restraint/debt reduction efforts, which as you rightly said have allowed us the flexibility to reinvest interest charges into infrastructure and other programs, have allowed us to reduce our tax rates. According to the BMA study, which is an independent study done across the province, in 2004 we were higher than the provincial average in nine of 11 categories. Now we're lower than the provincial average in eight of those 11 categories. So it has been a combined effort.

Certainly the biggest challenge for us has been the historic structural change in our economy. As you know, Windsor has been traditionally a very heavily manufacturing city, and that sector of the economy has been taking some challenges across not only Windsor but North America and really across the world.

1010

Mr. Peter Z. Milczyn: One of the things that the government is looking at, beyond the pure physical infrastructure of roads, bridges and so on, is the infrastructure of the future economy, which is broadband access. In Windsor, in your region, is there good Internet connectivity? Is there good broadband access? Or is that an issue that is of concern to you? That obviously is crucial to the economy of the future.

Mr. Onorio Colucci: That's right. Certainly, as I've said, we've been in this structural change. I agree with you that the new world infrastructure is very important. Certainly, there have been significant investments in broadband connectivity in Windsor and Essex county. Certainly, more is always possible, but we think there has been significant investment in that sector, for sure.

Mr. Peter Z. Milczyn: My final question: You mentioned in your submission, around housing—and the Honourable Ted McMeekin is working on a Long-Term Affordable Housing Strategy. I think we all acknowledge that that's something that hasn't received the attention it needed. The rescission of federal funding and the federal government removing itself from that was a huge blow. Now, with the change in Ottawa, it looks hopeful.

Do you have any advice that you can provide to us for the 2016 budget on what an affordable housing strategy might look like?

Ms. Jelena Payne: I'll start, and then maybe my colleague Rob Oleynik can take over.

We have had meetings, both at the city of Windsor and in the county, with Minister McMeekin. We have implemented a Housing First model. The initial reaction would be, I guess, to continue to work with the federal government, especially the new federal government that has been elected, and to continue to lobby for funding and efforts for housing infrastructure. We've kind of seen the perfect storm here in Windsor, where we've seen the economic decline and, with that, we've seen increases in Ontario Works and also in the need for affordable housing. We've seen over a 50% increase in the past five years in the need for affordable housing in our community.

In addition to the declining infrastructure, we have some great programs that are currently in place. We have a rent supplement program. But our housing stock does continue to decline in infrastructure efforts. So I would say that with the new government, any additional lobbying efforts, any additional partnerships that could happen, moving forward, I think we need to see in the future—

The Chair (Ms. Soo Wong): Okay, I'm going to just stop you there, Ms. Payne. Thank you so much for your written submission for the entire city of Windsor and also

for your presentation today. If there's any additional information you would like to submit, you have until February 2 at 5 p.m. Again, thank you for being here and thank you for your submission.

HOSPICE OF WINDSOR
AND ESSEX COUNTY

The Chair (Ms. Soo Wong): The next group before the committee is the Hospice of Windsor and Essex County Inc. The Clerk is coming around with their written submission.

Welcome, Ms. Derbyshire. Good morning, and welcome.

Ms. Carol Derbyshire: Good morning.

The Chair (Ms. Soo Wong): As you probably heard, you will be speaking for 10 minutes, followed by five minutes of questioning. This round of questioning will be coming from the official opposition party. You may begin any time. When you begin, can you please identify yourself for the purpose of Hansard? Thank you.

Ms. Carol Derbyshire: Thank you, and good morning. Welcome to Windsor. Thank you for allowing me to present to the committee today on behalf of the Hospice of Windsor and Essex County and in support of the Hospice Palliative Care Ontario application for increased funding for hospice residential homes in the province.

My name is Carol Derbyshire and I am the executive director of the Hospice of Windsor and Essex County, where I have served for the last 36 years. I'd like to begin my address by quoting Dame Cicely Saunders, the founder of the modern hospice movement. Speaking on the topic of hospice palliative care, Dame Saunders believed, "You matter because you are, and you matter to the last moment of your life. We will do all that we can, not only to help you die peacefully, but also to live until you die."

At Hospice Windsor, we've embraced this model of care and have focused our development of programs and services into holistic care that supports, educates and empowers anyone who is living with or caring for a person with a life-altering diagnosis. This care moves beyond the traditional imagination of hospice care for cancer patients to include persons dealing with a variety of diagnoses, including ALS, Lou Gehrig's disease, multiple sclerosis, congestive heart failure, chronic obstructive pulmonary disease and many more common diseases in this region.

The hospice was founded in 1979 by and for the community of Windsor-Essex. Our original mandate was to provide community outreach and support, caring for patients and families in their homes, and helping them to die where they lived: at home.

Over the last 36 years, we have also expanded our services to include three full-time palliative physicians, five nurse educators, six social workers, spiritual care providers and more than 700 active volunteers who provide support in the community to keep patients in their homes and out of hospitals as much as possible. In

addition, we provide about 47 day programs on-site at our hospice village, with more than 14,000 visits from children, adults, patients, caregivers and family members, emphasizing wellness and living with a life-altering diagnosis.

This growth has been due in large part to community partnerships, including a joint effort with the VON. We run a chronic pain management clinic on-site at the hospice, and as of 2007, Hospice Windsor-Essex has also been proud to offer eight residential home beds, and will add another 10 in April this year out in the county, in Leamington. It will be our satellite.

Our commitment is first and foremost to our patients and families, helping them to receive care in the most appropriate environment. As you know, many of the patients who end up in acute care beds throughout the province do not need the intense level of care that hospitals provide. Unfortunately, due to the complexity of their needs or caregiver fatigue, often palliative patients end up in the hospital because there is nowhere else for them to go. Not only is this an expensive burden on our health care system; it is not the ideal setting for a patient who hopes to spend their time in a quiet, peaceful and homelike setting.

With this goal in mind, we also have a hospice palliative liaison nurse, who is based out of the major hospitals in our region, helping to facilitate transfers of patients from hospital to the community or our residential homes. Once we get these patients home, we provide a physician the next day to go out and begin to follow them in their own home, along with a nurse, social workers if needed, and volunteers. This program decreases the ministry's cost of care for palliative patients and also improves their care experience.

The beauty of hospice residential homes is the level of care and support that patients and their families receive. I hope you will allow me a moment to share with you Nancy's story, because I think it truly illustrates the power of hospice care to transform lives. Nancy and her husband came to the hospice residential home about three years ago. Nancy had been caring for her husband, Ted, had been his main caregiver at home, and was struggling to keep up with his care. Ted was a very large man, and Nancy was unable to lift or move him on her own.

Once we convinced her to come and stay with us at the residential home, suddenly Nancy was able to transform from the primary caregiver, manager of medications and his nurse at home to becoming his wife once again. It was a remarkable transformation. In the space of a few hours, Nancy was able to stop worrying about scheduling medications, getting up through the night or struggling to manage Ted's care, and just be his wife and enjoy spending time with him. They laughed, they shared memories, they told stories and held hands in celebration of love. Ted and Nancy were able to spend their last weeks truly living and creating memories that are so precious, to this day.

1020

These are the stories that the current ministry funding helps to create. Ted and Nancy's story shows the power

of good hospice palliative care to transform lives in our community, helping patients and families to live well, not just die well.

Even more importantly, the care that people like Ted and Nancy received is actually more cost-effective. Hospice Palliative Care Ontario has calculated that hospice palliative care saves the health care system about \$23 million annually. That figure is based on the cost of a hospice bed at \$469 per day, compared to \$1,200 in a hospital, and using the 1,184 people who spent 31,367 days in a hospice residential home in 2014-15.

While we're very appreciative of the funding that comes from the ministry for our hospice residential homes, there are significant gaps in funding capital and operational expenses. The average hospice raises \$300,000 to \$500,000 each year just to pay for equipment, utilities and basic essentials for patients, including linens, blankets and even food. These are significant burdens on hospices that could be better directed into community care.

Part of my role as the executive director is explaining to the public why we have to fundraise. It is easy for me to tell stories about people who have been able to die at home because of support from hospice doctors and nurses, or who have received care for their entire family in the wellness centre. Community partners, corporate funders and even private donors can understand that their dollars are going to work to improve the lives of thousands of their friends and neighbours in the community. Where I often run into disbelief is when I ask people to help fund our hospice residential home.

Windsor-Essex is a small community, so at one point or another, most of the folks in our community have experienced hospice care. They understand what we are about, have used services and have seen the types of care that are offered. I can tell them about the fact that from 2012 to 2015, we have had an average occupancy of 92% in our residential home, even though the average length of stay is only 14 days. We are able to do that because we have our hospice palliative liaison nurse, who helps to keep people out of the hospital, instead, bringing them to a home-like environment at the hospice.

What funders can't understand is that we need to raise money to pay for essential patient services. When a family makes a donation after a loved one dies in the residential home, they are hoping the money can be paid forward to help the next person in need, not go towards the cost of food and heating.

By supporting the application of Hospice Palliative Care Ontario to cover 80% of—

The Chair (Ms. Soo Wong): Ms. Derbyshire, can you wrap up your presentation, please?

Ms. Carol Derbyshire: Okay. Thank you. We would just like to offer our support to HPCO in their request for 80% of funding.

The Chair (Ms. Soo Wong): I'm going to turn to Mr. Barrett to begin this round of questioning.

Mr. Toby Barrett: Thank you very much for the presentation. We had a presentation yesterday on this

subject as well, from HPCO, Hospice Palliative Care Ontario. We certainly appreciate, and we understand, the desirability, where appropriate, of someone to be in a hospice rather than in intensive care, perhaps, or in and out of an emergency department, or perhaps being in a long-term-care facility that maybe isn't geared up to provide the best treatment possible.

As we deliberate on our finance committee, with an upcoming budget, I appreciate the line of reasoning that you have presented as well, on the cost-effectiveness of this particular approach—as you mentioned, \$23 million in savings. There are a number of projects in the works now for which I feel the case can be made on the cost-effective side. Not only reduced emergency visits and less time spent in intensive care—for example, you give a figure of \$1,200 in a hospital bed a day versus \$469 a day in a hospice bed.

Ms. Carol Derbyshire: Yes.

Mr. Toby Barrett: Some of that was outlined yesterday as well. My question: Do we have any idea or comparables on the cost of a hospice bed per day compared to a long-term-care bed?

Ms. Carol Derbyshire: That's a good question. What I can tell you is that the hospice bed is still cheaper than long-term care, but I don't know exactly what the long-term-care bed costs.

Mr. Toby Barrett: We do know that a long-term-care bed is cheaper than a hospital bed.

Ms. Carol Derbyshire: That's right.

Mr. Toby Barrett: Hence the work over the years to better enable people to get into long-term care from a hospital bed. I think any hospital administrator works to that goal. For example, our CCACs work to that goal, but oftentimes the discussion about hospices is not in the mix because so many areas do not have hospice facilities.

Ms. Carol Derbyshire: That's right, yes.

Mr. Toby Barrett: I was reading—it may have been yesterday—about the hospices caring, obviously, for more people every year as more are built. But the average length of stay has been decreasing. In part, the reason for that is—and this is a good thing—more availability of services to support home care.

Ms. Carol Derbyshire: Yes.

Mr. Toby Barrett: Are you seeing that locally, or any comments on that? Is there more that we can be doing with respect to home care? Everybody supports home care where possible. How can that work within the system that you are part of, with the hospice system?

Ms. Carol Derbyshire: We have to credit our CCAC and home care for our occupancy being so good because they are the ones who admit to our residential home. They are very accurate. We try to keep those patients at home as long as they're comfortable at home, and then it's the CCAC that refers into our residential home.

We also have an outreach team where our physicians and nurses spend their days out in the community seeing patients at home, working with home care, to keep as many patients at home and out of hospital.

Mr. Toby Barrett: Again, some of this relationship, working with home care—it's less of a burden on our

long-term-care facilities—it would probably be valuable to try to get some cost figures on that as well, beyond the \$24 million that's saved with respect to the hospital system—and the pressure on emergency departments.

In addition to the hospices that we do have in Ontario—and so much of Ontario does not have this kind of facility; I think of my riding further down Lake Erie here—there are a number of projects in the works, as I understand, maybe 20 or so, for an additional 175 beds. What are they looking at now compared to what we've seen in the past? In the past it seemed so difficult to get a hospice established and to raise money from charitable donors. What's the government doing now to help out?

Ms. Carol Derbyshire: I think things are improving because people now are starting to see the benefit of a residential home. The communities seem to be rallying more to help raise that money, knowing that the government is coming to the table with some operating money, which is great. We appreciate it.

1030

The Chair (Ms. Soo Wong): Ms. Derbyshire, I'm so sorry. The time is up. Thank you, Mr. Barrett, and thank you, Ms. Derbyshire. Thank you for both your written submission and your presentation today.

Ms. Carol Derbyshire: My pleasure. Thank you.

The Chair (Ms. Soo Wong): Thank you. Have a great day.

LEGAL ASSISTANCE OF WINDSOR COMMUNITY LEGAL AID

The Chair (Ms. Soo Wong): The next group before the committee is Legal Assistance of Windsor and Community Legal Aid. I believe it's Marion Overholt coming forward. Welcome. Good morning. As you heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the official third party. You may begin any time, and when you begin, please identify yourself for the purpose of the Hansard. Thank you.

Ms. Marion Overholt: My name is Marion Overholt. I'm the executive director of Community Legal Aid and Legal Assistance of Windsor. We are two clinics that operate in the city of Windsor and county of Essex, serving low-income residents. We've been in operation for over 40 years of service.

It is my pleasure to appear before the committee today. This budget is happening at a critical time in the economic life of our province. It's an important opportunity to directly improve the lives of our residents.

I find it highly ironic that you chose to hold these hearings in a casino. It feels more and more probable, especially for youth and other marginalized groups, that the opportunity to grow and thrive in Ontario is more dependent on luck rather than as a result of a sound economic plan for our province. We are hoping that with this budget we will see a significant investment in the human capital of our province.

The three issues that I wanted to speak to you today about are income security, housing, and employment.

Our clinics assist clients in accessing social assistance, disability, EI benefits, employment standards, landlord-tenant, summary conviction offences, and victims of human trafficking. The erosion of the availability of federally funded programs has shifted more clients into public benefits. We've experienced similar trends with victims of workers' compensation, where strict guidelines and reclassification of awards have forced injured workers into the provincial, taxpayer-funded system instead of the employer-funded workers' compensation system.

Our most telling statistics of persistent high unemployment, especially amongst youth, and increasing use of food banks in this community indicate that income insecurity is still a persistent problem in this community. So our first recommendation is to make social assistance incomes adequate. We have still not resolved the rate increases, the problem that was created when the rates were cut 22.6%. Food bank reports show high and growing use of food banks by people on social assistance, showing that this problem is not going away, and we know that food costs are set for a significant increase in 2016. Social assistance incomes must be set to reflect the real costs of living, including the additional costs associated with disability. Do I have your attention? Mr. Barrett?

The Chair (Ms. Soo Wong): Mr. Barrett.

Ms. Marion Overholt: I just wanted to make sure I had your attention during my presentation.

Mr. Toby Barrett: Oh. I apologize.

Ms. Marion Overholt: Thank you. My second recommendation is with regard to the commitment to reduce child poverty. We are asking that you fully exempt child support payments as income for the purposes of social assistance. The province of BC has just exempted child support income completely, and their leadership means that children in BC whose parents receive income assistance benefits will be much better off as a result. Ontario should follow BC's lead.

Support families by making the pursuit of child support voluntary. We also recommend the enhancement of the Ontario Child Benefit by \$100 per child per year with continued indexing, and ensure that all Ontario children benefit from the federal government's proposed new Canada child benefit by preventing clawbacks from social assistance.

We'd ask you, too, to invest in people with disabilities and stop the practice of not providing benefit rate increases for family members of people with disabilities on ODSP.

When we look at housing, you know that housing is one of the largest costs that Ontario families face, and too many Ontarians have to decide between rent and food. We're asking you to develop a plan for a monthly housing benefit for low-income tenants to relieve the high costs of living. Some 43% of renters in Windsor are spending more than 30% of their income on housing. Our

social housing stock is in desperate need of repair, and the funds don't match our need.

The estimates in the last discussions at the city council budget sessions showed that it could cost \$65 million to eliminate the extensive maintenance backlog for the Windsor Essex Community Housing Corp. This issue was downloaded to the municipality, but declining revenues in economically depressed regions like Windsor-Essex county mean that this essential service is not being addressed.

The province needs to invest in housing and work with the federal government to ensure that there are affordable housing targets set for specific populations, including low-income families and others with high-core housing needs. The government must respond to the Expert Advisory Panel on Homelessness by making a commitment to fund or build housing that is affordable. The government has said that they intend to end chronic homelessness in 10 years, but without a commitment to fund and build housing, that is not going to be achieved.

Lastly, I will speak about employment. For those who are working, so many more of our Ontarians are living at a minimum-wage rate, and we need to increase that minimum-wage rate in order to bring their incomes within the poverty cut-off line. We're asking that there be a minimum of seven paid sick days for full-time workers, pro-rated for those working part-time.

We need improvement in the employment standards legislation to ensure that there is respect at work, so workers can assert their rights and be protected from discrimination, workplace harassment, bullying and unjust dismissal. We need the government to put in place rules that protect everyone with employment standards that cover all workers and are enforced.

For those looking for work, especially youth who are widely affected by underemployment and low-skilled and precarious jobs: We know that they are making up 30.8% of all youth employment with temporary jobs. I would commend to your reading the Backslide report from the Common Front, which shows that our economy has not recovered as it did following the recessions in 1990s and 1980s and that Ontario families are still suffering the aftereffects of the downturn, and recovery has been stunted by long-term trends of economic and labour force restructuring that have committed to make our province more inequitable. In fact, the report states that "the erosion of gains in equality built over decades in the last century began years before the most recent recession and have left many Ontarians more vulnerable" as a result.

No community knows this to be more true than Windsor, the automotive capital of Canada. The loss of manufacturing jobs has profoundly affected each resident in Windsor and Essex county. When one in seven jobs connected to the auto industry, the shuttered stores along Ouellette Avenue are a testament to far-reaching effects of the decline. We can't expect a declining loonie to reverse this trend.

We need a strategy with deliverables, deadlines and, most importantly, investment of taxpayer dollars if we

want to stem, if not reverse, the tide of growing inequality and the exodus of our youth from our province.

To conclude, I would like paraphrase Lester Pearson: We want to live together in confidence and in cohesion, with more faith and pride in ourselves, strong in the conviction that our destiny is to unite, not divide, sharing in co-operation and not in separation and conflict.

The income inequality that exists in Ontario is both a threat to our social cohesion and economic well-being. The good news is that it is fixable, and I commend that task to you. Thank you.

1040

The Chair (Ms. Soo Wong): Thank you very much. I'm going to turn to Ms. Fife to begin this round of questioning, Ms. Fife?

Ms. Catherine Fife: Thank you very much, Marion. You covered a lot of the missing pieces in the Poverty Reduction Strategy, which was supposed to reduce poverty in the province of Ontario by 25%.

Yesterday we heard from Hamilton legal aid, and they raised the issue, as you have, around social assistance rates. They proposed an idea of establishing an independent social assistance rating board—which was originally, a long time ago, proposed by Minister McMeekin, but it has fallen off the radar—in order to take the politics out of the social assistance rates. I want to get, quickly, your feedback on that idea.

Ms. Marion Overholt: Yes, I'm very much aware of that recommendation. It's one that we've always supported, because trying to determine the rates of social assistance—historically it was in the context of what labour market incomes were, and a percentage of whether it was an industrial wage or a retail wage.

When we had that cut back in 1995—we've never recovered from that. When you look at the amount of income in real dollars, we're always falling behind, and it's a highly charged political debate every time we get to the table. I think the idea coming from Hamilton about setting up an independent panel to look at this is a really sound proposition.

Ms. Catherine Fife: Affordable housing is the missing link, because it stabilizes everything. Yesterday it resonated very well with me, because their legal aid lawyer who did the presentation said that often when he gets to the Landlord and Tenant Board, he has no choice but to say to the tenants that they recommend eviction, because social assistance rates are so low and rent is so high. So that's good feedback.

Thank you for raising the clawback. Desmond Cole wrote an excellent piece in the Toronto Star, just the day before Christmas, and I think a lot of people are surprised to learn that when child support is paid to, for instance, a single mother who is living on social assistance, the government then goes and claws that money back, even though everybody knows that the social assistance rates are inadequate.

Ms. Marion Overholt: Right.

Ms. Catherine Fife: And our offices deal a lot with the Family Responsibility Office, which is a disaster. The

backlog on those claims keeps growing each and every year.

You mentioned BC. Do you want to reference exactly what they did as far as the exemption?

Ms. Marion Overholt: It's just a change in regulation. When you look at both the regulations for Ontario Works and Ontario disability, they define income. If you take out of that definition of income child support benefits—it's been an issue for many, many years, because when families separate, if one of the parents is going to end up on social assistance, then regularly the court looking at the issue says, "Well, we're not going to make an award, because this money is just going to go to social assistance. They won't receive the benefit of it."

Allowing that money to flow and to be considered income would make a huge difference for those families, and it's a way of seeing that connection. If there's adequate support for those families, then their health is going to be better. They'll have more educational opportunities. They'll be able to participate fully in the community. Then their life opportunities are going to be better. It's a very simple change in regulation, and I think it's a really important one.

If I could just comment on your concern about housing, a lot of times when our clinic goes to the Landlord and Tenant Board, it's a lack of affordable housing that's a difficulty. We may be able to end a tenancy, but the choice of other options is so limited that you're just saying to that tenant, "Well, you're likely going to get into another housing situation where you're going to be inadequately housed." It's a huge concern.

Housing is fundamental. The province needs to recognize that and play a role. We can't think that these municipalities are going to pick this up and be able to effectively deal with an area that's been neglected for decades.

Ms. Catherine Fife: Yes, and I think the municipalities, to be fair, have done as much as they possibly can, and they've hit the wall.

Ms. Marion Overholt: That's right. Absolutely.

Ms. Catherine Fife: We've heard that, actually, at AMO consistently over the years, and especially maintaining the housing stock, as well, because this was an investment that was already made.

There is the promise by Minister McMeekin that there is going to be a strategy. We've been hearing about it for quite some time, and now that there's a federal Liberal government, there are no more excuses, so let's hope that the promise is real and that we actually see a coordinated strategy.

But I think that housing is a provincial responsibility, and I think that if we are actually going to get to the poverty question, then housing is the key piece.

Are we done?

The Chair (Ms. Soo Wong): All right, time's up. Thank you, Ms. Fife. Thank you, Ms. Overholt. If you have any written submission, you have until February 2 at 5 p.m. to submit it to the Clerk.

Ms. Marion Overholt: Thank you so much.

The Chair (Ms. Soo Wong): Thank you for your presentation.

CHIPPEWAS OF KETTLE AND STONY POINT FIRST NATION

The Chair (Ms. Soo Wong): I believe the next group coming forward is the Chippewas of Kettle and Stony Point First Nation. Are they here?

While you're coming forward, the Clerk is coming around with your written submission. Welcome. As you probably heard, you will have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the government side. When you begin—Marshall George as well as Cathy Hampshire—can you please identify yourself as well as your position with your particular organization? Welcome.

Mr. Marshall George: Thank you very much. Good morning, everyone. My name is Marshall George. I'm from the Chippewas of Kettle and Stony Point First Nation. I am a member of the Chief and Council. One of my portfolios is education, hence I am also a member of the Hillside board of education.

We are here to do a presentation on behalf of the Kettle and Stony Point First Nation Chief and Council. Thank you.

Ms. Cathy Hampshire: Good morning. My name is Cathy Hampshire. I am the principal program manager for education services for the community of Kettle and Stony Point First Nation. For those of you that may not be aware, Kettle and Stony Point are two land bases about 30 minutes northeast of Sarnia, located on the shores of Lake Huron.

In my job, as I said, I'm the principal program manager for education services for the First Nation. Really, what that translates into is: Anything to do with education, from senior kindergarten to the end of grade 12, is my responsibility.

I am the principal of the elementary school. I coordinate our services, because we send our high school students to the Lambton Kent District School Board. I'm the superintendent of special education. I'm the superintendent of transportation. It's all on my shoulders.

We are a separately financed entity for education services for students that live on-reserve. Even though we have a tuition agreement with the Lambton Kent school board for our secondary students, our elementary students attend school within our community.

Currently, we have 128 students at Hillside School. We follow the Ontario curriculum. Our teachers are all OCT-certified. We try to infuse as much language and culture as possible for our students, all under the guise—but it is a challenge for us, many times, because we are funded totally by the federal government.

As you may be aware, the funding model from the federal government, to put it bluntly, is severely broken. The challenge for me is, as an educator, I need to provide all those services for our students at a greatly reduced

level than what is currently offered by the provincial services. That includes the area of special education. As a result of that, we're constantly scrambling. How can we do a better job at much reduced?

We have fabulous teachers at Hillside School. They're totally dedicated; they're OCT. They are paid between \$20,000 and \$30,000 less a year than if they went across the highway and worked at Lambton Kent—which is sometimes difficult, but that's the challenge that we have.

1050

It's not all doom and gloom. We were able to partner, several years ago, with the Paul Martin aboriginal initiative. We are one of the model schools. Included in your package is the executive summary from the Paul Martin project. What that clearly demonstrated to us and to our community is that our students are more than capable of learning and of matching provincial expectations—in some cases, exceeding provincial expectations—if they're given the resources and if our teachers are given the training. One of the highlights that I wanted to share with you is that our school and our children are more than capable.

We are now facing a good problem, I guess, in Kettle Point, because for so many years many of our students would drop out when they would transition to the high school—a local transition. Now we're faced with a 20% deficit in the funds that we receive from the government to pay tuition. We receive about \$600,000 right now from the government for tuition, and our bill is \$888,000. That's a challenge for me.

We wanted to talk about three things in particular where we wanted to bring to your attention, as a provincial funding source, how you could reduce some barriers that our students are currently facing.

The first one is that when the legislation was established for the EQAO, which is the Ontario assessment, the province did not want to insist that First Nations participate. So there is a \$55 per student fee that is assessed to our school if we wish to write the provincial EQAO. When we've talked about that in the past, we were told that it's entrenched in the legislation. That \$55 per student—we have to pay that. It works out to be, for our case, about \$1,500 a year. That doesn't seem like a lot of money, but that \$1,500 would purchase computers or some support. It is a barrier for us because that takes away from the very limited resources that we have. If we don't pay the \$55 fee, then our students may not participate in the EQAO assessment.

In actual fact, not all First Nations choose to participate in the EQAO, but we feel strongly that our students who transition to high school in the provincial system—we need to prepare them. So that is a barrier for us. If that money could be rebated back to the First Nations, that really could help us utilize special education resources in a much more proactive way.

The other barrier that really bothers us when we're paying our tuition bill—I've given you a copy of the calculation of fees that First Nations pay from the boards. This is mandated by the ministry. If you look on the second page, in section 1.14 you will see that there is

what they refer to as the First Nation, Métis and Inuit education supplemental allocation fee. That is money that the ministry gives to the provincial school boards to support and promote aboriginal history, languages and cultures within their schools and to help their teachers. Yet when they calculate the tuition that we have to pay, we actually have to pay a portion of our tuition because of that. In actual fact, we're already providing a lot of support to the school boards—in-kind contributions, yet our tuition bill reflects an additional fee because of that allocation that's meant to support aboriginal students.

For us, it just seems strange and bizarre that we're having to pay a fee for our students to attend a school, and part of that fee is being levied for supporting aboriginal students separately. It's not a lot of money, but it doesn't make sense and, in actual fact, if that was taken out of the tuition calculation—the provinces and the school boards get more than that back. For example, our community supports Lambton Kent. Our students and our staff go and do presentations regularly to the school board, so it just seems that we're being charged twice. Rather than the school board getting that, we'd like to have that money back in our community so it would support our own language and culture and support the elders in keeping the language going. So that's a second barrier that we would like you to consider in your summary.

The third area that we would like you to look into is a situation that happened at Kettle Point this past year. We had a young, medically fragile student who resides in our community, and in order for him to attend school he actually had to have a full-time nurse with him at the school. When we contacted the CCAC, the community care—and I put in a copy of the policy—it turned out, or this is the way it's being interpreted, that a full-time nurse is available to a student who attends a provincial school, a private school, or if they are home-schooled, but if they attend a community-run school on a First Nation, they are not entitled to that service, which is really strange, because this student is living in our community. The CCAC was giving him nursing care at home, and basically what they told us is that if we wanted to transport this student to Sarnia, which is about 35 minutes away, they would pay for the nurse, but they would not pay for the nurse in his school, which is five minutes away, because it's on-reserve.

There seems to be a lack of clarity as to the services that are provincial and federal. Health Canada does not provide nursing care on-reserve to students because it's classified as an education service. So when you go to the government and you go to the education department, they say, "Oh no, that's a health service, so you have to go to Health Canada." We were going around and around in circles, and finally our chief got involved. There's Jordan's Principle, and you may be aware of that. Fortunately for us, the local LHIN chose to acknowledge that it didn't make sense and is currently paying for the nurse.

We spent a year going around in circles, and we wonder how many other First Nations students out there are currently not able to access their educational system

because of the policy being interpreted by others. So what we would ask you—

The Chair (Ms. Soo Wong): Ms. Hampshire, I need to—

Ms. Cathy Hampshire: Stop me?

The Chair (Ms. Soo Wong): —stop here because I need to turn to the government side to ask you some questions about your presentation.

Ms. Cathy Hampshire: Sure.

The Chair (Ms. Soo Wong): Is Ms. Hoggarth going to do this? Ms. Albanese?

Mrs. Laura Albanese: Thank you. I don't know if you wanted to conclude your theme, if you wanted to finish off.

Ms. Cathy Hampshire: I'm pretty well finished. It's in the submission, but I wanted to bring that awareness because I know that there are probably other children out there who are facing similar problems.

Mrs. Laura Albanese: Thank you very much for your presentation and for bringing all these points to our attention, these barriers that we need to consider. I did have a couple of questions—I guess just clarification.

In regard to your second point, that calculation of fees that you have here, I don't want to misunderstand. This fee is paid by the government of Ontario to the board to promote First Nation, Métis and Inuit education to the other students, or is it paid for your students?

Ms. Cathy Hampshire: It's for all students in the board.

Mrs. Laura Albanese: So it's paid to the board?

Ms. Cathy Hampshire: Yes.

Mrs. Laura Albanese: It's to teach all students about the history of—

Ms. Cathy Hampshire: Yes.

Mrs. Laura Albanese: But you're saying it should be used by your students and benefit—

Ms. Cathy Hampshire: Not necessarily our students, but basically, when the boards get this money from the ministry, they come to the First Nations because they need some help in delivering the service, which we gladly provide because it's obviously what our community would like. However, we have no say as to how the money really is spent by the boards. They will do some consultation, but not quite a lot. It's really not effective. It just seems that we're being charged—it's part of our fee—for the delivery of this service. We have no difficulties with the other fees, but in the calculation, it just seems like a double standard that we're being charged for the service.

Mrs. Laura Albanese: I see. It's clearer in my mind.

Then the other question that I had is, who owns this school? Is it owned by the federal government? Is it owned by—

Mr. Marshall George: Actually, we own the school, the Chippewas of Kettle and Stony Point First Nation.

Mrs. Laura Albanese: You own the school. Okay. That was another clarification that I needed in my mind. But the rest is pretty much clear, and we understand your concerns; we'll bring them forward.

I don't know if you had any other questions.

1100

The Chair (Ms. Soo Wong): Ms. Hoggarth?

Ms. Ann Hoggarth: I just wanted to understand: Do you own the school?

Mr. Marshall George: Yes.

Ms. Ann Hoggarth: You own the school. Did you say that you pay money to the Ontario government?

Mr. Marshall George: The federal government provides monies to the provincial government to provide special education services etc.—I'm not quite sure what they're called; Cathy knows more about it than I do—but this is money that goes to the local board of education in our area, which is Lambton Kent District School Board.

Ms. Ann Hoggarth: And then it's supposed to be passed on—

Mr. Marshall George: Actually, no. What happens with that money is, they provide cultural initiatives, cultural training and other things which are associated with our children going into, we'll say, a non-native school.

One of the reasons is that, over the years, our graduation rate for students who are coming from the First Nation is not great. Statistics vary from region to region throughout Canada, but we estimate that 40% of our students graduate from secondary school, whereas 60% are not successful.

Unfortunately, this program was established in order to provide our students with knowledge of our own people in order that it may enhance their own personal character, which will go a long way for our students to feel comfortable.

Ms. Ann Hoggarth: My other question would be about—you said your teachers are Ontario College of Teachers-certified. Where does their salary come from? The federal government?

Ms. Cathy Hampshire: The federal government gives us an allocation—a formula—and then it's the responsibility of the First Nation to pay their salaries. So we're totally separate. We're not part of the provincial school system. We are totally separate. The allocation that the federal government has given to our First Nation—it's up to the First Nation to decide how they will spend it. The allocation is so far behind that we can't match provincial salaries, yet the federal government tells us that our school must follow provincial guidelines.

The Chair (Ms. Soo Wong): Okay, I'm going to stop here. Thank you very much for your presentation, Mr. George and Ms. Hampshire, and thank you for your written submission and for identifying these barriers so that we can follow up. Thank you.

CHATHAM-KENT HEALTH COALITION

SARNIA-LAMBTON HEALTH COALITION

The Chair (Ms. Soo Wong): The next group coming before us is the Chatham-Kent Health Coalition. I believe that it's Shirley Roebuck.

Welcome. Thank you for being here. As you've heard, you have 10 minutes for your presentation, followed by

five minutes of questioning. This round of questioning will be coming from the official opposition. You may begin at any time. When you begin, can you please identify yourself for the purpose of Hansard. Thank you.

Ms. Shirley Roebuck: Thank you and good morning to the members of the committee. My name is Shirley Roebuck. I am the co-chair of the Chatham-Kent Health Coalition and chair of the Sarnia-Lambton Health Coalition. I am a registered nurse. I have earned my living as a registered nurse since I was 19 years old, which is, yes, indeed, the last century. So that's over 35 years of earning a living, working in hospitals.

I have provided to you today a written presentation, which I'm not going to really follow much at all. But I want you to know that what I'm here to talk about is the problems and, in my opinion, the actual crisis that has arisen in hospitals in Ontario over a number of years due to downsizing, restructuring and the real-dollar loss of funds for hospital funding.

For the last four years, hospitals have received 0% increases. This has caused numerous problems, and I'm only going to just very briefly touch on them.

Because hospitals have to submit a balanced budget to our provincial government, tough decisions have to be made. Because of that, you'll see staff cuts, service cuts and services changed from full-time to part-time. One of the first and most important cuts that have been made, in my opinion, is the downsizing and elimination of hospital workers who are employed in housekeeping. One of the things that, obviously, we all think about when we think about hospitals is how clean they are. In fact, that is not true. We need a very skilled workforce in housekeeping departments in every hospital in order to keep them as germ-free as one possibly can.

Hospital rescues are down. A hospital rescue is a situation where an employee, usually a nurse, finds a patient deteriorating while admitted to hospital and is able to intervene on an early basis, therefore improving that patient's outcome. When you cut the number of registered nurses and qualified staff, these hospital rescues have decreased dramatically. This means poorer patient outcomes and, in fact, some deaths in the province.

There are obviously a lot of problems here that I could go on about, budget restraints and LHINs and all sorts of things, but what I'm going to ask you to do, at your leisure, is to perhaps briefly review my presentation. Today what I want to do is tell you about two patients.

The first patient is a fellow under 65 years old. He lives in Chatham, Ontario. He is employed. He does manual labour for a company in Chatham. He was eating dinner with friends—this is last year—when the friends noticed that suddenly he was not making any sense. His arm dropped; there was a facial droop. The friends thankfully realized that this fellow possibly was having a stroke or a CVA.

They took him personally to the emergency room. The emergency room took him right back into the emergency room. The friends, because they weren't family, sat in the waiting room for a while. They were advised that there were a good many tests that had to be done on this

fellow, which I would presume would be following Ontario's stroke protocol. That protocol says that when someone presents at the hospital within four hours of exhibiting symptoms of a stroke, then the patient shall receive a CAT scan to confirm the diagnosis and then he or she would be eligible for emergency treatment—I think the public would call it a clot-busting drug—which will greatly improve that patient's chance of survival and greatly reduce his deficits post-stroke.

This fellow was left in a room. This was 6 p.m. in the evening. The emergency room quickly became almost overrun with clients. He was forgotten. He was able to come out of his room at 2 o'clock in the morning and ask when he was going to be seen. The staff told him, "Well, I'm sorry, you'll have to come back in the morning."

Now up until here, I fully recognize that this is an individual story wherein staff are to blame. But what else is to blame is the number of patients that presented in an emergency room which has been decreased in staff, and a change in staff mix has been initiated. This is the sort of terrible thing that happened.

1110

This gentleman did go home. He came back in the morning, as the nurses told him to do. He received a CAT scan at that point and was diagnosed with a right-sided CVA. Today, he is left with cognitive deficits; his thought process is not the same as it once was, and therefore he cannot do his full job. He also has residual weaknesses on one side of his body.

This shouldn't happen to anyone living in Ontario or in Canada. We have to staff these departments appropriately and we have to make sure that the correct patients go to emergency rooms. Certainly, this man was a legitimate emergency room case.

He's grateful, by the way. He is very grateful that he got such great care. I'm not.

The second patient that I want to talk to you about has been ill for some two years. She was just under 60 years of age. She thought she was in relatively good health, but over a week or so she wasn't feeling right. I can identify with that; I'm sure a lot of people can identify with that. She went to her family doctor—she wouldn't think of going to the emergency room—she just felt unwell. The family doctor told her to get to emergency because she needed lab work done. She went to the emergency room and she told the nurses.

The nurses drew the blood and sent it to the lab. They came back and they drew a second sample, saying, "That one was off; it can't be right." They did the second sample, and again her lab results were horrifically abnormal. A third sample was drawn before she actually was taken inside the emergency room. At that point, I want to tell you that her serum potassium was 8 millimoles per litre. I know that eyes are crossing when I say that; but to any health care worker in the room, I can assure you that steam is coming out of their ears. That's a horrifically high value which can lead to cardiac arrhythmias and death.

Treatment was administered. This is actually a fairly easy thing to treat. She was admitted, treated and then

very quickly discharged. She went back to the emergency room some weeks later, again feeling unwell. This time they were reluctant to admit this lady, and it took the intervention of her family doctor before she was actually admitted to a hospital room in the intensive care unit, again because her potassium level was dangerously high. Again she was treated and discharged. To just simplify things: She was admitted and discharged two more times for the same problem without any diagnosis being obtained.

She was sent home too quickly. You just don't develop a blood anomaly like that for no reason. There's a reason behind this. In the middle of this, she was also being treated for a leg ulcer. She had very few home care hours, which became erratic, with home care workers—and to make a long, pitiful story short, she actually ended up losing her leg.

The Chair (Ms. Soo Wong): Ms. Roebuck, I'm going to just stop you there because your time is up for your presentation. I know you have a written submission for us, so we can follow.

I'm going to go to Mr. Barrett to start this round of questioning.

Mr. Toby Barrett: Thank you, Chair. My colleague would have some comments as well.

Going through your brief—we've heard this in other presentations to the finance committee with respect to the freeze on funding. The term that I hear about is "activity-based funding" for hospitals. There has been zero increase in funding over four years. Over the last 10 years, from what I see, it's a decrease in funding in real terms. Over the last 10 years, from what I see, it's a decrease in funding in real terms. Over the last 10 years, federal health transfers increased 6%, but we know that things get eaten away: compensation, although we also hear that salaries are not going up; the cost of electricity: Everybody knows that is going up; the cost for heating and energy; and the cost of drugs and medical supplies.

Just looking at this overview—and you addressed some of this in your brief. As someone who has worked in the hospital system for a number of years, just what is activity-based funding and how is that working out? How is that impacting?

Ms. Shirley Roebuck: I think that has caused hospitals to run toward certain pots of money while not being able to ask for increases in a simple, global budget. Health care will never be a black-and-white issue. It's always going to be grey and muddled and mixed up. One reason for that is that we are all different people. You can't just fix the potassium and expect that patient to go home and be better.

Activity-based funding, in my opinion, has to be looked at again. I think, certainly, the federal government and, I hope, the provincial government will consider giving hospitals a better funding model and more money. Everybody wants that today from you guys, I know, but me too.

The Chair (Ms. Soo Wong): Mr. Fedeli?

Mr. Victor Fedeli: Thank you very much, Ms. Roebuck.

I go back to what the Auditor General said.

Not everybody here is asking for money, by the way. They're asking for it to be spent better, in some instances.

Ms. Shirley Roebuck: Oh. I stand corrected.

Mr. Victor Fedeli: But most are here to ask for more money.

I look at what the Auditor General told us, not only this December in her report, but a year ago December in her report, when she said that if we don't balance the budget and control debt and deficit, we're going to—she called it crowding out—start crowding out the services that Ontarians have come to rely on. I think that's exactly what's happening here. I read the paper here in Windsor, where the Windsor Regional Hospital has just seen a cut of 169 RNs. That's devastating to a community; I can appreciate that.

I'm from the riding of Nipissing. I live in North Bay, and you would have heard the stories in North Bay. Many of your co-workers came to North Bay to rally. It's a concern everywhere. We lost 350 front-line health care workers, including 158 just recently and 100 RNs.

We've heard two stories from you. We read in the Ottawa papers that this release of patients too early is causing great harm. Can you just summarize it for us, then, and wrap up, based on the comments that you have made and, quite frankly, the comments that I have made?

Ms. Shirley Roebuck: Yes, thank you. Let's just think about this woman's case for a moment. She actually had four unplanned emergency admissions to hospital. I'm not an economist, but I can tell you that each readmission costs a lot of money. If that woman would have been kept in hospital perhaps two or three days and been given the tools she needed to proceed to be an outpatient, such as proper home care and proper referrals on to specialists, perhaps this lady would not have had to use extra health care dollars.

I really have to go on and say also, yes, there are a lot of patients who perhaps shouldn't be in emergencies, but I believe the province is agitating for integration, and the integration that is happening is not true integration. You have to have integration between family doctors, primary care, hospitals, outpatient care and on to where you need to be, whether that be long-term care or home or a residence—

The Chair (Ms. Soo Wong): Ms. Roebuck, I'm so sorry. We have to stop here; your time is up. Thank you for your presentation and your written submission.

1120

REGISTERED NURSES'
ASSOCIATION OF ONTARIO,
WINDSOR-ESSEX CHAPTER

The Chair (Ms. Soo Wong): The next group before the committee is the Registered Nurses' Association of Ontario, Windsor-Essex chapter. Good morning. Welcome. Deborah Kane, I believe, is coming before us. I think the Clerk has the written submission.

Ms. Kane, as you probably heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the third party. You may begin any time. Please identify yourself for the purposes of Hansard.

Ms. Deborah Kane: Thank you. Good morning. I am Deborah Kane and I'm here representing the board of directors of the Registered Nurses' Association of Ontario. We are the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. The region that I represent includes Windsor-Essex, Chatham-Kent and the Lambton area.

I thank you for the opportunity to offer RNAO's recommendations on two important issues facing RNs. The first is to mandate that employers stop replacing RNs with less-qualified providers, and the second is to expand the scope of practice of RNs by moving forward with independent RN prescribing.

Now I'd like to provide some background.

As the government considers its finances, a lot of attention is drawn to our health system. Expenditures are rising, as are the demands of changing demographics. Ontarians continue to face challenges accessing care. For example, while 94% of Ontarians have a primary care provider, their ability to see their primary care provider when sick ranges from 28% to 57%, depending on the local health integration network.

Given the pressures that exist, some may call for increased privatization to respond to gaps. Nurses boldly reject privatization and any gimmicks that challenge our cherished universally accessible, publicly funded and not-for-profit health system. Instead, we must focus on fully utilizing our existing resources, and here we have two main asks for the government and its opposition parties during this budget discussion.

First, send an urgent and clear message to employers to stop replacing registered nurses with less-qualified health providers. I think you heard some good examples by the speaker just before me of what happens when that occurs. Some hospitals, including one in our own backyard, are feeling pinched by a new funding formula. In response, they are jeopardizing patient care by replacing RNs with less-qualified providers, thinking they will save money.

Some may say that a nurse is a nurse and the public won't know the difference. RNAO says: Make no mistake. Replacing RNs with less-qualified health providers compromises patient safety, health outcomes and hospital budgets. Is that what you want for your family and loved ones or yourself? The evidence on RN replacement is conclusive: worse health outcomes and higher expenses. We know that with more RNs delivering care, patients heal quicker and are safely discharged, and the less likely they are to develop complications and the less likely they are to die.

Minister Hoskins has set forth a vision for Ontario's health system whereby hospital care is a last resort and reserved for those who are acutely ill, often with grave instability and complexity. They need an RN. We urge all

of you to send a clear message that employers stop replacing RNs. Not doing so is at Ontarians' peril.

RNAO's second ask is to move speedily with scope-of-practice expansion for RNs. In 2012, we led a provincial task force with representation from all the key primary care stakeholders in Ontario, including the medical and primary care associations. Specifically, we asked whether primary care RNs were being fully utilized in the system. The response we received was abysmal. Over 4,000 primary care RNs in this province are under-utilized. Did you know that an RN needs an order from a physician or nurse practitioner to administer Tylenol? This is something that you or I could do freely. RNs can't.

Other jurisdictions already have RN prescribing. The United Kingdom, for example has had RN prescribing of medications for over 17 years. The task force was unanimous in its recommendations to expand the scope of practice of the RN in Ontario to include the ability to prescribe medications, order diagnostic testing and communicate a diagnosis.

RNAO is not alone in calling for an expanded utilization of RNs. Other reports, including the Drummond commission and even the editorial board of the Toronto Star, have come out in favour of an expanded utilization of RNs. And so has Ontario's Premier, who first committed to expanding the RN scope of practice to include prescribing at RNAO's 88th annual general meeting in 2013. This was reaffirmed by Minister Hoskins at RNAO's Queen's Park day in February 2014. The matter is now with the Health Professions Regulatory Advisory Council for advice on how an expanded scope for RNs should be implemented. This review is expected to report back by the end of March.

RNAO calls on the government to follow through on its promise by implementing an enabling framework that will authorize RNs to prescribe medications, based on their individual level of competency and not through a predetermined list, protocol or collaborative practice agreement. HPRAC is defining this as "independent RN prescribing."

An enabling framework promotes interprofessional collaboration and remedies challenges that nurse practitioners previously faced in this province with prescribing lists. Supplemental or protocol-based prescribing models, where RNs prescribe through agreements with physicians or nurse practitioners, are a barrier to timely access and actually result in duplication of resources, a blurring of professional accountability and higher costs.

Ontario moved to a baccalaureate entry-to-practice education requirement for RNs in 2005, yet the scope of practice and responsibilities of RNs have never changed, despite increasing the length of study. RNAO recommends that a university-level continuing education program be developed for current RNs who want to expand their role. This is consistent with the approach used in the UK. A second step involves integrating the expanded scope into the baccalaureate curriculum by 2020. This later step will serve to fully unlock timely access for Ontarians.

There are over 96,000 RNs practising in Ontario. Imagine the impact that their expanded scope of practice

will have on improving timely access to care and freeing up needed health system resources. This initiative will present the system with minimal costs that are offset by the massive savings that will be produced and can be re-invested in other areas of the health care system. The evidence from the United Kingdom shows us that RNs can prescribe medications safely and effectively.

In conclusion, we urge the government to demonstrate strong leadership by stopping the replacement of RNs and instead fully using them by expanding their scope of practice to include independent prescribing authority, along with the ability to order diagnostic testing and communicate a diagnosis. This will ensure that all Ontarians get the timely care they need and deserve.

It's been a pleasure to be with you today, and I look forward to answering your questions.

1130

The Chair (Ms. Soo Wong): Thank you very much, Ms. Kane. I'm going to turn to Ms. Fife to start this round of questioning.

Ms. Catherine Fife: Thank you very much, Ms. Kane, for the presentation. I think it's good of RNAO to consistently remind us of where the scope of practice is. It's interesting to see the timeline and the promises that have been made.

A lot of people come to us, and some organizations are asking for money, but some are coming forward with really creative options which actually would reduce the front-line cost and save money down the line. So I'm very curious to see what the recommendations will be in March around prescribing.

I do want to get at the issue, because all of our communities—my community is Kitchener–Waterloo. Our Grand River Hospital, just last Tuesday—it was looking at a \$10-million deficit, and now it's an \$8-million deficit. That's 68 front-line positions, including 38 RNs.

When you talk about replacing RNs with other service providers, can you delve down into that a little bit? Are you seeing this consistently across the province?

Ms. Deborah Kane: Actually, we are. Those from Windsor and Essex county know—

Ms. Catherine Fife: Your mike wasn't on. Thanks. Now it is.

Ms. Deborah Kane: Last week, it was through the news, the replacement of a significant number of RNs by RPNs. It isn't just in Windsor and Essex county.

I was interviewed to talk about what that impact means. I was very clear, very aware, to recognize that RPNs play a very important role in our health care system. So it's not that we don't value RPNs. They play an important role. But as I identified in the presentation, the hospital is where the sickest, most acutely ill individuals are. Our College of Nurses identifies that competencies for practice are based on the stable patient an RPN is qualified and competent to care for. The unstable patient requires an RN. The minute you're not unstable, as the speaker before me pointed out, you get discharged. So we really need that RN skill at the bedside in our hospitals to provide that care.

So when I was worried—because I did not want to suggest that RPNs aren't important. I was reading a letter to the editor, and I thought, "Oh, no. Someone twisted what I said." It wasn't in Windsor. It was in Hamilton, and there were several others that were brought to my attention.

That's a long way to answer your question. This is not unique to our area.

Ms. Catherine Fife: Well, it's not surprising, though. With the four-year freeze on hospital budgets, there's this tension now between health care professionals. We heard it yesterday from practical nurses versus doctors versus RPNs. This is the crisis that is being created in health care by underfunding hospitals across the province of Ontario. Thank you for bringing these solutions to us.

I think that my colleague Taras Natyshak has a question for you.

Mr. Taras Natyshak: Just to follow up on the frustration—and thank you, Deborah, for being here. Thanks for your advocacy and thanks for the work that you do on behalf of the RNAO and, again, to express that frustration at the levels of funding within all of our regional hospital systems and our health care system at large, given examples of fiscal mismanagement at the provincial level. Just yesterday we heard that the government had the audacity to set up a hairdressing salon for the Pan Am Games at a cost of \$110,000—

Ms. Catherine Fife: It was \$140,000.

Mr. Taras Natyshak: Yes, \$140,000—excuse me—for a two-month hairdressing salon for athletes within the Pan Am Games. That's money that should be going to the front-line care workers in our communities. It should be delivered to folks that require the services and the support that we all know exists.

It is, again, discouraging and almost despicable that you've been forced into this position to have to validate your existence, to validate the work that you do as front-line care providers and to challenge your colleagues who are trying to do the same thing, who want to do the same thing, who are an integral part of the system.

It's really an indication of a failure of leadership at the provincial level, and the requirement for us to do better and to have an actual strategy around delivering care province-wide, supporting hospitals that don't follow a funding formula that might work for large urban centres at the cost of delivering care in smaller areas of our province.

Thank you very much for being here. Thanks for your deputation.

Ms. Deborah Kane: Thank you.

The Chair (Ms. Soo Wong): Thank you very much, Ms. Kane, for both your presentation and your written submission.

OPSEU

The Chair (Ms. Soo Wong): The next group before us is OPSEU: Monte Vieselmeier. Welcome, sir. Good morning.

As you've probably heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the government side. When you begin, can you please identify yourself for the purposes of Hansard.

I believe the Clerk is coming around with your written submission, so thank you.

Mr. Monte Vieselmeyer: Good morning. My name is Monte Vieselmeyer, and I've worked as a correctional officer in the province of Ontario for the past 25 years. I'm handing you a document that has my prepared speech in there. Also inside is a national document that overlooks correctional issues across the country. For provincial issues. I also had a hand in preparing that, and there's a provincial document that we prepared approximately two years ago.

At present I am the elected OPSEU chair of the corrections division for the ministry employee relations committee. I have been a member of this provincial committee for over five years. I represent over 5,000 correctional and probation and parole officers across the province. I also represent nurses, maintenance workers, kitchen staff and other designations that work within our institutions and community offices.

I thank you for the opportunity to speak in front of you today. I would like to present to the committee the areas within the corrections ministry that could use focused input of financial resources. Prior to touching on these specifics, I would like to give a brief history and insight into why I am making these financial requests to the committee. Over the past year, we have been speaking out in regard to the crisis in corrections that is occurring in the province of Ontario. This crisis has been in the making for many years, and little has been done to stop its advancement.

Over the past several years, the media has been actively reporting on riots, violence within the jails, overdose deaths of offenders, failure of building and security systems within our newest facilities, high-risk offenders in the community not receiving the level of supervision needed and most recently a hostage-taking of a correctional officer in the Thunder Bay Jail who was threatened with death.

This crisis has seen severe understaffing in our provincial jails, detention and correctional centres. This has led to increased lockdowns within our facilities. For the year 2014, the ministry recorded over 900 staffing-related lockdowns across the province. The more lockdowns that offenders within our custody incur, the greater likelihood of rising tensions. We have seen a significant corresponding rise in inmate-on-staff assaults—855 in the year 2013—that have been directed at our front-line members.

Our probation and parole officers carry the highest caseloads in Canada, making the supervision of 56,000 offenders in the community a very difficult task. All these preceding points are exacerbated by the mental health and addiction issues of the offenders, the overcrowding within the jails and the lack of programming, to

name just a few. The crisis is very real and is compromising the safety of staff, offenders and all Ontarians we serve. I believe there is a commitment from this government to address this crisis, and the union is committed to working with the government to solve the issues that plague our correctional system.

The first step is to secure the needed budgetary resources to deal with the issues head on. The president of OPSEU, Smokey Thomas, has gone on record stating that \$100 million needs to be invested into Ontario corrections to address the ongoing crisis. This infusion of funds is a much-needed start to address the shortfalls and visible failings we see in our line of work on a daily basis. This will enable the hard-working front-line workers and management the ability to perform their jobs without having to run each day, shift or hour in crisis-management mode. The focus can then change from a crisis to the transformation the minister and ministry are looking to implement.

The critical areas that I'm bringing forward for your concern—because I don't want this to go over 10 minutes, I'm going to highlight some of the points.

Staffing within our institutions: At present, we're approximately 800 correctional officers short across the province. That's 300 full-time officers and 500 fixed-term officers. That would be before we take into account any attrition—that would be officers who retire or go on to other jobs and so on.

1140

Training and development of the new correctional officers: As the minister has stated, they want to hire thousands of officers over the coming years. We need an infusion of new training officers to fulfill those training needs. Right now, we have a correctional college in Hamilton. We need resources to hold future classes in northern and eastern Ontario, and also the continued use of the police college in Aylmer when it's available.

I also feel that state-of-the-art facilities for our new recruits will help them learn in an environment that is indicative of a correctional institution setting. Also, I think a reinstatement of paid training for new hires would assist with a diverse and broad spectrum of the Ontario population that we need to incorporate within our workforce.

For our officers who are already in the field, because of short staffing, training has fallen by the wayside and we need to get their training up to appropriate levels to cover the issues that we deal with. We have to have updated training so that we can continue to use the personal protective equipment, which includes restrictive weapons. Training for first aid, fire emergencies, use of force, self-defence and mental health of offenders are all needed immediately so officers can perform at the highest and most professional level possible.

The next area, health and safety: My colleague Tammy Carson presented to the committee yesterday in Hamilton, so I'm just going to touch on some of those areas quickly.

Our members work under extreme and difficult circumstances every day in correctional facilities. It does

not matter if it is the first minute or the last minute of your shift; correctional officers must remain in hyper-vigilance mode at all times. We must make sure we provide our officers with the best equipment and training possible to keep them safe. Furthermore, when our officers suffer from occupational stress injuries or post-traumatic-stress-related symptoms due to the nature of our work, we are there to provide them with immediate resources to help them heal.

Some of the areas I believe Tammy pointed out that we need investment in are full-body scanners for all institutions across the province, more protective vests for our officers so that we're fully outfitted, and additional radios. Also, we need walk-through metal detectors and an improved emergency response network for our probation and parole officers.

Number four is our public safety and infrastructure. The province of Ontario has 26 correctional facilities within its jurisdiction. This is down from over 50 institutions just over 20 years ago. Ontario still has jails that predate Confederation, to jails built in the early 1900s to the 1960s and 1970s, to the most modern facilities built within the last couple of years. Ontario has progressively gone to what is considered a superjail format, which holds in excess of 1,000 inmates. These superjails hold over half of the province's inmate population. The expectation is that it's cheaper to house these inmates, but the province has now taken on a warehousing aspect to deal with the greater number of offenders.

Recidivism rates have shown that public safety is not properly served by the warehousing of the offender population. As the older jails within our correctional infrastructure continue to show the effects of their years of service, it begs the question: Do we inject maintenance funds or replace with newer up-to-date facilities to serve the needs of Ontario's correctional system? Studies have shown and been supported by groups such as the John Howard and Elizabeth Fry societies: Build new regional facilities that do not exceed 300 beds in capacity. This size of facility provides for the offenders to remain within the realm of their community and provides access to family, court and community services and the greater likelihood of successful reintegration into their communities.

Ontario's newest and largest detention centre is experiencing many significant issues. It was constructed within the framework of the P3 model, which is public-private partnerships. This model seems to have focused more on the profit available to the partnership than the security needed for Ontario's citizens.

Going forward, many difficult decisions must be made in the coming years to house and rehabilitate offenders. Financial resources will need to be applied to effect these decisions.

Inmate supervision and rehabilitation: Inmate supervision and rehabilitation remain as the core duties and mission statements of institution and community corrections. Within the context of today's crisis in corrections, with severe staffing shortages, overcrowding, and proba-

tion and parole caseloads as the highest in Canada, inmate supervision and rehabilitation have suffered and we have failed to live up to those mission statements. With future investment and resources we hopefully can turn the corner and provide the appropriate supervision and programming needed to assist the offender population.

Greater mental health resources are needed more than ever as the province's jails have become the location—

The Chair (Ms. Soo Wong): Mr. Viselmeyer, can you wrap up your presentation so that I can go to the government side for questioning?

Mr. Monte Viselmeyer: Sure.

The Chair (Ms. Soo Wong): Thank you.

Mr. Monte Viselmeyer: Part of inmate supervision is also direct supervision that we've applied. We think this is an important aspect of turning that corner to get that appropriate supervision. Also, some of my colleagues will be presenting on probation and parole. They have the highest caseloads in Canada. We spend the least amount of money at \$5.81, as per the Auditor General. Our caseloads for probation and parole officers are 65 offenders. The suggestion is that—

The Chair (Ms. Soo Wong): Okay, I'm going to stop you here, because I told you to wrap up. I'm going to turn to Mr. Milczyn to begin this round of questioning.

Mr. Peter Z. Milczyn: Thank you very much, Mr. Viselmeyer, for your presentation this morning. Your colleagues gave a very good presentation in Hamilton yesterday.

I wanted to start off by thanking you and your colleagues for a very difficult job that you do very well, with a very high degree of professionalism in circumstances that I assume most civilians couldn't even contemplate. So I thank you.

I know that we've had a difficult round of negotiations which isn't entirely concluded yet, but I believe there's a good framework to move ahead. I really can't say more about that here, because that's best—

Mr. Monte Viselmeyer: I would agree with you, yes.

Mr. Peter Z. Milczyn: —dealt with there. But I know from both yesterday and today that all of us really appreciate the excellent suggestions that have been brought forward, and we look forward to working with you to move forward and make improvements.

The Chair (Ms. Soo Wong): Thank you very much for your presentation, sir, as well as your written submission. I think that this is really helpful for us when we have the written submission. Thank you, and have a great day.

Mr. Monte Viselmeyer: Great. Thank you.

MUNICIPALITY OF BROOKE-ALVINSTON

The Chair (Ms. Soo Wong): The next group coming before us is the municipality of Brock-Alvinston: Mayor McGugan. Welcome, Mr. Mayor. Thank you for being here. The Clerk is coming around with your written submission. Mr. Mayor, you can begin any time. When you

begin, can you please identify yourself for the purposes of Hansard. You have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be from the official opposition party.

Mr. Don McGugan: Thank you ever so much, Madam Chair and members of the committee. I am Don McGugan. I am the mayor of the municipality. It's Brooke, not Brock, but I've been called worse at this game. So I do say thank you. Our county treasurer, John Innes, who has helped me with this presentation, is unable to be present today. Our own Brooke-Alvinston treasurer left last week for a job that gave him an awful lot more money, so he is gone. I do have my wife, Anne, and we've been married for 48 years. She's the lady who does all the typing—I just do the talking—so maybe she should be the one. I have been here before. I say thanks for giving me the opportunity to come back. I'm not here to complain or bitch or carry on.

I heard someone say that everybody wants money. Yes, that's important. I just hope that maybe we can dole out the money that's there a little bit better.

I do have another presentation, and the staff does have it. I only had 12 copies of it. We will email a copy of it to you. It's about a natural gas presentation that I made to Ontario Good Roads last year. It talked about turning up the heat. So you will get that next week, and I will touch on that just briefly.

I will not be following my prepared comments 100%. This was made up last week. On the weekend, we came across some interesting articles in our local papers. Some of them have been mentioned here this morning. One that was not mentioned here this morning is in Nova Scotia—the seniors' crisis that's there. I do wonder how far behind we are in Ontario from that crisis, as you can tell by my looks and by being married 48 years. I also worked for Dow Chemical for 34 years, when they had 1,650 employees there. Today there are no Dow Chemical employees in Ontario. So that tells me a little bit about our infrastructure and our industrial opportunities that we have let slip away. We need to bring them back.

1150

There is an extra copy at the very back. It's not part of the presentation but I thought it was important that you at least take a look at the Nova Scotia challenge.

Also, I heard some other presentations this morning, and they talked about the cuts here at Windsor Regional Hospital. I had 120 registered nurses cut. I believe Mr. Fedeli had 166. But anyway, it is certainly a crisis. Bluewater Health, from where I come from in Lambton county, cut a number of registered nurses last fall.

There's also another article there. Anne and I sit on the Lambton Rural Child Care board. We look after some of the best hubs in Lambton county. That is being changed drastically. I talked to the gentleman in Lambton county this morning who looks after that. I believe that the Ministry of Children and Youth Services is giving that up and turning it over to the department of Education. We have \$135,000 for transition for one year.

I asked him what that means. He said, "I'm not sure." He was going to a meeting, I believe, in London today.

What I really came to talk about is Brooke-Alvinston. There's a whole history in there. My ancestor came to Brooke-Alvinston in 1850. If we look at it in a big picture, we're all new Canadians; it just depends when we got here. I say thanks to the government and their interest in caring for the refugees who are coming from the Middle East. I think that's really great, that we can reach out, because I think of my great-great-grandfather who came here with just bush and no farmland and a family.

Brooke-Alvinston: There's a history there. It tells you who we are, how important we are, how important agriculture is. I have a couple of real concerns. One is the OMPF funding. I do say thanks for all of the funding that we've got. It doesn't matter whether we go back to the 1990s. Every party has been in power. We have received funding from all parties. I do say thanks for that. Hopefully, we used it in a beneficial way.

Interestingly enough, OMPF funding in Brooke-Alvinston—we're very rural; basically no industry; very little commercial; two little hamlets, one of 800 people and the other one of 180. The 800-person village of Alvinston, as of today or tomorrow, will have the highest fibre-optic speed that's available. I have talked to our economic people in Sarnia about trying to get some entrepreneurs to come there and use this opportunity that we've got there because it is a relatively cheap place to live.

Our real grant is only \$239,000. The transitional grant which the government—and I heard the Premier talk at the OFA convention in 2014, and she said that she wants 120,000 jobs created by agriculture. Well, we can do that. We do have to have the infrastructure to do that.

I know that the government would like to get rid of the transitional funding. In my case, it comes to \$893,000. That was cut, back in November, by \$137,000. Four years ago, I was at just about \$1.9 million, not quite; now I'm down to \$1.137 million. That's about \$500,000 that I've lost in the last three years—I said "four"—but for the last three years, I've lost half a million dollars. That is about 10% of our budget.

I'm not sure how the OMPF funding is allotted. I talk to people: I go to trade shows, I go to Good Roads, and I talk to the finance department. I find them very interesting, very knowledgeable. I ask them, "How is it really done?" I've never really gotten an answer that a poor farmer like me in east Lambton could really understand, but I understand that it's something to do with households.

In my municipality, agriculture is about \$60 million. In my municipality, there are fewer homes, but we still have to have the same roads, same bridges, same culverts to look after the product that we produce. So, if you take it on households, you're cutting me back. But if you take it on the amount of gross product we're producing, we're producing more.

I would just love if each and every one of you would take the opportunity to come to Lambton county this

summer. We'll just show you a great opportunity. Wonderful. My wife handed the Chair a beautiful bottle of wine from the largest meadery in eastern Canada, Munro's. They were a winner of a Premier's award a few years ago for innovation. We'd love to have you come down and to just show you.

I realize that you've got a money problem. I realize that the debt is there. I just hope that we can work together. We've got a new government in Ottawa and they're talking about great things. I can't wait to get that first cheque for infrastructure. I know it's coming; it's just that the mail is slow. They told me last night at a farm meeting that I was at that oil in Oklahoma from the tar sands is about \$10 a barrel, so I'm not sure where we're going as a country, but we do have lots of challenges. I think if all three levels could work together we can make it better because we do have a great province and a great country. Where else would you want to live?

My next concern is OPP costing. Now, I do say thanks; we are saving about \$72,000 in 2016 over 2015, but we're still about \$500 per home—it looks like a lot of money; it's about \$1,200 or \$1,300 a day for a small municipality. The other day, there were several cop cars in town. They had long guns; I didn't want to get too close to them. I wasn't sure what they were looking for, but I think it was some of that good stuff that the new Prime Minister is going to let us grow legally.

Anyway, I do want to move on to our schools. When I became mayor—and this may be a reflection on me as mayor, there were 415 kids at our local school. We have a public school, French immersion, we have Best Start and we have Early Years. Today there are 265 kids in that school. That's not a reflection on the school; it's just a reflection on rural Ontario and how it has changed drastically. Farms are getting bigger; we have big equipment. We're very productive in Lambton county. We are of relatively young age of farmers, somewhere in the mid-fifties, where the province is just a touch over 60. So we do have to be concerned about what's going to happen with these rural schools in the rural communities.

That leads me on to some other concerns that I heard this morning here about seniors. I sit on Lambton county council. There are 11 municipalities, and we have three nursing homes. I talked to the manager this week of the nursing homes. We have one with 125 beds. The hydro cost in 2015 was \$295,000 and it's projected to be \$340,000 in this home with 125 residents. They do not cook and they do not heat with that. We have solar panels that heat the water up to a certain temperature, then gas takes it from there on up. So, I do wonder—as you can tell, I may be in one of those beds in the near future—what the strategy is for the provincial government, and that includes the opposition parties because they have lots of good ideas too. You need to come to the local municipalities and see how we can work together.

That takes me into social housing. If you think I'm here to complain, I'm not; I'm just telling you the issues that we in Lambton county have. We have about 800 units—apartments and some houses that we own; many

low-rent apartments that you can get for nearly \$180 a month, depending on your income. We in Lambton county need to spend \$40 million in the next 10 years on these homes and residences. Our finance department has come up with a strategy that tells us that we can do this, but we're going to be robbing—I don't really mean the word “robbing”—but taking money from other services to be able to do this. I know that was handed down from the federal government, from the provincial government and eventually, in some transaction in the last 20 years, it ended up at the local municipality. I have got to say thanks that the government has uploaded some services and some money from the county; we do appreciate that.

I did have a chance to talk to the Premier just for a couple of minutes a year ago, and we had a little chat about this. She said, “Well, you know, the money that we uploaded, it should trickle down to you,” at my level. I guess I shouldn't have said it to her, but I said, “You're right. But somehow that trickle doesn't seem to get down to me. By the time it gets to me, it's less than a drip.”

So I'm not sure how we handle these challenges, but we are getting older. We heard about the health care system; we heard about the RPNs; we've heard about the RNs. The lady from Chatham, Ms. Roebuck: I was really interested in her story. I am very fortunate to sit on the Central Lambton Family Health Team—

The Chair (Ms. Soo Wong): Mr. Mayor, I need to stop you here because your time is up. Before I turn the microphone to Mr. Fedeli, I want to acknowledge your wife. Thank you very much, Ms. McGugan, for being here as well.

All right, Mr. Fedeli, it's your turn to deliver the questions.

Mr. Victor Fedeli: Thank you very much, Chair. Don and Anne, thanks for being here again this year. I'll give you a chance to catch your breath now for a moment. I can see why you're elected annually; it was a very pleasurable presentation.

You talk about the Ontario Municipal Partnership Fund. Like you, I served as a mayor of the city of North Bay for two terms. I sat in either the OGRA/ROMA or one of the AMO meetings, and I sat with the then finance minister a long time ago, in 2003 and 2004.

1200

Nobody ever did explain how that OMPF was going to work when it changed from the CRA to the OMPF. But I do know that it does have to do with household values, as you spoke about. It has to do, basically, with when you have an average house price in Ontario and it's your community's house prices. Whether they are above average or below average, it's how you come up with the number.

We've been lobbying for a long time—I'm hoping that this is a solution that you'll look to lobby along with us—for some other kind of a blended system. You can't base it on just one criteria. If you're not having any houses built in your community, and the house prices start to rise because of demand, you don't get any OMPF money. We're lobbying for some kind of a blended system where

you take other things into account, and I think you were alluding to that.

Mr. Don McGugan: Yes, that would be great. I think we need to work together and maybe blend. I'd just love to have a crisis where my houses' costs were going up \$10,000 a day. I don't have that. I get about two new houses a year.

Just one other comment, Madam Chair: I didn't get to mention about high-speed Internet other than what Brooke-Alvinston has itself. We're trying to work on that. We need it in the rural areas.

I don't want to interrupt, sir.

Mr. Victor Fedeli: No, no. Look, I enjoy listening to you. I don't know how you do it. I've just got to pass that on.

Where I live, in the little town of Corbeil, East Ferris, my mayor is Bill Vrebosch.

Mr. Don McGugan: I know him.

Mr. Victor Fedeli: You would know him well, of course, through ROMA. We're a town of 4,800 people, the town that I live in. He has the same issue that was brought up yesterday. It's a small community that has absolutely spectacular financing. In my town of Corbeil, we have no debt. We've been debt-free—Billy has been mayor for 30 years; he has been a great mayor in Corbeil. We have no debt. So when he applied for infrastructure funding, he got the same letter back that we were presented with yesterday from another mayor of a small town that said, "Sorry, we're going to turn you down. We have to give the money to one of the municipalities that is less managed than you, and who can ill afford it."

I'm asking you: Is that the kind of thing that you're seeing in your neck of the woods as well?

Mr. Don McGugan: If I had time to finish my presentation, I even cover that. I do say thanks for the money that we get under the OCIF. You automatically get \$35,000. We say thanks for that. That's a help.

We did apply for a couple of projects, but the story we got back was that our road traffic wasn't a high enough volume to make us eligible for that.

It's a balancing act for the government. I don't envy you your job, but maybe we can work together.

I didn't have a chance to mention it, but our potential budget increase this year, in 2016, is 10.2%. That will not happen. We will cut back. The bridges will be looked after, and the roads will be safe, and the snow will be plowed. But we will have to cut back on recreation or somewhere.

Mr. Victor Fedeli: Nobody in your municipality is going to want a 10% increase, so that's the starting point.

Mr. Don McGugan: Yes, and we work down, not up.

Mr. Victor Fedeli: If you did everything you did last year, it would cost you a 10% increase.

How much time do I have, Chair?

The Chair (Ms. Soo Wong): One minute.

Mr. Victor Fedeli: One minute.

You had talked about hydro costs as well. Can you just repeat to me, because I didn't finish writing it all down, that one housing unit that had the hydro costs?

Mr. Don McGugan: Okay. I can give it to you very quickly. At Meadowview, we have three nursing homes. This is the largest one, with 125 beds. Another one is 125, and another one is 98. At the 125, the actual cost in 2015 was \$295,000. They have projected in the budget, that we will get next week, \$340,000. The total cost for the three homes is about \$800,000 projected for 2016. We have put in new doors and new windows. All these homes are new since 1991.

Hydro cost is a big concern to us. They don't cook and they don't heat with that. I said they've got too many computers making contact with their friends in Toronto, but they said no, they didn't.

Mr. Victor Fedeli: Thank you very much, Don. Anne, it was great to see you again. Thank you both for coming again this year.

The Chair (Ms. Soo Wong): All right. Thank you, Mr. Mayor and Mrs. McGugan. Thank you for being here, and thank you for visiting this committee again.

Mr. Don McGugan: Don't forget to share that wine with everybody.

The Chair (Ms. Soo Wong): Okay. It's going over there. Actually, they're working very late—no, we're early this morning, until early, early this morning.

Mr. Don McGugan: Okay. Well, thank you.

The Chair (Ms. Soo Wong): Thank you very much. Okay, folks, before we recess for lunch, there's a pressing issue: The committee needs to make a decision with respect to the report. We need to provide some direction to the staff.

The first question is: What is the format of this year's 2016 pre-budget consultation report going to the minister? What format do you guys want? Do you want it in a summary of all the presentations? What is the desire of the committee? Mr. Fedeli first.

Mr. Victor Fedeli: I like it by category. You can call it other words—chapters. It could be health or transportation—issue-based.

The Chair (Ms. Soo Wong): Issue-based; okay.

Mr. Victor Fedeli: If I had a preference, I would vote for that one.

The Chair (Ms. Soo Wong): Ms. Fife, do you have any suggestions?

Ms. Catherine Fife: I concur. I think it's helpful to have it chunked by issue because there is a lot of connectivity between the two.

The Chair (Ms. Soo Wong): Okay. How about this, Ms. Albanese?

Mrs. Laura Albanese: This is something that I had asked for last year. I think it helps us out considerably if, before we go straight into the draft report, as we did last year, we are provided with that summary by theme, category or whatever we want to call it, just to refresh our memories.

The Chair (Ms. Soo Wong): I sense that we have consensus based on issue/category. Ms. Vernile?

Ms. Daiene Vernile: Last year, you'll recall, we had a debate as to whether or not people or organizations should be named in our final report. I think it's important

to do that, because if you see some kind of suggestion being made and there isn't a direct reference, we're trying to remember who said that and where we were. If we can reference the name of the individual or the organization, that's helpful.

The Chair (Ms. Soo Wong): Okay. I'm hearing that this attribution should be included. Mr. Fedeli?

Mr. Victor Fedeli: Didn't we do two different things last year and take a tremendous amount of time to go through it and change it all one way or the other? Does anybody remember that?

The Chair (Ms. Soo Wong): The Clerk—
Interjection.

The Chair (Ms. Soo Wong): Okay. Mercedes?

Ms. Mercedes Lee: Last year, I think at first we didn't have the attribution and then we had to insert it after the fact. If you want the attribution, we can do that right from the get-go.

The Chair (Ms. Soo Wong): Okay. I hear there's consensus with attribution, right? Okay, that's good. Do we have an agreement that it will be like the summary—

Interjection.

The Chair (Ms. Soo Wong): Ah—that the second part of the document is the summary of the presentations? Is that good with everybody, the summary of presentations? Mr. Clerk?

The Clerk of the Committee (Mr. Katch Koch): I think what Ms. Albanese was referencing was that the committee will first get a summary of the presentations, which will help you develop your draft report based on what each presenter asked for.

The Chair (Ms. Soo Wong): Okay. Mr. Fedeli?

Mr. Victor Fedeli: So we get the summary and then we do it by issue? Is that how it would be done?

The Chair (Ms. Soo Wong): Ms. Albanese.

Mrs. Laura Albanese: By issue is the summary. Basically, what I'm asking—and I think it's the same thing that Mr. Fedeli is asking—is, if we take an issue or a category, let's say health, we would have, even in a point form, if you will, all the requests and all the concerns that were expressed in regard to health care in that category.

Mr. Victor Fedeli: In that category, yes. I think that's not what they were saying. They were saying we would do a summary of all the presenters. We want it by issue.

The Clerk of the Committee (Mr. Katch Koch): So you want both rolled into one document?

Mrs. Laura Albanese: No.

The Clerk of the Committee (Mr. Katch Koch): No? Two separate documents: One is a summary and one is the report, which would be formatted by issue?

Mrs. Laura Albanese: What do you mean by the summary? What we're asking for is a summary, I think.

The Chair (Ms. Soo Wong): Okay. Ms. Fife?

Ms. Catherine Fife: My understanding, based on last year, is that the researchers listen to all these delegations along with us. They summarize what we have heard, and we have names attributed to them and organizations. That

comes to us, we review it and then we formulate the report that goes to the minister. Is that right?

The Clerk of the Committee (Mr. Katch Koch): Right.

Ms. Catherine Fife: Okay.

The Clerk of the Committee (Mr. Katch Koch): So it's two different documents, yes.

The Chair (Ms. Soo Wong): Okay. Do we have consensus? Mr. Fedeli, everything is good? Okay.

The last question is the deadline. When do you want it by?

1210

Ms. Catherine Fife: When is the budget?

The Chair (Ms. Soo Wong): Your guess is as good as mine. The last day of hearings is February 2, right? The House returns on Tuesday, February 16.

I'm going to put my preferences out. If we can get some kind of draft from the staff on the Tuesday when we return, on February 16, I can call a committee meeting on February 18 so that we can see a draft, but you'll have at least two days to review before the draft. Is that good enough for everybody? Mr. Fedeli?

Mr. Victor Fedeli: So this is before we go to translation and that type of thing?

The Chair (Ms. Soo Wong): Yes. This is very raw.

Mr. Victor Fedeli: This is the first time we'll see it.

The Chair (Ms. Soo Wong): Yes. First draft.

Mr. Victor Fedeli: Yes, I'm good with that.

The Chair (Ms. Soo Wong): Okay.

Mrs. Laura Albanese: What date, again?

The Chair (Ms. Soo Wong): We are going to receive it from staff on Tuesday, February 16, so that we can call a committee meeting on Thursday, February 18, so that we have two days to review it. That will give the staff a whole week, because they will have this week, when we finish on Friday, and next week to prepare all of this week's stuff. Then we still have two more days of hearings when we return back to Toronto. That way, during the week before—with the House returning on February 16, we will have that written submission of a draft report for this committee to review, so that I can call the meeting. I don't call committee meetings unless we have something to meet about.

Okay? Is that good with everybody?

Mrs. Laura Albanese: I was just wondering if it would be possible to have that summary beforehand for us to sort of take a look.

The Chair (Ms. Soo Wong): Mr. Clerk?

The Clerk of the Committee (Mr. Katch Koch): It may be very difficult because of the deadline for written submissions on February 2. It really depends on when the written submissions would come in. In previous years, we have seen a lot come in on the last day.

Mrs. Laura Albanese: When's the deadline for that?

The Clerk of the Committee (Mr. Katch Koch): February 2 at 5 p.m. for written submissions.

Mrs. Laura Albanese: Okay.

The Clerk of the Committee (Mr. Katch Koch): So research will summarize everything you have heard plus whatever we get in writing.

Mrs. Laura Albanese: Oh, okay.

The Chair (Ms. Soo Wong): Remember, we have turned down a lot of individuals who weren't able to come in Toronto. There were 160 people who registered. You saw the list released today.

Mrs. Laura Albanese: Yes.

The Chair (Ms. Soo Wong): Let me go back to the date. Ms. Fife?

Ms. Catherine Fife: Just on that point, I think that, going forward, when we have our deliberations next year, we have to plan for more Toronto dates, because that's a significant amount of people who were turned away in Toronto.

The Chair (Ms. Soo Wong): Okay. That's for the subcommittee.

Mr. Fedeli?

Mr. Victor Fedeli: Just for the record as well, and not quite the same point: I've noticed a tremendous amount—we've only been doing this for a day and a half, and we've had repeats already. And if you look ahead on the Toronto schedule, there are going to be more repeats of what we had yesterday and today scheduled for Toronto. I was hoping we'd get away from that. I think our goal was to try to get away from that.

Mrs. Laura Albanese: That was our goal.

Mr. Victor Fedeli: It was our goal. No disrespect to anybody, and I can imagine the pressure that we're under, but—

The Chair (Ms. Soo Wong): I think the three subcommittee members maybe need to have a debriefing after these hearing dates.

Mr. Victor Fedeli: Yes, but I just wanted it acknowledged that even this afternoon we're going to have repeats of this morning.

The Chair (Ms. Soo Wong): Oh, yes. We're hearing echoes.

I just want to make sure that people understand: The staff will come back with a draft report on Tuesday, February 16. I'll call a committee of the whole on Thursday, February 18, so that we can review the draft. The draft will include the category/issue along with the written submissions the staff will then prepare for us. Is that good? Are we good with that? All right.

I'm going to recess until 1 o'clock. Thank you.

The committee recessed from 1215 to 1305.

WINDSOR REGIONAL HOSPITAL

The Vice-Chair (Mr. Peter Z. Milczyn): I'll reconvene the committee. Our first witness of the afternoon is Windsor Regional Hospital. If you could come forward—wherever you're comfortable. The process for this afternoon is that you have 10 minutes for your presentation, and that will be followed by five minutes of questioning. In your case, questions will come from the

third party. For the record, could you please state your name?

Mr. David Musyj: It's David Musyj, president and CEO of Windsor Regional Hospital.

The Vice-Chair (Mr. Peter Z. Milczyn): Go ahead.

Mr. David Musyj: Thank you, everybody, esteemed members of this pre-budget consultation committee. I'm the president and CEO of Windsor Regional Hospital, and I'm here today to talk to you primarily regarding operating funding and the impact it has had on hospitals and in particular Windsor Regional Hospital for the last few years.

I have in front of you a detailed memorandum which goes through a lot of details with respect to the impact of funding—it was actually shared with our front-line staff and our board of directors—regarding the new funding formula that started in 2012. Just to provide some highlights for you on the impact it has on regions like Windsor, the funding formula, the Health System Funding Reform, is made up of three major components.

Number 1 is that 30% goes towards overhead. Windsor Regional Hospital's overhead spend for this past year was at 26%. That's a good thing. That means we're able to take 4% of our overhead and apply it to patient care. This current year we're running at about 27%, and the reason for the increase is—I'll give you one major example: Last year, for our hydro costs at Windsor Regional Hospital between our two campuses, we spent \$3.5 million. This year, to the end of March, we're projected to spend \$4.2 million, a \$700,000 increase.

We have not changed the delivery of services one ounce at either campus for the last two years. That goes toward our overhead expense, for which all funding for Windsor Regional Hospital and for hospitals across the province has been frozen for the past five years at approximately \$19 billion, except for priority programs, like pacemakers; small hospitals, which got 1%, but they are generally very small hospitals; and new hospitals. Other than that, funding has been frozen, and that base funding has been frozen, of course, as part of that.

The second component of the funding is quality-based procedures. That's when you're provided a certain amount of money for a certain procedure. For instance, at Windsor Regional Hospital, we get approximately \$8,000 to do a hip surgery, and that's from pre-surgery, surgery and the completion of surgery care on the floor. That's 40% of the funding in the province of Ontario for hospitals. I wish it was 100%, because if we went to quality-based procedures for everybody, that means we get paid the same amount for a hip as Toronto does and there are no differences. Unfortunately, it's not the amount of funding—sorry, it's 30%, not 40%. And I wish it were 100%.

The last piece harms Windsor Regional Hospital and harms pretty much every hospital region except for the 905, and that's HBAM, Health-Based Allocation Model. What that is is 40% of our funding, and the one portion of it that hurts us is that areas that are not growing in population as compared to Toronto, the 905 region, are

negatively impacted. You don't have to look far. Look to North Bay; look to Quinte; look to Kitchener-Waterloo; look to ourselves; even look to the London region. Part of the formula, and it's outlined in my report, is that a patient who comes to Toronto, who lives in Toronto, who goes to a Toronto hospital, comes in with certain comorbidities or certain diagnoses and he or she is given a certain weight. That weight is grossed up by the percentage growth of population for the Toronto 905 region.

That same patient comes to Windsor, who lives in Windsor, comes to our hospital in Windsor. His or her weight is grossed up by our population growth, which over a two-year period is projected to be about 8% to 9% less than the 905 region. As a result, we don't get the benefit of the impact of that funding. When the pie is frozen at \$19 billion a year for the last five years, and you start dividing that pie up amongst all of the hospitals across Ontario, you can only divide it so much. What's happening is that the monies that should be going to areas like Windsor for Windsor Regional Hospital have to go toward funding the higher-growth areas—if the pie is frozen.

1310

I'm not saying to throw out the funding formula. As stated, the quality-based procedure part of it I really like. I think it's a good model to go with the rest of the province. However, when the overall pie is frozen and the areas that are not growing in population are funding those areas that are growing in population, we can't continue; we can't sustain it.

At the end of my presentation, I just want to talk about something that is very important to residents of Windsor-Essex as well, moving forward: the move toward a new single-site acute care hospital. We're the third-largest community teaching hospital in the province of Ontario right now and we're the 11th-largest acute care hospital in the province, period. Our residents deserve nothing less than what's happening in Oakville, what's happening in Humber, what's about to happen in Vaughan and what has happened across other regions of this province, which people in Windsor-Essex have paid for. We really look forward to working with the ministry in moving that project forward for the benefit of our residents. Thank you very much.

The Vice-Chair (Mr. Peter Z. Milczyn): A question from Mr. Natyshak.

Mr. Taras Natyshak: Thank you, David, for being here, and thanks for your leadership in our community.

Under the HBAM model, if that is to continue without any changes, what do you foresee for service delivery through your hospital here in Windsor?

Mr. David Musyj: Good question. It's tough. Again, prior to 2013, Windsor Regional Hospital had six balanced or surplus operating budgets entering 2013. One of the major changes was coming together and creating one acute care facility in 2013 and taking responsibility for the former Hôtel-Dieu Grace hospital. That was a change that was discussed for decades and needed for our community, knowing that these funding formula changes

were in the works and they were not going to be positive towards Windsor-Essex due to our population growth.

If there is no additional funding, if that pie is frozen at \$19 billion, it's just a natural impact. It will have to further erode the funding that goes to areas outside the 905 pretty much. We can only cut so much when our overhead costs are running at 26%, 27%—but part of that is that the electrical costs are going up.

I'm glad the ministry yesterday talked about parking, but that doesn't apply to us because we don't charge \$10 a day. Again, we're dealing with "the forest for the trees" here. I'm glad we addressed parking, but there are so many more significant issues facing our province right now with respect to health care other than parking.

Mr. Taras Natyshak: In terms of priorities, if the province called you up today, if the Ministry of Health called you up today, and said, "David, we found \$840,000 that we'd like to give you," what would you do with \$840,000?

Mr. David Musyj: We'd apply it to front-line care, apply it to services for our residents so they don't have to leave the region to have services and go elsewhere.

Mr. Taras Natyshak: The reason I bring up that specific sum is because we learned yesterday that the government, through the Pan Am Games, contracted out a hairdressing facility—a barbershop, essentially—for athletes at the Pan Am Games at the cost of \$140,000 for two months. On an annualized basis, that's \$840,000. It's a question of priorities. So we hear that if you were given more funds, direct funding, you would apply it to front-line care.

The provincial government under the Liberals decided to open up a hairdressing salon during the Pan Am Games and deliver some haircuts. I would say that is quite clearly a lack of priorities and leadership through the government.

I'll pass to my colleague.

Ms. Catherine Fife: How much time?

The Vice-Chair (Mr. Peter Z. Milczyn): Six minutes.

Ms. Catherine Fife: Thank you very much, David, for being so straightforward with us. This morning, we heard from the registered nurses. They've been feeling a lot of pressure because they have been seeing some of their members being replaced by other health care staff. I think this is a case of these tensions between health care professionals and health care administrators who are trying to balance budgets, because obviously you can't run a deficit.

But it was really interesting because it was mentioned that hospitals should be places of critical care. When you go to a hospital, it's because you need a specific level of care or you need the emergency room. But we have 300,000 Ontarians who don't have doctors, so I'd like to hear from you as to: Who are you seeing in your hospital? Are they mental health, are they hospice, are they long-term care, are they an aging population that doesn't have any other options? Because that also weighs into where the funding is going in health care.

Mr. David Musyj: Thank you, Ms. Fife. There are three parts to that question. Number one, I recognize that the region you're from happened to announce some budget changes and staffing changes the same day we had to, so I know it's tough for your region as well and what they're facing is similar to what we're facing.

Number two, with respect to the RN/RPN issue, I hope—and I've asked—that the registered practical nurses and registered nurses don't focus on fighting with each other regarding the professional care they deliver; they're both nurses. By doing that, it changes the focus on the underlying issue, which is the funding. That doesn't get us to where we need to get to, which is to address the overall funding. I'm hopeful, as they go through their discussions, that that doesn't follow that course and they can focus on the funding formula and the impact it has on jurisdictions outside of the 905.

Now, with respect to the patients we're seeing, I'll tell you a story. The other night, I got a phone call at home from a gentleman who—new parents, he and his wife—came home from work. They were taking care of their 10-month-old baby and the baby spiked a fever. It was about 8:30 p.m., 9 o'clock. They're nervous—first-time parents. Faced with that, their option was left to come to the emergency department. Why? Because we don't have any family physicians working past a certain hour of the day. The walk-in clinics that are available aren't open. Pretty much after 7 p.m. every night, the only game in town is the emergency department.

I know there's a commitment by the ministry to address primary health, but the types of individuals who are, unfortunately, coming to our hospitals—aside from the mental health patients, aside from the critically ill patients—are those patients who need another option. But, basically, after 7 o'clock at night, especially in our region, the only option they have is the emergency department until about 9 o'clock in the morning.

I know the government is talking about primary health care reform. One of the major components is, if you call up your family doctor, to have an ability to have an appointment that same day. There has to be reform in that regard. And it's not the family physician's problem. It's not a physicians' issue. They're having their own issues currently with the government in power; it's not their problem. It's just that we have to give them the tools in order to allow them to have the ability to see the patients that day, and take the pressures off the hospitals.

Ms. Catherine Fife: Thank you. I think that speaks to the need for more doctors in the province of Ontario.

One final point is around the idea to keep people out of hospitals, so that hospitals are there for critical or acute care. The Auditor General found that, with our CCAC model, only 61% of the funding was going to front-line care. For every \$10, \$1 goes to profit. This is an ongoing issue, and I'm happy that the government has acknowledged that they're going to have to look at the CCAC model and the LHIN model as it relates to hospitals as well.

Mr. David Musyj: Just with respect to that, I'm hopeful that the white paper that was produced and the

discussions that are ongoing right now create some positive change to the patients, and reduce the touch points for patients and families that they suffer from right now.

My co-steering committee member for the new hospital, Dave Cooke—his parents are going through a rough time and they're living with him right now. He talks about the system and how he has to discuss taking care of his mom with four different provider groups, and the disconnect between those provider groups and what he's going through. He's someone who's familiar with the system and has some knowledge of the system and the struggles he goes through. There needs to be some fundamental reform in that area, again, to reduce the touch points. I'm the CEO, so take this with a grain of salt—eliminating the CEOs of the CCACs isn't—that's going to get a lot of press if that happens, but that's not the solution.

1320

Ms. Catherine Fife: That's not wholesale reform either, right? It's just dealing with one small item. But I definitely think we need to follow the money and where it's going in health care. I know that there has been a lot of contracting-out and privatization of health care services, and the Auditor General found that we are not getting very good value for that. But there needs to be greater accountability and transparency in where our health care dollars are going. Thank you.

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you very much. You have until 5 p.m. on February 2 to submit anything in writing that you might want to—

Interjection.

The Vice-Chair (Mr. Peter Z. Milczyn): Oh, it's already here? You've already submitted in writing?

Mr. David Musyj: Yes, I did. Thank you.

The Vice-Chair (Mr. Peter Z. Milczyn): I apologize. Thank you.

GREATER KITCHENER-WATERLOO CHAMBER OF COMMERCE

The Vice-Chair (Mr. Peter Z. Milczyn): Our next witness is the Greater Kitchener-Waterloo Chamber of Commerce. You have 10 minutes for your deputation, and then there will be five minutes of questions from the government party. For the record, could you please state your name?

Mr. Art Sinclair: Art Sinclair, vice-president of the Greater Kitchener-Waterloo Chamber of Commerce.

Members of the committee, Chair, thank you very much for the invitation to appear here again for pre-budget hearings. I'm always glad to make presentations, and particularly glad to be in attendance today. As some of you may have heard, we had a significant snow event in Waterloo region yesterday. At times during the last 24 hours I was wondering if I would be able to make it down the 401, but, again, I'm quite pleased to be here to make our recommendations for the 2016 provincial budget.

As you will note from our deputation, we have identified three issues for discussion today.

One is manufacturing.

The second is another health care issue that you may or may not have heard in the last two days, one which is, I think, more and more important to us and our membership, and that is, of course, pharmacare.

The third issue is something that we brought up last year, which is a proposal that the cities of Kitchener-Waterloo and Guelph, the region of Waterloo and the city of Brampton have had before the provincial government and the federal government now for two or three years, and that is upgrades to the CN north mainline that runs from Union Station out to Kitchener, that will increase our GO train capacity and further stimulate our local economy and create jobs and new economic opportunities for our community.

The first issue is the manufacturing industry. Of course, one in five jobs in Waterloo region is still related to manufacturing. It's very important not only to us, but all of southwestern Ontario, including Windsor and Essex, London-Middlesex and Sarnia-Lambton. Of course, we have been very strong in our promotion of our local sector, and the national sector as well.

I think we're all aware of some issues that have been brought up by the auto manufacturing sector in the last couple of months in relation to some concerns with the Trans-Pacific Partnership. Our colleagues at the Ontario Chamber of Commerce recently submitted a letter to Minister Navdeep Bains at the federal government regarding these concerns. Again, we share those as well.

But from our perspective, I think one of the key considerations with respect to the advancement of the manufacturing sector is that there's continual government support and incentives for the advancement and the application of new technologies to the sector. Yes, trade agreements are important, and expanding our markets is particularly important, but we're only going to be successful in those markets if we have the products that the buyers want.

Linda Hasenfratz, who I think many of you know, the CEO of Linamar, based in Guelph, made some comments in the media after the signing of the TPP that, even with the lower Canadian dollar, which is obviously driving a lot of activity in the manufacturing sector, we cannot lose our focus on the longer term, which is developing superior products that are cost-effective and efficient and buyable on global markets. We do that through advancements in technology.

Again, this isn't really a criticism of either level of government. I think, generally, the manufacturing sector has been supportive of the support we have received from the federal and provincial governments over the last year or so. With the devaluing of the Canadian dollar and, obviously, an increase in manufacturing activity over the last couple of months, certainly we can't lose that long-term focus to make sure that we have those investments in technology to keep us competitive over the longer term.

So that would be our first recommendation: We ask the province to maintain commitments to technology and incentives to support that, as it applies to manufacturing.

Our second issue: This is something, I think, that we're at the initial stages of. It's not something that the provincial government can deal with unilaterally, but it is, I think, a very important issue that we're going to be dealing with, all of us, over the next two years, and that is pharmacare.

From our perspective in our chamber of commerce, we have Sun Life, Manulife and Equitable Life, who, as we all know, provide employee and employer benefits programs, many of which, obviously, include prescription drug plans. We also have in our chamber membership a lot of small businesses that buy those plans.

Again, that's one of the challenges, as a chamber of commerce. We have members from many sectors, so, like government, we face a lot of pressures in dealing with these issues and trying to formulate the best alternative solution.

From our perspective today, our chamber, and, I think, the business community generally across Canada, wants to be part of these discussions, as there appears to be some interest in reforming the system.

I think that's a key consideration. I think there is general agreement from the industry, the financial services sector and the life and health insurance industry that provides these programs, that there is a recognition that reform is necessary. I think the key issue then is what form that reform is going to take.

One of the key issues that we have identified in the submission today is the price of drugs. Generally, I think, in the industries, there is acceptance that the prices of drugs are too high. The Canadian Life and Health Insurance Association has made the point that the—it's a federal organization, so I'd better get the proper name here—Patented Medicine Prices Review Board that essentially reviews the prices of prescription drugs in Canada. Their mandate should be realigned so that prices do start coming down. That's a key consideration.

I think what we have to look at, in the broader term, is universal pharmacare, which I think a lot of the discussion is going to be based on over the next number of years, looking at the possibility of universal pharmacare, which generally, I think, as a business community, we would have serious apprehensions about. But will universal pharmacare bring the prices of drugs down? That's a key consideration.

The second consideration I think we have to look at is the cost of universal pharmacare. Some of you may be aware of a report that was issued last summer by a number of people in the health care community. Danielle Martin was one of the authors. A gentleman, a Mr. Morgan, from UBC was one of the co-authors on this report, which indicated that universal pharmacare could save all governments across Canada about \$7 billion. The Canadian Life and Health Insurance Association countered that remark and said that, essentially, from their analysis, a universal pharmacare program would

cost governments across Canada about \$14 billion. So there's a pretty significant difference in the two analyses: \$7 billion being saved; \$14 billion being spent. That's a divergence of about \$20 billion, which is about 10 times the jackpot in last week's Powerball lottery. It's a lot of money. Those are some of the issues that we have to look at, going forward.

Again, this presentation today isn't critical of the provincial government or the federal government. However, there are some serious issues that I think have to be analyzed here, and I think the business community, including our community where Sun Life and Manulife are major employers—we want to be part of these discussions, moving forward, both with the federal government and the provincial government.

In fact, we have a system that works for the benefit of the province and the residents. You'll note in the presentation, on page 5, Rx&D, the association of pharmaceutical companies and manufacturers. Russell Williams, the president and CEO, spoke at a chamber event in our community about two years ago. They've outlined 10 goals that they want to see from a pharmacare system—and that's just a pharmacare system, not necessarily a universal pharmacare system. What are the goals of the drug prescription and distribution system in Canada?

Again, obviously, the meetings are going on between the province of Ontario and the stakeholders, and there is a lot of interest in this. But again, I think all of us want to be part of the solution to this, and making sure that we have the system that is best for the taxpayer, for the patients and for the health care system across Canada.

The third issue I'd like to cover today—and I covered this briefly in last year's presentation—is that the city of Kitchener, the city of Waterloo, Guelph, Brampton and the region of Waterloo, about two or three years ago, made an initial submission to the province of Ontario and the federal government for upgrades to the CN north mainline, which is a track that runs from Union Station out to Kitchener. It will accommodate two-way, all-day GO service for us in Kitchener-Waterloo eventually, but also will run through Guelph and Brampton as well.

Again, we're quite familiar with the current political climate in the province of Ontario. Everybody wants increased GO service, and we do too. But what we have attempted to do in our submission is provide to both levels of government, the federal and provincial governments, the economic and social benefits of this particular proposal.

As discussed last year, essentially, the proposal draws upon the current experiences in California with Silicon Valley, where you have San Jose, San Francisco, and then all these tech clusters in between the two communities that are connected by a very effective rail system.

1330

Really, that's what we envision for the corridor between Union Station and Kitchener-Waterloo. This is a world-class opportunity. It's not just a matter of saying, "Yes, we should have the funding because we should have the funding." We've developed a pretty specific

proposal projecting how many jobs would be created, how many start-up opportunities would be created and how many new technology companies would be created within this corridor. It's a very compelling argument, I think, as to why the investment should be made into the infrastructure along this corridor.

Generally, the increased taxes that would be provided by more people working in this corridor would cover the initial costs of the construction that would be required to do the initial upgrades that would allow for this. Again, we've been working on it for two or three years. City staff in our communities have been in contact with city staff in Toronto.

The mayors—Mayor Tory, Mayor Vrbanovic in Kitchener and Mayor Jaworsky in Waterloo, a former BlackBerry employee—are very connected on this proposal right now. Certainly I think all of us would like to see this move forward so we can further develop our economic opportunities in Waterloo region, create jobs and provide an increased tax base through more people working and paying taxes to all three levels of government.

Again, thank you very much for the opportunity. I would be pleased to take any questions.

The Vice-Chair (Mr. Peter Z. Milczyn): Ms. Vernile has questions.

Ms. Daiene Vernile: Thank you very much, Art, for that comprehensive report. I appreciate the fact that you made it here to Windsor, considering what the weather has been like for the past couple of days. We hope you have a safe drive home.

We were in Hamilton yesterday, we're here in Windsor today, and the stories that we're hearing in these communities—and we're travelling to other places in Ontario later this week—are challenges with economic and social issues. But quoting from your document, in your region, your story is that you have a "smoking-hot economy." I appreciate the fact that you also note that Ontario is poised to be among the fastest-growing provincial economies in Canada in 2016; that's very exciting to hear, and it's no doubt in part due to the investments that our province is making in infrastructure.

I'd like to hear from you about how the Jobs and Prosperity Fund and the Southwestern Ontario Development Fund are impacting your community. In fact, recently I made announcements at Ontario Drive and Gear, DC Foods, and Ball Service Group. At these three locations, we invested in their productivity and in their equipment. They were able to hire people and buy new equipment.

I had an astonishing conversation with Carol Simpson at the Workforce Planning Board, who told me that currently in your region there are 2,000 jobs that are sitting vacant in manufacturing and they can't fill. They're trying to find people.

These particular funds that we currently have available in Ontario: How are they impacting you?

Mr. Art Sinclair: Well, just to follow up, the "smoking-hot economy" is London as well; it's not just

Kitchener-Waterloo. But again, a lot of it is that the lower Canadian dollar has led to increased activity on the manufacturing side. It's not just our community; London, I think, has seen some significant uptake as well. I think in Windsor-Essex and Sarnia-Lambton things are better than they were a couple of years ago, and that's good.

But you mentioned some of the organizations that have been supported with the Southwestern Ontario Development Fund and the Jobs and Prosperity Fund. Another one is Arnold Drung's Conestoga Meat Packers out in Breslau, a major pork manufacturer. With the closure of Quality Meat Packers and the new trade agreements with the CETA and the Trans-Pacific Partnership, that is a huge growth opportunity, the food-processing sector, particularly swine, pork products.

Again, I think I mentioned this in the presentation: These investments are in innovation; they're into new technology. I know that with Conestoga Meat Packers—I know Arnold Drung quite well; he's quite active in our organization. He was investing in new machinery that will allow him to process more animals in a day. That's the key thing: that we in fact maintain that commitment to the new technologies that are going to allow us to increase our productivity levels.

You mentioned, as well, the issue with respect to employers that are looking for employees. We have a particular issue in Waterloo region, but it's across the province of Ontario. It's across Canada. If you go to the Canadian Chamber of Commerce and the Ontario Chamber of Commerce's annual general meetings—there are chambers of commerce in the Maritimes that are having problems finding skilled employees. Again, that's an ongoing issue, as well, to make sure that we have a match of what employers want and the skills that employees have.

I think from our perspective in Kitchener-Waterloo and Waterloo region, over the years, historically, the University of Waterloo, Conestoga College and Wilfrid Laurier University have been very good—particularly Conestoga College—at working with the local employers and saying, “Okay, what do you want? We will supply that talent for your operations if you tell us: What are the people you need? What are the skills you need down the road?”

Ms. Daiene Vernile: I want to speak to your comment on all-day, two-way GO train services and to assure you that we are on schedule to meeting our goals. I met recently with Bruce McCuaig, the CEO for Metrolinx, and our transportation minister, the Honourable Steven Del Duca, was at that meeting, along with all of the other mayors who are along the Kitchener line. We do have a critical path moving forward. We have some good meetings that are happening with CN Rail. You know, there is a 30-kilometre stretch of track between Georgetown and Bramalea that we don't own right now; CN Rail owns that. We've been piggybacking on that line with GO trains. As soon as we address that piece, we're looking at increasing the flow.

Once that happens, tell me what you're anticipating for Waterloo region.

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you very much. Although that's all the time we have for this witness, it was an excellent question and I'm sure we'll find the answer eventually.

Mr. Art Sinclair: Thank you, Chair.

ASSOCIATION OF MUNICIPALITIES OF ONTARIO

The Vice-Chair (Mr. Peter Z. Milczyn): Our next witness is the Association of Municipalities of Ontario. Good afternoon. You have 10 minutes for your presentation, and then there will be five minutes of questions. This round of questions will be from the official opposition. Could you please state your name for the official record?

Mr. Gary McNamara: Thank you, Mr. Chair. My name is Gary McNamara and I'm the president of the Association of Municipalities of Ontario.

Municipal governments are mindful of current economic challenges, and we live, eat and breathe this reality every day. We offer a modest list of changes that would have proportionately greater outcomes for communities, some with little or no cost to the Ontario government.

The ongoing upload that began in 2008 of some previously downloaded provincial programs must continue to full maturity until 2018. Why? Because the funds that are no longer sent to the province are being invested in municipal infrastructure and services.

From 2003 to 2008, before the upload, infrastructure spending averaged almost \$4 billion annually. From 2008 to 2012, it averaged above \$6 billion annually, with \$8 billion in 2010—that was the stimulus year—and for 2013, municipal investments exceeded \$7 billion. Both orders of government have been upholding their sides of the agreement, and there should be no cause for change.

It has been suggested that municipal governments have done much better than other sectors such as health and education, but let me remind all of you that municipal governments were saddled with over \$3 billion in provincial costs to fund, a gift that others did not receive, so our starting point was very much behind the others.

We urge the continued honouring of this landmark agreement to 2018 and again caution against the assumption that the upload offers space for new spending to pay for provincial statutory changes across government. Every dollar to support a new regulation will detract from the needed infrastructure investment and related economic spinoffs.

The Ontario Municipal Partnership Fund: While the upload agreement continues to be valued, not all municipal governments have the same economic basis. Many only have a very limited assessment base and non-residential assessment, plus residents with low disposable household incomes. They have seen the Ontario Municipal Partnership Fund reduced by \$91 million from 2012 to 2016, forcing many rural and northern communities to raise property taxes and reduce services. For almost half of Ontario's municipal governments, a 1% property tax

increase raises just \$50,000. These governments fully understand the constraints their citizens have to absorb with property tax increases. OMPF is essential; it is their major source of revenue.

The upload agreement included funding commitments for the OMPF to 2016, but the going-forward envelope has yet to be established. We urge an increase to the OMPF of at least \$11 million in 2017 to reflect inflationary adjustment and stronger recognition of those areas where there is no or little population growth. In particular, these dollars should be directed to municipalities with the most pressing fiscal circumstances, and particularly those communities with high percentages of farmland and managed forests, which are taxed at a heavily discounted rate, as well as large areas with crown land, which is non-taxable land and cannot contribute to the assessment base.

This change would bring the OMPF to \$516 million, just slightly more than was allocated in 2015. They don't make calculators with enough zeros to say how small a portion of Ontario's total revenues this \$11 million represents, but it's eight ten-thousandths of a per cent. It is desperately needed to meet pressing economic realities in small communities.

1340

Emergency service costs broadly have been increasing at three times the rate of inflation annually since 2002. For example, annual policing costs are likely to exceed \$5 billion this year, which is two and half times the value of the upload. Fire service is similarly growing. Salaries are a major driver to these costs.

EMS salary bands already reflect the risk of their work, so the public are struggling to understand why the cost-of-living adjustments are higher for this group of employees than others.

New research has revealed that had police and fire personnel received the same economic adjustment as other municipal employees from 2010 to 2014, the cumulative savings would have been \$485 million. This includes \$72 million in fire service savings and \$111.6 million in police service savings in 2014 alone. These extraordinary sums of money are the true cost of the failure to address interest arbitration reform. Will 2016 be the year we finally get to a better place, where salary adjustments have a better association to capacity to pay and how other employee groups are treated?

Municipal governments own 67% of the infrastructure in this province. As noted previously, we are making some inroads but we certainly have a long way to go. For example, it is estimated that the capital repair backlog for social housing alone is \$1.5 billion. The deferred maintenance for roads and bridges, water, waste water, stormwater, transit, conservation authorities and solid waste is \$5.9 billion in 2006 dollars. Then there are the new capital needs such as transit, social housing and roads.

Where we have to go involves more investment in deferred maintenance for all assets so that the existing infrastructure can meet its life expectancy before it needs

replacement. This is important to smaller and larger municipal governments. While large strategic projects can invigorate the economy, so can small projects help local economies across all Ontario.

Program design that treats all municipal governments and service delivery managers fairly and equitably is how we will advance progress. No community should be left behind. Every municipal government should have a better sense of what it can count on so that it can do the best possible infrastructure finance planning.

Can we figure out how to achieve this? Yes. The time is now for a made-in-Ontario trilateral approach that fits our needs and our circumstances, and we need to be at the table together.

The Toronto act deliberately gave the city the authority to use or not the authority. AMO and many others requested that the same permissive authority be transferred to all. Toronto and its citizens looked at different approaches and figured out what worked for its circumstances. Why do you think other cities should not have the same ability? Are they any less capable of doing the research and analysis? AMO supported the transfer of authority, acknowledging that for Ontario's other 443 municipal governments, it may not be used or achieve fiscal sustainability, but they should be able to decide for themselves. We restate the request that all municipal governments should have the discretionary authority.

Joint and several liability reform: Municipal governments are increasingly the targets of litigation when other defendants do not have the means to pay high damage awards. This exposure has contributed to higher risks which, in turn, drives up insurance costs and settlements.

The Legislature passed a resolution with all-party support to seek solutions. We had arrived at several options that provided some limitation when others cannot pay their court-determined share. We need to get back on this quickly.

Photo radar: Municipalities should be given permissive regulatory authority to use photo radar. Such authority would be consistent with existing enforcement responsibilities and could provide an alternate means for police services to uphold speed limits on Ontario roads while redirecting the efforts of police officers to other public safety priorities.

Prudent investor status: We are asking that municipalities be allowed to invest in a broader range of investments using prudent investor principles via the One Investment Program in our role as the municipalities' agent. Conservative estimates of this long-held municipal request are that it could yield an addition \$10 million to \$20 million for the municipal sector. Stretching the municipal tax dollar makes so much sense, and it's at no expense to the province. We are also asking that the eligible list of investors recognized in the Municipal Act regulation be expanded to include municipal associations such as LAS, AMO, MFOA, AMCTO, and also indigenous groups such as First Nations.

Heads and beds is the levy that the province pays instead of property taxes on such facilities as colleges,

universities, hospitals and correctional facilities. Instead, they pay a levy to a local municipality that is known as “heads and beds.” This levy, at \$75 per head/bed, has remained unchanged for 29 years. If it had kept up with inflation, today it would be \$138. Municipalities that host such facilities bear the burden of added wear and tear on local infrastructure and increased demand for public transit, policing and EMS services, to name a few. AMO calls on the provincial government to begin to adjust the fee in accordance with inflation after nearly three decades at the same fixed rate.

Power dams: One hundred and ten municipal governments host power dams and have had provincial revenue to offset the tax exemption on the dams. In its 2014 budget, the province proposed cutting these payments by \$4.4 million over four years. It has deferred this cut as it looks at options to restore municipal taxation. Given the related challenges, we request that the government fully abandon plans for any future clawbacks and restore inflationary indexing. Municipal governments should not have that held over their heads.

Simplify municipal reporting requirements to the province: In 2012, the Drummond commission looked at the amount of reporting to the province and wrote, “The information reported is often not used at the other end to influence changes in policy or service delivery.” Drummond went on, “We believe there are simply too many layers of watchers at the expense of people who actually get things done.”

The Vice-Chair (Mr. Peter Z. Milczyn): Mr. McNamara, that’s 10 minutes. I’ll pass it over to Mr. Barrett.

Mr. Toby Barrett: Thank you for the presentation. You’ve covered a number of really interesting points, as you do when you make presentations.

I’m not a municipal politician—I don’t have that background—but I represent Norfolk county and Haldimand county. Haldimand county, in our local media—and I’ve chatted with the mayors and some of our councillors around an issue of fairness. It’s a small county, about 45,000 population, and it’s very good at pinching the pennies. Something that we see in Haldimand: Their compensation rate is relatively low and their budget, compared to what they do with roads and what have you. They do need money for their Connecting Link Program. I see that as I go through the various towns in the county.

I don’t have the details, but they seem to feel that they’re being penalized for good behaviour, for balancing the books and doing the right thing. We’re a low-income area. We’ve lost OPG Nanticoke, the largest coal-generating station in North America. Our beef industry has been cut in half. Our US Steel Canada mill is threatened. So it is somewhat of a precarious situation. The problem seems to be with the provincial grants coming down, which they’re not getting because they’re deemed to be in fairly good financial shape. Any comments on that? Are you seeing this at all?

Mr. Gary McNamara: Thank you for the question. There’s no question that some municipalities have actual-

ly done the hard lifting, got their asset management programs done and their capital plans in place. That wasn’t easy. Many of them increased their taxes considerably to get their so-called house in order, those that were able to have that assessment base. But you’re absolutely correct in terms of there being many situations where communities are being turned down because of their good fiscal management over the years. This is why AMO is continuing to advocate for predictable, sustainable funding through a formula base.

We see many examples, even on the federal side, on the gas tax and how it’s delivered. It’s fair; it’s equitable. Many of those communities that are getting close to an asset management program can certainly take that predictability of getting those dollars built into their capital projects for the future, because it can also be used as a debt instrument.

Mr. Toby Barrett: Mr. Fedeli?

1350

Mr. Victor Fedeli: Thank you very much. Welcome, Mr. McNamara. I appreciate you being here.

There are a couple of things that I wanted to talk about. When you said “a formula base,” I know the smaller municipalities get concerned about that, infrastructure on a formula base. Chisholm, a little township 20 miles south of where I live but in the riding of Nipissing, has 18 bridges. They don’t have any tax base other than residential. There’s a golf course there and maybe one camp, but that’s it. It’s purely a residential farming community. They don’t like to hear “formula base” because they’ve got 4,800 people who live there. They’re not going to pay for one bridge, let alone 18. How do you square that?

Mr. Gary McNamara: Well, I’ll give you two parts to that particular question. In the very first one I’m going to refer to my good friend Mayor Dave Canfield, from Kenora, Ontario. I think he has applied eight or nine times in terms of a grant for his main bridge in his community, and he has been turned down ever since.

We certainly understand the smaller communities. We had developed a formula at AMO with ROMA, FONOM and NOMA, our northern counterparts, for the smaller communities that are under the 5,000 threshold, and understandably some of those projects are obviously above and beyond what they can afford. But in the formula base, they would be guaranteed a certain base above and beyond the formula, and the rest would be shared. If we go back to the—

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you, Mr. McNamara. That’s 15 minutes. We could continue that all day long, but there are many other witnesses.

Mr. Gary McNamara: But you get the gist.

SPIRITS CANADA

The Vice-Chair (Mr. Peter Z. Milczyn): Our next witness is Spirits Canada, the Association of Canadian Distillers. Do I hear the tinkling of bottles and glasses?

Mr. Jan Westcott: You did.

The Vice-Chair (Mr. Peter Z. Milczyn): Gentlemen, you will have 15 minutes for your presentation, including tastings, so 10 minutes for your presentation and five minutes for questions. Questions for you will be coming from the third party. For the record, could you introduce yourselves as individuals and not as spirits, please?

Mr. Jan Westcott: Thank you, Mr. Chair and members. My name is Jan Westcott. I am the CEO of Spirits Canada. My colleague C.J. Hélie is with me here today. We appreciate the opportunity to speak to you.

I have brought along a few samples of products that are made right here in the Windsor area, from grain grown in southwestern Ontario, reaching all the way through to London and occasionally all the way to Brantford.

These are a couple of our international-award-winning products: Crown Royal Northern Harvest Rye, of course, has just been named the international whisky of the year; Lot No. 40, also made right here in Windsor by Hiram Walker, just won the Canadian Whisky of the Year award through a blind tasting in Victoria, BC just last Thursday. These are all products that are made right here in the Windsor area, as I said, from grain grown locally.

These are challenging times for Ontario manufacturers and Ontario agri-food processors. The first point I want to underline today is that while government policy can't be an elixir for all that ails industry, at a minimum it shouldn't impose any undue harm.

We are primary manufacturers. We go from grain in the field to finished products which we sell around the world. It means we take locally grown cereal grains, principally corn, and transform these into high-value-added consumer products that we literally sell around the world. We are an export-oriented business, with 70% of our production shipped out of the country and another 15% of our production sold in other Canadian provinces. These manufactured agri-food exports create more than jobs; they create wealth here. In fact, according to an OMAFRA study, the manufacturing of spirits in Ontario supports over 6,000 good, full-time jobs and creates \$1.5 billion in economic activity annually in the province.

Ontario has a goal of doubling the annual growth rate of agri-food exports and to create 120,000 new jobs in this sector by 2020. I just attended the Premier's agri-cultural summit, and she reiterated those goals and the importance of meeting them.

In order for high-value-added beverage alcohol to play its part in meeting these goals, policy corrections are required. Ontario cannot continue to impose punitive measures on the sector that represents two thirds of all Ontario alcohol exports and the one with the greatest potential for future growth.

These are exciting times for whisky and for Canadian whisky. Consumers' renewed love affair in many important markets for spirits-based cocktails, particularly those made with more flavourful brown spirits, particularly whisky, is an important key development that's taking place. New foreign markets that were heretofore largely closed to imported spirits are being opened up.

These changes, whether because of accession to the WTO or the OECD and the obligations that those memberships bring with them, or whether they're due to new bilateral and multilateral trade agreements like TPP or CETA, offer tremendous growth opportunities for Ontario spirits manufacturers.

So what's holding us back? Well, it won't come as much of a surprise to you how competitive the international trade in whisky is, with formidable brands made in Scotland, Ireland, the United States and a growing list of other countries. And it's unbelievably expensive to enter a new market and be successful—expensive and risky—with market assessments, legal reviews, regulatory hurdles; product, label and packaging design to appeal to local consumers in that market; and of course, on-the-ground sales and advertising and promotions and merchandising, all of which have to be financed in the first instance from one's home market here in Canada.

To be quite frank, Ontario's export strategy has to move beyond trade shows and trade promotion optics to a more holistic approach that looks at what policies are in place that are making it more and more challenging to operate here in the province, identifying and removing the impediments to new investment and ensuring a viable and healthy home base from which to export.

What are the returns available in Ontario for a bottle of whisky made here in Windsor, for example? I'll just pick Gibson's as an example.

It's about 20% on the retail dollar. It's 80% taken in taxes, with only 20% available for spirits suppliers to develop, make and, in the case of whisky, set aside for six, eight or more years of maturation, as well as merchandise and promote the product.

This product, Gibson's, is a 12-year-old whisky. That means that as soon as we make it, it goes into a barrel for at least 12 years. In the United States, the same bottle would generate a return of 35% to 45%. The added revenue in the United States provides a tremendous competitive advantage to American whisky makers, whether they're bourbon makers or Tennessee sour mash, when we're competing in third countries, whether it's South Korea, Vietnam or India.

There are two elements that determine an industry's profitability. One is the return or margin per unit, and the second is the volume of the units they sell. We've already seen that the return per unit sold is much lower in Ontario than almost anywhere else in the world.

In terms of our volume of sales, the second part of the industry profitability equation, Ontario fares no better. Spirits represent 27.5% of overall beverage alcohol sales in Ontario. In contrast, spirits' market share in the United States has grown in recent years and is now up to 36%. A lot of that is post-2008.

What's going on? Well, first of all, Ontario-made spirits are the only beverage alcohol products made in the province which do not have access to their own retail stores and the many side benefits such stores bring with them.

Second, additional points of sale have been given to other products in recent years, including wine at farmers' markets and, more recently, beer in grocery stores.

With a third or half of the retail stores available to beer or wine, it's no surprise that spirits miss out on many sales opportunities. These lost opportunities are rising, as consumers increasingly value convenience in their shopping patterns.

Ontario's current agri-food processing export growth strategy includes giving better access to the Ontario market to beer made in Mexico or Holland than to whisky made half a kilometre from where we're sitting right now. It's inconceivable that the Mexican state of Jalisco would provide better market access to European wines than it does to locally made tequila, or that Scotland would provide preferential treatment to American beer over Scotch whisky. Yet that is essentially the path that Ontario has taken.

1400

In addition, the spirits footprint within the only sales outlet we have, the LCBO, is under pressure as the LCBO ramps up its beer presence to compete with the new competitive grocery store sales channel. We are concerned with suggestions, as well, that the LCBO should be directed to enhance their current "pricing and mark-up strategies to better leverage their buying power." To us—and remember, they're already taking the majority of the 80% that I've talked about—that sounds like code words to simply extract more from suppliers, including Ontario spirits manufacturers, and pocket more for the treasury. As I noted earlier, we're the only sector that is restricted to selling exclusively through the LCBO, so we have nowhere to hide or to mitigate the impact of any LCBO tax increase.

In addition, even within the LCBO store system, spirits are subjected to a much higher tax burden than that imposed on beer or wine. Our analysis shows that the Ontario treasury's net income—taking out the sales tax—on spirits is 50%. It's far ahead of the 35% that they take on wine and the less than 10% that the LCBO makes on beer. On wine sold through their own private stores, the treasury's return drops from 35% to 10%. So we are paying far more than our fair share, and any increase will be felt in job losses, reduced investment and a pull-back on export development.

We would like to suggest a different approach with more positive outcomes, both for the industry and for Ontario.

Taking a page from Ontario's very effective wine strategy, we recommend that the LCBO be given the mandate to grow its share of spirits sales within its stores from 40% to 45% over the next five years—certainly doable by the LCBO.

Second, the LCBO and Ontario alcohol pricing and mark-up strategies should be adjusted to have the same net return to the treasury regardless of where the products are sold. That's to say that the Ontario treasury should receive the same amount per retail dollar spent whether the purchase is beer, wine or spirits, or whether the

product is sold by the LCBO, a grocery store or a private store. That's how virtually all other taxes work, and this basic tax-neutrality principle should apply equally to alcohol taxation.

Third, grocery stores licensed to sell beer should also be allowed to sell spirits, essentially making these stores like all the other LCBO agency stores.

Fourth, we recommend that the Ministry of Finance's annual tax expenditures "Transparency in Taxation" report be expanded to include beverage alcohol taxation.

We think these recommendations are critical if Ontario is to grow and expand its beverage alcohol manufacturing and exports.

In closing, I'd only add that the issues I have raised are not new. However, we are at an inflection point here in Ontario—

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you, Mr. Westcott.

Mr. Jan Westcott: Thank you.

The Vice-Chair (Mr. Peter Z. Milczyn): Ms. Fife, Mr. Natyshak: Which one of you wants to proceed?

Mr. Taras Natyshak: Thank you, Chair. We're going to give Mr. Westcott the opportunity to finish his thought. He was on a good line there. I think he's almost done.

Mr. Jan Westcott: All I was going to say is that we're at a critical point. Our industry is either going to progress or we're going to fall back, so what we do this year and next year is going to make a huge difference. Thank you.

Mr. Taras Natyshak: Thank you, Jan. Very nice to see you. It's always really nice to see you.

Mr. Jan Westcott: It's not the bottles, right?

Mr. Taras Natyshak: No, it's not the bottles. No, no.

Jan, you had mentioned that these issues are not new. In fact, you were probably one of the first people I met when I was elected in 2011. You articulated very well the issues that existed then, and it seems as though they continue to exist now, with the slight change in dynamic of the sale of alcohol in the province of Ontario that has added another layer, I guess, of complexity to it.

Undoubtedly the contribution that the spirits industry makes to the province of Ontario is incredibly important in terms of economic growth, specifically here in Windsor—Hiram Walker contributed to the birth of this city—as well as the current plant in Amherstburg, the Diageo plant, making Crown Royal: an enormous amount of good jobs, as you had referenced. They are good jobs. These are manufacturing/agriculture-based jobs that have a really clear and present supply chain that supports a whole host of economic growth in the province. So we get that and we certainly support it.

Ultimately, what I see and I believe what my colleagues should understand is that there's simply inequity here between alcohol sales and products in the province. I'm fully prepared to support measures that address that inequity if the province would take the leadership on it. They know these issues exist. We haven't seen any indication that they're going to specifically address those

issues, but—maybe if you could tell us—if they addressed those issues and allowed a level playing field for the spirits industry, what type of impact would that have on specifically job growth and footprint for the industry in the province? We know the economic impact, but how many jobs could we envision coming out of some parity here?

Mr. Jan Westcott: We have a very easy ratio in our business: If our sales go up 10%, our inputs go up 10%. We are a major exporter. We exported close to \$700 million last year. There's no reason why that couldn't be \$1 billion. Every million dollars, OMAFRA tells us, generates X number of new jobs.

I think it's interesting that, just at this point in time, two whiskies that are recognized around the world as the best whiskies in the world are not just coming from Canada; they're coming from Ontario. A few years ago, a whisky produced in Collingwood won similar acclaim. We certainly have the quality. What we lack are the bucks in our jeans to drive the business forward, whether it's investment in plants here to keep the plants competitive, whether it's to innovate and make new products—because that's really the leading edge of where the consumer is going—or whether it's to go into markets that are being opened up either through CETA or TPP or different trade deals that we do. If you don't have the dollars available to you and your margins are so bad that, on a global basis, other people don't want to invest in the category, Canadian whisky will wither and die.

We have all of the ingredients to succeed. We have been growing our exports, but we think we can do it at a faster pace. Could we increase the footprint in Ontario by 25%, 30% or 40%? Absolutely. We should be a billion-dollar export industry. There is absolutely no reason, with the kudos we're getting around the world, that we don't do that. Yet, we operate in Ontario with one hand tied behind our back. We can't sell in grocery stores. We're not in the farmers' markets.

One hundred per cent of the inputs of our products come from Ontario. We don't bring anything in from anywhere else. These are all made from Ontario farm products, 100%, right across the province. What's wrong with us? Why can't we get fair and equal treatment with the other guys? We're no different than the wine guys or the beer guys, but where's the fair treatment? Without that, we won't be able to grow and do that. The sky's the limit.

Irish whiskey used to be a minor category. They have passed Canada because they have invested in their business. They're now well over—is it \$2 billion?

Mr. C.J. Hélie: No, \$1.1 billion.

Mr. Jan Westcott: It's \$1.1 billion in the last five or six years.

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you, Mr. Westcott. The committee appreciates your spirited submission.

Mr. Jan Westcott: Thank you for the opportunity.

I'd like to leave them, but the rules in Ontario prohibit that.

The Vice-Chair (Mr. Peter Z. Milczyn): Those darned Ontario rules, yes, indeed.

WINDSOR AND DISTRICT LABOUR COUNCIL

PATHWAY TO POTENTIAL

The Vice-Chair (Mr. Peter Z. Milczyn): Our next witness is the Windsor and District Labour Council.

The Chair (Ms. Soo Wong): Good afternoon, gentlemen. I've got one name here. I only have Brian Hogan, the president. For the purposes of Hansard, you need to introduce yourself and your position with the labour council. You have 10 minutes for your presentation, followed by five minutes of questioning from the government side. You may begin any time. Okay? Thank you.

Mr. Adam Vasey: Thanks. I'm Adam Vasey. I'm with Pathway to Potential. I submitted my name just about a half an hour ago, but Brian has graciously agreed to give me a bit of time.

The Chair (Ms. Soo Wong): You may begin.

Mr. Brian Hogan: Thanks. As you noted, my name is Brian Hogan, with the labour council. We work with people like Adam and many others across the region to help make this a better community and a better province. Just a couple of hours ago, we were doing the same thing. We were outside on the street—it's much warmer here—working with ordinary citizens about health care and other things that need to improve to make this a better region.

1410

Premier Wynne would like to be known as the social justice Premier, and in many ways, she is. Some files that we're very impressed with, in the progressive world, are pensions, climate change and full-day kindergarten. I'm from the education sector. There are some areas, we believe—that's why we're here—where there should be some improvements.

We'll start with the Hydro One sell-off. Quite simply, that was not a campaign promise. We have not heard one citizen in the region that is for the sell-off. It wasn't even good enough for Ernie Eves, and Ernie believed in privatization. We know about Highway 407. I think he also sold the SkyDome. The progressives in this region will not let this die. We're going to keep pushing on that.

Let me give the connection to the environment. Your positive move on climate change, cap and trade, is a perfect source of your funds for the green initiatives. I know you're saying, "Let's sell Hydro One so we can build roads," and you're going to try to hold out people saying, "Yes, we need that. We need these kinds of things." Use the cap-and-trade money.

Austerity: This region needs the opposite of austerity. We lead the nation, and have for many years, in unemployment. Bay Street and the multinationals are doing quite fine. Let's continue to remember the 99-percenters.

You're going to hear from some health care people. I'm just going to touch on one thing: long-term care.

Because I'm from the education sector, you might remember—you won't remember, depending on your age—boomers were born, and that popped up all kinds of schools, all kinds of teachers, all kinds of resources. Guess what? They were paid for by tax dollars, because it's for the public good. Sixty years later, you're paying tons of taxes and all of a sudden, there's no public good for these kids that we took care of 60 years ago. We've got to think in that format. We need to work on that.

Good jobs: Obviously, every council is worried about that.

The engine of this economy is the auto sector. We need you to continue to work with the stakeholders on this file, including talking to Unifor.

The words "precarious work"—that's a relatively new term. We just need you to continue to tackle that in some way. Employers or temp agencies or moneylenders—there are more moneylenders than Tim Hortons. We need to really take care of that. Adam's going to touch on our poor people.

Injured workers: OFL and the injured workers' group co-sponsored something about WSIB. I sat in on a rally here in the region. They're getting revictimized, and they're heading down a path. That money was coming out of the workplace; that's workplace money. They're going into poverty. Social assistance: Now it's a tax-dollar drain. I'd rather they drain/use the WSIB dollars that should be theirs.

I'll focus on one thing in the report. Let's get rid of the so-called paper doctors who render decisions about care without even meeting the patients; they just read a report—no, let's get rid of them.

Health and safety: We need more people out there on the job, enforcing the laws, and more training programs, like working at heights, which is a very good program. If you really care about the workers and their illnesses, think about funding the workers and groups such as the Workers Health and Safety Centre.

Let me talk about education, the sector I know. Your government needs to deliver on affordable child care spaces. I believe there was an agreement of an NDP motion last year about \$15 a day per child. Let's tackle that. If we don't have the kids taken care of, they're off to a bad start.

I talked about full-day kindergarten. It's a great start, a great idea. It's working, but class sizes are going up. Let's get those class sizes where they belong so they actually can get a good education.

Funding for special needs must be increased. The front page of the Windsor Star is a black eye for the Ministry of Education: "Nowhere to go" for special-needs kids. We've got special-needs kids. They have violent tendencies. We've got workers who cannot get injured at work. So this is all going together, and that really is about how resources can help mitigate this. There are not enough EAs in our system at the Catholic system; that's the one I'm at.

I'll tackle another one, about mental health: There are zero social workers in the Catholic system. We have no

psychologists to assess students. Again, if they don't get a good start, they're off on the wrong start.

English-language learning programs: We have the fourth most diverse city in the entire country. We, like other communities, are bringing in Syrians. Let's take good care of them. How we take good care of them is to make sure we have the funding in the school system for English-language learners.

Go ahead, Adam.

Mr. Adam Vasey: Thanks, Brian. Again, I'm Adam Vasey. I'm the director with Pathway to Potential, which is the regional poverty reduction strategy.

We've always been encouraged in Ontario that we've had a focus on poverty reduction since 2008, and in 2009 the all-party commitment provincially to continually moving forward, to have a five-year plan on poverty reduction and to have clear targets and timelines.

Pathway is also a member of Campaign 2000 and the 25 in 5 Network for Poverty Reduction. Generally speaking, we've always been supportive of their recommendations and approaches around poverty. I think it's particularly important now, when we think of our region and the fact that in Windsor-Essex there are about 75,000 people living below the low-income measure. We have about one in four children in our community who are living in poverty. We actually have neighbourhoods where that's closer to one in three and even close to half in some parts of Essex county. I think all of us could agree that that's unacceptable. We have to do more on poverty.

I want to touch on, first of all, that it's important for us to think beyond the austerity framework or that approach because the sad reality is that typically we don't take care of people living in poverty during good economic times and then, when times are bad, we use that as a crutch. We say that we can't really make those key investments because we all have to collectively tighten our belts. I think we have to look really seriously at fair taxation, progressive taxation, which will actually help the government generate the type of revenue that is required to make investments. I think that's important.

Other key principles I just want to touch on are the importance of making work a pathway out of poverty. The reality in Canada is that for a lot of people, regardless of what province you're in, if you're working full-time, full-year at minimum wage, you're still living in poverty. I think we have to get beyond that. I know there has been some work done in the area of minimum wage reform, indexing it to inflation, but I think it's still putting a lot of people below that poverty line. We support the Workers' Action Centre's call for \$15-an-hour minimum wages.

We also want to recognize that when you look at what happened around 2009, when we were at probably the worst point of the economic recession, one of the real, positive elements of the first poverty reduction strategy the Liberals had implemented was the Ontario Child Benefit. I think it's important to recognize when policies work, and then, when we can recognize that, we make

further investments in that area. To keep making those investments is really important.

On that note, as we're looking now at a federal government that's making significant changes around child benefits, I want to point out that—especially the Wynne government, considering all the support that was given to the federal Liberals—we should stay on top of looking at what that new benefit is actually going to mean for social assistance recipients so that it's not going to put them at a disadvantage.

Also looking at social assistance reform: Again, the reality is that people who are currently on Ontario Works, despite very modest increases in Ontario Works rates over the last few years, are still worse off than they were in the mid-1990s under the Harris government. I think we have to be extra-vigilant.

Finally, I'll note that we need a national poverty reduction plan, especially with a new government. That's been noticeably absent. I think that's where the government could be a champion.

The Chair (Ms. Soo Wong): Adam, you need to stop now. I'm going to turn to the government side to start the questioning. Ms. Albanese.

Mrs. Laura Albanese: If you wanted to finish your thought, first of all.

Mr. Adam Vasey: Sure. Just that I think it's really important that now that there is a new federal government we really take this opportunity to advocate strongly as a province for a national poverty reduction strategy because that's been so noticeably absent over the last number of years.

Mrs. Laura Albanese: Thank you, Brian and Adam. Thank you to both of you for presenting to our committee today and thank you for the work that you do on a regular basis, especially in education.

You spoke today especially in regard to the most vulnerable, the most disadvantaged in our society. You covered a lot of topics. I'm looking forward to perhaps reading over your presentation. I don't know if you're going to make a written submission. That would really be helpful, especially for you, Brian. It was a touch and go on many subjects. There are some where I really got right away what you meant, and others that I wanted you to elaborate a bit. They're all important points and we will keep all of those in consideration. You're right; there's always more that we can do, and we have to try to do that as a society. We have to work together and we have to try to address the problems that are still there.

1420

Some are easier to address than others. For example, Brian, you mentioned precarious work; income inequality is growing and it's something that concerns all of us. At the same time, the government has been trying to make some progress and trying to take the most disadvantaged into consideration. The Ontario Child Benefit is one example; the community benefit agreements that hopefully will get extended is another, but there is more work to do. Thank you very much for all the work that you do.

The Chair (Ms. Soo Wong): Just for committee purposes, I was told by the Clerk that there is a written submission, but we were told not to circulate it to the committee until after the presentation.

Mr. Adam Vasey: Was there a question for us?

The Chair (Ms. Soo Wong): No. I'm going on because we have lots of speakers and we're going to be flying up to—

Mrs. Laura Albanese: Did I have more time?

The Chair (Ms. Soo Wong): Yes, you have two more minutes.

Mrs. Laura Albanese: Okay. So, I guess, in your long list, if you had to prioritize, what would you like to see in the budget, is my question?

Mr. Adam Vasey: This is the whole point about this. I think this is the hallmark of that austerity approach: We have to operate within those parameters. I'm saying, let's look at other ways to generate revenue, particularly beyond selling off public assets because I think that opens up that conversation. Then it's not about having to compete between doing something in social assistance or doing something for another marginalized group. Because the needs in our province are so great, I think we should all agree that that is a horrible choice for us to make.

I think the priority would be poverty, and recognizing that that should be in the same conversation as the economic development discussion that we're all having when we talk about jobs.

I think good jobs are absolutely a priority; tackling precarious work—we're really looking forward to seeing what comes of the Changing Workplaces Review for sure, because I think there is promise there.

I would say a comprehensive poverty reduction strategy is what's needed. Yes, having the federal government do its share and do more on the policy front, but I think this is something that is too great an issue for us to continually ignore and just incrementally address.

Mrs. Laura Albanese: Thank you.

The Chair (Ms. Soo Wong): Thank you very much, gentlemen.

ONTARIO GREENHOUSE VEGETABLE GROWERS

The Chair (Ms. Soo Wong): The next group coming before the committee is the Ontario Greenhouse Vegetable Growers. The Clerk says that there is a handout to be circulated.

Good afternoon. Welcome. We have three names here, but I see that there are two of you. For the purposes of Hansard, can you please identify yourself as well as your position within your organization? You have 10 minutes for your presentation, followed by five minutes of questioning. This round of questions will be coming from the official opposition. You may begin any time. Thank you.

Mr. Richard Seguin: Thank you, Madam Chair. My name is Richard Seguin and I'm the general manager

with the Ontario Greenhouse Vegetable Growers. I'm joined today by my colleague.

Dr. Justine Taylor: I'm Justine Taylor. I'm the energy and environment co-ordinator for the Ontario Greenhouse Vegetable Growers.

Mr. Richard Seguin: Thank you, again. Je ferai ma présentation en anglais, mais des questions et commentaires en français seront également bienvenus.

I've been with the Ontario Greenhouse Vegetable Growers only since September 2015, that's why I'm accompanied by my colleague, Dr. Justine Taylor. She will provide additional experience and help answer any questions that the committee may ask. You have copies of our presentation which I will summarize today.

We have three messages for the committee. Firstly, that the Ontario greenhouse vegetable sector is an important contributor to the Ontario economy, and that it continues to grow. Secondly, this growth is at risk from policies that could reduce the relative competitiveness of the sector when compared to international competitors. Finally, we'd like to focus on five specific policy areas where we request parliamentary consideration be given to ensure our continued competitiveness.

You are doubtless aware that the Ontario agriculture and food sector has been an engine of growth for the Ontario economy. Within that, the greenhouse sector has provided over \$1.5 billion annually in farmgate revenues. The greenhouse vegetable sector accounts for 60% of that total. Greenhouse vegetables will cover over 2,600 acres this year, up over 100 acres from last year.

You may not know this, but the sector has experienced a cumulative annual growth of almost 6% per annum for the past two decades. I do not know of any other sector in Canada that has experienced consistent growth of that magnitude. There is real opportunity for such growth to continue. In the next five years, the sector is poised to invest more than \$500 million in incremental construction, creating close to 3,000 jobs and contributing \$4.6 billion to the Ontario economy. During that same period, we should see over \$4 billion in sector exports.

Our second point is that this potential growth could be at risk if non-competitive policies are enacted in Ontario. The risk is real that this investment will move to neighbouring jurisdictions which have more favourable business climates, such as Michigan or Ohio. There are five policy program areas identified in our submission where changes could ensure a continued competitive environment for our greenhouse growers.

First among these is the need for competitive energy rates. Our strategy is to move towards 12-month greenhouse production, allowing us to retain our markets during the winter months and to provide our customers with the fresh local produce they demand. This requires a significant investment by growers in lighting and heating technologies. Such an investment will only occur if growers have access to competitively priced off-peak electricity. Moreover, in many areas of Ontario, energy infrastructure is at capacity. We ask that the Ontario government support expanded electrical infrastructure

and work with our sector to design programs allowing for competitively priced electricity to greenhouse vegetable production in Ontario.

Secondly, the planned cap-and-trade initiative for Ontario requires higher costs for fuel and electricity. If administered at the distributor level, such costs will likely be passed on to end users, including Ontario farmers. We therefore recommend that the Ontario government undertake a full regulatory impact assessment of the cap-and-trade initiative to assess its economic impact on open sectors such as the greenhouse industry. Moreover, we request that the government grant an initial exemption from cap-and-trade for distributors of fuel delivered to agricultural production.

A third area of concern for greenhouse growers is the high level of phosphorus entering the Great Lakes. Our growers are committed to assisting in reducing phosphorus loadings; however, the Ministry of the Environment and Climate Change is insisting on imposing expensive environmental compliance approvals, or ECAs, for all greenhouses in the sector. Greenhouse growers would much prefer to invest in on-farm actions that deliver tangible reductions to phosphorus loss from greenhouses rather than follow regulatory processes that do not address the problem. The Ontario Greenhouse Vegetable Growers ask the Ontario government ministries to work collaboratively with the sector on actions to reduce phosphorus loadings of the Great Lakes.

The fourth area we highlight in our submission is the review of the Employment Standards Act. The two largest costs to the greenhouse sector are labour and energy. We've already spoken about energy. Any changes to the Employment Standards Act could immediately and directly impact the competitiveness of our sector. Our growers rely heavily on local labour supplemented by foreign workers, particularly through the Seasonal Agricultural Worker Program. This program helps keep labour costs manageable, allowing us to compete against developing countries where labour costs are lower. The Ontario Greenhouse Vegetable Growers request that any changes contemplated to the Employment Standards Act be reviewed for their impact on the competitiveness of the Ontario fruit and vegetable sector. In particular, non-resident workers should be excluded from any additional regulations.

Finally, we have emphasized the international competitiveness of our sector. Currently, around 70% of our production is exported, virtually all of it to the United States. Our growth requires continued market development efforts. We are targeting the pan-Pacific region and further expansion in the southern and western United States.

1430

Existing programming has been very important to our market development efforts. In the domestic market, these include Foodland Ontario, the Local Food Fund and Growing Forward 2 programs, among others. Such programming is invaluable in leveraging our resources, directed both at retail and food service markets.

In conclusion, the Ontario greenhouse sector is healthy and strong. It will contribute to the Premier's challenge of growth in jobs. We look for an understanding of the competitive nature of our business and for a collaborative spirit from the government in designing and implementing new policies, programs or regulations.

I thank you again for the opportunity to speak to you today, and we welcome your questions and suggestions.

The Chair (Ms. Soo Wong): Thank you very much—Oh, this is really loud; I think I just woke up everybody.

Thank you very much for your presentation. I'm going to turn to Mr. Fedeli to begin this round of questioning.

Mr. Victor Fedeli: Two very quick questions: A couple of years ago, we toured a large greenhouse in southwestern Ontario, and they talked about their plans to spend \$100 million building a twin greenhouse beside their existing facility. I ran into them at a Queen's Park reception, just a couple of months ago, and I said to them, "How did that expansion go? Did you ever go ahead with it?" He said, "Yes, Vic. We spent \$100 million on a twin greenhouse, but we built it in Ohio"—I think you know who I'm talking about—"because of the high energy rates in Ontario."

How prevalent is that? How serious is this as an issue for you?

Mr. Richard Seguin: I think that example shows the risk. Certainly, there are opportunities south of the border for our growers to get more competitive energy rates and other costs. But at this point in time, I would say it's a bit of an isolated case. So far, our growers are here in Ontario and wish to stay in Ontario.

Mr. Victor Fedeli: He told me of his buddy who did the same thing and built an \$85-million facility in Pennsylvania, so I'm starting to think that it's more prevalent than singular.

My next very quick question will be on the ORPP, the registered pension plan. What do you see as the effects of that in your particular sector?

Mr. Richard Seguin: The ORPP, if implemented as proposed, would immediately impact—

Mr. Victor Fedeli: I'm afraid I couldn't hear you.

Mr. Richard Seguin: Is that better? Yes.

The ORPP, if implemented as described, would immediately impose costs on all producers and all growers who have labourers. Our concern is that our competitive situation is with other countries. We export 70% of what we produce, so we have to be competitive. These are costs that would be unique to Ontario growers, the Ontario industry, and we would be disadvantaged by that.

Mr. Victor Fedeli: I'll pass it to Mr. Barrett.

The Chair (Ms. Soo Wong): Mr. Barrett?

Mr. Toby Barrett: I think in greenhouse operations south of Leamington here you have access to natural gas, but when talking about the 6% increase in production, I don't know whether you have the pipeline or the quantity for future access. Any comment on that?

Mr. Richard Seguin: I'll pass it to my colleague.

Dr. Justine Taylor: With regard to natural gas or electricity or both?

Mr. Toby Barrett: I couldn't hear you. Sorry.

Dr. Justine Taylor: With regard to natural gas or electricity or both?

Mr. Toby Barrett: I was thinking more of natural gas. You have natural gas, but do you have the quantity? Do you have the diameter pipeline?

Dr. Justine Taylor: Right now, the area is at capacity. Union Gas is planning a new pipeline to go into service in the fall of 2016, this fall. After that, they'll require an upgrade to the Panhandle system, which is a larger upgrade. All of these upgrades are on the books for Union Gas and they intend to go ahead with them, so we don't anticipate that to be a problem in the long term.

Mr. Toby Barrett: Okay, that's good news.

The algae blooms in Lake Erie: We know it comes down the Maumee River in Ohio and the upper reaches of Indiana. We have nutrient management legislation in the province of Ontario, and it was a lot of work. The greenhouse growers were involved in that, going back 15 years ago. The structures in place in the province: Are they not adequate to deal with this in the province of Ontario? I'd like to think that the problem is Ohio, and I wonder what's coming out of Detroit across the way here. Any comment on that?

Dr. Justine Taylor: I think the important thing to note is that the phosphorus reduction targets are applied to specific areas as well as to the entire Lake Erie. Leamington tributaries have been specifically targeted as an area that needs to reach a 40% reduction. Even though Canada might have a much smaller contribution, it's still important that we all do our part to reach that target.

Nutrient management at this point in time only covers a very small sector of agriculture: manure application in operations that are above 300 nutrient units, which is quite large, and it doesn't cover any application of synthetic fertilizer to field crops. That's not currently captured under nutrient management.

Greenhouse nutrients were captured under nutrient management at the beginning of 2015, so we have growers who are making use of that regulation now.

Mr. Toby Barrett: The electricity incentives that you mentioned here, the misalignment—say, running greenhouses lit probably 24/7, a 12-month production cycle. I can't remember. I used to run a greenhouse; I just can't remember the hours now. That doesn't fit with smart meter systems and what have you. Is that the point here?

Dr. Justine Taylor: These two programs specifically opened up to include greenhouses about two years ago, I think. The problem was one of the programs. The cap on the program is still too high to be implemented. These programs would be geared towards growers who are looking to install grow lights, so it would only be the larger producers.

Mr. Toby Barrett: They're exempt from time-of-use pricing?

Dr. Justine Taylor: It would be a little bit of a mix right now in terms of who is on time of use. Some are still on—I forget what it's called—a different rate, anyhow, not the time of use.

The Chair (Ms. Soo Wong): Okay, I'm going to stop you. Thank you, Ms. Taylor, and thank you, Mr. Seguin, for being here, and your written submission as well.

ESSEX COUNTY HEALTH COALITION

The Chair (Ms. Soo Wong): Okay. The next group before us is the Essex County Health Coalition. I think the Clerk has a written submission from this group. Welcome, ladies. I believe we have Kim DeYong and Sandra Dick. Right? Am I correct? When you begin, can you please identify yourselves for the purposes of Hansard? You have 10 minutes for your presentation, followed by five minutes of questioning. This round of questions will be coming from the third party. You may begin any time.

Ms. Kim DeYong: Hello, honourable committee members. Thank you for the opportunity to speak today. My name is Kim DeYong. I'm the chair of the Essex County Health Coalition and a member of Save Leamington OB. Joining me today is Sandra Dick. She's also a member of Save Leamington OB.

We're here today to request a stop to the devastating cuts to our local hospitals and to restore funding at least to the average of the other provinces. This is Ontario hospitals' ninth consecutive year of real-dollar cuts to their global budgets. The Leamington District Memorial Hospital has experienced cuts as a result.

In 2010, we lost two ICU beds, six rehab beds, five med-surg beds, two CCC beds; a total of 17 beds out of a 65-bed facility. This is a 26% loss. In 2014, we lost 15 RNs, nine RPNs, and 12 PSWs. And then, in 2015, we were faced with losing our entire obstetrics unit.

Due to a funding shortfall, the unit was to be closed and all births were supposed to move to Windsor Regional Hospital. At the time, Windsor Regional was running at capacity and some women were required to labour out in waiting rooms. It seems there was very little planning as to what was going to happen to these rural women who were being shipped off to the city to give birth.

Although we were able to save the OB unit—and we're really grateful for that—as you'll hear from my colleague here, hospital cuts have affected patient care and can have unexpected ramifications.

Sandra?

Ms. Sandra Dick: Hello, and thank you for allowing me to speak to you today.

Back in October 2014, I was just over three months pregnant with my second child when the announcement was made that Leamington District Memorial Hospital would be closing its obstetrics unit because of a funding shortfall. Knowing that my first labour was quick and I had been warned of an even quicker second delivery, I was particularly concerned about this closure and the risk of a roadside delivery on the nearly hour-long drive to Windsor.

While I should have been focusing on me and my unborn baby's health, I instead spent my pregnancy

working with the Save Leamington OB group to save the service we deserve and need. You can imagine how unsettling it would have been to not know where I was going to give birth.

1440

I worked as part of this group not just for me and for my baby, but for the many vulnerable women in our community. There were many women in a similar situation as me, unsure of where we would be able to birth our babies, particularly worrisome to the unique population of women in our community who are known for their fast deliveries.

The expert panel created to study the need in our community concluded that we unequivocally need obstetrics services in Leamington. We've celebrated that victory and are very grateful for a return to funding for our department, but the funding uncertainty appears to have had lasting negative repercussions for our community and the department. Over the past year, we've lost a number of qualified and valued nurses, who have moved on to other departments and hospitals in search of greater stability in their work environment.

More recently, and even more concerning, we've learned that our only OB will be leaving Leamington hospital because of this funding crisis and the uncertainty of our OB department's future. Our OB department may have been saved, but this has been truly a hollow victory, as there's not much of an OB department without an OB.

Ms. Kim DeYong: We want to thank the community that rallied; the local and provincial politicians who showed up to support us, we want to thank you. We want to thank the expert panel and the minister for recognizing the necessity of our OB unit for the health and safety of women and babies in our rural community.

We need the hospital funding cuts to end. We need to not be put in a position where we have to fight to keep our health care services, because as we've seen, even when the service is found to be necessary and is saved, the uncertainty makes it most difficult for our hospitals to attract and retain doctors.

We ask for an end to the nine years of cuts. We ask for funding for our hospitals so that they are places where we can not only go and get great health care, but so that they're secure places of employment for our doctors and medical staff to choose for their careers, so that the communities that these hospitals are in remain vibrant places that families will want to come and settle in. We need the cuts to stop, for the sake of our health and also for the health of our communities. Thank you.

The Chair (Ms. Soo Wong): I'm going to turn it over to Mr. Natyshak to begin.

Mr. Taras Natyshak: Thanks, Kim. Thanks, Sandra. Thank you so much for the work that you did, for fighting relentlessly for your community, to save OB in Leamington. It was absolutely your efforts, along with that beautiful community of ours, that came together in Leamington. You guys packed the house. You sent a signal to the LHIN, to the board, to the Minister of Health, that this place was not going to go down without an enormous fight.

I recall you coming up to Queen's Park with the little baby booties. I delivered them to all the members on their tables. I got in trouble for doing that, but it made that visual reference of what was in jeopardy: the ability to live in the community of your choice and to raise a family.

This is going to be commentary, because I agree wholeheartedly with your position. Universal publicly funded health care, accessible across the province, across the country—there's no more arguing about its viability, its importance, its effectiveness and efficiencies. We see what happens in the States, where 50% of all bankruptcies are caused because of health care-related costs. That's the trajectory that we're heading down, given the cuts that are happening within our publicly mandated system.

I wonder to myself: When are we ever going to be able to stop fighting for the basic human right: access to health care? If it isn't OB, it's neonatal; if it isn't that, it's thoracic treatment; if it isn't that, it's basic diagnostic treatment in our acute facilities. It's unfathomable that a government couldn't prioritize and manage their finances enough to provide the basic health care for our communities, something we've done for generations.

We talk a lot about waste and mismanagement. I'm going to get right on it. Are you aware of an Auditor General's report that points to \$9 billion in P3? Is it \$9 billion or \$8 billion?

Ms. Catherine Fife: It's \$8 billion.

Mr. Taras Natyshak: It's \$8 billion over nine years; I get them mixed up. That's \$8 billion that the province has left on the table in financing infrastructure in this province, through a public-private partnership model. That's \$8 billion of public dollars that have not gone into public health, have not gone into education, have not gone into more infrastructure. That's \$8 billion that have gone singularly into the bottom-line profits of massive conglomerates that bid on these P3 construction projects—\$8 billion.

What do you think we could do with \$8 billion of extra cash in our health care system alone? There's a question for you.

Ms. Kim DeYong: It would definitely be more appealing for people to come knowing that the funds would be there, that the unit would be there and that they would have a job. Our OB, whom we're losing, relocated her family. She has a young family. She relocated her family, and now she's moving because of the uncertainty of the unit.

Mr. Taras Natyshak: You warned of that, Kim, when we were fighting this fight. You said that if there is not stable funding, we're going to lose this profession. They're not going to be here. It's almost as if it was by design, because when you choke the system, these health care professionals are forced to leave and go to large urban centres where those services are fully funded and guaranteed. You can't blame them for doing that.

The community of Leamington: I heard that Highbury Canco is hiring. There's a resurgence happening in that community; there's growth. Do you not think that the

government should acknowledge that this is a community that should not be abandoned and should be supported? We hear that greenhouse growers are ready to invest \$100 million tomorrow if they have access to affordable hydro. Are we setting ourselves and our communities up for failure, and do you think there's a different way to do it?

Ms. Kim DeYong: Sometimes, being from a small rural community—this is who you represent, so I'm sure you know—you feel a little left out when you see the kinds of services and funds that go to the big metropolitan areas. We've chosen to live in our small, little rural community, and we want the services there. We've had them and we're seeing them be gone.

It's not like we're asking for something that we haven't had. These are services that we had. Leamington hospital used to have a full floor of pediatrics. That's gone. We've been losing over the years. Just because we choose not to live in big urban centres doesn't mean we don't deserve these services. We pay the same taxes as they do in Toronto.

Ms. Catherine Fife: I'm really glad you raised that point, because the CEO of Windsor Regional just made that point to us. Unless the base funding for hospitals is significantly changed, smaller rural communities that are remote will be paying the price for growth in other jurisdictions. He said that this was the fifth year of a frozen budget, which really is a cut because the needs continue to grow. Thank you for raising that issue.

The Chair (Ms. Soo Wong): Thank you very much, ladies. Thank you for your presentation and your written submission.

PREGNANCY AND INFANT LOSS NETWORK

The Chair (Ms. Soo Wong): The next group coming before us is Glenwood United Church. I think the Clerk just told me that it's also the PAIL Network.

Good afternoon. It's Rev. Dr. Catherine Collins-Barker, right?

Rev. Dr. Catherine Collins-Barker: That's correct.

The Chair (Ms. Soo Wong): Good afternoon. I believe that the Clerk is coming around with your written submission. You have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the government side. You may begin any time.

Rev. Dr. Catherine Collins-Barker: Ladies and gentlemen of the Standing Committee on Finance and Economic Affairs, I thank you for this opportunity to speak to you with regard to why funding should be allocated in the 2016 provincial budget particularly in support of Bill 141, focusing on maternal health, pregnancy and infant loss research, support and care.

As mentioned, I am Rev. Dr. Catherine Collins-Barker. I'm an ordained minister of the United Church of Canada, currently serving Glenwood United Church here in Windsor. I have served in Sarnia-Lambton and Chatham-Kent in previous years. I'm also a member of

the PAIL Network, which is a network of people committed to making a positive difference to those affected by pregnancy and infant loss.

Throughout my 25 years in ministry, I've been called into situations where both mother and parents are in shock, grief and mourning when they learn of the death of their baby at any age along the path to natural maturity. This grief is compounded, however, when the mother is met in emergency care, and after a miscarriage or the fetus is naturally aborted, there are questions left unanswered and, in many circumstances, both mother and father are left alone until the room they are in is needed for the next patient.

I have stood in an ER room and been asked to bless the "baby" who was considered a miscarried fetus of less than 20 weeks. I listened to the parents cry as they overheard hospital staff state that this is medical waste and would be cleared away soon, not realizing the connection of these young bereaved parents who were still present in the room.

I listened to this same mother cry months later when she told me that there was no follow-up care for her at home when this took place. Questions and concerns were raised to me as to why this baby died and whether or not something similar could happen to a subsequent pregnancy.

I've also been invited into a hospital maternity ward to be with a couple who experienced the welcoming of twins into their family. Their joy was mixed with sorrow, as one twin was alive and the second baby came into this world without receiving the breath of life. Not only did these parents experience life; they were also experiencing the initial grief of what should have been. They were given only a brief time to spend with their infant son before "it" was taken away. The staff person doing so told them that they should be glad they had one healthy baby to take home.

1450

In meeting with this family, we prepared celebrations of thanksgiving for both of their children, honouring and naming their child whose existence on earth was short, and rejoicing in the life of the baby who was healthy and would continue to live. After these parents went home, the support they received was only to the mother for her postnatal care and the care for the living child. There was no mention of the death of the twin, no attention paid to the grieving and bereaved parents. It was because of my role as minister that I was able to help both parents grieve and mourn their son's death and the dreams they held for both of their children.

I myself have two children. When I was pregnant for my second child, I received word that a young couple in one of my congregations, whose baby was due three weeks prior to my own child to be born, had learned that their baby's heart had stopped beating. I was called by a family member to assist this young couple after she had been induced to deliver a stillborn baby. They did not have an opportunity to see the infant prior to the baby being taken to a funeral home, and had gone home to face a room prepared to welcome their daughter. Yet

instead of preparing for a homecoming, we shared in the preparation of this infant's funeral.

The mother did receive a postnatal care visit, but there was no mention of the baby's name, the funeral celebration that was planned or anything else. The father was neglected. Having completed several programs for prenatal and postnatal grief and bereavement training, it was I who aided this couple through this traumatic loss. It was difficult for all of us to share this together because of my own pregnancy. Yet when I welcomed my second son, this couple came to me out of thanksgiving for helping them when it seemed no one else did. Yes, it was difficult for them to see me with my healthy baby boy, but we worked together through their grief and shared in the stories of what their dreams had involved.

More recently, I received a phone call through my church's website from the father of a young woman whose infant was born with many physical problems. The baby lived only in the hospital for three months under critical care. It was through the father's call, which came six months after the death of the baby, that I was able to offer spiritual support as she was trying to understand her daughter's death from a faith point of view. When the father of this young woman called me, crying, on the phone, he asked me if I could do a special blessing to bring peace within his daughter's heart and to offer the same to the rest of the family, whose lives were torn because of the death of this baby.

I met with this young woman, her family members and her other child over the course of eight months, and they were able to grieve, mourn and establish a sense of hope and a renewed faith because someone was willing to listen. This woman told me that she had received only a postnatal visit within a few days of the baby's birth and nothing else after the death of the baby, even though the baby was in hospital for three months. She was left alone.

As a minister of a church, I am called to share in many situations. One of the most difficult is when a parent loses a child at any age, be the child 60 or less than a year. Burying a child is not what society accepts as normal, and when grief and mourning are complicated by people's inappropriate words or inactions, this only further complicates the loss and the parents' inability to grieve.

Bill 141, regarding maternal health and pregnancy and infant loss, research, support and care, addresses these concerns. Now is the time to put into action funding to support best practices in this area of health care for all mothers and parents alike.

In my years of ministry, I have seen some changes happen with education of nursing staff regarding pregnancy and infant loss not only in the maternity wards, but in emergency as well. But there is a long way to go, especially when it comes to spiritual and cultural considerations regarding pregnancy and infant loss. This includes not only training medical staff in both what to say and what not to say to grieving parents as they honour their child in death, but giving them the time to do so. It means enabling families to receive spiritual care that is appropriate to their faith.

Many families today do not identify themselves as belonging to any specific faith group, yet the questions of blessing, prayers and baptism of the infants must be addressed at the time of occurrence. Often this is carried out by the front-line medical staff alone, and, unfortunately, not all staff are trained in what is appropriate or from whom to seek assistance.

If the family is associated with a particular faith and culture, individuals must be contacted immediately so that spiritual and cultural needs are addressed for the family in this difficult time, primarily in support of the mother and parents as they grieve and mourn. Let us find the funding to support others who are in need of one who will take the time to listen and help in specific ways.

Gone are the days when nothing is said about infant death, and mothers and fathers cried and mourned alone. We are living in a time of instant communication, and sharing what is appropriate today is in supporting those whose infants do not cry, but their parents do. Thank you.

The Chair (Ms. Soo Wong): Thank you very much, Rev. Collins-Barker. I'm going to turn to Ms. Vernile to start this round of questioning.

Ms. Daiene Vernile: Thank you very much, Reverend, for coming here today and telling us this information. First of all, how should I refer to you; what do you want me to call you?

Rev. Dr. Catherine Collins-Barker: Reverend Cathy is fine.

Ms. Daiene Vernile: Reverend Cathy; okay. I want to say to you that the work that you are doing is difficult work. It's very important and we do appreciate how you are performing in your community, so thank you very much for that.

We had a couple of presenters here this morning—in fact, they were our first delegates—they were Colleen Campo and Kim Willis. Are you familiar with them?

Rev. Dr. Catherine Collins-Barker: Yes, I know them.

Ms. Daiene Vernile: They shared much the same information about offering bereavement support for parents. I just want to know: The stories that you are telling—are they the same stories they told us this morning?

Rev. Dr. Catherine Collins-Barker: No. These are my personal stories of my interaction with bereaved and grieving families.

Ms. Daiene Vernile: Okay. You referred to Bill 141.

Rev. Dr. Catherine Collins-Barker: Yes.

Ms. Daiene Vernile: It was put forward by our colleague, MPP Michael Colle. It's a very important initiative. Give me some details on what you would like to see put forward in this.

Rev. Dr. Catherine Collins-Barker: What I would like to see is that special training for people who are working right directly within the maternity wards and with emergency staff—part of it is not knowing what to say that's inappropriate or appropriate, and how to contact with those who do have faith-based connections immediately when something happens.

Having lived in smaller communities in earlier parts of my ministry, I knew the people in the hospital in Petrolia. "We need to call Reverend Cathy; these people belong to her church." That was the connection. That does not always exist today when it comes to people going into a hospital from rural communities—which our previous speakers were talking about—going into a place where people are not known and not understood as to what's happening. The young woman or couple are left alone in a room to grieve and think and worry and fret. They have no control over what's happening. Part of that is to have an advocate that's present, someone who can come in and share with them when they find out there's some kind of problem, and then to have follow-up care.

Part of that problem is the fact that sometimes women will go home and not have any care, or have had the opportunity even to hold their dead child. When we think about why we would want to, it is a major part of our understanding of grief and bereavement to hold what has been held inside us for nine months and is now outside of our body.

The one woman I referred to, having had this baby just before I gave birth—I can think about it; my son now is 14. It comes back emotionally about what the grandmother of this one woman said to me. She said, "I don't want to put this on you. You are having your own issues." The community rallied around that young couple so well because they knew the expectation was there to have a healthy baby. It was just a matter of time.

So how do we have the support put into place? That's what we need. How do we share that? How is the training, not only in one area of the province, but across the province? When we think about rural communities or right into the city we know there are only so many dollars for funding and caregivers. How do we share that?

Not only is it in this time of life, we also think in the opposite end, too, which is palliative care, but that's another issue.

Ms. Daiene Vernile: I think you're absolutely right, though, that when it comes to death and dying, whether it's a baby or an elderly person, we're often at a loss of knowing what to say or how to support that person.

Rev. Dr. Catherine Collins-Barker: Yes. As a minister, I have gone through many kinds of training and programs, but there are very few who are in the ministry full-time today who do the extensive learning and education programs that are set forth by the province to work in conjunction, in a team approach, to caring for babies and infants.

Ms. Daiene Vernile: I know that MPP Colle is very passionate about this initiative, and if he were here now I know he would say to you, "Thank you for the important work that you are doing." We so appreciate that you came here today. Thank you.

1500

Rev. Dr. Catherine Collins-Barker: Thank you.

The Chair (Ms. Soo Wong): Thank you very much, Reverend Cathy. Thank you for your presentation and your written submission.

ONTARIO MEDICAL ASSOCIATION

The Chair (Ms. Soo Wong): The next group before us is, I believe, Dr. Albert Ng, representing the Ontario Medical Association. Dr. Ng, welcome. You have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the official opposition party. You may begin any time.

Dr. Albert Ng: Thank you for this opportunity to provide input into your pre-budget hearings. My name is Dr. Albert Ng. I'm a family doctor here in Windsor who has been practising medicine for 30 years. I'm also a board member with the Ontario Medical Association, representing this region.

Every day, Ontario's 28,000 doctors go to work and put our patients first. For us, it's simple: There's no job more important than the health of our patients. And so I am here to call on the government of Ontario to fully fund the demand for medical care in Ontario according to the needs of our growing and aging population.

Last year alone, the government unilaterally cut, by nearly 7%, the physician services budget that covers the care doctors provide to patients. Yet the demand for medical care in the province is growing by 3.5% per year, with 140,000 new patients entering the system annually. That's almost the entire population of Prince Edward Island.

I want to take a few minutes to explain why fully funding the demand for medical care is so critical to understand, as we believe the government's actions have serious implications for our patients and their families across the province.

One of the building blocks of a healthy economy is a healthy population. The fact is, Ontario's population is growing and is aging. This is not a time for the government to decide to fund less than half of the additional care that will be needed. They don't even want to pay for new doctors to treat existing patients who are struggling to access the care they need.

By the Ministry of Health's own estimates, demand for medical care will grow by at least 2.7% per year, or \$307 million, due to population growth in Ontario, an aging population that needs more complex care, and the need for new doctors to treat existing patients who currently can't get timely access to care they need. Yet the government is only willing to fund 1.25%, or \$142 million.

The growth in demand is happening because Ontario's doctors are treating patients that need care. More care and more complex treatment are being delivered across the province. The government knows this need is increasing. We want to provide that care.

Ontario's aging population also requires more complex care, including managing chronic conditions. To make matters worse, today in Ontario, the number of patients struggling with chronic conditions is rising sharply. More than half of seniors have a chronic condition, and 25% have two chronic conditions. Since

2008, the growth rate of patients with chronic disease is triple the rate of non-chronic patients.

The Erie St. Clair LHIN is home to 21,000 patients currently without family doctors. That's 21,000 people not getting the care they need and deserve. I should note that only 61% of the population from the LHIN comes from Windsor-Essex county. This LHIN has a higher than average population of seniors, a significantly higher proportion of overweight and obese individuals, and a significantly higher rate of chronic conditions when compared to the rest of the province. In 2005, approximately 36,000 residents of Erie St. Clair were diagnosed with diabetes. That's 14% higher than the provincial average. These rates require more complex and more frequent care from doctors, yet the province has responded by cutting physician services by 7% in 2015 alone.

The government is failing to accept its responsibility to fund the system accordingly and is threatening access to the quality, patient-focused care Ontarians need and deserve, including our community here in Windsor.

In Windsor, we have worked hard to attract and retain new physicians for more than a decade. Understanding that having a medical school would help us with this cause, we advocated for and developed a satellite medical school that has helped our shortage of physicians.

Contrary to this work is one example of government's unilateral changes to control costs—managed entry into team-based primary care models and the subsequent New Graduate Entry Program—which has resulted in a number of new physicians establishing not in the preferred way of practising medicine in family health teams, which the Ministry of Health itself states is a successful example of collaborative care, but rather into walk-in clinics providing episodic care. I know that one of these physicians consequently is now considering moving to another city and likely to another province. I know of other colleagues who are laying off staff and not investing in new technologies because of the financial burden of government cuts to the physician services budget.

Wait times for accessing specialty care for my patients has been much longer than the provincial benchmarks. For orthopedic wait times, the provincial benchmark is 182 days while the local hospital states 190 days; my patients are waiting eight months to a year for an appointment. For urology, the provincial benchmark is 182 days while the local hospital reports 94 days; my patient waited one year for the initial consult. This also impacts other areas not considered by the Ontario Wait Time Strategy and therefore are not monitored and compared to provincial benchmarks: for example, gastroenterology, seven months; endocrinology, eight months; psychiatry consults only when in crisis and through the emergency room.

Recent agreements in British Columbia and Saskatchewan demonstrate how those governments have accounted for the growing and changing needs of their populations and have made the changes required by funding system growth. However, in Ontario the government is shirking its responsibility to fund natural growth in the medical needs of its population.

We understand and acknowledge the economic challenges facing the government. I would like to remind you that in 2012, Ontario's doctors accepted a 5% cut, and in doing so saved \$850 million in the system. We did this then because we could make cuts in places that we knew could have minimal impact on patients. Now the government is cutting physician services unilaterally and without regard for impact on patients. This is unsustainable. It is unrealistic if we want the best care for our patients and if we want the best doctors available in Ontario. This behaviour represents a race to the bottom.

While the government unilaterally imposes their cuts to physician services, doctors will continue to do everything we can to limit the impacts these cuts will have on our patients. But make no mistake; there will be negative impacts on patients.

So our message is clear: We want the government of Ontario to fully fund the demand for medical care in Ontario to the needs of our growing and aging population. It's time for the Ontario government to truly put patients first and fund the growth in the health care system. The decisions Ontario makes today will impact patients' access to quality care for years to come. Thank you.

The Chair (Ms. Soo Wong): I'm going to turn to Mr. Fedeli.

Mr. Victor Fedeli: Thank you very much, Dr. Ng. We've had a similar presentation, and I happen to be the same guy who did the questioning, so a lot of my questions will be repetitive here, but new to you.

We travelled through the north the week before Christmas and we stopped in Sudbury, the Soo, Thunder Bay, Dryden and many other communities, and we met with a young woman who just became a doctor. She was in the northern medical school. We sat with her—she was sent to us by, I think it was, the OMA—because she's considering leaving Ontario. She's brand new, a couple hundred thousand dollars in debt, and quite simply can't seem to put it all together. She talked about the new funding formula and how the new docs are being paid, and it doesn't sound very good. Her husband is also a physician, and we're going to lose them both.

Is this something that you can maybe expand on—the new formula for these new docs that are coming out of school? I don't understand the difference. Is there anything you can tell us to shed some light on it?

1510

Dr. Albert Ng: Initially, to enter into a team-based program or a capitated program, there was a stipulation that physicians had to enter areas that were deemed high-need areas, which were unilaterally determined by the ministry. Subsequently, they decided that perhaps they could open it up a little bit and allow new graduates to enter into other areas that were not deemed high needs. However, they would enter under certain conditions and contracts where they were limited in terms of what they would be receiving in remuneration for the first three years of their practice, as well as limitation of what they could do outside of the practice.

In other words, if they had a family practice, if they wanted to work in an emergency room, if they wanted to work in a walk-in clinic to provide care for other doctors—to cover for other doctors—they were allowed to do so, but they would not receive any remuneration for that. That's for the first year. In the second and third years, there was a little allowance for remuneration. I can give you the numbers, if you like.

Mr. Victor Fedeli: This is helpful.

Dr. Albert Ng: Okay. I believe in the first year it was \$168,000 and you were not allowed to work outside. This is just the base salary; whatever was your overhead was going to be outside of that. Whatever you had to pay your secretaries and rent was within what you made there. The second year you were allowed \$178,000, and third year you were allowed \$202,000, approximately.

Mr. Victor Fedeli: I appreciate that explanation. I hadn't really understood that.

In North Bay, where I live, we have 12,000 orphan patients, including my wife and myself. We have one doctor who threw in the towel about a month ago. I can tell you that because he's instructed his patients to call their MPP. He's decided to work in the emerg only, so now he works—I call it “works for the province,” rather than himself. Is this something that we're going to see more and more of? Or is this an isolated case? I have absolutely no idea where this is headed.

Dr. Albert Ng: I actually have colleagues in Windsor who are considering closing their practices. The idea is that they have to control costs. A large number of costs come with private practice, so they are looking at closing their practice and working in venues where their overhead would be much less. This is affecting the care that we are providing for our patients.

Mr. Victor Fedeli: It's because, if I can understand correctly, their “salary” includes all their overhead that they must dispense. Am I understanding that correctly?

Dr. Albert Ng: That is correct.

Mr. Victor Fedeli: Including other staff?

Dr. Albert Ng: If a physician works in the emergency room, he has no other staff to pay for. The hospital provides the staff.

Mr. Victor Fedeli: But if they're on their own, in their own practice—

Dr. Albert Ng: Yes, then most physicians have probably at least two staff per physician, whether it's a nurse and also a receptionist. Then there's rent on top of that and all the other expenses that go along with the practice, with the business.

Mr. Victor Fedeli: I would think most people don't understand or wouldn't be aware that all of their costs come out of that “salary.” It's a big number for a lot of people; that's a very big number. It's like a net number as opposed to—

Dr. Albert Ng: Yes, certainly the Ministry of Health has made it clear that they only want to publish the amounts that the physicians make on average, but they don't let everybody else know that that also includes

what the physician will need for their salaries, for their staff, for their overhead and for their retirement.

Mr. Victor Fedeli: I meant that it was a gross number, not the net number. The net number is—

The Chair (Ms. Soo Wong): Okay, I'm going to stop here. Dr. Ng, thank you for your presentation. If you have any written submission, it's due on Tuesday, February 2 at 5 p.m. to the Clerk. All right? Thank you.

WINDSOR-ESSEX HEALTH COALITION

The Chair (Ms. Soo Wong): The next witness before us should be Windsor-Essex Health Coalition. Are they here?

Mr. Ken Lewenza Jr.: Hello?

The Chair (Ms. Soo Wong): Are you Windsor-Essex Health Coalition?

Mr. Ken Lewenza Jr.: Yes. We were teaching the world outside. Sorry.

The Chair (Ms. Soo Wong): Okay, Mr. Lewenza. There are two of you so you will have to introduce yourselves for the purposes of Hansard, and you have 10 minutes for your presentation, followed by five minutes of questioning. This round of questioning will be coming from the official third party. You may begin any time. Please begin by introducing yourself for Hansard.

Mr. Ken Lewenza Jr.: My name is Ken Lewenza Jr. I'm the chairperson of the Windsor-Essex Health Coalition.

Mr. Ken Lewenza Sr.: Ken Lewenza Sr. I'm his father, and he told me to be here.

Mr. Ken Lewenza Jr.: That's because he's part of the health coalition and spends as much time in the hospitals as the doctors.

I just want to thank the government for having the opportunity and the chance to present today.

As you are well aware, Windsor is going through, obviously, a lot of different challenges. I heard the presenters earlier, where they talked about how this is the ninth consecutive year of health care cuts.

Just recently in the Windsor-Essex region—I think it was just last week—they announced that they were cutting 186 RNs out of the Metropolitan hospital. That was going to take about 250 million hours out of the health care system. They are saying that that won't have an impact on services. It's pretty hard to believe that that wouldn't be the case. Obviously, that is going to have a direct impact on patients.

One of the quick comments that I want to make is about the funding model. There's this cookie-cutter funding model that basically says that if you're a growing region, for example, that's where the health care dollars go.

I will put in a submission later, but I just wanted to point out—and you can get this from Statistics Canada. It just comes right off the website, and it was 2013 data. It just basically demonstrates that here in Windsor-Essex county, we have the highest rates of heart disease, diabetes, stroke, mortality. If you live in Windsor-Essex

county, you live two years less than the provincial average. There's a whole bunch of indicators. One of those was that we have an aging population. So the reality is that a cookie-cutter model just simply doesn't cut it.

Earlier, we heard from Adam Vasey. He is a great poverty advocate in the community. We know that when there are cuts in public services, and, for example, private clinics are set up around where they're providing services, that helps the most vulnerable the most.

I just want to quickly say that I certainly appreciate that there are a lot of challenges in today's economy. We appreciate the consultative approach. We would like to sit down and have conversations. For example, I even understand the politics. I heard MPP Natyshak talk about P3s and the realities. We would like to have a different type of conversation so that we can educate the public about why P3s are not a good way to go.

Essentially, I'll close out by saying thanks for the opportunity. We'd like to have more conversations on this. Thank you.

The Chair (Ms. Soo Wong): I'm going to start with—

Mr. Ken Lewenza Sr.: No, I'd like to—

The Chair (Ms. Soo Wong): Oh, you're going to—okay, good.

Mr. Ken Lewenza Sr.: I'm going to briefly supplement his report—the emotion about health care and the shortage of long-term care and the incredible challenges it puts in front of hospitals that are still accommodating those in long-term care because of the shortages of long-term-care beds in our community.

I'd like you to read the article. When you are on your plane, read the article, because it says it all. I'm here today to speak for Steve Kalas and his wife, Geri. They're in the article. I don't even know them, but I read the article.

I spend a lot of time today in long-term-care facilities. Most people know me as the former president of CAW and now Unifor. I spend a lot of time today as an advocate for those that are disabled, for those that are in long-term care. It's not an official title by any stretch of the imagination. I just visit a lot of my colleagues and friends who gave me the opportunity to serve them.

I want to say to the government directly—because I know what a majority government means, and I hope these public hearings are meaningful. At the end of the day, government has a role, in a majority environment, to provide some humanity, some moral responsibility, some ethical standards, to those that we care for. Simply from my perspective, if we can't take care of seniors and our most disabled, then the reality is, we're not meeting our moral compass.

This article is saying that in Windsor, Ontario, we have a waiting list—the article says it—of over 975 people waiting for long-term care. Now, let's be real about the list of 975. Out of the 975, 375 are being taken care of in their homes today or in a hospital, waiting for that long-term care. The other 500 are in facilities today and trying to move to a more reasonable accommoda-

tions or closer to their homes. So, there are 975 people, but this doesn't tell the true story. These are people who have gone through CCACs; these are people who have been approved; these are people who are on a waiting list. That excludes the multitude of people who, quite frankly, didn't go through CCACs because they said, "Hey, our family will accommodate them. We'll try to take care of them." That's happening more and more every day.

1520

I ask the government: How is it possible that we can have a waiting list of 900 people, 375 directly approved by CCACs to move in? How could we possibly say to Leamington Court that has decided to close their facility and throw out another 65 people awaiting placement—and then the restructuring of the hospitals in Windsor, where we presently have long-term-care people in our Tayfour building who are also being squeezed out—another 40. How is it possible, when we have full utilization, we have a waiting list of well over 1,000 when you include those, quite frankly, in Tayfour and Leamington Court today, that these facilities can close?

It just doesn't make any sense, so I ask the government—in fact, I'm pleading with the government, because I come from the role—and this community comes from the same passion—that if we can't take care of our seniors and our most vulnerable, then we are not meeting the test of that moral compass that we were all born to believe in, and that moral compass is taking care of the most vulnerable.

Hopefully, at the conclusion of this, in the budgeting of health care, long-term care, as a result of an aging population and as a result of the incredible pressures on families with children and others with disabilities—not just children; adults with disabilities—this is significant.

At the end of the day, I want to be blunt. I want to say it directly. I have been a non-partisan guy. You have to be, I think, being the president of an organization. There were times I have even supported the Liberals in certain campaigns. I was one of the guys who, when the McGuinty health tax came out, wasn't critical of it, because I said, quite frankly, that we can pay. But if somebody said to me, "Ken, do you see a difference today with the health care tax in comparison with the service of seven or eight years ago?", honestly I can't see it. So, you've got to ask yourself, "What the hell is going on here?"

To the Liberal majority, it's about the moral compass. It's about ethical standards. It's about taking care of those who have paid the tax dollars all of their lives who—wait, great—now rely on government. I heard some presentations today where people are going to make it whether they rely on government or not. Guess what? This couple ain't going to make it unless government steps in and provides that ethical and moral standard in defence of their needs.

Mr. Ken Lewenza Jr.: If I could just make one quick comment—and I'll pass this around. This just shows what my father just touched on, the Ontario tax in terms of the difference. It just shows that in Ontario, we have

the second-lowest per capita funding per person in hospitals throughout the country. Only Quebec is lower. On average, there's actually \$501 invested less on a per-person basis in the province of Ontario than throughout the rest of Canada, which is obviously putting a lot of pressures on health care.

The Chair (Ms. Soo Wong): Thank you for your presentation. Ms. Fife?

Ms. Catherine Fife: I just want to open the door to a conversation about where the health care dollars are going, because Ken Sr. started the conversation and Ken Jr., you also mentioned it as well. When that health tax was brought in, it was supposed to be targeted in envelope for health care and yet, it became very difficult to find where that money was going.

The Auditor General has recently identified that even when some of that money flows to CCACs, for instance, so many services from home care to PSWs are being contracted out to private companies, and then we don't have the oversight about what's happening. What she found is that the government has never done any assessment as to whether or not that funding is actually getting to patients. In her evaluation, only 61% of the funding got to front-line care. The rest of it—39%—went to bureaucracy, administration and profit.

I'd like for you to talk about what we see as an increasing trend. There is a crisis in health care because we've had these funding reductions and we've had these frozen budgets. In essence, they're creating a crisis in education and then privatization in the political sphere becomes the answer. Do you want to expand on that, please?

Mr. Ken Lewenza Jr.: My father could touch on it too, but if you talk to people who work in the long-term-care facilities, they will be the first to say that those dollars never really trickle down to the floor. They emphasized, even as we prepared for this, that that's more of a policy issue. We really need to look at why it is that monies that are even earmarked—for example, long-term-care facilities are a perfect example of why it's not getting down to the patient level.

Mr. Ken Lewenza Sr.: Some 39% to bureaucracy or to profit is ridiculous. Health care should be a non-profit social program for all of this province. That should be our mission. Some 39% of every one of those tax dollars going to bureaucracy or to profit is absolutely insane. That's all I would say about that.

I just want to say to folks, even in CCACs, the reality is—I know what it is; it's a barrier to protect government. Community care—you know, they're going to do that, but the ones who are getting community care are under incredible pressure and are being told their services are being cut every single day. Our area MPPs can tell you that they're under incredible pressure. We can line up people today who are getting care in their particular homes who are under incredible pressure to get that eliminated. But the problem is, they won't come to these hearings because the fact of the matter is, they just can't. Not only that, to a certain degree—we all know this; it's

like people who are impoverished. They don't come to these hearings. But those who are requiring a service are scared to speak out because they're scared to be cut off. That's a fear.

Again, it's a plea. This is important to seniors; it's important to the most vulnerable. At the end of the day, quite frankly, 39% of the dollars are not going to direct services.

I come from the auto industry. Guess what they did—and I never liked it, by the way; they said, “If you don't touch the car, we don't need you.”

I'll give you one more comment, Chair, and I think this is equally important. I think it's cruel behaviour to unilaterally cut at the Ontario Medical Association, to doctors. You might say, “What's cruel behaviour?” The facts of the matter are that every association and union has a mechanism to arbitrate a settlement. When you unilaterally cut, you're creating division. If you let the arbitration process decide the medical terms for doctors, then, quite frankly, you have to agree with what the arbitrators say.

Every time I got in trouble, I asked for an arbitrator, I asked for a mediator, I asked for a third-party intervention, for the obvious reasons: so the ongoing confrontation doesn't go on. You just did it to the security of jails. The OMA should be treated with a little respect and a little decency. They can speak for themselves, but at the end of the day, no organization that provides a social support like doctors do in our community should be unilaterally cut without a process of allowing an arbitrator to step in if both sides can't come together.

The Chair (Ms. Soo Wong): Okay, Mistert Lewenza Sr. and Jr., thank you so much for your presentation and thank you for your written submission.

Mr. Ken Lewenza Sr.: Looking around, I know you've all got kids. I'm going to mobilize your kids. I'm going to mobilize—

The Chair (Ms. Soo Wong): Thank you for your presentation.

ONTARIO ASSOCIATION OF CHILDREN'S REHABILITATION SERVICES

The Chair (Ms. Soo Wong): The next group coming before us is the Ontario Association of Children's Rehabilitation Services. The Clerk is coming around with the written submission. We have Jennifer Churchill and Paula Grail. Welcome, ladies. As you've heard, you have 10 minutes for your presentation, followed by five minutes of questioning. Please identify yourselves for the purposes of Hansard when you begin. You may begin any time.

Ms. Jennifer Churchill: My name is Jennifer Churchill.

Ms. Paula Grail: Good afternoon. My name is Paula Grail. I'm here in two capacities, first and foremost as a proud mum of a 13-year-old son with special needs and also as chair of the board of directors of the Ontario Association of Children's Rehabilitation Services, also commonly known as OACRS.

OACRS represents 21 children's treatment centres across Ontario. Here in Windsor, the John McGivney Children's Centre has been providing care to the community since 1978.

1530

Together with Jennifer Churchill, our association's CEO, I want to thank you for the opportunity to speak on behalf of the almost 80,000 kids with special needs, and their families, who receive services at children's treatment centres.

Families tell us they want a seamless system that focuses on the needs of children and families and provides seamless transition between services at home and services in the community, and this government has been listening. In fact, you've been doing more than listening: You've been taking action.

Under the government's Special Needs Strategy, our sector has been actively working with community partners and multiple ministries to make things better for families. The recently released Patients First discussion paper highlights the government's commitment to improve home and community care—that is, the services provided by CCACs.

Our families are among those who receive services at home and in the community, mostly through the school health services program. However, families like mine make up only an estimated 5% of the CCAC system, a system designed primarily to serve Ontario's seniors.

There is no dispute that expert pediatric services are important, yet it is difficult to make them a priority due to the competing demands of an aging population. We are here today with a viable solution that involves existing resources and that can prioritize, protect and strengthen seamless pediatric rehabilitation services and support the government commitment to an integrated and accountable home and community care system for families.

Ms. Jennifer Churchill: The mandate of the Special Needs Strategy is to make things better for children, youth and families. As a result of this process, 85% of the consensus-based community planning proposals submitted for government approval last fall recommended that school health rehab services be transferred out of the CCAC domain. This is the time to transfer the school- and community-based rehab services funding envelope from the Ministry of Health and Long-Term Care to the Ministry of Children and Youth Services.

For the year 2014-15, the direct provision of rehab services in schools and in the community amounted to approximately \$55.7 million. Client intake, assessment, wait-list management and support costs were over and above these direct client service costs and would need to be included by the Ministry of Health in the funding transfer.

In addition, the Patients First initiative commits to an annual 5% increase in home and community care for the next three years. School and community rehab services for children and youth with special needs must be included in this increase to provide service continuity

throughout school and to support youth and families transitioning into the adult system.

Ms. Paula Grail: MCYS was created to bring focus and attention to the needs of children, youth and families. It is this focus that allows seamless, expert pediatric rehab services to be prioritized, strengthened and protected. Seamless service under this ministry means that there will be no need for families like mine to reapply for rehabilitation services upon school entry, like we have to do now. Children and youth will experience rehabilitation service delivery as a single, continuous program from their point of entry until they leave services. How fantastic would that be?

Under MCYS, families like mine will be at the centre of service and recognized as being the experts on our child's ability and needs.

Ms. Jennifer Churchill: MCYS is accountable for the delivery and oversight of many programs, including a pediatric rehab system that serves those with physical, communication and neurodevelopmental challenges. This pediatric rehab system is comprised of health care professionals and clinical experts, has developed a strong provincial network, is respected by providers across the nation, has exceptional academic and research relationships, and has successfully implemented the same electronic client record management system in almost every treatment centre.

The ministry investment in the electronic client record has transformed client care, data collection and reporting across the sector. What is currently in use is a Web-based, centralized system that manages every stage and interaction of a child's care, from intake to assessment to care planning and service delivery through to outcome reporting.

In two large Ontario communities, one of them being Simcoe county, the system is actually used to link interdisciplinary service providers from multiple sectors for collaborative goal-setting, care planning, service delivery and outcome measurement. This results in a single plan of care for a child, for their family and for all service providers. With consents in place, a child's electronic record is accessible to all team members from every agency that supports that family. Given the proven results of this model, a number of communities engaged in the Special Needs Strategy planning process have examined this model for their own use.

It is worth noting that the sector is also piloting a family portal which empowers families to take an active role in their care and care decisions by providing transparent and timely access to clinical documentation when it makes the most sense for families. It enables clients and families to communicate more effectively with their clinical team through a secure two-way messaging system.

The alignment between the Patients First initiative and the Special Needs Strategy demonstrates the government's commitment to bring about the change that patients and families have been asking for. The government has openly requested bold measures to empower

change, and this transfer of existing resources is a bold and sound measure.

The school health support service program has been embedded in the health system since 1984. In 1997, the system transitioned to a managed competition model and home care agencies became community care access centres.

Over the years, the issues with school health services have not gone unnoticed by government. Several reviews have addressed the challenges of including school health rehab services within the home care system:

—in 2004, Elinor Caplan requested a review of CCAC procurement;

—in 2010, Deb Matthews commissioned the Deloitte review of the school health support services;

—in 2013, the then parliamentary assistant and now current Minister of Children and Youth Services, Tracy MacCharles, conducted an engagement process with families across the province about how to make the process better, and the response is the Special Needs Strategy, led by Minister MacCharles; and

—in 2015, Ministers Hoskins is leading the Patients First initiative.

The time of review is over. It is time for action. It's time to transfer these resources from the Ministry of Health and Long-Term Care to the Ministry of Children and Youth Services. This action supports the work of the Special Needs Strategy and provides the Ministry of Health with a solution for the increased integration and accountability of school and community rehab services for children and youth with special needs—that 5% of the total CCAC system.

Ms. Paula Grail: As we conclude, you may be asking yourself why it is necessary to include this funding transfer in the 2016-17 Ontario budget. As a mom, I want real solutions for improving experiences for my child and for the 80,000 families like mine to have a place in the Ontario budget document. I know this government is committed, and I want to see that commitment in writing.

Ms. Jennifer Churchill: As an association CEO, a commitment to this transfer of existing funds is a sector-proposed solution that supports recommendations made in government reviews since 2004. At only 5% of the total home and community care system, families with children with special needs must not be lost in this important health transformation. Inclusion in the 2016-17 budget recognizes the importance of these families.

Finally, as a former staff member of the Ministry of Finance, the Ontario budget tells the story of the government's commitment to Ontarians. That transcends ministry silos and sector boundaries. Inclusion in the budget sets the stage for those interministerial discussions which have to take place to transfer sufficient program funding from one ministry to another. Thank you for your consideration.

The Chair (Ms. Soo Wong): All right. I'm going to go to Ms. Hoggarth to begin this round of questioning.

Ms. Ann Hoggarth: Hello again.

Ms. Jennifer Churchill: Hello.

Ms. Ann Hoggarth: Welcome and thank you very much for your presentation. It was very succinct and well presented—very professional. I can tell by the way that you made your presentation how very important these issues are to you.

As you said, we are getting more and more seniors. We're not having more and more born; in fact, we are definitely having more go over the age of 65, and so health concerns with seniors—many times, there are multiple issues in regard to health care. That is a difficulty for the health care system and that's why the revamping is being done.

We are also having more and more children who require rehabilitation services. As a kindergarten teacher, usually even in kindergarten you can see where the system is going to be receiving more and more children. We need those kinds of services.

Simcoe county is piloting a program. They are doing away with the silos, planning together, working together to get the best out of resources so that it works well for the children and the families, and also works well—let's be honest—with the health care budget. I hear you say that you want to transfer to the Ministry of Children and Youth Services, and we will take that suggestion forward.

1540

I'd like to know if you have any actual monetary asks, other than transferring to the other ministry.

Ms. Jennifer Churchill: No.

Ms. Ann Hoggarth: No?

Ms. Jennifer Churchill: The challenge that we face in interpreting the publicly reported CCAC data is to truly understand the cost to the CCAC of delivering this service. The numbers we shared with you are actually the numbers that are publicly reported for actually putting the therapist in the classroom, but the publicly reported information doesn't associate cost with things like case management. Who does the initial assessment? Who does the intake? Who manages the wait-list? Those things are not costed out in the publicly reported information that's available to us. We feel confident that if the envelope, the actual envelope that's used to deliver this service, were transferred from health to MCYS, then the request wouldn't go beyond that.

What we're asking for is that our children not be lost in the investment, that 5% annual increase, that the Ministry of Health has committed to in Patients First. Please allow children and youth with special needs and their families to be part of that 5%.

To respond to your comment about the opportunity, LHINs are now going to be asked to take on the roles of service providers—brand new roles for them. I think it's a pretty tall order to ask a LHIN to jump into the business of delivering services to seniors. It's a huge undertaking. We really feel that the expertise of MCYS in relationship with health could actually support this transition and allow the expert pediatric service providers, which go beyond the rehab system, but MCYS is filled with those service providers—to allow the support to children and

families. Let the LHINs worry about the aging population, like me and beyond, but allow those experts within the ministries and at the community level to really influence how service will be delivered to children and youth. And it's with existing money.

Ms. Ann Hoggarth: Thank you very much. We appreciate this.

The Chair (Ms. Soo Wong): Thank you very much for your presentation and your written submission. Thank you.

MS. CHRISTINE SWEENEY

The Chair (Ms. Soo Wong): Okay, folks, I think our next witness is coming to us from teleconference. Is she online? Okay. Ms. Sweeney, are you online?

Ms. Christine Sweeney: Yes, I am.

The Chair (Ms. Soo Wong): Okay, can we have it a little bit louder so that all of the committee members—Ms. Sweeney, I just want to introduce the committee members at the table, so that you have an idea of who's at the table, as well as go through the format. Can you just bear with me? I just want to introduce all of the committee members.

On my left is Vic Fedeli from North Bay. Beside him is Toby Barrett—remind me which riding?

Mr. Toby Barrett: Haldimand–Norfolk.

The Chair (Ms. Soo Wong): Haldimand–Norfolk. And then from the third party there's Catherine Fife from Kitchener–Waterloo. Am I correct? Yes. From the government side is Ms. Laura Albanese from York South–Weston, Ann Hoggarth from Barrie, Peter Milczyn from Etobicoke–Lakeshore and Daiene Vernile from—

Ms. Daiene Vernile: Kitchener Centre.

The Chair (Ms. Soo Wong): Kitchener Centre. And myself, I'm Soo Wong, the MPP for Scarborough–Agincourt.

You have 10 minutes for your presentation, Ms. Sweeney, followed by five minutes of questioning. This round of questioning will be coming from the official opposition. You may begin any time. Please introduce yourself for the purpose of Hansard when you begin. Okay? You may begin any time.

Ms. Christine Sweeney: Okay. My name is Christine Sweeney from Brockville, Ontario. First, I'd like to take this time to thank you for possibly funding Bill 141.

The Chair (Ms. Soo Wong): Ms. Sweeney, we're having some problems listening to you. Are you using a cellphone or are you on a landline?

Ms. Christine Sweeney: It's a cellphone.

The Chair (Ms. Soo Wong): Okay. I'm going to see if the technical guys here can help. You know what? Why don't you continue and then I'll interrupt you if there is some problem with hearing your piece.

Ms. Christine Sweeney: Okay.

The Chair (Ms. Soo Wong): And the Clerk is handing out your written submission to the committee members as you begin.

Ms. Christine Sweeney: This is the written submission that I have and you will be hearing now.

The reason why this bill is so important for funding is so parents like me that have lost children have the possible funding in the hospitals, outside of the hospitals—for moms, dads, grandparents as well as siblings.

I've been a bereaved mom for 16 years. I lost one in 1999 and again in 2007. I had no support other than my family. I had to do all of the grieving on my own. I'm going to quote a saying from a book that Dr. Seuss wrote: "A person's a person, no matter how small."

Parents these days don't get any recognition for their children that have passed on under 20 weeks' gestation. I personally didn't get anything for my youngest. I had to do everything on my own.

As for my first one, it was an early miscarriage and I couldn't do anything about that. But I do believe that bereaved parents need to have counselling in the hospital and continuous counselling outside the hospital to help with their grief, as well as counselling for siblings.

This is a saying that we use in my bereaved parents group: When a spouse dies, you're a widow. When parents die, you're an orphan. When a child or baby dies, there's no word for that.

Grief goes on for years. There's no stopping the grief, and if we had continuous counselling—grief counselling, support groups—funding for all of this—how do I word it?—it is the best way to get everything in place. Here in Brockville, we have nothing. We do things on our own.

I've been an advocate for this for eight years with former MPP Bob Runciman and current MPP Steve Clark. Once I found out that Bill 141 was going through, I contacted Steve Clark and he in turn contacted MPP Mike Colle. Mike Colle called me himself. He told me how the bill was proceeding. The day that it was passed, MPP Steve Clark called me directly from Queen's Park.

1550

We have no funding for stuff like this. It isn't cheap, especially when it's for all of Ontario, but parents need the support. They need to be able to cope without having to deal with it on their own like I have for 16 years.

My two living children have suffered the loss of their younger brother. They have seen me on my good days; they see me on my bad. They too learn stuff, and if it wasn't for their school here, I wouldn't have had the help to help them with the grief and the pain.

Now I'm going to leave the floor open for any questions.

The Chair (Ms. Soo Wong): Okay, Ms. Sweeney, are you finished?

Ms. Christine Sweeney: Yes.

The Chair (Ms. Soo Wong): Okay. Thank you. I'm going to turn to Mr. Fedeli to begin this round of questioning to you. Mr. Fedeli?

Mr. Victor Fedeli: First of all, thank you very much, Ms. Sweeney, for your presentation. We must confess the audio was very bad and we sort of picked up maybe every second word. But we do have your email to the Clerk and we are all very, very familiar with this Bill

141, as not only did it receive all-party support, but it has passed, it has received royal assent, and it continues to have all-party support.

We will continue to work with MPP Mike Colle. I will call MPP Steve Clark shortly, tell him that you were on, relay to him what you had to say and let him know that your concern is that the funding needs to be put in place. Is that satisfactory, Ms. Sweeney?

Ms. Christine Sweeney: Yes, it is.

Mr. Victor Fedeli: Then I thank you very kindly.

The Chair (Ms. Soo Wong): Thank you very much, Ms. Sweeney. Thank you for your presentation and also your written submission to the Clerk this afternoon. All right. Have a great afternoon.

Ms. Christine Sweeney: Okay. Thank you.

Mr. Victor Fedeli: I did want to add, Chair, by the way, that we are all here. In the few words we could hear, we could understand, in the tone of your voice, your sadness, and we are all deeply concerned for your loss as well. We offer you our deepest sympathies and thank you for your strength in continuing to fight for Bill 141.

The Chair (Ms. Soo Wong): I think she's off the line. Maybe somewhere in the written notes we can include that message to her.

FAMILY SERVICES WINDSOR-ESSEX

FAMILY SERVICE ONTARIO

The Chair (Ms. Soo Wong): The next presenter before us is Family Services Windsor-Essex. It's Mr. Borislav Jovic. Good afternoon and welcome. I believe the Clerk is coming around with your written submission, sir.

As you probably heard, you have 10 minutes for a presentation, followed by five minutes of questioning. This round of questions will be coming from the official third party. You may begin any time. Please introduce yourself, when you begin, for the purpose of Hansard.

Mr. Borislav Jovic: Good afternoon. My name is Borislav Jovic. I am a representative here on behalf of Family Services Windsor-Essex and Family Service Ontario.

Family Service Ontario and Family Services Windsor-Essex thank the all-party Standing Committee on Finance and Economic Affairs, the Ministry of Finance staff and the members of provincial Parliament for the opportunity to present solutions for people with mental health and addictions, one of the most vulnerable populations in Ontario, distinguished by its enormous potential and pressing desire to serve as thriving, contributing members of society.

More than 250,000 individuals, couples and families benefit in myriad ways from services provided by family service agencies every year. They typically enter agency doors before they are in full crisis. This is a critical factor that allows government to reduce the high costs associated with emergency department visits and mental health specialists.

Family service agencies serve as communication and service hubs in their communities. They actively collaborate with health and social services such as family physicians, mental health clinics and local hospitals, workplaces, schools, police, children's aid societies and other organizations such as the Canadian Mental Health Association. We do this to meet client needs, identify trends and implement solutions.

Many clients who seek counselling from family service agencies have been referred by these community partners. Individual and family counselling services—both brief, solution-focused interventions and longer-term therapy—are provided by highly qualified and experienced staff in person or over the phone. Clients of all ages and backgrounds walk away with portable skills in how to problem-solve, find and keep a job, provide for their families and function effectively in the community.

Over a two-year period, from January 2012 to December 2013, the Family Service Employee Assistance Program's National Outcomes Project: Effectiveness of Counselling 2014 demonstrated that people who received assistance from family service agencies showed a statistically significant improvement. There were two statistically significant improvements that I will mention here: 16% in overall workplace functioning, including attendance, relationship with superiors and co-workers, and ability to concentrate on quantity and quality of work; and, more importantly, 63% in overall functioning for those in clinical distress.

Our agency is part of the Family Service Ontario network. Family Services Windsor-Essex has a long and saturated history of delivering counselling services to the people of this community. We specialize in delivering programs and services revolving around counselling and advocacy. Some of these programs include our voluntary trusteeship program, the Adult Protective Service Worker program and client intervention, where we deal with issues around elder abuse and hoarding.

We are also one of the few agencies that provide a walk-in counselling service. This service is currently funded to a certain extent by United Way Windsor-Essex County. Therefore, our agency acknowledges the importance of walk-in counselling services and fully endorses the recommendations made within this presentation.

Mental health and substance abuse, if unaddressed, steals from society. Some 20% of Ontario's citizens will experience a crisis in their lifetime that threatens family stability, creates a cycle of job loss and causes a loss of productivity for employers.

The financial hit is staggering. The Ontario Ministry of Health spends more than \$2 billion each year on acute care, drugs and community services related to mental health and addictions problems.

The challenges and opportunities are that many mental health issues do not require months or years of counselling and medications to be resolved. Experience has shown repeatedly that access to counselling services, when they are easy, fast, affordable and available when the individual is most in need and most open to change, can transform lives.

Family service professionals witness this sort of transformation every day, and data supports it. The Drummond report identified that quick-access counselling can decrease costs in the health system by streaming people seeking urgent help for mental health and addiction problems away from emergency departments and other high-cost medical services such as psychiatry and toward non-medical psychosocial services that have been proven to work.

The infrastructure exists and is poised to meet demand. Family service agencies such as our agency have everything they need to provide quick-access mental health walk-in counselling. Indeed, they are already supporting individuals in three local health integration networks that saw short- and long-term benefits of funding this service to meet the mental health and addictions needs for their communities. These three LHINs are the Champlain Local Health Integration Network, the North West Local Health Integration Network and the North Simcoe Muskoka Local Health Integration Network.

Here are some examples from these communities: Funding for the walk-in counselling clinic in the Champlain Local Health Integration Network began when one of the clinics launched back in 2014. The lead agency there was Jewish Family Services of Ottawa, which is a member of Family Service Ontario and operates the walk-in counselling clinic in collaboration with five of its community partners.

The walk-in counselling clinic provides a full range of professional mental health services on a first-come, first-served basis for anyone in the Champlain region, including new immigrant and other at-risk communities in both urban and rural regions. The multi-agency structure enables relationships with other agencies in the region to support clients.

1600

Funding was enhanced in 2014 to include weekend services and again in 2015 to meet a growing demand particularly by immigrant communities.

The walk-in counselling clinic hired an independent consultant to conduct a mid-funding evaluation of this walk-in counselling clinic's services in 2015. The results confirm that the program is delivering as intended, and here are some of those highlights.

Primarily, it was cost-effective. Clients reported that they avoided hospital visits as a result of the quick-access mental health walk-in intervention. In addition, the increasing number of younger people accessing walk-in counselling services prevents escalation of costly problems in the future.

Volume: At the end of the 2014-15 year, 1,778 client contacts were made and 1,534 client files were opened, which exceed the target by more than 50%.

Young adults made robust use of the walk-in counselling clinic services throughout this time frame, with more than 30% of all clients between the ages of 20 and 29. Clearly, this walk-in counselling clinic is reaching a younger clientele, one generally more difficult to engage

and at a critical juncture when it is still possible to prevent escalation of needs.

This also caused great improvement in gender statistics. Typically, gender breakdown of clients seeking long-term counselling was 30% men and 70% women. Through this walk-in counselling clinic model, this proportion raised men to an even level—50%.

Approximately 30% of clients were directed to mental health counselling by medical care professionals. The service flexibility inherent in the walk-in structure reduces barriers such as stigma and enables clients to come in when they are ready without long-term wait times or fees.

The program fosters a sharing of resources, joint training and evaluation, multiple locations, and information and referrals. These provide opportunities to collaborate with other service providers in the region. That also clarifies for clients how to navigate the system.

Lastly, better outcomes than those achieved by traditional models were successful. In 2015, the Canadian Institutes of Health Research funded the University of Waterloo and Wilfrid Laurier University to compare the clinical effectiveness and cost-effectiveness of two models for delivering counselling services: The one model was a single-session walk-in counselling as provided by KW Counselling Services in Kitchener-Waterloo, and traditional service delivery as provided by Family Service Thames Valley in London, where a wait-list is required to meet demand.

The Chair (Ms. Soo Wong): Thank you very much for your presentation. I know you have a written submission. I'm going to turn to Ms. Fife for this round of questioning.

Ms. Catherine Fife: Thank you so much for the presentation. I'm glad you mentioned KW Counselling because they do tell that success story about having that walk-in clinic. They actually share this story with most people who go through the agency: One day, a pickup truck filled with construction workers pulled into the parking lot. One of them got out and some of them just walked through the door, and they all ate their lunch in the parking lot and they waited for him to do the walk-in clinic. So congratulations on actually improving access, because we have to be adaptive in how we how we offer services.

I just want to make mention, though, that your ask is that the LHIN—obviously, you need LHIN funding. Is the current service at risk or are you looking to expand by having the Erie St. Clair LHIN participate?

Mr. Borislav Jovic: We believe that this sort of funding should come from our local LHIN because it's more in line with primary health care that we've seen the past. I've given you three examples of past LHINs that have provided this sort of funding, and the successes in these LHINs are quite visible.

We believe, as Family Services Windsor-Essex, that Erie St. Clair LHIN should provide this type of funding to our agencies as well because we have the resources to do this funding in a very cost-effective model. We

believe that the current funding we have is not necessarily at risk of going away any time soon, but we believe that it's important that we have more permanent funding for future purposes.

Ms. Catherine Fife: Okay. I just want to clarify, because you're asking that "the Erie St. Clair LHIN participate in a dialogue to identify the potential cost and clinical benefits": Is the Erie St. Clair LHIN willing to do so?

Mr. Borislav Jovic: We do have some funding from the Erie St. Clair LHIN right now. They are aware of our walk-in counselling services. They have shown interest—nothing formal, nothing in writing—in providing this type of support in the future.

Ms. Catherine Fife: Thank you very much. It's a proven, effective model and certainly worth the government's attention for expanded services. Thank you very much today.

The Chair (Ms. Soo Wong): Thank you very much for your presentation and thank you for your written submission. Have a good afternoon.

WINDSOR-ESSEX HOME BUILDERS' ASSOCIATION

The Chair (Ms. Soo Wong): I'm looking to see if the Windsor-Essex Home Builders' Association is here. I see they're not here yet, so I'm going to recess the committee briefly because this is our last witness. Maybe someone is at the door with their phone on.

Good afternoon. Are you from the Windsor-Essex Home Builders' Association?

Mr. Albert Schepers: I am.

The Chair (Ms. Soo Wong): Okay. We're saving the best for last. We are ahead of schedule. We really want to see you so that we can be off to the other city tonight.

Welcome, Mr. Schepers. Good afternoon. As you probably heard, you have 10 minutes for your presentation, followed by five minutes of questioning. This time the rotation will be coming to the government side. You may begin any time. Please begin by identifying yourself as well as your position with the Windsor-Essex Home Builders' Association for the purposes of Hansard.

Mr. Albert Schepers: Thank you. I do apologize. I was at the other building, and it takes a little longer to walk here through all of that clanging and clacking.

The Chair (Ms. Soo Wong): You just got your exercise.

Mr. Albert Schepers: Yes, I got my exercise all right. I'm Albert Schepers. I run a consulting business. I'm past president of the Windsor-Essex Home Builders' Association. I'm also past president of the Ontario Home Builders' Association. That seems like eons ago now, but that's my claim to fame. I work with builders. I was working with a builder about 25 years ago; I was on staff dealing with problems with building and all of the new construction.

Most of the presentation I have obviously comes from the Ontario Home Builders' Association. You will have

heard most of it so I'm not going to repeat it. But it's fair to say that we have the same problems here as they have in the rest of the province. We do have some unique economic issues in the city of Windsor that I don't know the province can particularly deal with, but I think there are some budget things that can be considered, so I'll try to highlight those.

I do appreciate you coming to Windsor. I think it's important that you tackle all of the important places, especially Windsor, which is the starting of Canada. This is mile one on the 401. Just remember that as you leave here and go up the 401.

Windsor is interesting in that the people here are very sceptical and they will not build new houses if they think the economy is not going in their direction. They will take precautions. There are large homes being built—there's no question—but we're talking about the modest homes, the homes that the average person can afford and wants to build and wants to live in. That's important.

There are stats. In 2003-04 and for about three or four years before that, housing starts in Windsor-Essex county, the greater Windsor area, were in the order of 2,000 housing starts per year. It declined somewhat over the following years. In 2005-06, we had 1,500. Then of course, in 2008 I don't think anybody built houses, but it declined so that we had 391 homes built in 2009.

We've never rebounded. Today we are probably building in the order of 800 homes a year. I don't see that racing forward in the near future. The average selling price, the MLS price, for a home in the city of Windsor is \$200,000. For the average new home, with taxes and everything else included, you're looking at over \$300,000. It's difficult to compete. The same home that sells here for \$200,000 you probably couldn't buy for under half a million in the Toronto and Vancouver areas. You just have to drive around and you'll see the types of homes we have and the type of market.

1610

But the housing starts give you an idea of the economy in Windsor. People don't think about it. They think of the auto industry and manufacturing, and, God love them, they're important to us, of course. But the housing industry, the construction industry, is very important. It's surprising, actually, that it's the third-highest-taxed item in Canada, right after alcohol and tobacco. Just keep that in mind as you set policies and whatnot.

We represent builders, renovators, professionals. I'm a professional. I deal with the housing industry on a daily basis, designing beams. I try to tell the builders, "You don't need me." We want to build houses; they don't need engineers to build houses. That's the important thing, and that's why I sit on the technical advisory committees with building code. We deal with a number of different issues.

Windsor is unique with respect to the underground economy. Part of that is because there really aren't restrictions on people building their own homes. There are in many other jurisdictions around the world, but in Canada, and Ontario specifically, there are no restric-

tions. Any one of you can go out and build your own home. You need to take care, of course. If you know how to swing a hammer, you can build your own home, but if you've got to hire people, beware.

Windsor is unique in that it has a number of people who go into the underground economy: "You want to build your own home? Well, fine, you take out the permit and we'll work with you. You just pay me cash and we'll get you the subtrades." Therein lies the problem, more so in renovation and the cash side, but in the new homes as well. We have a large underground economy. Any time that the remaining auto plant in Windsor has a shutdown, we've got another 1,000 renovators on the market. They'll all go out there and they'll do the jobs for cash.

Of course, when they do that, we lose out on the HST. We also lose out on the payroll taxes that go with it, and we also lose out on the workers' compensation. If there are any injuries, there are other people who will pay the bill. They, quite frankly, don't give a damn. They have their cushy jobs and they take these on as side jobs. So it becomes problematic.

I don't know how to stem that, but one way—and you will have heard this in other areas—is that the federal government has given up their consumer-focused tax credit for renovations. Well, it's probably a good idea. If you can get people to collect their receipts and they get a tax credit for renovations they do, you'll have curbed the underground economy to some extent. But there's also an added benefit to that in that with the taxes that you will generate—the HST that is collected, the payroll taxes that are collected because now they have genuine receipts—there probably will be a net benefit. I haven't done the math and I don't think OHBA has done the math, but I think it's possible to do that. Get your tax people to look at it. Give a tax credit to people who have renovations done and see what the benefits will be. I think they will be striking.

Climate change: Housing has been at the forefront, believe it or not. Back in the 1970s, we had the R-2000 program. They've never changed it, even though we've gone beyond the year 2000, but we've changed the program. And housing has been at the forefront of energy conservation. I think we're getting pretty close to a net-zero house being the norm in our society. It's very difficult, particularly on a day like today. I was glad I was walking inside and getting my exercise coming here rather than outside.

Energy Star is another program that the home builders look at as well as the R-2000. You may not be aware, but by the year 2017, we will have cut the energy use within a home 50% of 2005, and 2005 is 50% of what it was in 2000. We've done our part, and it has cost. This is why housing prices have gone up, because of the energy conservation, but home builders believe in it.

There are a number of reasons. One is, it's easier to sell a new home that is more energy-efficient than the one you built five years ago, and builders compete with themselves, believe it or not. Their old homes are up for sale, and when we try to sell these old homes—"Well,

you built this home five years ago. What's the difference?" It's not like a car, where the styles change every year.

Perhaps something else that should be considered is on the resale of homes. Buyers of existing homes, the resales, don't know what the energy efficiency of that home is. There's a simple way of doing an energy-efficient audit on a home. Yes, it does cost. Most buyers of homes will have an inspection done on a home. They don't mind paying that cost. Part of the inspection could be the energy rating disclosure of that home. What does it cost to get a home—what's the energy efficiency of it?

The Chair (Ms. Soo Wong): Mr. Schepers, can you wrap up your presentation so we can turn to the government side for some final questioning to you?

Mr. Albert Schepers: The other thing was energy efficiency, the tax credit which we talked about. That actually was it.

The Chair (Ms. Soo Wong): Okay. I'm going to turn to Ms. Albanese to start this round of questioning.

Mrs. Laura Albanese: Thank you very much for your presentation. We heard from the home builders' association yesterday in Hamilton as well.

Right now I'm conducting a review and consultations across the province on behalf of the Ministry of Finance. I'm parliamentary assistant to the Minister of Finance and I've been given the mandate to do a consultation and hand in some recommendations in regard to the underground economy aspect of the residential construction industry.

You've been quite eloquent in illustrating what type of underground economy you see in the area of Windsor, also as to why people resort to the underground economy, and you've given some suggestions, mainly the tax credit, and you were speaking about energy conservation as well.

I think you were commenting about the fact that, especially in Windsor, there's been a slow rebound in building homes, so it is important to level the playing field and support legitimate businesses. Do you have any other suggestions or anything else that you see that would make the underground economy more prolific here in Windsor?

Mr. Albert Schepers: You want to get rid of it?

Mrs. Laura Albanese: Yes.

Mr. Albert Schepers: I can tell you what does not work.

Mrs. Laura Albanese: Okay.

Mr. Albert Schepers: That's what the CRA tried to implement 16 years ago and they've never let go of it, and that is just the tax reporting. Tax reporting to CRA: All it captures is information about legitimate builders. I believe the stats from that just indicated that maybe 5% of legitimate builders had subtrades that did not have tax numbers. That was it, and that's a very small part of it.

The place to look is going to be at the big suppliers of lumber: Home Depot—I'm trying to think of the name of

the other company—Rona, I think, has gone out of business; Lowe's, these places. It doesn't matter who builds; they have to buy lumber. So the underground guy goes in and he'll buy lumber, he'll buy drywall, he'll buy product from these places, and where does it go? If they use it for their own homes, that's fine. But you're going to buy a truckload of lumber for your own home three times a year? You're obviously doing something in the underground economy. So there can be something done with respect to reporting through these large suppliers of building materials, to report where it is going, what you are doing with it. And very quickly the people who buy the lumber are going to find, "Well, I'm Joe Schmo. I'm building my own house, and here's my address"—eventually they're going to catch on that they'd better start reporting, because you're not catching the HST, which obviously affects the provincial government as well as the federal.

That's one thing that was actually presented long ago, 15 years ago, to the CRA—I don't think it was CRA at the time. But the feds, Revenue Canada, just didn't want to listen at that point because they had their scheme in place. But that's one thing that won't work.

Something that can work which everybody will shy away from is that if you need to have a legitimate licence to do renovation, just like you have to have training to do firefighting or you have to have training in safety to be a safety inspector, or training for any job—and it's mandatory in industry. You should be able to, as a government, enforce some kind of requirement for renovators. At the homebuilding association we have RenoMark. Any legitimate renovator—the big ones are involved with it, and they carry warranties, they have training. So it can be a requirement of renovators—

The Chair (Ms. Soo Wong): Mr. Schepers, your time is up. I know Ms. Vernile wants one more question so I'm going to let her ask the last question before I do the final checkout for this location. Ms. Vernile.

Ms. Daiene Vernile: I'll be very brief. Mr. Schepers, I just wanted to mention to you—you might have heard our Premier, Kathleen Wynne, in many of her year-end interviews with various media outlets, comment on the fact that she very much favours energy retrofit programs and tax breaks and grants, and that she's currently working with our federal partners on that.

Mr. Albert Schepers: Thank you. I think that's good.

The Chair (Ms. Soo Wong): All right. Thank you so much, sir, for your presentation. If you are planning to submit anything in writing about the pre-budget consultation, please do so by February 2 at 5 p.m.

Mr. Albert Schepers: Okay. Thank you.

The Chair (Ms. Soo Wong): Thank you so much for being here.

I'm going to adjourn the committee to Thunder Bay at 9 o'clock tomorrow morning.

The committee adjourned at 1624.

Continued from back cover

Ontario Greenhouse Vegetable Growers.....	F-963
Mr. Richard Seguin	
Dr. Justine Taylor	
Essex County Health Coalition	F-966
Ms. Kim DeYong	
Ms. Sandra Dick	
Pregnancy and Infant Loss Network	F-967
Rev. Dr. Catherine Collins-Barker	
Ontario Medical Association.....	F-970
Dr. Albert Ng	
Windsor-Essex Health Coalition.....	F-972
Mr. Ken Lewenza Jr.	
Mr. Ken Lewenza Sr.	
Ontario Association of Children’s Rehabilitation Services.....	F-974
Ms. Jennifer Churchill	
Ms. Paula Grail	
Ms. Christine Sweeney.....	F-976
Family Services Windsor-Essex; Family Service Ontario	F-977
Mr. Borislav Jovic	
Windsor-Essex Home Builders’ Association.....	F-979
Mr. Albert Schepers	

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Chair / Présidente

Ms. Soo Wong (Scarborough–Agincourt L)

Vice-Chair / Vice-Président

Mr. Peter Z. Milczyn (Etobicoke–Lakeshore L)

Mrs. Laura Albanese (York South–Weston / York-Sud–Weston L)

Mr. Yvan Baker (Etobicoke Centre / Etobicoke-Centre L)

Mr. Toby Barrett (Haldimand–Norfolk PC)

Mr. Victor Fedeli (Nipissing PC)

Ms. Catherine Fife (Kitchener–Waterloo ND)

Ms. Ann Hoggarth (Barrie L)

Mr. Peter Z. Milczyn (Etobicoke–Lakeshore L)

Ms. Daiene Vernile (Kitchener Centre / Kitchener-Centre L)

Ms. Soo Wong (Scarborough–Agincourt L)

Also taking part / Autres participants et participantes

Mr. Taras Natyshak (Essex ND)

Clerk / Greffier

Mr. Katch Koch

Staff / Personnel

Ms. Mercedes Lee, research officer,
Research Services

CONTENTS

Tuesday 19 January 2016

Pre-budget consultations	F-923
Canadian Mental Health Association, Windsor-Essex county branch	F-923
Ms. Kim Willis	
Ms. Colleen Campo	
Elementary Teachers' Federation of Ontario Thames Valley Teacher Local	F-925
Mr. Craig Smith	
Motor City Community Credit Union	F-927
Mr. Charles Janisse	
Sun County Lyme Awareness Support Group	F-929
Ms. Cheryl Abbate	
Corporation of the City of Windsor	F-931
Mr. Onorio Colucci	
Ms. Jelena Payne	
Mr. Bruno Ierullo	
Mr. Rob Oleynik	
Mr. Mark Winterton	
Hospice of Windsor and Essex County	F-934
Ms. Carol Derbyshire	
Legal Assistance of Windsor; Community Legal Aid	F-936
Ms. Marion Overholt	
Chippewas of Kettle and Stony Point First Nation	F-938
Mr. Marshall George	
Ms. Cathy Hampshire	
Chatham-Kent Health Coalition; Sarnia-Lambton Health Coalition	F-940
Ms. Shirley Roebuck	
Registered Nurses' Association of Ontario, Windsor-Essex chapter	F-942
Ms. Deborah Kane	
OPSEU	F-944
Mr. Monte Vieselmeyer	
Municipality of Brooke-Alvinston	F-946
Mr. Don McGugan	
Windsor Regional Hospital	F-951
Mr. David Musyj	
Greater Kitchener-Waterloo Chamber of Commerce.....	F-953
Mr. Art Sinclair	
Association of Municipalities of Ontario	F-956
Mr. Gary McNamara	
Spirits Canada	F-958
Mr. Jan Westcott	
Mr. C.J. Hélie	
Windsor and District Labour Council; Pathway to Potential	F-961
Mr. Adam Vasey	
Mr. Brian Hogan	

Continued on inside back cover