

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

F-11

**Journal  
des débats  
(Hansard)**

F-11

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

1<sup>st</sup> Session  
42<sup>nd</sup> Parliament

Thursday 24 January 2019

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

Consultations prébudgétaires

1<sup>re</sup> session  
42<sup>e</sup> législature

Jeudi 24 janvier 2019

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Chair: Stephen Crawford  
Clerk: Timothy Bryan

Président : Stephen Crawford  
Greffier : Timothy Bryan

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Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



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Publié par l'Assemblée législative de l'Ontario

ISSN 1180-4386

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## LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS

Thursday 24 January 2019

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES

Jeudi 24 janvier 2019

*The committee met at 0930 in the Holiday Inn Sarnia/Point Edward Hotel and Conference Centre, Point Edward.*

**The Chair (Mr. Stephen Crawford):** Good morning, everybody. We're happy to have made it here to Sarnia, Ontario. It took us a while to get here, but we made it. We're running a little late, so we'll have to be very, very tight with the schedule. We had a full day to begin with. With us being late by half an hour due to the flight, we're going to have a very strict schedule.

We're meeting today to hold pre-budget consultations. Each witness will have up to seven minutes for his or her presentation. It will be followed by eight minutes of questioning from the committee, divided equally between the two parties. I will also give a one-minute warning each time as well.

Are there any questions before we begin? Okay.

## BIOINDUSTRIAL INNOVATION CANADA

**The Chair (Mr. Stephen Crawford):** We'll call the first witness: Bioindustrial Innovation Canada. Welcome to our committee. If you could please state your name for the record, and you can get right into your presentation.

**Mr. Sandy Marshall:** Great. Thank you very much to the committee and to Bob Bailey for hosting this today. My name is Sandy Marshall. I'm executive director for Bioindustrial Innovation Canada.

Bioindustrial Innovation Canada is a not-for-profit business accelerator that is focused on creating jobs and economic value sustainably in Ontario. We do this through providing critical investment advice and services to early-stage companies with clean, green and sustainable technologies, with a primary focus on the bio-economy and sustainable chemistry.

Our board is a very powerful board made up of senior executives out of the Canadian chemical industry and out of forestry, agriculture, academia and the financial sector. The beauty of our board is that they provide their time and effort and volunteer these services, their networks and their knowledge to early-stage companies to help them grow in Ontario.

Since 2008, Bioindustrial Innovation Canada has supported a number of companies that have created 3,600 high-paying, quality jobs across Ontario. We've invested over \$13 million in 27 early-stage companies, and that \$13 million of investment has leveraged another \$270 million

of non-governmental funding through VCs and other venture financing partners.

When you look at what BIC does, and the fact that we're focusing on the bio-economy and industrial biotech, we really are about rural economic development and diversification.

Over the last four years, we have been working through what is called our COMM SCI initiative. The COMM SCI initiative is a \$27-million initiative that was funded with \$12 million from our private sector partners and community partners. Along with that \$12 million from the private sector, we had \$12 million from the federal government through FedDev Ontario and \$3 million from the province of Ontario, to fill out the \$27 million we had there.

The focus of this initiative was around cluster building. I gave you a map here as part of the handouts, and I just wanted to give you a bit of a perspective as to where our impacts have been. If you look at this map, you can see logos of all the companies that we've been supporting over the years from across Ontario. Of particular note, you will see how we've blown up the Sarnia-Lambton region there to basically show the significant number of companies that we've been working with here in Sarnia-Lambton, in this cluster.

The advantage of working in this cluster is that this region, because of its petrochemical background, has a significant amount of infrastructure that allows us to leverage significant amounts of brownfield land, lots of logistics capabilities and so on, which makes it an ideal location for the industrial bio-economy, which is basically building these same types of plants as we did in the petrochemical industry, but they're using different feedstocks and they're more sustainable.

The other piece that comes from the Sarnia-Lambton region is that we have a very strong innovation and collaboration ecosystem here. BIC has key partners, like Lambton College, which is our local college that works hard on developing skills and highly qualified personnel, but it's also a very strong applied research college and was recently ranked as the number one research college in Canada. Another of our partners is one of our incubator partners, which is the Sarnia-Lambton research park. This used to be a Dow Chemical asset, and it is now an incubator where the county of Lambton supports the asset, owns the asset, and provides space for companies to develop. We also work with Sarnia-Lambton Economic Partnership and ourselves. So it is this collaboration and

this community that has allowed us to build this ecosystem and attract these companies.

I really wanted to draw attention to two examples of companies that are here in the Sarnia-Lambton region that I think are symbolic of what we're doing. The first one is Comet Bio and their partner the Cellulosic Sugar Producers Co-operative. In 2012, BIC started working with a group of farmers here in Sarnia-Lambton who believed we could take agricultural residues like corn stover and wheat straw and convert those into sugars and feedstock. It could be used as feedstocks for the biochemical industry. In the same way as we use oil in the petrochemical industry, we're now using corn stover and wheat straw as feedstocks to make the raw materials that are required for the bio-economy.

With our work with the Cellulosic Sugar Producers Co-operative, we did a very detailed techno-economic assessment to determine if this was a viable thing to do economically. Through our studies, we found that it was. Subsequent to that, we then did a study to find a company that had the technology that could actually take the corn stover and wheat straw and break it down economically to produce sugars that could then be used as feedstocks for feed, food or feedstocks for the biochemical industry.

So where we are today is, the co-op has partnered with this company, Comet Bio. They're in the process of detailed engineering for construction of a plant here in Sarnia. The co-op has gone and collected 130 members. If you look at the green area on the map, you can see where all of the co-op members are from, or where the individual producers are located. They are anywhere from Huron county down through Middlesex, Chatham-Kent and so on.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Sandy Marshall:** Really where we're going now is, where are we going in the next five years? Right now we have taken the \$27-million initiative from the past and are duplicating it going forward. Our focus is now to not just focus on the Sarnia-Lambton cluster but to now focus on a secondary cluster up in eastern Ontario. We have been working with the eastern-Ontario/St.-Lawrence corridor and the group in Leeds-Grenville. It is the stretch along the St. Lawrence from Gananoque to Prescott. We believe there's a real opportunity to do the same economic development in that region as we're doing in Sarnia while we continue to do what we're doing here in Sarnia.

It's a \$61-million initiative that we're working forward on. We have \$36 million from our private partners and community partners from here and in eastern Ontario who are committed to working with us here. We are working with the federal government, for a \$15-million contribution from the federal government, and we're looking for \$10 million from the province.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you, Mr. Marshall.

With that, we'll start the questioning. We'll start with the opposition side today. Who would like to speak first? Mr. Hatfield.

**Mr. Percy Hatfield:** Good morning, Sandy. I notice on your handout that you've detailed how much funding

you've received from the federal and Ontario governments as well as your industry and cluster partners. Is this one-time-only funding? This is a pre-budget hearing. Are you sounding the bell that you'd like more money from the provincial government?

**0940**

**Mr. Sandy Marshall:** Yes. At this point, for the next five years, we have the \$15 million that we've asked for from the federal government, and we're very confident that that's going to come in.

One of the requirements of FedDev Ontario is that there's a provincial contribution or a leverage there. We need \$10 million from the Ontario government to match up against—

**Mr. Percy Hatfield:** Over five years?

**Mr. Sandy Marshall:** Yes, \$2 million a year over five years.

**Mr. Percy Hatfield:** I guess you'd call this a presentation at the 35,000-foot level, or whatever.

**Mr. Sandy Marshall:** Yes.

**Mr. Percy Hatfield:** Can you tell the committee some details of the actual products that, so far, you've managed to create? I know you've created jobs, and you're doing something with lithium batteries. But is there something I can walk out of the door and either sit down on, or point to, that says this is a product of your innovation?

**Mr. Sandy Marshall:** These are early-stage companies that are working into these existing supply chains, so to say that any of these have gotten to the place where they're having significant commercial impact today would be a bit of a stretch.

I would say, though, that Origin Materials, one company we're working with, is developing the same chemical materials to make plastic bottles, like PET bottles that are used for drinking water, and the same plastics that you would use for films and packaging materials. This company is able to take things like corn stover and wood chips and convert them through, to make the basic materials that allow you to make things like the plastics we use today in bottles and packaging films.

I realize that there's always an issue around plastics and the recyclability of plastics. These guys are doing this in the same ways we are today, through petrochemical routes, but they're now making them from bio-based materials.

**Mr. Percy Hatfield:** Fossil fuel, the automotive industry, General Motors Oshawa—we're hearing that there has been a pivot in the "intake, compression, power and exhaust" mode of burning fossil fuel. With the biomass that you're working on, is there anybody currently working on anything that might power vehicles in the future?

**Mr. Sandy Marshall:** Yes. I would say that there's a number of companies we work with that are in the biofuel space—not so much ethanol per se, but more diesels and jet fuels, which are going to be used many years to come, because those are very difficult to electrify, those types of equipment. So, certainly, in the biofuel space we have some.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Sandy Marshall:** Okay. The last one would be electrical batteries and the work we're doing with some of the companies to do electrical batteries.

**Mr. Percy Hatfield:** Canada-wide, worldwide, where is your cluster, if you will? How does that compare to what's happening in the rest of the country or in the rest of the world?

**Mr. Sandy Marshall:** What we're seeing is that most of the companies that are trying to commercialize today from around the world are looking at Sarnia-Lambton as being the place to come in the world. Origin Materials, the one company I talked about here, basically came out of Sacramento, California, from UC Davis. They could have commercialized there. They did a worldwide assessment of where they should commercialize. We had known them for a number of years. They assessed Sarnia-Lambton, they chose to come here and they've set up their Canadian operations in Sarnia-Lambton. They're building their first commercial plant here at our brownfield site. They've also set up a research centre here in Sarnia, with a \$6-million pilot plant to do application development work.

So we have American companies and European companies coming here to Sarnia.

**The Chair (Mr. Stephen Crawford):** We're now going to turn to the government side. We have four minutes for questioning. Mr. Bailey.

**Mr. Robert Bailey:** Thank you, Sandy. It's good to see you here today.

Welcome to all of the committee members, as well, who have come down to Point Edward today for these hearings.

Could you expand a little bit on the jobs here locally, both here and in the St. Lawrence corridor—what we can maybe expect to see for our \$10-million investment, if and when we can get to that point?

**Mr. Sandy Marshall:** Sure. These jobs are basically jobs similar to what you would have in the petrochemical industry. These are high-quality, high-paying jobs. These are people with college diplomas who are operating these plants. They are maintenance people, tradesmen, who operate and maintain these plants.

On top of that, these plants are very expensive to build. The one that Origin is building today is a \$70-million plant. There are a lot of construction jobs and trades jobs that fit in on those sorts of projects.

The LCY plant, the BioAmber plant, that was built here is a \$200-million investment that was constructed and built with labour mostly from around this region and across Ontario.

**Mr. Robert Bailey:** I know there are members of the agricultural community here later today to present, but in the time we have, can you expand a little bit about on how important this bio-sector has been to the agricultural community?

**Mr. Sandy Marshall:** Certainly. If you look back to the traditional petrochemical industry, it mostly bypassed the agricultural sector. We pump in our oil through pipelines from western Canada, and we've built a chemical industry off of that basis. This is basically going

back to some of those early days, where now we're taking our feedstocks and raw materials from the land. In this region, it is going to come from agriculture. Being able to take things like corn stover and wheat straw, which currently have minimal value except to plow back into the land or deal with as a cost—they now have the opportunity to partner with companies like Comet Bio to actually turn those materials into value-added products, to add another revenue stream to their cereal grain businesses that they're generally running today. On top of that, by removing some of this material sustainably from the land—again, we're not talking about destroying the land—you can actually reduce our operating costs. Really, the farmers have an opportunity to win on both sides there.

Even in this project, the Cellulosic Sugar Producers Co-operative and the 130 farmers who are part of that group are taking their own monies and investing in the sugar mill and will own 25% of it. So they're not only just reducing their costs and getting another revenue stream from their raw materials; they're actually participating in investment and moving up the value chain and grabbing more value for the rural community itself.

**The Chair (Mr. Stephen Crawford):** Mr. Downey.

**Mr. Doug Downey:** If I could have you touch on the expertise of your management team—because we talked a little bit before the formal part started, and it's not a group of retired bankers who are looking to lend money out.

**Mr. Sandy Marshall:** Yes. We are scientists and engineers. I had a 30-year career in the chemical industry here in Sarnia—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Sandy Marshall:** Sorry?

**Mr. Doug Downey:** You've got a whole minute.

**Mr. Sandy Marshall:** Okay. We're scientists, engineers and technology people. I had a 30-year career in the chemical industry here in Sarnia. Our portfolio manager is a 30-year veteran of early-stage companies. He has done many start-ups over those years and had successes and failures. He knows how it works, so he's able to mentor and support those early-stage companies. We have a back office of young engineers and scientists who do a lot of our due diligence, and it's a training ground for them to learn this space and to get mentored by individuals like myself and Wayne. So we're really hands-on operations people who are there to support these companies and not just sit back and hand out money, as you said.

**The Chair (Mr. Stephen Crawford):** Thank you very much, Mr. Marshall. We appreciate it.

#### FAMILY COUNSELLING CENTRE

**The Chair (Mr. Stephen Crawford):** I'll call up our next presenter: Family Counselling Centre.

Good morning. Welcome to our committee. Please state your name for the record, and you can get right into your presentation.

**Mr. Don Pitt:** My name is Don Pitt. I am the executive director of Family Counselling Centre here in Sarnia. Welcome to Sarnia. I am here today to tell you a little bit

about Family Counselling Centre. It's a multi-service social service agency serving Lambton county, an agency that is also a proud member of Family Service Ontario. We have been providing service in our area for over 60 years.

I'm here today, as well, to applaud the government for its commitment to a significant amount of funding for mental health. This is an issue that's very close to our organization's heart and that of Family Service Ontario. It can be used to address the significant mental health issues faced by many Ontarians. By recognizing that, I think it's a huge step forward.

Today, I'm here to offer local support for the Family Service Ontario submission that has been proposed. That proposal is for an efficient, cost-effective means by which this government can readily introduce a modernization of mental health service delivery across the province. The proposed action will increase public access to professional mental health counselling and psychotherapy services for adults experiencing anxiety and depression, without an increase in the more expensive mental health and care options like hospitals and family doctors. As people know, it's something everyone lives with in their community, wherever it may be—and their families. Mental health issues can be undiagnosed and can escalate very quickly without timely and professional intervention. Early intervention means fewer longer-term financial and resource burdens on the health care system, the legal system and our social infrastructure. The impact across families and the communities is significant.

The proposal is that the Ministry of Health and Long-Term Care work with Family Service Ontario and its member agencies like Family Counselling Centre to fund the expansion of Family Service Ontario agencies' mental health counselling and psychotherapy storefront services.

#### 0950

Under this proposal, the Ministry of Health would flow mental health dollars to Family Service Ontario, which would be the one central point of fund management and reporting to the ministry. This would reduce the administrative costs, with Family Service Ontario being responsible for the distribution of mental health counselling dollars to the 48 member agencies with 130 storefront locations throughout Ontario. The funding would flow through Family Service Ontario on an as-needed basis to hit the hot spots—the needs—in the communities.

Why Family Service Ontario? Its member agencies are currently providing community-based counselling services in communities across Ontario, and would embrace the opportunity to scale up to provide additional services to those suffering from anxiety, depression and mental health issues.

Basically, what we're looking at, rather than trying to invent a new system with the funding that has been allocated, is taking that funding and using it in the most effective way by what, in effect, could almost be a turnkey operation because you have established, community-based organizations that currently deliver professional, graduate-level counsellors and mental health counselling for anxiety and depression in numerous communities.

It's actually likely that in your community, there is already a Family Service organization serving your constituents and your neighbours. Your constituency office staff are also likely to be referring people in need of mental health services to a Family Service organization. I know that locally, Bob Bailey's office staff refer to Family Counselling Centre with confidence that they will receive the assistance they need.

Family Service member agencies are accessible. There's no referral or prior diagnosis required. They're affordable, and they have professional registered staff. Most agencies are accredited as well by the Canadian Centre for Accreditation.

Across the province, members currently serve more than 250,000 people already. What we're looking at is a ramping-up and a scaling-up of an existing community-based service that addresses the extensive mental health needs of communities.

Member agencies are financially accessible to all Ontarians, offering a solution-based model with different clinical modalities available. I have left a packet for you to take a look at later. In Sarnia, the Family Counselling Centre has a number of different funding streams. We offer free counselling through violence-against-women counselling and sexual assault outreach counselling. We provide service through victim quick-response counselling as well.

We are the largest recipient of United Way funding in this community. We offer subsidized, sliding-scale counselling to low-income adults. The impact that has on the community is measured by the United Way, and it is significant. That counselling for people who would normally not be able to afford it makes a difference, and that is something that we're looking at being able to spread out to a further area. All Family Service agencies have that same operating modality.

As community-based organizations, we work very closely with community partners: the hospitals, doctors, CMHA, workplaces and others. It's all for the benefit of our clients. I must say, Sarnia is a very good community about working together.

We're accessible, and we offer a solution-based service model with different clinical modalities, but recovery is an expected outcome. Our successes divert clients from recurring, ongoing, expensive and intrusive mental health care services while saving money across the province.

I really believe that the most practical, timely and economical way—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Don Pitt:** Thank you. I really believe that the most practical, timely and economical way of increasing public access to high-quality, Ontario-wide mental health services is to deliver mental health counselling and psychotherapy services to adults with anxiety and depression through Family Service Ontario organizations.

Having Family Service as the preferred service delivery system supplier would reduce layers of bureaucracy and duplication of services, which would be of benefit to Ontarians and the government alike, and help people to



stay together with their families, and work and be productive in this province.

Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We'll start with four minutes of questioning from the government side. Mr. Bailey.

**Mr. Robert Bailey:** Thank you, Don, for coming to present today. I can, yes, definitely support what you said. Many times, people have presented at my office, and we've called and got your services on an ongoing basis. It has always been a pleasure to work with you and your staff—your dedicated volunteers and your professional staff.

I was quite impressed with the number: 250,000 people already being served across Ontario by Family Counselling Centres like yours. With the further funding the province has committed, the \$1.9 billion, that would build on that 250,000, is probably what you're thinking; that we could service more people. It would make sense, I guess, from what I heard you say. You're already in the field and you're already doing the work with the store-fronts. I'm not putting words in your mouth. Is that—

**Mr. Don Pitt:** Exactly. That is the point: that you currently have a very established, effective infrastructure for service delivery of mental health across the province through the Family Service Ontario organizations. What we would be looking at with the funding that's available is ramping that service up and being able to provide service to additional Ontarians who are in need of assistance with anxiety and depression.

**The Chair (Mr. Stephen Crawford):** Ms. Skelly?

**Ms. Donna Skelly:** Good morning, Mr. Pitt.

**Mr. Don Pitt:** Good morning.

**Ms. Donna Skelly:** Thank you for your presentation. I want to expand a little bit more on what MPP Bailey was talking about, the \$1.9 billion that we are allocating towards mental health. Beside the services that you're speaking to—we've been travelling across Ontario, by the way, and speaking to stakeholders. My question is: How would you allocate those funds, with your experience? Where do you think the greatest needs are?

**Mr. Don Pitt:** That's a multi-level answer, quite honestly. There's a great need for child and youth mental health across the province. Investing the money in child and youth mental health is important, but on the other hand, you have to be looking at the other end, because a child who is in a family situation where the parent is experiencing anxiety or depression—the parent is less effective in assisting that child as they grow through their own needs. What we're looking at is a concerted effort across the board. I don't think there is any one solution. Child and youth mental health—violence against women and girls is an important area, which is also delivered through Family Service organizations, the VAW counselling, which assists them in either leaving or addressing unfortunate domestic situations. I think there is money there that should be considered across the board—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Don Pitt:** —across the board because it's a multi-tiered problem and a multi-tiered solution. I see Family

Service Ontario as being a significant player in the solution to that.

**Ms. Donna Skelly:** Is there a gap currently in the system, an area that isn't being addressed?

**Mr. Don Pitt:** I would say that the largest gap is the lack of funding and the lack of access by people to professional, qualified mental health counselling.

**Ms. Donna Skelly:** Okay. Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you. We'll go to the opposition side. Mr. Hatfield?

**Mr. Percy Hatfield:** Thank you for being here, Don. Do you have any psychiatrists on staff?

**Mr. Don Pitt:** No.

**Mr. Percy Hatfield:** So is it fair to say that your agency may scratch the surface of people with severe mental health issues, but if you're mentally ill you need something more in depth than what your agency can offer?

**Mr. Don Pitt:** Yes. What we're talking about is primarily mild to moderate levels of anxiety and depression, which are the most predominant issues with mental health across the province. We work very closely with organizations such as CMHA and we know our limitations. If a person is diagnosed with a severe mental health issue, they will be referred to the hospital psychiatrist, psychologist or an appropriate resource in the community.

**Mr. Percy Hatfield:** Are you aware of the waiting list for psychiatric counselling? Somebody who attempts suicide and goes to the hospital may have to wait a year and a half or two years to see a psychiatrist because of a lack of funding, a lack of available resources.

**Mr. Don Pitt:** My bias would be that they don't necessarily need to see a psychiatrist unless there's a need for medication. We are registered social workers and psychotherapists. We deal with that on a regular basis. We have suicide intervention protocols. We work with the hospitals. We have a distress line ourselves.

It is a crisis area in many communities, but the cost-effectiveness of having people come in when they're at lower levels of anxiety and depression, before some of these things escalate to the point where they're going to be suicidal and need the more extensive and intrusive long-term care, is what our objective is: Get them early before it gets too bad.

1000

**Mr. Percy Hatfield:** Get them early. What would be the percentage of children that you work with, as opposed to adults?

**Mr. Don Pitt:** We're not a funded agency for children and youth mental health. That's St. Clair Child and Youth Services, who will be speaking later. We work very closely with them. Because we are the largest employee assistance provider in this area, we see a fair number; probably, in our organization, about 5% would be children. The majority would be referred to the—as I said, we work well as a community.

**Mr. Percy Hatfield:** Thank you.

**The Chair (Mr. Stephen Crawford):** Ms. Shaw.

**Ms. Sandy Shaw:** Thank you for your presentation. I really do support this model because, as you've talked

about, this is in the community. There are people who may be coming in for other services, but they feel comfortable and trust the people that they know, that they are able to go a little deeper with some of the issues that they may have. And some of their issues may be—they're complicated, right? They're not just one issue. So I do really think that providing this kind of community-based service is a really good idea. Also, I think it's preventive, as you were trying to say, and it also really is probably the more cost-effective way of dealing with some of the issues that you're seeing.

**Mr. Don Pitt:** Correct.

**Ms. Sandy Shaw:** I do have a question. My question really is that you're talking about a centralized model—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sandy Shaw:** You're talking about a centralized model where the funding would go to Family Service Ontario and then you would then distribute it to your associated agencies. If that's the model, have you had any conversations with the ministry about this proposal?

**Mr. Don Pitt:** I believe the Family Service Ontario director, Susan MacIsaac, has had discussions with the Ministry of Health extensively. We're a member agency, and we would be a recipient of the funding that was flowed through Family Service Ontario. We have the utmost confidence in their ability to take that, manage that and distribute it across the province.

**Ms. Sandy Shaw:** You've probably said this, and I might not have heard that, but Family Service would then be responsible for monitoring and reporting back to the ministry. Is that the model you're proposing?

**Mr. Don Pitt:** Correct.

**Ms. Sandy Shaw:** Thank you. The other question I have is—there's a funding announcement. It's over a period of 10 years. Are you confident that that money, when it begins to flow, will begin to address the wait-lists that people are seeing now?

**Mr. Don Pitt:** Once the money flows, like I said, it would be effective and beneficial to the community by flowing through something like the Family Service organization because we can hit the ground—we're doing it already. We're looking at ramping up. We're not looking at something that's new, so it would be effective.

**Ms. Sandy Shaw:** Thank you very much for your presentation.

**The Chair (Mr. Stephen Crawford):** We've expired our time, but thank you very much for your presentation. We appreciate it.

#### LAMBTON COLLEGE

**The Chair (Mr. Stephen Crawford):** I'd like to call up next Lambton College. Good morning, and welcome to our committee. If you could just state your name for the record, and you can get right into your presentation of seven minutes.

**Dr. Mehdi Sheikhzadeh:** Good morning. Welcome to Sarnia. My name is Mehdi Sheikhzadeh. I am the executive dean of applied research and innovation at Lambton College.

We have a presentation, but just to start, the presentation is a little bit about applied research within the college system and how it's impacting the economic development and the economic growth in local and regional industry. But it also emphasizes the importance of funding, particularly from the provincial side, to continue to grow these particular initiatives.

We are very focused. It's quite important to say that applied research within the college system is focused on commercialization. All the projects that we are doing are in collaboration with industry. The discovery type of research that is happening within the universities is not really happening within the colleges because we are the applied side of the training and, now, research. The collaboration piece is a key part of our initiative. All of the projects are resulting in the type of products, processes and technologies that the company is going to take and commercialize.

From Lambton College's point of view, we have been active since the whole push for applied research for the college system started between 2002 and 2005. We started doing applied research with the local petrochemical industry in 2004 and 2005 and built a materials lab, and that became the starting point for us until now. We have now six research centres in different areas, for materials, water, energy, biotechnology, information technology and also on manufacturing.

The growth has been exponential. We started from a few thousand-dollar projects. We ended last year, the 2017-18 fiscal year, with \$16 million of research projects.

Again, I want to emphasize that all the projects are collaborative. They are with industry. So the \$16 million of projects were all in collaboration with industry. We had around 211 partners last year on 183 projects. We hire our own students and graduates to work on those projects, so we engaged 185 students last year to work on those projects. These are all paid students.

The students who are engaged in these types of projects—you can imagine that they get an extra skill set, so their employability is much higher than a regular graduate's. They are getting direct jobs and also they are getting extra expertise that potentially they are not learning through the classrooms.

All those projects in 2017-18 that I mentioned ended with around 60 new products that companies could commercialize. About five pilot plants were built in collaboration with us, not just in Sarnia but actually across Canada. Also, it resulted in around 150 technical services that we provided to the companies.

It's important to know that the main customer that we have—

*Interjection.*

**Dr. Mehdi Sheikhzadeh:** It's too late.

I'm going to catch up quickly. As I mentioned, there are six research centres that we have.

Some of the matrix that I mentioned: More than \$60 million in research revenue last year—and you can see the growth from 2013-14, that we ended up with 183 projects last year compared to 43 that we had in 2013-14.

The distribution of the cash that we are receiving to do research is quite interesting for the committee. The main source of funding we have—almost more than \$9 million comes from the federal government, and the provincial government is around \$800,000. I will talk a little bit about that part in a later slide, but it's important to know that much of the federal funding needs some sort of provincial support. It's key for us to have that provincial support.

We are a small college in a small community, but through the growth that we had and also collaborations that we had with industry, not to brag, but we are number one in Canada. The reason we are number one in Canada, based on the ranking that a company called Research Infosource releases every year, is because of the number of projects we are doing with industry.

It's important to know that we are doing this applied research not because we have programs within the college or we have students or labs that we are using; we are doing it mainly because it's good for the community. All the applied research within the college is driven by the community's or the region's necessity. When the community comes up with—at this time, Sarnia-Lambton is really focusing on cluster-building, economic diversification, entrepreneurship and local industry initiatives. All those main goals that the community has, they require partnership. They require capacity. They require highly qualified people. They require R&D and also industrial attraction. Applied research within the colleges is the best place to provide those to the community.

Sandy talked a little bit about the biohybrid chemistry cluster building in Sarnia-Lambton. It's quite important to know that that's an initiative that really requires a strong and close partnership. There are many good groups involved in that, to build that cluster in Sarnia-Lambton, driven by BIC, Bioindustrial Innovation Canada, and the Sarnia-Lambton Economic Partnership, but there is a role for everybody. In this case, Lambton College provides the applied research and development and, particularly, training for the students and graduates. Some of the matrix—

**The Chair (Mr. Stephen Crawford):** One minute.

**Dr. Mehdi Sheikhzadeh:** —we have done more than 100 projects in the bio area.

The part that I want to emphasize more is the role of funding for us. I divided the funding into three parts: infrastructure for research—research operations means to do the projects and also the administration side. You see, the green side shows the provincial support for those. Mainly, it's driven by federal support, particularly when it comes to the actual research. On the administration side, it's mainly supported by the college.

The role of funding, particularly from the province, is very important. At this time, we have Ontario Centres of Excellence and ORF, the Ontario Research Fund, as our main source of funding. Increasing the amount of funding that particularly OCE has is going to be vital for the applied research growth in Ontario.

1010

There are specific areas that I'm going to emphasize. The voucher for small companies: Almost 90% of the

companies who are working with us are SMEs. These companies don't have any—

**The Chair (Mr. Stephen Crawford):** Thank you very much. We have to move on to questions now. We're going to start with the opposition side. Ms. Shaw.

**Ms. Sandy Shaw:** Thank you very much for your presentation. This is remarkable work, and I would like to congratulate you and everyone involved. I'm from Hamilton, so we have some great research at McMaster University and Mohawk. We do great work there. But this is quite remarkable, so congratulations.

I want to focus a little bit, if you don't mind, as you were presenting, on the funding and the students. The fact that you're doing applied research for students is critical to the success, I would say, of this program.

We have had some changes recently to OSAP and tuition fees in the province. It was just recently announced by the government. We heard from Northern College when we were in—where were we yesterday?

**Mr. Sol Mamakwa:** Timmins.

**Ms. Sandy Shaw:** Timmins. That was going to cost them a substantial amount of money, for the size of their college.

The concern is that the tuition fees are reduced for the students but that is going to come out of the budget of the universities and the colleges—it has been estimated anywhere from \$350 million and more for the college and university system to make up that loss. Given your funding model, that the university provides a substantial amount of funding for your administration—do you have any concerns that this may impact your funding model?

**Dr. Mehdi Sheikhzadeh:** I'm probably not the right person to answer that—but it's very early. There have been discussions that just started last week. We have been receiving emails internally within the college about how this is going to impact the college. I don't think we have a very good assessment at this time of how this is going to impact the operations side of the college—and we are one of the departments within the college.

You are completely right: If there is a decrease in some of the operations within the college, that money that we have for the administration side of research might be impacted as well. But again, I think it's probably too early at this time to judge and answer, and I am probably not the right person for it.

**Ms. Sandy Shaw:** I appreciate that. But that money will have to come from somewhere.

If you don't mind, then, I would like to go back to focusing on the students. The thing that I would say is so remarkable about what you do is the fact that students have hands-on connection to research—applied research for students—and even more wonderful than that is, they get paid to do this. That's very important to students.

I know you said you're not the right person to talk to about how the funding, the tuition, will impact the budgets for universities, but what I would like you to talk about is—one of the criticisms is that funding will come out of front-line staff, professors, researchers, and that students may have less opportunity to have that hands-on connection, that one-on-one connection, with applied research.

Can you just talk to me a little bit about the importance of ensuring that students have that kind of applied face-to-face experience with researchers?

**Dr. Mehdi Sheikhzadeh:** The experience through the research is quite essential. We have been actually tracking, in the last few years, how the students are getting better jobs because they're exposed to research and applied learning and applied training. Anything that can impact the operations—if you're not going to have staff and faculty who are actually supporting the research projects, potentially that's going to impact the number of students who are going to be engaged. But again, it probably is too early to assess whether that impact is going to come to research.

**Ms. Sandy Shaw:** You talked about the matching grants from the federal and the provincial—are these program grants, and have you been in any conversations with the province about matching those grants so you can leverage the federal dollars?

**Dr. Mehdi Sheikhzadeh:** There are quite a few of them. For example, FedDev Ontario has a couple of programs that we are targeting, but they do all require matching grants. Sadly, ORF just has one program for colleges, and we've been successful in getting this from the federal side, but it's always a challenge to make sure that, actually, the province is going to support that. Making sure that the province is actually supporting what the federal is giving us is—

**The Chair (Mr. Stephen Crawford):** Thank you very much. We're now going to move to the government side for questions. Mr. Bailey.

**Mr. Robert Bailey:** I want to thank Mehdi for being here today and for presenting.

He won't say it, but I'll say it: Lambton College is expanding their footprint in the community after over 50 years here in the Sarnia-Lambton area. It was the first major reinvestment by industry, the local community—and of course the foundation and a number of alumni contributed to that.

I think what you've laid out here today is a good example of the importance of this to the local industry, the local community—the jobs that are available through the research that's done. I can speak to that. I meet with the president, Judith Morris, on an ongoing basis. We're always working on funding projects and opportunities to bring more money to the college.

**The Chair (Mr. Stephen Crawford):** Ms. Skelly.

**Ms. Donna Skelly:** Thank you for your presentation; it's very thorough. I would like, if it's possible, if you could go back to the slide regarding the actual funding and walk me through your funding model.

*Interjection.*

**Ms. Donna Skelly:** No, it was back—

**Dr. Mehdi Sheikhzadeh:** This one?

**Ms. Donna Skelly:** No, before that. Sorry. Is that it? That's it. If you could walk us through that.

**Dr. Mehdi Sheikhzadeh:** Sure. Are you talking about the simpler diagram?

**Ms. Donna Skelly:** All of it.

**Dr. Mehdi Sheikhzadeh:** Sure. The text on the quarter is more about the performance data. It's more than \$16 million of research revenue. That includes both cash contribution and income contribution that comes from industry. Out of the \$16 million, more than almost \$12 million of it is cash—that is, either it is a grant or it's a company contribution, or the college actually puts the dollars towards that.

The distribution of that cash comes in that circular diagram. Out of that \$16 million, if we say that \$12 million or \$13 million is cash, \$9.1 million comes from the federal government grants, particularly tri-council—NSERC, CIHR and SSHRC.

From the province side, the main source, I can say, for us: 80% comes from Ontario Centres of Excellence, and 20%—if you get the infrastructure one, which is just one program under ORF—is from the ORF fund. But mainly, I can say, from the province, the only source that we have funding from is Ontario Centres of Excellence.

Then we have partner contributions. That's mainly the companies that are putting in the money for us to do their research. The last one is actually the college puts cash for us towards doing the research.

**Ms. Donna Skelly:** I see. In terms of the research itself—MPP Cho, did you want to ask anything?

**Mr. Stan Cho:** No, go ahead.

**Ms. Donna Skelly:** In terms of the research that you're doing, can you give us some examples of some of the projects?

**Dr. Mehdi Sheikhzadeh:** Oh, yes. I'm going to pick an example. There's a company out of Oakville called KMX. They have a membrane technology—

**The Chair (Mr. Stephen Crawford):** One minute.

**Dr. Mehdi Sheikhzadeh:**—that is used for separation of different solvents and chemicals. They started thinking about using this membrane technology, a novel membrane, which is actually a spinoff out of the University of Toronto, for frack waters.

They came to Sarnia. We actually built the units—one in Sarnia. We proved the concept on a pilot scale. They were also working with Bioindustrial Innovation Canada in the beginning. They moved on to test this technology in Ottawa. We actually collaborated. We built another pilot plant in an NRCAN site to use it for mining applications.

The next application was to use it for the water from the petrochemical and chemical industry in Alberta. We built a 10-times-bigger pilot plant in Edmonton in an Alberta Innovates site, and that was successfully done.

The next project that we have with them is used—we finished that project, actually. We built a pilot plant in Montreal and Ottawa and then shipped it to Arizona, because they wanted to use it for power plant applications in Arizona.

That's one of the successful examples of multiple projects with one company.

**Ms. Donna Skelly:** Fantastic. Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We appreciate your presentation.

ONTARIO FEDERATION  
OF AGRICULTURE  
LAMBTON FEDERATION  
OF AGRICULTURE

**The Chair (Mr. Stephen Crawford):** We'll move on to our next presenter. It's the Lambton Federation of Agriculture. Welcome. If you could please state your names for the record, you can get right into your presentation of up to seven minutes.

**Mr. Don McCabe:** Thank you, Mr. Chair. Good morning, committee. My name is Don McCabe. I'm a director for Lambton and Middlesex counties to the Ontario Federation of Agriculture, and I represent Lambton to that board. Joining me today is Karen Sanders from the Lambton Federation of Agriculture. We will be doing this presentation in a joint fashion. I will ask Karen to better introduce herself at that time.

In the meantime, I'm too close to home to be an expert. In the coffee shop, they'll know what I said as soon as I'm done, so I'd better do it right.

The materials that have been given to you—our brief for the committee and the subsequent other document—are the illustration of the community of effort that agriculture wishes to embrace and move forward with in the province of Ontario, and the reality that distributed economic prosperity is what's required now in this stage of time that we find ourselves in.

#### 1020

There is only 1.4% of the Canadian population that is actually farming today. That means that a grandfather who's about to retire right now will remember that when his grandfather retired, there was 50% in town farming. We have successfully removed that many people from the farm.

Now, that can be a bad thing or it can be a good thing. The bottom line is, you the consumers think it's a good thing because the food is that cheap and the technology is that right, but it means that we have to continue moving forward, and you have to recognize the impact that this sector has with what it does.

The stats are all there for you to look at. In particular, I want to highlight that Lambton county is the third-largest contributor to the OFA in membership, and the direct farm receipts from Lambton county alone are actually larger than those of Nova Scotia or Prince Edward Island or New Brunswick or—I'll throw in Newfoundland. I like them better for the screech than their farming anyway. But that's the reality of the economics.

Now I would ask Karen to take over.

**Ms. Karen Sanders:** Thank you, Don. The Barton report to the federal government highlighted agriculture and agri-food as an important and viable growth sector. We have the potential of becoming the second-largest agricultural exporter in the world. But in order to make this happen, Ontario needs support in a number of things.

Number one is natural gas. Energy is one of our largest costs. I am a farmer, and our energy costs would be reduced by three to four times the amount if natural gas

were implemented. The savings are estimated at over \$1 billion, and much of these savings would be reinvested in local rural businesses.

So what, in fact, is actually being done on the natural gas front? As farmers, our competitiveness is slipping as time goes by. How much longer do we need to wait while bearing these energy costs?

Number two is infrastructure. We need good roads and bridges and proper drainage to move all the goods and services, including our food, to where it is needed. We need an easy and safe route to market our products, to assist our existing businesses to prosper in these rural areas. We are asking the government to provide funding to rural municipalities to implement these programs to support the growth.

Number three is broadband. The need is real for reliable high-speed Internet. It is an absolutely essential service. It is something that the previous government had started, but there are pockets, large pockets, throughout Ontario with businesses—rural residents and schools are hindered as well—and they are severely disadvantaged in terms of competitiveness. There's the simple of fact of, how can we attract people to rural Ontario without broadband service? Again, what actions have been taken to complete the "last mile"?

Number four is schools. A school is part of the social fabric of a community, and closing schools certainly won't bring people to rural communities either. Often children are required to take longer travel times to and from school, and extracurricular activities are hindered for those students. Businesses will place themselves in communities for a variety of reasons, and these will include recreation, churches, a good employee base and, as I mentioned just now, the schools. Rural residents should be provided with services equal to those of their urban counterparts. We need these services to draw in and build up our rural communities.

**Health care:** In most rural communities, hospitals are the largest or second-largest employer. So what happens to a community if a hospital closes? Patients will lose access to timely and essential care. Physicians, pharmacies and other health providers will also leave the community. In terms of home care, there are rural health care challenges, with extreme distances and challenging geography. Weather can complicate health care home delivery. Rural Ontarians are older. They are poorer and sicker than their urban counterparts, and thousands of rural Ontarians have limited access to a primary care provider.

So I pose the question: Would you consider living in a rural area without Internet service; where your child spends two hours of their day on a bus that you hope makes it over the old bridge and down that pot-holed side road; where your nearest hospital is an hour and a half away; and you pay three times as much to heat your home—and not only your home but your farm buildings, to keep your farm and your animals warm?

As board members of the Lambton Federation of Agriculture, we will continue to advocate that our farm businesses need support to be competitive in a global

market, but the only way that we can be competitive in a global market is if we have a vibrant local community, to be sustainable and to continue to feed the world the safe and nutritious food. Thank you.

**The Chair (Mr. Stephen Crawford):** Okay, thank you. We'll start questions now from the government side. Mr. Bailey?

**Mr. Robert Bailey:** Thank you, Don and Karen, for coming to present today. I've had the opportunity to work with the Lambton Federation of Agriculture over the years. I know they've been great advocates for the farm community, both at Queen's Park and here locally. I've had the opportunity to work with both Don and Karen and others who represent the federation.

I know broadband and also access to natural gas is something that Minister McNaughton, through being the Minister of Infrastructure, has pledged to expand through southwestern and up into northern Ontario as well. I guess you already spoke to why it's important. I know there are some other things that we could do.

I'm sure there are going to be people speak later this morning from the rural municipalities about better roads and better bridges. I always say that in rural Ontario, bridges and culverts, that's our transit. We don't have the TTC or GO trains, but those culverts and bridges are ever more important to the rural community. Maybe you could speak to that for a minute? I know some others have some questions. Don?

**Mr. Don McCabe:** Thank you, Bob. I appreciate that Monte has chosen to highlight in the riding, which was also in Lambton county, the announcement of the natural gas expansion bill.

However, I'm a little tired of just announcements. I've had over 15 years of that preceding. It needs shovel-ready projects that are going to happen this summer, and we need to have funding formulas that are clear and defined. We've put criteria in this brief to help with that. The same thing applies to the promise of funding some roads and bridges. My pockets are full of thanks; I just haven't seen much cash. The reality is we need summer-ready projects operational now. We know the need. We know where it has to happen.

Municipalities, in some cases, did not have the infrastructure plans. We appreciate that that announcement was made to help those, but there were infrastructure plans already done for most and they're gathering dust. Let's move. Let's make the action, because if a farmer had to wait this long, you would have been long hungry. So, let's get it done.

**The Chair (Mr. Stephen Crawford):** Mr. Downey?

**Mr. Doug Downey:** Thank you for your presentation. I paid for school by farming and roofing, so I have some appreciation for the hard work that it can be.

In terms of shovel-ready, I don't know if you're part of the SWIFT network, if you know what I'm talking about—the southwestern Internet alliance.

**Mr. Don McCabe:** Yes.

**Mr. Doug Downey:** That's a good example of collaboration on all levels that has parts ready to go. We've been here six months—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Doug Downey:** Can you maybe identify other things like SWIFT that are ready to go that we can focus on to operationalize?

**Mr. Don McCabe:** With due respect to SWIFT, it's had money for approximately two years. There is no action on the ground. You can't wait two years to decide to grow a corn crop. Get it on.

**Mr. Doug Downey:** Well, we're a pretty "do it" and "get'er done" kind of government, so fasten your seat belt.

**The Chair (Mr. Stephen Crawford):** Okay. We'll now go to the opposition side. Mr. Arthur?

**Mr. Ian Arthur:** Thank you so much for your presentation. I grew up on a family farm and agriculture is very close to my heart.

I'm going to give you a couple of questions and then you can answer them. Aging population: What do you see that we can do to get a new generation of farmers on the land?

And then, I was reading through your presentations—I'm the environment critic for the NDP—and I'm glad to see the environmental parts in there. But would you talk a little bit about the effects of climate change and how you see that affecting agriculture in this part of Ontario?

**Mr. Don McCabe:** It's possible to answer both of your questions at the same time. The older generations are finding the technologies that are now available with precision ag and whatever to their benefit to extend their career because cabs are pretty nice and quiet, and stuff like that, where my dad was busy smoking a cigarette and sticking his arm in the sprayer to mix that powder—once upon a time. That is not even close to tolerated.

The issue of getting precision ag embraced on our farms requires that broadband service to be brought forward, and get the lidar done to get new soil maps for digitization, which was being funded underneath the previous government from funds from the cap-and-trade area. We now find that program stalled, and we need that revitalized immediately to get the necessary information back about our soils.

1030

On the issue of climate change: Bottom line, I can move my hockey stick factory any place I want to in the world; I can't move my farm. I buy it retail, I sell it wholesale, I pay the trucking both ways, and I thank John F. Kennedy for stating it.

**The Chair (Mr. Stephen Crawford):** Mr. Hatfield.

**Mr. Percy Hatfield:** Don, when the government made the announcement about expanding natural gas to rural areas, they stood with the home builders. The federation of agriculture wasn't invited. What do you make of that?

**Mr. Don McCabe:** At least in this area—I did receive a phone call from Minister McNaughton's office, to be at an elevator system outside of Warwick village, just east of here. There was recognition that day of agriculture. So I don't necessarily wish to pick sides on who gets to go to the buffet line for the little opportunity to grab coffee later.

**Mr. Percy Hatfield:** Karen, you talked about equal services in rural Ontario—the same as urban. I know all

the parties have talked about broadband expansion. They've all talked about natural gas expansion. What, in your opinion, could be done to have more mental health services, for example, available in rural Ontario, as opposed to concentrated in major urban centres?

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Karen Sanders:** Mental health is definitely an issue, especially with farmers. Farmers are somewhat isolated. Cold winter months can be an issue, and it has become a greater issue as time has gone on.

Listening to the gentleman speak prior—having those family services in more rural areas, just like he was mentioning, and that it could be diversified into these rural areas, would certainly help. Our connections and having access to that type of a facility, of a program—that would be fantastic.

**Mr. Percy Hatfield:** These city slickers flying in today were so impressed, looking out the window of the plane, seeing the orderly development of the fields. They were commenting on how nice it was to see how important agriculture is to this part of the province and to the province as a whole—to see it laid out in front of them, as opposed to going into the vegetable section at the supermarket.

**Mr. Don McCabe:** I appreciate that they rode in on that pencil, too. Sometimes that's a frantic ride. I've taken it.

The underlying aspect to that is, there's a great drainage network in this province that allows that land to be productive. That is an initiative that we have to make sure is maintained and funded. It's out of the eyes of most people. They just assume it's there and always will be.

**The Chair (Mr. Stephen Crawford):** Thank you very much for your presentation. We appreciate it.

## ONTARIO CENTRES OF EXCELLENCE

**The Chair (Mr. Stephen Crawford):** We're going to move to our next presenter: Ontario Centres of Excellence.

Welcome to the finance committee. Please state your names for the record, and you can get right into your presentation.

**Ms. Claudia Krywiak:** Good morning. I'm Claudia Krywiak, vice-president of corporate development and planning for Ontario Centres of Excellence. I'm here today with my colleague Raed Kadri, the director of automotive technology and mobility innovation at OCE.

I want to start by saying that Ontario Centres of Excellence and our AVIN team appreciate the opportunity to provide comment to the committee as part of the pre-budget consultation process.

We offer a perspective that is based on three decades of experience in delivering industry, academic, R&D and commercialization projects on behalf of the province of Ontario.

OCE is a not-for-profit organization with a mandate to deliver projects that create jobs, drive economic growth and enhance Ontario's global competitiveness. We have supported numerous projects locally; for example, with

Lambton College, Western University and Fanshawe College.

As a trusted partner of industry, academia and government, OCE is pleased to report that the innovative projects we have supported have resulted in the creation and retention of more than 22,000 high-quality Ontario jobs in the past three years alone.

To support the provincial government in delivering on its economic development objectives, OCE has developed five recommendations for consideration as part of Ontario budget 2019 consultations. Based on outcomes from our suite of programs, we believe these recommendations will accelerate economic growth, create and protect high-quality jobs in Ontario, and enhance Ontario's global competitiveness.

First recommendation: Support campus entrepreneurship across Ontario college and university campuses to build the foundation for the next generation of successful Ontario technology companies.

Second recommendation: Support Ontario's companies to access the R&D expertise in Ontario's colleges and universities and provide students with real-world, hands-on work experience.

Third recommendation: Support the development and adoption of emerging technologies, such as artificial intelligence, 5G or wireless broadband, and cyber security to provide a competitive advantage for Ontario companies.

Fourth recommendation: Support innovation in the health care sector through continued support for initiatives such as the Health Technologies Fund, accelerating the adoption of emerging health technologies by Ontario's hospitals, realizing efficiencies, cutting hospital wait times, ending hallway health care, and improving patient outcomes.

Fifth recommendation: Support innovation in the auto sector through continued support for the Autonomous Vehicle Innovation Network, or AVIN, making Ontario a global leader in the development and testing of connected and autonomous vehicle technologies.

OCE continues to be a key program delivery partner for the province, leveraging its efficient and cost-effective program delivery platform, on-the-ground regional business development teams, ability to maximize industry and federal matching funding, and extensive network of partners across the province.

To demonstrate the effectiveness of programs delivered by OCE, Deloitte did an extensive analysis and determined that over the past four years, for every dollar of provincial investment in projects, \$13 in additional private sector investment was attracted. A copy of this analysis is included in your materials.

I will now turn it over to my colleague Raed Kadri.

**Mr. Raed Kadri:** As Claudia mentioned in her introduction, my name is Raed Kadri. I'm director of automotive technology and mobility innovation, and I lead the Autonomous Vehicle Innovation Network at OCE.

The automotive sector is an important part of Ontario's economy. Ontario's automotive footprint consists of five auto manufacturers, more than 700 parts manufacturers

and 500 tool and mould makers that are supplying the industry globally. As vehicles become more high-tech, automotive jurisdictions across the globe are racing to capture the opportunity to supply new technology and products to this sector and attract new investments related to this space. Ontario's automotive sector, coupled with its IT cluster of over 20,000 companies, has a unique advantage to create good-paying jobs. It is estimated that there are over 200 companies right now in Ontario that are developing and/or supplying technology products for the vehicles and transportation of the future, and that number continues to grow. Supporting our existing auto suppliers to remain globally competitive by developing new products and increasing our automotive supply base by growing the number of suppliers of the future will ensure that Ontario companies continue to export globally and that our economy reaps the benefits. Programs like AVIN help to accomplish this goal.

AVIN is a comprehensive project that includes a research and development partnership fund, a demonstration zone in Stratford, a talent development component and six regional technology development sites across the province, located in Ottawa, Durham, Toronto, Hamilton, Waterloo and southwestern Ontario. These regional nodes facilitate the development, prototyping, testing and validation of new technologies; provide access to specialized equipment, both hardware and software; and help companies obtain business and technical advice.

In addition to supporting our regions to leverage their resources and excel in this area, AVIN has also attracted investment and partnership opportunities between global leaders, who were not previously doing R&D in Ontario, and Ontario SMEs to ensure that future products and services are sourced globally from right here in Ontario. OEC and AVIN are creating partnerships with global leaders and leveraging existing regional assets, infrastructure and talent to ensure that Ontario's small and medium-sized enterprises have the support they need to develop new products and services that would create jobs and exports for our province.

The AVIN central hub ensures that Ontario remains at the forefront of this opportunity. This is being accomplished by connecting and coordinating industry, academia and research organizations, government and other interested stakeholders to ensure that we're working together, without duplication, to capture opportunities; translating knowledge, research, data/information and trend analysis, and acting as a bridge between technology and policy; and promoting Ontario's strengths and leadership such as Ontario's automated vehicle pilot program, and building awareness of Ontario's growing connected and autonomous vehicle community.

Today we would like to inform committee members of the value of supporting the automotive sector with initiatives like AVIN and its impact on communities. A great example is Prodomax in Barrie. As a direct result of the support that the Ontario government provided through OCE, this company was able to innovate and adopt new technology that not only ensured they retained 144 jobs in

Ontario but also created 40. This support ensured that they continued to thrive and grow in Ontario.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Raed Kadri:** Along with economic development and job creation, AVIN's goal is to support Ontario to prepare for the deployment and adoption of these technologies. AVIN accomplishes this in many ways, including working in coordination with the ENCQOR 5G network. Autonomous vehicles and other technologies that fall within the "Internet of things" will need 5G or wireless broadband infrastructure, and there is a global race to be a leader in 5G networks and technology. As we move closer to a world where autonomous vehicles will become the norm, Ontario will need this infrastructure to keep up with the pace of global change and to remain competitive.

**1040**

I'd like to close by letting the committee know that as a part of the Ontario Centres of Excellence, AVIN is working hard on strengthening Ontario's position as a global leader in connecting autonomous vehicle space, creating high-quality jobs, and driving economic growth for the future. We are working with the province and industry to help lay a solid foundation in this space.

**Ms. Claudia Krywiak:** Thank you, Raed, and thank you, members of the committee, for taking the time to listen to our presentation and recommendations. Ontario Centres of Excellence look forward to continuing to deliver on the government of Ontario's priorities, driving economic growth and job creation in the years ahead.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you very much. We'll start with questions from the opposition side. Mr. Hatfield?

**Mr. Percy Hatfield:** Thank you for your presentation this morning. One thing that I'm really interested in: If GM doesn't change its mind on the Oshawa facility, what is it that you could perhaps offer, by way of suggestion, as a replacement product through the Ontario Centres of Excellence, based on the future of automotive manufacturing?

**Mr. Raed Kadri:** That's a really good question. Part of it is that that sector is changing, and in this change, they're looking for new technologies. As things change, we have a really big opportunity to create or maybe regenerate some of the jobs through other companies—small and medium-sized enterprises—that will supply these companies in the future. If you look at what General Motors and the rest of the auto sector are doing, they're starting to reach outside the supply chain and go directly to smaller companies to look for new technologies and help them to grow and get into the global supply chain.

If we look at some of the comments that have come out recently, their company is changing, and as it's changing, they're already—as you know, there's a large investment in the province, a contingent investment in the province. They're looking at the jobs of the future and how they partner with the companies of the future. Through the support that AVIN provides, we're helping to build those. We can connect them with companies like General Motors so that they can help them develop that technology and get



into the global market and then hopefully create jobs in our province.

**The Chair (Mr. Stephen Crawford):** Mr. Arthur.

**Mr. Ian Arthur:** I find this presentation fascinating, and I particularly am going to read through this full booklet for the \$13 created in additional private sector investment; that's tremendous.

Talking about where the auto industry is going and hearing those ideas, I'm struck by the comparison to tech companies that would develop an app or something and then be bought up by the larger companies and the potential for that small to medium-sized enterprise growth in the future. Someone once told me that the transition vehicle was going to be like driving a typewriter to driving an iPad in the next five years, and I really like that comparison.

Would you just expand on where you think the auto sector is going and if you think we are still in a position to be at the forefront of that? Really, the GM plant—if we had been looking towards this future 15 years ago, we might have been able to head off some of this a while ago. So if you just want to talk about that a bit.

**Mr. Raed Kadri:** In my personal opinion, the auto sector is changing, and it's going to change globally. If you look at jurisdictions that have an auto footprint, they are going after the next generation of technology and suppliers that will supply this sector. That's how they're looking to either grow their automotive footprint or keep it thriving.

The sector is changing. There's not much anybody can do. Consumer demand is changing, but that presents quite a bit of opportunity. Ontario currently has a large supplier base—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Raed Kadri:** —that already supplies technology to the global auto sector. Through continuing that on and helping to develop new companies, we'll continue to do that and we'll continue to have that sector thrive in our province.

**Mr. Ian Arthur:** Perfect. Thank you so much. Anyone else, quickly?

**The Chair (Mr. Stephen Crawford):** Mr. Hatfield.

**Mr. Percy Hatfield:** Did you play last year?

**Mr. Raed Kadri:** I didn't get that talent, no.

**The Chair (Mr. Stephen Crawford):** Okay. We'll go to the government side for questions. Mr. Roberts.

**Mr. Jeremy Roberts:** Thank you so much for being here. A fascinating presentation. I represent the riding of Ottawa West. We have a lot of folks working in the tech sector. I had the chance to go and tour the QNX facility recently and see some of the really impressive work they're doing there.

I've got a couple of different questions for you. The first one is about retaining talent in Ontario. When I toured QNX and talked with some of our technology partners, that seemed to be an ongoing challenge: We might be able to train the students here, but then they pack up and they head south to seek better opportunities down in the US. What are some things that we can be doing to better

convince students that there's a bright future for them here in Ontario?

**Ms. Claudia Krywiak:** I think one very effective strategy, in our experience, is through the introduction of internships during the course of students' studies so they are exposed to interesting industry partners and interesting potential employers during the course of their studies, so things such as co-ops, experiential learning, work-integrated learning as well as internship programs where students get to work with local industry partners, local companies, exciting up-and-coming start-up companies as a part of their studies. Companies are supported to be able to take those students in and help train them. It really helps with retention, because during the course of their studies, students will see what the opportunities are locally, and that greatly increases their chances of actually then entering the workforce locally and not going to other jurisdictions.

**Mr. Raed Kadri:** If I could just add to that: It also has a dual purpose. It helps those students to get that experience and helps them to build within those companies, but it also helps those small and medium-sized enterprises to get the talent that they need.

It's a dual purpose. It retains the talent, but it also grows the companies that we need to grow.

**Mr. Jeremy Roberts:** Sure. What's our value-add for Ontario students? When we're trying to sell these Ontario students on staying here, what are some of the areas where we have a competitive edge or are leaders? What are the selling points that we can be giving to those students?

**Ms. Claudia Krywiak:** One of the selling points is that Ontario, in communities all across the province, has extremely vibrant technology development opportunities. We have exciting start-up companies, large companies, that are doing really exciting things in things like automation in manufacturing, in autonomous and connected vehicles, in other areas where Ontario has the potential opportunity to lead; and frankly, students may not have an opportunity elsewhere to be involved in the earliest stages in the development of those technologies. So the capacity of our companies to develop and adopt new technologies is really something that could draw students.

**Mr. Raed Kadri:** It is also helping to re-shore some of the talent. I personally know some people who have come back from the US to start their company in Ontario. That speaks to Ontario's strengths.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Jeremy Roberts:** Sure. I know my colleague has a quick question.

One other quick thing, if I can: One of our main goals as a government is to try to figure out how we can find some efficiencies, do government more efficiently. As a millennial, I think technology has to be a huge aspect of that. You spoke a bit about innovation in health care. Are there other areas in public service where we might be able to harness some of that innovation to do things more efficiently and be more focused on the consumer experience for taxpayers?

**Ms. Claudia Krywiak:** There's a great program supported by the government of Ontario that is run in partnership with OCE called the Small Business Innovation Challenge. The way the program works is that Ontario government ministries and public agencies identify what their challenges, problems or statements are, and then those are issued to the technology companies, to the innovation ecosystem, for innovative solutions. The local companies, researchers and students respond with what their ideas are. The program then supports feasibility studies, pilot projects and demonstration projects. In the course of—

**The Chair (Mr. Stephen Crawford):** Thank you. Sorry, I apologize, but we have to move to questions now from the opposition side.

*Interjections.*

**The Chair (Mr. Stephen Crawford):** Oh, sorry. My apologies.

It will just be one moment.

#### SARNIA LAMBTON HEALTH COALITION

**The Chair (Mr. Stephen Crawford):** I'd like to call up our next presenter, the Sarnia Lambton Health Coalition. Any seat there is fine. Good morning. Welcome to our committee. If you could please state your name for the record, you can get right into your presentation.

**Ms. Shirley Roebuck:** Good morning, everyone. My name is Shirley Roebuck. I am the chairperson of the Sarnia Lambton Health Coalition. I am also chairperson of the Chatham-Kent Health Coalition and the Wallaceburg-Walpole Island First Nation Health Coalition. I am a registered nurse.

First of all, I'd like to thank you, Mr. Crawford and members of the committee, for allowing me to speak this morning. I want to talk to you about realities of health care.

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I think, as advocates and as government officials, we sometimes get caught up in just using catchphrases: hallway medicine etc. I want to tell you what "hallway medicine" really means.

There was a lady in Sarnia who had a three-year-old child. The child was ill. She took the child to the Sarnia emergency room. The emergency doctors arranged for her to take her child to London to see a specialty pediatrician. The lady's father drove them there. At that point, they had to wait because there were numerous consultations with this specialty pediatrician. Their wait ended up being 12 hours. When they arrived in the London emergency room, there were no seats, so this young mother ended up sitting on the floor—because other patients were waiting by sitting on the floor—with her sick child, and there they waited for 12 hours. Her child was subsequently admitted to the London Children's Hospital.

This is not a one-time thing. This is happening on a daily basis all over our province.

Another woman told me that she was feeling quite unwell, so she went to the emergency room. She was found to have an extremely high fever. Obviously, that's

abnormal, but there were no places for her to go in the emergency room proper, no beds were available, so they gave her some Tylenol and put her back out into the emergency waiting room, where she promptly fainted. They found a stretcher from I don't know where. She was brought into emergency. They did blood work. They started an intravenous.

At this point in the story, we can all say, "Our health care system is working. We got an extremely ill person where she needed to be," except, when the blood work came back, it was found that she most probably had septicemia and needed admission to hospital. Well, therein lies the crunch. She was admitted through the paperwork. There were no beds available in the hospital. The nurses needed to get her out of the main corridor, so they put her into a supply closet. There she lay for 24 hours. She got IVs and two doses of antibiotics. In 24 hours, she was feeling better. She just could not bear to stay in a supply closet anymore. It wasn't a restful, dark place; the nurses were coming in at all times grabbing stuff etc. So she pulled her IV out and said, "Goodbye, nurses; I'm out of here." They at least held her until the doctor came over and said, "If you feel bad, you come back."

As a registered nurse, I can tell you that that woman never, ever should have been allowed to leave. Septicemia—an infection in the blood—is not cured by two doses of IV antibiotics. But people are left with extremely difficult decisions, both staff and patients, regarding their health.

I could go on and on with stories. I believe the stories are better than the statistics. But I want you to know that public hospital funding in this province has been systematically cut over the last 25 years. Mr. McGuinty did a lot of damage, and Ms. Wynne continued his policies. I am here to ask that our new government reconsider the draconian cuts that have happened to health care.

Canada has fewer hospital beds than almost all of the OECD countries, but there's good news: We beat Chile and Mexico. So there you go; that's something. However, there are a good 20, or 15 at least, countries ahead of us.

The previous government did do one thing well. They created a program called the geriatric emergency medicine program. It is still in place.

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Shirley Roebuck:** What it does is it takes specially trained nurses and directs them to care for elderly clients coming into emergency. If you speak to physicians, you're going to know that a lot of emergency bays are caught up with elderly clients coming into emerg.

There are extremely bad stories, which I've outlined in my presentation, regarding elderly clients coming in from nursing homes and from home. Again, I would ask you, please, to make sure that everyone protects our public health care system. It is for the good of the public, and I have to say that private profit should not ever be a part of our public health care system.

**The Chair (Mr. Stephen Crawford):** Okay, thank you very much, Ms. Roebuck. We're going to start with questions from the government side. Mr. Bailey.

**Mr. Robert Bailey:** Thank you, Shirley. Shirley and I were just together yesterday on an issue over opioid and methadone clinics. Shirley is a tireless advocate for health care, and has been for a long time—all the time that I've been in this job. We've worked together on a number of things. I know her heart is in the right place, and she is a tireless advocate, like I say. We will take that message back. Some of my colleagues want to say a few words. Thanks, Shirley.

**The Chair (Mr. Stephen Crawford):** Mr. Downey.

**Mr. Doug Downey:** Thank you. The stories are helpful for humanizing some of the issue, but you've also included a lot of stats, which some other presenters haven't, so thank you for that.

Obviously, you know the state of the books in Ontario, that things are in a bad way. We spend over half of our budget on health care, and yet we see these stats that are saying that the payments for hospitals is ranking very low. Do you have any insights on where the waste in the system is?

**Ms. Shirley Roebuck:** With respect to the Chair, the entire committee and to you, sir, statistics showing that health care takes up 50% of the budget are based on the fact that Ontario's coffers are pretty low after all sorts of tax cuts. I don't believe that the health care system necessarily needs a lot of extra funds, but it looks as if health care takes 50% only when the tax coffers are so low.

As far as waste within the system goes, there's always room for improvement. This is me, an old lady, talking: You can't run health care as a business because it's sloppy and it's messy. Things happen that you don't expect. I won't give you specific examples, but there are reasons health care people wear those cotton scrubs—something you can quickly throw in the wash. You cannot plan for every contingency.

In fact, many hospitals in Ontario went through the Toyota program some years ago for efficiencies, and it happened at the place where I was working, and the consultants said, "It would be very good if you brought the crash cart"—that is a cart with all sorts of medications and machines on it—"right into this main hallway, because then it would be more efficient. It would be quicker to get the crash cart to where you need it to go." So that was dutifully done.

Not only did the fire department complain—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Shirley Roebuck:** —but over a 48-hour period, numerous drugs were stolen. Whatever we gained, we lost.

**Mr. Doug Downey:** Thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions? No? Okay. We will go to the opposition side for questions: Mr. Mamakwa.

1100

**Mr. Sol Mamakwa:** Thank you, Shirley. My name is Sol Mamakwa. I'm from northwestern Ontario.

What you described as hallway medicine with the stories, with the truth-telling that you have, is very real, I understand, just coming from that type of sickness system.

I know sometimes we are functioning in a very dysfunctional way when we talk about health care. I know that sometimes we are organized in a very disorganized way.

It seems to me that finances are more important than the lives of our people when we start making cuts to health care. I'm just wondering, when we talk about health care, whether it's mental health, whether it's elder care or other services, what would be your top three priorities that you would recommend to the committee?

**Ms. Shirley Roebuck:** Hospitals should be funded to the level that they were years ago. That's in order that they might simply carry on—not expand, not do anything else.

I believe northern Ontario has a more severe problem than those of us who live in southern Ontario. Recently, I believe, the Sudbury hospital had to announce over 100 FTE layoffs because of a budget shortfall. This is because of the rule, or the policy, that's in place, that Ms. Wynne brought in, that hospitals could not submit a negative budget.

When you lose your staff, then your need exponentially goes up. Our citizens in northern Ontario require the same care that those in southern Ontario do. There are no clinics in northern Ontario. There are few doctors. There are few nurse practitioners.

We need to make sure that every citizen in Ontario has access to public health care, as the Canada Health Act dictates.

**The Chair (Mr. Stephen Crawford):** Ms. Shaw—and just a little over one minute.

**Ms. Sandy Shaw:** Thank you. It's no surprise that we, from the New Democrat side, believe in a publicly funded health care system. But I think one of the things that we do agree on across the table is that this is a health care system that's in crisis. Your evidence here shows that it is not overfunded; it's actually an underfunded system. But I'm interested a little more in your comments on the revenue side that's creating that problem.

**Ms. Shirley Roebuck:** Anyone who has been in the health advocacy sector for years knows—it started with Mr. Harris and continued on through years of Liberal reign. I believe that hospitals need to be funded at the same rate they were 25 years ago, with all of the doodads included in that—inflation rate etc. Long-term care, I'll tell you right now, is in a crisis.

**Ms. Sandy Shaw:** You were talking about the coffers of the province. I was curious about that.

**Ms. Shirley Roebuck:** Well, when—

**The Chair (Mr. Stephen Crawford):** With that—sorry; I have to apologize—we've expired our time. But we really appreciate your—

**Ms. Shirley Roebuck:** Oh, I had a great answer. No?

**The Chair (Mr. Stephen Crawford):** Thank you.

**Ms. Sandy Shaw:** You know what? We'll talk later.

**The Chair (Mr. Stephen Crawford):** You could take it off-line, if you wish, but we have to keep to our schedule. Thank you.

**Ms. Shirley Roebuck:** Thank you.

## YMCA OF SOUTHWESTERN ONTARIO

**The Chair (Mr. Stephen Crawford):** I'd like to call up now the next witness, the YMCA of Southwestern Ontario. Good morning, and welcome to our committee.

**Ms. Kathi Lomas-McGee:** Good morning, and thank you.

**The Chair (Mr. Stephen Crawford):** If you could please state your name, and you can get right into your presentation.

**Ms. Kathi Lomas-McGee:** Great. Thank you, Chair and members of the committee. My name is Kathi Lomas-McGee. I'm the senior vice-president of operations for YMCAs across southwestern Ontario and belong to a network of one of the longest-standing charities in Ontario, dating back 160 years.

YMCAs in Ontario serve 1.2 million people in 125 communities across Ontario. Together we employ nearly 15,000 people. The YMCA of Southwestern Ontario connects with 177,000 people a year and employs over 2,200 people through our region. Our region reaches from Sarnia to Windsor, Point Pelee National Park and Woodstock and then north to rural communities in Goderich.

We're more than just a gym-and-swim. We're the largest provider of child care in Ontario, a top provider of employment training programs, and the experts when it comes to delivering fitness and leadership programs to young people and families through all stages of life.

While our program is enormous, our impact is even bigger. YMCAs ultimately exist to connect people to each other and to opportunities, to foster belonging, nurture potential and strengthen health at every stage of life. We offer this promise to all Ontarians, regardless of financial ability. That means that, on average, 30% to 40% of YMCA members in Ontario participate because we're a charity.

Here in Sarnia, we have a long history. We've been in Sarnia for over 100 years, which has demonstrated our ability to be responsive to the changing needs of communities. Research points to social isolation as a key determinant of health and well-being. The YMCA is a trusted, valued community anchor where everyone feels welcomed.

Our community-driven programs and services address complex health and social needs. Child care, camp, community programs, education and training, employment services, global initiatives, health, fitness and aquatics, and newcomer services: That's a snapshot of what we do across the region and here in Sarnia-Lambton.

We want to support the government's plan to reduce administrative burden and red tape, yet we also want to ensure that the important programs that are offered through the YMCA continue to thrive. Not only do the programs that we deliver make life easier for hard-working Ontarians, but they also make life better in our communities.

This year's budget provides the government with an opportunity to advance some important priorities for the

people of Sarnia and Ontario. I'd like to share with you three of those priorities.

The first issue is child care. The YMCA has been offering child care for over 50 years. Currently, here in our region, we have 108 sites and are working with nine municipal partners. Our child care boasts a national, early years, play-based curriculum and quality-based programming. We run into significant challenges, which I'm sure you've already heard about, relevant to affordable child care spaces, the number of spaces and the ability to secure early childhood educators. To give you some context, our waiting list today, in our region only, is over 1,900. Here in Sarnia, it's 430. Of those, 185 were looking for child care at the beginning of January.

To support Ontario's hard-working families, child care must be high-quality, accessible and affordable. The government can help by:

- providing ongoing funding, including general operating grants and fee subsidies, which in turn help to keep child care fees affordable; we know that better access to affordable, high-quality child care can strengthen our labour force and participation, stimulate the economy, and allow more children to benefit from early childhood education;

- providing ongoing capital expansion funding so that Ys can expand child care programs in communities where they're needed the most; we need more spaces, and there needs to be emphasis on affordable licensed care to ensure that the system is meeting the needs of everybody, regardless of their income; and

- removing administrative burden and red tape: We've established a provincial YMCA child care work group that has developed a set of recommendations to help streamline funding and reduce administration. We encourage you to consider these recommendations as methods to achieve that goal.

The second area is around employment services. Our region here has had some success in offering job-training programs, specifically to individuals identified with disabilities and individuals that are considered at risk. Our results have been statistically high in successful placement into the workforce or back to school.

What we see locally and across Ontario is our connection through people that we serve through financial assistance, those engaged in newcomer programs and those families that we're working with in child care. There is a need to ensure that employers are getting the right skills, that we're targeting people who are not working, and that we connect to the employment that is close to home so communities can thrive. We are well positioned to play a larger role in the delivery of employment services as a result of our network.

The third item I'd like to bring your attention to is social infrastructure. Now more than ever, families are calling on the YMCA to deliver important community services. Having accessible and welcoming facilities enables us to deliver those programs, strengthen our community and promote health and well-being.

1110

A couple of examples I'd like to share with you: We just opened a new facility in London in September. It was in partnership with the city and the public library system, complete with modern fitness facilities, pools, a walking track, a double pad, a full-service library and a community kitchen. Since the doors have opened, it has quickly become a community hub filled with 6,000 YMCA members to date: hockey players, parents, youth doing homework and playing pick-up basketball, and seniors taking a walk or simply gathering to connect, to hear the news, to share a laugh or to drink coffee. It's so much more than swimming. It represents opportunity for safety in communities, a connection in a time when most studies are telling us that people are feeling more isolated.

**The Vice-Chair (Mr. Jeremy Roberts):** One minute.

**Ms. Kathi Lomas-McGee:** Another example of this is our municipal partnership in the rural community of Goderich. Like the previous example I shared, this multi-service facility has a penetration rate in that community of over 70%. It is the centre of community.

Investments in conditions and spaces that cultivate physical, social and mental well-being support a healthy workforce and inclusive growth, and builds our community.

We've seen first-hand the benefits of these new communities, and we urge the provincial government, on behalf of Ontario YMCAs, to prioritize recreation when allocating infrastructure funding, to ensure that Ys can continue to flourish.

In closing, I'd like to thank you for the opportunity to speak with you today. I've provided you with a package with a few more details of the highlights that I talked about.

**The Vice-Chair (Mr. Jeremy Roberts):** Thank you so much. We're going to start with the opposition, for four minutes. We'll start with Mr. Arthur.

**Mr. Ian Arthur:** Thank you very much for your presentation. I had a meeting with the local Y in Kingston just last week about the work they're doing. They brought up many of these same things.

You talk here about the need for the creation of a social infrastructure fund, and you talk about how 1% of infrastructure funding is spent on that. What are the kinds of dollar values that would be attached to that? Do you know them? What level would you recommend moving that to?

**Ms. Kathi Lomas-McGee:** There's a provincial work group that has provided the details of the Ontario needs currently, and I certainly can get you that information or provide that information. That information does exist and has been provided.

**Mr. Ian Arthur:** Okay. You were speaking about affordable daycare, which I know is a problem across the province. What should our goals be? Again, what are we aiming for? Are we aiming for \$10 daycare? Quebec, I think, has \$10-a-day provincial daycare. What are we aiming for to adequately address this problem?

**Ms. Kathi Lomas-McGee:** I think we need to focus on more partnerships, more spaces. I think there needs to be

an understanding that reducing daycare costs allows for more people to work, which stimulates the economy.

In the provincial work group, we've provided a number of recommendations that will detail out with those numbers on behalf of the province.

**Mr. Ian Arthur:** Okay. Thank you.

**The Vice-Chair (Mr. Jeremy Roberts):** Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for coming in. With just a quick google on Quebec, my google says it's \$8 a day in Quebec if you earn under \$51,000 a year, it goes up to \$22 a day if you earn more than \$165,000, and it's half of those numbers for the second child.

How can Quebec do that and Ontario can't? What would Ontario have to do to get into those kinds of numbers?

**Ms. Kathi Lomas-McGee:** There needs to be more funding provided.

**Mr. Percy Hatfield:** And where is the money going to come from?

**Ms. Kathi Lomas-McGee:** That's the question around how we are going to provide more funding. I'm hopeful that the need of how we can stimulate our communities through quality child care is a reallocation of funds.

**Mr. Percy Hatfield:** So if your child is looked after at an affordable price, you can get back into the workforce or do more in the workforce?

**Ms. Kathi Lomas-McGee:** Or go back to school, yes.

**Mr. Percy Hatfield:** Go back to school, get a better job.

**Ms. Kathi Lomas-McGee:** Exactly.

**Mr. Percy Hatfield:** Provide more money back into the economy through taxation.

**Ms. Kathi Lomas-McGee:** Exactly.

**Mr. Percy Hatfield:** Thank you.

**The Vice-Chair (Mr. Jeremy Roberts):** Ms. Shaw?

**Ms. Sandy Shaw:** I have a quick question for you. I know you may not be overseeing home-based child care, but I know that in the upcoming Bill 66 legislation, they're looking at allowing there to be a lot more infants in home-based daycare. Do you have any opinion on that or comments on that? Specifically, can you say—

**The Vice-Chair (Mr. Jeremy Roberts):** One minute.

**Ms. Sandy Shaw:** —why it's important to have those kinds of ratios in place, especially for infant care?

**Ms. Kathi Lomas-McGee:** Our focus is around safety and quality, and standards that support safety and quality care.

**Ms. Sandy Shaw:** So would you say that allowing more children to be in the care of one provider is making it safer for kids?

**Ms. Kathi Lomas-McGee:** I think it depends on the provider. I think that there could be increased risk.

**Ms. Sandy Shaw:** Off the top of your head, what do you think would be a good ratio? This is your business, so an idea of what would be a good ratio for care provider to infants. What would it be in your system, for example?

**Ms. Kathi Lomas-McGee:** We don't currently offer in-home care. We don't currently offer home care.

**Ms. Sandy Shaw:** But do you do infant daycare?

**Ms. Kathi Lomas-McGee:** For infants, we do one to three.

**Ms. Sandy Shaw:** One to three?

**Ms. Kathi Lomas-McGee:** Yes.

**Ms. Sandy Shaw:** Thank you.

**Ms. Kathi Lomas-McGee:** Thank you.

**The Vice-Chair (Mr. Jeremy Roberts):** Perfect. We'll move over to the government side. We'll start with Ms. Skelly. Four minutes.

**Ms. Donna Skelly:** Thank you for your presentation. I just wanted to go over the child care. So you do not have infant care?

**Ms. Kathi Lomas-McGee:** No, we have infant care. I was not understanding the question. I thought she was asking me about home care.

**Ms. Donna Skelly:** Okay. How much funding does the Y get from the province overall?

**Ms. Kathi Lomas-McGee:** For our Y, I don't have that number with me off the top of my head; I apologize.

**Ms. Donna Skelly:** You don't? Okay. You mentioned employment training. Can you expand on the service that you provide in terms of employment training?

**Ms. Kathi Lomas-McGee:** Our YMCA in south-western Ontario provides employment training for individuals that have been self-identified with disabilities, or general youth that are at risk. They go through a program and a job placement. At the end of a program, we monitor how many youth are placed into a job or are back to school. Statistically, we have a very high number of job placements and/or youth that have gone back to school.

**Ms. Donna Skelly:** Do you coordinate with any of the other agencies that may be providing similar types of work? I'm just curious how a lot of the organizations such as the Y determine what the needs are in a community: what the gaps are and how you fill those gaps.

**Ms. Kathi Lomas-McGee:** Every community is different. I think that there could be a higher level of coordination across all our communities around how we're dealing with some of the social issues. Again, we have had a provincial work group on behalf of YMCAs in the province put some recommendations forward about how we can better do that.

**Ms. Donna Skelly:** Okay, thank you.

**The Vice-Chair (Mr. Jeremy Roberts):** Excellent. Any other questions?

**Mr. Doug Downey:** That's fine.

**The Vice-Chair (Mr. Jeremy Roberts):** Thank you so much for your presentation.

**Ms. Kathi Lomas-McGee:** Thank you.

#### WINDSOR ESSEX CHILD/YOUTH ADVOCACY CENTRE

**The Vice-Chair (Mr. Jeremy Roberts):** Our next presenter is Mr. Kevin Marriott. Is Mr. Marriott in the room? I don't believe so, so we'll move on to the Windsor Essex Child/Youth Advocacy Centre, if they are present.

Wonderful. If you can start with your name, you'll have seven minutes for your presentation. We'll give you a one-minute warning.

**Ms. Michelle Oake:** Okay, thank you. My name is Michelle Oake and I am the executive director of the Windsor Essex Child/Youth Advocacy Centre. First off, I would like to thank you all for giving the Windsor Essex Child/Youth Advocacy Centre the opportunity to speak of the importance of the child/youth advocacy centre model of collaborative child abuse investigations, cost-effectiveness and reduction of waste in public services. The government is always exploring new avenues to work and spend more efficiently and to proactively change the way government services are delivered. It is my pleasure to clarify exactly how child/youth advocacy centres can enhance our communities by explaining exactly what a child/youth advocacy centre is and does within our community.

As a place, a child advocacy centre is a single location that provides a safe, child-friendly, neutral setting for a child to disclose the abuse that they have been subjected to. As a process, the CYAC—or child/youth advocacy centre—brings together a multidisciplinary team of professionals. That includes law enforcement, child protection workers and medical on occasion. We bring all of these individuals under one roof so that we can achieve the most systematic and accurate outcomes in child abuse cases.

As a process, a child/youth advocacy centre can best be described using an extreme case example: We have Robin. I have a picture for you, in your slides, of Robin. She is a five-year-old girl who finds the courage to tell her teacher that she is being hurt at home. First, she has to tell her teacher. The teacher reports it to the principal, where the child again tells her story. Then the teacher tells the CAS. The child, Robin, will have to speak with a police officer and she'll be taken to the hospital where she'll be seen by a nurse, a doctor and possibly also a social worker. She'll also have to speak with a lawyer and at least one counselor. By the end of her disclosure, Robin and her family could have spoken to at least 10 different professionals in several locations.

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The goal of child and youth advocacy centres, or CYACs, is to make the process by which families receive these services in these very difficult times much simpler and less traumatic. For example, when Robin tells her teacher that she's being hurt at home, Robin can visit the child advocacy centre. Here, she has to tell her story one time, and all parties are listening.

CYACs offer hope, help and healing to children, youth and families impacted by abuse. In Ontario, there are currently six operating CYACs and another nine in development or discussion. Ontario holds the majority of centres established or in development across Canada.

CYACs are coordinated services and comprehensive child abuse investigation and support sites that reduce future problems. Working more efficiently, this is how we can reduce problems: by reducing duplication of services

and providing a model that can answer the concern for a well-planned investment of substantial funds in early detection, prevention and treatment of child abuse.

When looking at cost-effectiveness, the authors of the Economic Costs and Consequences of Child Abuse in Canada describe child abuse as “generally a hidden act in our society” that all members pay for in one way or another. As communities across Ontario, from Windsor to Sudbury to Cornwall, engage in establishing CYACs in their communities, we are reducing costs of investigations by 32% and increasing the return value of our investments in the overall system by providing a return to society of \$3 for every one dollar spent on a CYAC investigation model.

In looking at proactive service delivery, statistics indicate that untreated trauma and revictimization, starting with our justice system, result in future costs to the social service system that are staggering. Victims of child abuse are four times more likely to be arrested as a juvenile. They constitute 72% of people in detox programs, are 30% less likely to graduate high school, and have 90% worse health—not just mental health; physical, physiological health—than the general public.

The CYAC model encourages interministerial and inter-agency partnerships that increase efficiency, provide cost savings and can change the course of children’s lives as they deal with the impacts of trauma earlier and more comprehensively than ever before. Investments in CYACs will provide the best consolidation of cross-ministry services of police, child welfare, victim support and mental health trauma reduction.

Child abuse is not going away. Our request of the government is that the established CYACs in Ontario have the opportunity to build an ongoing fiscal relationship with the government that establishes a funding formula for these coordinated services. Together with our government leaders, we must ensure the safety and health of the children and youth who will become our workforce and our future.

**The Vice-Chair (Mr. Jeremy Roberts):** Thank you so much. We’ll start with four minutes from the government. Mr. Downey.

**Mr. Doug Downey:** Thank you for your presentation. I’m very familiar with the CYACs. I have one in my area and I was around when another one started, so I know that there is some operational variance in them and how they work. The one in Kitchener is a little bit different than the one in Barrie, for instance. They got started by the federal government and they were funded for a couple of years, and then they were left to find their own resources, so if I can ask you to give me a sense of how much of your survival has been from fundraising and community support as opposed to federal or provincial support.

**Ms. Michelle Oake:** From a Windsor-Essex perspective, our centre was a pilot project last year and we just opened on October 24, so we are still under the federal funding model. What they’re doing right now is, they’re offering five years of funding, and it’s base funding. It’s about \$125,000 for the first two years and \$80,000 for the second three years, so \$125,000, \$125,000, \$80,000,

\$80,000 and \$80,000. That’s from the federal government. Then after that, you are to sustain yourself. That’s through community donations.

From what I hear from the other centres in Ontario—because we do have an Ontario network of child advocacy centres—it becomes increasingly difficult for the community to continue to fund these centres through donations. So we are looking for provincial support because the federal funding is to start up these child advocacy centres, but there’s no sustainability funding that comes along with it.

**Mr. Doug Downey:** Yes. I’m glad that you have the base funding to get organized and get up and running.

I worked with Minister Laurie Scott before we were in government on the human trafficking work. If I could have you maybe speak to that in your intended role in the human trafficking part.

**Ms. Michelle Oake:** As a start-up agency, we do not specifically target human trafficking. But being along the 401, this area, all the way through to Toronto and past, human trafficking and the numbers are increasing. The statistics of what is being reported is increasing as well.

We treat all vulnerable children and youth, so that’s from age zero to 18. We don’t exclusively serve human trafficking victims, but they absolutely utilize our centre.

**Mr. Doug Downey:** Relationships are important. I mean, you look at the model and the different players in it—the lawyers, the police officers and whatnot. It’s been my experience that most of the referrals either come from somebody in the teaching area or, really, it’s the police—and so having that positive relationship. How are you integrating with the police services?

**Ms. Michelle Oake:** Our board of directors for the Windsor Essex Child/Youth Advocacy Centre has representation from all the law enforcement agencies in Windsor and Essex county, so that’s Windsor police—it was Amherstburg police, which is now Windsor.

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Michelle Oake:** We also have LaSalle and the OPP. We have representation from the children’s aid society and Windsor Regional Hospital. All of them are key partners and our supporters. We get our referrals directly from police or the children’s aid society because the society has a duty to report to them first.

**Mr. Doug Downey:** Okay. Thank you very much.

**The Chair (Mr. Stephen Crawford):** Okay. We’ll move to the opposition side. Mr. Mamakwa.

**Mr. Sol Mamakwa:** Thank you for the presentation. I’m from northwestern Ontario, the Far North. Thank you for the work that you do. I know, in the north, with respect to intergenerational trauma with our First Nations people and Indigenous people—certainly, a lot of similar issues that you speak about.

Also, sexual abuse—especially when we had our Anglican minister, also a Boy Scout leader, who had a plane, who abused 500-plus boys in our region.

Back in 2017, within the NAN territory, 49 First Nations, we had 38 suicides of youth. Some as young as 11 years old died by suicide.

What are the impacts for your work with respect to the axing of the Ontario child advocate?

**Ms. Michelle Oake:** Our centre is to proactively try to prevent those instances from happening. Children who experience child abuse, they live with this trauma. They replay it, and in society they retell it, and retraumatize over and over. That was the previous model. We did that to children.

Now, with this proactive model, we actually have a victim advocate on site. It's a single contact person who then works with the children and the families, because parents are traumatized by their children's events as well. We make sure that they get the counselling or the services that they require so that they can heal and become active and contributing members of our society.

**The Chair (Mr. Stephen Crawford):** Mr. Arthur?

**Mr. Ian Arthur:** Thank you so much for your presentation. I was struck by a couple of things here about the pre-CYAC model: the reduced cost of investigations and the effectiveness of the new model—as well, the stats about the victims of child abuse. It sounds a bit like a no-brainer. It sounds like a very good program that's doing an important thing, and that's doing it in an efficient manner.

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But I think in Ontario, for years, we've seen the initiation of new, good programs without a willingness to fully replace what was there before. Can you speak to that a little bit? What might need to go? What might be some of the hard decisions in other areas if your organization was to receive funding and move forward in a more efficient manner?

**Ms. Michelle Oake:** Nothing is really changing except for we are bringing everybody under one roof, so police will no longer be doing investigations—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Michelle Oake:** —in a police station where children walk in and there's that stigma of criminality. You have a five-year-old walking in and seeing everybody in their armour and with their guns right at their eye level, and you expect them to give a statement—while they feel like a criminal—that's going to hold up in court.

The difference is just bringing everybody together. The investigations themselves will not change. It's just the location. It's a child-friendly, safe environment, with one contact person there who helps them to receive the services they require later.

**Mr. Ian Arthur:** So where does the cost reduction come from, then, if there's the same group of people? Is it just because there are fewer interactions?

**Ms. Michelle Oake:** Fewer interactions. Everybody leaves that day with a game plan. There is no phone tag involved. There is one person making all of the arrangements for everyone to come to the centre. They are forced to come to the centre by the deputies of police, by the supervisors at the children's aid society, and everybody goes there and everything is taken care of in that one day. There are no follow-up services for police and CAS. They're not making all of these phone tags and calls. The

child and the family are actually receiving the best services, because they can interact and ask all the questions they need.

**Mr. Ian Arthur:** Thank you very much.

**The Chair (Mr. Stephen Crawford):** Thank you very much for your presentation. We appreciate it.

**Ms. Michelle Oake:** Thank you.

## TOWNSHIP OF ENNISKILLEN

**The Chair (Mr. Stephen Crawford):** I'm going to call up now the township of Enniskillen. Good morning, and welcome to our committee. You have up to seven minutes to speak. I'll give you a one-minute warning. Please introduce yourself for the record, and you can move right into your presentation.

**Mr. Kevin Marriott:** Thank you very much. My name is Kevin Marriott. I'm the mayor of the township of Enniskillen. I really appreciate this opportunity, and thank you for coming to Sarnia.

**Education:** I went to the University of Guelph, Ridgetown Campus, graduated in 1977 and started farming full-time. I have a 1,050-acre farm of corn, wheat and food-grade soybeans for the Japanese market.

I was elected to Enniskillen township council in 1994. I was deputy mayor for eight of those years. I have been mayor since 2011. I also became deputy warden of Lambton county for 2019. As mayor, I'm also currently a director, and have been for 10 years, on the St. Clair conservation authority.

My first two years on Enniskillen township council was the calm before the storm of changing rules as it pertains to funding of small rural municipalities.

Growing food has always allowed farmers to enjoy tax-friendly policies by provincial and federal governments, and rightfully so. No other industry has as many different challenges as agriculture does, and food should not be taxed in any shape or form.

In 1998, the Harris government eliminated the Ontario Farm Tax Rebate Program in lieu of paying municipalities directly through the CRF fund. At that time, it was touted as cutting red tape to save money by eliminating the need to send cheques to every individual farmer. I would have to agree: It was definitely a money-saving way of doing things. Also included in the CRF program, at the time, was partial compensation for the downloading of OPP costs to rural municipalities like mine.

If only the story had ended there. But along came the McGuinty and Wynne governments, who purposely changed the formula to shift funds away from more rural municipalities like ours to more urban places like Windsor, who now receive almost twice as much OMPF as they did in 2012. I have included a chart there that shows that.

I believe it is more than just ironic, though, that Windsor was the riding of former finance minister Mr. Dwight Duncan.

In 2018, my municipality received 60% less funding than what was received in 2012, while all municipalities



together in Lambton county received just under 4% less. Chatham-Kent, our closest neighbour, with almost the exact same demographics as Lambton—actually, less population—increased 4% in those five years and receives slightly more than double that of all Lambton municipalities combined.

Chatham-Kent was forced to amalgamate into one tier by the province in 1998. I always found it interesting that this amalgamation was supposed to be much more cost-efficient, but they actually receive \$10 million more in OMPF than Lambton county does. Let it be a lesson to anyone who thinks we should revisit amalgamations to save money.

The city of Windsor, that I mentioned earlier, now receives almost \$22.8 million, up from \$13.1 million in 2012, an astounding 73.8% increase.

The last time our municipality approached the government about the inequity was in the fall of 2017, when we had a conference call with the Ministry of Finance. At that time, Mr. Allan Doheny told us: “We have to look after those municipalities who need the help the most.” Well, we had to raise taxes 35% in those five years to compensate for the loss. I would also like to know how that opinion could be arrived at without a forensic audit of all 400 municipalities across Ontario.

Enniskillen is as rural as you get in Ontario, with just over 60% of the assessment in farmland. The 35% increase in taxes to compensate for the loss in OMPF ends up squarely on the farm taxpayer, now that the formula has changed since 2012-13. It is simply not fair that the partial relief from paying property taxes on farmland is being eroded every year by the OMPF cuts to us—and maybe even more important, the changing of that formula in 2012-13.

The one silo within the OMPF program that was changed gives funding based on households, but does absolutely nothing to compensate a municipality like ours for the many miles of roads that are maintained to get farmers’ produce out to market. That is one reason we have had to match tax increases to the lower OMPF funding.

We were also promised by the former government that some of the cuts would be offset by increased infrastructure funding for bridges, but that also has not happened. In fact, it’s somewhat of the opposite, as the new higher standards have been imposed on us to have all bridges inspected by an engineer every two years. We now have over 20 bridges with an estimate of \$3 million to do necessary repairs within five years. We don’t even have the funding for one of those bridges in 2019. We have two bridges that have been closed, and the roads leading up to them are now dead ends.

I have heard that there were federal dollars for infrastructure released to Ontario but the monies have not been allocated. Ontario should be working towards some type of new bridge funding program, or there will be tragedies. The two we have barricaded even have risks if people find a way to get around the barriers, and they’re always trying.

I would also like to discuss the current policies of gas tax. Currently, only urban communities get those dollars in Ontario for transit systems. I can’t understand the discrimination.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Kevin Marriott:** Our transit system is our many kilometres of roads per person as compared to urban communities. We need these roads to get our farm produce to market but also to connect to smaller urban areas or towns. The previous government acted partly on the advice of AMO and used this as an excuse when justifying the discrimination to rural areas. I would hope that the Ford government will listen also to ROMA, who more truly represents rural areas.

My last two issues I would like to mention today go hand in hand, and they have been mentioned here earlier today. They both have been promised by many governments provincially and federally: high-speed Internet and natural gas.

While everyone in urban areas takes both of these for granted, a very high percentage of rural citizens and businesses don’t have the convenience. Farms are in desperate need of both, to be productive. It’s one more example of rural municipality discrimination.

Again, thank you for this opportunity.

**The Chair (Mr. Stephen Crawford):** Thank you very much. Right on seven minutes—very good timing.

We’re going to start with the opposition side. Mr. Hatfield.

**Mr. Percy Hatfield:** Good morning, Kevin. Thank you for being here.

**Mr. Kevin Marriott:** Thank you very much.

**Mr. Percy Hatfield:** I’m from Windsor.

**Mr. Kevin Marriott:** Oh, wow.

**Mr. Percy Hatfield:** And I represent the riding that Mr. Duncan used to represent. We’re from different political parties.

Having said that, I know Mr. Bailey is here from your area, and he has been here since 2007. If you have complaints, take it to Bob.

**Mr. Robert Bailey:** We speak all the time.

**Mr. Kevin Marriott:** I have done that.

**Mr. Percy Hatfield:** I’m just interested in this. You have a very valid argument to make, and all your points that you have made are very valid.

I’m a former vice-president of AMO, representing the large urban caucus at one time, so I’m aware of ROMA, I’m aware of AMO, and I’m aware of what previous governments have done to wreak havoc with rural Ontario municipalities.

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Having said that, what is it that you think this new government can do to somewhat correct the situation that you find yourself in when it comes to provincial funding?

**Mr. Kevin Marriott:** Well, OMPF would be, to me, the most sensible. I tried to lay out the history—I hated to go back too far—but OMPF was a combination of a bunch of things rolled into one. It’s like a dog’s breakfast. The majority of it was the farm tax rebate program originally

from the 1990s that had gotten deleted and then sent directly to municipalities. But then the previous government found it easy to dip into that and distribute to different areas. I guess they thought the farmers were doing well, but, as we know, the farming industry has its ups and downs, and we're definitely on the downswing right now with interest rates rising.

The costs that we've had to defer to property taxes because of the loss of OMPF is a direct expense to farmers. If we ever eliminated the OMPF program, then all of the farmland—to me, farmland should not be taxed the same. Even though it's still at 25%, it's being clawed back by those cuts in OMPF.

So either bring back OMPF to where it was, or we need infrastructure dollars on bridges, because we have a double whammy with these bridges that we just haven't been able to have any money to fix any of them. On our list, it's over 20—25, actually—that altogether is \$3 million. That's a lot of money for us.

**Mr. Percy Hatfield:** If you had to raise taxes in your community, just to raise, say, \$10,000 of tax money, how much would your tax percentage—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Percy Hatfield:** —have to go up?

**Mr. Kevin Marriott:** As I noticed recently, for the average municipality, if we raise 1%, you get \$50,000, and that's—

**Mr. Percy Hatfield:** Fifty-thousand dollars for 1%?

**Mr. Kevin Marriott:** Yes.

**Mr. Percy Hatfield:** So when you're offered funding for bridge replacement at one third/one third/one third, and your tax money is coming out of a nine-cent dollar as opposed to a 41-cent provincial dollar or 50-cent federal dollar, you are being hampered more than—the municipal tax base is being hurt the most, right?

**Mr. Kevin Marriott:** That's correct.

**Mr. Percy Hatfield:** So if this government, which represents a lot of rural areas, wants to do something for rural Ontario, what's the first thing they should do?

**Mr. Kevin Marriott:** First thing? It's either one or the other. It's either restore OMPF to the pre-2012 formula, or give us a bridge yearly program to get us back on track.

**Mr. Percy Hatfield:** Long-term, sustainable funding?

**Mr. Kevin Marriott:** Yes.

**The Chair (Mr. Stephen Crawford):** Okay, thank you. We're now going to move to the government side for questions. Mr. Bailey.

**Mr. Robert Bailey:** Yes, thank you, Mayor Marriott, or more commonly known as Kevin. Kevin was my mayor for a number of years, and councillor. I served on municipal council as well in Enniskillen township so I understand Enniskillen being unique. We have a number of waterways that go through Enniskillen township so we do have a lot of major culverts and bridges.

I read your outline here, and we talked about the gasoline tax. To me, I think that's one of the more fair ways. The urban municipalities, with transit, get two cents out of that 14 cents that we pay at the pump—the 14 and a half cents, I think it is. So I think that—and I don't know

what the number is; I'll leave that to the number crunchers here, MPPs Downey and Cho—but I think that that's a long-term, sustainable—we're always going to be buying fuel: diesel, gas or something. So I think that if we're not going to replace the OMPF, and I don't know if we are, but if we're not, to repair those bridges and culverts—I always say that transit in rural Ontario is bridges and culverts. I don't know what you think about that, but I would think that a move towards an amount you could count on every year out of the gas tax—would that be something you'd like to see?

**Mr. Kevin Marriott:** That would be a great start. As you say, Bob, the taxes are collected on fuel that is going down the road. Why should it only be to urban areas? Just because we don't have public transit doesn't mean that we don't have just as big a need. Our needs are our roads and bridges in order to get farm commodities out to market, and everything. It is our public transit. So it is discrimination. That would be a great start.

**The Chair (Mr. Stephen Crawford):** Mr. Cho?

**Mr. Stan Cho:** Mr. Downey will take it.

**The Chair (Mr. Stephen Crawford):** Mr. Downey.

**Mr. Doug Downey:** Thank you for your presentation. As you know, the OMPF funding is under review. You received that notice in December. You should have received, or you will receive very shortly, confirmation that that first-quarter payment will arrive.

**Mr. Kevin Marriott:** Yes, we did receive that.

**Mr. Doug Downey:** Okay. I don't know if you've given input other than this on the OMPF funding. I can tell you, MPP Bob Bailey is not much of a wallflower; he lets his opinions be known—if it's not formally, it's certainly informally.

I sat on the board of OSUM, Ontario Small Urban Municipalities. Some of them don't have transit either. This is not a new phenomenon. I think there has been discussion of that for some time, so I'm just noting that it shouldn't be new to those having this discussion.

In terms of the discrepancy in Percy's area in Windsor—you attribute it to pure politics. Is it pure politics, or was there some sort of formula?

**Mr. Kevin Marriott:** It had to be politics, because it can't be as big a coincidence that the finance minister's home riding—now, as you can see, these numbers are easily obtained through the OMPF website. For a municipality like mine to drop 60% and Lambton county to drop almost 4%, but Windsor goes up 73.8%? I'm sorry; there can't be anything but politics there.

**Mr. Doug Downey:** I don't have a lot more questions. You've laid it out very nicely in the material, so thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We appreciate it.

**Mr. Kevin Marriott:** Thank you.

#### MAINSTREET CREDIT UNION

**The Chair (Mr. Stephen Crawford):** We'll call up our next presenter, Mainstreet Credit Union. Good morning, and welcome to the finance committee. If you could

please state your name for the record, then you can get right into your presentation.

**Ms. Janet Grantham:** Good morning. My name is Janet Grantham. I am president and CEO of Mainstreet Credit Union. Our head office is here in Sarnia. I'm here today because the credit union system of Ontario is asking that, in this year's budget, the province commit to modernizing the Credit Unions and Caisses Populaires Act.

I'll give you a little bit of information on credit unions, to start. We are based on co-op values. Everything that we make is returned to our members. We are owned by our members, who do their financial services with us. There are 66 credit unions in Ontario, serving over 1.5 million Ontarians, including 136,000 small businesses. We have \$54 billion in assets and we serve 210 communities. In many cases, those are very small communities. In fact, in the case of Mainstreet, we are the only financial institution in three of our 13 communities. We are the only ones supporting those people.

Why do we need the credit union act modernized? The last time it was done in any significant way was back in 1994. I will say that, in 2014, the government did commit to redoing our act. Unfortunately, we didn't get very far. We had really only four major changes—we've had a few minor changes along the way, but only four major changes—when really what we need is a full rewrite. I'm sure you can imagine that, back in 1994, there was no Internet, so it's a very, very different act. It was written anticipating different things than it does now. I remember, going through that, that we did everything on paper. It was couriered back and forth. It was a very different world.

Modernizing is going to help us to continue to be financially viable, to be successful, to continue to support Ontario, because what we find now is that the act negatively impacts our business. We need enabling legislation. We need to be able to build bright futures for ourselves and for our members, but especially for our members, because when we succeed, our members or our owners—or our clients, as most FIs would say—succeed too.

We want to work with you to do this. We're happy to work with you to do this. I recognize that there are limited resources. The government has limited resources. We have been working on a rewrite to our capital formulation right now for two years, and we still haven't got it done. Our hope is that we can get it done by the end of this year. We would like a commitment in the budget to do that. But the reality is that we know that you'll need our help to do that, and we are happy to provide whatever resources—whatever writing, whatever people you need—to make sure we get this done.

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I'll tell you one quick story, just a really simple example as to one of the issues that my credit union faces on a regular basis. Within our act, it didn't anticipate that the world would change and people—regular people like you and I—would buy small income properties. For example, both my kids ended up at Carleton University.

**Mr. Jeremy Roberts:** Yay.

**Ms. Janet Grantham:** And if I had had the means, the wise thing to do would have been to buy a house for my

children to live in Ottawa while they were going to school. I was making those trips probably for about six years. If I did that and I went to one of the Big Five banks, I would just walk in, I would get a mortgage, it would be at competitive rates, it would be simple, and there would be no complications.

At a credit union, because it wasn't anticipated in the act, not only do I go through a different process because the act says I have to be treated like I'm a commercial real estate person, which is very, very different—so I have to go through a different process. The credit union cannot charge our members more than the banks would, but the work behind the scenes for us is incredible. We're expected to do on-site visits. We are expected to allocate increased capital. It simply doesn't work. We do it because it's the right thing to do, because we're credit unions; that's what we do. But the work entailed is just ridiculous, to be blunt.

That's just one example. There are many, many. The larger credit unions, the Libros; if we're talking about southwestern Ontario, Meridian, the largest credit union in Ontario—their issues are much bigger around how they operate subsidiaries, around being able to provide banking to municipalities, things like that. None of these things were anticipated in the 1994 credit union act.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We appreciate your presentation. We're going to start questioning from the government side: Mr. Downey.

**Mr. Doug Downey:** Thank you. The credit unions are very organized. This is, I think, the fourth deputation by a credit union.

**Ms. Janet Grantham:** Yes.

**Mr. Doug Downey:** So I'm not going to ask a lot of questions in the interests of time.

**Ms. Janet Grantham:** No, that's fine.

**Mr. Doug Downey:** I bank at a credit union. I understand—I'm the PA in finance. That's part of my world. I'm just going to leave it at that in terms of time, but we hear you. I've noted in the other ones the reasons why you want it in 2019. I don't have any particular questions at this point. Thank you.

**Ms. Janet Grantham:** Thank you.

**The Chair (Mr. Stephen Crawford):** Okay. We'll go to the opposition side for questions: Ms. Shaw.

**Ms. Sandy Shaw:** Hi there. Sandy Shaw. I always take this opportunity to say that I was a former chair of First-Ontario Credit Union for a number of years, and I hired Kelly McGiffin when I was the chair.

**Ms. Janet Grantham:** Okay. I know Kelly.

**Ms. Sandy Shaw:** I always like to say that.

Like Mr. Downey, I understand and appreciate the value of the different proposition, the co-operative values of a credit union, which fit very well into the rural context about co-ops and co-operation.

**Ms. Janet Grantham:** Absolutely.

**Ms. Sandy Shaw:** This is one of the things when we talk about credit unions: They are often the only financial institution in many communities and that's really important. When we're talking about infrastructure in rural areas, this is kind of a social infrastructure that might often get

overlooked. My question to you is, with the changes that you're looking for with the modernization of the caisses populaires act, can you talk about how that would help you to continue to serve smaller and rural communities, especially given the context that the credit unions have gone through a lot of mergers and acquisitions because of the increased regulatory burden. Can you just talk about the importance of how this act will allow you to continue to operate in smaller, rural communities?

**Ms. Janet Grantham:** Absolutely. Just as a caveat, Mainstreet is actually made up of four different credit unions. That's in recent history; there's a number more that have come in.

What I believe it would allow us to do is it would allow us to operate those branches at a break-even or a slight-loss position because if we are more nimble, if we have improved rules around capital and things like that, less regulatory burden, then we simply are more profitable. It's not complicated. We're simply more profitable, which allows us to continue to maintain branches in communities that really aren't able to fully support it.

**Ms. Sandy Shaw:** Thank you. I guess my last question is, how would you address some concerns when you talk about maybe your capital adequacy, for example, making yourself more nimble? How do you ensure that people still feel that is a financial system that, while it's nimble and it may have different oversight and regulatory requirements than banks, for example—how do you assure people that it's still a very safe and regulated system?

**Ms. Janet Grantham:** That's a good question. I think the regulations in the act need to be written in a way that does reassure that. Personally, what I could say for my credit union is that the new FSRA is doing a fabulous job at working with us to make sure that the regulations are in place.

The people in the Ministry of Finance are very cognizant, as they're creating these capital guidelines, for example, that they are taking into consideration what international rules are and what standard accounting rules are. We have to comply with those just like everybody else.

The real difference between credit unions and banks is that when we raise capital, we raise it from our members through profit and investment shares, whereas the banks go to the public.

**Ms. Sandy Shaw:** In talking about how you raise capital locally and you reinvest it locally, can you talk a little bit about not just the money that you reinvest locally by lending, but the community supports that you're always engaged in? I know that the credit union takes pride in that.

**Ms. Janet Grantham:** Yes, we take a great deal of pride in that. I'll give you a quick example: We do, I'm guessing, about \$100,000. Today, I presented to the Sarnia United Way. Our total donation was just under \$20,000, and Sarnia got about a quarter of that.

**Ms. Sandy Shaw:** So you serve the community in many, many different ways.

**Ms. Janet Grantham:** And many times in hours too. It's more about hours.

**Ms. Sandy Shaw:** Thanks very much, Janet.

**Ms. Janet Grantham:** Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much.

We've almost reached 12 o'clock. I'd just like to get agreement from the committee that we carry on. We have two more witnesses to present, if that's agreed. Agreed? Okay.

#### OPSEU

**The Chair (Mr. Stephen Crawford):** I'd like to introduce our next witness, Len Elliott. Good morning, and welcome to our committee, the financial committee. If you could state your name for the record, and you can begin your presentation.

**Mr. Len Elliott:** Hello. My name is Len Elliott. I live in London, and I am a front-line health and safety inspector, helping to protect workers in this part of the province.

I'm also a member of the Ontario Public Service Employees Union. I was elected to serve on OPSEU's executive board as a regional vice-president of what we call region 1, which extends from Windsor to Woodstock, including Sarnia, and up to Goderich.

Of behalf of all of the OPSEU members I represent, I'd like to thank you for the opportunity to speak today.

As front-line public service workers, we offer unique insight into how your government can provide better and more sustainable public services. Yes, we can have public services that are both better and financially sustainable. But getting there is going to take more than cheap populist slogans like "for the people," "open for business," "buck-a-beer," and "cheap gas." It's going to take honesty and investment.

To show you how, I'd like to draw your attention to two very important points. The first is this: Ontario currently invests less in its public services than any other province. According to a 2018 report by RBC, Ontario invests just 16.4% of its wealth in its public services. In BC, it's 18.3%; in Manitoba, it's 22.9%; and in Quebec, it's 17.6%. After 30 years of cuts and austerity, we're in last place, and that hasn't magically eliminated our deficit.

This shows as clear as day that you can't cut your way to prosperity, which brings me to my second fact that I'd like to highlight: Ontario has never been richer than it is today. Our GDP is bigger than it has ever been. Not only that, but our GDP per person is bigger than it has ever been. In other words, it's simply not true that Ontario is facing a financial crisis. The fact is, we can afford to invest in our public services.

With that in mind, I'd like to talk about my own experience as an OPSEU member providing front-line services.

As I said, I'm a health and safety inspector, and I'm incredibly proud of the work I do. Every day, my co-workers and I help to ensure that every Ontarian is safe on the job. But we're stretched to the breaking point: not enough inspectors, not enough time. That means more workplace injuries and deaths—more deaths like Paul Brown's, who died last year while working here at the

Sarnia Golf and Curling Club. Paul's death was a terrible tragedy for his family, but all of Ontario suffered too. We suffered the loss of his abilities and his productivity.

Workplace injuries cost us all too. Last year, there were nearly 60,000 workplace injuries that left Ontarians off the job. Now, we understand that the Premier wants to cut 25% of health and safety regulations in this province.

I have said it here before, and I will say it here again: Our safety is not up for negotiation. We will not stand for this attack on our rights that have been earned in blood. We have a worker a day in Ontario still dying and being killed in workplaces. This cost to our economy is in the millions in terms of lost productivity and also in costs of health care and social assistance costs, but it doesn't have to be this way. If you invest in keeping our workplaces safe, we avoid all of those costs.

**1200**

We must stop cutting and start investing. We can afford to invest in ourselves, and the return on that investment will be immense.

Before I finish, let me make one more suggestion that will help ease the strain on public services even more: Put an end to privatization. For 30 years, governments in Ontario and around the world have experimented with privatization, and it's time to finally admit that it has been a failed experiment. Privatization costs more and it delivers less to the people of this province.

The privatization of water testing is a prime example. The Mike Harris Conservatives thought it was going to save money. Of course, we all know how this story ended: seven dead in Walkerton and more than 20,000 left sick, many of them for the rest of their lives. The human cost was unspeakable, and in terms of lost productivity, health care and social services, the financial cost was massive. For the people of Ontario, privatization has been a disaster, and water testing is far from the only example. From hydro to highway snowplowing, privatization has cost more and delivered less. Cutting back on inspectors like me is just another form of privatization: privatizing enforcement to corporations themselves.

The Premier likes to make it seem like regulations are a nuisance and that all regulators do is write tickets; it's just a bunch of red tape. But when you cut red tape, yellow tape is sure to follow because someone is going to die or be seriously injured.

Some of my co-workers at the Ministry of Transportation recently pulled more than 80 trucks off the highway because they had no operating brakes, in addition to the thousands of other vehicles they inspect and take off the road. Last month, Doug Ford told regulators in London to relax on their enforcement because of "open for business." Instead of lowering the bar and relaxing enforcement, why are we not raising the bar of competency for anyone who wants to open a business in this province? That might save a couple of dollars, but only until the first crash and only until the fatal pileup.

So, to the Conservatives on this committee, I say: Please stop using slogans and please stop lying to the people of Ontario. If you want to deliver a budget that truly

helps Ontario, that truly makes life affordable for all of us, you'll make sure it does two things: invests in public services and puts an end to privatization.

I'll just finish by saying this: The ideas and proposals in our submission come straight from OPSEU's 155,000 front-line public sector members. After all, who knows more how to improve our services than those who deliver them themselves?

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Len Elliott:** Thank you, merci and meegwetch.

**The Chair (Mr. Stephen Crawford):** We'll start with questions from the opposition. Mr. Hatfield.

**Mr. Percy Hatfield:** Good morning, Len. Thank you for coming and bringing your very blunt message to the committee this morning. We've all heard what you've had to say, and I'm sure OPSEU must have presented elsewhere. There could have been a similar message out there. This is my first committee hearing.

The one thing that stood out for me was the health and safety aspect. I've talked in the House about—and I think we're all in favour of cutting red tape to make life better off for most people in Ontario, but I'm not in favour of cutting red tape when it concerns health and safety.

I know you work in the health and safety area with your union. From your perspective, what is it that concerns you most about where we may be headed as we—I don't want to say "toy with"—but as we change some of the health and safety regulations?

**Mr. Len Elliott:** What you're looking at are comments at the Conservative convention back in November-December, where the Premier states that there are more than 350,000 regulations in Ontario. He uses the example that there is a lot of duplication between federal and provincial things. What I worry about, with a populist-statement approach, is that when you hear that as a layperson, you go, "Wow, 350,000 regulations and there's duplication. That's bad; let's fix it. Let's get rid of red tape."

I can tell you that we will stand proudly against any cuts to health and safety enforcement regulations because there is a very clear and distinct separation between provincial regulation and enforcement of all aspects of regulations, and federal. So, in the world of health and safety, there may be duplication of many laws and regulations that say, "Do this; do that; have a health and safety rep; do inspections etc.," but neither are able to be enforced by the other, and that's a good thing. We like that as Ontarians. I'm sure the province doesn't want their hands tied when it comes to the feds coming in and doing something.

Be very careful and leery of statements like, "There's duplication. We should get rid of red tape." We will not stand by for any cuts to any of the regulations that protect Ontarians, whether it be health and safety, travelling down the road, long-term health care facilities etc. We're not up for it.

**Mr. Percy Hatfield:** Thank you. Travelling down the road: I drove up from Windsor this morning on the 401, then Highway 40, dodging some of the semi-tractors and tractor-trailers. Bob Bailey also drove here today, and the

rest of the committee flew in. The concern that your members have for the safety of the trucking transportation industry in Ontario right now: Where do you see that headed?

**Mr. Len Elliott:** I see it as an issue because rumour has it that there's pushback on the frequency of inspections on transport trucks, as an example, because it's onerous and it's a pain in the butt. Sure it is. However, you can't go away from three- to four-month regularity of inspections to six-month inspections because—as an example, 80 trucks on the highway—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Len Elliott:**—with no operating brakes, pulled off the highway: That is completely due to enforcement officers doing their job in addition to, as I say, the thousands of other things they do.

This Premier would have you think that all enforcement regulators do is go into workplaces, or on the side of the road with a truck, and write tickets to everybody. Well, that's a lie. That's not what they do. To my point earlier about minimum standards: For us to ease up on enforcement, that's not acceptable. As a matter of fact, it's a form of obstruction on regulators and law enforcement officers. Quite frankly, like I said, there needs to be higher competency imposed on businesses to operate in this province to protect the people of this province, whether it be on the road or in workplaces.

**Mr. Percy Hatfield:** I think the word “lie” is unparliamentary and I would ask you to withdraw.

*Laughter.*

**The Chair (Mr. Stephen Crawford):** Yes, I would remind Mr. Elliott that we try to have proper decorum here, as we do in the House. Okay?

I would now like to ask Mr. Downey to speak.

**Mr. Doug Downey:** Thank you, Mr. Elliott. You're obviously very passionate. You're an advocate for the things that you do believe in. I just want to touch on the broad-stroke statement, “When you cut red tape, someone is going to die.” Slogans and broad strokes sometimes don't convey the real thoughts behind the action. We have 380,000 regulatory requirements in Ontario. BC has about half that. The workplace incident injury rate—I don't know BC's rate, but I would guess it's not double. I have examples of red tape: Real estate agents were being required to register with TICO when they were dealing with Airbnbs. There are a ton of things that are happening that are getting in the way of people trying to operate a business. So surely you don't mean we can't cut any red tape.

**Mr. Len Elliott:** No. I would suggest that there are some things that you need to look at and scrutinize carefully. But as we've heard, to go into the Ministry of Labour and say, “You need to reduce your regulations by 25%” is not acceptable, period. The Occupational Health and Safety Act, while it is green, is completely written in blood—dead and critically injured workers. So you're right; I don't disagree that there are some areas that could have that. But it's a very slippery slope when you go down it. To make that statement inside a ministry? It has nothing to do with Airbnb and indoor real estate folks.

**Mr. Doug Downey:** Would you and your members help us find those pieces? Dealing with it day in and day out, you must see things where you go, “I'm not sure why this is here.” Help us dig down a little bit and find the things that actually can make a difference, that really aren't being effectual. There are regulations that are having no positive impact but they're causing trouble.

**Mr. Len Elliott:** Right off the top of my head, I can't say, “This is a regulation you should go after,” and I'm not so sure you would want our members walking around doing that when they do what they do. But the Wynne government went down this path in terms of trying to consolidate regulations, as it were, and cut the number of regulations, and they had to cut and get rid of some things. At the same time, it was not exactly as effective as one would think it would be. There's a time limit here to get into the examples, but I have to tell you, I don't see that in many things.

So yes, if you wanted to open up a table and have tables on different topics, our union is very open to having tables on things. The problem is that my president has written to your Premier many, many times on many, many issues—publicly, your two announcements a week—with no answer and not a single meeting. It's a great comment, but it's not coming through on your end.

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**Mr. Doug Downey:** Well, I think the rhetoric from your president is not helping, either—the name-calling and that kind of stuff going on—but we don't need to get into that. We're trying to find solutions here.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Doug Downey:** Maybe we're going to have to follow up afterwards. This isn't the forum with enough time. But what I'm looking for is actual solutions from people on the ground who are doing it day in and day out. I would look forward to trying to find some of that.

**The Chair (Mr. Stephen Crawford):** Mr. Cho.

**Mr. Stan Cho:** Thank you for your presentation, Mr. Elliott, and your passion. In our work at Treasury Board, we value our bureaucrats every single day. I'm marrying an OPSEU member. We understand the important work that we do.

On the communication end, I will let you know that Minister Bethlenfalvy has met with Mr. Thomas, and they are in constant communication. We encourage you, and your members as well, to please get in touch with us, because we are in this together. We have a big financial mess that we need to fix, and we need to make sure that our public services, as you said, are sustainable for future generations to come. Thank you for your presentation today.

**The Chair (Mr. Stephen Crawford):** Thank you for your time. We appreciate it.

**Mr. Len Elliott:** Thank you.

ST. CLAIR CHILD AND YOUTH SERVICES

**The Chair (Mr. Stephen Crawford):** We'll call up our last presenter before our break, and that's St. Clair

Child and Youth Services. Good afternoon, and welcome to our committee. If you could please state your names for the record, you can get right into your presentation of up to seven minutes.

**Ms. Sue Barnes:** Good morning, Mr. Chair and honourable members of the committee, and our local MPP, Bob Bailey. My name is Sue Barnes. I'm the executive director of St. Clair Child and Youth Services, the lead agency for children's mental health in Lambton county.

I would also like to introduce Lindsay Kirkland and Macey Leppington from the Voices of Youth, and one of my directors, Craig McKenzie, from the agency.

I would like to begin by expressing our gratitude for the opportunity to speak in relation to child and youth mental health in our community.

In the 2016 census, the county of Lambton had a total population of approximately 126,000 residents. Some 30% of them lived in rural areas, including our three Indigenous communities, and approximately 19% of the population were children and youth between the ages of zero and 17 years. During that same period, St. Clair Child and Youth Services served approximately 2,000 children and youth who presented with mental health concerns.

As government, we urge you to pay particular attention to child and youth mental health, a sector that has been grossly and chronically underfunded for at least a decade.

In Ontario, we know that the burden of untreated mental health is about \$39 billion per year. This burden is approximately 1.5 times higher than all cancers put together. Intervention and effective treatment as early as possible can substantially reduce the lifetime burden of mental illness. It can keep kids at home and in school, and out of the hospitals and the justice system.

We know that more than 70% of mental illnesses emerges during childhood, and that suicide is the second-leading cause of death among our youth aged 10 to 19. Our community has not been immune to the impact of suicide, and far too many young people are losing their lives.

As leaders in mental health, we chose to tackle this issue head-on. Through education, training and a targeted awareness campaign, challenging the stigma associated with mental health occurred. We are working to change the conversation and change the outcome for many of our youths in our community. A recent successful example would be our partnership with minor and junior hockey called Face Off for Mental Health.

Our investment to increase awareness around mental health and access to local resources is resonating with our community. However, this success has meant an increased demand on a system that is already taxed with long wait-lists and shortages of services.

Feedback from community partners, families and youth identify a lack of access to timely mental health resources. Similar to provincial trends, we have seen a local increase of 27% of kids attending the emergency department with mental health concerns. Currently, 70% of clients who present at the emergency department do not meet the threshold for admission, and are returned to the commu-

nity after long waits in the emergency department, sometimes up to eight hours. These unnecessary presentations not only create a bottleneck in the acute care system, but result in additional steps for those seeking much-needed mental health supports. In addition, for many, the emergency department is their first point of contact with the mental health system. This must change.

An ideal model would have these kids attend St. Clair Child and Youth Services when the need is present. Once through our doors, they would receive a timely clinical assessment and appropriate therapeutic supports by experts in the field. Those who require acute mental health support offered by the hospital would be referred to Bluewater Health for admission.

However, this model is only possible with funding directed to the community to expand access, rather than supporting kids waiting in the emergency department unnecessarily.

Urgent/crisis mental health response for children and youth was identified as the most significant service gap in our community. As the lead agency, we have worked collaboratively with our community partners to develop a community-based model that addresses this need. Consultation with the Canadian Mental Health Association, Bluewater Health, the Family Counselling Centre, Huron House Boys' Home and others has occurred. Despite the extensive consultation process, we continue to remain short of the resources required to support the development of an urgent/crisis service.

We need to provide available, accessible access to services in our community that reflect identified need. We know that if children and youth receive help early, they will do better in the long term, putting fewer burdens on the system economically.

Through the expansion of our walk-in clinics, we can make easier access a reality. However, by expanding from one day to two days a week and out to our rural and three Indigenous communities through internal reallocations, we created a backlog for our counselling and intensive services. Now we are looking to reallocate dollars from our core service community partners, at the expense of respite and residential services, to extend our walk-in to at least four days a week.

It's an inefficient situation and does not help the struggle that families are facing. As we try to solve one problem, we are creating another.

We have engaged those most impacted by our system, our youth and our families, and they have told us over and over what they need, but we don't have the resources to support these changes. We need to be proactive and not reactive, to help alleviate this crisis and act now.

We all want the same thing: high-quality programs supported by evidence-informed practices, measurable outcomes, and accountability that supports the needs of our communities.

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sue Barnes:** We are confident that the provincial government will live up to its funding promise of \$1.9 billion in new mental health funding. This influx of

funding to support mental health and addictions will help address the mental health crisis we are currently facing across the province and in this community.

We are hopeful that in this budget, a substantial amount will be directed to fund mental health treatment for children and youth. We believe an increase of \$150 million per year towards children and youth mental health services will ensure the system is supported.

Together we can build an integrated mental health system for kids and families in our community and across the province that increases services, reduces wait times, and makes access more available for those who need it, before a crisis arises. Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We will start with questions from the government side. Ms. Skelly.

**Ms. Donna Skelly:** Thank you, Ms. Barnes, for the presentation. Earlier today—I'm not sure if you were here—Don Pitt from the Family Counselling Centre mentioned that you would be coming up. He cited mental health amongst youth as one of the areas that are of greatest concern, at least in his experience.

Is it on the rise? Are we seeing more and more young people suffering from mental illness?

**Ms. Sue Barnes:** I've got a couple of youth here who might want to talk to this. But just really quickly, we are seeing an increase in numbers of youth. We're not sure if it's because we're decreasing stigma and they're feeling more comfortable coming out and talking about mental health, and feeling more comfortable presenting to a walk-in clinic for easier access that way.

I'll let the youth talk to that from their experience.

**Ms. Lindsay Kirkland:** Hi. Currently, I'm 21. I've been involved with the mental health system since the age of nine. I am a youth; I'm friends with youth. So the presence of mental illnesses and health struggles in youth—I've seen it come forward more and more as I've gotten older, whether that is, like Sue said, because of the decrease in stigma or the fact that people know where to go.

But the problem with the ages of 16 to 24 is we have nowhere to go. So something that is a huge factor for me is being over the age of 18 and having two places that I can walk into, and it's either a 9-to-5 business where I can walk in and say I'm in crisis or the hospital, where I could be waiting for hours.

1220

**Ms. Donna Skelly:** Did you want to say something?

**Ms. Macey Leppington:** Yes. I'm definitely younger; I'm 17 currently. I know, with my age group, social media has a big impact on us. In grade 9, this wasn't an issue for me or my friends, but now, in grade 12, everyone struggles, whether it's mental illnesses or everything. Everything in our life is impacting us: the stress of school, jobs, everything. So I definitely think it is increasing with the social media around us and just the age that we are in.

**Ms. Donna Skelly:** Social media can be a very dangerous tool, indeed.

I was going to ask one last question, and that is something that has been raised to me: that there aren't enough

residences for people—residential facilities. I know that you mentioned Bluewater. It's a hospital. But are there overnight facilities, enough beds?

**Ms. Sue Barnes:** I think in our community, we have six designated beds for mental health, and two for girls. Ours, through the Huron House Boys' Home, are designated as boys beds. I think that how they work should be a little bit different. I'm not saying there aren't enough.

We're also interested in, with increased funding, starting a day treatment program in our community. We want to try to keep kids at home with their families.

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sue Barnes:** Right now, we're planning and looking at all that kind of stuff in our community.

**The Chair (Mr. Stephen Crawford):** Yes, Mr. Roberts?

**Mr. Jeremy Roberts:** I just wanted to pick up on something that our youth representatives were talking about. I represent a riding in Ottawa. We, unfortunately, in the past decade, had two very high-profile youth suicides. We had Daron Richardson and Jamie Hubley, who unfortunately both took their own lives.

It sparked a really big conversation in Ottawa that—in the past, the media never spoke about suicides. There was kind of an unspoken rule that you just don't talk about it, and part of that was because they thought that if you talked about it, it might encourage other people to think they should do it. We had a big conversation in Ottawa about whether we should change that thinking. I'm wondering if that's something that you're seeing in your schools or in your social media lives. Is that thinking changing, where kids are having those conversations?

**The Chair (Mr. Stephen Crawford):** Unfortunately, we're going to have to move—I apologize. We could take this off-line after, if you're willing to stick around, but we do have to keep our schedule, so we're going to go to the opposition side for questions. Mr. Hatfield?

**Mr. Percy Hatfield:** One of the former health ministers in the past government, Eric Hoskins, late in his tenure said that there's no health without mental health. I'm sure you've heard of Maryvale in Windsor, which looks after most of the children and youth with mental health issues: in 15 years, not one penny increase in their base budget funding. Underfunding of mental health is why it's in a crisis, the crisis that it is today.

I know that the new government has said they're going to put money into it, and I know you're looking forward to that. Following up on Jeremy's question, I guess, to the youth was: ending the stigma. I think that's where he was heading, talking about media publicity on suicides, that when you talk about mental health, that ends the stigma on it. Is that something we should be pressing on?

**Ms. Sue Barnes:** I'm going to have Craig talk to that really quickly.

**Mr. Craig McKenzie:** I think having lead agencies has been helpful across the province and in our community. It at least gives leadership around mental health.

Not only are we tasked with the tough job of looking at how we efficiently use the resources to meet the local



needs of our community, but also looking at prevention. In this community, as Sue had mentioned in her presentation, we have been impacted by youth suicides—the second-leading cause of death of young people.

We have addressed it face-on. Through the campaign called Face Off for Mental Health, we have partnered with local hockey associations to get the message out and have the conversations in the rinks. We're Canadians. People gather over the winter months at hockey rinks. We want to make it a safe place and normalize the conversation, take the stigma away from that word.

We're training coaches. They don't have to be mental health therapists, but they have to let their players know that it's okay to talk about it. Their job is to make the rink a safe place and then to get them to the local resources. Our job and our challenge is to make sure that we have those resources.

We're doing our best with what we have, but across the board, across the province, we need more funding to do a better job for our kids.

**Mr. Percy Hatfield:** Thank you.

**The Chair (Mr. Stephen Crawford):** Mr. Mamakwa?

**Mr. Sol Mamakwa:** Again, thank you for the work that you do. I spoke to a group earlier. In 2017, I know that we dealt with a lot of suicides: 38 in one year out of a population of 50,000. I know that our youth struggle. Because of where you come from, there's a jurisdictional thing that governments play—provincial and federal—a jurisdictional Ping-Pong that our people get into.

I just wanted to acknowledge the youth who are here for having the courage to speak up about suicide openly to try to end that stigma. As an MPP, I support the work that you do.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Sol Mamakwa:** I don't know if you have any more comments from the youth.

**Mr. Craig McKenzie:** I think a good point that the youth had talked to me about—and they can speak to it—is, we've talked a little bit about hallway health care and their experience in the acute centre in the hospitals. It hasn't been a great experience.

You can perhaps speak briefly to what that has been like. I know, Macey, you had wanted to talk about what it was like for you.

**Ms. Macey Leppington:** I've been hospitalized three times. The first time was after a suicide attempt. I spent one night across from the nurses' station and then was sent home.

The second time, I waited about five hours in emerg, and then I was sent to emerg with security, and then up to the pediatric ward. From there, I was sent to the adolescent ward, where I stayed for over a week.

The third time, I spent about, again, five hours in emerg, and then right away I got a bed in the adolescent ward. During my stay there, I was constantly switching between three rooms as people left. In the middle of the night one time, I got woken up and I had to move across the hall to the adult section, as someone needed the bed more than me. This is scary, as I'm in a very, very—it's a very tough

situation. It is very scary to get moved as you're feeling sad and unwanted—to be moved. For your parents to not know where you are is a very scary thing to go through.

**Mr. Percy Hatfield:** Thank you.

**Ms. Sandy Shaw:** You're very brave.

**The Chair (Mr. Stephen Crawford):** Thank you for your presentation and your testimony. We really appreciate it.

With that, we're going to take a break now, and recess. We'll reconvene at 1 o'clock. Thank you.

*The committee recessed from 1226 to 1301.*

**The Chair (Mr. Stephen Crawford):** Good afternoon, everybody. Welcome to the Standing Committee on Finance and Economic Affairs. We're meeting here today in Sarnia to hold pre-budget consultations. Each witness will have up to seven minutes for his or her presentation, followed by eight minutes of questioning from the committee, divided equally amongst the recognized parties.

MR. WAYNE PEASE

**The Chair (Mr. Stephen Crawford):** I'd like to call our first witness for this afternoon, and that's Wayne Pease. Good afternoon, and welcome to our committee. Please introduce yourself for the record, and you can get right into your presentation. I'll give you a one-minute warning.

**Mr. Wayne Pease:** Thank you. My name is Wayne Pease. I'd like to preface this by saying that I'm not an expert on anything, so I make up probably about 98% of the population of the province and that type of thing.

I wanted to start, basically, with a bit of information that I picked up from a gentleman. Some of you might remember David Foot. He was a professor at U of T, I believe, in demographics. I think this is very potent for what my first two items are going to be. He says that demographics explain two thirds of everything, and every year, we get older.

The first item I'd like to talk about is education.

This is information from the Lambton Kent District School Board, from the Pupil Accommodation Report, 2018-19. This school board has 62 school sites, of which 50 are elementary and 12 are secondary. Total enrolment is approximately 22,000. Overall capacity utilization: elementary, 77%; secondary, 66%. Empty pupil spaces: 8,100. Elementary school population under 150 students: six. Secondary school population under 400 students: four. So, as you can imagine, this isn't really enough to run the programs for the kids—sports, arts and technology.

In June 2018, a moratorium on school closures was reintroduced by the Ministry of Education, and school boards were advised that the provincial government would be reviewing the school closure process. I believe that the school boards received, in October 2018, a memorandum upholding this moratorium.

St. Clair Catholic District School Board currently contains 25 elementary schools and two high schools. They have a similar utilization rate as the Lambton Kent

District School Board for their elementary, and a little bit higher for their secondary.

As you also probably know, the majority of school boards in the province, of the 72 school boards, a majority of them have declining enrolment. I think we've reached the point in time when joining the Catholic and public school systems could be the best solution to bridge some of the apparent issues with regard to school utilization and public funding of education, where excellent and quality education can be maintained, if not increased, for our students.

I just want to touch on the latest news in the last week or two regarding university and college funding for tuition. To me, it doesn't make that big of a deal, to be quite honest. I graduated from the University of Guelph back in 1977. I graduated with debt—all OSAP loans. I wasn't eligible for grants. The base was about the same as the yearly income. I paid it off. I looked at some stats now. The tuition at the U of G is about \$3,900 per semester—close to \$9,000 with some of the fees and that type of thing. University students know they'll get their first job at around \$54,000 or \$55,000, so it's fairly apparent that it's not onerous to come out with debt. If they can get some grant, that's fine, but it's not a necessity.

The next issue I'd like to talk about is health. Rueben Devlin, the health care adviser that Premier Ford has hired—smart fellow. Currently \$28.5 billion flow from the health ministry through the LHIN to the local hospital. The actual total budget for the Ministry of Health is \$60 billion. It's a little bit of a separate issue compared to education, where the actual ages are increasing in the population. Right now, there are around two and a half million people 65 years of age and older, which is 16.7% of the population. In 2028, it's going to be 3.6 million, and then 4.4 million in 2038. In 2016, citizens 65 and plus accounted for 46% of all Ontario health sector expenditures and 51% of all hospital expenditures, so you can appreciate how those costs are going to be going up.

I also wanted to talk about—I'm just briefly touching on these things real quick—the Ontario gas tax. I'm going to echo the sentiment by the mayor from the township of Enniskillen. It doesn't make sense that only the municipalities—towns or cities—that have rapid transit collect those two cents per litre paid for the fuel tax. As he mentioned, everybody has roads and needs to keep up those roads and things like that. It seems something morally we could correct where those are actually paid, and that type of thing.

The next point I want to talk about is infrastructure. The Minister of Infrastructure, Monte McNaughton, is opening that program where he's sending out some of the experts to the different small municipalities to help them with their AMP—asset management plans—which is a good idea. But I'd almost suggest that he expand out to municipalities of numerous sizes because some of them are not doing things logically in how they finance things.

You're the one with finance experience and that type of thing. If you have infrastructure which is long-term, you match that with long-term money. Right now,

Infrastructure Ontario is around 3.44% or 3.74%. It's very doable. What happens is, municipalities or towns get in the habit of trying to cover their infrastructure with current dollars, and it doesn't make sense. In Sarnia, we have a backlog of \$387 million in infrastructure that is rated poor or very poor, and I'm sure we're not the only ones out there in that sense, so we need some help in assisting with some guidance—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Wayne Pease:** —on how to finance these things.

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Let me see, what else here? Oh, yes; I'm going to step in it here. Ontario Human Rights Code, divided into three different groups: the commission, the tribunal and the legal side of it. I can see keeping the legal support centre and the Human Rights Tribunal of Ontario. I'm not sure what the function is of the Human Rights Commission, except costing the province \$5.3 million or \$5.5 million a year.

**The Chair (Mr. Stephen Crawford):** We're going to start questions right now from the opposition side. Mr. Arthur.

**Mr. Ian Arthur:** Thank you very much for your presentation. I also graduated with student loans and debt, and I was able to pay it off over several years. It is doable, but I would caution that there are many other factors that are affecting youth as they graduate from university: the cost of housing; real wages adjusted for inflation have almost stagnated for 40 years. There are significantly higher costs for people graduating into the workforce now—and lower earning power. There are more precarious work positions. There are more part-time positions. You're entering into fields that almost exclusively hire on contract. There is not the continuity that you would have.

While I agree that you can, I think that something has got to give, because we do have a generation that would love to move out their parents' basements, but there are many, many factors that are affecting them that do not allow them.

It's more just a comment on your testimony. I don't know if you want to respond.

**Mr. Wayne Pease:** Sure. I can appreciate part-time jobs and issues like that. When I graduated in 1977, it was tough finding a job at that point, too. It is doable. You need to be innovative. I would hate to be working three part-time jobs right now, but you just keep slugging away. It's one of those situations.

Decreasing the tuition? Yes, decrease costs, because you look at the schools, if we're talking about the actual population of people going to universities, that's stagnant also. They really need to step up bringing in foreign students, cutting out some programs that aren't needed and being careful about building structures, because the students aren't there.

**Mr. Ian Arthur:** Yes. I'm just reading here for some points of reference. Adjusted for inflation, the median wage in 1977 was \$24, and in 2016 it was \$27.80. The same for the cost of living, adjusted: It was \$3,500 in the early 1990s, and \$6,500—oh, sorry; that's tuition.

I hear what you're saying, but having experienced this first-hand—I was a chef before this. I spent a significant part of my life earning minimum wage and working multiple jobs to figure out how to get through the next year.

I agree with you that the supports need to be there and we need to get these kids into university—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Ian Arthur:** —but I think that something does have to give. You can't saddle that generation of people with that much debt, because it's not the same as when you were in school.

**Mr. Wayne Pease:** How about if we reduce the cost?

**The Chair (Mr. Stephen Crawford):** Any further comments or questions?

**Mr. Ian Arthur:** I don't have any more.

**The Chair (Mr. Stephen Crawford):** Okay. We're going to move to the government side. We have four minutes. Ms. Skelly.

**Ms. Donna Skelly:** Thank you for your presentation. I was writing down some of the points that you were touching on. You've already mentioned OSAP. You said, "What about reducing the costs?" You know that the recent announcement did address that with the reduction in the cost of tuition. I just wanted you to speak to that—

**Mr. Wayne Pease:** Yes, I mean—I'm sorry for interrupting there.

**Ms. Donna Skelly:** That's okay.

**Mr. Wayne Pease:** The initial dropping of tuition by 10%, I believe it was: That's a nice start. But if you go back through some of those stats too and you look at the increase in tuition over that whole period, I think it was much more than the inflation cost. I think the schools will need to take a look and determine what costs are needed and which are—I'm going to call them "fluff costs" and that type of thing. Maybe there are certain things that need to be specialized a little bit more for certain schools like Lambton College. They're heavy into that biotechnology, and health care too.

We just need to do this smartly. Because, really, if you look at the population, it's increasing in age, which normally means retirement, so probably their average income isn't going to be as high as it was during their working career. Where are the dollars going to come from if the population isn't there?

**Ms. Donna Skelly:** You have a background in health care as well, I understand.

**Mr. Wayne Pease:** Yes.

**Ms. Donna Skelly:** Have you got any suggestions on identifying efficiencies within the system, if you want to speak to LHIN or CCAC operations?

**Mr. Wayne Pease:** Sure. I really can't talk regarding Bluewater Health, because that's the purview of the CEO and the current chair of the board. But I'll talk in general.

There need to be efficiencies found somewhere. I think what's going to happen is that the groups will actually need to talk together to figure out where the efficiencies are. There is the whole area of ALCs in the hospitals—alternate level of care and that type of stuff—where

patients are in the hospital through no fault of their own, and there aren't long-term-care facilities open to them or they can't go back home. An acute hospital is not the place to have long-term-care patients.

**Ms. Donna Skelly:** So, get them out quicker?

**Mr. Wayne Pease:** Oh, gosh, because that would help with some of that hallway medicine. There's nothing right about somebody on a gurney in the hallway who should be up in an acute care bed somewhere.

**Ms. Donna Skelly:** Okay, thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions? No? Okay.

Thank you very much. We appreciate your presentation.

**Mr. Wayne Pease:** Thank you.

#### CHILDREN'S TREATMENT CENTRE OF CHATHAM-KENT

**The Chair (Mr. Stephen Crawford):** We will call up our next organization, the Children's Treatment Centre of Chatham-Kent. Welcome to the finance committee. If you could please state your names for the record, and you can get right into your presentation. I'll give you a one-minute warning.

**Ms. Donna Litwin-Makey:** Sure. Donna Litwin-Makey, executive director, Children's Treatment Centre of Chatham-Kent.

**Mr. Mike Genge:** Mike Genge, executive director of the Children's Treatment Centre Foundation.

**Ms. Renee Zarebski:** Renee Zarebski. I'm a board member as well as a parent.

**Ms. Donna Litwin-Makey:** Thank you so much for the opportunity today. We're really pleased to be here.

The children's treatment centre is a primary service provider for children in our community, for children with special needs and autism. We've been serving the community for 70 years. Our current facility where we're located was built in 1984, and it was for a caseload of 250 children. Currently, we have 4,000 different children, with their families, on our caseload, and quite a bit of a demand, with 1,000 individuals waiting.

Our children's treatment centre is seeking \$22.5 million in provincial capital funding to build a new children's treatment centre to right-size our space and to provide the right kind of space to bring kids from waiting into service, to meet the needs that are expressed in our community and to meet the expectations of our parents, who have many asks of our building.

We've waited now into our eighth year. We submitted in 2011 for capital funding. It's just not a clear path for children's treatment centres.

Our current facility fails to meet accessibility standards, which just is not appropriate at all for a children's treatment centre with our mandate. Our lack of treatment space and overcrowding result in waiting and reliance on hallway therapy. We run groups in our lobby. We have kids practise mobility up and down hallways. Families cluster in open, public spaces to view and learn therapy.

We don't have any dedicated space for teens—which is a huge area for us—for groups, for family support areas, and we don't have all the accommodations that are evidence-based for children with autism.

I've learned a lot from our families and our youth, as they have provided input to our capital needs. From the parent, for example, of a school-age child with multiple needs: She expresses that our centre is really the one safe place that she can come in and not be concerned with how her child perhaps is acting or behaving, and there are always other parents who understand and support. She does have a wish that she could have rooms to meet with parents, and have more school-age programs at the centre, with the space for that.

From a teen with high needs: He states that with his disability, he feels like an outsider in so many places he goes, and yet it feels like home at the centre. He really wants to be able to have the space to practise life skills first at our centre before trying them out in the community.

From a parent of a preschooler: He's just expressing that while they were waiting, it was very stressful. He expressed it as saving his marriage, really, to come into the centre and get support and get all on the same page for their child.

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To emphasize: It's a building, but it's also a place that is there for families, children, resiliency and mental health.

CTCs across the province in the last 10 years have had some success getting capital. Those would be centres that have been in larger urban areas. We have been really neglected in terms of looking to a rural community. Our current facility cannot be expanded. It requires over \$7.6 million in capital-critical repairs to maintain our health and safety, and that would be totally a lost investment, as the building is not owned by our centre. It's a leased site.

We do provide value for money. I like to explain that we're like a hard-working minivan, where families get a fleet of services from one lean agency with a low-cost overhead.

Efficiency: For example, we just brought on 1,000 clients from school therapy rehab, which was a program that transferred from the Ministry of Health to our existing infrastructure.

We're an excellent model for community access, for fast access to preschool speech and language, for a lot of front-line therapy for kids with autism, who get their needs met.

The services that have grown at our centre have been all in line with provincial directives. That has included things like the infant hearing program, fetal alcohol spectrum services, our therapeutic rec, our service planning, respite, pool therapy, seeding and augmentative communication clinics, music and behaviour therapy. We support our community with excellent outreach. But with no space, we're forced to rent excessive space at a cost and travel time that could be reinvested to our front-line services.

Our past government did ask that we show community support through fundraising and by securing appropriate

land, so last February we did procure a great site. It's a greenfield, close to schools, residential, and a college; it's fully serviced. We've been able to extend a hold on it, but it does have almost a \$1-million cost that is soon to expire. That will be lost, and we don't have a suitable alternative.

Our community has raised over \$5 million, well on the way to a target of \$6 million in a smaller population.

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Donna Litwin-Makey:** We have money from individuals, from businesses, from service groups, from the municipality. Everyone's on board and behind our centre.

To support an effective planning process, we've had architectural studies and engineering studies. We've completed everything with our capital business case, and it's prioritized by the Ministry of Children, Community and Social Services.

We respectfully but urgently request the government of Ontario and the Ministry of Infrastructure to fund a new CTC in response to the great needs of our families, our children and our community. Thank you.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you very much.

We're going to start with questions here from the government side. Mr. Roberts.

**Mr. Jeremy Roberts:** First of all, thank you so much for the presentation. Donna, it's great to see you again. I had the chance two weeks ago to go and visit your facility, and we had a chance—

**Ms. Donna Litwin-Makey:** It's an outreach site that is through a lead agency, Thames Valley.

**Mr. Jeremy Roberts:** Okay, an outreach site. We had a wonderful conversation on improving autism services throughout the region. So, I'm pleased to see you again and hear a bit more about the great work you guys are doing.

I have here a couple of questions. Number one: It looks like the new facility—you're targeting it to be near a school and a college. Are there any other local, community-based resources that you know of that are also looking for space right now?

In my riding, I'm hearing a lot about these different community hubs that are popping up, where they're pulling resources into one area so that they're a bit more accessible for the population. Do you know of any community partners that might also be interested?

**Ms. Donna Litwin-Makey:** Yes, we do have interest. It has been difficult to give a time for concrete planning. A request is from our municipality to have an early-on centre as part of a CTC with their own extra funding, their own capital and their own operations, which would be a great fit for our centre.

Also, the Ontario Autism Program: As that unfolds, currently there's an outreach site. It would be ideal for all our families to have that under our roof.

Our school boards being close by would like to be able to have some of their special classes, as we do now to some degree, utilizing pools and our adapted recreation facilities. We could certainly explore more. Those are the most recent requests.

**Mr. Jeremy Roberts:** Okay. Excellent. It looks like a very thorough submission. I really appreciate that. We'll certainly follow up if we have any other questions, so thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions? Okay. We'll go to the opposition side. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for coming in. I shouldn't say I "can't believe"—I mean, it's in black and white—a facility built for 250 is now servicing 4,000. I just can't imagine that here in Ontario in this day and age.

This week, twice so far, I've met with various parents dealing with cuts to autism services, one parent with a daughter about to age out from 17. At one time, as you know, it was a clear transition: When you turned 18 you still got funding, and so on. Apparently now you have to reapply and be reassessed and all of that. I'd like you to tell the committee the problems that that entails when you have to go through that emotional reassessment of—nothing has changed from the day you were 17 to the day you turn 18, but now you have this red tape bureaucracy to go through.

**Ms. Renee Zarebski:** I can speak to that, as my son has gone through that process. You're exactly right. Once a young person turns 18, if they were receiving what was called Special Services at Home, that stopped. Then you have to go through what's called a SIS assessment, through Developmental Services Ontario, to see if you qualify for Passport funding. You're not necessarily granted that because they have their own requirements, and then they direct you in terms of group homes and what kind of services, where, before that, it was kind of handled locally by Community Living services.

I just went to a meeting, and that's now going to be administered through Toronto, so it's even becoming more centralized and removed from the community. It's a great stress for families in terms of the tracking of all the paperwork and the submissions and the funding. It's year to year. Then, what's available for young people once they make that transition?

That's why the Children's Treatment Centre is such a great link, because they are extending services from 18 to 21, which will help families transition and bridge to that adulthood piece in terms of support with life skills and with planning for adulthood.

**Mr. Mike Genge:** We have 1,000 kids waiting to get services. They have autism. They have multiple problems and multiple situations. We're busting at the seams. You talk about hallway medicine; we have hallway treatment medicine. That's what we do: We do it in the hallways.

Getting a new building isn't a Taj Mahal for us; getting a new building is just something that we need. If you're a parent and you have a child who has a disability, and you can't get that treatment that you need, that sucks. It is awful.

**Mr. Percy Hatfield:** Big time. One of the moms I met with this week was approved last June for the supports in the home—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Percy Hatfield:**—and still no money has come forward. Unfortunately, a week and a half ago, her daughter attempted suicide, so she's in the psychiatric ward at one of our local hospitals. Her mom holds the government accountable, saying that if she would have had that service she could have found a way to cope, and she didn't. They want her to go on to college and earn a living, as opposed to end up on ODSP for the rest of her life, but there just hasn't been that release of funding, even once you've been accepted in the program. I'm sure you've heard other stories similar.

**Mr. Mike Genge:** Yes.

**Mr. Percy Hatfield:** That's the unfortunate part.

**Ms. Sandy Shaw:** Can I just—

**The Chair (Mr. Stephen Crawford):** Twenty seconds.

**Ms. Sandy Shaw:** In the time we have left, I just want to say that we've identified the need; it's horrendous. What you're proposing here seems to be, again, precisely the kind of thing that the government should be looking at. You've done all kinds of work—\$5 million to \$6 million towards this; a \$1-million cost—you've done all of the heavy lifting, and in order to get these wait-list times down to something that's even acceptable, I think that this is something that the government should seriously consider. It seems to me it's a very reasonable proposal that will address some of the horror stories we've been hearing about wait-list times—

**Mr. Mike Genge:** We're shovel-ready.

**Ms. Sandy Shaw:** Yes, you're shovel-ready. I commend you for this incredible work that you're doing.

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**The Chair (Mr. Stephen Crawford):** Thank you very much for your presentation. We really appreciate it.

**Mr. Mike Genge:** Thank you, everyone.

ELEMENTARY TEACHERS'  
FEDERATION OF ONTARIO,  
THAMES VALLEY TEACHER LOCAL

**The Chair (Mr. Stephen Crawford):** I'd like to call up our next witness, the Elementary Teachers' Federation of Ontario, Thames Valley Teacher Local. Good afternoon. Welcome to the finance committee. If you could please state your name for the record and you can get right into your presentation.

**Mr. Craig Smith:** Thank you, committee, for the opportunity to speak with you today. My name is Craig Smith, president of the ETFO Thames Valley Teacher Local.

I want to share with you an incident that was brought to our attention in early December by one of our experienced colleagues.

"At the end of lunch recess ... today, I went outside to pick up the kids from the yard. As soon as I got outside, a student ran up to me to say that there had been an issue with AM. I began to listen to his story and could hear AM yelling in the background but thought that she was just joking around. While he was talking, she approached P

and punched him repeatedly. This caught me completely off guard. I told her to back away but she came at me and punched me several times, on the left shoulder and on the back of my neck, near the base of my skull. I managed to get between them and told P to move away. AM was screaming and yelling at anyone in her path, saying, ‘You don’t know what I’m going through,’ to the kids who were lined up to go inside. I told her to come with me into the school to take a break, but she charged at another student who she perceived as laughing at her and hit him several times as well. She continued swearing and yelling at everyone in line.

“By this time, another teacher saw what was happening and came towards us. As I was trying to get AM to come inside to the office, she ran off towards the gate leading down to A Street. I got a walkie-talkie from one of the EAs and buzzed the office but no one answered. LK, another teacher, ran into the office to let the principal know that the student had left the yard and was going down the street. I was in the office by this point and I left from the front of the school to check W Road. By the time I made it to the gate to A Street, the principal was outside and we were approached by a parent who said that AM had made her way down A Street towards W Road. The principal and I began to head towards her. The parent offered to give us a ride because he had his car. We got off near the corner of W and A roads and I ran after AM, who by that time was headed north on W Road. The principal called the school to call the police and, at that point, flagged down the officer as he approached.

“I ran after AM all the way to T Park, where she proceeded to go very close to the river. She was yelling, ‘I’m crazy. I’m psycho. I need help!’ I tried to get her to stop and talk to me before the police caught up to us but she wouldn’t stop. She yelled to me that she was going to kill herself and throw herself in the river. She circled over towards the washrooms in the big field area of the park. By this point, three police officers were with me and we felt we could box her in so that she wouldn’t get away. One of the officers caught up to her and brought her to the ground as she was kicking and punching at him. When I got to her, she was lying face down in the muddy water and refused to get up. She was sobbing uncontrollably. They got her up and I just held her for several minutes while she was crying. She said she needed help and didn’t ‘want to do this anymore.’

“There is extensive family dysfunction and they have an active CAS case worker. Mom was just discharged today after a seven-day stay in the psych ward at Victoria Hospital....

“AM agreed to go to the hospital to see a doctor if I would go as well. I told the principal I would go because I did not want a 12-year-old child to have to go to the hospital alone, with police officers. The school was unable to contact her stepdad ... and as I said, Mom was in the hospital at the time. The principal arranged for Grandpa to pick up AM at school but AM told me she did not want to go with Grandpa and wanted to go with me to the hospital. Because of the family dynamics, I thought it best she not

go with Grandpa. So I rode with AM to the hospital in the back of the police car.

“She went through the intake procedure and after some time, she was seen by a social worker. I spoke with the social worker privately and told her of AM’s previous interactions”—there had been earlier incidents at the school; we had to have Stepdad come and take her home—“and how she seemed to be escalating. I also told her that AM flipped from being distraught at the park to almost manic in the police car.

“The social worker attempted to call the CAS worker, who informed the hospital that she didn’t think she should come at that time because she felt like she had antagonized AM on Friday after coming to see her at the school. At that point, Grandma came into the emergency room where we were waiting. She was there to bring home AM’s mom, who was being discharged from the hospital.

“The principal texted to say that they finally got hold of Stepdad and he was on his way to the hospital. The doctor had come in to take a report from AM and felt like it was important for CAS to come. I agreed to wait to be sure that CAS was coming and AM was not going to be in any harm. Mom came to emergency and eventually there were both parents, Grandma and myself....

“In the end, AM was dismissed with promises that the CAS worker would contact Mom with supports for AM, but it was very frustrating to know that they were releasing her to a woman who only seven days ago tried to kill herself in front of her own child and had been hospitalized in the interim.

“The whole family is rife with dysfunction, and it breaks my heart. Somewhere this kid will slip through the cracks. Everyone seems to pass the buck. I’m okay after all this, though once I sat down for a bit (I got home around 5), I was emotionally exhausted. I was hit pretty hard on the neck and the shoulder, and I can feel it. I’ll fill out the forms tomorrow at school. I just wanted you to know what had happened, especially since we rode in a police car to the hospital.”

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Craig Smith:** “I acted very professionally and calmly, but certainly it was an unusual afternoon.

“Thank you for your support, as always.

“K.”

This one incident is indicative of the state of public education today. Students, parents, teachers, principals and schools are all in some form of crisis. It cannot continue.

On behalf of 3,659 elementary teachers in Thames Valley, we recommend the following:

—that adequate resources are allocated to meaningfully support the mental health of the students in our care;

—that adequate resources are allocated to create healthy and safe working conditions for teachers. These are the learning conditions of our students; and

—that adequate resources are allocated to schools through a reformed funding formula that puts the needs of students first and provides teachers and principals with the tools they need to do the job we need to do.

Thank you for your time.

**The Chair (Mr. Stephen Crawford):** Thank you very much. Right on seven minutes; thank you.

We're going to start with questions from the opposition side first. Mr. Hatfield?

**Mr. Percy Hatfield:** Thank you, Craig, for coming in. I don't want to say "thank you for telling us that story," because it's a very troubling story. I agree with you that there are similar situations across the province. I know of teachers who are wearing body armour and being punched as well. That has been going on for quite some time.

The funding formula for education: How much of a tool would that be to help deal with situations similar to this?

**Mr. Craig Smith:** The problem we have—and I will give the last Conservative government some credit. They actually did do a review of the funding formula back in 2002-03. The previous Liberal government had promised a review of the funding formula, I believe in 2012, and we're still waiting for that review to have happened.

There was lots of money put into the system. I think there were a lot of bandages put onto the system. It has created the illusion that the system is running just fine, but take that away and what we're left with is a 20-year-old funding formula that is still broken. It is a critical piece in how we move forward.

**Mr. Percy Hatfield:** How long have you been teaching?

**Mr. Craig Smith:** About 20 years.

**Mr. Percy Hatfield:** The number of situations with mental health issues in the classroom today versus 20 years ago: What's the ratio or the proportion?

**Mr. Craig Smith:** I can't put a number on it, but I can tell you anecdotally that they are like two different worlds. I think 20 years ago there were some supports in place for issues that we now face on a daily basis. We have followed an inclusion model, which is fine. Nobody opposes inclusion; we're all for that. But inclusion without support is not inclusion. So teachers and EAs and ECs and principals are left to manage situations that are well beyond our control.

It's a different world. We used to have teaching assignments. Now it feels more like a tour of duty, and our members are suffering from combat fatigue on a daily basis.

I would like to say that this is an exceptional circumstance. We have this happening everywhere, every day: inner city, rural schools, big schools and small schools. It's happening everywhere.

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**Mr. Percy Hatfield:** Would real, hard caps on classroom size help as well?

**Mr. Craig Smith:** Removing them is going to hurt and exacerbate an already difficult situation. Yes, we even presented last year to this committee and suggested some review of that, because it has not been a bed of roses for our junior and intermediate colleagues. Their class sizes have been very, very high over the years. So yes, caps help.

We need to find the sweet spot, because class sizes that are too small are not helpful and class sizes that are too big

are not helpful. We need to find that happy medium. I don't think we're there yet.

**Mr. Percy Hatfield:** We just heard from the previous delegation that in 1984, they built a facility to deal with children with disabilities and autism, to service 250 clients. They now service 4,000 and they have 1,000 on the wait-list.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Percy Hatfield:** With those kinds of numbers for one facility and what you're seeing in the schools these days—and I'm not suggesting it's autistic children causing these problems, but something has gone on in Ontario with children on the autism spectrum or children with mental health issues. What can the government do to aid you in educating today's youth?

**Mr. Craig Smith:** The whole infrastructure of education, be it human or physical, needs to be a priority. We go to school every day and build the future with the kids that we work with. If we are concerned about what the future is going to look like, it's a place where we need to put resources.

I'll just give you one quick example. We have a French immersion school in the Elgin part of our board. It was a school that was purpose-built for 340 students. It now has on the upside of 580 students. Many of them enjoy the comforts of the 14 portables that are attached to that school. The entry points for the SK students going into French immersion are now being cut because they can't house the—

**The Chair (Mr. Stephen Crawford):** Thank you. I'm sorry to cut you off, but we do have to go to the government side now. Ms. Skelly.

**Ms. Donna Skelly:** Thank you for your presentation. It's a horrific story, and I'm wondering—we've heard from a number of presenters today and over the past week, and clearly there is an increase in the number of children who are suffering from mental health issues.

We are allocating, as you've probably heard, \$1.9 billion, with \$1.9 billion in matching funds from the federal government, so \$3.8 billion. The situation that you've described is a situation that should not be evident in a school, in a classroom, in any classroom in Ontario or anywhere across this country. What would you do if you had an opportunity to advise us on how that funding could be allocated?

**Mr. Craig Smith:** I would take the funding formula that we have, which deals with big-picture, macro looks at the system—it's a system kind of funding formula—and I would turn it upside down. Start with the basic building blocks that you have at a school. What does the student that goes to the school—in their variety, what do they need? What do the teachers need to be able to do the job that the teachers need to do to support the learning of that student? What do the other education support staff need? What does the principal, what does the staff as a whole, need? What do the parents need that school to look like? Start building it from the base up, as opposed to saying, "Here's what our overall costs are. Let's do this." Clearly that's not working, and clearly the funding formula right now will be inadequate to the task.

I think a look at the funding formula—and it doesn't necessarily mean that there has to be a ton more money going into the system. It simply means we need to reframe the analysis of what these institutions need as institutions—schools as schools, but schools also as community hubs. Look at a number of things in the smallest base that you can, and build from there.

**Ms. Donna Skelly:** Okay, thank you. Those are my questions.

**The Chair (Mr. Stephen Crawford):** Any further questions? No? Okay, thank you very much for your presentation. We appreciate it.

**Mr. Craig Smith:** Thank you.

#### CANADIAN FUELS ASSOCIATION

**The Chair (Mr. Stephen Crawford):** I'd like to call our next presenter. It's the Canadian Fuels Association. Good afternoon, and welcome to the finance committee. If you could please state your names for the record, and you can start with your presentation.

**Mr. Marc Gagnon:** Marc Gagnon and Lisa Stilborn. We're good to go?

**The Chair (Mr. Stephen Crawford):** Yes.

**Mr. Marc Gagnon:** My name is Marc Gagnon. I'm director of government and stakeholder relations, Ontario division. Joining me today is Lisa Stilborn, vice-president of the Ontario division.

On behalf of the Canadian Fuels Association and its members, we thank you very much for the opportunity to present today.

Our members refine, distribute and market the fuels that power Canada's trucks, trains, ships, planes and automobiles. We also produce asphalt, heating fuels, lubricants and feedstocks for manufacturing facilities. In short, we fuel the economy and are recognized as critical infrastructure.

We also generate \$1.1 billion in direct and another \$3.2 billion in indirect GDP.

Canadian Fuels' members, including Husky, Imperial Oil, Shell Canada, Suncor, Petro-Canada Lubricants, Irving Oil and Parkland Fuel, all do business in this province. On that note, we strongly support your government's open-for-business agenda and commitment to make Ontario the most competitive jurisdiction in the world.

We also want to thank our local representatives, Bob Bailey, MPP for Sarnia, and Monte McNaughton, MPP for Lambton-Kent-Middlesex and Minister of Infrastructure, for being strong champions for our industry.

Our members operate five petroleum refineries, including three in Sarnia, where we are closely integrated with the petrochemical industry. Indeed, we were an economic cluster before the term was invented. Sarnia is also home to a substantial portion of the distribution and marketing infrastructure that supports the Ontario fuel supply chain.

We recently commissioned a study which looked at the economic impact of our sector on the southwest economy,

and the numbers tell a very compelling story about the role that our companies play in supporting our regional economy. We are announcing these findings at an event next month here in Sarnia.

While our roots in this community go back well over 100 years, we have never stood still. Our facilities are continuously innovating, and we have reinvested over \$10 billion in our facilities over the last decade to make our fuels and facilities more efficient, cleaner and greener.

And the results speak for themselves: Ontario reports that air quality has improved significantly over the past 10 years due to a substantial decrease in pollutants such as nitrogen dioxide, sulphur dioxide and carbon monoxide.

Ontario refinery emissions of conventional air pollutants have markedly decreased since 2007. For example, sulphur dioxide is down 50%; nitrogen oxides are down 24%; volatile organic compounds are down 23%; particulate matter 2.5 is down 40%; carbon monoxide is down 40%; and lastly, benzene is down 15%. Here, locally, in the Sarnia-Lambton area, total emissions of NO<sub>x</sub> and SO<sub>2</sub> in the Sarnia area itself are down 25% and 70%, respectively, since 2007.

At the same time, we know there is more to be done, and we are working very closely with your colleague the Minister of the Environment, Conservation and Parks and his ministry on the implementation of new standards for SO<sub>2</sub>.

When it comes to emissions performance, transparency of information is also key, and our members support the Clean Air Sarnia and Area initiative, which is an air monitoring and reporting system providing real-time, 24-hour air quality data to the public from seven monitoring stations in the area.

Now I would like to turn it over to my colleague Lisa to speak about the global outlook for our industry.

**Ms. Lisa Stilborn:** Thank you, Marc.

Like most manufacturers, we compete globally. However, Ontario refineries are increasingly vulnerable due to factors including long-term, flat-to-declining demand in North America due in part to the increased fuel efficiency of vehicles; a growth in US imports; and the global trend toward larger refineries with greater economies of scale.

In fact, a 2017 study by Baker and O'Brien found that the cumulative impact of regulations at all levels of government adds to these global competitiveness challenges, and that refiners in eastern Canada are particularly vulnerable to closure.

So what's at risk for Ontario? Today, refined petroleum products account for 46% of Ontario's energy use, including over 95% of transportation fuels. According to the National Energy Board, demand will remain relatively constant until 2035, which means we will be a key part of the energy supply mix for decades to come.

However, the cumulative impact of regulations is putting Ontario refiners at risk, which means that reduced supply could outpace reduced demand.

**1350**

So why does Ontario need a strong refining sector? Refining our own products decreases Ontario's depend-



ence on imports—the best guarantee of a secure, uninterrupted supply to Ontario consumers and businesses—while keeping highly skilled, high-paying jobs in Ontario, including right here in Sarnia.

In order to reduce these risks, we recommend the following: that regulations be prioritized, staged and paced to help manage business costs and reduce uncertainty. Just to reinforce, we support good regulation and we've worked very collaboratively with all levels of government in this country, but those are key criteria in terms of how regulations should be designed and implemented.

In this respect, we appreciate the Ford government's focus on regulatory burden reduction, including reducing double regulation. We also encourage all Canadian governments to look for ways to align regulatory policies for both fuels and facilities, as this would lead to lower costs for business, consumers and governments alike.

A key area where your government can show leadership is renewable fuels. There are currently 14 separate federal—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Lisa Stilborn:** —and provincial biofuel policies in Canada, including two in Ontario, and the Ontario environment plan released last November calls for one more: an increase to the ethanol content in regular gasoline from 10% to 15%. Meanwhile, the federal government is on track to implement its clean fuel standard by 2022 for liquid transportation fuels. Those reductions will count towards Ontario's greenhouse gas targets without adding another layer of regulation. We therefore recommend that Ontario set aside its proposal to increase ethanol content in regular gasoline.

In summary, Ontario refiners play an integral role in fueling our economy with reliable, high-quality fuels that keep people and goods moving 24/7. Though the fuel mix is changing, demand for petroleum products is likely to remain constant through 2035, and refining our own products decreases Ontario's dependence on imports, which is the best guarantee of a secure, uninterrupted supply to Ontario consumers and businesses while keeping highly skilled, high-paying jobs right here in Ontario.

**The Chair (Mr. Stephen Crawford):** Thank you very much. I have to cut you off at this point. We're going to go to questions. We've got four minutes from the government side: Mr. Bailey.

**Mr. Robert Bailey:** Thank you, Lisa and Marc, for being here and your many trips to Sarnia-Lambton over the years and your advocacy for the local industry in all of Canada and especially Ontario. Is there something you wanted to finish, or did you get to—

**Ms. Lisa Stilborn:** I missed a couple of paragraphs. I started speed-reading toward the end, yes.

**Mr. Robert Bailey:** Okay, good. All right. What barriers, other than the ones you listed, does the industry face in Ontario that could make the industry more effective and more profitable?

**Ms. Lisa Stilborn:** It really does come down to pacing and staging the regulations. It also comes down to looking at more than one regulation at a time. At the moment—

you're well aware of this—we're starting to make plans, and I'll let Marc talk about this for a minute, around the sulphur dioxide regulation, which we are working very collaboratively on. But maybe, Marc, you could expand a little bit.

**Mr. Marc Gagnon:** Yes, it's just about the base. I think, Bob, it's all related to the amount of work that needs to be done to tackle all of the various pieces of regulations. We're not against it; it's just: How do we pace them?

**Mr. Robert Bailey:** Yes, how you do it.

Doug?

**The Chair (Mr. Stephen Crawford):** Mr. Downey.

**Mr. Doug Downey:** I don't know if you have insights from your members in terms of the workforce and skilled trades and challenges. If you can speak to that.

**Ms. Lisa Stilborn:** Yes. The trades are highly, highly skilled. In fact, we met yesterday with the president of Lambton College—I think one of her colleagues testified today—just to get a sense of some of the process engineering programs that they have at the college. They're highly skilled jobs. They're great jobs. I think some of our colleagues in other manufacturing sectors would probably have more comments about where we're at in terms of the demographic patterns and the age and the stage of the workforce, but they're highly trained, highly skilled college graduates and university graduates. Marc is a good example. He's a former—

**Mr. Marc Gagnon:** Yes.

**Mr. Doug Downey:** In terms of the employment—because I see that they're high-skilled, and I get that—you're also, I assume, affected by trucking—moving product. Do you have any comments on that?

**Mr. Marc Gagnon:** In terms of all the other sectors that are somewhat contributing to this industry?

**Mr. Doug Downey:** Yes.

**Mr. Marc Gagnon:** In fact, our study, which is going to be released in a bit more detail three weeks from now, speaks to all of the other segments that are contributing—all kinds of trades, if you will, which actually is multiplied, six or seven times, the direct employment.

**Mr. Doug Downey:** Interesting. Thank you.

**The Chair (Mr. Stephen Crawford):** Mr. Cho?

**Mr. Stan Cho:** How much time?

**The Chair (Mr. Stephen Crawford):** Just a little over one minute.

**Mr. Stan Cho:** One minute. Okay.

Thank you for your presentation. Very quickly, you mention that there are double regulations, repetitiveness. For the sake of the panel, could you give me maybe an example or two?

**Ms. Lisa Stilborn:** Actually, the Ontario government has proposed a regulation to increase the ethanol content from 10% to 15%. Regular gasoline would be one. We're a national association, so we obviously compete in different jurisdictions, but certainly federally right now, the federal government has proposed a clean fuel standard, which would start with a regulation for liquid or transportation fuels in 2022. The Ontario government's proposed regulation would take effect as early as 2025.

I guess what we're asking is: Basically, it's a good opportunity for the Ontario government to see—if the federal regulation works, Ontario will get the credit for the lower greenhouse gases. Meanwhile, our members would have an opportunity to reduce administrative burden, compliance burden and cost burden.

**Mr. Stan Cho:** Thank you.

**The Chair (Mr. Stephen Crawford):** Okay, thank you very much. We're going to go to the opposition side. Mr. Arthur.

**Mr. Ian Arthur:** Thank you very much for your presentation. I've got a couple of questions here—and I'm just information-seeking; I'm not trying to be adversarial.

You talk here about long-term flat-to-declining demand, and then on the next page, you're also talking about how, "though the fuel mix is changing, demand for petroleum products is likely to remain constant through 2035." We're dealing with an auto manufacturer that is pulling out of Oshawa to build electric cars. We had a presentation today from an enterprise group that is focused on autonomous driving. If that transition takes effect, you will see dramatically reduced amounts of vehicles on the roads.

The hard question is: When you're looking forward as an industry, where are you going to go as these transitions happen? I believe they are going to happen. I think 2035 is an okay time frame to look at that transition. It might happen sooner than that, though.

**Ms. Lisa Stilborn:** Thank you very much for your question. It's a very good question. We certainly agree with you that the fuel mix is changing and that there is a transition ongoing. What we try to reinforce is that we think it's more of an evolution than a revolution. For example, the penetration of electric vehicles has not been great so far—not to say that things can't change. For example, we talked about the fact that the fuel economy of vehicles is improving. You can see that the demand for fuels, because of freight traffic—you can see that on the 401 and on this highway here—

**Interjection:** The 402.

**Ms. Lisa Stilborn:** —the 402—that's growing as well.

We just want to ensure that we're prepared. Absolutely, we're changing; we're evolving. A lot of our members are evolving and making plans in terms of alternative energy sources—our big suppliers of ethanol, for example. But I think it's just the pace that we feel—again, it's an evolution more than a revolution. That's our position.

**Mr. Ian Arthur:** Okay. Thank you. I appreciate that.

**The Chair (Mr. Stephen Crawford):** Mr. Mamakwa.

**Mr. Sol Mamakwa:** I'm from northwestern Ontario, the most northern riding in the north. I have 27 fly-in communities. When we drove in this morning, I saw some prices of gas in the city that were under \$1. I have communities that pay \$3.05 per litre—

**Mr. Ian Arthur:** Without taxes.

**Mr. Sol Mamakwa:** —without taxes. Then also, the cheapest right now is \$2.20 per litre.

I'm not sure what the other association or what your members—how do we do that? How do we make sure that

our people in the north get equitable access? Because they pay the federal tax; they pay those taxes. And not only that; we have to fly it in. Those costs, that \$3.05 I'm telling you about, is because people are flying it in.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Sol Mamakwa:** The cheap price is when they bring it in by winter roads, when they have fuel trucks.

How can you help? What suggestions do you have where our communities could be paying 95 cents like anybody else in Ontario?

**Ms. Lisa Stilborn:** Thank you. I've actually got a bit of a cold, so I might like Marc to start off with that answer because I had a little difficulty hearing because of my cold.

1400

**Mr. Marc Gagnon:** Just a couple of pieces of information: Pricing is a very complex thing, because it actually includes not only the costs of the crude oil and the refining, but also the distribution costs. I would imagine that the distribution costs to get to some of those communities could be quite high.

So, I can't speak to the example you refer to, but it's actually made up of multiple components that could get quite substantial.

**The Chair (Mr. Stephen Crawford):** Thank you very much for your presentation. We appreciate it.

**Mr. Marc Gagnon:** You're welcome.

**Ms. Lisa Stilborn:** Thank you very much, Mr. Chair.

#### SARNIA-LAMBTON REBOUND

**The Chair (Mr. Stephen Crawford):** I would like to ask our next group to come up: Sarnia-Lambton Rebound. Good afternoon, and welcome to the Standing Committee on Finance and Economic Affairs. If you could please state your names for the record, then you can get right into your presentation. I will give you a one-minute warning.

**Ms. Andraya MacMillan:** Thank you. I'm Andraya MacMillan.

**Ms. Carrie McEachran:** Carrie McEachran.

**Ms. Sarah McCann:** Sarah McCann.

**Ms. Carrie McEachran:** I want to start by thanking everyone for allowing us this time to speak about Rebound. I'm Carrie McEachran. I'm the executive director of Sarnia-Lambton Rebound. We have Andraya MacMillan, client services team manager, and Sarah McCann, our business manager. They came with me because sometimes there are some questions I can't answer.

A bit about Rebound: Rebound is a grassroots, volunteer-based organization that was started right here in Sarnia-Lambton in 1984 by three community members who wanted an alternative to youth being placed in the criminal justice system. Rebound has grown from that one program to 19 programs that are offered within Sarnia-Lambton and 12 organizations that include health centres and school boards throughout Ontario.

Rebound is also a local children's mental health core service provider, and we are the lead agency for our local collaborative, which we call the HuB, for youth ages 16 to

24, that we got up off the ground with some research. Two years into it, we've been able to keep it running.

Rebound's programming is built around providing evidence-informed early intervention and prevention strategies to children and youth that aim to prepare them for the pressure of adolescent experimentation and engagement in risky behaviour.

We were also recognized by the Ministry of Health in 2012 as a best-practice program, when our Choices program was recognized. The Ministry of Health funds it within eight organizations throughout Ontario.

Rebound was recently in attendance at the Youth Justice Ontario conference in Toronto. Lisa MacLeod spoke around the increased need for cannabis-use education, specifically early intervention and prevention education. These evidence-informed early intervention and prevention programs already exist with Rebound, not only in Sarnia-Lambton but in organizations, health centres and school boards across Ontario.

We recognize that one of your core commitments is reducing hospital wait times, and we believe that our community-based programming, such as Rebound, falls in line with this commitment.

It's not a secret—and I'm sure you've heard it loud and clear today from other people—that the prevalence of mental health illness or addiction problems has increased. Recent facts and stats released this week by the Centre for Addiction and Mental Health show that in any given year, one in five Canadians experiences a mental illness or addiction problem. Some 70% of mental health problems have their onset during childhood or adolescence, which makes these years so critical in early intervention.

Between 2006 and 2014, the rate of youth emergency department visits for mental health and addiction soared 53%. Rebound's programming is fiscally responsible by providing preventive supports that keep youth out of the justice system and the health system.

Just a little quick fact: Early social-emotional development and physical health provide the foundation upon which skills develop. High-quality early intervention services can change a child's development and improve outcomes for children, families and communities.

Through a quick youth criminal justice lens: The 2015 Public Safety Canada report, Costs of Crime and Criminal Justice Responses, indicates that court/trial proceedings ranged between \$1,400 and \$45,000 per person, depending on the offence. Police warnings/cautions and charges cost approximately \$1,400 per contact.

The approximate cost to divert a youth through one of our 10-week EJM programs is \$500 per youth.

We receive regular, Ontario-wide feedback from organizations and community members that want Rebound programming in their communities but are not able to find the financial means. These regular requests and feedback just further prove the need for these types of community programs.

Rebound feels that every community, province-wide, would benefit from these types of community-based early intervention and prevention programs. We respectfully are

recommending that the government consider funding our community-based early intervention and prevention programs further across Ontario.

Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We're going to start off with questions from the opposition side first. Mr. Hatfield.

**Mr. Percy Hatfield:** You may have said it, and I may have missed it: How much government funding are you receiving now?

**Ms. Carrie McEachran:** For?

**Mr. Percy Hatfield:** For your program.

**Ms. Carrie McEachran:** This is why I brought this lady right here.

**Ms. Sarah McCann:** For our EJM programs, our extrajudicial measures programs, we receive \$150,000 a year. We have a classroom program that we receive \$54,000 a year for. For our youth-in-transition worker, who works with youth in the children's welfare system, it's \$75,000 a year.

**Mr. Percy Hatfield:** Is there a percentage of your total budget that is funded by the provincial government?

**Ms. Sarah McCann:** There is.

**Mr. Percy Hatfield:** Bob Bailey would know it. I know he's writing it down over there.

**Ms. Sarah McCann:** We have all different streams as a grassroots agency in Sarnia. We are in the schools, offering supports in the school system. Offhand, I want to say—

**Mr. Percy Hatfield:** But it's a generous proportion, I'm guessing.

**Ms. Sarah McCann:** Little Sarnia-Lambton Rebound has to do a lot of fundraising and grant proposals to get the funding that we get.

**Mr. Percy Hatfield:** All right. I think I heard you mention a 53% increase in the number of young people with mental health and addiction issues. Why is that? I'm sure it's not just in Sarnia-Lambton; it's wider than that. But what's going on?

**Ms. Andraya MacMillan:** I personally think that it's a lot more acceptable to talk about your mental health in the current times. The availability to talk about it and receive supports is a lot more accepted, and therefore it seems more prevalent.

**Mr. Percy Hatfield:** So on one hand, we say we have to break down the stigma, but when we break down the stigma, more people come forward and say, "Yes, I'm in that same boat."

**Ms. Andraya MacMillan:** Absolutely. Yes.

**Mr. Percy Hatfield:** Is there an increase in funding? How much more money would you like if the government could afford it? How much money would you think you need in the coming years to not only provide your programming, but to provide the programming that's needed in this area?

**Ms. Carrie McEachran:** Our recommendation comes from regular conversations across Ontario. Like I said, we're involved with the Ministry of Health with our Choices program, which is a substance-use early intervention and prevention education program.

The Ministry of Health does fund organizations across Ontario to run our programs. That was in 2012, and we've talked to so many organizations that were not part of that project that don't receive the funding—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Carrie McEachran:** —and that really feel it would be beneficial to have it in their communities.

**Mr. Percy Hatfield:** I accept that you're doing a great job, and thank you for that. Is there anything you can inform the committee on as to the number of times that, even with your interventions, the result was not what you expected, and that somebody did take their own life, for example, in this area?

**Ms. Carrie McEachran:** Not through our programming. I don't know if that is a statistic that other mental health agencies are able to give.

**Mr. Percy Hatfield:** It was an unfair question. I just didn't know if you had an example that you thought the committee would benefit from.

**Ms. Carrie McEachran:** I don't. I've only been with Rebound a couple of years, but I don't know if we have had any youth, through our programs, that have been impacted.

1410

**Mr. Percy Hatfield:** Then you're doing an excellent job.

**Ms. Carrie McEachran:** Thank you.

**Mr. Percy Hatfield:** Thank you very much.

**The Chair (Mr. Stephen Crawford):** Thank you. We will now go to the government side for questions. Mr. Bailey.

**Mr. Robert Bailey:** I want to second that: They are doing an excellent job. I work with Carrie, Sarah and Andraya on an ongoing basis through my office, and I want to commend them for the work they do. I first came across Rebound a long time ago, maybe long before some of you were born.

**Mr. Percy Hatfield:** Not all of us.

**Mr. Robert Bailey:** Not Percy.

It was with the United Way. I was chair of the United Way, and I had never heard of Rebound. The retired deputy chief of police was a very prominent member of Rebound at that time, and really believed in it because he had seen the benefit.

Anyway, Doug, you've got some questions, I think.

**Mr. Doug Downey:** Sure, I have a quick one.

**The Chair (Mr. Stephen Crawford):** Mr. Downey.

**Mr. Doug Downey:** And I don't want to know why Bob was involved with Rebound; I'm sure that's sealed.

*Laughter.*

**Mr. Doug Downey:** I just wanted to make a comment. I was going through your revenue and expenses, and I just want to commend your board of directors for the transparency in the fundraising expenses. I've been on a lot of volunteer boards, and I have not seen that before, so I commend you for that.

**Ms. Carrie McEachran:** Thank you.

**The Chair (Mr. Stephen Crawford):** Ms. Skelly.

**Ms. Donna Skelly:** Thank you, ladies. One quick question, and it's something that MPP Cho tends to raise quite a bit in performance metrics: Do you track success in your programs?

**Ms. Carrie McEachran:** We do have a partnership with the Centre for Addiction and Mental Health, through the Choices project with the Ministry of Health. They do the evaluation piece with us on that program.

As for what we're collecting locally, internally we use a handful of standardized measures that help us connect the increases or the improvements around communication and decision-making. We're currently looking into how to collect recidivism as well, like involvement with the law.

**Ms. Donna Skelly:** But at this point, you're not doing that.

**Ms. Carrie McEachran:** We do use standardized measures with our in-house programming, yes.

**Ms. Donna Skelly:** Okay, thank you. Thank you for your presentation.

**The Chair (Mr. Stephen Crawford):** Mr. Cho.

**Mr. Stan Cho:** Great question, MPP Skelly.

I must commend your balance sheet as well, here. I'm just looking at your numbers from 2017 to 2018—great job. I mean, your donations increased 17%, and your fundraising is up 45%. What have you done differently over that time, and what do you intend to do, moving forward?

**Ms. Sarah McCann:** I think that Rebound is becoming an agency that's known more within the community. Because we are being recognized across the province, it brings some validity to the people who are investing in our programs. They realize that we're not taking trips to Disney World and doing all those things, and that we work really hard for the money that we have.

It's a grassroots agency from little Sarnia, Ontario. We're all in there. All staff is fundraising, if you look at any community event. We take a lot of pride in that. If you walked into our building, you would see the passion of every staff person who works there.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Stan Cho:** Well done.

**Ms. Carrie McEachran:** Thank you.

**The Chair (Mr. Stephen Crawford):** No further questions? Okay.

Thank you very much for your presentation. We appreciate it.

#### GREATER ESSEX ELEMENTARY TEACHERS' FEDERATION OF ONTARIO

**The Chair (Mr. Stephen Crawford):** The next group I'll call up is the Greater Essex Elementary Teachers' Federation of Ontario. Good afternoon, and welcome to the finance committee. If you could please state your name for the record, and then you can get right on with your presentation. I will give you a warning at one minute.

**Ms. Adelina Cecchin:** Thanks. It's Adelina Cecchin from Greater Essex ETFO.

The Greater Essex Elementary Teachers' Federation appreciates the opportunity to be able to participate in these pre-budget consultations.

On September 22, 1997, the Education Quality Improvement Act, or Bill 160, was enacted. When introduced, this bill removed local autonomy in raising revenue for the delivery of elementary and secondary education, and instead required that school boards operate within a provincially regulated funding formula.

At that time, when the funding formula was first introduced, it was designed to reduce education spending by \$833 million below the already tabulated 1997 provincial total. In 2001-02, just four years later, the Progressive Conservative government appointed an independent task force to review the funding formula. Headed by Mordechai Rozanski, the task force found that in 2002, the system was underfunded by 12.5%, and recommended an immediate infusion of funding of \$1.7 billion a year.

In his analysis of the funding formula, economist Hugh Mackenzie reports that Ontario ranks fifth in per-pupil funding in Canadian provinces. He concludes, "Taking into consideration Rozanski's finding that the system was underfunded by 12.5% in 2002-03 and the new programs introduced since 2003, an apples-to-apples comparison shows an increase of 7.6% over the 15 years since the Rozanski review."

In 2017, Ontario's Auditor General also concluded in her annual report that the funding benchmarks in the funding formula are out of date and that a full review of education is needed. No funding review has been completed since Rozanski's report, and public education has yet to recover from those cuts.

In addition, the Pupil Foundation Grant has provided a higher level of per-student funding for the secondary panel compared to elementary, despite an emphasis in the funding formula on uniformity. Per-pupil grants are funded at approximately \$612 less for each elementary student. When this differential is applied to the number of elementary students in the 2017 school year, the difference equates to \$51,250,000 less funding for elementary. That means fewer opportunities, fewer resources and fewer supports. Public education is built on the democratic promise of equal access and opportunity for all. This must begin with parity in funding at both levels.

The shortchanged funding is affecting classroom safety, learning and well-being. Elementary educators are regularly faced with disruptive student behaviour, students experiencing serious mental health issues or high-risk behaviours with little or no support. In 2017, ETFO conducted a survey of its members regarding their experiences of workplace violence. Its results reveal an alarming reality: 70% of elementary educators have personally experienced violence and witnessed violence against another staff member; 79% report that the number of violent incidents has increased; 75% say that the severity of violent incidents has increased. These stats conclude that violence is a growing problem in schools. A national survey conducted by the Canadian Teachers' Federation further confirms this growing issue of violence in classrooms.

Escalating levels of violence and inadequate supports are having a direct impact on the teaching profession. According to OTIP data, there was a 28.7% increase in applications for long-term disability between 2013 and 2018. For teachers, 50% of these claims involve a mental nervous stress diagnosis. The growing number of elementary teachers who are away from classrooms on extended sick leave or LTD is an important indicator of the extent to which school workplaces are highly stressful due to the lack of proper supports and services.

In addition, WSIB data indicates that education staff experience high levels of lost-time injuries due to workplace violence. The latest data in 2014 shows that education assistants are at the top of the list, higher than police officers. The next-highest rate is for elementary teachers, whose rate of lost-time injuries due to workplace violence is twice as high as that for secondary teachers.

Along with increasing levels of violence, this year's 2018 People for Education annual report highlights that one of the most urgent issues raised by principals is students' increasing mental health needs. Principals report insufficient mental health resources, such as social workers, psychologists and guidance counsellors, to meet student needs. The data reflects that only 14% of elementary schools have guidance counsellors, and that the majority are part-time. In 2017, 47% of elementary schools reported that they did not have access to child and youth workers and 15% did not have access to social workers, despite growing levels of violence and student mental health needs.

Safe learning environments are essential to student learning and achievement. When students feel safe, they develop relationship skills and engage with peers—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Adelina Cecchin:** —and teachers much more positively and productively. This means that they, along with education staff, have to be properly protected against violence.

**1420**

According to the 2017 annual report from People for Education, the average percentage of students per school receiving special education services has continued to increase over the last 10 years. In response, the Ministry of Education announced changes to special education funding. These changes, however, target a redistribution of funding to school boards rather than increase funding amounts. Despite a growing 10-year trend, overall government funding to special education remains constant.

In light of the decision to redistribute rather than increase this funding, what do the data in 2018 reveal? Ninety-three per cent of elementary schools still have students on waiting lists, and principals continue to point to both delivery of special education services and supports for students with mental health issues as significant stressors in their schools.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you very much. We have to, unfortunately, cut the time off there. We have to go to questions.

**Ms. Adelina Cecchin:** I understand. Thank you.

**The Chair (Mr. Stephen Crawford):** We'll go to the government side first. Mr. Downey?

**Mr. Doug Downey:** Thank you. My wife is a special ed teacher, so violence in the classroom is something we talk about on a regular basis. Really, all that I have to ask is if we can have a copy of your stats, the way you put them together.

**Ms. Adelina Cecchin:** Definitely.

**Mr. Doug Downey:** That's really all that I need.

**Ms. Adelina Cecchin:** There is more as well. I'm sorry; when I did it, it was 10 minutes. I think I just went through very quickly, but there are further stats as well to support the reality of the violence that exists in our classrooms and how it's affecting both student learning and teaching.

**Mr. Doug Downey:** Thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions from the government side? No? Okay. We'll go to the opposition side. Ms. Shaw?

**Ms. Sandy Shaw:** Thank you very much for all this information. Did you want to just complete the stats? We only have four minutes, but if you would like to read those, that would probably be helpful for us to hear that.

**Ms. Adelina Cecchin:** I hear what you're doing.

**Ms. Sandy Shaw:** If not, I have a question.

**Ms. Adelina Cecchin:** I think it's also important, as well—with this underfunding that's happening in special education, it is having a direct impact in our classrooms because what we're seeing is the lack of funding not allowing school boards to be able to provide supports. So the response now to this inadequate level of funding in special education is to integrate them back into the regular classroom. So we're seeing not only that classrooms are large already, but we're seeing that the class composition of these kids being integrated is part of what's contributing to the violence. It's also contributing to not being able to meet their needs because of the lack of supports.

**Ms. Sandy Shaw:** Sure. You're not the first person or organization to come before us and talk about the really troublesome state of classrooms that kids are learning in and that teachers and your members are trying to teach in. We've heard from support agencies that are trying to address the issue of mental health, and we've heard directly from teachers in the classrooms.

You talk about the funding formula, and we support that that needs to be reviewed. In the first few months of this government, we've seen a \$25-million cut to special programs. We saw a \$100-million cut to a fund that was intended to fix the actual physical repairs of schools that are in much need—an infrastructure backlog. So there's some funding that has been cut.

The other thing that the government is currently proposing is to revisit or to do some consultations on eliminating caps for class sizes. I believe that in Ontario now the cap on kindergarten classrooms is 29, and the minister, Lisa Thompson, is looking to have some consultations on changing those cap sizes. Can you talk a bit about how you think those would impact what you're already describing as a very difficult situation?

**Ms. Adelina Cecchin:** We can already see, especially in kindergarten—well, first of all, the primary cap that has been implemented was implemented—we are already starting to see some preliminary evidence that that was a very good thing in terms of what it has done around impacting a really good start for our students. Kindergarten, in terms of the class size that exists right now, is still too large. We also have issues around the junior and intermediate. Our public education system can no longer sustain increasing these class sizes, not with all the other factors. It is struggling.

What we need to be doing, rather than looking at increasing class sizes, is looking at reducing class sizes. If we really are serious about public education and offering the best opportunity for our students and for the teaching profession to be successful moving forward—this is about our future. Right now, what we're doing in terms of the decisions that we're making around funding cuts—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Adelina Cecchin:** —will have a long-term impact not only on our students but in general around our society. Part of my stats also speak to: Investing in students early on—as opposed to doing all these kinds of cuts—has positive long-term repercussions for both schools and for our society.

**Ms. Sandy Shaw:** And we've heard so much from experts talking about the importance of early intervention.

**Ms. Adelina Cecchin:** Absolutely.

**Ms. Sandy Shaw:** It just makes perfect common sense that when the classrooms are larger, teachers have less likelihood of being able to identify, never mind seek help and treatment for children who need this.

**Ms. Adelina Cecchin:** There's less one-on-one individual attention that can happen. One of the things that was removed because of funding cuts in the kindergarten program was the ability to identify, early on, those students who needed to be either tested or provided with supports. That no longer exists, and that is contributing to what we're seeing in our classrooms—the growing levels of violence—because students are now having to wait much longer for any kind of testing that happens. The stats support that.

It's not just teachers who are saying it; we're seeing principals and school boards saying, "We're struggling. We need an infusion of funding."

**The Chair (Mr. Stephen Crawford):** Thank you very much. Our time has expired, but thank you for your time.

**Ms. Sandy Shaw:** I'd just like to thank you for your testimony and your members for the work that they do for our children.

**Ms. Adelina Cecchin:** Thank you.

#### JUNIOR ACHIEVEMENT SOUTH WESTERN ONTARIO

**The Chair (Mr. Stephen Crawford):** I'd like to call up our next presenter, Junior Achievement South Western Ontario.

Welcome to the finance committee. Please introduce yourself for the record, and you can get right into your presentation.

**Ms. Jenne Wason:** Hello. My name is Jenne Wason, and I'm the area manager for Junior Achievement South Western Ontario.

Committee Chair, members of provincial Parliament, parliamentary assistants and guests: Thank you very much for the invitation to present to this committee on behalf of Junior Achievement—JA—South Western Ontario. Our region runs from Sarnia-Lambton through Chatham-Kent and down to Windsor-Essex.

I know you've had the opportunity to hear from my colleagues across the province.

JA welcomes and applauds the government's priority to improving math scores, strengthening STEM disciplines and, importantly, ensuring that financial literacy is included in the education curriculum. Unfortunately, we know that our students are lagging behind in these critical skills.

As I know you've heard in previous presentations, JA has a strong and proud history. For 50 years, JA in Ontario has taught students financial literacy, work readiness and entrepreneurship skills. JA is a global brand, working in 100 countries and reaching 10 million students annually. This year, JA Worldwide will celebrate 100 years of educating youth. JA Canada is the largest youth business education program in the country, reaching more than four million Canadian young people.

Motivated by our mission to inspire and prepare young people to succeed in the global economy, we encourage youth to make informed, educated and knowledgeable financial decisions, start companies, develop career plans and express their innovative spirit. JA is a not-for-profit that relies on funding and volunteers from the corporate community to deliver our experiential learning in and out of the classroom to students in grades 4 through 12. JA serves as the nexus between the business sector, the education sector and young people.

Our corporate partners enable us to effectively execute our mission. We are proud of the private sector's support for our mandate, and are committed to continued engagement with local corporations to implement our programs.

Our key value proposition is that we don't simply provide a curriculum to teachers and ask them to deliver it to their students. We recruit and train our own volunteers from the business community, and the community at large, to go into classrooms to teach our programs. This community engagement strategy allows significant positive outcomes on the parts of both students and volunteers.

JA in Ontario adheres to the highest standards of operations related to not-for-profit governance, including fundraising, staff and volunteer management, and financial transparency. We are an organization you can trust.

JA has a track record of delivering outcomes from the menu of programs it offers. Programming targets students in grades 4 through 12, covers topics from financial literacy to entrepreneurship, and ranges from one-day in-school sessions to 18-week programs, all in collaboration with corporations.

Research undertaken by the Boston Consulting Group on its program menu confirms our impact. JA alumni are three times more likely to hold senior- and middle-level management positions in their respective organizations; they earn 50% more, on average, or more, than those students who did not benefit from JA programs; and most emphatically, they save more, borrow less and are less likely to be on social assistance later in life.

JA believes that our proven track record of delivering impactful and measurable financial literacy programming in a fiscally efficient model positions us as a key partner for this government.

Through our 50 years of experience, JA in Ontario has built a solid infrastructure that, with more funding, would allow us to reach more students.

Today, I'm here to talk to you about the opportunity for JA to scale up its grade 4 More than Money program, that focuses on financial literacy and entrepreneurship. This program addresses the need for students to learn how to manage money and cultivate an understanding of the world of business. Students will develop a business plan, and in the process, they are taught how to navigate their personal finances and spark their entrepreneurial spirit.

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We believe this grade 4 program can deliver on the government's mandate to bolster financial literacy at an early age. The JA More than Money program was piloted here in Ontario and is now a global success story, implemented in countries and languages around the world.

As my colleagues have shared, our request is for a consideration of \$12 million over five years. This funding will allow us to reach just under 600,000 students at a cost of \$20 per student. This investment can ensure that Ontario students are given a strong beginning to their required financial literacy foundation.

Let me add that we applaud this government's focus on strong fiscal management. We recognize and support the emphasis on reducing the burden of debt. This is an important economic principle that applies to individuals, households, businesses and government. Ironically, that is what we teach. It is for that reason that we are not suggesting that new money be found to support our request. It is our suggestion that funding for this work be repurposed from existing budgets already in place for similar outcomes.

With a commitment from the government to fund More than Money, JA can deliver its research-proven model to each and every grade 4 student in Ontario by year 3 of the funding, and continue for two years afterwards. This request includes costs related to materials, volunteer recruitment and training, program evaluation and project management. Resources will also be allocated to develop a digital version of the program to guarantee delivery in remote communities and ensure every Ontario student has equal access to integral financial literacy education.

In summary, our province needs to raise a new generation of more astute money managers. Household debt is at an all-time high, and youth unemployment continues. For \$20 per student, this government can create action around

their stated priority to improve the financial literacy skills of students in the province. Our 50-year history, expertise and reach all position JA to be a successful partner for this government. Together, we can proudly impact the next generation of money managers.

JA will be submitting a fulsome budget as part of its written submission prior to the upcoming deadline.

Thank you for your attention, and I welcome any comments or questions on our programs or on our request.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We're going to start with questions from the opposition side. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for your presentation. I must say, I haven't heard a lot about Junior Achievement in recent years. I've lived in a bubble, I guess. But I will tell you: I've been married for 46 years. Before I was married, when my wife was in high school, she was very involved in Windsor with Junior Achievement, and we are still in touch with various other members of that class, if I'll call them that, of the JA people that I met through her over the years. They've all done very well in their business and professional lives. So I know the value of Junior Achievement, or what it has meant to my family, at least.

When you talk about financial literacy, one thing that sprang to my small mind was Barbara Amiel. When I was reading about Conrad Black one time, Barbara Amiel, when somebody asked her what life lessons she should have learned earlier on, said, "The value and the power of compound interest," which makes sense, I guess.

Could you tell the committee the importance, or stress again to the committee the importance, of young people learning the value of a dollar, learning the value of investing and of saving and how that works out in their future years, the value that they learn through that?

**Ms. Jenne Wason:** Absolutely. For us, we've noticed that, kind of like marketing, you need to hit people multiple times. This More than Money program is the earliest we're trying to really hit students—it's starting at grade 4—with financial literacy. We've found that these days, kids think you just put your card into an ATM and the money magically appears, and that's about all they know. This goes across all socio-economic lines, because whether they're wealthy students or in need, financial literacy isn't often taught in the right way, I guess, at home, and it's not really taught much in the schools either. So JA helps to fill that gap.

Getting in at grade 4, getting them thinking that way, getting them to realize the power of what they can do if they are financially responsible and also to realize the power of innovation and creation and entrepreneurship and how they can eventually give back to the community, is huge.

That said, we do follow up again. We have a grade 7 program which is wonderful. We have a grade 10 program which is wonderful. It's kind of across all of our programming, but we want to really get in there early at grade 4.

**Mr. Percy Hatfield:** Are you still doing, I'll call it "co-operative," going into radio stations, plants and businesses

and giving the students in JA an opportunity to see what happens in these other locations?

**Ms. Jenne Wason:** More often it's by bringing them in to either present in a classroom or through our company program, where they would be a partner and they would present there, which is a high school program. There is more that we're looking at. We are working in Windsor-Essex specifically and looking at moving it up as we go—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Jenne Wason:**—in partnering with their SHSM, which is the Specialized High Skills Majors program, as well as their STEM program, and teaching in different ways to reach those students who are focused in that way.

**Mr. Percy Hatfield:** Thank you very much.

**Ms. Jenne Wason:** Sure thing.

**The Chair (Mr. Stephen Crawford):** Okay, thank you. We'll go to the government side. Mr. Cho?

**Mr. Stan Cho:** Thank you for your presentation. Out of the seven MPPs who sit at Treasury Board, I will tell you that two of them have gone through the Junior Achievement program: Minister McNaughton and myself.

**Ms. Jenne Wason:** Wonderful.

**Mr. Stan Cho:** I can speak to the lessons that JA teaches first-hand, but my colleagues are probably going to fall asleep if I ask the same questions as I did in Toronto and Ottawa. So, I'm going to ask a different one this time around.

I went through the grade 10 program, the 18-week, I believe—

**Ms. Jenne Wason:** Yes.

**Mr. Stan Cho:** No one is going to compete with what I invented to sell, so I'm not going to talk about it.

*Interjection.*

**Mr. Stan Cho:** You'll hear about it after, Sandy; I promise.

But I'm wondering if there is a regional difference. Maybe you can tell me what students here out in the southwestern part of Ontario have been doing—maybe one example of what they created.

Maybe a follow-up question, if that one is too difficult to answer, is: When I went through the program, it was in the early 1990s and there was no such thing as the Internet. Tech was not on our minds. So I'm wondering if the students have brought that into the program. Have there been some cool inventions in tech?

**Ms. Jenne Wason:** Absolutely. That's something we're really focusing on right now in southwestern Ontario, because our opinion is that—our students are not in the company program, specifically; it's different in the classroom programs—our students are not quite where we want them to be in the innovation front. So we want to make sure our volunteers are trained. If they want to do an app or they want to do something which they—we have just this year started with a couple that are doing more online companies related to that. That's part of what we're doing. At JA, we always need to be flexing with the times and the technology, and moving where things go, which is why our programs shift a bit over the years to accommodate.



**Mr. Stan Cho:** Very cool. Last question: Can you just give me an example of maybe one of the products that students have come up with to sell in that 18-week program? Do you know of one that stands out?

**Ms. Jenne Wason:** Sure. I'll just talk about what's happening this year. This isn't that exciting technically, but it's still a nice partnership. We have a group in Chatham that is creating T-shirts, but they're really cool-looking T-shirts. With that, they're partnering the "keep breathing" message about mental health awareness and Project Semicolon. They're partnering to give some of their funds to a local organization, so it's a really nice education for them across the board of how to make the product, sell the product etc. but also benefit the community and raise awareness.

**Mr. Stan Cho:** That's really great to hear. Thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions from the government side? No?

Well, thank you very much. I appreciate your presentation.

**Ms. Jenne Wason:** Thanks for having me.

**Mr. Stan Cho:** Sandy, I invented a thing for landline phones. It's obsolete now.

#### KEL-GOR LTD.

**The Chair (Mr. Stephen Crawford):** We'll call up our next witness: Kel-Gor Ltd.

**Mr. Percy Hatfield:** While they're coming up, Chair, can I correct my record?

**The Chair (Mr. Stephen Crawford):** Yes, you can.

**Mr. Percy Hatfield:** I misspoke. I've been married for 43 years, not 46. I was getting ahead of myself.

**The Chair (Mr. Stephen Crawford):** That's good. This committee is being watched by people on the web right now. We are on the record.

We would like to continue on. Thank you for coming here to the finance committee. We look forward to your presentation. You have up to seven minutes, and I'll give you a one-minute warning. If you could please state your names for the record and get right into your presentation.

**Mr. Tom Parkes:** I'm Tom Parkes, president of Kel-Gor, a mechanical contractor here in Sarnia.

**Mr. Matt Gordon:** I'm Matt Gordon, owner of Kel-Gor Ltd.

**Mr. Tom Parkes:** Our presentation today is the fact that we're coming to you with something new. We don't want any money; we want to give the government money. The way you do that is by creating jobs.

**Ms. Sandy Shaw:** This is like Dragons' Den.

**Mr. Tom Parkes:** That's right. We're doing a sales pitch.

We run a mechanical contractor here in Sarnia. We employ an average of 400 to 500 employees at any one time. We have been in business for 50 years. We are trying to expand our operations because we do something in Sarnia that a lot of people don't do, as you'll see in the handouts that we're giving. We're a heavy industrial manufacturer and construction company.

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We've shipped products to the United States, Europe, Asia and western Canada. We have a skill set here that is not seen in the rest of the province, and what we're trying to do is work with a government that wants to work with us, cut red tape, get out of our way and allow us to expand.

We're currently trying to expand our operation at 1411 Plank Road. If you look at the picture on the front, that's our shop and what we do. We're trying to expand, create a new shop, a \$5-million investment for us, which will create 60 new jobs in Ontario and \$10 million in additional work wages, with everybody paying taxes; \$3.4 million in annual spending to local business to supply us; and \$16.7 million in revenues over the next few years.

When a company wants to expand in Ontario, they shouldn't be met by ministries with a lot of, "You've got to do this. You've got to do this. You've got to follow up with that paperwork. You've got to put in something here. You've got to do something there. And when you get that all done, send it in to us and we will sit on it for six months and think about it."

What we should be doing is calling the ministry and getting, "What can we do to help you build a new business in Sarnia and create these jobs?" And that's not what we're getting.

I'll give you one quick example. There's a drainage ditch that runs through the property we have. It's a man-made drain. It was dug by the original owners of the property. You have to get the local Drainage Act approval to move the drain—because we have to move the drain to build the new shop. It makes sense. Then you have to go to the conservation authority to make sure that there are no indigenous animals that moved into the ditch that you dug yourself 50 years ago. I almost get that.

**Mr. Robert Bailey:** You're talking about page 6, right?

**Mr. Tom Parkes:** Yes. And then you have to go to the ministry of oceans and fisheries and wait two to three months for their decision about whether you can move this drainage ditch. I don't think we're near a fishery, and we certainly know we're not near an ocean, but we have to sit and wait for this. Nothing happens—no engineering; everything is at a standstill. The ministry doesn't come back and say, "It's just a ditch; go ahead and move it," which everybody else can do because they're in Sarnia. You have to deal with this. It stalls.

We have to get going. We have investment; we have capital to spend. That's what we're looking for. We need a government that wants to cut red tape.

The Ministry of Transportation doesn't want us building there because we're on a highway. There's already a building there. The access to the highway is already there, but they want us to remove the access to the highway. It's part of the heavy-haul corridor—I don't know if you guys have heard that one today yet. They're proposing a heavy-haul corridor for Sarnia to allow us to build these large modules and pressure vessels and heaters that we build in Sarnia and ship them all over the world. We've shipped them recently to Detroit, Pennsylvania and Alberta. Part of that is access to Highway 40.

Again, instead of saying, “What can we do?”—we’re trying to take a driveway that is constantly used all day by traffic in and out of that property, but to expand, we have to get the ministry’s approval. We’re saying we only want to use that for heavy hauls once to twice a month, instead of on a constant daily basis. Well, they don’t want that. They want us to look for alternatives. We can’t find an alternative. That’s where our property happens to be.

They have to work with us, and that’s what we’re looking for. We don’t want a handout. We want less red tape. We want a government that, when they introduce a budget, is looking at creating jobs in Ontario, so that we can pay taxes, so we can pay for all the things we love, like health care and public education and things like that.

I don’t think I have a full seven minutes here. I just wanted to get that through: We need legislation like Bill 148. We’re a unionized contractor, with most of our employees having extremely well paid packages, pensions, full benefits, everything. When that bill was introduced before Christmas a year and a half ago, I guess, it caused mayhem in the industry. I spent more time at the Ministry of Labour over the next few months arguing with unions about pay packages where guys were making over \$100,000 a year, and I have to give them an extra day’s pay, or an extra week’s pay, and they might take a day on a three-week shutdown to take a day off for their emergency leave. They’re only there for a couple of weeks. They did not consult business or the construction industry before they passed that bill, and it was a complete nightmare for us. That’s not what we need.

We need consultation. We want to create jobs. We want to be open for business. Sarnia wants to be the poster child for “open for business,” and that’s what we’re looking for: a government that wants to help us, so that we can keep this great economy going that we have in Ontario. That’s about it.

**The Chair (Mr. Stephen Crawford):** Thank you. We will start questioning for up to four minutes from the government side. We’ll start with Mr. Bailey.

**Mr. Robert Bailey:** Thank you, Mr. Gordon and Mr. Parkes, for coming in today. You certainly laid it out here. You didn’t refer to the pages, but I’m quite familiar with this. The heavy-haul corridor is something that the Minister of Infrastructure—the Premier, when he was here, when he heard the presentation you made that day, said, “Why haven’t we got this built already?” Well, there’s many a slip twixt the cup and the lip, but we’re going to get there. But the issue with the Ministry of Transportation—I’m going to take that to the new minister. I took it along so far with the former minister, but we have a new minister there at the department of highways, and I think we’ll get him to understand the importance of this.

Just to explain for the committee, you’re willing, if I understand it, to give up the 24-hour, seven-day-a-week use of that driveway to use it maybe once or twice a month and only with lots of notice ahead of time. The police would be involved for traffic control. It’s not like you’re going to be pulling out at midnight in the middle of the night; it will all be staged and everything.

I think that’s a great example of regulations that were put in years ago for maybe a good reason. But there are certain circumstances where they can certainly be—

**Mr. Tom Parkes:** The funny thing is, if we don’t do anything to the property, we can continue driving out that gate every day with 100 cars and do whatever we want. If we want to build a new shop, upgrade the facility and create more jobs, well, now we have a problem.

**Mr. Robert Bailey:** Again, on that property, you’re talking about spending a minimum of \$5 million on a new shop; you’ll be employing a minimum of probably 60 employees who aren’t working now, and they would be contributing to taxes and the economy. Anything else we can do besides that? I’ll work on that one, but if there’s something else we can do besides—give these other guys something to do.

**Mr. Tom Parkes:** You have to go through the Ministry of the Environment for a common fabrication shop, which can take up to a year to get approval.

**Mr. Robert Bailey:** The Ministry of the Environment?

**Mr. Tom Parkes:** Yes, because you’re going to have some water contamination and some air contamination.

**Mr. Robert Bailey:** Okay.

**Mr. Tom Parkes:** Again, we don’t mind going through the regulations. Why does it have to take a year?

**Mr. Robert Bailey:** Exactly.

**The Chair (Mr. Stephen Crawford):** Any further questions from the government side? Ms. Skelly?

**Ms. Donna Skelly:** Hi. Thank you for your presentation. I want to continue on the discussion about red tape. You may or may not be aware, but our own Premier just received the CFIB Golden Scissors Award. That was for the first Ontario Premier to receive the Canadian Federation of Independent Business Golden Scissors Award recognizing his leadership in cutting red tape and commitment to job growth.

Earlier we heard from a representative from the labour council who was suggesting that this focus on cutting red tape could possibly jeopardize health and safety. I just want your comments.

**Mr. Tom Parkes:** I don’t know if you’re familiar with OCOT. The idea of OCOT was to increase apprenticeships and increase safety in the workplace. It actually did the opposite. It was used as a tool for one trade to get into a jurisdictional dispute with another trade. We’ve dealt with it for the last so many years. It did the exact opposite. We didn’t get more trades. Apprenticeship growth in Ontario actually went down. It was used by the industry to—pipefitters arguing with steamfitters over jurisdiction and trying to find police officers coming on site saying, “Oh, you’re doing the wrong work or the wrong trade.” It was a labour device to create jurisdictions among the unions, and that’s not what we needed. The one-to-one apprenticeship ratio that your government—

**Ms. Donna Skelly:** That we’ve introduced.

**Mr. Tom Parkes:** That’s what’s going to help us. We have a huge, huge need for skilled trades in Ontario—and the United States. The United States is saying that they are going to be 500,000 people short in skilled trades in 20 years.

**Ms. Donna Skelly:** We don't want to lose our skilled trades to—

**The Chair (Mr. Stephen Crawford):** Thank you. We're going to have to move on now to the opposition side. We've got four minutes. Mr. Arthur?

**Mr. Ian Arthur:** Thank you very much for your presentation. Some questions. This seems extraordinarily straightforward. Is there a specific regulation that's in the way that's preventing heavy-load use of this driveway?

**Mr. Tom Parkes:** Yes. This highway has been deemed as a—what do you call it?—a restricted-use highway. It was done in 1980. It's not restricted-use—each government, including, I'm sure, this government, does not have the funds to make it a restricted-use highway, but they're still going that, "It could be a restricted-use highway at some time in the future."

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I don't know if anybody here knows, but the population of Sarnia has not changed since 1980. They're talking about something that no government is interested in doing. It's not a restricted highway, and they're saying, "Well, in the future it might be." Why would you stop growing today because, 40 years from now, you might make it a restricted highway? When you built the highway in 1980, it was supposed to be restricted. Forty years later, it's still not a restricted highway. There are houses that actually have driveways onto this highway.

That's the reason.

**Mr. Ian Arthur:** And the other traffic that, under your proposal, would no longer be able to use that road—they would access your facility from another side?

**Mr. Tom Parkes:** From a small side street called Gladwish Drive, which cannot handle oversized loads. It wasn't created for that. It won't take them. We're talking about loads that are 100 feet long, 200,000 pounds, with police escort. And they move them out right now. They're using that existing driveway right now. We've agreed to move the access down.

The ministry is trying to work with us, but everything takes forever. "You've got to get a ministry study." We looked at it. We have engineers. It was about an eight-hour operation to get it, and it took eight weeks to get.

**Mr. Ian Arthur:** The only other thing I want to draw attention to: You talked about going through the Ministry of the Environment because of the potential air and water—

**Mr. Tom Parkes:** Yes.

**Mr. Ian Arthur:** I just want to highlight, for the government, that they said they didn't mind, necessarily, making sure things were safe. I would draw attention to the need for environmental regulations. We never want to see another Grassy Narrows again anywhere in Ontario. But I agree; the wait period absolutely could come down. That's something I'm always happy to work with the government on.

**Mr. Tom Parkes:** You have to look at it like we're all in this together. If we're not creating jobs, then we lose things like health care; we lose things like public education. The private sector has to create jobs to make this

sustainable for all of us. Instead of being a bureaucrat and saying, "You've got to fill out this, this and this; get it to us; we'll sit on it for a couple of months and we'll get it back to you," it's got to be, "Hey, yes, we agree. Let's do it."

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Ian Arthur:** I think Mr. Hatfield has a—

**The Chair (Mr. Stephen Crawford):** Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you.

**Mr. Tom Parkes:** How many years were you married, Percy, again?

**Mr. Percy Hatfield:** Only 43.

I think the conversation went a bit sideways on Donna's question on health and safety. It wasn't about apprentices. I imagine you have safety inspectors. You have accidents on the job. People come in and say, "Okay, you did something wrong," or, "You did something right," or whatever. I think the previous presentation was that we want health and safety inspectors to be able to access and investigate accidents or to prevent accidents on the job, as opposed to, if they cut too much red tape and the health and safety inspectors are cut, then they can't come in and do it. You want a safe workplace, right?

**Mr. Tom Parkes:** Yes. Sarnia is the safest workplace in Canada.

**Mr. Percy Hatfield:** Exactly. And it will remain that way with the proper inspectors, right?

**Mr. Tom Parkes:** That has been because of an initiative between businesses and unions in Sarnia.

**Mr. Percy Hatfield:** Yes, yes. Absolutely.

**Mr. Tom Parkes:** Actually, some of the regulations in Ontario are because of things we've done in Sarnia.

**Mr. Percy Hatfield:** Absolutely.

**Mr. Tom Parkes:** Obviously, we don't want to stop inspections.

**Mr. Percy Hatfield:** Right. That's the only point I wanted to make.

**Mr. Tom Parkes:** But at the same time, a well-trained workforce and well-trained apprentices—I was an apprentice pipefitter in 1980. I served my apprenticeship, and worked my way up. When you're allowing businesses to train apprentices at the right ratio and bring these kids up, that's the safest people you're ever going to have on the job site.

**The Chair (Mr. Stephen Crawford):** Thank you for your presentation. We appreciate it.

**Ms. Donna Skelly:** Point of order, Mr. Chair.

**The Chair (Mr. Stephen Crawford):** Point of order.

**Ms. Donna Skelly:** It's not really a point of order. It's just a clarification. I said it was a rep from the labour council. It was from OPSEU. My apologies.

**The Chair (Mr. Stephen Crawford):** Okay, thank you. Thank you very much.

**Mr. Tom Parkes:** Thank you very much.

**Mr. Percy Hatfield:** Good luck with it, eh?

**Mr. Tom Parkes:** Yes.

## TRANSALTA CORP.

**The Chair (Mr. Stephen Crawford):** We'll call up our next witness, TransAlta Corp. Welcome to the finance committee. If you could state your name for the record, and you can get right into your presentation of up to seven minutes.

**Mr. Aron Willis:** Thank you very much. Good afternoon, everybody. Thanks for having me here today. I know it's a long day for everyone, but I appreciate the opportunity to give you some input into this important process.

I'm Aron Willis and I'm the senior vice-president of gas and renewables for TransAlta Corp. We're a publicly traded electricity generation company. We're based in Calgary. We have operations across the United States, in western Australia, right across Canada and, of course, in Ontario and specifically here in Sarnia.

In Ontario, we operate approximately 1,100 megawatts of generation capacity. That includes three cogeneration plants that serve large industrial customers, as well as five hydro facilities and three wind farms.

Our Ontario assets are an extremely important part of our operations portfolio, and that's the reason that we're here to speak with you today.

As we look forward to the future of our existing assets, as we look for opportunities to further invest in new developments, and as we look at the businesses of our customers, the competitiveness of Ontario as a place to do business is very clearly the key to success for all of us.

When we consider our sector in the context of the province and in the context of the 2019 budget, there are really three key opportunities, or key points we'd like to make, in the context of the budget today.

The first is designing a made-in-Ontario emissions performance standard for large emitters, one that reduces emissions in a low-cost manner while promoting the competitiveness of business in Ontario.

Our second point is ensuring that the new Ontario Carbon Trust is structured to support all emission reduction opportunities, both new technologies and upgrades to existing infrastructure.

My third point is around supporting Sarnia as a key industrial hub in the province.

I'll start with my first point on the emissions performance standard for large emitters. The development of a provincially designed program provides the opportunity to recognize some of the unique challenges and opportunities that you have within Ontario. This includes both the emission levels for the program, as well as the revenue allocation tools.

Typically, large-emitter programs are designed to encourage emission reductions by utilizing financial penalties to encourage industrials to reduce their emissions. Following on from that, there are many models for the allocation of revenue from these programs: things like general revenue, technology investments, additional emission reduction programs and so on.

Our preference for Ontario, and what we would like to recommend to the committee today, is a recirculation of

funds from the program back to large-emitting industries, allowing large emitters who pay into the program to access those funds specifically for emission reduction opportunities. This type of structure would move past simply penalizing emitters, and moves forward to supporting those same industries to reduce their emissions and overall provincial emissions without compromising their competitive position against competitors in other markets.

The second item on my list is the Ontario Carbon Trust. The new carbon trust will provide the opportunity for the private sector and the province to partner to bring clean technologies and emission reduction opportunities forward. In the design of this program, we simply want to encourage the province to be open to all emission reduction opportunities, not just those that involve new technology.

I'll give you an example in my sector specifically. The replacement of an existing, older, less efficient steam boiler may present an opportunity. In our day-to-day business operations, though, it's likely that the replacement of a boiler like that wouldn't reach the hurdle rates necessary for us to decide to make that type of investment. But it's clear that upgrading a unit like that to a newer, more efficient boiler would certainly reduce the emissions footprint at our operation. This program could help support projects like this to achieve the necessary hurdle rates by providing a level of financial support for them.

I do believe that low-cost, high-impact opportunities like this exist right across the private sector, and many of them could be achieved through the support of the trust.

Just to conclude on these first two points: What I'm really encouraging here is the use of funds in the Ontario Carbon Trust and from the large-emitters program to deliver real, low-cost, near-term emission reduction opportunities where they're available.

Finally, my third point: We've got the opportunity to be here in Sarnia today. Our Sarnia facility is not only important to TransAlta but also to the Sarnia region as a whole. The Sarnia plant is a unique cogeneration asset that serves many functions.

First, it provides low-emission, highly efficient steam and electricity to several industrial customers, supporting their business processes and their operations in the region. In combination, TransAlta and our customers directly employ about 2,000 people here and further support an additional 12,000 indirect jobs in the region.

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Secondly, the plant provides stable electricity to residential consumers via the grid. It provides baseload generation as well as fast ramping, both up and down, to support the integration of intermittent renewable generation where necessary.

Thirdly, our plant is driving economic growth in the region as we work with new customers seeking direct steam and electricity supplies, and the potential for them to bring new jobs to the region.

**The Vice-Chair (Mr. Jeremy Roberts):** One minute.

**Mr. Aron Willis:** There are many successes and opportunities at this plant. However, there are some challenges

as well. In 2002, TransAlta and our industrial customers came together to create the Sarnia Regional Cogeneration Plant. At that time, the cogen was built with new direct steam connections to the customers' individual sites, and we opted to use the existing Hydro One transmission infrastructure for electricity connections, as it was the most efficient and economic design. Duplicating that existing infrastructure simply didn't make sense at the time.

Since that time, though, rising non-energy costs—specifically, the global adjustment—have been introduced to the market, driving up electricity costs for all grid-connected customers. The customers of the Sarnia cogen plant have been caught between the cracks of these changes. They're customers of a behind-the-fence cogen and, because of the use of the existing transmission system, they're also customers of the IESO. The result of this unique structure is that they're paying for the behind-the-fence cogen plant—

**The Vice-Chair (Mr. Jeremy Roberts):** Thank you, Mr. Willis. We'll have to move on to questions now. We're going to start with four minutes from the opposition. Mr. Hatfield.

**Mr. Percy Hatfield:** Welcome, and thank you for your presentation this afternoon. I don't know if this is a fair question to you. I guess my background to this question is the cumulative effect of the air pollution in the greater Chemical Valley area. I know Mr. Bailey is very familiar with this and the concerns of the Aamjiwnaang First Nation people, who have seen variances because they feel, and science has proven, that what they breathe in from the Chemical Valley emissions has had an impact on their families—on the number of daughters born versus sons, and so on.

The previous Liberal government had promised to do a study on the cumulative effect of the stuff that's in the air, as opposed to on any one given day. I know the emissions go up, and then they get into a chemical soup, and then strange things happen, and the air we breathe down below is impacted.

Would you favour, eventually, the government doing, as the previous government had promised, a study on the air quality in the greater Chemical Valley area, so that we would know, once and for all, what the impacts are of the air that the people in the greater Sarnia area breathe in on a daily basis?

**Mr. Aron Willis:** Thanks for the question. What I do know is that our cogeneration plant does help, and has helped, reduce overall emissions in the valley. Having a large centralized generation source for electricity and steam eliminates the need for all of the customers to have their own individual generation as well as steam-producing boilers. So from an overall emissions perspective, the cogeneration plant has helped with that.

The issue that we're trying to address with this cogen plant, in getting the customers the benefit that they've invested in, is that we're trying to avoid them actually going backwards, so to speak, and having to build their own behind-the-fence infrastructure again, which is really their ultimate option to avoid the impost of global

adjustment charges and the other non-electricity charges that they're faced with.

Not resolving the issue that we've identified here would actually be a step backwards, from an overall valley emissions perspective.

**Mr. Percy Hatfield:** Thank you.

**The Vice-Chair (Mr. Jeremy Roberts):** Mr. Arthur.

**Mr. Ian Arthur:** I wondered if you would just comment on the cancellation of the cap-and-trade program, the associated costs with that and what the associated costs of the federal backstop would be for you, and looking forward as a company.

**Mr. Aron Willis:** For businesses like us, we work in many different jurisdictions.

**The Vice-Chair (Mr. Jeremy Roberts):** One minute.

**Mr. Aron Willis:** We see many different types of structures put in place to deal with the cost of carbon. Any of those can work for us.

We really want to know what the structure is going to be, going forward. When we say "going forward," we mean over the long term. Our business, working with our customers and working with the IESO, can manage any type of regime that's put in place. But we do need to have advance notice of what that regime is going to be and then, ideally, we see that regime in place over the very long term, so that we can make the decisions we need to make, to react and deal with the regulation as it's set up.

**Mr. Ian Arthur:** You're looking for stability in terms of regulation around carbon.

**Mr. Aron Willis:** Correct.

**Mr. Ian Arthur:** Thank you.

**The Vice-Chair (Mr. Jeremy Roberts):** Perfect. Thank you. We'll move to the government side now for four minutes, starting with Mr. Bailey.

**Mr. Robert Bailey:** Thank you, Mr. Willis, for coming in today. On the record, I want to make one announcement. I know it has been a busy year, but Minister Phillips did commit to the health study, the funding for that health study. I don't know how widespread that information was. Whether the feds join in or not, Minister Phillips did commit that we're going to go ahead with that study. I don't know whether anybody else is going to get on board or not, but we're going to go ahead, anyway.

I'm working with Minister Rickford on the behind-the-fence issue. I understand what you're saying and how you built the plant under one circumstance, and then what we have down there—Mr. Willis didn't have time to go into it, so I'll take a minute. They have what we call an energy park. There's vacant land there—brownfield sites, I guess you call it. The services are still in there, so if someone wants to come and start up a new plant there, they can buy their steam and electricity from Mr. Willis's firm, TransAlta. The sewer services are there. They don't have to set up, as he said, another unit to create electricity. But the global adjustment is certainly impacting on that, so that's something I've taken to the minister. We'll work on that, anyway.

**Mr. Aron Willis:** Thank you.

**Mr. Robert Bailey:** Good jobs: Could you speak to how many jobs are at TransAlta directly, in Sarnia? A couple of hundred, maybe?

**Mr. Aron Willis:** No, about 85.

**Mr. Robert Bailey:** Okay, 85.

**Mr. Aron Willis:** Yes.

**Mr. Robert Bailey:** I know how important that is. I deal with a number of TransAlta employees from time to time in my office, and I know that TransAlta has done a good job here and across the country as well.

I worked in industry, not at TransAlta but in industry in general, a long time ago—longer than I want to think. What we started to market ourselves, and some of those industries who would be locating at TransAlta—we started to market ourselves to Mr. Hatfield as the green valley for this new industry that's actually coming here and going to buy electricity from TransAlta. The older industry that's still here, they've done a great job to clean themselves up. It's not what it was 40 and 50 years ago. Can we do better? Yes, and I think the industry would tell you that. They know that they've got a ways to go yet.

Thank you again for your presentation today. Was there anything you wanted to say before the time is up?

**Mr. Aron Willis:** I just look forward to continuing the work that we've already started with the government and with IESO.

**Mr. Robert Bailey:** Thank you.

**Mr. Aron Willis:** Thank you very much.

**The Vice-Chair (Mr. Jeremy Roberts):** Thank you so much, Mr. Willis.

#### LONDON HEALTH COALITION

**The Vice-Chair (Mr. Jeremy Roberts):** Our next witness is the London Health Coalition. Thank you for being here today. If you can start by just stating your name for the record, and then you'll have seven minutes for your presentation. We'll give you the one-minute warning.

**Mr. Peter Bergmanis:** Thank you, Mr. Chair, and thank you to the committee. I'm Peter Bergmanis. I'm the co-chair of the London Health Coalition, part of a broad-based, Ontario-wide coalition known as the Ontario Health Coalition. We're an advocacy group for public health care, numbering some half a million members strong.

We've been here in the past, and we again come to reiterate some of our messaging from those days. We're concerned about Ontario having the fewest beds in the entire country for acute patient care, the fewest nurses per patient in the country, and lowest funding for our public hospitals. This, of course, lies with the previous government, so we're hoping that the current government will hear our messaging and consider some of what we're concerned about.

We suffered real dollar cuts over the last 10 years of austerity, and it is of course very welcome to have any kinds of new sources of income and funding. So, in 2018-19, the Conservative government has promised to invest an additional \$90 million for 1,100 beds and spaces in

hospitals and the community, including the creation of over 640 new beds and spaces. Some 128 hospitals across the province are being promised an investment of \$175 million to upgrade, repair and maintain their facilities.

Now, in light of the history, more than 18,500 beds, half the province's acute care beds, were already taken out of circulation since 1990. Over 2,000 of these acute care beds came out of the city of London's hospital complement alone. With the closure of the London Psychiatric Hospital, 80% of London's psychiatric beds were lost. A vital emergency department and intensive care unit were formerly housed in the core of the city at St. Joe's hospital. That is also gone.

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The past decade of reckless hospital restructuring and dangerous destabilization of the health care services in our city would scream an urgent need for further resources. London Health Sciences Centre has the infamous distinction of being the most overcrowded hospital in the country, chronically registering over 100% patient occupancy, a situation neither acceptable nor safe. Yet, no government pronouncement to date has offered one dime of funding to London to alleviate the ongoing rationing of care and hallway medicine. We ask that that should be changed.

As part of the system's transformational change, the current government must recognize that the people of Ontario do not desire further cuts—quite the opposite. It is time to rebuild, time to create a more robust, public health system which recognizes need over wealth. Hospital funding must be set at a rate that will protect service levels and stop the cuts.

As in previous years, we're suggesting that Ontario needs a 5.2% hospital funding increase per year for the next four years, broken down into 2.3% for inflation; 1% for population growth; 1% for aging; and 1% increased utilization. This is not unusual or outlandish. We already are at the lowest rate for any jurisdiction in the country for how we fund our hospital beds.

The precedent is already there with a previous Conservative government. The Eves/Harris government years restored funding after deep cuts in the mid- to late-1990s. That hospital funding increased dramatically, running up to inclusive of 12.8% annually. It was simply understood then that there was a crisis, and there is one now.

A capacity plan must be developed and implemented, based on evidence of actual population need, to reopen closed hospital wards and floors, open operating rooms and restore needed services that have been cut.

An immediate moratorium must be declared on the closure of local hospitals, the consolidation of local services and the mega-mergers of public hospitals. The body of evidence regarding the costs and quality-of-care consequences for mergers is substantial.

The Canadian Health Services Research Foundation published in a groundbreaking essay of 2002 that "bigger is better" is a myth. They found that during the 1990s the number of Canadian hospitals declined by 25% due to mergers. Evidence on cost savings from mergers is largely anecdotal and inconclusive, finding that a number of

mergers increased the cost of management and administration. They reported that larger hospital mergers tend to be less responsive to the patient, disadvantage low-income patients, do not necessarily improve recruitment and retention, and often lead to issues around staff and morale.

London's own experience of hospital restructuring came with a hefty price tag of \$1 billion and the loss of incalculable assets to the health system, with hundreds of health care providers slashed, and yet no quantifiable measure of any improved efficiencies.

In the last 20 years, Ontario has built new hospitals using the privatized P3 private-public partnership model. I would add that this would be a further costly implementation of a privatization mechanism that is inappropriate for public hospitals. New hospitals must be financed using public borrowing rather than exorbitantly expensive P3 models, with sound management and public oversight.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Peter Bergmanis:** Ontario has a self-inflicted revenue problem, not a debt or spending problem. Ontario spends the least on government services, health care included, than any other province in the Confederation. We need to restore an increased tax rate on high-income earners to provide for revenue streams, reverse changes to provincial corporate taxes, and restore the planned \$15 minimum wage and other labour law changes that got scrapped by Bill 47, because better jobs and higher incomes drive economic growth and provide stronger government revenues.

The privatization agenda must be set aside. The government has publicly committed to over 15,000 new beds for long-term care. This needs to be enhanced, and certainly not in the private sector. The London Health Coalition joins its community partners and the people in demanding that the government reverse course on its privatization and deregulation agenda—

**The Chair (Mr. Stephen Crawford):** Thank you very much. We appreciate your presentation. Now we're going to go to questions, and we're going to start with the government side. Mr. Cho.

**Mr. Stan Cho:** Thank you, Mr. Bergmanis, for your presentation.

Indulge me for a minute or two, if you will. If I wasn't here today, I would be in the multi-year planning at Treasury Board. At Treasury Board, our predominant discussions are around the health care system, with the Ministry of Health. Of course, it is half of our spending and our budget, and it has challenges, as we speak.

Let me tell you that there are more problems than the problems you've just described. I'll tell you a story, and this is a true story. If you were to get hurt in Newmarket, and an ambulance were to show up today, decide that you need an intravenous drip and they put a needle in your arm, and then they realize your injuries are quite severe—you actually have to be flown down to Toronto General. So an ambulance will show up, but due to regulations, you will actually have to take that perfectly good needle out of your arm, put a new needle in in Ornge and get flown down to Toronto General. When you get down to Toronto General, due to regulations, you have to take the second perfectly

good needle out of the arm and put in a third needle. That's a waste of money, not to mention the risk of infection.

My point in telling you this story is that there are thousands of examples of complete waste in the health care system. So I submit to you that we do have other problems outside of the ones you've touched on here. You say we don't have a debt problem, which I also will challenge, because the fourth-largest expenditure at Queen's Park, after health care, education and social services, is interest on our debt. It's more than what we spend on education, for training, colleges and universities. That is money that should be going to health care. That is exactly what we're doing at Treasury Board: We are talking about how to fix this problem, in conjunction, of course, with the Ministry of Health. Our whole goal is a transformation of the health care system. But we cannot do that without collaboration from everybody that's involved.

What I have to offer to you—my contact information is readily available, and I can give you a card after we're done here—is to send me your ideas, because that's what's going to help. We acknowledge that there is a problem here. If you have any ideas right now on the health care system that we can change that you'd like to share with us, let's work together to get that done.

**Mr. Peter Bergmanis:** Thank you. Actually, that's a very welcome olive branch. We appreciate the open door. I would certainly love to connect with you outside of the forum here.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Peter Bergmanis:** I would contend that your issues around efficiencies are absolutely dead-on. There are certainly waste elements that—I'm a care worker myself. I work in an operating theatre. Certainly, those are always parts of the system that front-line workers have a direct eye on. We certainly have an issue with very highly bloated bureaucrats who have a lot of income and don't seem to help in the situation that we find ourselves in. It's a common complaint.

Also, though, if you don't spend money on a health care system by prioritizing tax cuts over public services, you are going to have a revenue problem. Every time that revenue problem arises, it seems to be when you've cut taxes. It's only going to the benefit of the very top, whereas the vast majority of Ontarians need that.

**The Chair (Mr. Stephen Crawford):** Okay. We're going to have to move on now to the opposition side. We have four minutes of questioning. The first question is from Mr. Hatfield.

**Mr. Percy Hatfield:** Just before I ask my first question, let me say to Mr. Cho that I was at the dentist a couple of weeks ago, and he said that the red tape was so bad with them that if they clean your teeth and then they take the equipment across the hall to the sterilization equipment, now there's a regulation that they have to enclose the utensil in case somebody trips and falls and maybe cuts themselves on it as they walk across the hall. Anyway, I just throw that out there.

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Thank you again for coming in and presenting to the committee. We really appreciate it.

I was meeting with various people this week and they were telling me, for example, that at St. Clair College, they cancelled the class on PSWs because they didn't have enough interest. People don't want to be PSWs anymore because of the workload, because of the burnout and because of the low wages. People who were trained years ago to be PSWs are now doing work they were never trained in, or never had to go through before, because of the increased needs of the people who are living longer and living in long-term-care homes.

How do we address that as a people, as a government? How do we get more people receiving better treatment in our long-term-care facilities from the people who are paid to look after them?

**Mr. Peter Bergmanis:** We have to improve the working conditions, because the working conditions are the conditions of care.

You've probably heard of the release of the Situation Critical report on long-term care this week. That is along with the sensational headline that there's a higher rate of homicide in long-term care than there is in the city of Toronto. That's the tip of the iceberg as to the escalation of violence that's taking place because of those types of working conditions, where they're understaffed. They are demoralized staff. They're undertrained, because we have closed all these acute care beds and chronic care beds. And a lot of the population of residents who are coming to long-term care, frankly, are the people who don't need that kind of care; they need a different kind of care.

If we're going to have to expand the system—and we see that from the government side; they recognize that they have to—I would present that it also would have to be in conjunction with a public system that's a little bit more robustly regulated. I know "regulation" is a dirty word sometimes, but when you're dealing with human lives, yes, you need to have regulation. This is how Wetzlauffer was able to do what she did. No, we need more regulation in that sector. Make those conditions of employment better. Then you'll have people who will probably be able to live in dignity in these nursing homes.

**Mr. Percy Hatfield:** I know it's difficult sometimes when somebody calls in sick and there's no replacement. Staff that are on duty have to do more work and so on.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Percy Hatfield:** The issue comes up as well with people living longer, people having dementia and other issues that need extra help that just isn't available. Yet the for-profit providers of the long-term-care homes make money that, if it was publicly owned, could go back into care for the patients. What do you say to that?

**Mr. Peter Bergmanis:** It's a well-known, established fact that that has happened, that for-profits will divert funds to the profit margins of their investors over and above care. Municipal homes, on the other hand, spend 75% on the wages, whereas private providers only spend 49%. That tells you where the money is going.

Again, advocacy: We need to expand. Clearly, London has a wait-list of 1,400 people in our community, and in the province, 33,000 are waiting. It's intolerable. We see the outcome when we have Situation Critical.

**Mr. Percy Hatfield:** Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much for your presentation. We appreciate it.

**Mr. Peter Bergmanis:** Thank you, Mr. Chair and the committee.

#### CENTRAL LAMBTON FAMILY HEALTH TEAM

**The Chair (Mr. Stephen Crawford):** We're going to move on to our next presenter. It's Don McGugan. Welcome to our committee. You'll have up to seven minutes. I'll give you a one-minute warning. If you could just please state your names for the record, and then you can get right into your presentation.

**Mr. Don McGugan:** Thank you ever so much for giving me this privilege and opportunity. I am Don McGugan, and I just retired as mayor of the municipality of Brooke-Alvinston after 16 years.

On my right is Sarah Milner. She is the executive director of the Central Lambton Family Health Team.

But before I get there—and I likely will run out of time—I've got to apologize to Percy and to Bob Bailey. I've made presentations in the last number of years on behalf of the municipality, and I said I was all done and I'd never be back to bug them. But I am back, and I appreciate seeing my friends Percy and Bob.

I want to congratulate the rest of you for putting your names forward, because as you can understand, it's certainly not an easy task to be out there in the public. So I say congratulations. Welcome to southwestern Ontario. Welcome to Lambton county. It's a great place. I hope you'll come back and visit us often.

I was here for Mr. Gordon's presentation, and I had the privilege and opportunity to work with his dad. He said that he did not want any money from you. I and Sarah do not want money from you either. We can show you how to save money.

**Mr. Stan Cho:** All right!

**Mr. Don McGugan:** Thank you. So I just want to say about the Central Lambton Family Health Team that we are a very viable, honest, straightforward community organization. Oh, I should tell you, I also have an appendix A and an appendix B. I'll never get to that, but I would ask—I know you gentlemen and ladies are really busy, but have your staff read it. Contact any of us. Our chair is not here today; she is sick, but her or Sarah or myself, and we'll get information for you. It's really important that you take a look at appendix A and then you go to appendix B. It's all to do with health teams.

Now, also, when I called in to register, I said I might have some senior concerns. I do. They are at the very back. The gentleman who just spoke from London hit on a lot of my topics. I really appreciate the comments I heard from the members here about what they said about health care.

The Central Lambton Family Health Team, on page 1, it's just a picture of our building, which we moved into in October 2014. We do want to say thanks to the Ministry of Health and Long-Term Care for giving us the funding to do that. The health team started in 2011, and the reason



it started is because from 2001 until 2008, there were many cuts in the hospital system of care, and so the governments of the day—I believe there were two different kinds there—decided to take the care down to the next level, which was right on where it actually happens.

Now, page 2 has a picture of our beautiful director here, a very young lady. You wonder what an old man like me is doing here. But anyway, Sarah has done just a fabulous job. It just tells you there who the people are and how many doctors we've got, and the board of directors. I want to tell you, we've got an excellent board of directors, all the way from a farmer like me to an undertaker and everybody in-between, so we look after everybody.

The other thing is, if you'll notice there, we've been very fortunate to have several awards. One is that we've been honoured by the Association of Family Health Teams of Ontario for all the work done in mental health for youth and adults. Also, just this past November, we had four doctors that received a fellowship of family medicine. I'm not sure what that means, but we have just the greatest group of doctors. They're all relatively young. By my standards, everybody is young. But it is great that we've got them. We've also been honoured by two municipalities, the town of Petrolia and the municipality of Plympton-Wyoming, saying what great work they have done in our community, and made our community a better place and a healthier place and an easier place.

Now you go to page 3. I do have to move on. Page 3 is a map of Lambton county. Petrolia is right in the centre of Lambton county. Just down the street from where Bob Bailey lives there's the health team, and it's just an excellent spot there. There are 7,000 people in Petrolia. The health building there is right across from the high school, and as you know, the high schools today, we've had a number of suicides in our community the last couple of years. We have social workers; they spend a lot of time at the high school. High school students will just come over if they're having a bad day, and even if they aren't patients there, they are still accepted and looked after. So it's just an open forum for anybody and everybody.

There are about 15,000 rostered patients in that area there. Also, we reach out into other parts of the community. The building is used by many, many people. There is a boardroom there. We take in the mental health; we take in Alzheimer's. So it's just unbelievably great. We have nine doctors there.

My concern is, we're also just a few feet away from the Bluewater site hospital, the CEE hospital, which is just a couple of hundred feet from where this building is, and our doctors—and I'm told the Ontario government of today wants to change a number of things in health care. I'm not opposed to change, but when we've got something that's really working, we want to keep it.

1530

I would encourage you, if you can't come, to have some of your staff or send a bureaucrat down to spend a day with our director, Sarah, and just see how it really works.

We are saving money. Our doctors do emergency on Saturdays and Sundays or holidays.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Don McGugan:** They go to palliative care. Each doctor spends about half a day in a nursing home. We have three nursing homes in Petrolia, with about 350 patients, give or take. Also, some of them will even go to your home. The doctor I have will go to your home. He hasn't come to me, but he would.

Petrolia is surrounded by some of the finest agricultural land in Canada. As we all know, agriculture is first or second, after mining, I believe, for incidence of accidents. I even had to go there a while ago because I did something wrong on my farm.

I understand, with the recommendations of the new government, that the doctors are going to be told they have to stay in their office five days a week—there needs to be coverage on Saturday and Sunday and in the evenings. That will destroy what we're trying to do here, because we have an allied team system and what it does is provide 100%. When you look at what we're doing here, it's unbelievable. We are efficient.

I realize that across the province—I've done some investigating—there are some problems with some of these family health teams. I say solve the problems at the family health team where there is a problem. Come to Petrolia, meet with Sarah, and see how it is really done.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you, Mr. McGugan.

**Mr. Don McGugan:** She has done a really great job on how to organize and program and work with people. They go out into the community. We have a dietitian, and she's in the high school fairly often.

**The Chair (Mr. Stephen Crawford):** We appreciate it—

**Mr. Don McGugan:** She's also doing visits to our local grocery store. I did represent, as mayor, a small municipality, Brooke-Alvinston, and the village of Inwood. It's low-income. There are kids there that don't have the opportunity to be able to go—

**The Chair (Mr. Stephen Crawford):** Thank you, Mr. McGugan. I apologize, but we have to move on. We're going to go to questions now. We have seven minutes.

**Ms. Sarah Milner:** It's question time.

**Mr. Don McGugan:** Oh, question time already?

**The Chair (Mr. Stephen Crawford):** Yes, question time already.

**Mr. Don McGugan:** Oh, my land. When you're having fun, it goes.

**The Chair (Mr. Stephen Crawford):** We'll start with the opposition side for questions. Mr. Hatfield.

**Mr. Percy Hatfield:** I'll just be brief. Thank you, Don, for coming in. I see you've brought your child bride in with you as well.

**Mr. Don McGugan:** That's right.

**Mr. Percy Hatfield:** I was bragging earlier about being married 43 years, or 42 and a couple of months, but I know you've been married—

**Mr. Don McGugan:** Percy, I have 51 years.

**Mr. Percy Hatfield:** Fifty-one?

**Mr. Don McGugan:** Fifty-one, yes.

**Mr. Percy Hatfield:** I remember when you were at Queen's Park and it was only 50.

**Mr. Don McGugan:** That's right. I made it one more year.  
*Laughter.*

**Mr. Percy Hatfield:** Thank you for coming in. I just wanted to mention how important family health teams are. I know we just expanded ours in Windsor. I just saw it on TV news this week or last week.

I believe Mr. Arthur was going to lead off in questions, but I wanted to say hi to you and Anne again. Thank you for coming in—and Sarah as well.

**Mr. Don McGugan:** Thank you.

**The Chair (Mr. Stephen Crawford):** Mr. Arthur.

**Mr. Ian Arthur:** Hi. Thank you so much for your presentation. Your health clinic exists under a capitation payment model. Is that correct? Is that what you're speaking of?

**Mr. Don McGugan:** I didn't mention it, but we are a local health network. Does that help?

**Mr. Ian Arthur:** Yes, it does—as opposed to the fee-for-service or traditional model.

**Mr. Don McGugan:** That's right.

**Mr. Ian Arthur:** This is something that's actually affecting Kingston dramatically. We have a terrible doctor shortage. It's my understanding, from OMA and some other organizations, that most of the doctors we're training now, we're training them not to work in fee-for-service models; we're training them for capitation. The Liberals began the transition to the new standard or model of care. The accusation was made that they got scared of the ongoing costs associated with that and stopped that transition halfway, so now we have two different payment models. Is that correct?

**Ms. Sarah Milner:** Yes.

**Mr. Don McGugan:** Sarah can answer that.

**Ms. Sarah Milner:** Yes, that's correct. Primarily, most primary-care physicians are in the model of either a FHO, a family health organization, or family health network, and every family health team has an affiliated physician group. But there are still a few physicians in the community that are just fee-for-service.

What we've found has been the most beneficial is being able to provide an increased level of care to patients, increased access to patients, for keeping them out of emerg. But also, there are some speciality areas, in terms of things like chiropodists for people with diabetes needing special foot care and things. So what we see at our health team is a great overlap and a wraparound of that patient, to have better outcomes.

**Mr. Ian Arthur:** It's my understanding that right now, there's regulation—one in and one out, basically—for doctors operating under this model, so that we can't expand this model.

**Ms. Sarah Milner:** Yes. We're fortunate: We're rural, so there is a little bit of room to expand. We've had very good luck with recruitment and retention of our physicians, primarily because they're able to use the knowledge and skills that they have to the max. Being a rural family health team, they see a lot of things come through, and they don't often have a lot of specialties to refer to, so they do a lot of mental health work—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sarah Milner:** —and they're able to do the emerg work, and they provide in-patient care, so they follow the continuum of their patient care and into the nursing homes when their patients go to the nursing homes.

**Mr. Ian Arthur:** Okay. Thank you so much.

**The Chair (Mr. Stephen Crawford):** Any further questions? No? Okay, we'll move to the government side. Mr. Bailey.

**Mr. Robert Bailey:** I'd like to welcome Sarah here today, and Don and Anne McGugan, as well. I've known them for a long time.

I want to speak to the efficiency and the job that the Petrolia family health team does for the community. I've been there a number of times. Sarah has taken me on a couple of tours, and I do know the work that they do.

I'll have to ask the minister; I haven't heard this about being in the office on Saturday and Sunday. I don't think we've heard that. But I'll be talking to Ms. Elliott on the weekend. Can you expand on that?

**Ms. Sarah Milner:** Sure. There's an obligation under the model to provide after-hours care. There are a number of physicians in other places that don't provide emergency room coverage.

**Mr. Robert Bailey:** Oh, okay.

**Ms. Sarah Milner:** But for our physicians, they still are in their office Monday through Friday. They're there a tremendous amount of time. But they may work an overnight call shift, or they may work weekend shifts, like a Sunday or whatever. They usually work overnight and then come into the clinic and work the next day, but they may need to leave by 2 o'clock in the afternoon, just because they're so exhausted by that point. Our rural community hospital relies on our family doctors in order to keep the emergency room open.

**Mr. Robert Bailey:** Thank you. I knew that too.

**The Chair (Mr. Stephen Crawford):** Any further questions? Mr. Downey.

**Mr. Doug Downey:** I just want to comment on your 51 years. I had a client in the office, and I said, "How long have you been married?" He said, "Fifty-three years." She elbowed him, and she said, "Fifty-five." He said, "Fifty-three happy years."

*Laughter.*

**Mr. Don McGugan:** Well, I can say I've had 51 happy years.

**Mr. Doug Downey:** That's good for you. Thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions or comments? Okay. Thank you very much for your time. We appreciate it.

**Ms. Sarah Milner:** Thank you.

**Mr. Don McGugan:** Please don't change the system. Come and see us. Thank you for giving us this privilege.

**The Chair (Mr. Stephen Crawford):** Thank you. It's our pleasure.

#### ONTARIO HARNESS HORSE ASSOCIATION

**The Chair (Mr. Stephen Crawford):** We'll call on our next presenter, the Ontario Harness Horse Association.

Welcome to our committee. If you could just please state your name for the record, and you can get right into your presentation. I'll give you a one-minute warning.

**Mr. Brian Tropea:** Thank you. My name is Brian Tropea, and I'm the general manager of the Ontario Harness Horse Association. Before my employment with the association, I was an owner, trainer, driver and breeder of standardbred racehorses.

The Ontario Harness Horse Association was formed by a group of horse people in 1962 to represent owners, trainers, drivers, breeders and grooms of racehorses in Ontario. The formation of OHHA brought a much-needed counterbalance to the power of the racetracks. Over the last 55 years or so, OHHA negotiated contracts with individual racetracks which addressed horse people's concerns. As well, OHHA represented them with municipal, provincial and federal governments.

OHHA has historically been funded by a voluntary deduction from the horse people's share of industry revenues, addressed through individual contracts with the racetracks.

In the late 1990s, as most of you know, the PC government started the Slots at Racetracks Program. The stated public policy on that program was to promote live horse racing in the province and subsequently benefit the agricultural sector in Ontario. As well, we know that this program returned substantial revenue back to the treasury to support other programs. In fact, the Slots at Racetracks Program was the largest contributor of funds of any of the OLG's lines of business.

During this program, OHHA continued to negotiate contracts, and horse people funded the association from a percentage of both wagering and gaming commissions. This increased funding allowed OHHA to develop programs like life, health and dental coverage and a registered retirement savings plan for our members.

Since the end of the slots program, there have been significant changes to the regulations, which have had a negative effect on the association and its ability to properly represent its membership. The most significant change was the granting of the home market area—the geographic boundaries that determine which track receives revenue from wagers at those locations—to a single racetrack, Woodbine Entertainment.

In order to receive a wagering permit under the federal regulations, a racetrack must show proof of a revenue-sharing agreement with the horse people. That's why the tracks had to sign contracts with the horse people's representative.

**1540**

That's no longer the case, as the federal government allows all wagering in Ontario to be conducted under a single licence held by Woodbine. Therefore, there are no longer contracts and no mechanism for horse people at all of the other tracks in Ontario to fund their association. Woodbine continues to pay OHHA 1.5% of the purses paid at the non-wagering tracks; however, there is no certainty of funding and no contractual obligation for them to do so. OHHA members need to have secure funding and

have input into decision-making, as they have for the past 55 years.

As most of you are aware, the previous government established a long-term funding deal for the horse racing industry. This agreement was negotiated between Woodbine, the OLG and the new industry governance board called Ontario Racing. There was no input from the horse people during the drafting of this agreement that we are aware of, and it was presented to the industry with a deadline of approximately two weeks to sign off. There was an urgency to have this done prior to the last election. When we met with then-Premier Wynne to voice our concerns with the document, she encouraged us to meet with the Ministry of Finance to get a better understanding of the agreement. During that meeting, OLG employees Lori Sullivan and Cal Bricker were asked what would happen if we did not sign the agreement. We were told that it wasn't necessary for horse people to agree; as long as all of the racetracks signed off, the agreement would move forward.

Shortly after that meeting, we learned of a number of racetracks and other horse people's associations that were not going to sign the agreement. Our own legal advice was not to sign it as there were many concerns, not the least of which was the total loss of autonomy and the forfeiture of our members' intellectual property rights. Also, there is no escalator clause in the agreement to offset future cost increases, no mention of revenue-sharing for future gaming products, a clawback of funding by the OLG in year 3 of the agreement and no requirement for any racetrack to host live racing.

Despite being assured that the deal required all racetracks to agree, the final document reappeared as an execution. From speaking with some individuals who did sign, they felt that despite the advice to not sign they were backed into a corner and had no choice. I understand that the racetrack here in Sarnia is one of those that has not signed the agreement. When we discussed this agreement with then-candidate Premier Ford, he advised us that it was a bad deal, not to sign it and that help was on its way. We were told that this agreement would bring certainty and stability to the industry. However, we have recently read reports that although Western Fair Raceway has signed the agreement, there's a possibility they may not be able to race unless they can come to an agreement with the gaming operator to remain at their site and they continue to receive additional rent from the gaming floor.

We've heard reports of the PC government trying to assist the industry and we want to thank them for their efforts. However, once again, the horse people have no understanding of what the new arrangements mean for the participants in the breeding, training and racing industries. For some reason, not all racetracks have been offered the assistance. The Lakeshore racing group has not received any offer to assist them, like those offered to Ajax, Sarnia, Dresden, Fort Erie, Kawartha and possibly others. The Lakeshore group is representing the horse people who race in the Windsor area. That area of the province was most significantly harmed when the slot program ended. When

the announcement was made, the racetrack closed down and the owners of the property bulldozed the entire facility.

A group of concerned horse people got together and came up with a plan to support racing in that area. Their end goal was the construction of a new racetrack in that area to be run as a not-for-profit. They leased Leamington raceway has a stopgap measure and applied for a racing licence. They now run 13 days of racing for \$487,000 of purse money a year. In 2011, the last year of racing in Windsor, they raced for \$7 million in 91 days of racing. Despite strong wagering and public support, the track has been left out of discussions to improve the racing program in that area of the province. The question that needs to be asked is, why do some racetracks only have \$35,000 a day in prize money and others are at \$65,000? It costs the same to have a horse regardless of where you live in the province.

Horse people cannot exist on these low purse levels and limited racing opportunities. We don't know how purses are determined—

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Brian Tropea:** —the model is not equitable now and appears to have set certain tracks up to fail. We believe that all racetracks should have an equal opportunity to succeed, based on their own best efforts. The current model has one track—Woodbine—controlling the distribution of the majority of funds. Woodbine, which runs two racetracks, is a not-for-profit that pays out over \$70 million a year in salaries and provides approximately 350 days of racing.

The standardbred industry has the ability to create jobs and put people in rural Ontario back to work, but it won't be done with the present agreement. The only thing that has grown in the industry is the bureaucracy. We now have a racing division at OLG that has an annual budget of approximately \$10 million a year; a new governance structure, Ontario Racing, with a budget approaching \$2 million a year; and a management group owned by Woodbine with a budget of \$3.5 million a year—a total of approximately \$15 million. As horse people, we're not seeing any benefits of this increased red tape and bureaucracy. In fact, despite all this added cost, wagering in the province continues to decline. The industry needs to return to a model where racetrack owners and horse people share information and revenues fairly, and the tracks are incented to grow the industry once again. There has been a complete lack of transparency and accountability within—

**The Chair (Mr. Stephen Crawford):** Thank you very much. We're actually just going to go to the government side for questions. Ms. Skelly.

**Ms. Donna Skelly:** I'll let him take it from my time.

**Mr. Brian Tropea:** There's been a complete lack of transparency and accountability within the horse racing industry since 2012. That is unacceptable and must be addressed. Horse people need to have a clear understanding of the circumstances upon which they must rely in order to invest. We request that the government put together a

group to evaluate the current situation and develop a plan that will ensure fair distribution of revenues and allow the industry to flourish once again. Thank you very much.

**The Chair (Mr. Stephen Crawford):** Okay. Any further questions from the government side, or comments?

**Ms. Donna Skelly:** Yes.

**The Chair (Mr. Stephen Crawford):** Ms. Skelly.

**Ms. Donna Skelly:** Thank you. I've known Brian—it's nice to see you—for a number of years and, in fact, started working with the horse people when they did cancel the Slots at Racetracks Program back then. Since that cancellation, a leaked memo came out—I remember reading the memo. It was a Liberal memo stating that “if we cancel this program”—which they did—“we would see 23,000 jobs lost and 27,000 horses euthanized.” Is it as bad as that?

**Mr. Brian Tropea:** It would have been as bad as that without the total devastation of the industry, as I said in my presentation. We've got 10,000 fewer people licensed to operate in horse racing. That doesn't take into account all the spinoff jobs, the people that don't have to be licensed who are working at farms around the province. You could easily estimate that there's another 4,000 or 5,000 people. So basically five Oshawa GM plants have shut down, and it doesn't appear that anybody seems to be—

**Ms. Donna Skelly:** It's not on their radar.

**Mr. Brian Tropea:** No.

**Ms. Donna Skelly:** In Flamborough, I've seen a number of training centres that have shuttered and farmers who have just closed and sold—actually, they haven't sold the farm; they've just left. As we know, some of them have actually moved out of the country.

Can you expand a little bit more on what you think we have to do. It's very confusing, but some deals have been struck. I know that the number of race dates at Flamborough is minimal at this point, but what is the situation currently and what do we really have to do, in your view?

**Mr. Brian Tropea:** I think, in my own opinion, number one, we need an acknowledgement that the industry is suffering and we need a commitment to get it back to what it was again. That includes the starting point as having full access to all the financial information that we need to properly evaluate where the revenues are coming from and how they're being allocated within the industry. I believe it's quite possible that there's already enough money coming to the industry; it's just not being properly shared amongst the participants.

**Ms. Donna Skelly:** Distributed equally—or at least what you believe would be a more reasonable, equitable disbursement of the—

**Mr. Brian Tropea:** An equitable disbursement of the funds, absolutely.

**Ms. Donna Skelly:** Okay. And if you could just perhaps paint a picture of how devastating this has been to the industry. I mean, I've known people who have suffered tremendously. These are some people without skills in any other trade, and they've lost everything.

**Mr. Brian Tropea:** Yes. It's as bad as I know people who have committed suicide over it. I hate to say that, but

I know a young gentleman from the Windsor area who posted a video and said, “I hate to think of what’s going to happen if horse racing dies.” They closed the racetrack down, and he killed himself. There’s video evidence of that. People are desperate.

Nobody was getting rich under the old Slots at Race-tracks Program. Horse people are always after the next champion, and whatever they earn, they increase the quality of their bloodstock. They buy a new truck, they buy a new trailer or they improve their farms. Nobody takes vacations. It’s a 365-days-a-year job. Unfortunately, we went from racing the prize money that horse people had available to them—on the standardbred side, it was about \$180 million a year. Now we race for \$90 million a year. Basically, it’s half of what it was back then, and we couldn’t get rich then. Typically, it’s people—

**The Chair (Mr. Stephen Crawford):** Thank you very much. We’re going to move on to questions from the opposition side. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you, Chair. In the interest of full disclosure, I bet money and lost money on Mr. Tropea’s horses.

**Mr. Brian Tropea:** You can tell them about the wins too.

**Mr. Percy Hatfield:** Yes, but it would be a shorter conversation.

You stated that when you met with Mr. Ford during the campaign, he said, “If it’s a bad deal, don’t sign it. Help is on the way.” Have you been able to connect with Mr. Ford since the election to have a discussion about the future of harness racing in Ontario?

**Mr. Brian Tropea:** Not formally, no.

1550

**Mr. Percy Hatfield:** I would say to the members of the committee that Mr. Tropea has asked for a group to be formed to examine the state of harness racing in Ontario. I would encourage—with Donna’s background, especially—to promote that, to allow the little people in horse racing in Ontario—the little people are the horse people in standardbred. They’re not the thoroughbred people; these are the people who live in rural Ontario, have farms in rural Ontario and keep business going in rural Ontario. Because of the Woodbine Entertainment Group controlling the entire industry, they can’t get a foot in the door to say, “Look, folks. You’ve got to listen to what’s going on,” and hopefully make some changes because these people are being stiffed, and it’s not a good thing. I hope that at the end of the hearings at some point you go to the powers that be and say, “Can we have a meeting? Can we form a group? Can we examine what’s going on?” I know Mr. Tropea would support that. Would you not, sir?

**Mr. Brian Tropea:** Absolutely.

**Mr. Percy Hatfield:** Thank you.

We have seen in Windsor the total devastation of our harness racing industry. We lost our track. It was demolished, as Brian has said.

I go to Leamington in the summertime at the fairgrounds—not-for-profit. Can you tell the committee the handle that the dedicated supporters of the industry in the

Leamington area bring in on their betting compared to the other smaller tracks in Ontario?

**Mr. Brian Tropea:** Yes. Their live handle, actually, is probably second in the province, despite the fact that they’re racing in an antiquated facility that really is a fairground-type facility. They get tremendous community support, and they always have had. Windsor was always the second-best betting market in the province. Unfortunately, if we want to grow the industry again, there should be a racetrack—a professional racetrack—in that area of the province.

Just to expand a little bit on the devastation of Windsor and the economy: There were 350 people who lost their jobs when they closed the slots down at the racetrack. The horse racing industry was devastated. On top of that, it cost the government \$20 million a year in profits that they were earning from the slots that were located at the racetrack.

**Mr. Percy Hatfield:** And that was 250 or 300 people at the slots but another 3,000 people at the track.

**Mr. Brian Tropea:** Absolutely, yes.

**Mr. Percy Hatfield:** And at the time, they were competing with tracks in Michigan that are no longer there.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Percy Hatfield:** Would that even prove perhaps more beneficial—bringing the Americans back over for harness racing in our part of North America?

**Mr. Brian Tropea:** Yes; I would say, absolutely. Unfortunately, Ontario seems to be going down the path that Michigan went when they got rid of the dedicated regulator for horse racing in Michigan. They moved horse racing under the gaming commission, and it wasn’t long after that happened that there was no more racing in Michigan. There are maybe 20 days of racing now. I used to race over there all summer. They had four or five year-round racetracks in Michigan.

**Mr. Percy Hatfield:** One final point: If the track loses the slots in London and the slots go to a new casino, what will be the long-term impact of harness racing in the London area?

**Mr. Brian Tropea:** From the reports that we’ve read in the paper, it could be the end of racing in the London area.

**Mr. Percy Hatfield:** Another track gone.

**Mr. Brian Tropea:** Yes.

**Mr. Percy Hatfield:** Thank you very much, Brian, for coming in.

**The Chair (Mr. Stephen Crawford):** Thank you very much for your presentation. We appreciate it.

**Mr. Brian Tropea:** Thank you very much for having me.

#### CHATHAM-KENT CHILDREN’S SERVICES

**The Chair (Mr. Stephen Crawford):** I’d like to call up our next presenter, Chatham-Kent Children’s Services. Welcome to the finance committee. If you could please just state your names for the record, and you can get right into your presentation. I’ll give you a one-minute warning when your time is almost expired.

**Ms. Terri Thomas-Vanos:** Thank you. Terri Thomas-Vanos, Chatham-Kent Children's Services. Thank you for hearing from us today and for your efforts to make Ontario even better.

My name is Terri Thomas-Vanos, and I'm the executive director of Chatham-Kent Children's Services. We're an integrated children's service agency providing child welfare, children's mental health, developmental services and youth justice. We support youth between the ages of birth and 18 years of age, and their families. This unique model positions us well to offer a range of supports and resources in one centralized location.

I want to share with you the realities facing so many of the kids that our agency sees on a daily basis. Kids and families in Ontario are waiting way too long for mental health help. In Chatham, as a result of some innovative thinking and unique partnerships, we're able to offer assessment and counselling services in a timely manner. We have a relationship with Chatham-Kent Health Alliance, where we have staff working out of their emergency department who are able to assess and direct young people right to community-based mental health services at our agency or admission to in-patient psychiatric care, if warranted. The challenge is that the funds are eroding, and as a result, so is this responsive service.

Where we need to improve and are ready to respond with the investment in mental health promised by the government is in the area of local, intensive services, with these supports that are needed by kids and families who are dealing with more complex mental health problems.

Due to a lack of financial resources, intensive services are not locally available. Youth with complex needs are relocated to Windsor or other out-of-community placements for a period of time, away from family and social networks that are inherent to their recovery and ongoing well-being.

Families express that they feel unsupported during times of crisis and often resort to hospitals for mental health services. Not only is this bad for kids and their families; it's costing us an extra \$220 million a year in hospital spending. On top of that, we know that parents report disruptions in their work and personal responsibilities when they are caring for an unwell child. Imagine the added burden of having to wait months for treatment, and then to have your child placed in a facility away from home when everyone is feeling so vulnerable.

We have a comprehensive, holistic, child-focused and family-engaged day treatment program ready to go in Chatham. It would save money and be better for the whole family.

Implementing Children's Mental Health Ontario's plan for \$150 million in new investments in community child and youth mental health would allow us to reduce our three-month waiting list for counselling services and launch this intensive day treatment model.

Additionally, an increase in the age of care up to 25, as called for by CMHO, would allow youth to resolve their presenting concerns without the need to transition to adult mental health services.

We have a unique opportunity—and responsibility—in the 2019 budget to make life tangibly better for infants, children, youth and families across Ontario, and to end the crisis in child and youth mental health. We look forward to working together with this government to make smart investments that will help Ontario kids with mental health issues go on to lead great lives.

**Mr. Evan Rogers:** Good afternoon. My name is Evan Rogers and I am a first-year social work student at the University of Windsor. I have had the opportunity to be a youth advocate in education and mental health services over the past few years.

As a former student trustee and a member of groups that advocate for the improvement of youth mental health services, I have seen many youth fall through the cracks of an imperfect system due to a lack of continuity and accessing a system that is running in crisis.

When I was 14, I started to feel different and saw myself spiralling downwards, feeling worse and worse each week. Being young, I didn't know where or who to go to. I struggled silently until my symptoms manifested to the point of declining grades, social engagement and general satisfaction of life. I reached out to gain support at age 16 and had to wait eight months before being accepted into youth counselling.

The service I received was high-quality, and it worked. That is a testament to the fact that many youth prefer face-to-face counselling and shows that ensuring direct service treatment funding is a priority in the budget.

I understand that the needs of an individual vary by person and that there is no perfect model for improvement, but ensuring that the promised funding is allocated to the core areas of success is imperative to effective use of taxpayer funds and effective results.

In my opinion, the age of 18 that youth can receive service up to, before needing to be transitioned to adult services, should be raised to 25. I personally had a negative experience of "aging out" of youth service when, due to lack of funding, my services were terminated and my full treatment plan was not completed.

I believe that there are many aspects to well-being, and one of them is family relations. Due to the termination of my social worker, I was not able to work on the one thing that I desired entering treatment: a meeting with my dad to discuss how we can grow our communication and understanding skills together. This left me confused and upset, not knowing what my next steps were to receive the help that I desired. Thankfully, because of counselling, I was in a position in my life where I was able to cope with the change and move forward without suffering outstanding effects.

I know that this is not the case for many youth, who are left in a crisis state in a system that is itself operating in a crisis mode due to a lack of funding and appropriate measures. I, along with many others, share the opinion that if the age of fundable service was raised to 25, the percentage of youth who recover and don't require further service would decrease year over year. By this, I mean that the number of youth aged 18 who still need service at 19

will be higher than the number of youth at 19 who still need service at 20. The economic and societal benefit of raising the age of service would outweigh the initial cost of adjusting the funding model for youth mental health.

1600

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Evan Rogers:** Another benefit of raising the age is that it would allow already vulnerable youth a smoother transition into one of the scariest times of their life: becoming an independent, contributing adult.

One already tested method, that I feel would be valuable to explore the possibility of expanding provincially for a range of ages, is community-based day treatment. This would allow youth to remain in their communities while still receiving the services they require and deserve. Allowing youth to remain in their community ensures they will recover quicker and better.

We all do better when we all do better, and I wholeheartedly believe that with, at minimum, the promised amount of funding for mental health in Ontario, society as a whole will thrive at an increasing rate each year.

I would like to end by thanking you for the opportunity to speak, and I fully hope that the government recognizes the importance of funding mental health to ensure better outcomes for youth, families and communities. Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We're going to start with questions from the opposition side. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for being brave and coming in and giving us your story. Thank you as well for coming in.

Earlier, with a previous delegation, I talked about Maryvale in Windsor, which looks after our children and youth with mental health issues, and pointed out that under the Liberals, there was not one penny of an increase in base funding for 15 years, so they had to do broad fundraising. The demand, as you know, keeps going up in mental health. So we're hoping, with the government announcement and federal funding, that that will be improved.

We've seen—and Sol knows this more than anyone—the number of young people committing suicide in his part of the province, in greater numbers in the Far North, but right across the province, we're seeing younger people, 11 years old, 12 years old, with mental health issues not being addressed and taking their lives.

I meet with parents on a fairly regular basis—my staff more than me, but I meet with them as well—whose children have attempted suicide recently because they're not getting the government support that was promised. For programs that they were accepted into in June, no money has yet come forward. Last week, one of them tried to take her own life.

Thank you very much for coming in. I just want you to know that your voices are being heard.

The government says that they have programs. We expect and will hold them to account for the release of those funds and the expansion of those programs. I just wanted you to know that.

I don't have a question, but I know other members of my caucus do. Thank you.

**The Chair (Mr. Stephen Crawford):** Ms. Shaw.

**Ms. Sandy Shaw:** Thanks, Evan. We've been hearing a lot of testimony today very similar to what you're talking about: the horrendous wait-lists, the need, the lack of funding. But one of the issues is that children—I even hate saying that expression—are aging out. It's an awful expression, to be honest with you.

You come here with a very concrete proposal, and this government is looking for ways to make systems more effective. I thank you for that.

You were already very thorough, but is there anything that you didn't say about what the impact would be, not so much on the cost savings but on families, when you have that smoother transition, and there isn't this fall off the cliff at the age of 18?

**Mr. Evan Rogers:** Yes, absolutely. I know that when youth are coming to—16 to 18 is the start of the transitioning planning. That is a very rough time, because there are a lot of changes going on personally with kids, and it leads to increased stress on the parents, worrying about, "What is going to happen to my child, my children?" It can cause them to have to take days off work and not be able to contribute to their job as they so desire to. And it spreads out. It's a systemic issue of youth just dropping off a cliff, and then having to wait that wait time again for adult mental health.

I'm at 10 months right now for adult mental health, because my birthday was in April. Maybe it's nine months; my math's not that great. In mid-April, it will be a full year of no service for me.

**Ms. Sandy Shaw:** I'd just like you to know that in addition to that, one of our New Democratic colleagues has a private member's bill that's looking to have a hard wait-list of 30 days. That is the maximum that children would wait for mental health services.

We're all, in our own way, trying to come up with solutions to address this. I think you've made a great contribution here with that suggestion.

**Mr. Evan Rogers:** Thank you.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you very much. We're now going to go to the government side for questions. Mr. Cho.

**Mr. Stan Cho:** Thank you very much for your presentation, Terri and Evan. I echo Ms. Shaw's sentiment when we say that this was a very thorough presentation with some concrete examples of where you would like to see the mental health funding go, so thank you for that.

I would like to probe a little deeper, Evan, in your story, if you don't mind. You said that when you were a young man, it had a big impact on your life. Can you talk me through some of the most memorable help that you received?

**Mr. Evan Rogers:** The first memorable help—and it's the first impact that an agency or service provider can have on youth—is the intake. When you start in whatever system, because there are different states, the intake, the triage, is the first impression that you can make. I fully

believe that putting measures in place to have youth seen within 30 days for sure, absolutely, is very needed, and making sure that there is appropriate funding for that initial first contact.

I took my friend to the emergency room last Monday because she tried to take her life. The doctor, who—nothing against her. She said, “I think it’s normal that you’re feeling this way.” More training leads to a better impression and better things being said to start with. That was very memorable.

Once I actually started receiving this service—it is proven that face-to-face counselling is where the biggest impact is on youth. That was the biggest part over about the eight months that I received service.

**Mr. Stan Cho:** That’s interesting. Thank you for that. These problems don’t exist in vacuums, and I think we all agree on that. Your friend showing up to the emergency is tragic because, unless you hurt yourself, they’re not going to see you there, and that clogs up services for everybody else who really needs the doctors. That’s what we’re trying to address here.

Talk more about the community-based treatment that you’re seeking. What would that look like?

**Ms. Terri Thomas-Vanos:** Day treatment?

**Ms. Sandy Shaw:** Yes.

**Mr. Stan Cho:** Yes.

**Ms. Terri Thomas-Vanos:** Day treatment is often an intervention for children and families who have more complex mental health needs. It’s a model that works in partnership, actually, to increase its efficiencies. Often it’s partnered with a school so the child maintains their daily routine, because that’s critical to wellness and future goal attainment. It works holistically, not just with the child in isolation with their issues, but it works systemically with their family to make sure that the environment the child returns to or stays in is also functioning very well, so that it can sustain the improvements that the child is experiencing through their treatment.

There’s an academic component, there’s a family component, and there are life skills, social skills, individual and group counselling. It takes a very holistic approach to a family system and works to help that family access other resources—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Terri Thomas-Vanos:** —and connect with other community-based services that might further advance their well-being overall.

**Mr. Stan Cho:** I have some other questions, but we’re running out of time, so I’ll be very brief. Are you leveraging technology? Are you using that at all to reach these—

**Ms. Terri Thomas-Vanos:** It’s funny; Evan and I were just talking about that. We use technology through telepsychiatry. For families that would need access to a psychiatrist, we certainly employ that strategy. We do use Skype in some situations. We do use text and email communication, so, yes.

**Mr. Stan Cho:** Do I have time for one more here?

**The Chair (Mr. Stephen Crawford):** You have 30 seconds.

**Mr. Stan Cho:** Tech is part of it. It’s a different world. I didn’t grow up in this world where technology is in your hands when you are a child and people see other people’s lives. I understand that contributes to it. I applaud that you’re using technology and I encourage you to continue to use that.

You mentioned \$220 million in potential savings in the health care system. We’re out of time. I would love you to get in touch with my office to send me some of that information so we can use it.

**Ms. Terri Thomas-Vanos:** Happy to do that. Thank you.

**Mr. Stan Cho:** Thank you very much, Terri. Thank you, Evan.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We appreciate you coming here today and presenting.

**Ms. Terri Thomas-Vanos:** Thank you.

**The Chair (Mr. Stephen Crawford):** We’ll now move on to our next presenter, the Ontario Chiropractic Association.

*Interjections.*

**The Chair (Mr. Stephen Crawford):** Do you want to move to the next one? All right.

1610

#### ALZHEIMER SOCIETY OF ONTARIO

**The Chair (Mr. Stephen Crawford):** We’ll move to the next presenter, the Alzheimer Society of Ontario. Good afternoon, and welcome to the committee. If you could just please state your names for the record, and you can get right into your presentation.

**Ms. Lisa Salapatek:** Lisa Salapatek.

**Ms. Phyllis Fehr:** And Phyllis Fehr.

**Ms. Lisa Salapatek:** My name is Lisa Salapatek, chief program and public policy officer of the Alzheimer Society of Ontario. Thank you for the opportunity to present today. With me is Phyllis Fehr, a passionate advocate and friend of the Alzheimer Society, and a person living with dementia.

We are facing a harsh reality. By next year, more than a quarter of a million Ontarians will be living with dementia. They deserve the best life possible with dignity and quality care, but far too often, they lack the supports they need. The system is confusing for families, care partners are burning out, and unnecessary admissions to hospitals and long-term care are wasting tax dollars.

Cost-effective investments that enable people living with dementia to remain at home are vital to help solve the challenges of hallway health care and long-term-care capacity. They are also essential for the quality of life of Ontarians impacted by dementia.

**Ms. Phyllis Fehr:** It is a welcome opportunity to be here today. It gives me hope that I and others living with dementia will be able to live well with Alzheimer’s.

I first started to see symptoms in my late forties, and, being a registered nurse, I had a good idea about what those symptoms might be. I knew that getting an early diagnosis and intervention were key. But getting a formal



diagnosis was a long and challenging process. It did not come until I was 52.

At that point, the physician no longer spoke to me but, instead, spoke to my husband, Tom. Tom wasn't given any advice or referral to supports or services. Tom wasn't offered any hope. We were told, simply, to go home and get our affairs in order. It was like being kicked in the stomach.

By the time I received the diagnosis, I was in a fog. I was having difficulty finding words and multi-tasking, and I began to withdraw from social activities. I could lose my way easily, even in a grocery store. But I was one of the lucky ones. Medication helped me, and it helped get me out of the fog. I was able to return, somewhat, to my former life.

Yet a lot has changed, not only in my own life but in my family's. Just as I was prescribed a new identity when I received the diagnosis, so too was Tom, who in that moment became not only a husband and father but now a care partner too.

Over time, Tom has taken on more and more household tasks that I can no longer manage. Tom has made my care and well-being a priority, even when struggling with his own health. This is what being a care partner is. It's sacrifice. It's changed relationships. It's a new job that you were never trained for or prepared to do. Tom is my greatest supporter, but he, as a care partner, needs to be supported too.

It took a year before I finally found the Alzheimer Society. Can you imagine how others without a medical background manage? The Alzheimer Society brought hope, but this hope should have come sooner. First Link is an Alzheimer Society program that works to connect people early—ideally at the point of diagnosis—to their local Alzheimer Society. Once registered, people with dementia and their care partners are connected to the supports, education and community services they need. Without support from the Alzheimer Society, I don't know where I or my family would be.

Getting a diagnosis of dementia is hard. Without supports, it's harder. When people receive the support they need, are connected to services and are provided with education about their diagnosis and what to expect, they do better. Like me, they can live full, active, healthy lives and remain independent longer.

With the right supports, we can change the journey for those living with dementia. Almost every Ontarian's life has been touched by dementia—maybe even some of you in the room today. We all want and deserve to live well, and with your support, we can.

**Ms. Lisa Salapatek:** Our recommendations today are centred on the supports needed to help people living with dementia remain at home as part of the community.

There are three key priorities that will have the greatest impact:

- first, system navigation through the Alzheimer Society First Link program, which Phyllis has spoken about;
- community programs and services delivered by local Alzheimer societies; and
- respite for care partners.

It is well recognized that early diagnosis and early intervention can improve quality of life and care partner capacity, and can even slow the progression of dementia. Every family in Ontario facing a dementia diagnosis should have access to Alzheimer Society First Link, the only Ontario-wide program that helps families connect to the dementia supports they need as early as possible, before they reach crisis.

An increase in annual funding from \$2.9 million to \$4.8 million is needed in 2019 to meet the demand for front-line First Link staff in local Alzheimer societies. First Link care navigators provide direct services to families, including individual care plans, system navigation and referral to services across providers and sectors. Families often describe First Link as their lifeline after diagnosis.

Our second priority is to ensure that the essential programs and services provided by local Alzheimer societies are protected and included as an essential component of the dementia care system as it evolves in Ontario. Our 29 local societies deliver services including care partner education, individual and group counselling, and support groups. Studies have shown that this particular combination of services can delay long-term-care placement by more than 11 months.

The typical annual cost for a local Alzheimer society to provide these services to just one client is \$1,100. This investment could result in 11 months of long-term-care cost savings to government. At \$150 a day, this adds up to \$50,000 in savings just for one client.

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Lisa Salapatek:** Alzheimer Society services are a smart investment.

Respite for care partners is our third priority. Nearly half of dementia care partners experience distress, and many face depression or other illnesses. Others are forced to leave their jobs. This impacts the financial security of Ontario families and the overall economy.

Better access to quality dementia-specific adult day programs and home care is needed. Wait-lists for adult day programs can be as long as six months. Red tape can mean that people are not eligible for the home care that they need. The Alzheimer Society is committed to working with the government to create a more efficient and effective dementia care system that works for Ontario families. Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much. We're going to start with questions from the government side. Ms. Skelly?

**Ms. Donna Skelly:** I want to thank you both for being here. Phyllis, I just have to say how in awe I am of you.

I met Phyllis a couple of weeks ago in Hamilton, and she shared her story.

It takes such courage to share such intimate details of what you're going through. I'm so impressed with your strength to continue to advocate on behalf of people who are living with Alzheimer's, and their families.

But I'm not going to take any time. Jeremy, MPP Roberts, has a particular personal interest in this issue as well, so I'm going to give it over to him.

**The Chair (Mr. Stephen Crawford):** Mr. Roberts.

**Mr. Jeremy Roberts:** Again, just echoing my colleague's comments, thank you for being here today, and thank you, Phyllis, for sharing your story.

I have the unique distinction of being the second-youngest MPP but representing the riding with the largest seniors population in Ontario—the second-largest in all of Canada, next to Victoria. They seem to be stealing our seniors; it's something about the nicer weather.

Obviously, dementia and Alzheimer's are something that has come up time and time again for me and my constituency office, so I actually tabled my first private member's bill, the Caregiver Recognition Act. The idea behind this is that it encourages government to start taking into account the health of caregivers when they're considering government policy.

I'm just wondering if either of you, or both of you, could share some more thoughts on how important it is that there are wraparound supports around the caregivers as well—obviously, we know that there are significant challenges facing the individual with Alzheimer's, whether it be that or it's an individual with a disability or fighting a chronic illness, whatever it might be—making sure that those caregivers get the support that they need.

**Ms. Lisa Salapatek:** Absolutely. I think that when looking at a diagnosis such as dementia, it really is something that affects the entire family. Taking care of the family caregiver is so incredibly important.

Some of the things that we find make the biggest difference when it comes to dementia—and I spoke to it a little bit earlier—are early connection and early support. If the condition progresses and the family is not prepared, equipped and trained to be ready for that caregiving role, what can often happen is that the family will reach a crisis situation. That's where we see people having no choice but to go to the hospital emergency department, spending unnecessary time in ALC beds within the hospital because they may be waiting to be on a long-term-care wait-list.

**The Chair (Mr. Stephen Crawford):** One minute.

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**Ms. Lisa Salapatek:** What we find is that when care partners are educated from day one, they understand the diagnosis, the condition, they can prepare for the future, and it really can help them with not just some of the hard skills they may need, to be able to be a supportive care partner, but also in their own self-management, to keep themselves healthy and able to continue caring.

Phyllis?

**Ms. Phyllis Fehr:** One thing I want to point out and make sure that you totally understand is that care partners are people who, in their own lives, have their own illnesses. If I look at my own husband specifically, he has diabetes, he has hypertension, and on and on it goes. Do you know what? With all the stress I put on him, what's that going to do to the rest of the other illnesses? It's going to increase them.

**Mr. Jeremy Roberts:** Thank you so much.

**The Chair (Mr. Stephen Crawford):** We're going to turn to the opposition side for questions. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for coming in. I and the member for Essex and the member for Windsor West met with our local Alzheimer society this week, and they had daughters there as well as a person living with dementia, and her husband, her care partner. It was stressed upon us—with the daughters especially, looking after their moms—that the moms used to look after the daughters as babies, and now the daughters are looking after their mom who is, in many cases, near that baby stage, right?

When you speak about the second priority that you have—the essential programs and services protected and included as essential components of the dementia care system—could you expand on that just for a little bit?

**Ms. Lisa Salapatek:** Absolutely. When someone is connected through the First Link program to a local Alzheimer society, that's the first step in understanding what range and services are available and appropriate for them. But then First Link needs to be able to refer to those other programs and, more often than not, it is a local Alzheimer society and those programs that are serving the family.

Some of the essential programs: Care partner education is often one of the first services that will be accessed, so that people are better equipped to understand the future and that care partner role.

Support groups are also another incredibly important element of it. Whether it's a person living with dementia, or their care partner, that ability to connect to others who are going through the same experience can often lift the feeling of isolation that might otherwise start to cut them off from social interaction and being able to understand that life can be okay and there can still be meaning in life beyond the diagnosis.

Third and extremely importantly is the individual and group counselling that takes place. That's something where we have very specialized staff in local Alzheimer societies who work one-on-one with families, assessing their needs not just on that day, but checking in with them six months later—because things can change—working with them to build a care plan and connect them to the supports and services they need, and also helping to play a role in coordinating with other partners in the community that are also delivering services, or medical professionals, to make sure that they have all of the bases covered in terms of the health care they need as well as the social care and supports.

**Mr. Percy Hatfield:** I think we're all aware of the tsunami that we're facing, as we age, with dementia. More and more people are going to have it in the years ahead. What value do you see in government money going towards research now, to help prepare us for that tidal wave that's about to hit us?

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Lisa Salapatek:** Research is also an incredibly important part. The Alzheimer Society of Canada, which Ontario contributes to, leads our national research program, which looks at not just hoping to find the cure, which is obviously our ultimate goal when it comes to Alzheimer's, but also, they're shifting their research focus

more and more to quality-of-life-based research, to better understand what types of interventions can make the biggest possible difference in the lives of both people living with dementia and their care partners.

**Mr. Percy Hatfield:** My mom is 95. I took away her car keys a couple of years ago in Newfoundland and put her in a retirement centre. She can't remember what she had for breakfast or lunch, but she says, "It must have been good; I ate it all." But if I ask her about growing up in Newfoundland, she has got it down. Short-term memory: "Did you talk to my brother today?" "No, I don't think so." And yet, he just got off of the phone. I mean, it's that bad.

A lot of us will be facing dementia, and I thank you for coming in and presenting, because we know more government money is needed as we face these coming years. Thank you very much.

**Ms. Lisa Salapatek:** Thank you.

**The Chair (Mr. Stephen Crawford):** Thank you very much.

**Ms. Phyllis Fehr:** Thank you.

#### ONTARIO CHIROPRACTIC ASSOCIATION

**The Chair (Mr. Stephen Crawford):** I'll call up our next presenter, the Ontario Chiropractic Association.

Welcome to our finance committee. We look forward to your presentation. It will be up to a maximum of seven minutes—I'll give you a one-minute warning—and then we'll have questions. If you could just state your names for the record, and then you can proceed right away.

**Ms. Nancy Gale:** Okay, thank you. I'm Nancy Gale.

**Ms. Marg Harrington:** Marg Harrington.

**Ms. Nancy Gale:** Good afternoon, everyone. I'll say again, I'm Nancy Gale, the vice-president of strategic communications and stakeholder management with the Ontario Chiropractic Association. The association represents 3,500 chiropractors working in Ontario. Those chiropractors are largely small business people hiring employees in your constituencies, in your ridings.

I'm joined here this afternoon with Marg Harrington, who is our director of government relations, health policy and program development.

We want to pick up on something that your government has already talked about: Ontario is open for business, and people want to work. Yet sadly many hard-working Ontarians are forced into unemployment due to what are called musculoskeletal conditions. Those are MSK conditions affecting bones, muscles and joints. You may know it mostly for low back pain.

Before we start with the evidence of how we can help you save taxpayer dollars and end hallway medicine, I want to introduce you to two hard-working constituents, two patients.

Leroy Gallagher suffered a knee injury that caused problems in his back and neck and left him unable to work. I can't tell you the impact it had on his life, his sense of hopelessness. After receiving chiropractic care, he was at work as an electrician, when not long ago he could barely get off the floor. He was also dependent on government

assistance, and now no longer is on government assistance.

Next I want to tell you about Lisa Morris. Lisa suffers and suffered with severe low back pain for years. She made multiple visits to the emergency department, had many diagnostic tests, and she was prescribed opioids by her doctor, her physician. Tragically, Lisa became addicted. That's the face of many opioid-dependent patients today.

When Lisa received care through the Primary Care Low Back Pain program offered at her local clinic, she was able to receive a comprehensive physical assessment and hands-on treatment, all from a chiropractor. Lisa's back pain was resolved, and she received support from her chiropractor, in partnership with her pharmacist and prescribing doctor, to reduce her opioid dependency. I am so thrilled today to be able to tell you that Lisa is now completely off opioids, and she no longer visits the emergency department, all thanks to her local Primary Care Low Back Pain program in her community.

Treating MSK conditions can help save taxpayer dollars by getting hard-working Ontarians back to work. In Ontario, MSK conditions cost taxpayers over \$2 billion a year in medical expenditures, in addition to the loss in worker productivity and associated disability payments. Every year, over 400,000 Ontarians visit an emergency department with an MSK issue. In fact, back pain is one of the top four reasons why people visit the emergency departments in Ontario. Over 97% of those 400,000 patients are not admitted to hospital. They're sent home, sometimes with an opioid prescription.

What it contributes to in hallway medicine, having worked at hospitals for much of a decade, is overcrowding, hallway medicine, stretchers while they wait, no treatment, and finally go home.

#### 1630

Hospitals are not the place to treat MSK conditions. Tragically, back pain is also reported in over half of regular opioid users. Research reveals that in Ontario, back pain is the most common diagnosis for prescribing opioids by both emergency and family physicians.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain recommends non-drug approaches, such as manual therapies performed by chiropractors and other MSK practitioners, before prescribing opioids. The Primary Care Low Back Pain program launched by the Ministry of Health and Long-Term Care in 2015 provides MSK care in community settings.

Chiropractors, physiotherapists and other experts work with physicians and nurse practitioners to provide appropriate care for patients with low back pain in the community at much lower cost. Our Primary Care Low Back Pain programs work on an annual operating cost—no additional OHIP funding—so the cost per program is known, it's reliable and it's dependable. The program has no lengthy referral processes and no red tape. The program can be launched and scaled wherever it makes sense in the local community.

Today there are seven Primary Care Low Back Pain programs in Ontario—unfortunately, none in your ridings

today. What they also do is reduce unnecessary emergency department visits and diagnostic tests. They substantially decrease pain medication, including opioids. They improve patient outcomes so they can return to work, and they increase equitable access for services for vulnerable Ontarians.

The valuation of the Primary Care Low Back Pain programs, conducted by the Centre for Effective Practice—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Nancy Gale:**—found that 71% of physicians reported ordering fewer diagnostic tests, such as MRIs for patients, who were part of the low back pain program, and 94% of patients are satisfied or extremely satisfied with the assessment and treatment they received. I'd call that pretty great patient satisfaction.

Expanding the number of Primary Care Low Back Pain programs across Ontario will enable and help patients, like Leroy and Lisa and hundreds of thousands of Ontarians, out of emergency departments. The numbers are simple: The cost of an emergency department starts at, at least, \$500. Some 400,000 patients with MSK conditions visit those emergency departments, but 97% of those are not admitted. That means a total cost of \$194 million a year in payments and costs to the hospital, but no benefit to patients; no treatment for patients. Instead, if a patient visits a Primary Care Low Back Pain program in their community, they get a diagnosis, an assessment, an actual care plan and actual treatment, for a fraction of the cost of one ED visit. And if—

**The Chair (Mr. Stephen Crawford):** Thank you very much.

**Ms. Nancy Gale:** Thank you.

**The Chair (Mr. Stephen Crawford):** We've expired our time, so we're going to go to questions. We're going to start with the opposition side right now. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for coming in. Was there anything else you wanted to add just before I—

**Ms. Nancy Gale:** No, thank you.

**Mr. Percy Hatfield:** Okay, thank you. As you know, this committee is travelling the province. I'm the exception. I haven't gone around with them. They've been everywhere, and they are hearing from a lot of people, people who are making suggestions on what they'd like to see in the budget. So I'm asking you: What is it that you would like this committee to take back to Queen's Park and, when the government fashions the budget, what is it you'd like to see them include in there that would benefit your organization?

**Ms. Nancy Gale:** What our organization wants is the same as what the Ontario government wants and what Ontarians want, which is a better way of treating low back pain and other MSK conditions. What I would suggest and what I'd like them to take back is that if you increase the number of MSK treatable programs, like the Primary Care Low Back Pain program that has a set cost, you will see a net savings in the health system, you will see better treatment, you will see less hallway medicine and, hopefully, you would also see less opioid dependency and less opioid addiction. For every program that you put in, it's a known

cost and you will be able to see the savings in that hospital. So if you have a hospital in a constituency that is overcrowded, there is an alternative. If there are no alternatives in remote or other communities, this is a viable program. You can put it in a community health centre. You can put it in an emergency department. You can put it in a clinic or a family health team, and that's a resource that anyone can use without special referral.

**Mr. Percy Hatfield:** Was funding for chiropractic visits greater at one time than it is today?

**Ms. Nancy Gale:** I think, prior to 2004, chiropractors were part of the OHIP-paid system. They were delisted.

We are not asking for chiropractors to be put on OHIP. This is not about billing. It's a flat fee that's provided in this clinic. It's a simple cost and you'll know what that cost is and they provide care. So there's no additional funding to OHIP. That's not what we're looking for.

**Mr. Percy Hatfield:** I know that insurance companies are pleased that cannabis is now more readily available because it's weening people away from opioids. You're talking today about getting more people off opioids as well. We know that we have an opioid crisis in Ontario, in Canada and in North America, so if you could just expand a little bit on the value of how the services you offer could help the government understand the cost savings if you ween more people away from opioids.

**Ms. Nancy Gale:** Family physicians and emergency physicians will prescribe opioids for back pain because—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Nancy Gale:**—thank you—because they want to try to help. If you actually move the care upstream, meaning following the Canadian guidelines that before you prescribe a prescription, you take that non-cancer patient and provide care and treatment in other ways before you prescribe, then you're not actually hitting the opioid crisis, because there is care that is not a requirement. Much evidence will show you that on acute care—you're in a lot of pain following surgery—opioids work. But pretty soon, it has no benefit, and it's the addiction, not the treatment; it masks the pain, and that's where you get the addiction.

If you never offer it at the beginning and you can find for so many patients an option of treatment and quick, fast-treatment, then, in fact, you're not having to start opioids to begin with. They are devastatingly addictive.

**Mr. Percy Hatfield:** Thank you very much for coming in.

**The Chair (Mr. Stephen Crawford):** Thank you. We're now going to go to the government side for questions. Mr. Downey.

**Mr. Doug Downey:** It wasn't directly part of your presentation, but one of the things that I'm keenly interested in is auto insurance. I don't know if you have a perspective on the chiropractor's role in treatment as it relates to auto insurance.

**Ms. Nancy Gale:** We do. I'll ask Marg to speak to that.

**Ms. Marg Harrington:** Yes. Thank you for that question. Chiropractors provide a valuable contribution to the health care system by treating auto accident victims. It keeps them out of hospitals. They provide ready access.

They can diagnose, because chiropractors have the authority, like family physicians, to diagnose. They treat, and they get the pain resolved and the person back to work.

Chiropractors are small business owners. Auto insurance is a large part of their business. We are actively involved in working with government to help design a plan that reduces red tape and can streamline the delivery of fast care for patients to resolve their issues resulting from auto accidents.

**Mr. Doug Downey:** In the same vein, do you have any—and you may not right now, but if you do have any ideas in terms of your interaction with the insurance companies and just how the system flows or doesn't.

**Ms. Marg Harrington:** Our understanding is that the system is set up to be very adversarial. That costs a lot of additional money to insurance premiums unnecessarily.

If chiropractors are able to be more involved in decision-making regarding treatment plans, then there will be evidence-based treatment plans and the people can get better. That's all I can say right now.

**Ms. Nancy Gale:** We would be happy to provide additional detail to you directly, with real data.

**Mr. Doug Downey:** That's great. Thank you.

**The Chair (Mr. Stephen Crawford):** Any further questions? No? Okay, thank you very much.

**Ms. Nancy Gale:** Thank you for your time today. I know it has been a long day. We really appreciate it. It's very important.

**The Chair (Mr. Stephen Crawford):** Yes, we appreciate it too. Thank you.

#### HÔTEL-DIEU GRACE HEALTHCARE

**The Chair (Mr. Stephen Crawford):** I would like to call up our next presenters, Hôtel-Dieu Grace Healthcare. Good afternoon, and welcome to the Standing Committee on Finance and Economic Affairs. If you could just please state your names for the record, and you can get right into your presentation for up to seven minutes.

**Mr. Rob Moroz:** I'm Rob Moroz from Hôtel-Dieu Grace and CMHA Windsor-Essex.

**Mr. Patrick Kolowicz:** I'm Patrick Kolowicz.

**Ms. Sonja Grbevski:** I'm Sonja Grbevski.

**Ms. Terra Cadeau:** I'm Terra Cadeau.

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**Mr. Patrick Kolowicz:** Good afternoon. My name is Patrick Kolowicz, and I'm the director of in-patient mental health and addictions at Hôtel-Dieu Grace Healthcare in Windsor. I'm joined this afternoon by my colleagues Rob Moroz, Sonja Grbevski and Terra Cadeau.

I would firstly like to thank each of you around this table for the opportunity to lend our community's voice to the 2019 pre-budget consultation process with members of the Standing Committee on Finance and Economic Affairs.

Before I start my presentation, I just wanted to take a minute to talk about why I am up here instead of our CEO. It is important to HDGH that everyone plays a role in the planning, development and implementation of our

organization's vision. HDGH has a strong leadership team that is ready to work with government on these initiatives that will greatly improve service delivery within our community.

Each item I am going to talk about today will be highlighted in more detail in the document we are leaving behind.

To begin, I wanted to highlight the unique role that Hôtel-Dieu Grace plays in Windsor-Essex. As a non-acute community hospital offering services in mental health and addictions; rehabilitative care; complex medical and palliative care; and children and youth mental health, we are providing care in new ways and in new locations with our inter-sectoral partners. We are committed to doing our part to end hallway medicine and improve patient outcomes and the patient experience. Through innovative approaches to care, redeployment of resources and partnerships, we have been working hard to create a healthy community, but these efforts alone cannot create the transformation that is needed. At HDGH, we know that there is no easy answer and that true transformation will require that all of us do our part in implementing effective, sustainable change.

Over the last five years, Hôtel-Dieu has been building relationships and trusted partnerships with community service providers. Going forward, these relationships will strengthen the work that HDGH is presenting today.

As such, we have identified a number of short-term—ready to go in 30 days—and longer-term opportunities—up to two to three years to implement. We are confident that they will reduce pressures on the emergency departments of our acute care partner and greatly assist in ending hallway medicine in Windsor-Essex.

Our 30-day plan is the development of a mobile outreach and support team, or MOST. In Windsor and across the province, the ongoing opioid crisis is an issue, and addictions are on the rise. As such, Hôtel-Dieu has partnered with the Canadian Mental Health Association, Windsor-Essex branch; Assisted Living Southwestern Ontario, or ALSO; and Family Services Windsor-Essex to develop MOST, which will serve Windsor's homeless population in the downtown core. This six-month pilot program is set to launch this month and will specifically address the mental health and addictions needs experienced by this vulnerable population. Services will include rapid assessments as well as the delivery of basic supplies, with the goal of connecting clients to wraparound supports.

In 2014, Hôtel-Dieu and CMHA Windsor-Essex signed a formal memorandum of understanding, or MOU, which formalizes our partnership. A number of initiatives have been put into place to create system efficiencies and cost-effective, client-centred strategies.

One of our biggest success stories through this partnership is the HDGH Crisis and Mental Wellness Centre, also known as the Transitional Stability Centre, where hard-to-engage individuals can walk in and receive immediate mental health assessment and wraparound supports. This

integrated interagency model of care is delivered outside of the walls of the hospital, and services are available daily between 8 a.m. and 8 p.m.

Over the next 60 days, we believe that with the recent changes to the Ambulance Act and regulations governing destination protocols, there is an opportunity to divert low-acuity mental health patients away from the ED and bring them directly into the Crisis and Mental Wellness Centre, where experts can provide the right care in a more appropriate setting.

In Windsor-Essex, long-term-care homes are under increasing pressure as they struggle to cope with the increasing demands of a complex patient population and a rise in dementia and challenging responsive behaviors. These pressures negatively affect the safety and quality of life for our patients, families and healthcare workers. As a recognized leader in this area, Hôtel-Dieu is frequently called upon by long-term-care homes and other community partners to consult on and assist with the most difficult cases.

However, more needs to be done. Over the next year, through the establishment of the behaviour stabilization unit at Hôtel-Dieu, we can provide specialized services to meet the needs of individuals expressing responsive behaviors associated with dementia, mental illness and/or neurological conditions.

Turning our attention to our youngest population: We know that youth addiction is a complex issue involving patients with diverse life experiences, personal circumstances, and needs and concerns.

A recent analysis of the local children and youth crisis pathway revealed significant gaps in in-patient treatment options, which often results in youth being inappropriately placed in adult treatment facilities. As the lead agency for child and youth mental health services in Windsor-Essex and a provider of mental health and addiction services across the lifespan, Hôtel-Dieu is uniquely qualified to provide youth residential services as part of a broader continuum of services. With minimal capital investment over the next year, our existing eight-bed residential unit could be repurposed to provide focused, time-limited substance use treatment for those with complex and/or chronic substance use, for whom community-based treatments have not been effective.

We hope to hear positive news about our application for a youth hub, which will be the core component of a seamless support system for the youth in our community who need mental health services.

Finally, our submission would not be complete if we did not look at the longer goal of really changing the delivery of mental health and addictions in Windsor-Essex.

**The Chair (Mr. Stephen Crawford):** One minute.

**Mr. Patrick Kolowicz:** Currently, mental health clients who are in need of urgent assessment and treatment present at one of the two acute care emergency departments at Windsor Regional Hospital. Given the acute focus of the current emergency department, clients who have an urgent need for assessment of a clinical psychiat-

ric nature often have delays in their assessment and treatment. These delays are also felt by the emergency health service providers, who experience off-load delays, thereby reducing the availability of emergency responders throughout the community. While our ED diversion strategy that I spoke of earlier will have a significant impact, true transformation of the system requires the establishment of an urgent assessment centre for mental health and addictions at Hôtel-Dieu. Providing assessments and observation of mental health patients, from child to youth to adults and seniors, in a more appropriate setting would result in a more efficient and effective system in Windsor-Essex with improved patient outcomes and patient satisfaction.

Additionally, the urgent assessment centre in mental health and addictions would now help patients from the acute emergency department and allow for a more focused and efficient approach to the—

**The Chair (Mr. Stephen Crawford):** Thank you very much. We've exceeded our time.

We're going to go to questions. We have four minutes from the government side. We'll start with Mr. Roberts.

**Mr. Jeremy Roberts:** Perfect. Thank you so much for your presentation and for making the trek over to Sarnia today. I'm quite familiar with Hôtel-Dieu, actually. My cousin Lisa Larocque is a nurse at the hospital, and my aunt Clare Larocque worked at the hospital for a number of years. I've had the chance to visit a couple of times just to see them in action—thankfully not for anything health-related.

We've heard an awful lot as a committee about mental health over the course of our travels so far. I think all of us on this committee are fairly convinced of the need for improving services across the province. Two things that I'd like to toss out to you guys: One, in terms of this new project at Hôtel-Dieu, is part of this to help centralize some of the services across Windsor to make it easier for access? I know in Ottawa, we're working on a one-door-for-care initiative at the children's hospital, so I'm wondering if this is similar to that. Then my second question, more broad: Our government committed \$1.9 billion to mental health. Where would you guys like to see those dollars allocated specifically in your area? What are the key priorities there? I know you've touched on a bit of that in your submission, but anything more granular you can get into? We certainly want to provide that feedback both to Minister Fedeli and to Minister Elliott.

**Mr. Patrick Kolowicz:** I can quickly start. In terms of the beds and the alignment of services, that's exactly what we're looking to do: improve access. Basically, what would occur is the 60 acute beds within Windsor Regional would move to the Hôtel-Dieu-based health care campus. In addition, we'd formalize the partnership with CMHA, so really, we would create a continuum of mental health and addiction services all the way from youth straight to seniors. The benefits of that would truly be reaped by the patients, including improved transitions of care, opportunities to move back and forth between levels of service that you may not get if you have services that

aren't co-located with one another. Truly, it will improve the care for the patients.

**Mr. Jeremy Roberts:** Both in-patient and outpatient services will be housed—

**Mr. Patrick Kolowicz:** Exactly. Yes.

In terms of the funding, from my perspective, mental health and addictions has been underfunded, so we welcome funding in mental health and addictions all the way from youth mental health, community mental health—there's a need there. Addictions across the life-span are severely struggling, and then concurrent disorders—sort of the bridge between the two.

**Mr. Jeremy Roberts:** Excellent. I appreciate that. Anything else—oh, sorry.

**Ms. Terra Cadeau:** That's okay. Just on the note of funding: We're encouraged to hear about the commitment to mental health and addictions. One of the things that I think is important is that—

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Terra Cadeau:**—in the past, there has been a sprinkling of small pockets of money. It's really difficult to make true system transformation when there are lots of little organizations—little buckets of money. We need to be really mindful. I think our organization, which has both partnerships in the community and with our acute care, is well positioned, not only as experts in the area of service delivery but also boots on the ground in terms of planning. So I think we just need to be really strategic in the way in which we deliver the money so that we can have true transformation.

**Mr. Jeremy Roberts:** Excellent. Thank you so much.

**The Chair (Mr. Stephen Crawford):** We'll move on to the opposition side. Mr. Hatfield.

**Mr. Percy Hatfield:** Thank you for coming in.

You talked about the sprinkling of money. What have been the investments in mental health in recent years versus the need we face in the Windsor area for mental health investment?

**Ms. Sonja Grbevski:** Most recently, we've had some increases in the children's portfolio. In the child and youth portfolio, we had an increase of \$500,000 in this previous year. With that, we were able to open up a lot more services and access to individuals and families that require us and have needs after hours. We also recently received \$100,000 for eating disorders.

**Mr. Percy Hatfield:** Thank you.

**Mr. Rob Moroz:** If I could add: There has also been funding in the community as well, but as Terra says, it comes piecemeal. We've had money for release from custody and early intervention. We've had money for safe beds and dual diagnoses. But they're coming in pieces, and also they're coming at the end of the fiscal year. So we're in a big rush now to expend those funds, but it's not continuing after that, as far as we know.

**Mr. Percy Hatfield:** Thank you.

To the members on the government side: Jeremy, you've been to the hospital. You probably didn't see the 89 vacant beds. The Liberals funded 89 beds but didn't

give them any money to operate the beds. So we've got 89 vacant beds that could be used for a purpose.

We campaigned on getting those beds. We didn't win. The Liberals had no plan. Have you had conversations with the government since the election on opening up those 89 beds?

**Mr. Patrick Kolowicz:** Currently, as part of the Windsor-Essex system transformation with hospitals, it was updated to include the strategy of bringing over the 60 acute care mental health beds, using existing infrastructure within our campus. Currently, that decision sits before government. In terms of the outcomes, we spoke to that in terms of the value of having those services aligned within mental health. We're hopeful that that decision will be entertained.

**Mr. Rob Moroz:** I think an urgent part of that—when we were talking about the mental health ED, which would be tied in with that—what's currently happening with our ER, and it's common across this province, is that mental health cases that go in there are often taking a lot of time, disproportionately to medical ones. We think if we specialize we can reduce the wait times in the emergency rooms overall, but more importantly they'll get the service they need right away. It may not be an admission, but because that determination could be made in a specialized ER, they'll get the service they need but they won't get more and they won't get less.

**Mr. Percy Hatfield:** How many mental health beds would be at the Ouellette campus, for example, that could be freed up for other purposes if all of the mental health beds were put into your location?

**Ms. Sonja Grbevski:** Currently, we have 68 acute care beds; 60 would be transitioning over to the Prince Road site at Hôtel-Dieu Grace and eight would remain with Windsor Regional Hospital as part of medical management.

**Mr. Percy Hatfield:** Are there any other plans associated with those 60 beds?

**The Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sonja Grbevski:** Just currently right now, the ask is to repurpose our current vacancies—the space that we have—versus asking for a new build. We believe that's being very responsible.

**Mr. Percy Hatfield:** To the committee: We're in the throes of trying to build a new hospital in Windsor. Part of that plan, as they readjust hospital jurisdictions, is that Hôtel-Dieu Grace would be responsible for mental health and Windsor Regional would be responsible for acute care. So those 89 beds—or those 68 beds, or however you want to count them—would be very important for freeing up space but also giving them a location to concentrate on the portfolio that they're going to be responsible for.

We're almost out of time. Is there anything else you want to add to the committee before you leave?

**Mr. Robert Moroz:** I will say one thing about the mental health ER. We did the planning with a lot of coordination of other parties, EMS people especially. It's really important to understand that when they go to the

current ER, they have to wait to download a patient who has to wait because a trauma came in. That could be up to seven hours for an ambulance that's tied up. We're really hoping that if we have a specialized one, they can come and drop off the patient, we accept that we're responsible for that patient right away, and code 7s are eliminated or reduced dramatically.

**Mr. Percy Hatfield:** Save a lot of money, improve the system dramatically—you're listening over there, right?

**Mr. Robert Bailey:** We're listening.

**The Chair (Mr. Stephen Crawford):** Okay. Thank you very much. We appreciate your presentation. That was very informative.

**Ms. Sonja Grbevski:** Thank you for the opportunity.

**Ms. Terra Cadeau:** Thank you for your time.

**The Chair (Mr. Stephen Crawford):** That concludes our presentations for today. We will adjourn until 9 a.m. in Kitchener-Waterloo tomorrow. We now call this meeting adjourned.

*The committee adjourned at 1654.*









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