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Pre-budget consultations

Consultations prébudgétaires

1st Session
43rd Parliament

Wednesday 15 January 2025

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Mercredi 15 janvier 2025

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Wednesday 15 January 2025

Mercredi 15 janvier 2025

The committee met at 1000 in the Holiday Inn and Suites Parkway Conference Centre, St. Catharines.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, and welcome to St. Catharines. I call this meeting to order. We're meeting to resume public hearings on pre-budget consultations, 2025.

Please wait until I recognize you before starting to speak. As always, all comments should go through the Chair.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes of the time slot will be for questions from members of the committee. This time will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members, and two rounds of four and a half minutes for the independent member of the committee.

ONTARIO MEDICAL ASSOCIATION
BROCK UNIVERSITY

The Chair (Mr. Ernie Hardeman): The first panel we have is the Ontario Medical Association and Brock University. As I said, you will have seven minutes to make your presentation. At six minutes, I will say, "One minute." Don't stop. At seven minutes, I will say, "Thank you," then you stop.

We also ask the presenters to identify themselves prior to speaking to make sure we can attribute the comments to the right name.

With that, we will hear the first delegation. It will be the Ontario Medical Association.

Ms. Kimberly Moran: Good morning, and thank you. My name is Kimberly Moran. I'm the CEO of the Ontario Medical Association. On behalf of Ontario's 43,000 doctors, I'm here to submit our recommendations for the upcoming provincial budget.

During COVID, doctors risked their lives. They worked 24/7 in extremely harsh conditions to keep all of us safe. Now they work in a health care system that makes it really hard to do the same kind of heroic work.

We've released 17 practical solutions to stop the crisis in health care. While I'll only highlight a few, it's imperative for sustainable change in Ontario that they're all adopted in the next provincial budget.

Two and a half million Ontarians are without a family doctor—a figure projected to almost double in less than two years. I know many of you hear from constituents who need help finding a family doctor. We applaud the Premier's announcement that everyone should have a family doctor within five years. Patients deserve this, and in the best health care systems in the world, everyone has a family doctor.

We also support the government's announcement of Dr. Jane Philpott to lead the Primary Care Action Team. Family doctors must work in teams of professionals such as with NPs, nurses. These teams are only available to 30% of Ontarians, and they must be available to everyone. Teams enable doctors to see more patients more quickly and ensure patients don't fall through the cracks. In family medicine, this means funding models that ensure doctors want to work in comprehensive, longitudinal family medicine.

Also, another solution is to address admin burden. Family physicians spend an average of over 19 hours a week on administrative tasks such as filling out forms, instead of seeing patients. By reducing administrative burden, more patients will be seen.

The situation in the north part of our province is dire. Frequent emergency room closures, too many northern Ontarians without a family doctor. and long surgical waitlists lead to worse patient outcomes and lower life expectancy. Too often, northern Ontarians need to travel long distances because of physician shortages.

Let me highlight one solution: The ability for doctors to work in multiple institutions in northern and rural communities is hampered by red tape regarding credentialing. The government can provide legislative direction to ensure this changes so doctors can work where they're needed.

Between July 2022 and June 2023, Ontario's emergency departments temporarily closed over 200 times; most were in rural and northern areas where family doctors do their level best to keep the departments open. This is unsustainable. Emergency department closures and wait times result from multiple factors, including a shortage of physicians, shortage of nurses, insufficient home care and community supports, and limited access to family doctors, amongst many other factors.

One solution to ensure emergency departments stay open is to create a regional on-call system province-wide,

especially in areas facing physician shortages. This will prevent closures, improve response times and reduce strain on overburdened EDs.

Did you know that often when specialist doctors perform complex procedures, they either don't get paid for it, they only get partially paid for it, and sometimes they can wait over two years to get paid? That's because the bureaucrats and the OHIP billing system are antiquated and can't keep up with the increasingly complex and life-saving surgeries our doctors heroically perform every day. We need you to cut the red tape and stop doctors getting bogged down by the bureaucrats, to make sure Ontarians have access to life-saving medical care.

Surgical wait times are also too long in this province. Sometimes you can wait over a year for specialized procedures, and too often, the reason for that is a shortage of anaesthesiologists. By equipping them with a team, they can oversee more surgeries so patients get their surgeries much faster.

Ontario needs to quickly embrace technology and innovation to make health care more patient-focused and efficient. The use of tools such as artificial intelligence, AI, to decrease administrative work will enable doctors to see more patients faster. The government needs to support the digital infrastructure that will reduce unnecessary administrative work—sometimes up to 19 hours a week.

In a recent pilot study, the use of AI scribe technology for clinical charting meant doctors had more than four hours a week of time back. This might not seem like much, but what that translates to over family medicine, family doctors working in comprehensive, longitudinal care, is over five million more patient visits. It's a big number.

We also strongly believe in the importance of working collaboratively to implement a centralized referral system. Did you know that most specialist referrals start with doctors communicating on WhatsApp to see which specialists are available? An easy solution is to have a province-wide referral platform, providing real-time data on wait times, specialist availability and resource capacity.

Reducing administrative burden allows physicians to focus more on patients, improve efficiency and satisfaction for both providers and patients.

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

Ms. Kimberly Moran: In conclusion, we believe that implementing these solutions will make an immediate and measurable impact on achieving the government's goal of connecting every Ontarian to a family doctor, reducing wait times and improving overall health outcomes. We're also going to ensure doctors can continue their heroic work.

As you can see, these issues are complex, and while we are grateful for the time here today, we know we can't share all our solutions in seven minutes. We remain committed to supporting these initiatives and working with the government to build a health care system that is a model of efficiency, accessibility and excellence. We look forward to our continued partnership in creating a healthier Ontario that everyone can be proud of.

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

We now will hear from Brock University.

Mr. Daniel Grubb: Good morning. I am Daniel Grubb. I'm the director of government and community relations at Brock University. Thank you very much for the opportunity to speak to the committee today.

To introduce ourselves: Brock University is a dynamic, comprehensive university with 19,000 students, rich academic programs and world-class research. At Brock, we are committed to providing a transformational student experience and producing high-quality, skilled individuals for the jobs of today and tomorrow. In fact, 96% of our graduates find employment—one of the highest rates of graduate employment in the province.

Created as a response to local and regional needs, Brock University has been a proud partner committed to enhancing the vitality and economic development of communities across Niagara. A regional and community-based institution, Brock plays an important role in the university ecosystem, in serving local needs and being a destination of choice for first-generation students.

We also strive to be an institution that is focused on student supports and providing more wraparound services for students who need them to be successful in their academic pursuits. Brock is renowned for our student supports, ranked highly for student satisfaction and first for mental health services in Maclean's magazine university rankings for several years in a row.

As Niagara's university, Brock is committed to enhancing the life and vitality of our local region and beyond, which is embedded in our strategic plan. Brock is the second-largest employer in Niagara, with an annual economic impact of $1.3 billion to Niagara's regional economy, corresponding to 10.1% of St. Catharines-Niagara GDP, revealing that we are integral to the prosperity and economic growth of the region.

Brock's courses, programs and faculties are geared towards meeting the needs of local employers as well as supporting the province's need for highly skilled, qualified labour. For example, last year, we just launched our new undergraduate engineering program, and we are the first university to be offering engineering programming in Niagara.

Brock is a leader in industry-led research. Our Cool Climate Oenology and Viticulture Institute, also known as CCOVI, is a research institute that supports Ontario's $5.49-billion grape and wine industry and has an annual economic impact of $91 million to the province.

We also have the Brock Validation, Prototyping and Manufacturing Institute, which is another research institute that supports the bioproducts, bioscience, bioagriculture and chemical manufacturing sectors in southern Ontario and works with businesses on solving their industry challenges.

Brock strives to offer a world-class 2025 education despite facing financial constraints. As a publicly assisted university, approximately 50% of Brock's revenues come from domestic tuition and grants.

On the operating grant side, Ontario universities receive the lowest funding per domestic student in Canada. Regarding tuition, the cut and freeze in 2019 has effectively taken us back to 2014 tuition rates and locked us into those rates from a decade ago. Brock and post-secondary institutions are not immune to inflationary expense pressures; as inflation has increased significantly over the years, this has resulted in higher costs to the institution.

This challenge has been further exacerbated by the federal government, which has imposed limits on another major source of revenue, which is international students. The federal government has now imposed two consecutive reductions to international students and damaged our global reputation for international education and ability to recruit students.

With domestic tuition frozen and international students capped, post-secondary institutions have limited tools available to increase revenues and deal with expense inflation. Simply put, post-secondary institutions cannot keep up with expense inflation while our primary revenue tools remain flat. Despite the tuition cut and freeze that started in 2019, that had an immediate $15.4-million reduction to our budget revenues, Brock has found savings and efficiencies to preserve a balanced budget each year. However, we can no longer keep up our financial position, as it has continued to deteriorate each year.

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Brock is not alone in our financial challenges. In the last budget cycle, 10 universities were reporting deficits, totalling more than $300 million, and Brock was one of these institutions, facing a $37-million deficit.

The financial challenges facing the post-secondary sector were confirmed by the government's own expert blue-ribbon panel's report, which stated that institutions cannot keep up with increasing costs while the tuition freeze remains, enrolment is capped and operating grants have not kept pace. Ontario universities are among the most efficient in Canada, and this was confirmed by the government's blue-ribbon panel report.

I do want to recognize and thank the provincial government for their substantial $1.3-billion investment in the post-secondary sector in budget 2024. This was significant funding and represents a crucial first step in addressing the funding gap. However, the funding is insufficient in addressing our long-term financial sustainability challenges and was short of the $2.5-billion recommendation of new operating funding from the blue-ribbon panel.

We are asking for the government to fully implement the recommendations of its own expert blue-ribbon panel. Post-secondary institutions like Brock are at the fiscal cliff and need immediate government action to address our financial sustainability. This will enable Brock to continue to deliver on our core mission to offer a world-class and transformational student education experience, undertake cutting-edge research and innovation, and continue to contribute to the needs of our local economy and beyond in the province of Ontario.

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

We will now start with the questions. I will start with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to both presenters—very informative.

Kimberly, I'm going to start with you. The OMA has done a very good job of staying connected with MPPs, proposing solutions to us which we in turn have also proposed to the government. I'm speaking specifically around the administrative burden that doctors have. This is low-hanging fruit, as far as we're concerned. This is something that can be done today. I want to give you a chance to really bring home this point—that this speaks to the quality of the work, actually, that doctors are able to do and improving access to doctors and more patient visits. Please go ahead.

Ms. Kimberly Moran: Over the last number of years, doctors have had to do far more administrative work than they have to do in the past. Part of this is a result of digitization, and it was one of those unintended consequences that happened. As well, we know our insurance companies are issuing more and more forms all the time, and what that's doing is taking precious doctor time away from patients and on to—behind their computers, which is not what any of us want them to do.

So we've been advocating, as you said, for a number of different ways to decrease administrative burdens. I do think a lot of it is low-hanging fruit, because it's less costly than many other options that we have. One we've talked extensively about is decreasing the number of forms and making them simplified. The Ontario government itself has a whole lot of forms that need to be changed and moved. The others are federal government forms—like the disability tax credit. They're all really important forms for patients, so I don't want to leave the impression that doctors don't want to do that, but—

Ms. Catherine Fife: But it takes a lot of time.

Ms. Kimberly Moran: It takes a lot of time. We've got to be far more efficient. There are ways to fix those forms to make it a lot easier for doctors.

Ms. Catherine Fife: Yes, I think that we should get the minister responsible for red tape on this job, because this is something that actually can be done.

I want to give you an opportunity to talk about the credentialing issue, because this has also been a long-standing issue. This committee has travelled extensively, at great cost to the taxpayers, and we've heard about the disparity in access to family physicians across the province. Just very quickly—the credentialing, and how can the government address this through budget 2025?

Ms. Kimberly Moran: Credentialing is an issue that stops doctors from working easily across different parts of the province, and we need the mobility of our doctors right now. What it needs is just legislative change. Right now, if a doctor wants to work at three hospitals, they have to go through three difficult procedures to get their credentials there. It's an easy legislative change to change that and make things much more efficient and easy for doctors to work across the province.

Ms. Catherine Fife: And doctors need this. Those are very good points.

Daniel, your theme that you brought to this committee today is consistent with other colleges.

In Ottawa, we heard specifically from Algonquin College, who really drove home the point that Ontario colleges are underfunded, to the tune of $6,500 per student each year, when you look at it across the country. The president of that college went on to say how it's impacting their ability to provide the programming that employers need and ultimately is watering down the quality because the operating costs have not kept pace.

You referenced that colleges are at a fiscal cliff and that you're urging the government to pay attention to their own blue-ribbon panel report, which is a very reasonable ask, I would say, because that report also cost a lot of money, and actually, the solutions are contained within that. Could you talk more about how this fiscal cliff for colleges is impacting the ability of the college to meet the needs of students and the economy?

Mr. Daniel Grubb: Thank you for that question.

So, just to clarify—

Ms. Catherine Fife: Oh, sorry. It was a university.

Mr. Daniel Grubb: —I'll speak from the university perspective.

In the blue-ribbon panel's recommendations, there was a recommendation of a 15% increase for base revenues and 4% each year thereafter. The government did announce a substantial investment in the last budget, which represented about 3% for the first year and 2% for each year thereafter, representing a clear, significant gap in the funding that's being provided for post-secondary institutions.

From a Brock perspective, our revenues increased. With all these new investments and other decisions, we were able to increase revenues by 1.4% in total. However, our expenses had gone up 3.3% in the last year, representing a clear, significant gap there. Unfortunately, the business of the university cannot continue to operate at a loss and provide the excellent and high-quality education that we provide for students on an ongoing basis on this current track. We'll have to continue to make decisions each year that unfortunately will have impacts to the operations of the university and the quality of the education that students receive as we continue to go down this path.

Ms. Catherine Fife: It's very clear that the post-secondary sector is hurting across the province.

Brock University, as you pointed out, has an amazing reputation for a variety of programs.

Some 75% of universities across the province are running deficits. Can you give me some sense if Brock University is running a deficit as well?

Mr. Daniel Grubb: In the previous budget cycle, we were facing a $37-million deficit, which, after the new funding and other measures, we were able to reduce to $10 million, and then from that point on we've had to dip into contingency reserves and also an in-year mitigation target to address the gap there. As we go into this next budget cycle, we are anticipating a significant deficit once again.

Ms. Catherine Fife: Do you have any capital projects that are on the books that are at risk because of the deficit position, like maintaining the infrastructure of the university?

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

Mr. Daniel Grubb: All of our current major projects are currently budgeted for. However, we do have plans for other projects on the campus that could be jeopardized based on our current funding levels.

Ms. Catherine Fife: You mentioned at one point that you were able to increase your revenue by 1.4%. How did you do that as a university?

Mr. Daniel Grubb: That would include the recent investments and announcements that did come from the provincial government in the last budget cycle as well as some other smaller-scale measures. That's how we were able to have that increase in revenue.

Ms. Catherine Fife: Well, thank you very much. I think your request for the government to address the operational funding deficit based on their own blue-ribbon report is very reasonable and rational, and we'll be bringing that forward as this budget process continues.

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

MPP Andrea Hazell: Good morning to both of you. Thank you for coming in.

I'm going to start off my questions with the Ontario Medical Association.

In our first budget hearing in Leamington, we heard from many health care sectors. They're coming forward with the same issues that you're bringing, and that's what we are facing in Ontario.

Even in my riding of Scarborough–Guildwood, there are 19,000 of us without a family doctor, so that's alarming.

For myself and my party, we came back this time, at Queen's Park, really pounding the hammer on how we have a health care crisis. We've got to get better. We know where funding is.

I don't know if you're going to get funding. But I don't want to ask you about funding today; I want to talk about your AI initiative. Can you take my time and talk about that? I need to see some light here. I need to hear some positivity. There are over 11,000 people who died waiting for surgeries. I know you talked about that as well—about the long wait-list. How can you see AI supporting these deficiencies for our people in Ontario?

1020

Ms. Kimberly Moran: As I said before, family doctors report working almost 19 hours a week on administrative tasks, when they really want to be in front of their patients. AI technology is one way that we can start reducing that. We did a test through our subsidiary, OntarioMD, and it showed that by using AI scribe technology, doctors actually save four hours a week. As I said, that sounds like not a whole lot, but when you multiply that out across all family doctors who are practising in comprehensive longitudinal care—

MPP Andrea Hazell: And you've got 43,000 members.

Ms. Kimberly Moran: That's right. It's about five million visits.

What AI scribe does is, when you are sitting with your doctor, the scribe is taking notes as you're talking. So it saves the doctor time by taking notes; all they have to do is edit them. But of course, there are all kind of privacy concerns. There are all kinds of technological pieces that have to be also supported with that. We are absolutely ready for that. It would be one of those game-changers.

In terms of surgical wait-lists, that is where we actually need human intervention. What I mentioned was that anesthesiology is often the bottleneck in the system for surgeries. There are just not enough anesthesiologists in the province, and you know it takes decades to educate an anesthesiologist. As a result, we recommend that the province scale up anaesthesia assistants; then, anesthesiologists can oversee multiple rooms when they're having surgeries. It makes good sense and will reduce that bottleneck.

MPP Andrea Hazell: Yes, thank you for putting that on the record.

I want to ask you about doctors performing complex procedures. They have to wait to be paid?

Ms. Kimberly Moran: I know; it's really amazing. Specialist physicians, some of our specialists who do the most complicated work—yesterday, I heard from a delegation of physicians from SickKids who do neurosurgery, the most important work that we could think of, saving children's lives. The OHIP billing system is so antiquated that not only are there not codes to put those in; the codes they try to use then cause it to reject from the OHIP billing system. Then they get bogged down in bureaucracy. So often, they never get paid. Sometimes they get partially paid. Often, it's like a two-year wait-time to get paid. These are our heroes. These are people doing amazing work. And we need to fix that.

MPP Andrea Hazell: Thank you for bringing that up in your presentation.

The Chair (Mr. Ernie Hardeman): To the government: MPP Oosterhoff.

Hon. Sam Oosterhoff: I want to thank and really acknowledge Daniel, and the OMA also, for being here and for your presentations this morning. It is really important that we hear directly from you about the people you represent—especially for the OMA, those who we are so grateful for, and their leadership and especially their service over the years through COVID and through so many other challenges.

My question is for Daniel. I, of course, started out at Brock and am proud to have been at Brock for a couple of years before transferring.

I want to thank you also for earlier this week. We've been together a couple of times this week now—earlier this week, with the Minister of Agriculture, Food and Agribusiness, touring CCOVI and the institute there and the work that you're doing to support our local grape and wine sector, but so many other sectors of our local economy. I think that is important.

I'm wondering if you can speak about that partnership that you've seen with the government of Ontario, in terms of supports for the agricultural side of what you're doing; specifically, the experimental farm. I know we announced last year $3.5 million for that experimental farm and what it does. Can you walk us through what that's going to mean to the local economy and what that project entails, and why it's important that those millions of tax dollars were poured into really groundbreaking research. and why that's an example of what Brock is excellent at?

Mr. Daniel Grubb: Thank you for the question, and thank you very much for being a champion for us here in the Niagara region. We really appreciate your support at the university and those visits, as you mentioned. We always are glad to host you on campus and show you the great things that we do for our community.

One of the more substantial announcements over the last year was the announcement of a farm-research-based institute at Brock University, for which we did receive funding from both the federal and provincial governments. The provincial government has contributed a $3.5-million grant to support our new farm-based research institute to launch a clean agriculture sustainability project, which will support the grape and wine industry here in Niagara.

The grape and wine industries face challenges with respect to disease in plants—the vines in the vineyards. Our research institute will be working closely with the industry on a clean plant program, which will ensure that the vines that are going into the vineyards are, first off, clean, but also, they will be growing domestic vines as well so that we're less reliant on foreign sources for our vineyards.

This is an example of how Brock University is supporting our local region and our economy, and through that work, this was identified as an industry priority, and we very much appreciate the provincial government's investment in support for that particular initiative.

Hon. Sam Oosterhoff: I'm wondering if you could use that as a bit of an opening, if you will, into the experiential, work experience aspects that Brock, I know, has really excelled at. I think of, for example, the nursing program. When I was first elected in 2016, I believe there were about 300 nursing students at Brock University. Today, you're at how many exactly?

Mr. Daniel Grubb: Today, we're at close to 800. We've doubled our nursing programs, in part, thanks to the provincial government. The provincial government did have a program where they allowed for an increase in enrolment in nursing programs to address health care staffing issues within the province, and the provincial government has come forward and allowed us to increase our enrolment in that program area.

We also did receive an investment from the provincial government through their Training Equipment Renewal Fund to support new nursing labs on campus, which create a simulation environment for our students to get modern approaches to learning, how to study, outside of a hospital

setting. It has been a wonderful investment here on our campus, and our nursing graduates have gone on to fulfill health care staffing shortages within the province.

They also have opportunities for co-op, for placements. As the MPP mentioned, the experiential learning opportunities through our partnerships across the region—Brock University has 14 formalized partnerships with organizations across the region, which create plenty of opportunities for our students for experiential learning, for co-op placements and service-learning opportunities within Niagara.

Hon. Sam Oosterhoff: The reason I want to ask about that is to allow you to elaborate on those experiential programs. I have a couple of academics in my family, and we love to make fun of them here and there, and they love to make fun of my liberal arts degree. That's perfectly acceptable and fine, and it's all in good taste. But the reality is that Brock University is the furthest thing from an ivory tower institution that's set apart from the needs of workers, the needs of business, the needs of the local community. You're really responsive to those needs. You react to those needs. Nursing is a great example of that. We had nursing challenges across the province, and Brock stepped forward, with support and investment from the provincial government, to more than double the nursing program. That's huge, right? That's an historic amount of investment, but also an historic number, now, of new grads coming out of that nursing program every single year—more than doubling that program so that we have health care human resources to address those challenges.

That's an example of what you're doing in so many other sectors as well, where you're pivoting, saying, "What does the local community need? What do local employers need? What do workers need in this economy? What do they need to be able to succeed in a changing and evolving economy?" I'm wondering if you could also talk about that in connection with your really respected educational programs here, and then also about why that engineering program is so important.

Mr. David Grubb: Thank you for that question.

Brock University offers teachers' education at our Burlington campus—we recently relocated from Hamilton to Burlington. We're the only post-secondary institution to offer teachers' education within the Golden Horseshoe. We are very proud of our reputation and the excellence of that program. Again, in that program, we have been able to enrol more students, thanks in part to the provincial government for allowing for those increases for the teachers' education program as we do fulfill that need. There is currently a teacher shortage in the province—which we are helping support and address those challenges.

As mentioned, the engineering program is also a new development at Brock University. We recently launched our new department of engineering within recent years, and then within the last year, we just launched our first undergraduate engineering program, in integrated engineering, starting with just around 30 students, which will be there to support local businesses. We're the only university in Niagara that is currently offering engineering, and this program was developed as a response to what we heard from local employers about the need for an engineering program here in the region.

1030

Hon. Sam Oosterhoff: Thank you.

Chair, I don't think I have much time. I was going to pass it along to my colleague from Ajax.

The Chair (Mr. Ernie Hardeman): You have 0.2 minutes.

Hon. Sam Oosterhoff: I'll stop there.

The Chair (Mr. Ernie Hardeman): We will now go to the official opposition. MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: I want to welcome our speakers today.

Kimberly—is it okay if I call you Kimberly?

Ms. Kimberly Moran: Yes.

Mrs. Jennifer (Jennie) Stevens: And Dan—we know each other very well. I'm going to start off with Dan, and then I definitely want to get over to the doctor shortages here in Niagara.

Dan, you mentioned that we are the second-largest employer in the whole Niagara region. What a wonderful thing we can say, that Brock University brings that kind of employment and keeps our small businesses and everything—downtown as well as within the whole region—fruitful.

However, I did speak with President Rigg on Monday, and I had a really nice conversation with her about the tuition fees and the freezing. You highlighted it a little bit, and I'm wondering if you could highlight what will happen to Brock University if the tuition freeze remains and no additional funding is provided from the provincial government. How long will Brock University be able to sustain itself?

Mr. Daniel Grubb: Thank you for that question. I can't answer that question—exactly how long we'd be able to keep operating.

However, what I will note is that the deficit is structural and continues each year. And each year, we continue to have to find savings to preserve a balanced budget. We have a balanced budget mandate from our board of trustees, which we were able to honour every year up until the most recent year, when we were facing that $37-million deficit, which we did reduce down to $10 million. Then, we've had to do other measures to address that $10-million gap for the last budget. And as we are heading into this budget, we are again anticipating a significant deficit. Unfortunately, we don't have many more levers left to address our structural deficit at this point in time.

Mrs. Jennifer (Jennie) Stevens: So it's really important that we follow the blue-ribbon panel's suggestions. I'm going to highlight that so the government will address that when we get back.

And now over to you, Kimberly—I welcome you this morning as well.

I want to speak about our doctors here in Niagara and what our municipal partners have had to do because the provincial government is not really coming up with really

good solutions, may I say. In our Niagara region, I know that all of our municipalities are offering incentives for new doctors—some ranging from $5,000, others up to $100,000, to retain doctors if they open a new practice and remain for five years here within the Niagara region. From an OMA perspective, is this working, or are you hearing from physicians in the Niagara area that this is a useful incentive offering?

Ms. Kimberly Moran: Thank you for the question.

I went to the Association of Municipalities of Ontario conference this year with my colleagues. We saw well over 150 municipalities there, and all of them are just bemoaning that they don't have enough family doctors and the crisis that's spreading across the province. They keep track of how many doctors are going to be set to retire, which is a lot, and they're worried about the patients they're seeing and being able to attract family doctors, then, to take over those practices.

We know that the data is really—and, I would say, making sure that we pay attention to it, that there is a crisis coming unless we intervene. That is, when we have two and a half million Ontarians without family doctors right now, the data shows that, without action, it will be almost four million within a couple of years. We have to avert that.

So I think that it is somewhat sad, I would say, that municipalities have to use their tax base to attract family doctors.

We need to grow the supply of family doctors. Wwe need to retain the ones that we have. We need to make sure that their administrative burden is down so they have as much time for patient care as possible. That's how we're going to solve the crisis.

Mrs. Jennifer (Jennie) Stevens: I agree with the administrative burden. That's like MPP Fife said—it's low-hanging fruit, and it's a great solution that we can take back and really, really help retain these physicians, because every hour that they are spending in the administrative field is taking away from them being able to look after a patient.

It's terrible to say, but I believe there are just over 52,000 residents in Niagara region alone without a family physician. That's shameful. We need family physicians to be able to look after the children, as you mentioned, and, actually, families. The Niagara region is growing, and we need that.

I want to ask you as well: What are the primary challenges or barriers—as well as administrative—that prevent doctors from opening practices in underserved areas? Are there any solutions that you can tell the provincial government to better address these obstacles—if you have any?

Ms. Kimberly Moran: Absolutely. We've seen innovative models across the province that doctors and communities have engaged in. I've seen clinics open where the bricks and mortar are funded so that it attracts doctors to come and practise there. I've seen innovative team-based care provided by municipalities, so they're funding those teams. That's the kind of innovation that we see. That is spotty, because not all municipalities can afford those things.

What we want to do is make sure that we have a provincial system that makes sure that every Ontarian has a family doctor. As I said, the Premier announced a commitment to that, and I was thrilled to see that. I think I cried, actually, that day. We want to be helpful. We want to make that happen.

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

Mrs. Jennifer (Jennie) Stevens: Go ahead, Wayne.

I'm going to pass it over to my colleague.

MPP Wayne Gates: I don't have a lot of time, so I may only make a speech, which wouldn't be unusual for me.

First of all, we're short 106 family doctors in Niagara. The other thing is, our urgent care centre in Fort Erie has been cut from 24/7 down to 10 hours a day. Our emergency rooms are overcrowded. It's hallway medicine at its worst. It's worse than when the Liberals were in power.

How does an emergency—I guess I'll help you answer this question. I know there have been a number of reports that have come out that say that urgent care centres can alleviate the problems that we're having in emergency rooms. The easy solution or the quick solution right now isn't to cut urgent care centre hours where there are 40,000 residents. The way that we should be doing it is investing in urgent care centres, keeping them open 24/7 and using the issue that you raised—

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

We'll go to MPP Hazell.

MPP Andrea Hazell: My question in this round is going to be with Brock University.

Daniel, thank you for your presentation. I want to ask you about the funding situation. When you mentioned the "fiscal cliff"—it's going to be that same wording for a lot of universities this time around. We know, and I believe, that the government is not going to follow their own blue-ribbon panel recommendation. We've seen this. I just want to talk to you about your backup plan for not getting the added funding to help with your operational expenses. What is the backup plan?

Mr. Daniel Grubb: Thank you for that question.

At this point in time, Brock is continuing to try to find efficiencies and savings across the university. Throughout this process, we have tried our best to preserve student support services, because that's what we are known for as a university, and ensure that we can continue to provide the best quality of education that we can provide.

Unfortunately, if the deficits continue—this is a structural problem and, as noted, many universities across Ontario were facing this in the last budget cycle and will be facing this in the upcoming budget cycle as well, so we are not alone in this particular challenge. Unfortunately, we will have to find a path forward, whether that be through making changes to how we operate—the government did provide some funding to support an efficiency review at the university, which we are currently engaged on. I can't speak to the kind of actions that we will be

taking through that review, but that is currently under way right now.

1040

But no matter how much we try, Ontario universities are already among the most efficient in the country as compared to other provinces. We can try to find as many efficiencies as possible, but it still will not address the structural deficit challenge that we are currently facing.

MPP Andrea Hazell: I want to ask about your student programs. Is that on the verge of getting cut as well? How are you going to maintain the quality of education that our post-secondary students will need? I think that's what it's going to boil down to. I know you said the government has given you funding. We already know you're underfunded for years.

Mr. Daniel Grubb: Our student programs are definitely supported by our staffing levels. Throughout the years, as we've had to mitigate our budget challenges, we've had to make decisions around not filling positions, not hiring new people, and also having to do what we can to be as lean as possible. The student services and programs will certainly be impacted by our staffing levels as we go forward in trying to ensure that we continue to operate in a sustainable way.

MPP Andrea Hazell: You keep speaking about efficiencies. I really don't know how much leaner you can go and still be able to keep up the quality and good programs for our students. They are our future. We need them to have those opportunities.

Mr. Daniel Grubb: Yes. We're essentially cutting at the bone at this point.

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

Ms. Patrice Barnes: Thank you to the presenters for coming forward and presenting today.

My question is for Kimberly with the OMA.

Our government has been investing in expanding for family medicine. We've invested with OntarioMD, with the AI program that was rolled out in April. We've also removed sick notes. We are committed to streamlining referrals and forms for specialists, as you've talked about. Those are some of the challenges that we've had.

We've also worked a lot in investing. Now we're paying for tuition for family doctors. We have the program with Queen's University and Lakeridge Health out in my community that does run a family medicine program where we have—I think it's 40 students who are being trained specifically for family medicine.

I know also we've had some of the conversations with the matching program—the organization that does matching. At one point, we were running with maybe 100 residency seats for family doctors that were not being filled. We've added the addition of three more medical schools that are coming online as well, with York University, of course, being the first one to be focused on family medicine.

So substantial things have been done to get more doctors into family medicine.

My question for you is along the lines of, where are some of the bottlenecks? We can fund on this side, but there are residencies, so we have to get students into residency so they can become doctors. We have heard for quite some time about that. We have heard about students who have gone through the process, who can't get the residency spots. We've heard about international doctors who are here, who are waiting to be certified, who want to practise; who, even if they were a brain surgeon back home, would still be family doctors here.

In working with the government, what are some of the bottlenecks that you see and organizations that need to sort of be leaned into a little bit to move some of the needle on this?

Ms. Kimberly Moran: Thank you for the question.

Increasing the supply of doctors is one of the strategies that the government has leaned into. You noted a number of really important programs that are going to increase the supply.

What we have to focus on now is really retaining the doctors we have, because those doctors who are in practice right now are the ones who provide the residency spots. They are the ones who take these new physicians into their practices and provide the residency. So the retention strategies for those are really around, as we've said, decreasing admin work. Imagine if we could get every single family doctor in the province—and I would say every other doctor—an AI scribe that saves them four hours a week. That in itself frees up time for them to teach, to allow for those residents to come into their practices. An easy solution would be just that one. That one could be scaled up extremely quickly. We know that it's actually quite simple for physicians to learn how to do this. It requires some change management support. It's not plug and play, but just like the rest of us, doctors will need support on that. But that's a very easy solution that would alleviate a lot of pressure in practices and enable some of those residents to have doctors that they can spend their residency with.

Ms. Patrice Barnes: That pilot was launched in April. Do you have an update on some of the uptake or feedback from that association?

Ms. Kimberly Moran: I would say glowing—it was a glowing pilot that doctors found was extremely successful. As I said before, an average of four hours saved—but for some doctors, it saved many more hours. The average is four hours. As I said, it translates to adding five million more patients visits, potentially, to Ontario.

For us, this is one of those game-changers that is low-cost, very effective, can scale up very fast. As you all know, we've all worked in this space for a long time. That doesn't happen very often, where we see something like this that can move so quickly. The government funded that pilot, and it has been super successful—but like many pilots, it's like, "Scale it up quickly, because let's get the benefits of that investment."

Ms. Patrice Barnes: In that pilot, were there any particular barriers that weren't identified—I would think sometimes a patient might be like, "Not so much." What were some of those barriers that were identified, if you could share that with us?

Ms. Kimberly Moran: The biggest element is supporting doctors to understand how to include it in their practice, how to make it more efficient for them. We call that change management supports. It sounds kind of banal—but it truly is. Imagine when you're trying to learn a new piece of software yourself; you just need somebody to help you, support you, on how you can make it work most effectively. Whenever we launch software innovations like this, we have to have it so that your average doctor knows how to use it very quickly, and we have supports with OntarioMD that can do that.

Ms. Patrice Barnes: So it would be just a matter of training up doctors who want to opt into the program.

Ms. Kimberly Moran: Yes.

Ms. Patrice Barnes: The other question I have—and again, we might go back to the AI portion: Could we grow residencies in family medicine? I understand now you have mostly hospitals that take residencies. Could we do that in private practice? Is that a possibility?

Ms. Kimberly Moran: Absolutely. Much of our private community-based physicians have residents in their practices. How to enable that is, compensation is a lever that has to be used—the compensation model hasn't changed in over 17 years, so that has to be changed. Also, we have to make sure that we increase the time doctors have to spend training students. Right now, they're bogged down by things that they shouldn't be doing. When we free up their time, they can train more physicians.

Ms. Patrice Barnes: My next question—I will spread out that one minute, because I think we are talking about things that have really been done in the last year, that probably it will take a little time to see some of that impact.

The portion around nurse practitioners: Right now, we have nurse practitioner teams, but patients who are rostered on them are not counted as being connected to a doctor. So out of that 2.2 million, there could be some people who are rostered into nurse practitioners. What are your thoughts on that?

Ms. Kimberly Moran: I think that what we have said is that physician-led team-based care is the way of the future. When doctors can work with—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question, and it also concludes the time for this panel.

We want to thank the panellists for the time they took to prepare and the great presentations here. I'm sure it will benefit the committee.

ST. CATHARINES DOWNTOWN ASSOCIATION

MR. MICHAEL ROTH

MRS. FIONA ROTH

BEAMSVILLE MEDICAL CENTRE FAMILY HEALTH TEAM

The Chair (Mr. Ernie Hardeman): The next group will be the Beamsville Medical Centre Family Health Team, St. Catharines Downtown Association, and Michael and Fiona Roth. I believe Michael and Fiona Roth and the Beamsville Medical Centre team are both virtual.

1050

Again, the rules are the same. You have seven minutes for your presentation. At six minutes, I will say, "One minute." At seven minutes, we will say, "Thank you," and we'll move on.

We ask each presenter, virtually and here, to make sure they introduce themselves before they speak so we can attribute the comments to the right people through Hansard.

With that, the first presentation is not yet online, and it is virtual, so we will start with the St. Catharines Downtown Association. The floor is yours.

Ms. Rachel Braithwaite: Thank you very much. As you heard, my name is Rachel Braithwaite. I'm from the St. Catharines Downtown Association. We are a business improvement area. As many of you know, business improvement areas are organized under the Municipal Act. We are a local board of council and funded through a levy gathered from our commercial property owners and their tenants. We have over 700 small businesses we represent and an estimated $678 million in GDP impact.

We have five priorities that we had shared: first of all, underutilized housing; supportive housing; education and supports for new entrepreneurs; small infrastructure funding; and recycling services for commercial areas.

I want to start with underutilized housing. One example is that we have one building alone in our downtown that has 27 residential units completely vacant. That's one of many, unfortunately. But the focus is primarily on new builds for housing, and I feel we're missing the low-hanging fruit of vacant residential that is in our downtowns—not just St. Catharines. For example, in Lindsay, I know they have 60% vacant residential. So it is across the province, unfortunately. I encourage us to look at determining those barriers that are stopping those units from being filled. Some of the barriers we have heard personally from our members are challenges or delays with the Landlord and Tenant Board. An example there is, we have three buildings, all with the same property owner who's looking to renovate them, and they are all completely empty, bar one tenant who's not paying rent for a year—so, unfortunately, still vacant.

Also, building permit delays: Often, downtowns are older buildings, and they come with challenges. They're harder to renovate. Looking at support to prioritize permit reviews for second-floor residentials would be a great step.

Also, building code confusion: As many of you may know, the building code unfortunately changes quite frequently. It is very hard to stay on top of those changes. There are also lots of grey areas that are up for interpretation. An architect or engineer that the property owner could have hired interprets it differently to city staff, and then there's conflict and challenges and delays.

We also would like to push for incentives or disincentives to utilize chronic vacant building. Some ideas are to increase the vacant tax rates. There have been examples in Edmonton of where this has been done successfully. Also, for grants, many of our second-floor

residential buildings are not AODA-compliant. As mentioned before, they're older buildings. It's very hard, very expensive and very challenging to get that up to code. Incentives are required in order for any property owner to do that.

We'd also encourage more provincial incentive programs. That could be something along with building purpose-built and affordable rentals to bring to the market habitually vacant properties. We really would like to applaud Minister Calandra's stance on the use-it-or-lose-it for the minister zoning orders. I think that was a really good step. We would ask that municipalities be given some of the same tools to help ensure that development happens in a timely fashion.

Supportive housing—which is not really a BIA prerogative, I'm not going to lie. But the social challenges we see on our main streets need a solution, and we constantly are told, "I don't know how to fix it." I know supportive housing isn't going to fix it today, but it's going to fix it when it's built. So I would really encourage—I know there have been lots of asks from different groups, like the OBCM and so forth, for one ministry to oversee both the mental health and housing so that supportive housing can be focused and supported, as it needs to be.

We also push for education supports for new entrepreneurs. This could be things like lease agreements, financing, AI uses, cyber security. Also, we've really seen success within other initiatives like Win This Space. We did a Win This Space initiative about four years ago in downtown. We had two businesses—usually, it's one. We had two businesses open up as a result, which was really successful, and the winner is still open today: very successful Someday Books. The Ontario Business Improvement Area Association, which is a provincial organization that helps oversee BIAs, would be a really good group that could help roll this out. They've had successful experience doing grants through the province before, through Digital Main Street. For a million dollars, they roughly estimate it would cost to develop tools, resources, educational workshops—and then to give out grants to BIAs of up to $35,000, for a hundred BIAs, for two years to implement this program, which would be a fantastic addition.

We also encourage small infrastructure funding. Many of our downtowns, as mentioned, are older and have crumbling infrastructure, so we see this first-hand. I've been in the role for three years, and when I was first there, we had sinkholes come up in our main street, which was a little bit of a challenge. So things like this really do not help. A lot of our sidewalks, unfortunately, are not accessible because they've got bumps and cracks and so forth. It's something we hear a lot—about making public spaces more accessible—and small infrastructure funding would really help us take that next step.

Recycling services is one that I wanted to bring up, and I don't know—I did send a letter recently; some of you were on that, I know. With the recent changes coming about, where it is getting put back on the producer, which we completely support—I think that's a fantastic idea. The challenge is that commercial areas are not included in that pickup, which is fine—but the challenge with that is, for the pickup, which is being done in residential in our downtown, not our commercial, we cannot use that same truck to pick up the commercial.

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

Ms. Rachel Braithwaite: The challenge now becomes, the region is looking to source a provider to pick up the recycling, but they can't find anyone willing to do the contract because it's so small. So we ask that ineligible items be picked up on that same truck, and if need be, charge the region or the municipality for that service, but just have that option so that it's not all going to landfill.

Those are our main five asks. I probably have lots more. I want to be very respectful of your time. I'm very, very grateful for you all taking the time to listen to me, and I really do appreciate getting to meet you all today, so thank you.

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

We'll now hear from Michael and Fiona Roth—and that is virtual.

Mr. Michael Roth: Good morning.

The Chair (Mr. Ernie Hardeman): Good morning. As you have heard, you have seven minutes to make your presentation. At one minute, I will say, "One minute," and at seven minutes, it will be over.

With that, we'll turn the floor over to you to make your presentation.

Mr. Michael Roth: Good morning, everyone. My name is Michael Roth, and this is my lovely wife, Fiona.

Life forever changed for us on April 28, 2022, the day we lost our daughter Kaitlyn to the disease of mental illness, just four days shy of her 21st birthday.

Kaitlyn will always be remembered as a go-getter. Her kindness, humour, fun-loving personality, her creativity and her endless energy—she got involved with everything from sports teams, leadership councils, choirs, bands, and mission trips to Montreal and Portugal. She always found time to write precious notes to friends and family or find other ways to show her kindness. She was a third-year student at the University of Waterloo who had the aspirations of working with individuals who had special needs.

When Kaitlyn struggled with her mental health, she did the brave thing and reached out for help. Unfortunately, it wasn't there. From day one, we promised we weren't going to be bitter and we were going to advocate on Kaitlyn's behalf to make the system better.

Kaitlyn's story has already had an impact, and we have seen some positive changes in the system, but much more is needed.

We've had three one-on-one meetings with the federal ministers of mental health, Minister Bennett and Minister Saks. We've also met with Senator Marty Deacon, and we were asked to submit our recommendations to the Senate, which were heard.

Provincially, we met with the Minister of Mental Health and Addictions, Mr. Tibollo, three times. The last time we met with him, he was presented with 7,000 phys-

ical signatures on a petition that has now grown to over 9,000. Thanks to MPP Catherine Fife for tabling these petitions. Mr. Tibollo has asked us to keep his feet to the fire, and with pleasure, we will do this.

1100

Here are the problems we observed during Kaitlyn's journey:

(1) The health care system is based on the crisis model of care. Many mental health and addictions patients continue to use emergency rooms for services and then are referred to crisis lines. There are many barriers to getting the treatment and professional support they need.

(2) There's a huge lack of community treatment and services for patients struggling with mental health. Wait-lists are up to two years for treatment.

(3) Many of the front-line hospital staff are not trained in suicide intervention skills. The recommended training is called ASIST, which all community counselling agencies use. By having untrained staff support patients, they say and give incorrect advice, which was our experience with Kaitlyn. Giving the wrong advice to a very unstable patient can be dangerous.

We need a different approach for individuals struggling with mental health, instead of going to the already overburdened emergency rooms. This is not the place for someone who is struggling with their mental health. Mr. Tibollo stated to us that if the patient needs to go to the hospital, the system has already failed, as the supports in the community didn't do their job. Well, in Kaitlyn's journey, we found the programs are not easily accessible, have long wait-lists, or they were not there at all. The referrals needed to get Kaitlyn the help she deserved were up to a two-year waiting list. This is like pushing a cancer patient out of the hospital after being diagnosed with cancer and told, "Hang in there. We'll see you in two years." Can you imagine the uproar you'd be facing? Well, this is exactly what is happening to individuals who are struggling with their mental health.

Although everyone says physical and mental health are both equal, then my question is, why is the funding and priority not the same? It's time to change.

Mrs. Fiona Roth: So here are our solutions. We're suggesting a different way.

Number one: having a separate crisis clinic from the hospital which provides crisis and prevention, support and triaging for patients struggling with mental health and addictions. These clinics have been a proven model to save money and be highly effective at saving lives and taking patients away from overburdened emergency rooms. There was a crisis clinic proposed and put together without funding from the government last year in Kitchener. The local agencies knew and still know the need for a clinic like this in our community. However, the model had to be shut down due to lack of funding. Minister Tibollo, in our last meeting, asked us for this clinic proposal. It was hand-delivered to his office, but to this date we have not heard an answer. The cost to run a clinic 24/7 is approximately $3 million. This is a drop in the bucket when you look at the budget dollars you're working with.

Secondly: a significant increase in base funding for community-based mental health funding. We recommend investing in professional, multidisciplinary community teams, including psychiatrists, nurses, social workers and professional outpatient programs. When a patient goes to an emergency department, upon discharge they need an outpatient medical service and treatment. Calling crisis lines is just a band-aid solution. They need help, and currently it's a one-to-two-year wait-list for this type of help. Multidisciplinary teams with professionals allow patients to stay in their community and give them the help they need, as well as keep them out of hospital. This also includes youth wellness hubs, which are a proven model to treat youth with mental health issues.

Thirdly, we recommend mandatory ASIST training to be introduced as a prerequisite to individuals graduating with a health care degree. Currently, nurses and front-line staff in hospitals are shockingly not required to get mandatory training in learning how to support a mental health patient in crisis. Hospitals have told us they don't have enough funding for training. We think training staff should be an absolute priority. It's actually unbelievable that many of the front-line staff in psychiatric units are not properly trained but they're treating the most sick, mentally ill patients.

Will you take a chance and fund a trial where you have nothing to lose and everything to gain? You have the power to make these recommendations.

Imagine if tonight you go home and one of your loved ones is struggling with mental illness. Would you feel confident that your loved one would get the medical care they need in a hospital room today? Personally, after our experience, I would say no.

Emergency rooms are not the place to treat those struggling with mental illness. We need a community approach which is much more cost-effective and will have higher success rates. Let's support patients in the comfort of their home and keep them out of hospitals.

I believe it's times like these that we the people, who voted you in to represent our interests, will do the right thing.

We thank you for this opportunity. It is not taken lightly.

And on behalf of our daughter Kaitlyn, whose voice is now only heard through ours, let's make it better.

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

Now we will hear from the Beamsville Medical Centre Family Health Team. I believe they have arrived.

Ms. Trudy Schroeder: Thank you. My name is Trudy Schroeder. I'm the executive director from Beamsville Medical Centre. Further to my correspondence, I would like to present a summary of primary care core messaging around the primary health care crisis, the need for wage equity, strategic investment and collaborative action with our government.

Urgent primary care crisis: Primary teams across Ontario are facing a critical staffing shortage highlighted by significant wage disparities compared to other health care sectors. The wage gap is driving high turnover, difficulty

in recruitment and reduced access to care. The solution: immediate investment to close the gap and support a sustainable workplace.

Impact on patients: Without urgent action, the staffing crisis will result in service cuts, longer wait times and increased pressure on emergency departments. This directly limits Ontarians' access to timely and comprehensive care in their communities, especially in the rural areas.

A call for action: We need a significant annual investment over a five-year period to close the wage gap, improve retention and ensure a sustainable workforce that can meet local health needs.

Expanding primary health teams is an urgent unmet need. To ensure all Ontarians have access to primary care, especially in regions with high numbers of unattached patients, we must strategically expand primary health care teams. Targeted team expansion priorities should be given to underserved communities with high needs, especially in rural areas.

Funding flexibility: Primary care teams need the ability to adapt and respond to local needs without facing budget cuts, or no increases at all over the last five years. This flexibility will ensure sustainable, high-quality care within all the regions of Niagara and across Ontario.

Strengthening Ontario health teams: For Ontario health teams to provide integrated patient care, primary health care networks must have equal decision-making power at the Ontario health team boards. This will ensure that resources are allocated effectively based on community health needs. The governance and performance framework structure, with a strong focus on primary care outcomes, will ensure that patient care is at the height of all decision-making.

Mental health services in primary health care: The rising demand for mental health care requires a more integrated approach. By embedding mental health and addictions services directly within primary health care settings, we'll reduce wait times, improve accessibility, and provide holistic patient care and supports for families. Sustainable funding and ongoing investment in mental health services within our primary health care teams will help address and escalate mental health needs across Ontario.

Fair compensation—and, I'm sorry, this is a big one: Primary health care teams are united in advocating for fair compensation to ensure health care workers are supported and services continue across all of Ontario. Closing the wage gap is crucial for maintaining a capable and sustainable workforce.

Wage parity and recruitment: Equal pay for equal work is essential for retaining skilled staff and including access of care. With recruitment, it will reduce burnout, ensure Ontarians across Ontario, including our staff, will feel needed, valued, a-nd patients will have access to full care.

Collaborative action with the government: Primary health care teams are calling for annual investment, especially in the rural areas; we seem to be overlooked a lot. Over the past five years, we have had no wage increase, no operational increase, and many, many shortfalls. And with Bill 124, this caused an even greater shortfall in the working gap with the government, and we're looking for some sort of solution.

In conclusion, the primary health care system is at a breaking point, and urgent action is needed. By investing in work equity, expanding health teams, strengthening governance and enhancing digital health and integrating mental health services within primary health care, we can build a sustainable, accessible health care system that meets all Ontario needs—we are in a rural area—and especially in those rural areas.

I thank you for your time, and I hope that you have some consideration for the budget going forward.

1110

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

We now will start the questions. We will start with MPP Hazell.

MPP Andrea Hazell: To all the presenters: Thank you so much for coming in and presenting to us today. I'm going to use my time—because seven minutes is not nearly enough to speak about Kaitlyn's tragic situation.

Mental illnesses are not new, and the mental illness deficit we are experiencing in Ontario is not new to any one of us sitting at this table. I experienced first-hand what that is, because I also have that situation in my family. I know that instead of an increase of help, you get a decrease of help. And so while I cannot relate to your pain, to your suffering, because I have not lost a child—we usually say we are supposed to grow and get old and die before our kids, and it is really sad.

Michael and Fiona, speak about Kaitlyn. Use my minutes. She did not go in vain, and I'm so happy you're advocating for us and a lot of families all across Ontario. Your work is not going unnoticed. Talk to us about where you think this government should be investing, because we are losing our young people. Your daughter's age is my daughter's age right now. I check on my kids all the time; I've got three of them. I've got one who just started his PhD and is going through a lot of mental situations, because it is tough. So take my time and speak to us.

Mr. Michael Roth: Thank you so much for sharing that story with us.

I say everybody in this meeting knows somebody—their son, their daughter, their family member, their friends, maybe even yourself—who is struggling, but the services aren't there.

The reason why we are proposing, we call it, the alternate destination clinic is that it's a safe place where people are seen right away.

An example is that right now—you may or may not know, but we've been on some committees, and it's unbelievable. We found out that if a person is transferred to the hospital in an ambulance, they cannot be brought into the hospital until there's a warm hand-off to a health care provider there. And we found that could be up to 24 hours, which means an ambulance is out of service for 24 hours, with paramedics sitting in that ambulance.

These clinics that have already been trialled have found that it can be up to 20 minutes. Can you imagine just the cost alone on that? It's more efficient.

That patient who is sitting there for 24 hours and is finally seen—they're frustrated, they're tired, they have no food. And then they get discharged without any services. Because of that, they lose hope. And when you lose hope, you lose Kaitlyn or your daughter or your family member. So that is why we believe it is very—

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

Mrs. Fiona Roth: I'll just add that this goes along with the primary care presentation. We need community health services. You can't get this type of treatment in an emergency room, so that's why we're advocating for it. Youth wellness hubs have been a proven model that have worked for transitional-age youths. Community mental health teams with professionals, working with primary care—that is a model that keeps people in the community. It's more cost-effective and much more successful.

MPP Andrea Hazell: Is there anything else you want to add? I don't even know what other questions to ask; I'm just stumped right now.

Mr. Michael Roth: We really hope—we've been promoting and met with Mr. Tibollo three times. He has asked for us to give our proposal; we have. We feel this would be a great adjunct to the HART hubs. We know HART hubs are there, but HART hubs do not deal with what Kaitlyn was dealing with. She didn't have an addiction, she wasn't homeless—

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

We will now go to the government side. MPP Hogarth.

Ms. Christine Hogarth: I just want to thank all the participants today for sharing your stories. I know it's often difficult to share those stories, so thank you for allowing us to be part of your journey and solutions to these mental health issues. And to all the other deputants today, I just want to thank you for your time.

I would like to chat a little bit with Rachel, with regard to the downtown association.

In my community, I have a lot of business improvement areas, and they do a lot of amazing work. A lot of them are based on volunteerism, making sure that our downtown core stays clean, neat, secure, safe, affordable.

One of our big issues for one of our BIAs was actually bike lanes, which was hurting business. I'm sure you heard that in the news; it was quite the issue in my area. It wasn't just our BIA—it was our community was at stake.

Part of my role is the parliamentary assistant to red tape reduction—and in your statement here you talked a little bit about building permit delays and building code confusion. I had a couple of meetings earlier this year with municipalities and developers and business improvement areas to just see how we can find some synergies to work together to move these issues forward in a more timely fashion.

Now, the city of Toronto—don't quote me on it, but I heard they're about 900 permits behind for development. I'm not sure what the number here is in St. Catharines, and I have not visited your downtown core, so maybe I'll have to do a drive on the way out, before I leave your community.

I'm just wondering if you can tell me a little bit about where we can make a difference with helping with the building code confusion. It is online, but perhaps you can cite some examples of places that we can look at for red tape reduction.

Ms. Rachel Braithwaite: Absolutely, yes, and there are many, and not just for residential; it's also for commercial. For example, unfortunately I have numerous businesses—at least five I can name offhand—that have waited three years for approvals for permits, which is not feasible. Most businesses would not survive that—not having their doors open or being able to operate or having any money coming in.

For example, we had a restaurant open, and they were really successful and they wanted to increase their capacity above 30, so they went to try to find what needs to be done. They were told, "Maybe ask fire. Maybe ask building." They weren't getting any concrete information, and the reason the city didn't want to give the information or the recommendation is because they didn't want to be liable. But then there's nowhere to go to find that information.

The typical business owner does not have the time or knowledge to read through the Ontario building code to really understand it and pull out the pieces that are needed to expand your capacity.

So even something as simple as creating checklists for routine things that we see frequently would be fantastic—really pulling the Ontario building code into more plain, everyday language that people can read and understand.

I think the other piece too is the whole grey area piece. For example, for accessibility, I believe the term is something along the lines—"If a significant change is made to the building, then it needs to be brought up to code for accessibility requirements." Great, but what is a significant change? So that is really up to interpretation, and if you've got someone at the city looking at that permit, their interpretation could be different than another person. Then you've got very differing views and you go around in circles trying to meet every individual's understanding of that. So that really does cause a lot of confusion and delays as well. I know there's a need to have the grey area so there's flexibility, but just to have more specific examples of what a significant improvement would be, I think, would be fantastic—same with regard to what is needed to become accessible. For example, most of my buildings have steps up, so they're never going to be fully accessible, because there's a sidewalk right in front of their buildings, as most downtowns have. Do they need an accessible washroom and a push button, even though there's a step to get up? So I think having some understanding and plain language and checklists around those kind of things would be fantastic.

Ms. Christine Hogarth: Those are all great suggestions. I thank you very much, especially when it comes to accessibility. We're all trying to get everything accessible

this year. Some of these buildings are quite old. You see some of the restaurants in downtown Toronto where, if you can find the restroom, it's down a crooked staircase, down a long corridor—impossible to make that accessible. How do these work when these restaurants are so small—so some clarity working with the municipalities as well.

1120

BIAs come to me and they say, "We would like the municipality to fund us or give us some type of funding."

Maybe you can explain to those listening how you are funded.

Ms. Rachel Braithwaite: Primarily through our members. Our members are commercial property owners and they're tenants. We do not get funding from the municipality. They obviously collect the levy and distribute it to us, which we're very grateful for. But we do not have access, typically, to grants. Having said that, they will help support in kind often. We did road closures for larger events during COVID to help bring people back downtown in a safer environment. They fully funded the road closures, which was a huge support, because that's not something we could ever afford on our budget.

Because it is our commercial and property owners and tenants that are funding us, we have a very limited budget, because we do not want to over-leverage that. We know businesses are struggling. They haven't rebounded from COVID, so we don't have the flexibility to increase that.

The other challenge is access to grants. A lot of grants, especially provincial grants, are really limited to not-for-profits or charities. We operate as a not-for-profit, but we're not incorporated as a not-for-profit because we're incorporated under the Municipal Act. So that really poses a challenge and restriction too.

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

Ms. Christine Hogarth: Do you have any other suggestions for the government when it comes to dealing with the municipalities, just generally on these issues of helping out the local businesses on our streets? Our local businesses really are a lifeblood of our community, and that's what makes a community a community. Do you have any advice for us on these synergies and how we can work together?

Ms. Rachel Braithwaite: The enterprise centres that many of our cities have are a lovely lifeline for our businesses. They really help to ignite the entrepreneurship too, through Starter Company Plus and Summer Company. Grants and stuff like that are really important.

The Win This Space initiative would be a really fantastic one to see too, to help support new entrepreneurs opening up on our streets. As I mentioned, with OBIAA being a past successful grant recipient through the Digital Main Street—that was done through those enterprise centres. So a model that's—

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

We'll go to MPP Fife.

Ms. Catherine Fife: Thanks to all presenters, but I want to say a special thank you to Michael and Fiona Roth. For those of you who don't know, they called me the day of the last election in 2022, after Kaitlyn had died by suicide, and they were determined at that time to really try to change the system. I think we all know, because we've been on this committee and travelling, that Ontario does not have a mental health care system at all. There's not even a shred of fabric that catches people who are vulnerable, and Kaitlyn was one of the victims of that neglect.

Michael and Fiona, you talked about the importance of the alternate destination clinics in community. The Kitchener one was opened in the summer and, of course, it's closed because there's no funding now. This committee—our mandate is to allocate funding where it is needed the most.

I want you to please tell this committee what Kaitlyn's experience was like in the hospital versus what it could have been in a community-based care clinic. Please go ahead.

Mrs. Fiona Roth: Thank you for the question.

Hospitals are really not the place to treat people who are mentally ill. Emergency rooms can be very traumatizing if you're not too well. They're loud. They're chaotic. Often, you're put into a room and separated from family, your support system. All these items are taken away from you, so you're very increasingly isolated. In Kitchener, where we're from, the psychiatric unit is in the basement, so it's a very dark, dingy type of environment. It's very isolating. Kaitlyn actually got worse in the hospital. And we're not the only families who say that. I do believe that with the right supports, people are much better supported in a community.

What's wonderful about these community clinics—and there's one that's very successful in London that runs 24/7—is that, first of all, staff are properly trained using a trauma-informed approach and with ASIST. There are couches. There's coffee and tea. It's very homelike. You can get treated within 20 minutes. You don't have to wait hours upon hours and hours. They have staff ready to talk to you, to support you.

The other thing that's really important is they do what's called a warm hand-off. They don't just discharge you to a one-to-two-year wait-list. They make all sorts of phone calls and case management to make sure that you will promptly have a service to go to very quickly, often within a week. That's a very key difference that's not happening at the hospital.

Ms. Catherine Fife: I think when you used the cancer analogy—we would never send a patient who has cancer out of the hospital after diagnosis and say, "We'll see you in two years," right?

Mrs. Fiona Roth: Never. Never.

Ms. Catherine Fife: Michael, perhaps you can talk about the cost savings as well, because this is the frustrating piece—that we can do right by people who have mental health challenges, and we can actually save the system money by investing strategically in community. So, Michael, can you please talk a little bit about the compassionate cost savings that could happen if this committee did its work?

Mr. Michael Roth: The best part about this is that there could be cost savings and it's a better service. So to me, it's a no-brainer. Why would you not want to do that? I work in ergonomics—you spend $1 on prevention; it saves you $7 in the end. This is the same type of thing. But $3 million for this clinic will take away from the hospitals, the ambulance cost, the police officers who are involved. Every time you get a call from 911, there are police officers there.

We had Kaitlyn—she was just not doing well, and police officers were there and they handcuffed you. It's—

Mrs. Fiona Roth: Very traumatizing.

Mr. Michael Roth: It's traumatizing, and then people don't want to go there again. So then it's not the system that creates hope, where the system—the alternate destination clinic saves time, because people get in right away. You don't have the ambulance cost. You don't have a repeat visitor to the emergency rooms. The statistics, I would love to know, of how many people are going back—because Kaitlyn was told, "Here's your treatment," but it was a one- to two-year wait-list and then she was told to call the crisis lines. Well, she did that, and the crisis line said, "You should colour and watch Netflix."

Ms. Catherine Fife: The crisis lines don't replace a trained, compassionate caregiver who knows how to deal with these issues.

I want to thank you both for your courage and—sorry.

This committee has to ensure that Minister Tibollo, who now has his PhD in mental health, can actually get the funding out of the health care budget. It's not an either-or situation. This committee has the power to make recommendations on mental health, and I hope that you've heard the Roth family today.

I'll pass it over to my colleagues now.

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

Mrs. Jennifer (Jennie) Stevens: I also want to welcome Michael and Fiona Roth. Thank you for putting your daughter forward and being so brave to share her story. It means a lot. I also lost a family member, as you stated, to mental health, and it does touch heart. I hope that this government does hear you. You mentioned cost savings—and there's no savings when you put it on a life. I just want to thank you for sharing your story. I hope that this committee brings that message to Minister Tibollo and we get your clinics up and running in all of our communities.

I know that we have a mental health unit right here in St. Catharines at our Niagara Health System—it's not funded, so they have to go into the emergency rooms and wait a minimum of 15 hours.

So I hear you, and my prayers go to you now.

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

Mrs. Jennifer (Jennie) Stevens: Rachel, thank you for coming today.

And I want to thank the other presenters from the Grimsby health clinics.

Rachel, I have one minute, but come back to me.

Our downtown was thriving before COVID. I was on council at the time, and we had a lot of hard, hard decisions to make. I know that the municipality, at the time—as well as Mayor Siscoe, right now, are working very hard, and their planning department works just as hard. They work with the BIA.

It was mentioned by MPP Hogarth that she might stop into the downtown—she didn't say stop; she was going to drive through. Welcome to our market today. And I hope that she does have her lunch. Now, however—

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

We will now go to MPP Hazell.

1130

MPP Andrea Hazell: My question will be to the St. Catharines Downtown Association. Thank you for everything that you do for small businesses. It is dear to my heart. I'm passionate about building up small businesses. Before I entered into politics, I was the president of the Scarborough Business Association, and we looked at over 3,000 small businesses.

What I know is happening right now with small businesses coming off of COVID is that they are still experiencing a productivity challenge. I wanted to spend some time on that. I remember, during COVID, we had to aggressively help them to innovate. It was like, "Innovate or die." And then we had to have some networking sessions geared towards their sectors and getting foot traffic into the business—more foot traffic, more increase of revenue.

So, your 700 businesses—how are they striving right now, versus productivity?

Ms. Rachel Braithwaite: Great question. It is definitely a challenge.

A lot of our businesses, too, have pivoted. Coming out of COVID, they switched to do more evenings as opposed to lunches because of office staff not being there. I know we hate the word now, but there has been so much "pivoting" from our businesses, which has been challenging. It's also really hard for them to get staff. There is an increased risk of safety in our downtown. Last night we had a fire. The night before we had a fire. This morning, police were evicting squatters from a vacant commercial unit. We have some challenges. So a lot of our guys have a hard time getting staff to come down, and they've got to pair them up because they can't go alone. So that really impacts productivity too.

One other piece that our businesses have really got creative about is collaboration. Now we're seeing multiple businesses opening in what used to be one business. Pocket Change, which is a beautiful sustainability-focused retail store, now has a coffee shop in it. We're seeing a lot of those things happen, which is fantastic.

We are working really closely with the St. Catharines Enterprise Centre. We're actually doing networking events this year to bring in new entrepreneurs and connect them with current business owners in hopes of building more of those collaborative pieces, because then you've got a little bit more security.

One challenge, too, that we're seeing in our downtown is succession. We have, I want to say, four or five busi-

nesses pretty much within one block that are all looking to sell because they don't have anyone covering when they retire. Their children don't want to get in the business. They've seen how hard Mum and Dad have worked, and they're saying, "No way I'm doing that." We're seeing a big exodus from some of our long-standing—over 30 years long—businesses, where they're selling because they've got no one to take over. And they don't know how to sell the business. That's a big gap, too, in entrepreneurs, sometimes—they don't know how to value the business, to sell it, to get the value for it, so they just close. That's a huge loss. That education, that experience of that business is a huge loss for our downtown.

MPP Andrea Hazell: I'm so familiar with what you have just described.

What about commercial rents? Are you hearing a lot of that? Because that is a massive, I would say, gap—

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

MPP Andrea Hazell: —in commercial businesses sustaining to be in the office space that they are in at the moment.

Ms. Rachel Braithwaite: Absolutely, big time. And it's for everything.

Previous to this, I actually worked on Barton Street in Hamilton—running the BIA, I should say. We saw commercial tenants actually experience upwards of 200% increases in their rent—

MPP Andrea Hazell: So sad.

Ms. Rachel Braithwaite: —during COVID, year over year. We also saw some commercial tenants have doors locked. They literally had just opened, they had brand new equipment, and their doors were locked, the equipment was taken. They had paid their rent, but the—

MPP Andrea Hazell: And then we're saying small businesses are the backbone of this economy. We're sending double different kinds of negative messages there, yes.

Ms. Rachel Braithwaite: Yes. It is definitely a challenge, for sure. We would love to see a little bit more security for those commercial tenants.

Full disclosure, we have some really good landlords, too—

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

We'll now go to MPP Pierre.

Ms. Natalie Pierre: Thank you to all of today's presenters for taking time out of your busy schedules and coming to present to us today.

My questions are for Michael and Fiona. I am the MPP for Burlington. I have also experienced a suicide loss in my family, where I lost my son. I just wanted to say I understand, and thank you for your advocacy and for your support.

My loss is directly related to my position here today. I am the parliamentary assistant to Minister Tibollo. Like yourself, one of the reasons that I chose this path forward was to advocate for change. So I wanted to talk to you a little bit about some of the changes that we've launched, some of the things that we started on, and then come back to you and get your recommendations on what our next step is.

I would say, we take mental health and addictions care seriously. We are the first government in Ontario's history to create a ministry for mental health and addiction. I was elected in 2022, and one of the first initiatives that I worked on was making mandatory mental health literacy a part of the curriculum in grades 7 and 8, and grade 10. That's something that the government launched in 2023, and then in 2024 it is now part of the grade 7, grade 8 and grade 10 curriculum.

I've also worked as the parliamentary assistant to the Minister of Colleges and Universities and spent the greater part of the year touring colleges, universities and Indigenous institutes across the province to understand what kind of mental health supports and services are available. And then, in 2024, we launched Bill 166, the Strengthening Accountability and Student Supports Act, that made it mandatory for publicly assisted universities and colleges to create flexible and responsive mental health frameworks so that, no matter where you send your child to learn, at any college or university or Indigenous institute across the province, there would be a minimum standard of care available.

We've also launched the youth wellness hubs, which you mentioned.

So we are making progress. We're well on our path.

My question for you is, are there other proactive measures that you think we can take? I'm just interested in your perspective, because I think I heard you say that, for someone suffering in acute mental health distress, showing up at the emergency department is not the right place; it's too late. So what are some of the other things that you think we can do from a prevention perspective so that we're not showing up by ambulance in the emergency department?

Mrs. Fiona Roth: Thank you so much for your question. I'm so sorry for your loss as well.

I think that investment in crisis clinics would be a significant investment that would really take people away from the emergency rooms and give them a much more trauma-informed approach. They're going to be treated with the sense that they are not going to be leaving unless they have a warm hand-off to somebody in the community. I think that would be a significant investment that has been a proven model. I think that would be really helpful, as well as community-based mental health care, which kind of aligns with primary care. But really, just having professionals in the community—it's just not working in the hospitals, unless you're very, very ill. The vast majority can be treated in the community. There just isn't help right now.

So we need a significant investment in these multidisciplinary teams or outpatient programs with professionals—with the psychiatrists, nurses, social workers. That's the type of investment we would need. And that is actually preventive, because, once people come in, then we're going to hook them up to a professional team. That will stop this revolving door of ending up in the emergency

department, which is actually what's happening to some people right now.

Ms. Natalie Pierre: Recently, one of the other opportunities that I've had is around mobile crisis response teams, and that's something. I'm not sure if you have any opinions or perspectives on those mobile crisis response teams that you'd like to share with us today.

Mrs. Fiona Roth: Yes. We have one of those in Waterloo region. I think they're incredibly effective for those who have barriers to get to care. From my understanding, they're going to encampments and people who just don't have access to transportation. So I think they are a very good resource, for sure.

1140

Ms. Natalie Pierre: In addition to that, something else that the mobile crisis response teams do is, they work with paramedics, they work with police officers, they work with social workers, they work with mental health workers. When the police receive a call for someone who's experiencing a mental health crisis, these teams of individuals go out.

Oftentimes, what happens for someone who is in mental health distress—the options are hospital or prison.

So, to your point, how is it that we can connect people with the services and support they need that comes from communities?

Those are something that our government is also funding across the province, and working with various municipalities and police forces and community organizations to try to deliver support to people and get them the supports in the community that they need. I just wanted to make sure you're aware of that.

Mr. Michael Roth: We actually—

Ms. Fiona Roth: Sorry.

Now I know what you're talking about. I wasn't sure.

We are familiar with them, and what I appreciate about those teams is that they're trauma-informed and trained by mental health clinicians. Because this is what we continue to hear from the police officers and paramedics—they provide, obviously, a very important community service, but they're not mental health clinicians. So many of the mental health patients end up being treated and supported by services, but really we need to get them back to mental health clinicians treating them.

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

Mr. Michael Roth: It's great that if someone is in a crisis, then that mobile team is there, but we need a spot where people know they can go and where they are safe and can be seen, because people are not going to the hospitals, because of the experiences they've had. That is why, I think, there are more 911 calls. We spoke with many police officers, and they're saying, "We weren't trained for this. This is not what we went into policing for." They said almost half their calls are related to some form of mental illness in all different ways.

I think if the clinics that we're talking about, the alternate destination clinics—if someone knows they can go there and they're going to get help and have the warm hand-off, I think you're going to have less 911 calls.

During the time that the clinic was opened, we actually met at the hospital, because we're on a committee, and we asked—we saw a decrease of going into the emergency rooms—"Is this because of the clinic?" And then we had to shut down—

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

We will now go to MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: I'm just going to take a minute and let Michael finish what he was saying.

If you wouldn't mind, Michael, can you elaborate a little bit? I will give you a chance to answer that question.

Mr. Michael Roth: Sure. I lost my train of thought, to be honest—

Ms. Fiona Roth: The reductions. I think that we have just heard, and this—

Mr. Michael Roth: The reduction of the numbers—sorry, yes.

Ms. Fiona Roth: The reduction in numbers of people using emergency rooms. That's what we—

Mr. Michael Roth: Because of having that alternate destination, they were finding that there was—I think they said a 20% reduction—

Ms. Fiona Roth: And that's just anecdotal evidence.

Mr. Michael Roth: —in the ER. We just heard this, literally, on Monday. Again, it's what I call a no-brainer, in the fact that you're saving money and having a better service.

Mrs. Jennifer (Jennie) Stevens: Great. Thank you.

Now I just want to go back to Rachel.

Thank you, Rachel, again for coming today and providing us with so much about our downtown core. I know St. Catharines is not unique to this province—as a downtown.

I'm going to throw in about three questions, because I'm limited in my time here.

Do you know the percentage of residential units in our downtown core of St. Catharines that are currently vacant or that have been chronically vacant?

Also, you mentioned the building code having grey areas, which I've also heard from many business and property owners downtown. I've written down your solution—to ask the government to simplify the building code, which is a brilliant idea, because it is like a 400-page document and it's very hard to go through. And that would help our municipalities. That was asked earlier.

You also spoke to the fact that much of our downtown core is older buildings, which we all know, and some of them are historical buildings. Are you specifically hearing that heritage status is a deterrent or barrier to landlords renovating residential units or converting units to residence? Can you speak to those?

Ms. Rachel Braithwaite: Yes, absolutely. Those are good questions. Especially, the heritage is a hot topic downtown.

First of all, the percentage of residential vacancy: I will be completely honest. Nobody knows. I guarantee no BIA, no city, knows the percentage of residential vacancy, because there is no one that takes that information. Part of the recommendations that I included, I think—maybe I

took it out—was to actually do calculations, to work with MPAC, perhaps, to do those surveys and to get the data, but make sure that it's not going to be negatively received. A lot of our landlords are very hesitant to give the data, because they're worried—"Oh, I'm going to be taxed more. I'm going to be fined for something." Take away that negative component. There are ways even to empower BIAs to do that data. We're doing it on our own right now by—we have an intern, we have a second-floor vacancy committee, and we are literally creating a survey and going door to door to ask, "What's above you?" Because nobody knows. That's a big gap.

And then going to heritage and older buildings—

Mrs. Jennifer (Jennie) Stevens: If you can sum it up, yes. Thanks.

Ms. Rachel Braithwaite: —that is a bit of a mess, I will be honest with you. There is a lot of misinformation out there. There are also a lot of scared business owners and property owners, with regard to what they are being told from insurance providers, from financial institutions—all basically saying, "Your premiums are going to go up if you get designated heritage," or, "We are not going to finance you if you're designated heritage"—the challenges being, though, those buildings are old. They kind of have that stipulation anyway, because they are older buildings, in terms of having more restricted access to financing or insurance.

Heritage, though, I think is important. Our downtown, as you know, is stunning. We have one of the most beautiful downtowns, and if you have not been there, I highly encourage you to check it out. If you need tips and tricks of places to go, let me know; there are loads. Beechwood Doughnuts—I'm sure you all already know, but they are always lined up.

Mrs. Jennifer (Jennie) Stevens: Ten years.

Rachel, I'm sorry; I've got to pass it on to MPP Gates. He's got a few questions.

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

MPP Wayne Gates: Not necessarily questions—but I want to say to the family who lost their daughter that we had a crisis here with mental health, with youth mental health, in Niagara. They were going to the emergency rooms. And I'm not going to say anything bad about the doctors or the nurses who attended to them, but they weren't providing what they needed, because they couldn't in that setting. They ended up leaving the hospital. Seeing they had reached out for help and that help wasn't there, they went and committed suicide. It was happening quite regularly, quite frankly, in Niagara.

I went to the minister and I said to the minister, through a motion, "We need 24/7 care, because when you have a crisis, it doesn't stop at 4:30." Quite frankly, the crisis happened after 4:30, and they had nowhere to go.

Mr. Michael Roth: Correct.

MPP Wayne Gates: The minister gave a commitment, five years ago, that we would get 24/7—I asked for it in Welland, St. Catharines and Niagara Falls, because they're the biggest. It still hasn't happened.

It's not about the funding; it's about priorities. And the priorities for this government have to be—take a look at it. You're going to save money. If that's your priority—about money and budget—then you're going to save money. You're going to save money on the budget, but you're also going to save lives—

Mr. Michael Roth: Correct.

Mrs. Fiona Roth: Correct.

MPP Wayne Gates: —and what's the dollar cost for a family?

I want to say to you, thank you very much for your courage. By doing this, by educating some of the MPPs who are here, you are going to save somebody else's life—

Mr. Michael Roth: Thank you.

Mrs. Fiona Roth: Thank you.

MPP Wayne Gates: —by your courage.

I'm going to continue to ask the minister—quite frankly, I think he's a good guy. I'm not so sure he gets the funding that he needs to provide the services that he has the expertise with. That's why I'm saying it to you guys.

I have to move on—

Mrs. Fiona Roth: Can I just say, for those—if you're curious about it, London has a proven model. They do this already. They have a 24/7 crisis clinic, and then patients do not go to the emerg, and it's working.

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

Mr. Michael Roth: Mental illness is a disease—a disease like heart attack, cancer, anything else. The funds are there for other diseases. Why is the priority not there for mental health—because mental health is everywhere. Just hearing from this panel we're speaking to—and we're so honoured to be here—we've heard three people who have been affected, and I'm sure there are other people who haven't said anything, who have been. It's out there. It's the elephant in the room. We all know about it. We're now all starting to talk about it. And we now need to deal with it. If we just keep putting our heads in the sand and saying, "It's going to go away, and we're not going to talk about it," it's going to get worse, and then your son, your daughter, your family member—it has already reached a crisis because of COVID. That has put it over the edge, and we're just seeing the outcomes because of COVID—even that alone.

We definitely need a new approach, a new shift of paradigm. What do we have to lose? Absolutely nothing.

Do a trial. I love trials. A trial is a trial because if it works, you can expand it.

We in Kitchener already have the place—the model is already started, and we want to make this better. We said, "We don't want to be bitter. We want to make it better." It has been our mantra. Trust me, we could be bitter, but we want to make it better for the rest of Ontario.

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

We want to thank all of you for coming forward and taking the time to prepare here and bringing your feelings here. We very much appreciate that, and I'm sure it will

be of great assistance to the committee as we move forward in preparing the report for the minister.

With that, the committee is now recessed for lunch. We will be recessed till 1 o'clock.

The committee recessed from 1152 to 1300.

CANADIAN BANKERS ASSOCIATION

YMCA OF NIAGARA

ONTARIO TRIAL LAWYERS ASSOCIATION

The Chair (Mr. Ernie Hardeman): Good afternoon. We call the meeting back to order. We'll now resume public hearings on pre-budget consultation 2025.

First of all, we want to welcome the first panel. The first panel is made up of the Canadian Bankers Association, the YMCA of Niagara, and the Ontario Trial Lawyers Association.

As with other tables, everyone will get seven minutes to make a presentation. At six minutes, I will let you know that there's one minute left, and at seven minutes, I will say "thank you" and we'll move on to the next one.

We do ask each presenter to make sure to introduce themselves as they start to speak, to make sure that we can attribute the comments to the right person in Hansard.

I see we have a number of people virtually. If they are to speak, make sure that they introduce themselves before they start to speak.

With that, the first we're going to hear from is the Canadian Bankers Association. The floor is yours.

Mr. Nick Colosimo: My name is Nick Colosimo. I'm the director of Ontario and Atlantic Canada government relations at the Canadian Bankers Association, the CBA. Joining me are a gaggle of my colleagues, including Alex Ciappara, our head economist; Lorraine Krugel, our vice-president of privacy and data; Hartland Elcock, legal counsel; Alana Barnes, director of digital; Pooja Paturi, director of digital payments and fraud prevention; and Ryan Ku, director of financial crimes. I want to thank all of you for having us at this meeting today as part of the pre-budget consultations. We have met with many of you.

The CBA work on behalf of more than 60 domestic foreign banks operating here in Canada, along with their employees. We are proud to advocate for effective public policies that contribute to a sound, successful banking system that benefits all Canadians, including Ontarians. Our submission offers the banking industry's views and recommendations in areas that are of interest to the Ministry of Finance's efforts in strengthening local economies and communities across the province now and creating prosperity for the future.

Canada's banking sector has a long-standing history of supporting Ontario's economy. In fact, in 2023 the sector paid $45 billion to Ontario's GDP, which was literally just over 5%. They paid $4 billion in provincial municipal taxes and $28 billion in dividend income in 2023 that went to seniors, families, pension plans, charities and endowments across Canada, including Ontario.

,And here in this province alone, we have over 2,300 branches and 7,600 bank-owned ATMs, with over 6,300 financial planners and financial advisers employed by the six largest banks to provide strong, stable financial advice to consumers.

And of interest to the committee: 53% of the more than 194 Ontarians employed by our member banks are women and 49% have identified as visible minorities. Also of interest is close to $918 billion in authorized business credit, of which nearly $120 billion was from SMEs, and that's just from last year, in 2023.

All of us have heard heartbreaking stories of friends, loved ones and constituents falling victim to a scam. While 75% of Canadians report encountering a scam at least once a month, the Canadian Anti-Fraud Centre, or CAFC, reported a staggering $569 million lost to scams by Canadians in 2023. However, actual losses are believed to be significantly higher, as an estimated 90% of incidents are unreported. It may be as high as $11 billion annually, or 0.5% of Canada's GDP. In Ontario alone, the CAFC has identified that over $134 million has been lost to fraud and scams from January to September of 2024. Note, this only represents 5% to 10% of all scams reported.

Protecting Canadians against scams is a shared priority, and it requires a coordinated, multi-sector strategy to effectively combat the evolving sophistication of scammers and mitigate rising consumer angst. Robust strategy should educate Canadians on what they could do to reverse their exposure to scams and how to report it. They could go and prevent scams by creating a coordinated effort to minimize opportunities for scammers to target Canadians and respond effectively, with empathy, to scam victims. That's a very significant piece. Many people feel embarrassed to have to report a scam.

With Real-Time Rail and consumer-driven banking on the horizon, it suggests that Canada will see an increase in payment fraud from those initiatives, unless action is taken. With the implementation, combined with the growing use of AI, scams are becoming more sophisticated and likely to increase. Ordinary Canadians, governments, financial institutions, telecom companies, online platforms, technology companies, law enforcement and the courts all have a significant role to play in this fight. Only by working together, and not in a partisan manner, can we identify scammers more quickly and limit the danger they cause.

It's critical that the Proceeds of Crime (Money Laundering) and Terrorist Financing Act continues to comprehensively govern the fight against money laundering and terrorist financing across Canada. While the CBA acknowledges that it needs to continue its evolution to a risk-based framework that's fit for the purpose of combatting money laundering, we caution against applying new provincial requirements—reporting or otherwise—to this space. Instead of considering new requirements to a comprehensively regulated space, CBA encourages the government of Ontario to support existing AML tools and invest in law enforcement to better fight money laundering. More specifically, the government of Ontario

could continue to support the federal government's efforts, invest in law enforcement to support the investigation and prosecution, and work with the federal government to enhance and refine provincial forfeiture regimes—an example would be the Ontario Civil Remedies Act. In addition to the latter, we suggest the Ministry of Finance provide funding to municipalities and regions with high volumes of financial crime.

Banks are also regulated federally. However, Ontario directly regulates another component of the deposit-taking marketplace: provincial credit unions and caisses populaires. Ontario presently has 56 credit unions and two caisses populaires, holding nearly $85 billion in assets and over $73 billion of deposits, amounting to almost 5% of the total retail estimated commercial deposits in the province. The government of Ontario—

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

Mr. Nick Colosimo: —must meet the dual challenges of managing risk to the province, while letting credit unions with growth aspirations scale up to expand, to grow and compete. Given the human, technological and financial resources needed to compete in the financial services market, expansion under the federal framework allows federal credit unions to benefit from economies of scale and scope, increase consumer and business coverage to better manage risk through geographical diversification, and attract and retain employees with specialized skills to better compete with both existing and emerging competitors. The government of Ontario should work with credit unions to ensure the board of directors and members' choice for optimal business structures is supported.

Ontario has made encouraging efforts to address public safety concerns, through a coordinated response between the province, cities and local partners. However, escalating violence and crime is affecting communities across Ontario in unprecedented ways. Increasing—

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

We'll now move on to the next one, the YMCA of Niagara.

Mr. Christian Wulff: Good afternoon, MPPs and community partners. I am Christian Wulff, the proud CEO of the YMCA of Niagara. The YMCA of Niagara is a charitable organization dedicated to building healthy communities by nurturing the potential of children, youth and families; promoting healthy living; and fostering social responsibility. With a focus on inclusivity, the YMCA offers a wide range of opportunities to empower individuals and positively impact the Niagara region.

The YMCA of Niagara offers programs and services that support community engagement, social connection and individual development in a community of half a million people and across 150 program sites. We have a proven track record for collaboration and partnership, and continue to be a service provider on behalf of federal, provincial and municipal initiatives. We work as part of a collective movement alongside a network of YMCAs across the province. Our charity has been active in Ontario for more than 170 years.

Today, I will present three requests that revolve around two key themes: accessibility and sustainability. I feel fortunate to have the opportunity to stand before you as an advocate and a voice for our community. I would like to outline the three areas where I believe our communities and the YMCA could benefit from additional support: essential funding for sport and recreation infrastructure, ongoing support for licensed child care programs, and addressing the increased financial challenges faced by charities and not-for-profit organizations.

Community sport and recreation infrastructure: We were pleased to see that last year's provincial budget included a $200-million commitment to support the critical sport and recreation infrastructure needs of communities, and we are thrilled that not-for-profits were given the ability to apply directly for this funding. Community sport and recreation funding is incredibly important, because recreation centres are critical resources for growing communities.

As we build new homes and attract newcomers to Ontario, we must ensure that families have a place to prioritize their health, enrol their kids in programs and connect with others. At a time when so many feel that they don't always belong, the Y offers opportunities for people to make meaningful social connections. These investments in sport and recreation ensure communities have the resources they need to thrive. By promoting physical activity, mental well-being and social engagement, these programs significantly reduce the strain on our health care system.

Last year's funding commitment of $200 million would be exhausted very quickly, given the tremendous need across our communities. That's why, in the 2025 budget, we are urging the government to reinvest another $200 million to make more renovation and retrofit funding available for not-for-profits like the YMCA. With this funding, we can ensure that our facilities continue to be safe, accessible and welcoming spaces, so that we can continue to serve the needs of our growing communities.

Child care: We are happy to see the province shift towards a long-term funding formula, based on a full cost recovery. Although we have just begun implementing the new formula as of January 1, we are optimistic that this will provide us with the stability to our programs that we need. However, we still have questions. We find the benchmark funding very low in some regions. We are looking for legacy funding to ensure costs are covered. Legacy funding will be critical for us, and we need to ensure that this top-up is continued long-term.

We also have concerns about the child care workforce. Across Ontario, we employ roughly 6,000 early childhood educators and staff. Across our programs in Niagara, we see significant workforce shortfalls. We face challenges in hiring enough ECEs to sustain our current programs and achieve expansion goals for providing families with high-quality, safe child care. The province has made great strides in supporting ECEs, including raising the wage floor, but we need further advancements. We would like to see a provincial wage grid in place. This accounts for

qualifications and experience rather than just the floor. Provinces that have been able to implement a wage grid have started to report greater success within recruitment. The other issue with the wage enhancements: They do not apply to early childhood educator assistants, and the system relies heavily on these roles. We would like to see educator assistants included the wage enhancements.

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We also need to see enhanced support for our children with diverse needs. In recent years, we have welcomed more children who require additional or specialized support in our programs. However, funding has not kept pace with the resources needed to ensure their full and meaningful inclusion. Additional staffing is also an essential to provide children with one-on-one support, yet current funding frequently falls short. We urge the province to establish consistent standards to ensure children with diverse needs are fully included in licensed child care programs. Failing to adequately support these children not only impacts their development and well-being, but also prevents many highly qualified parents and caregivers from actively participating in the workforce, limiting their economic contribution and career advancement.

Finally, supporting charities and not-for-profits with rising costs: Charities, like the YMCA, dedicated to providing vital community services such as employment training, EarlyON programs and youth gambling awareness are witnessing significant increases in demand within our communities, yet the funding agreements with the province have not matched our growing costs. Now is the time to recognize the true value of these programs, incorporating inflationary support into multi-year funding agreements and ensuring reasonable staffing increases. Together, we can rise to the occasion and fulfill the ever-growing needs of our community with unwavering commitment.

YMCAs are essential organizations that directly address the needs of their communities. We are prepared, eager and ready to collaborate with government partners to make Ontario the best place to live, work and raise a family.

Thank you for allowing me to present these recommendations.

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

Now we're going to hear from the Ontario Trial Lawyers Association.

Ms. Mary-Anne Strong: Good afternoon. My name is Mary-Anne Strong. I am the president-elect of the Ontario Trial Lawyers Association, an association of plaintiff personal injury lawyers. Thank you for inviting me to speak to the standing committee.

OTLA has had the opportunity to appear before this standing committee on several occasions in recent years. Before I present recommendations that may be familiar to the committee, I would like to take a moment to address a few new recommendations that are included in our written submissions.

First is a call for an immediate review of the Licence Appeal Tribunal, also known as the LAT. This review should focus on several aspects, including the appointment process, the adjudicator qualifications, an examination of training, and the overall rules and procedures implemented at the LAT. There are troubling trends regarding the success rate for applicants since the establishment of the LAT. Details have emerged through a statistical analysis produced by inHEALTH that the success rate for applicants continues to fall. With a high of just 33% in 2017, the success rate for injured applicants was just 10% on all issues in 2023. It is becoming increasingly evident that the LAT has been plagued by delays, excessive costs for applicants who have no recourse to recover those expenses from the insurers who deny their claims, and that the LAT has implemented policies and procedures that raise serious concerns about its ability to uphold fundamental principles of natural justice. The LAT has failed to be more efficient. Based on current statistics from 2024, the average time between application to decision is now 803 days; this is over two years. The LAT's delay of over two years between application to decision means that almost half of the five-year entitlement for medical rehabilitation benefits has been lost due to the LAT's failure to process the dispute efficiently. This only provides incentive to insurers to deny benefits and let the matter languish in the LAT system. This is a perverse outcome for a tribunal that was intended to interpret consumer protection legislation.

The second item that I would like to raise with this committee is the need to increase attendant care rates. In October, the Financial Services Regulatory Authority of Ontario, FSRA for short, conducted a review of attendant care rates, as directed by this government in the 2024 budget. FSRA has been dragging their feet on this issue for years and has continued to do so during the consultation period, which contained insurance-friendly language and misguided assumptions. We are very concerned that FSRA will recommend the status quo; this is unacceptable. We know PSWs and other health care providers are leaving the system as the guideline rates are far too low. That is why we are strongly recommending that benefit amounts and rates available under the Statutory Accident Benefits Schedule be increased so that rates are in line with market rates, and that rates should be regularly increased to keep up with inflation.

Now I would like to speak to three recommendations that this committee has heard for several years now.

First, we are again calling on the government to fulfill its promise from 2019 to restore the $2 million in care for victims who have been catastrophically injured. We are deeply concerned that it has been over five years and this increase has still not been implemented. This change would vastly improve the lives of most seriously injured people. We were disappointed to hear that recent changes set to come in force in 2026 in fact reduce available benefits to catastrophically impaired individuals unless purchased as an option.

The second recommendation that this committee has heard before is to repeal the secret deductible. This secret deductible unfairly penalizes innocent accident victims in favour of insurance companies. It is not in keeping with the transparent and fair auto insurance system that Ontario citizens expect and deserve. Shockingly, while health care benefits that support the recovery process are not tied to inflation, the secret deductible is, and this amount has now ballooned to over $46,000. This means if a drunk driver hits your child and the jury determines that your child's pain and suffering compensation should be $45,000, your child receives nothing, or, if they decide that your child's compensation should be $100,000, the at-fault driver's insurance company keeps $46,000 of your child's pain and suffering compensation. This is not fair to the injured accident victims. It makes no sense that the wrongdoer's insurance company can keep funds awarded to injured citizens. The increase to the secret deductible comes on the heels of the recently announced plan to expand consumer choice by making more of the current mandatory product optional. This will leave many drivers high and dry as they will not have access to critical benefits. Opting in to benefits has been shown to have a very low pickup. Some insurance companies report that only 2% of drivers opt in to optional benefits. This will also disproportionately impact the people who need these benefits the most.

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

Ms. Mary-Anne Strong: These individuals will not have opted in as they did not want to spend the money at the time of renewing their policy, leaving them to rely on the public health care system and other provincial support programs.

Our final recommendation is to restrict the use of civil juries in Ontario. The current system is not working. In more than 95% of car accident cases, it is not the injured accident victim asking for a jury to decide their case; it's the insurance company for the at-fault driver. Restricting civil juries in Ontario will build on the modernization of the courts that the government has recently implemented, all while saving the province and litigants substantial costs and delays. The time has come, and we urge the government again to take this important step.

Our written submissions will provide greater detail, along with additional recommendations to rebalance the auto insurance system in Ontario.

Thank you for allowing me to present today to the standing committee.

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

That does conclude the time. That's all the presentations.

We'll now start with the questions. MPP Barnes.

Ms. Patrice Barnes: My first question is to the Canadian Bankers Association. You talked a little bit about scams. That's a reality, and we've seen that there's a growing trend and a particular focus on seniors who have—we have seen where seniors have lost their retirement egg to scammers, and we see that increasing with the growth, like you said, of technology, these things have gotten way more sophisticated. So in seeing that—and your industry has probably sort of been intricately a part of that—what are some of the recommendations that you think would come out of there? We've talked about partnerships between governments, between law enforcement. We've seen investment, of course, in law enforcement and trying to really get on top of crime. But what are some of the things that you think would make an immediate impact in stuff like that?

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Mr. Nick Colosimo: Ms. Barnes, that's a great question. I am going to pass it off to my colleague Pooja Paturi, who spearheads our fraud prevention and anti-scam efforts. Pooja can certainly add some excellent light for you on that front.

Ms. Pooja Paturi: Thank you, Nick.

Good afternoon. My name is Pooja Paturi. As Nick mentioned, I am the director of digital payment fraud prevention at the Canadian Bankers Association.

To respond to the question: First off, we agree that seniors are being targeted for the scam efforts that are going on by fraudsters today; however, it is not just something that is limited to seniors. What we want to get across with our efforts as an industry is that every Canadian is a target. Even those who are fraud specialists are targets. And scamsters are becoming evolved to the point where it is becoming impossible to differentiate a real ask versus a fraudulent ask.

What we think is going to be really, really important for us to be able to proactively defend against fraudsters and scamsters is that cross-sector collaboration that we mentioned previously. Being able to share information across sectors such as the telecoms, digital platforms, where a lot of scams originally make contact with their intended victims—being able to draw the line, connect the dots between those industries and being able to proactively identify scamsters before they actually target the victim themselves is going to be key.

Another key tenet of our work at the CBA is education and awareness. We believe that there is much benefit to being able to coordinate efforts in how people actually report scams—so, for example, being able to text a number when you are a victim of a scam or when you are a suspected victim of a scam, and being able to have that number recognized in the way that 911 is recognized, something that will allow people to actually get immediate response, immediate help and support, verification, if they are a victim of the scam. That's something that we believe will be instrumental to actually being able to prevent the ongoing impact of scams.

I think that's everything that I wanted to cover from my side.

Ms. Patrice Barnes: My follow-up question to that: Looking at putting everything together and coordinating, do banks now—if you're talking about a number, if I got a call right now and I thought it was a scam, is there anything that is in place now with any of the banks that could be replicated across or scaled up in that regard, when you're talking about something like that?

Ms. Pooja Paturi: Right now, banks will often recommend that victims or suspected victims speak to law enforcement or report to the Canadian Anti-Fraud Centre. However, we are very aware of the fact that Canadians have an incredible amount of trust in their banks. When they think they are victim to something like a scam, they will call their bank first rather than law enforcement or, for example, the anti-fraud centre. What we think is going to be beneficial is being able to drive traffic to law enforcement and anti-fraud centres, because banks do not currently standardize the way that they respond to scams. It's dependent on the situation. It's dependent on the client. It's dependent on the history of the client being a victim to scams. It's on a case-by-case basis for now. We think that law enforcement, the anti-fraud centre will be a better place to provide a standard of care for potential victims.

Ms. Patrice Barnes: My follow-up to that is—and I'm not trying to be difficult.

Ms. Pooja Paturi: I'll give it a go.

Ms. Patrice Barnes: We have banks that have clients who have—you're really the epicentre of what is happening. I understand the referral to law enforcement. And us, being on our side with government, recognize right now with law enforcement, they're sort of trying to scale up, trying to staff, trying to do all that stuff, so if we're talking even about something that we could roll out the door in a month or so, it would probably still take time to sort of get them up to speed—where if we're saying, "Call 611," it would be a centre where it would possibly have a really quick and impactful ramp-up. So I'm thinking that the industry itself—you're almost like the first line of contact in regard to that. If there would be something more along collaboration across all the different banks to put something that is more stringent in place—I doubt we'll be able to stop it, but at least give clients someone they can call, somebody they can interact with—just your thoughts on that.

Ms. Pooja Paturi: I will mention that in the back end, banks, especially those members of the Canadian Bankers Association—we do work with law enforcement on a regular basis—

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

Ms. Pooja Paturi: Oh.

We do work with law enforcement on a regular basis to share information as it relates to scams and fraud, so that is happening in the background. As part of our cross-sector alliance that the Canadian Bankers Association has stood up, RCMP as well as other law enforcement agencies are part of that discussion, and we are looking to understand how we can better facilitate response to victims in the case of scams, especially as it relates to education and awareness, as well as sharing of information to prevent scams overall.

Ms. Patrice Barnes: Thank you. I think that's my one minute.

The Chair (Mr. Ernie Hardeman): Twenty-one seconds.

Ms. Patrice Barnes: I have a couple of questions for you guys as well, but thank you. I didn't say thank you for coming and presenting. I appreciate all the insight that you have to offer.

The Chair (Mr. Ernie Hardeman): We'll go over to MPP Gates.

MPP Wayne Gates: My colleague is going to talk to the trial lawyers. I'm just going to say a statement on that. As the rates go up, the benefits have come down. I think that's what we're seeing. Their profits are going up, as well.

I'm going to talk to the Canadian Bankers Association first.

In our community of Niagara, we have RBC, we have BMO. What's happening in the RBC: They're starting to close branches that are in smaller communities. They closed a branch in Chippawa. I did have the opportunity to question the president when they did the opening of the new branch, but it hasn't made any sense. I happen to go to that bank. When you go there on the weekend or any time, really, on a Thursday or Friday, there's no parking. People are coming from Chippawa; a lot of them are seniors. So it didn't make any sense to me. And then yesterday, I got a notice that BMO in Fort Erie is now closing that branch and moving that to Niagara Falls. These are banks that I believe are doing quite well. I don't think RBC or BMO are losing money. I've always thought that the responsibility of the bank is to provide the service and to make sure that the customers are being taken care of.

I don't know how you can say that the banks are taking care of communities like Fort Erie, like Chippawa—which is part of Niagara Falls—when you close these branches that are so vital to the communities. Are you aware of this?

Mr. Nick Colosimo: Well, Mr. Gates, as one Niagaran to another, I definitely appreciate the question. I'm going to defer to my colleague Alex Ciappara, our VP and head economist, who can shed light on that issue.

Mr. Alex Ciappara: Thank you, Nick.

Thank you very much for the question.

I know when banks do make the decision to close a branch, they do so with a number of factors in mind. It's not an easy decision. There are a number of things that they have to do when they do close a branch—notify customers, send communications to customers. The FCAC has a number of items that banks must follow through on when a branch is being closed.

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Banks are also reacting to market demands. I will say there has been this move towards electronic transactions and digital transactions. Banks have to adjust—and it's not just Canadian banks; it's all banks. We took a look at the number of branches being closed internationally, and we've seen over the last 10, 15 years that banks have closed about 12% of their branches. But when you look in other jurisdictions like the UK, for instance, they've closed about half their branches. So while it may seem on the surface that Canadian banks are closing their branches to a large degree, it's actually to a much lower degree than their international counterparts. That being said, of course when banks do close a branch, they do so with all factors

in mind, and they try to help the customers at that branch move their accounts to a branch that is close by, and they try to help facilitate that move. But banks are also responding to market demands too.

MPP Wayne Gates: I appreciate that response. I'm not going to agree with it, just to be clear.

In Niagara—as you know, if you're from Niagara—we have around 40% seniors. There are a lot of seniors who don't drive. Once you get to be 80 years old, a lot of them can't pass the test that they have.

I firmly believe it's the role of the bank—you're absolutely right; they notify the customer. They notify the customer because they want to transfer their funds that are in that particular branch over to the new branch that's now 25 or 30 minutes away.

In Fort Erie, we have the same thing with our urgent care centre. They closed our urgent care centre that used to go 24/7, and now it's going 10 hours a day with the same kind of excuse.

What I'm saying is, I believe the banks, which are extremely profitable—and these moves are being made to make more money. You can say what the UK is doing—I don't live in the UK; I live in Niagara. We have an obligation to take care of our seniors. So I understand why the banks are calling them. They also have to have a meeting with them. They have to set up a meeting where somebody comes in and talks to them. But it's wrong, in my humble opinion, to be closing these small, rural banks, and to move them away from the community. It's terrible for our seniors.

I haven't had the chance to talk to the mayor about Fort Erie. I just found out about Fort Erie yesterday.

I met with the president of RBC when I had the opportunity—as I know Sam and Jennie do, when you go and do the opening. When I spoke at the opening, I actually said, "What are you guys doing? Why are you doing this to a community like Chippawa? Why are you forcing them to come?"

So I would like you to take this back and say, "Why are we doing it?" If it's just to make more money, I will ask you guys: What bank is losing money today—that they have to close and provide less service for people who are using a bank?

You're absolutely right; young guys like Sam may be a lot better on the computer than somebody who's 70 or 75 or 85 years old. You're way ahead of the time when seniors still need assistance. They still need to go to that teller. They still need to go and talk to somebody in the bank to make sure their financial needs are being met.

It's a mistake, and I just wanted to just say that.

As far as credit unions go: I represented credit unions for a long time. Credit unions do an incredible job, quite frankly, in the banking system, because a lot of that money that goes into the credit union goes right back into the community.

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

MPP Wayne Gates: Okay, that's good.

I haven't even gotten to your question on fraud yet.

I'm passionate about small, rural banks because in our ridings, we have small communities; we have communities that still are the way it used to be. You may say they're Niagara Falls or Fort Erie, but you've got Ridgeway—they closed a bank in Ridgeway too; I know the mayor there is arguing about that. So it's a different type of set-up here in Niagara. We have a lot of smaller communities.

I don't know if you would call Beamsville small or not, Sam.

We have small communities. I really think you've got to do a better job on taking care and providing the service. It shouldn't always be about profit.

On the fraud: We continue to hear about fraud almost on a daily basis. And yes, somebody said it's involving all Canadians when it comes to fraud, but they really seem to gear on seniors. We need to do more education with our seniors—

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll have to do the rest on the next question.

We'll go to MPP Hazell.

MPP Andrea Hazell: To all presenters, thank you for coming in and presenting to us right after lunch. I'm happy we're still motivated and we can ask our questions.

I want to go to Nick from the Canadian Bankers Association. In my world before politics—of course, that's where I lived my entire young life—I know scams and frauds. You can name it the way it is—anti-money laundering, terrorist financing—it has increased year over year. I could tell you from inside of the branch world and from the back, we worked tirelessly to get ahead of these frauds. But you have to understand the fraudsters: They have an MBA in this. This is what they do every day, morning, noon and night, to be a step ahead.

The banks are losing a lot of monies, but we also have to understand that in these branches, when they lose monies, we've got staff who are really emotionally disturbed, also, because the fraud could happen with them inside of that branch. For me, I just have the knowledge and the education within to know how this affects the staff. It affects the banks. It affects the people. It affects the economy. It affects the government.

And so, $45 billion to GDP—we've given back a lot to this province, to this economy, and then $569 million lost to fraud.

Can you tell me what you think the government should be doing more of to help protect the banks, the staff, the province of Ontario?

Mr. Nick Colosimo: Firstly, we appreciate your enthusiasm for the banking sector and appreciate your service to it.

One thing I'll just begin with is, our sector doesn't see this as a problem for the sector; we see this as a problem for the clients our members are seeing on a daily basis and hearing from. They're the ones falling victim. At the end of the day, nobody wants to see a Canadian or Ontarian suffer. Our members do not want to see this. We're as fed up with the scams and the fraud as anybody.

I just had a call two weeks ago from an MPP who almost fell victim to a phone fraud scam. I got a call at 8 o'clock at night. The first call made to us was saying, "Oh, no, I think I clicked on something because a bunch of my colleagues are getting text messages from me asking for $1,000." I'm sure some members know who I'm referring to here.

At the end of the day, anybody can fall victim to this.

As my colleague Pooja has pointed out, we're effectively asking for—education is the big piece here. We need to really start focusing strongly and educating the public on these scams and what to look for and what to do. Mr. Gates is spot-on that they predominantly target seniors, and it's heartbreaking.

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

Mr. Nick Colosimo: I'll stop there, Mr. Chair.

MPP Andrea Hazell: I want to add to this too—and I know you said, "Why do we close down small branches?" I had to close down; I was involved in a small branch close-down. It's because we opened in the community. It's supposed to be a community branch, but, my God, with the frauds and the risk of our lives in that area where that branch was, we had to close down within, I think, six years.

Interjection.

MPP Andrea Hazell: My minute is up?

The Chair (Mr. Ernie Hardeman): Carry on. You have 33 seconds left.

MPP Andrea Hazell: You took away three seconds from me.

The Chair (Mr. Ernie Hardeman): I was just going to remind you to speak to the panel, not to your associates.

MPP Wayne Gates: She can talk to me any time she wants; it's all good.

MPP Andrea Hazell: Thank you. I love you.

The Chair (Mr. Ernie Hardeman): And that does take you to the end of it.

Laughter.

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

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

Mr. Dave Smith: I know this is the committee on finance and economic affairs, but with no disrespect intended, we've spent way too much time talking to bankers today.

Interjection: Hear, hear.

Mr. Dave Smith: No offence to you guys.

I'd like to shift, if I could, and talk to the YMCA. You mentioned that you'd like to see the $200-million program that we had for sport and recreation infrastructure being expanded. That last program was $100 million for new builds and $100 million for upgrades or rehabilitation to existing ones.

Would you keep it the same or would you like to see some changes done to it? Do you think that there should be different criteria that's involved this time around? Should we be focusing more on refurbishing existing facilities, or should we be focusing more on new facilities? Do we have the balance right? This is an opportunity to help design it right now, so you should take that opportunity.

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Mr. Christian Wulff: Phenomenal. I think it's great that we're not talking about banking fraud, but anyway—

Laughter.

Mr. Christian Wulff: Thank you.

It's a really good question.

I think, when you look at a lot of historic recreation centres and community centres across Ontario, they are coming to life cycle. So there is going to be a needs analysis, a feasibility study around whether money could be spent on retrofitting and bringing back to life, and/or what does that mean in order to shift locations or rebuild on the same location? To be honest, without market data and understanding the true landscape across Ontario around what it needs—but I think, minimum, as an entry system, the mix model works. We'll be looking at it within Niagara to support retrofitting of the facilities we have. We've got facilities with Niagara in and around 15 and 18 years, and so we have a plan now around life cycle. If we don't get ahead of this, and if the funds and the grant system doesn't remain—not only us, but there are a lot of other people who are owning their own facilities who don't have the necessary capital requirements to drop into this kind of sized facilities.

I would suggest, as someone in Niagara who would love to build a new facility, that the model itself, for me—having that hybrid model, with opportunities to go both ways, is probably where you need to be.

Mr. Dave Smith: I think I probably know the answer to this, because you're a not-for-profit organization. In this last round of grants, it wasn't just municipalities that could apply for it; it was also not-for-profits, as you pointed out.

Mr. Christian Wulff: Not-for-profits, correct.

Mr. Dave Smith: Having been the parliamentary assistant to northern development for four years, I saw a lot of the facilities that are up north that were built with Wintario money in the 1960s and the 1970s. Those are much more expensive propositions for it. I'll use Red Lake as a perfect example: It's about $60 million to replace that arena there; it was built in 1967.

Again, I think I know you're going to say, "No, don't change it so that you're taking away the focus from the not-for-profits." But that is the question: Should we be focusing funds specifically towards municipalities, and a separate stream, then, for not-for-profits?

When we're looking at the mix across Ontario, obviously in areas like Peel which have a larger newer Canadian population, they aren't playing the traditional North American sports like hockey and lacrosse. They're coming in with soccer or cricket or other sports that are played predominantly in Europe, Africa and Asia, not necessarily in North America. But when I look at some of the northern communities—more the rural communities—we're talking multi-generational Canadians, not as many new Canadians, and they're still playing those traditional sports, but they don't have a large cross-section of not-for-

profit organizations, because they simply don't have the population to support those types of things.

Should we then be looking at dividing that funding up yet again so that we have a separate stream for not-for-profits and a separate stream for municipalities? And should we look at focusing it more on different regions of the province, or just keep it blanket the way we have, where all regions are treated identical?

Mr. Christian Wulff: Yes. This is a loaded question. It's a long one.

By the way, I'm from Australia, so cricket is also a thing to me.

Hon. Sam Oosterhoff: No kidding—you're from Australia?

Mr. Christian Wulff: I have an accent.

Laughter.

Mr. Dave Smith: I wouldn't have guessed that.

Mr. Christian Wulff: I've been here for 20 years, but it doesn't rub off.

Again, that's a really good question. I think, from my standpoint, not-for-profits and municipalities are playing two different games. Do you know what I mean? Within the not-for-profit sector or the charitable sector, we don't have access—and a lot of not-for-profits don't have access—to any other revenue streams, and so this would be a way for not-for-profits, charitable organizations, to be able to go and support communities through this funding lens. But municipalities do have revenue-driven streams as well.

In regard to the landscape of Ontario, again, I think without looking at some serious data in regard to opportunities—and there's obviously also costings across Ontario as well. To build a facility 10, 15 or 20 years ago, you'd get away with $20 million or $25 million; now you're north of $40 million. So, depending on where you live in Ontario, that is also going to play into that as well.

Mr. Dave Smith: Thank you.

I'm going to turn things over to my colleague MPP Oosterhoff.

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

Hon. Sam Oosterhoff: Thank you very much, Christian. It's great to see you again. Happy new year, good sir.

Mr. Christian Wulff: Likewise.

Hon. Sam Oosterhoff: I always appreciate the Y and the work that you do. I know we had a great event last year at the Grimsby site—I think the newest site in Niagara, if my memory is correct.

Mr. Christian Wulff: Correct.

Hon. Sam Oosterhoff: It obviously is very, very popular in the west Niagara area.

I have to say, one of the reasons I provided a letter of support for you guys to that fund was because I see the value that you're providing in so many parts of the region. Obviously, as a not-for-profit, having to be nimble also to changing economics and changing socio-demographic situations across the region—you've done a really good job at being nimble and having to, in a world where there are unlimited needs and limited resources, use those resources in a good way.

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

Hon. Sam Oosterhoff: What would you say, over the past five years, with COVID and everything that has happened, has been the biggest change in the service patterns that you are having to respond to? And what should the government be aware of that you see coming down the pike in the next five years?

Mr. Christian Wulff: Good question. I've got a minute to answer it, I heard.

Back to the previous question, as well: We would say we're a first-generation newcomer. But there is an influx of newcomers—so with newcomers, it's obviously supporting them in regard to immigration and supporting them in regard to settlement services and things like that.

In regard to post-COVID, let's talk about recreation, for instance. Consumerism has changed, and there are just higher needs that are coming through. If you look through our child care sector and our child care program, we're seeing one in three children who are coming in with some higher needs, which we're having to look at differently. One in three means that there are extra supports, extra staffing required—

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

We'll now go to MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: I'm going to direct my questions to Ms. Strong for a little bit, because everybody else had a chance to elaborate on a few, and I might get back to the Y after.

MPP Fife asked me to champion this question to you. I'm sure you're familiar that she brought forward Lydia's Law, which was a bill tabled by MPP Fife. I'm not sure if you're aware of that. It called on more transparency and accountability as to how many sexual assault cases remain in court backlogs annually. Many cases are never prosecuted as a result of administrative delays. Among other things, what do our court systems need from the government to ensure that victims are brought the justice that they deserve in a timely fashion?

Ms. Mary-Anne Strong: Thank you for that question.

Our current court system is in need of change. There's no doubt about that. There's significant backlog on the civil side. I believe that you're referring to the backlog on the criminal side, as well.

Mrs. Jennifer (Jennie) Stevens: Correct. Yes.

Ms. Mary-Anne Strong: We at the Ontario Trial Lawyers Association only do the civil work, but certainly the backlog on the criminal side impacts the civil side as well. Sexual assault victims not only have recourse through the criminal system, but they also have recourse through the civil system. Many of our members assist sexual assault victims on the civil side, as well.

Both sides of the court system, criminal and civil, are experiencing extraordinary backlogs and difficulties. Some of that has to do with the appointment of judges and the need for more judges in different areas. Some of that has to do with the court system itself—the rules that we have in place and the delays that are built into our system. Unfortunately, some of the cases tend to languish, particu-

larly in motor vehicle accidents—which, if I can skip to that, there are delays that are built in, and when there is delay, that only increases the profit side to the insurance industry. They benefit from the delay by not having to pay anything, and in fact, that deductible that I spoke about keeps going up. So changes that could be put into place in the court system would help both sides.

Mrs. Jennifer (Jennie) Stevens: Getting onto the motor vehicle accident part, my mother was actually in an accident approximately a year and a half ago.

Ms. Mary-Anne Strong: I'm sorry to hear that.

Mrs. Jennifer (Jennie) Stevens: It has been a long process for her. And just being someone who's not, I guess, legally astute and falling upon having a lawyer who is talking to her about torts and about this and about that—she's 84 years old, so it is very difficult, in layman's terms, to understand what, I guess, at the end of the day, the light is going to look like.

1350

When I see here the success rate of accident victims at the LAT has decreased, I think that—I'm looking here—it has actually decreased by another 10%. I'm wondering if you can elaborate on that. And what will happen because of these decreases within the court systems?

Ms. Mary-Anne Strong: Thank you for that question about the LAT.

The 10% figure is the 2023 percentage of successful applications, so it's the success rate on all the issues the person came and asked for. They were successful in getting all of those 10% of the time in 2023. That is a decline compared to, say, 2017.

It's a very complicated system to navigate, as your mother and you both experienced. The insurance industry and the Insurance Act itself are very complicated.

When we have a tribunal where success rates are so low, this erodes the confidence in the system. There are many things that erode the confidence in the system, not just the success rate alone. We've seen some real failures to comply with rules of natural justice. We attend hearings where rules that we would expect to be enforced are not enforced in the same way. I encourage you to read recent 2024 Divisional Court decisions, which detail some of these significant deficiencies.

I would love to give you one example of something that was in the CBC recently. If you look at the CBC article, there was a woman who did not speak English very well, and she asked for an adjournment of her hearing because she had just retained counsel who could represent her if the hearing could be moved. She was denied that and forced to proceed to the hearing. That CBC article says that this woman was crying and pleading to be allowed to have counsel.

When we have a tribunal that's not allowing counsel, not allowing reasonable adjournments in Ontario—not to be allowed counsel is quite significant, frankly. These should be flags that there's an issue with the LAT.

Mrs. Jennifer (Jennie) Stevens: What has your experience been dealing with WSIB-related cases? I hear frequently from constituents; they're banging down our doors in our constituent office and coming to me and saying the issues they're having, such as being required to see a WSIB-appointed doctor versus their own physician. Is this problematic and potentially biased? Is this true from your perspective? Do you find it?

Ms. Mary-Anne Strong: Some of our members do WSIB work; I myself do not, so I cannot comment on that directly.

I can give you the analogy for the motor vehicle system, where that is also problematic—

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

Ms. Mary-Anne Strong:—where benefits are denied and then the insurance industry sends people to doctors retained by the insurers. It's a similar system.

But for WSIB, in general, we do have members who practise in that area, and I'm advised that it's also complex and difficult to navigate.

Mrs. Jennifer (Jennie) Stevens: One last question with 30 seconds to go, I believe: Would you possibly sum up, from your experience about the automobile accident reports, what you would like to see in the 2025 budget?

Ms. Mary-Anne Strong: Well, if I could just give them quickly, the two paramount ones would be (1) the Licence Appeal Tribunal needs a review and perhaps an overhaul so that we can restore confidence in that system, and (2) to look at the lawsuit side of the legislation, that secret deductible. We also don't have our full income loss, so bringing—

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

Now we'll go to MPP Hazell.

MPP Andrea Hazell: This time around, I'm going to start off with Christian from the YMCA of Niagara.

My question to you is very simple. I've heard it all with the pressures that daycares in Ontario are facing. Your presentation is not new, by the way. Everything you've listed in there—and we're supporting you. We're advocating for you. But in your capacity, do you see a path forward in a better accessible and affordable health care system in your capacity, or do you see more spaces are coming out, because now young families—I don't know if you know it or not—they're planning two years ahead of having children and trying to find a space even a year, nine months before the child is born. Unbelievable—that was not in my time.

Mr. Christian Wulff: How long before?

Mr. Nick Colosimo: About six to eight months.

Mr. Christian Wulff: We just had this conversation a moment ago.

I love how you phrased it as a simple question. Thanks. I'm going to give you a simple answer. Is there a way forward? Absolutely, but we're playing catch-up, and we've been playing catch-up from the last five, six, eight, 10 years. So is it going to take time? For sure.

To give you some kind of local—we're working very closely with the region about expansion of child care, but as we know, opening new sites means more ECEs, more staff members. That's where we're starting to get challenged. We could open sites, but if we can't staff them,

we can't invite children into our services. It's almost like the horse and the cart: What needs to come first?

I think if you look at it through a workforce—and in my opinion, we need to saturate the market with people coming through, being qualified and being ready to go. And then one thing for Niagara: Stay in the industry and stay local. What we're seeing is people coming through the certifications, and because the actual position isn't being paid at a rate that is competitive with other jobs, they can move on for ECE, they finish the qualification, and they choose to go into other professions. If we can fix those things, if we can saturate the market with ECEs and then make the job at a level where it becomes a career and not just a job, where I can look after my family, where I can provide the necessary means in order to have a prosperous life, I think we can solve the problem.

Can we solve the problem tomorrow? No, we can't. Can we keep working on it? Absolutely. Do you know what I mean?

We're opening one child care this year. We're slated to open another child care next year. So it is incremental change, and we're working very closely with a lot of stakeholders around—

MPP Andrea Hazell: So you opened a child care centre this year?

Mr. Christian Wulff: Correct.

MPP Andrea Hazell: With how many spaces?

Mr. Christian Wulff: It's 49, I believe.

MPP Andrea Hazell: Are they all filled?

Mr. Christian Wulff: Negative.

MPP Andrea Hazell: Oh, wow.

Mr. Christian Wulff: Not filled because of staffing. We opened in September, and it's a gradual opening. We typically look at it in regard to bringing staff in, bringing children in, and we keep progressing.

MPP Andrea Hazell: I hope next year, when you're back presenting, I can hear some better, positive, path-forward news.

I wish you all the best. Continue to put your best foot forward. We're dealing with our vulnerable individuals, right?

Mr. Christian Wulff: Absolutely.

Just to go back and sum up here: We are Niagara's largest and Ontario's largest child care. We are committed to this space. The answer is—

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

MPP Andrea Hazell: I'm going to move on. Sorry.

Mr. Christian Wulff: Sure.

MPP Andrea Hazell: I'm going to move on to Mary-Anne.

You detailed the problem with the LAT system, and also, you spoke about restriction on civil juries. I want you to talk about the hardship of the underserved people this is impacting.

Ms. Mary-Anne Strong: The LAT system itself was designed to help people get treatment and deal with their issues in, say, 60 to 90 days. They were supposed to be able to say, "I've been denied treatment. I can go get a hearing. I get the answer quickly, and I get into treatment." The hardship that's happening here is that people are being denied treatment, and then they get put into this LAT system, and if you have a whole hearing and you go through the whole process, you're not seeing an answer for over two years. During that two years' time, they're not getting the treatment they're fighting about, which—

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

We thank you all very much for the time that you took to prepare and the great way you made your presentations. Sorry for the slight disruptions from time to time, but that happens. We do appreciate you being here today and helping us with our deliberations.

ONTARIO PUBLIC TRANSIT ASSOCIATION, NIAGARA TRANSIT
CHRISTIAN LABOUR ASSOCIATION OF CANADA
NIAGARA HEALTH COALITION

The Chair (Mr. Ernie Hardeman): The next panel is the Ontario Public Transit Association, Niagara Transit; the Christian Labour Association of Canada; and the Niagara Health Coalition.

The directions will be the same: You will have seven minutes to make your presentation. At six minutes, I will say, "One minute." At seven minutes, I will say thank you and move on to the next item.

We do ask you, as you start your presentation, to make sure that you give us your name to make sure that we can attribute the comments to the right person.

With that, the first presentation will be Ontario Public Transit Association, Niagara Transit. Welcome, Your Worship.

1400

Mr. Mat Siscoe: Thank you so much. My name is Mayor Mat Siscoe. I'm the mayor of the city of St. Catharines. I'm also chair of the Niagara Transit Commission. I'm proud to have the opportunity to present to you today, representing the transit commission that connects our growing community here in St. Catharines and across the Niagara region. I'm also representing the Ontario Public Transit Association, of which NTC is a member.

Public transit isn't just about moving people; it's about building stronger communities. In St. Catharines and across the Niagara region, transit is our key connector. It helps residents access education, employment, health care and recreational opportunities. It fosters social inclusion, ensuring that all residents, regardless of income or ability, have access to the opportunities they need to thrive. Every dollar invested in public transit generates returns that ripple through the economy and society. As we look forward towards the Ontario government's upcoming budget, I'm here to highlight the challenges transit agencies like the NTC face and to share recommendations for sustainable funding that will help us meet the needs of our growing population.

Like many transit agencies across Ontario, the NTC is facing a perfect storm of challenges, even as ridership has grown beyond pre-COVID levels. Operating costs are rising steadily—maintenance, fuel and wages—yet funding has not kept pace. The dedicated public transit fund, or DPTF, which relies on a two-cent-per-litre gas tax, provides predictable, flexible funding to transit agencies that can be used for capital and operating expenses. It has been used by transit agencies to do exactly what it was intended to do: grow ridership. Yet it remains at 2019 levels. Moreover, the fund has not kept pace with inflation since it was introduced in 2007. Over this period, its purchasing power has dropped by 30%. Two cents in 2007 has the purchasing power of 1.4 cents in 2024.

Adding to the pressure, Ontario's population has grown by nearly one million people over the last two years. Here in the Niagara region, we've seen our population increase from just over 450,000 in 2016 to over 525,000 currently, and we're projecting that to increase to just under 700,000 by 2041. As ridership increases, the funding needed to maintain and grow service must as well. Without intervention, these financial constraints force difficult choices, including cutting service frequency and coverage, which will reduce access to critical destinations for residents; forgoing service expansion on new routes at more times of the day; hiking fares, which places an undue burden on those who rely on transit the most; and drawing from municipal reserves, which puts our municipalities at risk.

When transit is underfunded, agencies delay necessary fleet maintenance and replacement. That inability to replace aging buses leads to rising maintenance costs and reliability issues, which further erode rider confidence. This is why the NTC and the Ontario Public Transit Association are recommending a top-up to the DPTF, raising its funding to $725 million for the 2024-25 fiscal year. This adjustment reflects not only inflation but also Ontario's population growth. It would restore the fund's original purpose, supporting ridership growth and ensuring that transit agencies can meet the needs of their communities. For the NTC, enhanced DPTF funding would allow us to maintain existing service levels, keep our riders connected and invest in replacing aging buses, which would reduce the financial strain caused by the increased maintenance.

Niagara Transit is completing our first master plan in 2025. This includes revised routes and schedules, future planning routes and investments in new vehicles, including zero-emission buses. It is the first fully regional transit plan in Niagara region's history. It will be critical for creating a truly interconnected region and making important connections to other transit systems such as the GO network. Niagara Transit's transition from an assortment of separate transit systems to a proper regional service has not been easily accomplished. Municipal budgets are constrained, and transition costs have been a significant burden on the system.

Verbal commitments to transition funding were made from higher levels of government prior to amalgamation but did not materialize, leaving Niagara Transit with no reserve funds for both vehicle and building infrastructure that is badly in need of replacement or repair. Investment by the provincial government will contribute significantly to the realization of the upcoming master plan, helping to jump-start transit improvements needed for our growing population and to realize exciting projects, like the province's vision for Vegas north in Niagara. This isn't just about maintaining transit. It's about building a foundation for economic and social mobility, particularly as we recover from the challenges of the last several years.

Alongside operational funding, the NTC faces significant challenges with capital investments. Procurement costs for new buses continue to rise and delivery times have been delayed as the North American manufacturing market contracts. On average, our buses are older than they should be, which increases maintenance costs and reduces service reliability. The average bus age in Ontario has increased from 8.3 years in 2019 to 9.5 years in 2023, underscoring the need for sustainable investments.

The NTC also supports OPTA's recommendation that the province match the federal funding in the baseline stream of the recently announced Canada Public Transit Fund, an estimated $220 million annually in Ontario. There's precedent for the province matching federal transit funding. Federal programs like PTIF and ICIP have already demonstrated the power of collaboration, with $17 billion invested in Ontario transit between 2016 and 2023. Niagara Transit is expecting to receive roughly $3.5 million annually or $35 million in the 10 years of the Canada Public Transit Fund. Provincial matching will allow us to do more for our residents and reallocate municipal funding towards operations.

By continuing this model of partnership, we can ensure that our capital investments, whether it's fleet renewal, infrastructure upgrades, technology investments or state-of-good-repair projects are both sustainable and effective. These investments are critical to the long-term viability of transit systems, including the NTC, and to meeting the growing needs of our communities.

With respect to rural transit investments, we commend the government for establishing the Ontario Transit Investment Fund as a successor to the Community Transportation Grant Program.

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

Mr. Mat Siscoe: This new initiative reflects the government's commitment to addressing the mobility needs of Ontarians, particularly in rural and remote communities where access to alternative transportation options is limited.

As we approach the Ontario budget, I urge the government to prioritize sustainable public transit funding. Enhanced, dedicated public transit funding and provincial matching of federal transit contributions will address the critical operational and capital funding gaps that we face. Continuity between the CTGP and new OTIF will signal strong support for rural communities. The Niagara Transit Commission and the Ontario Public Transit Association are ready to be part of the solution. We stand ready to work with the provincial government, our municipal partners

and other stakeholders to ensure that public transit continues to serve as a foundation for economic growth, environmental sustainability and social cohesion.

Thank you for your time, and thank you for your commitment to public transit.

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

We now will hear from the Christian Labour Association of Canada.

Mr. Ian DeWaard: Good afternoon, Mr. Chair, and members of the committee. Thank you for the chance to come address you today. My name is Ian DeWaard. I'm the Ontario director for the CLAC. We're an independent trade union whose 19,000 Ontario members work in a variety of sectors, including health care, construction and emergency services.

There's much to applaud about the government's ongoing commitment to work for workers, but there remains much to be done. From our larger budget submission, my remarks today will focus on a few key areas, initiatives that we think will directly impact some of Ontario's most essential workers.

We strongly recommend that with this budget the government extend WSIB coverage to retirement home and residential care workers. Every day, these workers put their health and well-being at risk to care for our most vulnerable citizens. They experience injury rates and occupational disease at levels equivalent to their counterparts in hospitals and long-term-care facilities. While WSIB coverage is mandatory for the latter group, retirement and residential care workers are not protected by the public workplace insurer. Instead, they suffer inferior private insurance that prioritizes employer liability over proper care for the injured or ill worker. The WSIB's 2020 operational review that was commissioned by this government identified this as an unjustified anomaly that requires immediate action. In our view, it is well past time to take that action.

Our next set of recommendations has to do with home care workers. These workers are in an even more fragile situation, making $6 an hour less than their long-term-care counterparts. They travel from client to client, mostly using their personal vehicles. Mileage rates are inconsistent but as low as 38 cents a kilometre, barely half of what's allowable by the CRA. As well, the time spent travelling between clients is often unpaid or paid using a formula that amounts to less than minimum wage. It's no wonder there's a massive worker shortage in this sector and, in our view, that will not be solved by recruitment initiatives alone.

These problems, we think, are attributable to two fundamental flaws in the system. Firstly, home care contracts are awarded on a bid tender approach, which invariably drives providers to compete for the work, in large part on price. Inevitably, employees bear the brunt of these organizations' reasonable search for cost efficiency. We recommend that the procurement process for home care service providers be reformed. The province is already establishing a variety of basic terms in service provider contracts, and it should use its position to require common minimum mileage rates for the bidders and to ensure that all travel time is paid time. It's notable that in July of this year, the Digital Platform Workers' Rights Act will come into effect and will ensure that gig economy workers receive minimum wage for the time between work assignments. As a province, we should provide no less, and indeed, we should do better, for our health care heroes.

1410

A second deficiency in the system as it relates to home care is that these front-line health care workers, unlike others in the continuum of care, are not an essential service for labour relations purposes. By contrast, collective bargaining for front-line hospital and long-term-care and retirement home workers is governed by the Hospital Labour Disputes Arbitration Act, something we call HLDAA. HLDAA enables the respective bargaining partners to refer their impasses in collective bargaining to a binding third-party process. While not perfect, HLDAA both ensures labour stability and provides an objective system for establishing relative terms and conditions of employment across the spectrum of providers. As has been demonstrated by the industry advocate Home Care Ontario, wage disparity between home care workers and those working in settings covered by HLDAA has gotten significantly worse since and following Bill 124. This disparity must be addressed.

We recommend that with this budget legislation, the province extend the features of the Hospital Labour Disputes Arbitration Act to these health care workers, too. By explicitly including home care under HLDAA, the government signals the importance of the work and the importance of these workers. Continuity of care and certainty that services can be delivered in a consistent and timely manner within the home care system is in line with the core principles of the government's ongoing home care modernization efforts. Preventing labour disruptions in this bedrock sector should be a policy priority, but in doing so, the province creates the means for these workers to achieve incremental, systematic improvement in working conditions through empowered, responsible collective bargaining.

Our third set of recommendations is for skilled trade apprentices. This government has been committed to the looming worker shortage through its Skills Development Fund, which has been very effective. SDF has enabled CLAC to develop its own group sponsorship program, a comprehensive apprenticeship support service that benefits both employers and apprentices, especially those in small and medium-sized workplaces where the parties otherwise struggle to navigate the apprenticeship systems.

Presently, and for a variety of reasons, group sponsorship programs don't fit well within the SDF grant program. But, bang for buck, group sponsorships create more apprentice employment opportunities than most other SDF investments, and more importantly, they improve apprenticeship completion rates. We recommend that with this budget, the province create a new grant funding stream specifically for group sponsorship programs, and that such

funding be made available for multi-year commitments. Apprenticeship is a multi-year process, and effective support requires multi-year funding to ensure program stability and success.

Our fourth recommendation is submitted on behalf of the more than 18,000 volunteer firefighters serving in 90% of Ontario's municipalities. CLAC is proud to represent nearly 1,000 of these individuals; we're the largest union for volunteers in the province. Volunteers are heroes in our communities. For an average—

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

Mr. Ian DeWaard: —annual honorarium of about $4,000, they dedicate themselves to hundreds of hours of training each year and are available to respond to emergencies on a 24/7 basis. In 2011, the federal government introduced a tax credit. It's since renamed, and it has been updated such that now up to $6,000 of earnings are eligible for a 15% tax credit. It maxes out at $900.

Across the country, provincial jurisdictions have followed suit. Nova Scotia, Nunavut, Quebec, Newfoundland and Labrador, Manitoba, BC and most recently Saskatchewan and New Brunswick have introduced their own provincial or territorial version of these tax credits. In our view, Ontario should do the same. Such a move would support the efforts of municipalities that are struggling to recruit and retain volunteers. A tax credit of this nature would signal to these dedicated and brave women and men, who mostly reside in rural and suburban Ontario, the value the province places on the services—

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

We will now hear from the Niagara Health Coalition.

Ms. Suzanne Hotte: Good afternoon. My name is Suzanne Hotte—Sue. I am the chair of the Niagara Health Coalition, affiliated with the Ontario Health Coalition. We have a membership of more than 3,000 here in Niagara.

The primary goal of our citizen group is to protect and improve our public health care system in Niagara and in Ontario. We work to ensure that our health care services, including home care, are provided based on our population needs under the principles of the Canada Health Act: universality, comprehensiveness, portability, accessibility and public administration. We are committed to the core values of equality, democracy, social inclusion and social justice. We are a non-partisan public interest coalition determined to protect our public health care system from threats, underfunding, cuts and privatizations.

The present situation of health care in Ontario: We are in a state of crisis, Sam. Almost one in four residents in Ontario does not have access to a doctor. Emergency departments are overflowing. Most hospitals are at 100%-plus occupancy. More than 39,000 seniors are on a waiting list for placement in a long-term-care facility. Wait times for surgeries and MRIs are extremely long. Home care is in disarray. Public health and emergency services are struggling to meet the demand. There is serious understaffing of medical professionals, doctors, specialists, nurse practitioners, nurses, RPNs and PSWs. All areas in Ontario face the same situation. The most dire is in northern Ontario and small and rural communities.

This presentation is going to address three areas.

Underfunding of our public hospitals: The base funding per person for health care in Ontario is $1,822.02, the lowest in Canada. That's a shame. This explains why we have the fewest hospital beds per person in Canada. The budget should take into account what the inflation rate is, as the health expenses are affected by it. If the inflation rate is 2%, then the increase to the base Ministry of Health and Ontario Health funding rates of 0.5% means that our health systems are facing a deficit.

Given that on average, 85 cents of each dollar is spent on salaries and benefits, the health systems have a difficult job staying on budget. The result has been that every region has been affected by temporary or permanent closures of emergency departments, hospitals, services, and the list goes on.

Year after year, the three health systems in Niagara have been in this position. Their base funding only covers 64% to 65% of what they really need. Health systems have had to make difficult choices, and all of them impact the residents of Niagara and their staff.

Niagara Health has cut all emergency surgeries at the Welland Hospital. Fort Erie and Port Colborne no longer have 24/7 urgent care, and there is a plan on closing those two hospitals in 2028-29. The Welland Hospital is no longer a full-service hospital. Niagara Health has cut all emergency surgeries. Hallway medicine is now the norm, as Niagara Health is more often than not working at more than 110% over capacity.

In 2023, Niagara had 1,054 beds and 33,390 admissions. In 2023-24, there are now only 1,045 beds to deal with 35,648 admissions. Wait times in the emergency department are long; in many cases, more than 12 hours. Ambulances are waiting hours to off-load. Patients are in the hallways waiting sometimes for days for surgeries and admissions.

Directives have been sent to the staff regarding overtime, with the end result of many departments working short-staffed and long shifts. Even if the health system is hiring, it cannot fill all the positions it needs. Hamilton Health Sciences has a staffing freeze. That has an impact on the West Lincoln Memorial Hospital.

All monies that are allocated in the provincial MOH and OH budgets should be spent. It is appalling that in the time of our health crisis, more than $1.3 billion was not spent.

Health systems have to look at additional ways to finance their operations, and parking fees is one of them. Recently, Niagara Health dramatically increased its rates, making it difficult for many to actually go to the hospital to access care.

All health systems depend on so-called one-time funding from the government to help relieve the financial stress—some of it—so our recommendation is to increase the base funding to $2,270.56 per person. That's the median for Canada.

Increase the MOH and OH-based funding, so that hospital systems do not have to rely all the time on one-time funding. The base funding should be increased to at least a minimum of 70%, and make sure that all monies that are allocated in the budget are spent.

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The second problem we have is privatization of our health care system. The government has passed legislation that allows for the privatization of hospital services. Taxpayers' monies are being used to fund for-profit clinics, hospitals and for-profit staffing agencies.

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

Ms. Suzanne Hotte: It's estimated that more than a billion dollars has been taken out of our public health system. And what has the impact been so far? Private clinics get more money than hospitals for the same procedures. For cataract surgeries, the hospital gets $508; the clinic gets $1,264. For knee arthroscopy, the hospital gets $1,692 and the private clinic gets—guess what?—$4,037.

The ministry dictates the type and number of surgeries each health system can do. Most hospitals have underused operating rooms and certainly could handle the larger number of surgeries.

In Niagara Falls, there are four operating rooms, and only one used in evenings and on weekends. The St. Catharines hospital has 12 operating rooms, of which two are not in use. On any given day, most of the other operating rooms—

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

We will start the first round of questioning. We will start with the official opposition. MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: I want to thank my mayor for the city of St. Catharines for taking time out of, I know, your very busy schedule. Thank you for coming—as well as the other presenters here; I know that you've taken time out.

I wanted to introduce my mayor, who is not here wearing his mayor hat, I take it.

I'm going to focus in on the regional transit, though, Mayor Mat. I'm going to focus in on how important it is to have regional transit. Also, when I was a city councillor as well, as you sat beside me, our regional transit had not existed as of yet. Our fleets were at the brink of—I guess they were just on the verge of needing repair, a lot of them, and the cost to the city budget was substantial. Now we have a regional transit.

I'm wondering what the municipalities will have to be charged for the repair of our fleets throughout the region.

Mr. Mat Siscoe: I can give you a little bit of historical perspective. When I was first elected to St. Catharines city council, I was added to the St. Catharines Transit Commission. At that time, it would cost us about $400,000 to replace a conventional 40-foot diesel bus. Right now, you're looking at a purchase price upwards of $800,000 or $900,000. So it has more than doubled over the course of the last 14 years for that purchase.

Our average fleet age, unfortunately, has not really come down. I gave you the provincial numbers. The goal for any fleet is to have an average age of about six; provincially, we're at about nine and a half right now. What happens is, you can start to see very clear increases in your maintenance costs. We've started to see that over the last couple of years. We've been able to take advantage of the joint procurement that Metrolinx offers, which has been good for us, but the reality is that we are still going to have to put those bus purchases onto the levy if there aren't additional funds that are made available.

One of the problems which occurred during COVID specifically was that transit operations across the province were stuck in a situation where there's no revenue, there's no ridership, and so buses that would have been replaced on a regular schedule then got caught behind. All of the systems wound up in this situation, where we have buses that are older than they should be, so our maintenance costs are increasing. Ultimately, it's a growing problem that is going to cost more and more money to fix.

Mrs. Jennifer (Jennie) Stevens: You know I've been an advocate, as well as my colleague here from Niagara Falls.

I know that the region—and you're a regional councillor, as well—has allocated for two-way, all-day GO, not stopping at the Grimsby station, where the sign is there but no station is, but going all the way to Niagara Falls. I know that the region of Niagara has stepped up to the plate and really committed to the station right here in St. Catharines, to make sure that we have the infrastructure in place, as well as the GO buses to be there.

What pressures could that do to the city of St. Catharines for our regional transit, for our municipal services? Will that cause an increase in the budget for municipalities—that the province might be able to bear those costs for the taxpayer? We only have one taxpayer. I'm wondering if we can have the province maybe help out municipalities to alleviate those, as you said, maintenance costs or infrastructure costs.

Mr. Mat Siscoe: Well, as we've said, when we came together with this amalgamation, we were given verbal commitments for transition costs that did not come from the provincial and federal government. If we were to move forward, if we got to a place of all-day, two-way GO Transit—and I will put my mayor hat on for just a moment and say I'm a firm advocate for two-way traffic. We need as much of that as possible.

There will be additional costs. The regional transit system was amalgamated; the impetus, in large part, was being there to service the GO stations across the route and across the system. We have contingency plans for if and when that two-way, all-day GO service comes in. There will be, obviously, operational costs associated with that and, frankly, capital costs as well, because we are already experiencing an uptick in transit ridership. This past year, 2024, was the biggest year for Niagara transit ridership ever. We grew our numbers from pre-pandemic, pre-amalgamation. All of those numbers are up. We're up 84%

in ridership from when the service was amalgamated initially.

So we know that there are increased costs, and we also recognize that short of putting that burden on the property taxpayer, we will need help for those additional costs.

Mrs. Jennifer (Jennie) Stevens: I know that you mentioned a transit plan that's coming forward, and I hope that, in the future, you're looking for our seniors. I was at a seniors' round table on Monday, and they mentioned that they can't get to the Pen Centre. A lot of times it's difficult through our municipal transit. Maybe in your plan across Ontario, we can find some finances for them to ride the transit for free, to get to their shopping, to get to their doctors' appointments—and paratransit, also, to put some money into that as well. I'm just stating that, so if you could bring that forward, I'd greatly appreciate it.

I want to move over to the gentleman from CLAC. I have several residents—senior residents, as I mentioned to the mayor—who are complaining that their PSWs are not able to see them, because these buildings within the municipality are charging $4 for them to park. You mentioned that their wages were already $6 less than what a PSW in the field makes. This $4 when they go to visit a resident is added onto the burden of their daily take-home pay. Have you heard from your members that this is a burden on them?

Mr. Ian DeWaard: Well, I can't speak to parking costs—not to say that it's not true.

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

Mr. Ian DeWaard: It's not one I've heard, but I do know that the cost of transportation is what they bear, that the true cost of getting from client to client is not borne by the employer. At the end of the day, it's an out-of-pocket cost that they have to carry, in a way that most workers don't, in order to get around to meet the needs of the clients they're supposed to be serving.

Mrs. Jennifer (Jennie) Stevens: Sorry that I'm cutting you off; I've got 30 seconds.

Sue, I'm just wondering if you can answer this, maybe in the next round. What do you know about the board at the Niagara Health System, and are there any representatives on the board—from actual health care workers, members who have experience working in health care themselves? Do you know any information on that? I've been trying to find it.

Ms. Suzanne Hotte: Actually, I looked at the board members, and there are none with health care experience whatsoever. One must say that there's a lot of accounting experience—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: Thank you, guys, for coming in and presenting to us.

I'm going to start off my questions with Ontario Public Transit Association and Niagara Transit. I hear you loud and clear. That's the situation all through Ontario, and hats off to you, with your organization still trying to make it work, because we have to push through. Transportation is the connectivity of Ontario.

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What really touched me is when you said that if there is no intervention and we're talking about funding, one of the options is increasing fares. To do that when there is an affordability crisis right now—I know that decision is going to be difficult to make.

When we invest in transit, it's supposed to be reliable, safe, fast. So can you talk to me about these three points and how it relates back to your underfunded operational cost that has not kept up with the inflation?

Mr. Mat Siscoe: I appreciate the question.

You are 100% correct; reliable, safe and fast is exactly what we're always aiming for, and the fundamental reality is that "safe" has to be the first priority, and we will not compromise on safety. But recognizing that of those three things safety is the piece that we have to make sure we are maintaining at all costs, reliability and speed are what start to take a hit.

I've had this conversation in St. Catharines, specifically. This is a car town. You're right down the street from an old General Motors plant. Someone in this room may have worked there at one point.

Getting people to recognize the value of transit over time has been difficult, but we're seeing more and more uptake now. One of the frustrations I hear from people, though, is that it takes too long, even just to wait for a bus. Right now, during the daytime, we're at half an hour between buses on almost all routes. That's not frequent enough. If you miss a bus and you have to get to work on time, missing the bus means you're probably late. We want to increase the frequency of those buses. Once you're on the bus, the trip takes about as much time as it takes to drive your car or any other mode of transportation—but it's getting on the bus. Increased funding would allow us to increase the frequency.

The reliability piece goes to the maintenance piece that I was talking about before. The older your average age of bus, the less reliable, unfortunately, your service is going to be, because buses will break down on a more frequent basis. So that's where we see the need, when we talk about the provincial gas tax and seeing that increase. I believe that last year, the gas tax funding was about $378 million. That's only scheduled to increase to just over $390 million by 2028-29. We're really struggling to keep up. It's going to continue to lose purchasing power. With the cost of those buses having more than doubled, in some cases, over the course of the last 15 years, we're really stuck between a rock and a hard place, where our only option is to increase our operating cost by increasing the maintenance cost, which means going back to the taxpayer, or, as we had to do this past year in Niagara, raise our fares. It's not something we take lightly because we recognize the people who are using transit—in a lot of cases, that's the affordable alternative, and making it less affordable makes it even more difficult to help people get to work, get to the recreation opportunities.

MPP Andrea Hazell: Thank you for that—very well said.

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

MPP Andrea Hazell: There's, I would guess, another gap that you're facing too and, again, all of us are facing. It's the population growth that we were not prepared for, that hits every sector that makes this economy work. How are you coping with that?

Mr. Mat Siscoe: It makes it very difficult for us to expand routes—and we do have routes in the city that are absolutely packed. To purchase the capital stock that you need on the road, to be able to hire the drivers you're going to need—as the population increases, those popular routes get more popular, but we don't have the capacity to be able to continue to go back to the taxpayer, to continue to go back to the rider, through property taxes or through the fare box to be able to do that. So it becomes a very difficult situation to expand the service where the additional population is coming from, and we see it in this community and across Niagara. It becomes a very difficult proposition to be able to afford it.

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

Hon. Sam Oosterhoff: I want to thank all of you. It's nice to see you all again.

Sue, how are you? Happy new year.

It's good to see you again, Your Worship. It's always a privilege.

Ian, welcome back to St. Catharines.

Sue, we've known each other for quite a long time. I know we don't share all the philosophical alignment, but we do have, I think, a mutual respect.

I do have to ask something, because you said right off the hop that you're non-partisan. I just want to ask, where were you last Thursday evening?

Ms. Suzanne Hotte: Last Thursday evening, I was at a nomination meeting for Dave Augustyn.

Hon. Sam Oosterhoff: For a New Democrat in Niagara?

Ms. Suzanne Hotte: Yes.

Hon. Sam Oosterhoff: Okay, I'm just making sure. I just wanted to be clear about what "non-partisan" meant from your perspective and the alignment with that.

Ms. Suzanne Hotte: I would like to make clear that our organization is non-partisan. I can assure you that we have a lot of Conservatives, we have a lot of Liberals, Greens, social Marxists, Marxists, non-political, NDPers who are part of it.

Hon. Sam Oosterhoff: Okay, perfect. I just wanted to make sure I was—so the "non-partisan" was more—

Ms. Suzanne Hotte: So when I say the coalition is non-partisan—

Hon. Sam Oosterhoff: The coalition is.

Ms. Suzanne Hotte: —it is non-partisan.

Hon. Sam Oosterhoff: Okay.

Ms. Suzanne Hotte: All right?

Hon. Sam Oosterhoff: I appreciate the clarification. I just wanted to make sure I understood the distinction there. So you're not personally non-partisan, but the organization as a whole—

Ms. Suzanne Hotte: I was trying to actually go to the Liberal nomination that was held on the Tuesday night, but I was unable to.

Hon. Sam Oosterhoff: Next time.

Ms. Suzanne Hotte: Just to let you know, okay?

Hon. Sam Oosterhoff: It's good context. I just wanted to clarify that.

We spoke this morning with Brock University. They increased the amount of funding for their programs for nurses in the region from 300 to 800 spots as a result of investments from the provincial government. Those spots are only just now beginning to generate new grads for nursing positions. It took a couple of years for that to get up and running. As those hundreds and thousands of graduates come into our health care workforce in the area, what kind of impact do you see those massive amounts of new graduates having on local health care?

Ms. Suzanne Hotte: I think it will have a huge impact because there are such severe shortages for nurses, be it in the hospitals or long-term care, public health. Certainly, that will be key in making sure that we have the staff we need. The big thing is to be able to retain them. There is so much poaching going on. I know of people who have gone to Nova Scotia and New Brunswick because they got a bonus of $50,000, $75,000 to go, and moving costs and the whole bit. They sell their house here, and guess what? They're able to buy a house. They have no mortgages. There's all kinds of help. The same is happening in the US. They're poaching our people. So the retention piece is super important, that we're able to keep our nurses—and this is who you're talking about right now—in Niagara or in our area in Ontario. That means an awful lot of work. And we need to have, actually, more nurses graduating than 300, 400, because guess what? The grey tsunami is here, and people are retiring. A lot of nurses are retiring. And we need to do that. It's a great step in the right direction.

And we need to have more people being trained to be medical professionals—MRI for diagnostics and RPNs and nurse practitioners. We need more of that. We're so far behind.

Hon. Sam Oosterhoff: Thank you. I appreciated the "great step in the right direction" and more work to do—because I think everyone agrees there's more work to do.

Your Worship, I have to ask about the gas tax funding. I know, in 2022-23, Niagara regional transit got $1.9 million, roughly, through the gas tax funding—as of last year, that was $6.8 million, almost $6.9 million in gas tax money. That seems like a pretty substantial increase in a couple of years there. I'm wondering what kind of an increase you would want to see. Almost tripling in three years—is that what you want to see continue, or what's the vision that you have for increased funding?

Mr. Mat Siscoe: It's important to note, the gas tax funding—my understanding is that it's based on the number of rides. In those years during COVID, when transit ridership was down, obviously, it was significantly

less. I know, as a member of the St. Catharines Transit Commission in the past, we received upwards of—I want to say it's in the $4-million range. So that's the amalgamation now of the different transit properties coming together.

As I said, we're hoping to see an increase overall in the gas tax funding in the province of Ontario, up to $725 million. It really comes down to that purchasing power, as I mentioned earlier. The reality for us here in Niagara is that we try to put our dollars almost entirely towards capital infrastructure. Given the nature of gas tax funding and the fact that it is based on things which can be outside of our control—a global pandemic being a great example of when ridership is going to dip—we don't want to be putting our operations on that funding. We want to make sure it's going towards our capital improvements.

If we go back to—and this is going to go well back, even before I was a councillor. There was an Ontario Bus Replacement Program. It was cancelled by the last government. That program had been used by municipalities for those capital purchases. It was ended in, I believe, 2009 or 2010. That was very helpful, but since its leaving us, we've had to rely on this capital cost.

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

Hon. Sam Oosterhoff: Can I push a little bit on that, though?

Mr. Mat Siscoe: For sure.

Hon. Sam Oosterhoff: I know maybe you have to be careful with how much is public, but I know for a fact that there have been Investing in Canada Infrastructure Program investments as well coming into the Niagara regional transit for bus replacements.

Mr. Mat Siscoe: ICIP has definitely been a part of it, and we've tried to leverage those dollars for a lot of our capital infrastructure programs.

This is where I will get to the nub for us here in Niagara: A lot of the infrastructure that was brought together and amalgamated under the Niagara Transit banner was aged and needed a lot of work and, in some places, just outright replacement. We're undertaking that work now, but it comes at a cost. And those capital pieces—we're not the only transit system. Investments in transit were significant throughout much of the 1970s and the 1980s. It started to die off a little bit from upper levels of government. We've been left with the property tax base to fund it, and that's a very difficult place to be.

Hon. Sam Oosterhoff: I would note for every—

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

MPP Gates.

MPP Wayne Gates: I'll thank Ian and Mat for being here. I'm not sure how much I'm going to get to you guys, but I think as I talk about this you will understand that—particularly as being a mayor of a city.

There's nothing more important than attacking the crisis that we have in health care today, not only in Niagara, but right across the province of Ontario. And you have to ask yourself, how did we get here? It was a self-inflicted wound, quite frankly, because this government decided to bring in Bill 124, which attacked health care workers, and most of those workers were women. After they passed that—and every one of them passed Bill 124—they then knew it was unconstitutional, but they continued to fight it in the courts, fight it in the courts, fight it in the courts as our health care workers got more and more frustrated, because they were going through COVID. They were working harder, working double shifts—because the one thing I know about health care workers is that they care about that patient, and a lot of times, they care about that patient sometimes more than their own family does. I know that for a fact.

Then they brought in Bill 60—this is the one that you talked about—on the privatization of health care. That's where they want to go. They want to go to privatization. We saw that with the $1.4 billion that they're spending on agency nurses. There is a role for agency nurses in the north, because sometimes you can't get those workers, but not to the extent that they used them in long-term care and home care and all the other stuff that we did. So that's where we are.

I'll get back to Niagara. This affected everybody across the province, but in Niagara, what they did is—people aren't talking about it. When they brought in this system where, "We're going to build the St. Catharines hospital"—they closed the St. Catharines hospital. They closed the Hôtel-Dieu. They closed Niagara-on-the-Lake. They closed the Fort Erie hospital. They took services out of Niagara Falls. They closed the Port Colborne hospital. They took services out of Welland. And every single time, it affects the health care that we're getting in Niagara.

In my community that I represent—and I'll talk about what I represent, in Fort Erie. Port Colborne is going through the same thing, but they've done something else. I'm sure that the MPP from Port Colborne is going to address Welland and Port Colborne. In Fort Erie, 40% of the people of the 40,000 who live there are seniors. They have to drive down a highway in the middle of the winter that they know that they—they close that road quite regularly because of the snow and the weather conditions. They were running a 24/7 urgent care centre in Fort Erie, and what happened is, they decided to cut it to 10 hours, in the urgent care centre. All those seniors and all those people in Fort Erie, the 40,000 of them, now have to either go to St. Catharines or go to the emergency in Niagara Falls. What we know about those two facilities is, their emergency rooms are full—you're waiting in St. Catharines, it was mentioned, for 15 hours. I know people are getting hallway medicine today, where they're sitting on a cot for five days.

And what did the Attorney General say about fixing our health care system and alleviating the problem out of our emergency care facilities? You have to have an urgent care centre; invest in urgent care centres so they'll go to the urgent care centre—because a lot of them don't have doctors, because we're short 106 doctors in this region—and that would alleviate some of the problems in our

emergency rooms that we're seeing in Niagara Falls and St. Catharines.

Think about it: 15 million tourists come to Niagara Falls in the summer—imagine that—as well as the 40,000 who are coming from Fort Erie, Ridgeway, Stevensville, the Crystal Beach area.

So we have the crisis in health care.

And, Sue, everybody has the right to join a political party, whenever you want. But the coalition itself is non-partisan.

I want to say to you, you have taken on this issue. You're a teacher. I thank you for your role that you played as a teacher. You're a wonderful teacher. Your students loved you. But in your retirement years, you've taken on health care. You've taken it on because Niagara is in such dire straits when it comes to health care. I want to say to you: Keep fighting for health care. There is nothing more important, because if you don't have your health, you don't have anything. You could have all the money in the world; it doesn't matter, if you don't have your health. If you don't have that nurse there or that doctor there taking care of you, if you can't get the surgery when you need it—that's what's happening in the province of Ontario. It's happening right here in my community. No question there. I know there's no question, but I had to say this because it bothers me so much that I see people—I get calls almost every time, and I'm sure Sam is getting them and Jennie is getting them in their offices, of what's going on in our health care system and the lack of care, the lack of nurses, the lack of doctors that's going on.

So I got my health care stuff out, Sue. I just want to say thank you.

I want to say to Ian from CLAC, the gig worker is doing the same thing as your members. The difference is, through the bill that they brought in, that gig worker, if he doesn't get a job for two hours, he gets paid zero for two hours in Ontario, one of the richest provinces in this country—where they get paid no money to perform a job. So I go to work at 7, I don't get a job until 9 o'clock to deliver breakfast or whatever—for those two hours, I get no money, zero. That was brought in by the law of these guys.

I don't know how much time I've got left. I'll take another 10 or 15, if you want.

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

MPP Wayne Gates: Mat, I'm going to ask you this question. They talk about Vegas north, so my question to you: Has the tourist minister met with all the mayors of Niagara so that we can have a discussion around what we're going to do with the airport, what we're going to do with the Shaw, what we're going to do in Niagara Falls—going to be casinos—what we're going to do with the Welland Canal, what we're going to do down in Port Colborne? Have there been any meetings with all the mayors? I believe St. Catharines pays some of the freight for the Niagara District Airport, along with Niagara Falls. Have there been any meetings on that? Just the word "Vegas north" kind of scares me; I don't want to have the social problems that we have in Vegas and some of the stuff that happens in Vegas. We have one of the prettiest areas in the world, whether it's Niagara-on-the-Lake—we've got the Welland Canal, we've got the Falls. What do we want to do with that, and have you had any meetings? I think it's important for people to know how far down the road this is—or is this just another pipe dream that we're going to build under the 401?

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

Mr. Mat Siscoe: I can't speak for the other mayors in the region. I've spoken to the minister. For the record, St. Catharines pays half the freight at Niagara District Airport. We have had conversations. I've had the conversation with the minister, but I can't speak to the conversations he may or may not have had with other mayors in the area. I believe Mayor Diodati has had conversations as well, but I can't speak beyond that.

MPP Wayne Gates: I appreciate that.

Sue, I'm just going to finish up by saying, do all you can to get that 24/7 for the residents of Fort Erie. We need that. They've got a good group down there that's working extremely hard.

I'm saying to my colleagues over here, you guys play a role. Some of you guys are ministers. Sam is a minister. You can make sure that we have 24/7 for 40,000 residents. I know that Grimsby has got their hospital. I think it's up and running. They have some facilities there. We need the same thing in Fort Erie. We need to make sure that our seniors, when they need health care, have a place to go.

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

MPP Andrea Hazell: My round of questions is going to be for Sue.

Sue, I admire you. I admire your passion. I admire your energy. This is basically your second job. It's a job. This is full-time. Your organization is servicing over 3,000 members, and I think that is great.

I was looking through your presentation, and I was following it while you were presenting. You mentioned that 39,000 people are on a wait-list for surgeries, right? I just want to add that over 11,000 people died waiting for surgery, so this is an urgent situation. There are 2.5 million Ontarians without a family doctor. We know there are shortages of doctors. We know there has been closing of emergency rooms left, right and centre all over Ontario, especially in the north. You also talked about privatization versus public health care.

You talked about your three asks to the committee. Can you wrap that up again—because there is so much information shared here today, I want to make sure you have that on record, wrapping up your presentation.

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Ms. Suzanne Hotte: In terms of underfunding our public hospitals, what we're asking, as a minimum, is that the base funding for hospitals is increased, so it would be base funding per person to $2,270.56. If we have 18 million people, then that means 18 million times $2,270.56.

The second thing we're asking is that the base funding from the Ministry of Health and Ontario Health is increased so that hospital systems don't have to always

rely on one-time funding. They don't know if they're going to get it or not. For example, Niagara Health had a huge deficit last year, and they got some one-time funding—one of them was $13 million that they managed to dig out, that was owing to them from before 2013. They shouldn't have to do that.

And that all the monies that are in the budget are actually spent—we all set budgets. They're a guide. That means that we have the money to spend, so then spend it. It should be going into our health care and not staying in the treasury, not being a surplus.

For the privatization of our public health care—first of all, we don't believe in it. We don't support it. It's against the Canada Health Act. The government is receiving funds from the federal transfers for health care, and they believe in the Canada Health Act, so then they should actually follow the mandate.

The other thing that we're recommending is that we have—

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

Ms. Suzanne Hotte: —so much unused capacity in all our hospitals—I gave an example just for Niagara, that there is no need to have private clinics doing hospital surgeries. It's just that the ministry determines how many surgeries and each type of surgery that the hospitals are going to be doing. Why not just increase it? They have the room. They have the staff. They have the infrastructure. Do it. It's a heck of a lot more cost-effective.

The third thing I didn't get a change to speak about was our medical personnel shortages, and Sam did bring it up, in terms of the nurses. This whole thing about the lack of doctors is huge, because you have one community after another dangling carrots—

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

We will now go to MPP Barnes.

Ms. Patrice Barnes: Sue, thank you for your advocacy.

I just wanted to ask if you were aware of the 4% base increase that happened to hospitals just before Christmas—it was a 4% base increase for hospitals, just before Christmas.

Ms. Suzanne Hotte: I'm sorry; can you speak up, please? I have a hearing impairment.

Ms. Patrice Barnes: Is that better?

Ms. Suzanne Hotte: Yes. Thank you.

Ms. Patrice Barnes: I was asking if you're aware of the 4% base increase for hospitals that happened just before Christmas, just before we went on break. Are you including that? Are you aware of that?

Ms. Suzanne Hotte: No, I'm not including that.

Ms. Patrice Barnes: That is something that has happened—an average of 4% for the last two years in a row.

Also, the investment of building interprofessional teams that was also announced—I think there were two teams that were formed for $2 million, that would be servicing Port Colborne, Ridgeway, Fort Erie and Wainfleet.

There are still continual investments in health care that we are continuing to do—and supporting hospitals as well, working with them when they have deficits, looking at what those are and addressing those on a case-by-case basis.

I wasn't sure, because Christmas is busy—so I just wanted to make sure that you were aware of that 4% base increase so you can have that in your numbers as well.

Ms. Suzanne Hotte: I am aware that announcements were made.

However, there still is not a family health team in Port Colborne. The group that applied to see if they could be a family health team still has not received any information.

So it's great to announce things, but it takes time for it to get implemented. In the meantime, people are waiting, and you have the lack of physicians, and that is a real, real difficult situation, when you're missing 13 physicians or 15 physicians in a community like Port Colborne.

In Beamsville, they do have a clinic, and they're going to have to close unless they get a couple of doctors. The doctors are going to Port Colborne and Welland and Niagara Falls and St. Catharines rather than Beamsville because they're being offered more money—especially Welland and Port Colborne.

Ms. Patrice Barnes: I understand in regard to doctors, we've done a lot of investments in getting doctors, in moving to get internationally trained doctors to be certified. We've been working very closely with the physician association. So if you want to help us in advocating in those places as well—that would be fantastic additions to that, as well as really around getting students into family residencies.

So we're now funding education for doctors. We've added three medical schools. We've added a medical school that is only about training family doctors—which is York. We have also expanded residencies.

So continue advocacy—but I would also advocate with some of those bottleneck areas that cause us to be difficult getting doctors into the system. You're doing a great job in regard to being a voice and to advocating, but I'd also focus on some of those pieces that are bottlenecks around those as well. We thank you for your help on that one.

Ms. Suzanne Hotte: Thank you. We really want to encourage our residents in Ontario to—we encourage them to become doctors and health professionals, and be able to retain them. We know that here, just in Niagara, we need over 106 physicians. You need to graduate a lot of doctors in order to meet the dire need that we have here in Ontario. Everything that's being done is a big help. Unfortunately, we want more.

Ms. Patrice Barnes: I know. We're playing catch-up, right? We came back from a system where seats were cut and there weren't any medical schools built for a while. We're a little behind the eight ball, working through that.

Thank you again.

My question is for Ian—awesome, the job that you do. We've had great opportunities to work together in regard to the SDF, and you're really getting more of your youth and stuff into trades and special training.

I didn't really hear a lot of information that you had around the volunteer firefighter credit that you were talking about. Could you expand on that a little bit more?

Mr. Ian DeWaard: Thank you very much, MPP Barnes.

As I mentioned, the province is served by 19,000 volunteers; 90% of our municipalities rely on them. Recruitment in that space has been a challenge. They are, as front-line first responders who are giving of their time—most of them have full-time jobs; they run businesses, they've got farms—incredibly dedicated, hard-working people. The federal government has seen fit to provide a tax credit that now amounts to 15% on up to $6,000 of their earnings, capped at $900, and as I mentioned, most jurisdictions have tried to replicate that. Without boring you with too much detail, there used to be a tax exemption for volunteer firefighters on up to $1,000 of earnings. When the federal government introduced a credit, it meant that the exemption was no longer in play, which meant that that $1,000 became taxable by the provinces, which is what prompted the provinces mostly to say, "We don't want to take in more than we used to receive from volunteers by virtue of the federal tax credit."

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

Mr. Ian DeWaard: So the introduction of the tax credit across the country—again, most jurisdictions recognize that the introduction of the federal credit is something to replicate because of the signal it sends and because it doesn't make sense for the province to take in revenue from volunteer firefighters that it didn't previously receive, if that makes sense.

1500

Ms. Patrice Barnes: The other piece that was interesting was the standardized minimum gas rates. From a government level, what would that look like? What are you thinking that would look like from the governmental side?

Mr. Ian DeWaard: The province controls the service-provider contracts and includes in there a variety of terms that bidders must achieve or must meet as part of their tender. That's why our suggestion is that we introduce some basic terms for front-line workers that the bidders have to incorporate into their tenders so that there is common experience across the province for travel time and wage reimbursement. The province sits in a unique position to be able to drive that because they're setting the conditions—

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

Thank you very much, everyone, for preparing so ably your presentation and presenting it that way. We very much appreciate that, and I'm sure it will be a great benefit to the committee.

TOURISM INDUSTRY ASSOCIATION OF ONTARIO
AGE-FRIENDLY NIAGARA COUNCIL
GREATER NIAGARA CHAMBER OF COMMERCE

The Chair (Mr. Ernie Hardeman): The next group is the Tourism Industry Association of Ontario, Age-Friendly Niagara Council, and Greater Niagara Chamber of Commerce.

Everyone will have seven minutes to make their presentation. At six minutes, I will say "one minute." At seven minutes, I will say "thank you" and it's over.

We also ask each one, as you start your presentation, to make sure you introduce yourself so we get the name proper for Hansard, to make sure we can attribute the comments that are being made to the right individual.

With that, we'll start off with the Tourism Industry Association of Ontario.

Mr. Andrew Siegwart: Good afternoon, Mr. Chair, and members of the Standing Committee on Finance and Economic Affairs. Thank you very much for having me here today.

My name is Andrew Siegwart. I am the president and CEO of the Tourism Industry Association of Ontario. TIAO operates on the traditional territories of the Anishinaabe, Cree and Haudenosaunee peoples. We are a treaty people, and we express gratitude to the original hosts, who have welcomed visitors for millennia, and we celebrate the continued strength and contributions of Indigenous communities across Ontario.

As the voice of Ontario's tourism industry, we represent businesses and employees in every region and in every sector in the province. We thank the government of Ontario for its ongoing investments and urge continued collaboration to sustain and expand our tourism economy.

Tourism investment drives growth, it strengthens local economies, and its resilience will be critical to the economy, especially in 2025. Tourism employs one in 10 Ontarians, with over 770,000 in direct and indirect jobs in our sector. In 2023, Ontario welcomed 130 million visitors. The industry contributed $32 billion to Ontario's GDP, $33 billion in spending, including $6 billion in provincial tax revenues.

While early indicators for 2024 show year-over-year spending gains through September of this year, we note that overseas visitation, a critical driver of long stays and higher spending, is down about 13% year over year. This lag underscores the need for targeted strategies to recover these high-value markets.

Tourism operators continue to face significant challenges, as you all know, including high debt, rising costs, labour shortages and infrastructure gaps that dampen growth. Political and economic uncertainties, particularly in the Canada-US relationship, are going to further impact tourism. The US market represents 22% of spending in Ontario, making cross-border travel and trade essential to our industry's health. Shifts in immigration policies, tariffs and trade agreements will have significant ripple effects on travel patterns and consumer behaviour, and our responsiveness to these risks and opportunities is critical.

TIAO is currently leading the development of an Ontario tourism strategy to tackle these challenges and opportunities, and to do that head-on. We look forward to updating you when that is ready, very soon.

In the meantime, I would like to share six solutions and opportunities that we think can help to ensure that our industry thrives in this uncertain market:

(1) Increase marketing investment: Destination Ontario leads tourism marketing with an impressive track record in our province. Unfortunately, it receives about $10 million less in annual marketing funding than our competitor provinces of BC, Quebec and Alberta. TAIO is recommending that Destination Ontario's marketing funding be increased to the levels at least on par with these competing provinces so that we can attract more domestic, US and overseas visitors, driving spending, mitigating risk, increasing tax revenue, and creating jobs province-wide.

(2) Seize Indigenous tourism opportunity: Indigenous tourism is Ontario's fastest-growing tourism sector, contributing $622 million to our GDP. With one in three international and 40% of Canadians interested in Indigenous experiences, this sector offers significant economic and social ROI. We recommend extending the Skills Development Fund into 2025, with a priority on Indigenous tourism projects to fuel job creation, product development and economic growth.

(3) Bolster business, sport and culture tourism bids: Business, sport and cultural events drive significant business to convention centres, accommodations, food services, attractions and transportation providers. Increasing global competition and global bid support programs are leaving Ontario destinations and municipalities at a disadvantage. We propose a bid support program that includes loans, cost matching or non-repayable contributions to help municipalities and destinations submit competitive event bids. This would enable Ontario destinations to attract major global business, cultural and sporting events, driving inbound visitation and economic impact.

(4) Optimize the municipal accommodation tax framework: Since 2017, MAT frameworks have been active in over 50 municipalities. Tourism's success is now directly linked to municipal fiscal health in Ontario. Unfortunately, unclear regulations have resulted in slow, complex and inefficient implementation so far. We recommend updating the current regulation for clarity and to stimulate more implementations across Ontario. A few quick examples: We could include a formal rate-change process, we could include industry consultation on how municipal funds are used to drive our visitor economies, and we could ensure short-term rental businesses are at the table and participating.

(5) Workforce development: Ontario tourism's job vacancy rate for 2024 was expected to be around 4.7%, and we anticipate that growing to 5.9% by 2027. This will worsen due to federal reductions in immigration and international student levels, as we all know. To mitigate these challenges, we recommend a few things. We'd like to work with the province to advocate federally to expand post-graduate work permit eligibility to include tourism and hospitality programs, which have just been removed, and to secure pathways for permanent residency for Ontario-educated individuals, securing work and in-demand occupations via the OINP program. We would also like the province to collaborate with tourism to create a domestic workforce program, to connect underemployed Ontarians with jobs and opportunities that are in high demand. We have the skills and the team to do it.

(6) Last but not least, at the one-minute-remaining mark—

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

Mr. Andrew Siegwart: —is improved access through transportation. Reliable transportation is essential for tourism growth, as we noted earlier. Current challenges include declining regional air service, inadequate EV-charging infrastructure, and gaps in regional bus and rail connectivity. We recommend joint TIAO-provincial advocacy to the federal government to remove barriers, so that we can restore regional air service, particularly in northwestern Ontario. We'd love to expand EV charging infrastructure in rural and seasonal destinations, and we believe enhancing regional public transit options and roadside amenities will be a benefit. We also think that ground transportation and public transit can be improved if private motor coach operators can participate in transit funding.

I'll leave it there for now. In closing, we're calling for deeper collaboration, regulatory enhancement and direct investments to unlock our potential, but also to safeguard Ontario's economy at this critical time.

Thank you. I look forward to questions.

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

We now will hear from the Age-Friendly Niagara Council.

Ms. Mishka Balsom: Thank you very much. My name is Mishka Balsom. I'm the CEO of the Greater Niagara Chamber of Commerce. It's an honour to be actually here with you, the members of the Standing Committee on Finance and Economic Affairs.

The Greater Niagara Chamber of Commerce is a member of the Ontario and the Canadian chambers of commerce. This is one of Ontario's largest chambers, and it's a privilege to also have received accreditation of distinction—

The Chair (Mr. Ernie Hardeman): Excuse me. We have a slight discrepancy. It's the Age-Friendly Niagara Council that is supposed to be speaking.

Ms. Mishka Balsom: Oh. I'm taking it all back.

The Chair (Mr. Ernie Hardeman): I just say it with tongue in cheek, I guess is the right word: Is somebody trying to get ahead of me in keeping time here?

We'll go to the Age-Friendly Council of Niagara.

1510

Mr. Dominic Ventresca: Thank you, Mr. Chair, and members of the standing committee, for this opportunity to address you and to present some information that I hope to do over this slide presentation, and do my best to contain myself within the seven minutes allotted. I'm here as the chair of the Age-Friendly Niagara Council. Also, I'm a director on the board of directors for the Ontario Association of Councils on Aging. The theme of what I have to say today is related to lived experience, in addition to professional experience and all the other experiences. The

very strong theme I'm trying to present today is input from people who have had lived experience.

What I hope to do in the few minutes I have is to provide you with perspectives literally reflecting thousands of older adults across the province, and of course here in Niagara, and also some compelling evidence for the urgency for investments in health care to better meet priority health care needs of all Ontarians—not just older adults, but all Ontarians. And corresponding—

The Chair (Mr. Ernie Hardeman): Excuse me—another interruption. Can you share the municipal accommodation tax on the screen so Hansard can see it?

Mr. Dominic Ventresca: Yes, of course. Sorry about that.

The Chair (Mr. Ernie Hardeman): I know you were showing it earlier, so here it is now.

Mr. Dominic Ventresca: Yes. I'm my own tech person here today, so that's why we're having some technical difficulties.

I'm here to speak, secondly, about the compelling evidence that will hopefully provide decision-makers around this table and at Queen's Park with a framework for decision-making. I'm not going to get into the minutiae of health care information—that's other committees—but certainly the importance of health care and why it should be prioritized at this stage in Ontario and Canada's development.

I also have recommended four priority areas for health-related investments that should be seriously considered for the 2025 budget. As I mentioned, this is reflective of thousands of older adults with extensive lived experience and who have developed valuable insights, and it's being channelled through these two associations.

The two associations—one local and one provincial; we are a member of the provincial one by virtue of being a council on aging here in Niagara—were led by volunteers, mostly our older adults. These folks—I'm one of them; I shouldn't say "these folks." They have lived experience over many decades as patients, as caregivers to loved ones, or as professionals, as I had the good fortune of being for 38 years in long-term-care administration in Niagara region. I've also been involved in provincial boards and so on. And then also some are other related fields, whether they be professors or whatever—retired professors.

What we would like to do today is present a summary of the various advocacy positions. Ministers in the government over the last several years have received briefs from us and letters from us, so I'm going to summarize some of those for today, and then the corresponding recommendations.

Fundamentally—and this has been said earlier in presentations I was here to hear today—individuals' good health and timely access to good-quality, affordable public health care are cornerstones for quality of life for all Ontarians of all ages. If you don't have your health, you don't have much else.

Currently, there's unprecedented strain on Ontario's much-valued public health care system. Correspondingly, there's a need, urgently required, for unprecedented investments, along with corresponding health outcome measures. Money is important and big figures are impressive, but are those numbers achieving the outcomes that Ontarians expect in terms of quality health care? There needs to be accountability for the spending of public money to add value to the public system.

In Niagara, our council, through a New Horizons grant, was able to hire someone during COVID to go through and interview or receive input from over 1,200 age 50-plus Niagarans—all 12 municipalities. What were the four major points that we got from the public? Supports to age at home; health and wellness; increased housing; and increased recreation, learning and information available through programs and services—but highlight the aging at home and the health and wellness for today's purposes.

There are indicators from various sources; I'm not going to repeat what you've already heard today—I didn't plan on it anyway—but it's convenient for me to hear all the other figures being bandied about today, with numbers of Ontarians without primary health practitioners.

These are serious issues: the delays in getting home care, the unreliability of getting home care because of human health resource issues and so on, and also, unacceptable wait times in hospital emergency rooms, delays in access to diagnostic surgeries and hospital beds. You know the figures. The important thing is to act on that knowledge, put it into action and convert knowledge into action.

Just one anecdote I've got to tell you—and that's because my wife had occasion to require an MRI for some hip issues. I hope she doesn't mind my saying this, but she needed an MRI, and there was a year-and-a-half wait to get an MRI in Niagara. We're in a position that we could seek it elsewhere, so we went across to New York state to get an MRI. That saved her months and months and months on wait time and pain. When we went across the border, we were told by the border guard there, "You must be the 100th person today I'm letting through to get an MRI in New York state." I'm so sad to hear that, having been in health care since 1974 and still involved now in a voluntary capacity, to have to do that, but that's the reality for many people, and not for those who can't afford it.

There are also inadequate mental health and addiction services, affordable appropriate housing, people dying because they can't have a home—older adults too—and the importance of social determinants of health.

So here are the five priorities—and again, the framework for decision-making. We're not going to get into the details here.

Improve access to primary care to improve individuals' health and strengthen the role that primary care practitioners have in effectively gatekeeping: This is an efficiency measure. If people can see a doctor or a nurse practitioner, then they don't go to emerg etc., etc. So we need, and I've heard it said today, health care professionals who are trained abroad. That's good—more of it. Interprofessional health care teams—yes, more of it. Incentivizing family practice in rural health—yes, and more of it.

Priority funding for Ontarians' health and health care: Improving access to home and community care—increasing HHR, or human health resources, for in-home support and long-term-care-home placement services to effectively support people at home.

Relieve pressure on hospitals to achieve timelier outcomes—again, human health resources, expanded operating room capacity, and timely MRI access.

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

Mr. Dominic Ventresca: Fourthly, increase support for preventive health programs, aging in place and addressing the social determinants of health when determining health care priorities. This means multiple housing options, including supportive housing, to truly get to the problems of homelessness and the pressure on long-term-care homes.

Lastly, as a closing statement: It's acknowledged by our groups that there are many competing demands. There's no shortage of what you're hearing from all kinds of sources where our provincial dollar should go. Ontario's good health and access to good quality is the bedrock for quality of life. Proactive investments and preventive health measures like we've mentioned will avoid possibly more expensive expenditures down the road.

Lastly, Ontario is a leading force in Canada and must demonstrate leadership in the federation to boldly invest in urgently needed health care—

The Chair (Mr. Ernie Hardeman): Thank you very much. Maybe we can put the rest in the question period.

We'll now go to the Greater Niagara Chamber of Commerce.

Ms. Mishka Balsom: My name is still the name, Mishka Balsom. I'm with the Greater Niagara Chamber of Commerce, and it's an honour to actually be here with you.

I want to start by thanking this government for the investments that you have made in Niagara specifically and across Ontario. Some of them that are really worthwhile mentioning are your investment in electricity infrastructure, with the Sir Adam Beck complex of $1 billion, your expansion of the Garden City Skyway, and also boldly attracting investments like the AK investment in Port Colborne, as well as making investments in two Niagara manufacturers such as Stanpac, St. Davids Cold Storage and many others. Our thanks go to all of you for actually making those decisions.

In addition, we and our members really appreciate your investment in workforce development when it comes to the Skills Development Fund and skilled trades strategy, as well as your easing of the red tape with the At Your Service Act, as well as speeding up the planning application and removing developer red tape when it comes to the construction of second suites. All of the decisions you are making have an impact directly here in Niagara, to Niagara businesses, so we thank you for that.

1520

We are facing, as a nation, declining productivity, and we have the opportunity here to actually take and make some critical decisions moving forward that would lead all of us forward. We as a member organization asked our members in the last two weeks specifically, "Where are your pressure points? What are your pain points?" The top hurdles that have been identified have been rising costs, market uncertainty, red tape and labour shortages. Those have been the most critical ones identified.

The Niagara business community is open to partner with this government, as they are with all levels of government, in looking for specific asks and specific solutions, and there are five specific ones we would like to bring forward.

The first one is looking at infrastructure investment: 45% of municipal infrastructure in the province is in a poor state of repair, and bringing it up to spec would probably cost around $52 billion. The cost of the repair of the province's municipal roads, water and waste water infrastructure alone would cost $33 billion. Local municipalities are not set up to make those changes and allow for those improvements.

There are two specific projects that we would like your support on. One local project that's urgently slated is the new south Niagara Falls waste water treatment one that would really make a difference in Niagara, because it would allow not only one municipality, but many municipalities, to move forward in actually setting ourselves up for future population growth, an area that Niagara is set up to grow in. The second one we want to look at is that the municipal governments cannot meet the infrastructure burden. We urge you to make some direct investments in those areas.

When it comes to infrastructure, there is another that is related to transportation. I have mentioned and expressed my thanks for the investments you are currently making, but there are two specific projects for Niagara that are worth mentioning. They are economic catalysts, and they would really open up opportunities. The first one is the two-way, all-day GO service. The Niagara region, within the last couple of years, has made significant investments when it comes to upgrading stations, consolidation of public transit and other areas. We heard earlier today of the importance that transportation plays, not only for visitors coming to us, but also based on the growing population that we have. We recommend an investment in two-way, all-day GO train service, with a minimum of 18 round trips per day. It is something that really would unleash an opportunity for us. The return on that investment would be high.

The second one is related to air travel. Niagara is Canada's largest metropolitan area with no commercial, international airport within 25 kilometres; we are the only one. The requirement for international tourists to either travel to and from Pearson, with a corresponding multi-hour trip around the Golden Horseshoe, or to Buffalo, across the border, is a deterrent to tourist growth in Niagara. We are reaching this flat level right now of around 12 million to 13 million visitors coming to Niagara, with the opportunity to grow substantially.

We recommend that the government of Ontario invest in the expansion of the Niagara District Airport, as recom-

mended in the airport's expansion plan, and indicate a willingness to be an investment partner, alongside the federal government, municipal governments and the private sector. We all want to come to the table for this, to unleash this economic catalyst.

We heard earlier today about post-secondary funding. Colleges and universities are pillars of Ontario's communities and essential in supporting our competitiveness. They are critical when it comes to research and development and preparing tomorrow's workforce. We are fortunate to have Brock University and Niagara College in our region. While the government of Ontario's investment of $1.3 billion to stabilize the post-secondary sector is appreciated, the post-secondary sector needs renewed and sustainable long-term solutions to its financial challenges. They are struggling, and we have a number of suggestions there, some of which were also reflected in the blue-ribbon report.

I don't think I need to say much more, because when it comes to tourism and workforce investment, I think everything has been said here, so I am going to skip this one.

Lastly, I want to mention the municipal growth framework. We need to have a framework that is set up at all levels of government to work. We welcome the government of Ontario's recent investment in infrastructure, but we have a more systematic future approach that is needed. We urge the government not only to include significant investment in municipal infrastructure, but also to examine the municipal growth framework being proposed by the Federation of Canadian Municipalities, and the possibility of a new mode of funding municipal governments—

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

Ms. Mishka Balsom: —that is tied to growth, particularly in support of provincial housing targets.

I thank you so very much, on behalf of our members and our board, for the opportunity to be here with you. I'm looking forward to your questions.

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

We now will start the questions. MPP Hazell.

MPP Andrea Hazell: Thank you so much for coming in—very well-detailed presentations.

I'm going to start with the Greater Niagara Chamber of Commerce. This morning, I spoke to another business organization about business productivity. A lot of us Ontarians and, I know, a lot of us politicians do not understand how severe our productivity with our small businesses is—SME, small and medium enterprises—and this is going to cripple the economy. We talk about small businesses, or SME, as the backbone of the economy, yet still we're not investing enough; we're not providing them enough resources.

I want to hear from you: What have your organizations done in the span of coming off COVID? We still have businesses with over $100,000 in loans, minimum, that they still have to pay back. So these are difficult times for businesses to keep their doors open.

Ms. Mishka Balsom: Thank you so very much for the question.

It's interesting that you're speaking about productivity. We went on an annual basis to the Niagara Economic Summit, and one of the thoughts we had at that last summit was to make that the topic of it. When we started looking into productivity and where Canada is at—it's not a Niagara issue, it's not an Ontario issue; it's a Canada issue. Canada, at this particular point, is at the level of Spain. We have had for the last four or five years—I'm not saying that Spain is not productive, but it's maybe not where we want to be, because we have seen a year-after-year decline in productivity in Canada. I think part of it is this broader issue of it. I think we have been a resource-rich country, but we maybe have an opportunity to support businesses—small businesses, medium-sized businesses—in the research and development that they want to conduct, and that also ensures that these items and products are being produced right here at home, instead of not being that. We need to have a workforce that is educated to support them, and we need to make investments in technology and innovation. We need to look at that element of it to say, "How can we replace those areas of it?"

Niagara is rich with a high number of manufacturers. They're small manufacturers, critical, and scared with what we're seeing on the national and international scene right now and the uncertainty that is there. But what do we do to ensure that those businesses invest in technology that is maybe less reliant on a workforce, but also improves the overall productivity?

So I think as a province, we have a great opportunity there. We have a great opportunity to measure it, to put KPIs in place and to unleash more potential that these businesses hold. These businesses are ready to make the investments, but I think there is a financial uncertainty in how to move forward. It's a complex one.

Do I have more time? I'm not sure about—

MPP Andrea Hazell: Go ahead. You're using my time.

Ms. Mishka Balsom: Okay. Many of you are familiar with Oast brewery. They're a viable business, a brewery, in Niagara-on-the-Lake that started many years ago. In 2018, they bought a property here in downtown St. Catharines, and they are starting the Helliwell brewery. So they're starting a brewery, they put millions of dollars into it, and they have such a difficult time accessing funding. They are busy in building it, overcoming hurdles that they have at all levels.

How do we support those businesses to expand? Their passion is incredible; you can't bottle that. And the investment is out of their own pockets moving forward. They come to us regularly and they find it difficult to find the time, to find the opportunity to actually access some of the grants that they need for us to support them. They will be a game-changer for downtown St. Catharines as we're moving forward. So we do need to do more to make it make it more accessible. Technology is the answer, and overall provincial and federal commitments to profitability and productivity.

MPP Andrea Hazell: Thank you so much.

I'll get to the rest of you in my next time around.

The Chair (Mr. Ernie Hardeman): You have 16 seconds.

1530

MPP Andrea Hazell: I'm going to pass.

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

Ms. Natalie Pierre: Thank you so much for taking time to come in and share your opinions, perspectives, and talk to us a little bit about your areas of interest.

I'll start with questions for Mishka from the Niagara chamber of commerce. I heard you talk about, in your last response to MPP Hazell, supporting businesses. I turn my mind to the announcement that was made back in November 2024, where the province is returning over $2.5 billion to workers and businesses through fee reductions and WSIB rebates. I'm wondering if you could just take a moment and continue along on the same path and tell us, how does that translate? What does that mean for the job creators in the Niagara region?

Ms. Mishka Balsom: Thank you so very much for that question.

That commitment that you made in November of last year was really well received by the business community. It's moments like this when the business also has the sense that we're in this together, that we have a partnership and that we mutually rely on one another in moving forward. So I think it is critical. It's critical to all businesses.

When I look at Niagara specifically, this question has come—98% of our businesses are small businesses. When the Canadian government defines a small business, it's 100 or less employees, but I think in Niagara, if you define a small business, it's likely under 10 people, so it's very, very small, and the vulnerability and risks to those organizations are actually high at all times.

I think the current dynamics create uncertainty and fear of what the future looks like. When I specifically look at the sectors that are there, when I look at the future of the Canadian dollar and the future of the workforce, there are struggles that I think are real for our members and that are present. I have the sense right now that there is a little bit of a wait or hold in making decisions. We're all waiting to see, what does it look like next week? What does it look like the week after? No business likes uncertainty, and right now, it's an extremely uncertain environment.

When I look at some sectors—for example, the wine industry, alcoholic beverage industry, which is strong in Niagara. I was at a recent round table, and their ask was really interesting because they said, "Make no more decisions. Just let us do—no more changes, nothing. We've been through so many changes and had to adjust, and it's difficult."

Businesses like certainty. They like it so that they can focus on, "What does the next year, what do the next three to five years look like for me? Where can I make the investments that are needed?" I think that's a little bit of what they're looking for, and so any decisions, or like the recent decisions, have been really well received.

Ms. Natalie Pierre: Certainly, certainty and changes are something that affect all businesses, health care, governments—provincial, municipal, regional, federal—and we'd all like a little bit more stability, I'm sure, during these times.

You talked about the alcohol beverage industry, specifically in Niagara region, and you talked about some of the small breweries. I know that there are a lot of wineries in the area as well. Is there something about the Niagara economy that makes it unique? And what do you see as kind of the most pressing issues that are facing your workforce right now, or your employers and businesses?

Ms. Mishka Balsom: Part of what's likely unique to Niagara is its geographic location that allows for us to have the vineyards that we have, to have the agricultural sector as strong as it is and the link to it. So when we look at our grape production, which has been high, and the role that we play in Ontario or across Canada, it's significant on that end of it.

I think when it comes to workforce, the concern that I hear currently is that the recent announcements that were made in 2024 when it comes to immigration are difficult for the tourism sector. My colleague here right next to me mentioned it as well. When we look at how many newcomers are employed in the tourism sector—it is between retail and tourism and accommodation—it's a key sector for Niagara. So that uncertainty of what tomorrow looks like and where the workforce is coming from is unclear. And there are some positions where technology can't play as big of a role as immediately as in some others. When we look at manufacturing, I think we have opportunities there. But when it comes to tourism, services, accommodation and others, it needs a present workforce. The future in that area is one that I'll remember self-expressed as being one that is uncertain.

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

Mr. Dave Smith: Andrew, it's good to see you. It has been a while since we've sat down and had a conversation.

You mentioned the municipal accommodation tax. I'd like to pick up on that a little bit. You said that it's currently inefficient; there are some challenges with it. Can you expand on that and what specifically you're looking for us to do?

Mr. Andrew Siegwart: The municipal accommodation tax framework came into being at the end of 2017. We're seven years in now, and there have been approximately 50 or so implementations within municipalities across the province. The regulation, at the end of the day, is very vague. It does not provide a lot of guidance for municipalities or for industry. As a result of that, it has created a slowdown in negotiations at the local level between industry, between destination marketing organizations, between municipalities, between locals. So it has created, in our opinion, a slowdown and some gaps. I'll name a few.

Right now, there isn't a formal process if a rate change to a municipal accommodation tax was to be considered. So in some instances, we've seen municipalities unilaterally change the rate without consulting with industry.

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

Mr. Andrew Siegwart: You need to have conversations before rates change and pricing changes. That's just common sense. That's not necessarily happening.

Right now, there are very clear governance models for how destination marketing organizations use that funding to grow tourism, but there are really no regulatory frameworks that municipalities have to follow to be accountable for how they spend or how they consult with the industry—

Mr. Dave Smith: I'm going to jump in for just one second on that because we're almost out of time.

Are you suggesting that municipalities aren't transferring all of that money to the destination organizations—

Mr. Andrew Siegwart: No, no. What I'm saying is that there is generally a 50-50 split. What I am saying is that, of the municipalities' portion, there is no input from industry on how those dollars could be spent to grow the visitor economy. This whole revenue lever comes from tourism, and so there's an opportunity to engage in consultation and discussion. We're not talking about—

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

We'll now go to MPP Gates.

MPP Wayne Gates: Thanks for being here.

I'm going to talk—I wasn't going to go here—to the chamber. You talk about uncertainty. This is the time in our history, quite frankly, when we are being attacked by our brothers from the States, that we need to work together—probably more than any time in our history. My opinion is—and this is more to the Conservatives, because it's in their hands—what we don't need is to spend $200 million on an election that nobody really wants.

I'll tell you what happened. During COVID, we needed to work together, and they said, "Oh, the parties never work together." What happened is, the Liberals, the Greens, the independents and the NDP worked with the official government in power. Today, that's exactly what we need to do. We've got a commitment from the Liberals, we've got a commitment from the Greens, a commitment from the independents and the NDP that we're more than willing to work with the government to make sure that we do everything that we can to protect the small businesses, the big businesses in this country, in this province.

I guess my point is, listening to you guys—and an incredible job you guys do every single day—we don't need an election. What we need to do is to come together as a province and work together. I wanted to get that out. I wasn't going to go there, but you guys raised about uncertainty. We don't need this right now. So I just wanted to say that.

I'll go on to the tourist sector quickly. I fought for the 6.1%—to get rid of the unnecessary tax with medium and small wineries. It took us five years to convince the government it was a good idea, but I know we're happy about it.

Are there any other issues around taxation that we should address to try to convince the government to make it better for the wineries? Even the craft brewers are asking for some relief as well, as that's so important to jobs and the tourist sector in Niagara.

Mr. Andrew Siegwart: Thank you so much for the question.

I would say anywhere there is an opportunity to reduce the regulatory or taxation burden is going to help in that small business productivity discussion and performance. We know the ministry is looking at that right now and looking at all of those revenue tools, so we encourage precision and focus on that, so that we can, particularly with small businesses, make sure they're set up for success.

1540

MPP Wayne Gates: I appreciate that. That particular tax is really geared towards small or medium-sized wineries that were actually going to go out of business right across Niagara, up through Hamilton.

I want to get to the chamber, as well, because—I think it has already been answered, but I think it would be a good idea that rather than me saying it, somebody else says it. Niagara's infrastructure is crucial to attracting both tourism and new investment. What infrastructure investment should the provincial government prioritize to strengthen Niagara's economy, improve transportation and enhance the region's competitiveness? Do you have anything that you think really hits a home run on that?

Ms. Mishka Balsom: One is the south Niagara Falls waste treatment centre. I think we need to move forward with this one, and I think it's an infrastructure investment that is critical to unleash the housing opportunities that we have. It's crumbling, and it's critical.

The two-way GO station I talked about and the airport probably, from what we hear from our members in all areas of it, would be game-changers for us. We hear this more often in the tourism industry; Niagara has heard it more often: Years ago, when you moved from Toronto down to Niagara, it was an hour and a half and you were in your hotel room or something like this, and now it's three hours or more. That's a deterrent to people. So we're not automatically saying to widen the QEW, but look at alternative ways for people to be able to come to Niagara that are also much more sustainable in the long term. I think the GO train is key to that. The airport could be another option that would make a difference in that area too. I think there are opportunities.

I want to come back to my last point: Again, we really have to have a framework that allows for the right decisions to be made between both levels of government. I think when countries move forward, when provinces move forward, they revise that and they look at that. I think we've seen over the last couple of years a lot of shifts between who is responsible for what. Right now, municipalities—the 12 municipalities and the regional government here—can't meet the demands that are there in the crumbling infrastructure. We need to look at that and say where they should see it, because their hands are tied when it comes to revenue and opportunities, whereas the provinces and the federal government's hands are not tied. I think that's a courageous opportunity that we have in front of us, but it takes courage to make those changes.

MPP Wayne Gates: I'm going to say, then—and I want everybody to hear this—that I agree with the chamber; I agree with the GO train. I've been fighting for that since 2014, when, quite frankly, the Conservatives said no to GO. The airport is something that has really come on the radar screen in the last little while.

On the waste water treatment plant: I don't think the Conservatives would understand how important that is. Today, as we speak, there's a good chance that we are dumping untreated sewage into our river, and it's coming right from St. David's into Niagara Falls. To the credit of the government, they put, I think it was, over a billion dollars into aid to be given to municipalities. What I'm saying too, is there's nothing more important than to do it right here in Niagara, because you shouldn't be dumping untreated sewage into our rivers, which goes into our lakes and causes all kinds of problems.

The good news is, we're getting a new hospital. The bad news is, we've got to make sure our urgent care centres stay open. But that new hospital—if they're already dumping untreated raw sewage into the river, what's going to happen when that new hospital is done, if we don't get that money now and get it built on time?

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

MPP Wayne Gates: So I'm agreeing with all that.

I'll go to my good friend Dominic.

I put forward a bill not that long ago that talked about caregivers. We have 3.4 million caregivers in the province of Ontario. Nova Scotia gives them financial assistance—a small place like Nova Scotia. Do you believe that would help our seniors and our caregivers, some who are losing their jobs because of it—to give them some financial support as caregivers, to take care of our seniors and those who aren't seniors yet who need caregiving?

Mr. Dominic Ventresca: Yes. Caregivers play an immense role in the overall quality of care that people get. The professional caregivers, or the formal caregivers can certainly benefit by the support of informal caregivers, and whatever can be done to incentivize that would be a positive thing.

MPP Wayne Gates: Look at those guys, because they voted it down. I need their help to get it passed, because I think that would really help home care, it would help retirement homes and actually would free up beds in long-term care—

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

MPP Andrea Hazell: My question is going to be to the Tourism Industry Association of Ontario. I want to make sure I get that right. I really want to spend maybe 30 seconds saying how detrimental this service is to our tourists who are coming in here, because if they are visiting Ontario—I'm speaking about the whole of Ontario, okay? If they visit a hotel in Ontario and they get a bad experience, guess what? They're going to be talking about it. My ratio on that is that it takes one bad experience to have 10 more of that bad experience, because that one person is going to tell 10 people. We go to restaurants, and we want quality services. That's also a deficit.

I know why we're experiencing these skilled labour force deficits. What I don't want to see is the government just funding skilled trades, which they've done very well at—I give them that. But do not close and delete the programs from the colleges for qualified, trained, educated hotel and restaurant workers, chefs—the whole work of that. What's the path forward with that? I think the balance is not balancing anymore.

Mr. Andrew Siegwart: Thank you for that question.

Minister Quinn, I think, said it best recently. He sent a letter to Minister Miller, federally, talking about the need to ensure that key occupations in tourism are supported. They identified opportunities in terms of available jobs and gaps. There are many career and job opportunities in the accommodations sector, in the food and beverage sector. There are management positions available—events, conferences, marketing. So we really do need those Skills Development Fund programs as well as the schools to be leveraging the folks we educate here to work and stay in Ontario.

It would be great to re-engage on the SDF file. The most recent round of SDF—there was about $10 million of funding that left the tourism sector for this round. We understood the priorities. I think, if you look at our commentary earlier today, you see the priorities coming back to service sector.

We need tourism to be strong, so we're looking forward to working with the ministry to bring job seekers to these important roles.

MPP Andrea Hazell: Well, thank you for adding that.

I'm going to go to the Greater Niagara Chamber of Commerce.

What are you doing in that area as well? It's part of the business sector, right?

Ms. Mishka Balsom: It's a huge aspect of it.

We have partnered with both Niagara College and Brock University in advocating for the gaps that they have. One of the advocacy issues that we brought forward is that a lot of decisions were made with a broad stroke. That is very difficult, because if you look at some programs that have been cancelled, changed, and they had, on a local level—maybe they didn't impact all Ontario communities, but they greatly impact some of the communities. So what we ask is—

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

Ms. Mishka Balsom:—that some of the information is more data-driven and evidence-based than what we have seen in the past. It looks appealing, but we need the data to support it, and we need to adjust it. So it just makes us hit the brakes for a moment, look at the data and then make adjustments to the decisions based on the data and the workforce labour needs that are present. I think that would support the best decisions.

MPP Andrea Hazell: Yes. Well, I think it's very urgent. Let's not hold that brake for too long, please.

Ms. Mishka Balsom: No, no. It's just to reflect it.

Mr. Andrew Siegwart: Our hospitality, tourism and culinary programs, particularly at the college level and the university level, are at grave risk of contracting. We've

heard of many programs being put on pause or closed, and so we are very concerned.

MPP Andrea Hazell: Oh, that's why I brought the issue to the top: We are very concerned. The balance needs to get back ASAP, urgently.

Mr. Andrew Siegwart: Well, working together with the province—

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

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

Ms. Christine Hogarth: I want to thank all our presenters today.

1550

Dominic, I want to thank you for your passion. We're all going to be there, so we need advocates to make sure that there are systems in place for our seniors or older adults. When we look in the mirror, I think we get there sooner than we think we've gotten there, as our—we still think we're 20, and we're not anymore. So I thank you for your advocacy.

Interjections.

Ms. Christine Hogarth: It's our bones. Our bones tell us something else, when we're trying to do some activities.

So I just thank you for your advocacy. Always know that our door is always open to ensure that our seniors have the supports they need. I don't know any other government that has put so much effort into making sure that—we want to make sure our seniors stay home, if they want to live at home—building more long-term-care homes than ever before. The previous government built 600. Well, we are building thousands. We're behind the eight ball, though. You can't just build them overnight—so, lots of work still to do on that file. I thank you very much for your advocacy.

Mishka and the chamber of commerce, I always appreciate the work that the chambers do—great work for communities and a very important element of any community people live in. Also, you have many, many volunteers who help out to make sure that you have—our small businesses are our lifeblood of our community. So anything we can do to help those small businesses survive—keeping our tax dollars low. When COVID hit, we brought in funds to help them put their businesses online, and we saw a lot of positive feedback. And if we're ever in those precarious situations again, it will be a different day; our businesses will be prepared.

My first question goes to you, Andrew. And I thank you for the work you do. I think that must be an exciting job that you have. It's very, very interesting.

When we speak about the number of jobs here in St. Catharines, I'm just wondering if you can—look at my community of Toronto or we look at the province as a whole, where we need these jobs, and then we see our higher educational institutions sort of tailoring their curriculum so they can offer these courses. What specific areas do you feel there is the greatest need in the growing workforce here in the area?

Mr. Andrew Siegwart: I would say, in this region—but it tracks across most of Ontario as well—certainly an opportunity in the culinary and the culinary management side. There's a lot of skilled trades as well as management positions in that field, and the accommodations business, which is such a significant business—a lot of accommodations roles as well as management there. And we are also hearing about special events, if you think about how tourism grows, through festivals and events and that kind of programming in the convention space.

One of the other opportunities on the skills development side is exactly what we were talking about earlier, which is programming to help entrepreneurs level up and to address the needs for productivity, for technology. So we see that as a big opportunity to work with existing and future entrepreneurs to grow their skills.

Those are types of roles and skills development we'd like to see, working with different learning institutions.

There's a lot of opportunity there, and what's beautiful about Niagara, as in many regions, is—I didn't even touch upon all of the wine industry occupations. You could probably provide a lot more there. When you look at on-farm and agri-tourism and all of that growing sector, a lot of the roles I talked about can fit into those sectors as well, but there are a lot of specialized skills there, too.

Ms. Christine Hogarth: And if we're fortunate enough to take one of the wine tours, it is beautiful scenery and a lovely day out—so, well done.

Mr. Andrew Siegwart: MPP Rae's private member's bill to eliminate barriers for on-farm is a perfect example of helping small businesses get to the next level and shoulder some of the risks, and that was really well suited. I think looking at tax reductions is good, but looking at policy tweaks that make sense, that enable small businesses to invest, is really where we need to be.

Ms. Christine Hogarth: Every year, we have two red tape bills, and we're always looking for ideas. It's part of my role as the parliamentary assistant to the Minister of Red Tape Reduction. We have our small business ministry, we have our economic development run by Vic Fedeli—and then Nina Tangri with small business. It is our lifeblood, and we need to keep them going and we need to keep them sufficient and make sure that—they are the ones creating the jobs and choosing to spend their money here in Ontario.

We talked a little bit about GO train, and you mentioned all-day GO. It was actually our government, under the leadership of Doug Ford—we have probably spent more than any other government on transit.

I was just reading a press release from November of last year which talked about expanding GO here in the Niagara Falls area. It says that trains are now operating three round trips each day throughout the week and four round trips on Saturday, Sunday and select holiday Mondays.

Unfortunately, we did not get the support of the opposition for the money we are spending on transit. We are spending billions of dollars in Toronto and across the province on transit. It is imperative that we continue to spend this money, to make sure that there is that travel, because—well, I drove here this morning. Interestingly enough, it took me the same amount of time to drive here

from Etobicoke as it does to drive to Queen's Park, maybe give or take 10 minutes here or there. It's fascinating how we do get caught up in traffic and tackling gridlock, which is one of our key platforms—tackling gridlock in this province.

When you look at transit, I know you said there's more to do. How has that helped—the new transit, plus One Fare, which helps people save money, so you only have to buy one ticket? Say if you're taking a transit from here to downtown Toronto and you jumped on the TTC; you wouldn't have to pay that second fare. How are the changes right now to the transit? How is that helping the tourism industry?

Andrew, do you want to start with that—or Mishka?

Mr. Andrew Siegwart: You go ahead first, and then I'll jump on.

Ms. Christine Hogarth: Mishka, you may not have time, but please go ahead. I'd love to hear from you on the transit investments.

Ms. Mishka Balsom: We truly appreciate, actually, the transit investments that you have made and this government is making. I think the majority of the focus has been on the GTA, and we are just on the outskirts of that kind of element of it and would benefit greatly.

You're right in saying that we possibly haven't seen the traveller-ship and the ridership on the one that has been put in place so far, because what works when it comes to public transportation is—speed is one of them, and the convenience of it. So the timing—if I move to only being able to do it at a certain time, like at 7 o'clock at night or 5 o'clock at night, it makes it more difficult.

The majority of Niagarans right now drive up to Burlington, hop on the train there, and then go into Toronto and back. That is kind of convenient, although then they're stuck in traffic on the QEW, coming back from Burlington to Niagara. So those rides are taking longer. I think this is why the investment is needed. Investment is needed, and sometimes you have to build to—

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

MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you for coming, presenters. I've learned a lot, actually, listening to your presentations, which is always fruitful when you're an MPP and you need to find out what really is going on through individuals who experience what's going on.

I'm going to start off with Dominic.

I travelled just recently, on Monday, to our long-term-care homes, and I fielded a lot of questions from a lot of seniors within the community. One of the questions that was fielded—and the government often hangs their hat on how we're building X amount of long-term cares.

But I think that you, in your presentation, really highlighted the stay-at-home and how important it is for seniors to stay at home—supports are put in place for them, they have the PSWs or their care to come to their home, and you have highlighted that. Do you know what? How much money is that going to save? That's going to be cost savings.

When I was talking to a senior at the long-term-care home, he was caring for his wife. He's in his own home. She's in a long-term-care home. He's paying well over $3,000 for the care of his wife, who has to be in long-term care. He now has to sell his home, so he is on the brink of homelessness, let's say, unless he gets into an apartment. Imagine if we could keep him and his wife at home with the support systems.

Can you elaborate—through your age-friendly council—how important it is to keep aging parents and grandparents at home?

Mr. Dominic Ventresca: Thank you for the question.

I'll begin by saying that the people have spoken to a certain extent, when we surveyed the Niagara community and had over 1,200 people. We asked, "What are priorities for you for quality of life, as an older adult in Niagara?" One can extrapolate from that to the entire province, no question. Aging in place or aging at home was ranked as the number one priority. So that's a preference, and I think we can all appreciate that. We have homes; we want to stay there as long as we can. We don't want to envisage when we get older, if we get to that point of disability and so on—because not everybody does before the end comes.

In this case, it's not just a matter of preference and what people like. It has a return on investment, if you will, by providing care in a place where people are already paying their own rent or their own taxes and their own utilities, so no third party has to pay that. What they need is support to stay in that environment for as long as possible. Will it be forever? Not necessarily. There will always be a place for congregate living, long-term care, institutional care—whatever. But for as long as possible, if people can stay in place, it's one of those win-wins. People are pleased and the financial people are pleased because they'll spend less money than what it would take down the road to spend on more expensive care. There's one of those classic win-win situations.

1600

I must say, to just expand a little bit on my answer: The folks who are speaking here today, who I'm representing—back to that lived experience theme—lived pre-medicare, and it wasn't so great. Many things were not so good in terms of accessing health care. People had to make decisions: "Do I get health care, or do I pay for this or pay for that?" Public medicare in Canada has been a tremendous boon, but it's at a critical place now, where this generation is saying, "Don't let it slip away." You've heard today, we're at a "crisis"—all these words—"urgency of action." That's why today we took the position of coming to help with the decision-making framework, recognizing the importance of this factor in the quality of life—not to get into the minutiae of the details. So this generation has that perspective and—

Mrs. Jennifer (Jennie) Stevens: Keep the "public" in health care, absolutely.

Mr. Dominic Ventresca: I hope that folks will give that value, because there's thousands and thousands of years of experience to draw from there.

Mrs. Jennifer (Jennie) Stevens: Thank you for highlighting that. It's so important to hear.

The MRIs are two years now in Ontario, right here in Niagara—and it's not because we don't have MRI machines; it's because we don't have the people to work them.

We'll go back to the tourism industry. Andrew, I have a quick question. It has come across my desk so many times since I've become the critic for tourism. Our VQA wines grape grower industry is in a critical, critical place right now and needs immediate intervention. We have grapes that are literally rotting on the vines—buying contracts falling through, the potential threat of private labelling and importing of international grapes. What provincial government supports or protections does this sector need to have in place to ensure their long-term stability is in place?

Mr. Andrew Siegwart: That's a very great question and very germane to the whole province, really.

I would say that the VQA program and the success and credibility of our wine sector is a big part of brand Ontario, and it's why we are so strong as a region. Whenever we are experiencing challenges, whether that's from the ag side or policy side, I think it has to start with bringing the industry together, good planning, good strategizing and mapping out a work plan together. I think, within this community, that has to be an important, critical first step.

Mrs. Jennifer (Jennie) Stevens: And if I could highlight—I see Mishka wants to jump in as well. It's shameful that we can send our grapes to California or wherever, but we can't send it across to the west coast of Canada—

MPP Wayne Gates: To BC.

Mrs. Jennifer (Jennie) Stevens: To BC. We should look after Canadian lands and ship our grapes to Canada, not just across the border.

Mr. Andrew Siegwart: One of the things that I think we're starting to realize here in Ontario is that we can influence national policy. I talked earlier about tourism working with the province, advocating at the federal level for labour.

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

Mr. Andrew Siegwart: We need to do the same thing for product categories like this, and industry will be at the table with you.

Mrs. Jennifer (Jennie) Stevens: Great.

Just for my one minute, I want to go over about the GO and how imperative it is to have it two-way, all-day GO—not just a few carts coming down the tracks. We need two-way, all-day GO right to Niagara Falls—stop at St. Catharines—for our tourism. Also, in 2014, it was the Conservative government that said no to all-day, two-way GO, and it's a true fact. Do you know what? I have been, as well as my colleagues—we've been advocating for it.

I want to say, Mishka, thank you for bringing forward about the airport in Niagara-on-the-Lake and how important it is for the expansion of tourism here in the Niagara region. I used that plane that went to Toronto because I had a family emergency that I had to come back from Queen's Park—and I'll tell you something: It was 15 minutes in the—

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

That concludes the time for that question, that presentation and this panel.

Thank you all for a great job of presenting to us. I'm sure that all the information will be helpful in writing the report.

ATTACHMENT AND TRAUMA TREATMENT CENTRE FOR HEALING NIAGARA

INDIGENOUS PRIMARY HEALTH CARE COUNCIL

The Chair (Mr. Ernie Hardeman): The next attendees will be Attachment and Trauma Treatment Centre for Healing Niagara, and Indigenous Primary Health Care Council.

The rules of engagement are the same as all the rest: You have seven minutes to make your presentation. At six minutes, I will say, "One minute." At seven minutes, I will say, "Thank you," and that's the last word.

We also ask the presenters to make sure you introduce yourself at the start of your presentation so we can record the proper name to the discussion in Hansard.

With that, the first presenter will be Attachment and Trauma Treatment Centre for Healing Niagara.

Ms. Lori Gill: Thank you so much. My name is Lori Gill. I'm the founder and clinical director of the Attachment and Trauma Treatment Centre for Healing Niagara. We are a non-profit that specializes in providing free and low-cost trauma-specialized therapy to individuals who couldn't otherwise afford it. By treating the underlying issues, we have a direct impact on suicide, dissociation, self-harm, addictions—high-risk behaviours.

What we do, as I said, is offer trauma-specialized therapy. Because we're treating the underlying issues, we're able to actually treat issues a lot faster than traditional talk therapy. What I mean by that is, when we treat the pain that's driving the need to use or binge or cut or purge or engage in high-risk behaviours, we see a direct impact on the high-risk behaviours themselves, or the harm-reduction or tension-reduction approaches that are being used.

We serve individuals of all ages. However, our greatest population are adults under the age of 40.

We do prioritize accessibility to individuals who have low income—so under $60,000—and the majority of our clients, over 76%, pay $10 or less per session. Most of them pay zero dollars because they just don't have the means to access this.

Why this matters is that we're actually stopping the cycle of crisis. We're disrupting the reliance on emergency services, high-risk services. We see a direct impact on

things like hospitalization, crisis line utilization, crisis bed utilization. And we see measurable improvements in areas like trauma symptoms, suicidality, self-harm, but also depression, anxiety, anger and harm-reduction behaviours.

When we look at our impact, our client reach—we're a small organization. We have one funded position currently, through the local Branscombe Family Foundation. So we have one full-time funded therapist.

In the past year, we served 335 clients with 4,132 therapy sessions, from May 2023 to April 2024. Our clinical outcome measures consistently show, clinically and statistically, significant reductions in trauma, suicide ideation, self-harm, anger, post-traumatic stress, depression, anxiety and dissociation. These are really high markers. Some 77% of the clients identify as female, and 67% are under the age of 40; 34% self-refer, and 65% are referred by community organizations. The bulk of the referrals coming from community organizations are coming to us to fill a gap. It's a service that—although they provide a really important service in the community, this is kind of beyond what they're able to provide. We provide a trauma-specialized service that fills a gap. Unfortunately, the referrals that come to us, though, come with the request that they be seen at no cost or at a low cost because the individuals being referred don't have funding to pay for services themselves.

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When we look at the importance of this—there has been a lot of research around adverse childhood experiences. We now know there's a direct relationship between early life adversities such as physical abuse, sexual abuse, emotional abuse, exposure to intimate partner violence, and later-life health outcomes—and not just mental health outcomes, but also physical health outcomes. There's a direct impact on things like ischemic heart disease, stroke, cancer, diabetes. So a lot of things that we are kind of reactively having to fund can actually be prevented and mitigated through early intervention and treatment.

When we look at our clients' demographics—so this is just the past year—there's a profile of the trauma experienced by the clients we serve, as well as their adult trauma experiences, and there's actually quite a parallel. So you'll see that childhood emotional abuse as well as emotional abuse in adulthood is highest rated. Emotional abuse has the greatest effect globally on the brain out of all the forms of abuse, and feeling unloved by caregivers—again, that's another core theme that underlies addictions, that underlies self-harm, that underlies interpersonal relational challenges as well. So when we're treating the underlying issues, we're addressing the root causes, not just the symptoms. I often refer to this as treating the fire instead of the smoke. I've worked in a lot of government-funded organizations, and when we're treating those underlying issues, we see people no longer looping through the systems, because we're making lasting changes to the root cause of their pain, their suffering, which has a direct impact on those high-risk behaviours. Effective therapy stops that cycle of crisis, addressing the emotional pain.

This slide shows our pre/post PCL-5, which is a measure of trauma systems. The goal is to have a five-point reduction; a 10-point is a minimum threshold for lasting change and whether it's clinically meaningful. We have a 20-point reduction, and this is quite consistent with what we see on a regular basis. As I mentioned, in many cases we see this with—we see reduced hospitalizations, reduced crisis services used, decreased crisis bed usage, and decreased police and law enforcement involvement. These things are much more costly than therapy. So, from a cost-analysis perspective, funding trauma-specialized therapy would actually reduce the burden on some of these emergency services and—

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

Ms. Lori Gill: —obviously improve the quality of people's lives.

So we have evidence-based outcomes that show clinically and statistically significant reductions. We see clients transitioning from high-risk to self-reliance, which reduces the burden and cost on the community. And a case study indicates a 50% reduction in emergency interventions for a group of trauma therapy participants within a one-year term of treatment.

And why funding? It would be sustainability—helping younger agencies like ours with proven approaches to be able to continue to reach and support and fill the gaps in the community, allowing us to support marginalized communities and their needs as well, and then expanding services to save on long-term costs in crisis intervention and health care needs.

Thank you very much for your time.

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

We'll now go to the Indigenous Primary Health Care Council—and I believe we're virtual.

Ms. Caroline Lidstone-Jones: Thank you. My name is Caroline Lidstone-Jones. I'm the CEO of the Indigenous Primary Health Care Council. We are an Indigenous-governed, culture-based and Indigenous-informed organization with the key mandate to support the advancement and evolution of Indigenous primary health care services planning and provision throughout Ontario. Our membership currently includes 25 Indigenous primary health care organizations, also known as IPHCOs. We serve our clients in 52 different locations across the province, representing approximately 100,000 First Nations, Métis and Inuit patients. IPHCOs take an Indigenous-led and a community-centric holistic approach to improve the mental, emotional, physical and spiritual well-being of Indigenous peoples. Traditional knowledge, traditional healing and cultural practices and self-determination underpin Indigenous primary health care and are central to restoring balance at the individual, familial and community levels.

Indigenous primary health care also encompasses a two-eyed-seeing approach, where distinct Indigenous models of care and existing Western knowledge and practices are used for healing. Indigenous peoples are then

free to choose either model of care or one that blends both, whichever best facilitates their health journey.

The IPHCC and its IPHCOs promote high-quality care provision through the Model of Wholistic Health and Wellbeing. The model is rooted in a population-needs-based approach to health care planning and delivery for First Nations, Inuit and Métis.

As per the Connecting Care Act, 2019, the government of Ontario committed to the principle of Indigenous health in Indigenous hands by recognizing the role of Indigenous peoples in the planning, design, delivery and evaluation of their health services within their communities. To fulfill this commitment, the government of Ontario must fund a complete network of IPHCOs across Ontario and adequately fund the existing Indigenous primary health care organizations to deliver Indigenous comprehensive, holistic primary health care, including access to mental health and addiction services and traditional healing and wellness programs throughout Ontario.

For the 2025 Ontario budget, the Indigenous Primary Health Care Council, on behalf of its 25 members across Ontario, has two overarching priorities: investing in health human resources and operations of the Indigenous primary health care organizations, and completing the network of IPHCOs in every community throughout Ontario.

Our first priority is to invest in Indigenous health human resources and operations for IPHCOs. IPHCC is part of the coalition of primary health care organizations requesting $430.9 million over five years, including a 2.9% annual adjustment to close the significant wage gap in all primary care teams across Ontario. The IPHCOs' share in this ask is $32.5 million.

Imagine the employees working for you, your family members, the businesses in your communities not receiving a compensation increase since 2021. Imagine, after an independent market survey, it is found that your employees are being paid at 2017 rates. Imagine watching the government of Ontario awarding an 11% increase to hospital nurses, an 8% increase for emergency medical services, and a 9.9% increase for doctors for year one of a four-year agreement while your employees and community members who work in primary health care and community mental health agencies receive nothing. This is the reality for employees and IPHCOs and other primary care and community and mental health services. The wage gap is now $2 billion.

To stop the flight of health care workers leaving primary health care to go to other higher-paying jobs in the health system or leaving the system entirely, the government of Ontario must invest in its primary health care workers.

Now imagine these same organizations with extreme operating pressures, with the result that many are facing challenges in keeping the lights on and maintaining their levels of services. Apart from a two-year, one-time 1.9% increase, these same organizations have not seen any increases in over 27 years to address the increased costs of rent and utilities, no investments to address the increased demand for information management or cyber security.

Primary care is the foundation of the health care system. If we are not able to address unnecessary hospital stays, emergency room overuse and poor health outcomes for Indigenous peoples, the government of Ontario must invest in compensation and address our operational challenges.

Our second budget request is to continue to invest in the completion of a network for Indigenous-governed holistic primary health care delivery. As part of the primary care expansion funding in 2024, seven IPHCOs were funded to expand their services or create new IPHCOs. While we acknowledge this investment as a step in the right direction, these funds do not nearly meet the demand, and most applications did not receive the full amount that they requested. The network is not complete.

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For Indigenous peoples in communities, attachment to primary care is not enough. Indigenous peoples need access to Indigenous, holistic primary health care that integrates culturally appropriate approaches and access to traditional healing to move towards equitable health outcomes. They need safer spaces.

Although some of our members and other IPHCOs—

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

Ms. Caroline Lidstone-Jones: —were partially funded in the EOI process for the expansion of primary care, none were fully funded, which means the service gaps remain.

We urge the government of Ontario to prioritize comprehensive primary health care in Indigenous communities and invest an additional $80 million annually to move closer to a complete network of IPHCOs across Ontario.

Ontario is home to the largest population of Indigenous peoples in Canada, with 409,590 living in Ontario.

It is well documented that Indigenous peoples around the world experience poor health outcomes in comparison to non-Indigenous. To change this outcome, the government of Ontario must invest in Indigenous primary care and traditional healing and wellness.

According to the seventh-generation principle, decisions and investments the government makes today will impact seven generations out. Ontario is still midway through the seven generations in relation to the impact of residential schools on the loss of identity, culture, family disruption, high suicide, mental health and addictions—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. We now also conclude the presentations.

We will now start the questions with the government. MPP Smith.

Mr. Dave Smith: I'd like to start with the—the Indigenous health group. I apologize for stumbling on the word "Indigenous." I spent four years in Indigenous affairs; I should be able to say it a lot easier than I can.

There are some interesting things that you've brought up on this.

First of all, the 25 IPHCOs that are currently existing—are they all on-reserve or are they a combination of on- and off-reserve?

Ms. Caroline Lidstone-Jones: They're a combination of all. We are both on-territory and off-territory, and we're status-blind, so we service First Nations, Métis and Inuit in urban, rural, and remote.

Mr. Dave Smith: Just for the record, because when we're talking about anything that is Indigenous—land-based healing, those types of things—most people in Ontario have no real understanding of what the difference is between what you're talking about and what someone would consider typical health care: In kind of a Coles Notes version, could you describe a little bit about how that is a different approach, and why that is important from the cultural standpoint?

Ms. Caroline Lidstone-Jones: We actually see that as encompassed as part of primary health care delivery for us, and that's a distinct difference for us and our definition of it. A lot of the things that we do at the land-based level are actually connecting people back to nature and connecting people back to their natural ways of healing. Also, when you have a lot of historical traumas, where families were taken away and separated from their traditional ways of being—it's a part of an identity and gaining back that identity of who they are as individuals. We strongly believe in that ecological connection to the land, and it is part of our health and healing. When a lot of people look to us, they say, "Oh, it's like camping and things." No, it's beyond that. It's knowing the spirit of the land. It's knowing how to work together as a family unit when you may not have had an existence of your family unit in a very long time. It's also how to do that connection so that—similar to the previous speaker talking about trauma, it's a way to deal with our trauma in a way that was very traditional and very unique to us, through our own ceremonies and through our own ways of being and healing ourselves naturally, instead of relying fully on chemical-based treatments.

Mr. Dave Smith: One of the other challenges that we have with this—and please forgive me if I'm wording it not correctly, or if I'm giving a reference to the wrong section. I actually won't mention the section, because I can't recall if it's 25(69) or 69(25)—the division of powers on it and who is responsible for what.

Is the federal government providing any of the funding for the existing IPHCOs right now?

Ms. Caroline Lidstone-Jones: No.

Mr. Dave Smith: So anything that is on-territory is their responsibility, financially, to cover those costs?

I think any of the IPHCOs that are in an urban centre that is not on-territory—there is a combination of who would be paying for that. Some of it should be provincial money. Some of it should be federal money.

Have you approached the federal government at all to receive any funding on this?

Ms. Caroline Lidstone-Jones: Several times.

Mr. Dave Smith: And their response is basically, "Talk to the province"?

Ms. Caroline Lidstone-Jones: Well, it's a combination. We have some of our IPHCOs independently, on their own, accessing smaller-level contracts to be able to fund certain programs and services.

The last time we were successful—in the last two years as an organization, we've been really trying to move to get out traditional healing and wellness, because prior to that, we had a three-year investment, but that was actually through the HRDC component through our traditional healing and wellness. We actually created a pay equity grid and apprenticeship programs for traditional healing and wellness. We then went back to the feds to try to get investment to continue that apprenticeship, and we were not successful. So that has been two years now where that program has lapsed, where it's not funded.

We get some very small one-offs independently through our sites, and of course we also have a combination of some of the things that happen through band health services that are funded separately.

A lot of the primary health care delivery, then, is funded through the province, where we're providing access to things like the doctors, the nurses, allied health and those types of components, as a subset to what's being provided through community-based services through the federal program.

Mr. Dave Smith: So it sounds to me like there's not a great deal of federal funding that is coming through to you on this.

Ms. Caroline Lidstone-Jones: Not at this time, no.

Mr. Dave Smith: One of the land-based-healing organizations that I've done some extensive work with has seen some outstanding results with non-Indigenous individuals.

Do you find yourself in a position where you're dealing with non-Indigenous individuals coming in, getting success with them, but not receiving the appropriate level of funding for those patients, or has the funding simply been—you get X amount of dollars, regardless of how many people you see?

Ms. Caroline Lidstone-Jones: We do have some of our IPHCOs, as well, that will fund people and their families. Some individuals may, in fact, be non-Indigenous, because, of course, we also don't segregate families based on who your partner and your loved ones are. So we do a lot of that.

We also have a lot of the external community coming in and participating in things like our sweats, and doing access to traditional ceremonies, being able to do our land-based connection, our water-based therapies and those kinds of things.

So there is definitely, especially as more people go into natural forms of healing, more of an outreach, but unfortunately, we don't even have the dollars to fund our own people to participate, let alone trying to go net large on the broader public.

Mr. Dave Smith: So when you were making the request at $430 million over five years, that was for the broader sector, and your share of that would be $35 million over five years?

Ms. Caroline Lidstone-Jones: It was $32.5 million.

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

Mr. Dave Smith: Thank you.

Had I not taken so much time with you, I would have jumped in with the trauma centre.

I think I'm going to stay with the Indigenous group, if I could, for the last 30 seconds or so that I have. What I will say on it is from my own personal experiences. I have First Nations in my riding. I have been dealing with a lot of First Nations over the course of my career with the provincial government. I think a lot of the stuff that you do doesn't get seen by a lot of the mainstream as being something that is actually medically based, because there is no chemical component to it. So kudos to you for stepping up, making these types of requests, working with the other health care providers, because I think a lot of the times what gets lost in this is that there are multiple ways of seeing a positive result. When you're dealing with some of the historical, traumatic challenges that you're dealing with, having that—

The Chair (Mr. Ernie Hardeman): Thank you very much. That's the end of the commentary.

MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you to both presenters for coming today and taking time out of your busy days, and welcome to St. Catharines.

Lori, it's good to see you again. I'm going to start off my questioning with you.

We understand that the provincial government helps fund community-based organizations like ATTCH.

ATTCH Niagara actually raises awareness—may I say—and reduces stigma around trauma and surrounding mental health. You take it right from adverse childhood all the way up to—and you've stated so many things—adult trauma and things that your centre looks after.

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On a monthly, how many clients would you approximately take care of? Do you know?

Ms. Lori Gill: The monthly rate varies.

Last year, like I said, we were over 335 clients, and that's with very minimal funding. That's with an operating budget of less than $300,000.

On a monthly basis, it's hard to say, because we have some clients who might need one or two sessions. Somebody, yesterday, found their father dead by suicide. That was a processing session that was done right away. They're going to need ongoing support, but probably not the same amount of support as somebody who was repeatedly abused throughout their life. Someone who was part of a terrorism attack, a single-incident trauma, may only need one session to process that; once we process that and clear that out, we can depotentiate it. So the number of clients varies, depending on the circumstances in their life.

Mrs. Jennifer (Jennie) Stevens: And $300,000 annually—is that what you operate on?

Ms. Lori Gill: Yes.

Mrs. Jennifer (Jennie) Stevens: Wow.

I'm going to look over to the government side and say, what you do—are angels in disguise to help people.

Earlier today, we heard the need for mental health focus centres so that people who are struggling with trauma or struggling with mental health will have a warm hand, because the waiting times within our hospitals—we're seeing wait times up to 14 hours at the Niagara Health System, and then they're in a hallway. These people struggling with mental health or trauma situations should have a place.

The individuals here earlier today said the need for mental health focus centres—they were much needed, and mental health professionals under one roof versus sending those in a crisis to a hospital and causing hallway medicine and chaotic emergency departments. You must know, dealing with people with trauma—you go into somebody yelling and screaming or carrying on. It can trigger something, a trauma they experienced. What is your stance on this team-based solution under one roof?

Ms. Lori Gill: I think there's value in both.

My main heart and focus is building competency, so I do a lot of training with people around the world, across Canada, and with a lot of Indigenous communities as well—certainly due to the colonization trauma and oppression—to build capacity within mental health organizations, hospitals, outpatient addictions; to train them in the model we use, because the model itself works. Whether it's done with our organization or whether it's our organization helping to build the capacity within organizations to do trauma-specialized treatment—both are beneficial.

I think the goal, though, is making sure we have a tool that works with the brain. Trauma impacts the brain neurosequentially, so we need to work bottom-up. Cognitive models are not cutting it, because the cognitive part of the brain is not online, and brain scans show us that. We need models that are somatically focused and integrated.

Mrs. Jennifer (Jennie) Stevens: I want to go back to the $300,000 annually funded—is that raised by yourself, or do you get help from the provincial government for funding?

Ms. Lori Gill: No help from the provincial government as of yet.

We receive $111,000 through Branscombe Family Foundation, and we've been the beneficiary of a few smaller grants and some private donations. At this point in time, we're filling in a critical gap, but we don't really have sustainable funding. We've been tracking outcome measures for the past five years to show the efficacy of what we're doing, and we've had a full program evaluation done. The work we're doing is really sound, the model works, but we do need longer-term funding to continue to meet the need.

Mrs. Jennifer (Jennie) Stevens: Yes, so an increase would help—even hire one more person to alleviate the burden of individuals who work within your community at ATTCH Niagara. Every hand on saves a life, I believe.

As you stated, somebody died by suicide, and the trauma they had to go through—you probably helped them get over that. So kudos to you for doing that, and under such a tight shoestring budget.

I would like to see that ATTCH Niagara—I know that you do some wonderful, good work here in Niagara, especially after the youth we were losing on a daily basis

here in St. Catharines. You helped—and I know you did, because I spoke to your son a couple of years ago.

I'm going to ask the Indigenous Primary Health Care Council, Caroline—is it okay if I call you that?

Ms. Caroline Lidstone-Jones: Absolutely.

Mrs. Jennifer (Jennie) Stevens: Thanks.

How can the provincial government better support your Indigenous-led health initiatives? I know you alluded to it in your presentation, but I really want you to pick out a few so that—because this is pre-budget 2025. I think that we, as the official opposition, as well as the government need to come together to understand what this provincial government can do to better support your Indigenous-led health initiatives.

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

Ms. Caroline Lidstone-Jones: I think if we could get full coverage—right now, we have a lot of service gap areas. We were fortunate, as I mentioned, to get seven applications funded in our last EOI, so the expression of interest for primary health care, but we have a lot of gap spaces. We tend, as an organization—we've been responding to a lot of the crises. For example, when we do evacuations and all of those kinds of things, our organizations are front and centre to respond to those. So it goes above and beyond even the territories that we typically service. We could look at, for example, northwestern Ontario, between Wawa and Thunder Bay—massive, huge geography to cover there, and it's covered between two organizations. We're only fortunate to be able to provide primary health care access services one time per month—

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

We now will go to MPP Hazell.

MPP Andrea Hazell: Thank you both for coming in and presenting today.

I'm going to pass my questions over to Attachment and Trauma Treatment Centre for Healing Niagara.

My first question is, are your services available in Toronto?

Ms. Lori Gill: Currently, ATTCH Niagara provides services only within Niagara because our funding is so small and the funding has come from Niagara. We get a lot of referrals from all across Canada. Unfortunately, at this time, we're not in a position to—originally, we did, when we first opened, but as we got funding and the funding was allocated to Niagara, we had to make a decision, as our waiting list was growing, to cap it at Niagara residents only.

MPP Andrea Hazell: I really like what I'm reading here. I really like what you're doing, and kudos to you for pushing through. I always say, because I believe in women in leadership and women in business, when women lead, amazing things happen.

I know you have a constraint on funding, but can you talk about your funding model—because you survived this far, and you're here because you want to make sure that you can get funding from this government. What is your current funding model?

Ms. Lori Gill: Currently, as I said, we really don't have sustainable funding beyond the Branscombe Family Foundation. We received four years of funding from them for $111,000 per year. We will be reapplying at the end of this year.

How we have managed to see so many clients—in response to maybe the real question—is, we intensively train graduate students in our model. The model is so effective that I can take a brand new graduate student, intensively train them in our treatment approach, and get the same clinical outcomes that a highly experienced therapist could get, because the model works. However, it doesn't give us a true reflection of what we can do with the money. I'm training up to nine graduate students a year. They're coming through, they're providing excellent service, but then they graduate and I don't have a full-time job to offer them, so they go work somewhere else. Other organizations gladly hire them because they're very skilled and they have a model that works.

We need funding to be able to keep the staff we're investing in. It's like a perpetual training process where we're constantly training new students. We get the benefit of them for eight months while they're in placement. Most of them stay on with us in some capacity, very part-time, because they're passionate about what we do, but most of them go on to work full-time elsewhere, where they have permanency.

MPP Andrea Hazell: For the record, how many staff do you have on board at one point in time?

Ms. Lori Gill: We have one full-time funded position, and the rest of our therapists—I think we have eight in total, but they work anywhere from two hours a week to seven hours a week.

MPP Andrea Hazell: So it's a mix of hours.

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Ms. Lori Gill: It's mixed, yes, because we don't have funding to offer permanent positions.

MPP Andrea Hazell: We're in 2025, and I'm looking beyond 2026. If you don't have some sort of a funding intervention, what would be the outcome for your organization?

Ms. Lori Gill: I don't know at this point in time. If we don't have sustainable funding, we won't be able to continue to meet the demand in the community.

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

Ms. Lori Gill: We have a lot of support from community partners saying how critical our support is.

MPP Andrea Hazell: With my one minute, can you talk about—because this is very important for the record too, and especially you're asking for funding. You shared a little bit about your evidence-based results on the services that you've done. The support that you're giving to the clientele is essential for your business reputation. So can you talk about some of those experiences?

Ms. Lori Gill: The client outcomes?

MPP Andrea Hazell: Yes.

Ms. Lori Gill: Oh, gosh, it's life-changing, if not life-saving. The majority of our clients come in with suicide ideation; they don't have suicide ideation when they

complete treatment. We have clients coming in using hard drugs or who are addicted to hard drugs; they are not addicted when they're completing treatment.

This isn't short-term. We're seeing longitudinal changes where people are going to work, they are getting jobs, they're going to school, they're forming healthy relationships. People are having significant changes in their—

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

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

Mr. Dave Smith: I'm going to go to ATTCH this time on it.

As I'm listening to you talk about this, it very much sounds like cognitive behavioural therapy, CBT—the approach being that you're looking for the underlying issue, not necessarily treating what the symptoms are.

A very good friend of mine who operates a company very similar to the services that you are doing has made the statement that people become addicted to drugs or other bad behaviours—what she refers to it as—for one of two reasons: They either want to stop feeling something or they want to start feeling something. When we look at the underlying issue and start to deal with that, we can deal then with whatever the trauma is or whatever the challenge is that's creating, for lack of a better term, that bad behaviour that the individual is experiencing.

Have you approached your local MPP to try to find funding for what you're doing?

Ms. Lori Gill: We have had conversations, yes, but there's no funding available as of yet that I know about.

Mr. Dave Smith: The Ministry of Health has their own type of transfer payment agreement, and they have a selected group of health care providers that the funding flows through. It becomes a little bit more difficult for you if you're not part of that. Having said that, we were successful in setting up a pilot project with an organization that does very, very similar work to what you have been describing. I would suggest that perhaps you could go back to your MPP and have them give me a call, and I can explain to them how we did it. That pilot is still going on right now. The results are not in, but there might be an opportunity for you to find some additional creative ways of finding funding on it. If memory serves me correctly, it was about $320,000 over 16 months for 300 individuals who would be going through. So, from a cost-perspective way, it was very, very cost-efficient for us, and we're seeing very good results from it.

One of the challenges that you're going to face with this is that most medical professionals are looking for something that has—for lack of a better term—a chemical base to it. When you start to deal with the challenges that you're dealing with with those individuals, it doesn't fit any of the boxes that the health care professionals are looking for. So there's usually some pushback from some of the other organizations. I don't want to sound like I'm speaking ill of any of the other groups who deal with addictions and with mental health. There is a great deal of crossover between addiction and mental health. Not everyone who is addicted has a mental health issue, and not everyone who has a mental health issue has an addiction—I want to make that very, very clear—but a lot of times, there is crossover between it.

When someone understands why they are addicted, a lot of times they are better informed to make adjustments—they don't always, but we're seeing a lot better results on these types of pilot projects when someone understands why they have an addiction. They may not be in a position themselves to deal with it on their own, but that's where you come in.

Do you mind expanding a little bit, then, on the length of time that someone would be seeing you? I recognize it's going to be different for every person who comes in, but kind of in general terms—the average person would come in, you would see them, let's say hypothetically, 25 times over the next seven months or something along those lines.

Ms. Lori Gill: Thank you for the suggestion.

Pre-pandemic, our average was 22 sessions; post-pandemic, that's gone up, definitely, to 30. It does vary, but that was our average. Generally, we start with weekly sessions because we are creating changes to subconscious responses—the brain, the nervous system. Then we start to move to biweekly to see if people maintain gains, and then space it out from there. I have a background in addictions and mental health—so appreciate, certainly, both.

I would say the efficacy of our model comes from the fact that although CBT is very effective, brain scans show us that, actually, the cognitive part of the brain is off-line with trauma, so starting top-down isn't effective because that's not accessible—higher-order thought, conscious awareness, speech. So many people say, "I don't know," and that's because they lose access to speech in high-stress states. We are working bottom-up. We're working with the subconscious—the central details of trauma—which is where trauma is stored in the brain, body and nervous system. And because we are working bottom-up, we are depotentiating that threat, helping the client to integrate that memory in proper space and time, which consolidates that memory in the past, instead of feeling like it's reoccurring over and over 50, 60, 70 years later. That's where the sense of peace comes from. Once we've reduced the charge, the terror of their threat, then we can start looking at, how do we move forward from here in a productive, healthy way?

Mr. Dave Smith: Since this is the finance committee and we're going to be feeding into the budget, can you give me a dollar amount that you would be looking for?

Ms. Lori Gill: Our board chair said even $150,000 annually would make us stable for one admin position and one additional therapist.

Mr. Dave Smith: So $150,000 a year? That's not a great deal of money. This is your chance to ask for more. I'm in a generous mood.

Ms. Lori Gill: It would be great to have more, because a lot of the stuff comes to me in a largely unfunded position. I don't know—$400,000 would expand us and meet our current funding needs and allow us to hire more than one additional therapist, which would be incredible.

Mr. Dave Smith: If I gave you $150,000, how many people would come through your door in a year, receiving some kind of treatment?

Ms. Lori Gill: More than what we have. I would say 100 to 120.

Mr. Dave Smith: Chair, how much time do we have left?

The Acting Chair (Ms. Patrice Barnes): A minute and six seconds.

Mr. Dave Smith: I would have turned it over to you, but you're in the chair now. I saw you move in there.

The Acting Chair (Ms. Patrice Barnes): You might as well go ahead.

Mr. Dave Smith: We don't have a great deal of time left. I simply want to say thank you to both of you for all the work that you do. It truly is God's work, and it's not given enough credit because, unfortunately, a lot of the medical professionals are looking at it from the traditional chemical approach that we do, and you don't fit into any of the existing boxes; we're putting a square peg into a round hole. But I greatly appreciate the time and effort that you put in to do that, because you are making differences in people's lives.

Ms. Lori Gill: They are amazed by the outcomes, actually. We have neurologists saying, "This is a miracle, what you're doing."

Thank you.

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

Mrs. Jennifer (Jennie) Stevens: I'm going to go back to Caroline again so you can finish off. I'm going to refresh what the question was to you. You were starting off about the Thunder Bay area, Wawa to Thunder Bay. I just want to reiterate: How can the provincial government better support Indigenous-led health initiatives and ensure equitable access to health care for Indigenous populations all across Ontario?

Ms. Caroline Lidstone-Jones: As we mentioned, to do the service coverage that we had, the average budget is about $3.1 million, to ensure we have access for each of our new IPHCO start-ups, our Indigenous primary health care organization start-ups. It allows us then to ensure appropriate physician access, nurses, allied health support services, a fully functioning traditional healing and wellness program, to make sure that we integrate in a lot of those services.

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We also do a lot of family-based services that are attached—so those social determinants pieces as well. That is also something that is very unique to our model. So even in the OHT framework, or the Ontario health team framework that we're doing right now, a lot of the things that they're trying to get to are things that our organizations just had to do for survival for our own community people with regard to access to appropriate housing, water. We have a water advisory right now, where we have people who were evacuated from Kashechewan. You see those continual things. These are things that our health centres always continually respond to above and beyond, and it gives us the appropriate ability to respond effectively and to ensure also that we're not—because what happens to us a lot of times in those emergency scenarios, we're taking services away from an existing IPHCO that already has a full set of patients who are registered there. We then go provide support in the emergency scenario, which means there isn't backup support then in those key places. That happens to us quite frequently in the north, where geography is massive and expansive.

The other thing that I think is really important to note: We often see a lot of programs that are very much dictated to the aging population, but in Indigenous communities we have a very young population. So a lot of those things that move out into our communities don't make sense to us because we do not have the same demographic. With that said, we also have people who are experiencing the same types of chronic conditions at much younger ages, which means our ability to get primary care in there is critical if you want to talk about saving an upstream investment, where people then are going into the hospital with later-stage diagnoses, those kind of things, because we don't have appropriate access to that type of primary care support where a diagnosis is caught earlier.

At the end of the day, what we do actually saves the system money, if we're effectively positioned to be able to do that and respond to the community's needs.

Mrs. Jennifer (Jennie) Stevens: You're aware that Indigenous communities in Niagara often face unique health challenges here.

What steps should the provincial government prioritize in the upcoming 2025 budget to enhance primary health care for Indigenous populations within the Niagara region, which is growing?

Ms. Caroline Lidstone-Jones: Yes, we do a lot of support services right now in the Niagara region. We actually have two IPHCOs that kind of cover—between our Hamilton site, we have a branch that also operates right in Niagara, and then we have a subset of our SOAHAC region, which is London, in between that corridor. So they actually service all of those particular types of areas there.

I think that the biggest thing when it comes to that—as mentioned, even in the existing EOI process that we had, nobody was funded at an actual full amount. When we actually did our analysis of what was most effective for us as an IPHCO, to operate and provide the full functioning services of what we can—it's approximately $3.1 million per site. So if we can get our sites more operational at those levels, that would really help us give a larger level of impact into the broader community and the health outcome.

Mrs. Jennifer (Jennie) Stevens: Great answer. Thank you for that information.

Lori, you say 120 residents go into ATTCH Niagara on a yearly basis. Is that correct?

Ms. Lori Gill: It's 335.

Mrs. Jennifer (Jennie) Stevens: So that's only in Niagara. And you're asking for $150,000. Well, I think if the government is saying they're in a generous mood, then they should double that for you.

I know, Lori, we have spoken, and I am your MPP—not yours in particular, but Niagara. You are located here, so we have spoken. I've heard what great work you have done. I've got clients who come into my office who have experienced what ATTCH Niagara has done, and it is life-altering, life-changing and life-saving. It's amazing what you do without any chemical-based medication.

If we can save one life for the minimum of $150,000, I think you've done your job—and I think that, like I said, if the government is feeling generous, let's double that up to $300,000.

However, I was quite interested when you said that you had graduates, nine grad students, who come out of—is it Brock University, or would it be Niagara College, or all across the region?

Ms. Lori Gill: It's all across Canada. We have many universities that we work with. Brock doesn't, at this point in time, have a counselling psychology program, so we're usually working with graduates in master's in counselling psychology or master's of social work.

Mrs. Jennifer (Jennie) Stevens: Great.

I really want to say, Lori, thank you for your background.

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

Mrs. Jennifer (Jennie) Stevens: I know you have an extensive education background with trauma and your expertise on it—not from an MPP, but from yourself. It's very enlightening to know that you have that kind of extensive education, to be able to teach grad students from all across Canada in an incubating class right here in Niagara, which is amazing.

How do we keep those grads here, is the next question. I think that we can work on that, because we need more mental health supports in St. Catharines, Niagara Falls, Welland, Port Colborne—right across the region. I want to thank you for actually taking grad students and incubating them within your program, but let's hope that we can keep them on for your staff, for all the hard work that you put into them.

Ms. Lori Gill: Thank you.

Can I just add, I think death by suicide—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: This question is to Lori and Caroline.

We've asked you guys tons of questions, but I just want to congratulate you on what you're doing, the services that you're providing, your boat in the health care sector. We know the pressure points. We know the financial struggles. We know less funding affects the quality of services that you would want to give to your community.

I want you to take my time and really summarize for the record your presentation today. What do you want to leave us with?

Ms. Lori Gill: I think for me, the biggest thing would be that healing is possible. People don't have to suffer. There often is this belief that we have to deal with it and that trauma is not treatable. It is highly treatable.

I think when we're offering medically assisted suicide, for example, we need to make sure that we're making available the services that can treat the pain so that people don't have to die to escape their pain.

I do believe that the last research that I looked at said that death by suicide costs approximately $800,000 per one death by suicide, when we look at all the services—

MPP Andrea Hazell: You need to repeat that because that's very important.

Ms. Lori Gill: Yes, $800,000. It has been a while since I've looked at that research. I did a presentation on it a few years back. I think it was around $800,000 for one death by suicide. I think, obviously, life is far more important than the financial costs—but it's important to recognize that that doesn't have to be, and people don't have to be struggling.

MPP Andrea Hazell: Thank you.

Caroline, can you continue that?

Ms. Caroline Lidstone-Jones: I think, for me and our communities, we also have to move beyond, for us, in the recognition. We often have existing pieces of legislation right now that identify that we're fully supportive of traditional healing and wellness, but any time we go to the table to ask for that level of support, we tend to be declined for it. They tell us that we can use our existing budgets to be able to do that.

Our reality is, when we use our existing budgets, we're then taking away from the need where we have access to doctors, nurses, all of that. We always have to make a decision.

What we said—if we're truly doing integrated care, you need to accept the fact that this is a huge component. When you have people who have lost their identity and they're struggling to find out who they are, it's very important to instill that piece, because any other piece that you do physically is not going to actually repair what's going on in the internal psyche of that individual—we call it their internal fire. They will not get back their internal fire if we do not put these appropriate services in place.

So it's very frustrating to always go in with your hat in hand. As the previous MPP mentioned—saying that we have to also recognize even our data sets and how we collect this information. We do not collect the information and do research the same way.

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

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Ms. Caroline Lidstone-Jones: Because Indigenous communities—we do not like to be seen as subjects that way, but we can give you very real results of people who can as families heal themselves in that, if we give them the appropriate support to do that.

I really hope that we recognize that that coverage is so important, and it does save the health system in many, many regards in the upstream.

MPP Andrea Hazell: I want to ask one little question. Is this your first time presenting to this committee?

Ms. Caroline Lidstone-Jones: To this one, yes. In this area, yes.

MPP Andrea Hazell: Okay. What is one outcome—because I know you presented to us—that you are hoping to walk away with?

Ms. Caroline Lidstone-Jones: Here? I think if we can get support for our traditional healing and wellness—and our IPHCO coverage. Even one IPHCO makes a big difference for us. It's $3.1 million, as we mentioned to expand even one network—

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

MPP Andrea Hazell: It's on the record. Thank you. You got it on the—

The Chair (Mr. Ernie Hardeman): That concludes the time for this question and the time for this panel.

I want to think both of the panellists for all the work they did in preparing for and answering the questions so easily. We very much appreciated it. I'm sure it will be a great assistance to the committee

THE SALVATION ARMY IN CANADA
REGISTERED NURSES' ASSOCIATION OF ONTARIO
CATHOLIC HEALTH ASSOCIATION OF ONTARIO

The Chair (Mr. Ernie Hardeman): Next, we have the Salvation Army in Canada, the Registered Nurses' Association of Ontario, and the Catholic Health Association of Ontario.

You will have seven minutes to make your presentation. At six minutes, I will say "one minute." At seven minutes, I will say "thank you," and that will be the end of the presentation, and we'll move on.

We do ask that, as you start your presentation, you start it with introducing yourself so we can make sure we get the right name to the presentation and for Hansard.

With that, thank you all for participating and being here today. We'll start with the Salvation Army in Canada.

Major Juan Burry: Good afternoon, members of the Standing Committee on Finance and Economic Affairs. My name is Major Juan Burry. I serve as the executive director of the Salvation Army's St. Catharines Booth Centre. I appreciate the opportunity to speak with you today about the critical role our organization plays in supporting vulnerable individuals and families in the Niagara region, and the urgent need for sustainable investment in our services and facilities.

The Booth Centre, located at Church Street and Niagara, provides 41 beds of temporary accommodations for adult males, 26 of which serve as a shelter, while 15 support individuals within the corrections system. Our current location is situated in the Queenston neighbourhood of St. Catharines, one of the most densely populated and economically disadvantaged areas in our city. While our facility has been a vital resource for that community since its opening in 1958, it is no longer adequate to meet the growing and evolving needs of the population we serve. Our building is dated, cramped, and inaccessible. It lacks the dignity and modern infrastructure needed to effectively support citizens of the Niagara region who rely on our services.

Beyond offering residential services to 41 individuals, we are also a beacon of hope for the broader community. Many of the people in our neighbourhood face significant challenges, including mental health issues, addictions, and disabilities. The limitations of our facility, however, hinder us from ably meeting those needs and sustaining our impact.

In 2024 alone, our shelters successfully housed 50 individuals on a permanent basis, provided 26,000 meals, and accounted for 9,500 bed days. These numbers highlight the critical importance of our services to the community, yet the condition of our building raises pressing concerns for the future. Proactive planning is essential to address the inevitable need for a replacement facility. A closure would not only disrupt the lives of those we serve now, but it would also create a ripple effect across the municipality, exacerbating challenges for an already vulnerable population.

We are fortunate to have strong community support. Unlike many other shelters in our area that face sometimes significant opposition, our presence is largely welcomed in our neighbourhood. This acceptance speaks to the trust we have built and the positive impact that we have made. However, this goodwill alone cannot compensate for the physical inadequacies of our current site.

Looking ahead, we see an opportunity for thoughtful collaboration. Adjacent to our existing facility, we own an empty lot that can serve as a site for relocation, expansion or innovative housing solutions such as modular or supportive housing. While we do not yet have cost projections due to budget and partnership constraints, we are eager to work with provincial or other levels of government to explore possibilities that align with community needs.

Investing in a new facility or expanded services at our current site would not only sustain but amplify our ability to provide essential support to those in need. It would also help mitigate the challenges associated with siting congregate living facilities in other areas of St. Catharines, where such initiatives often face strong opposition.

In closing, I urge the community to consider the vital role the Salvation Army's Booth Centre plays in fostering stability and dignity for the most vulnerable in the Niagara region. With your support, we can continue to be a beacon of hope and resilience while planning proactively for a brighter future.

Thank you.

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

Our next presentation will be from the registered nurses' association.

Ms. Ashley Fry-O'Rourke: Thank you, Mr. Chair and members of the committee. My name is Ashley Fry-O'Rourke. I'm honoured to represent the Registered Nurses' Association of Ontario, Hamilton chapter, which is part of RNAO's 55,000 registered nurses, nurse practitioners and nursing students. We urge you, the provincial government, to listen to our pleas for support.

I want to start by explaining a phenomenon called moral distress. Nurses are self-aware of their morals, their values, and spend a lot of time reflecting on the ethical implications of their actions. When their actions do not align with their values, they experience something called moral distress. Over an extended period of time, when one experiences moral distress, it negatively impacts not only their health but their relationships, and then they consider leaving the profession.

Last year, at the Hamilton pre-budget consultation, I spoke of the devastation that unveiled due to consistent underfunding in health care. I spoke of the support from our Armed Forces, and I thanked them for speaking up to help advocate on behalf of health care. I spoke of the tragedy that befell our long-term-care facilities and spoke of this being the reality in all health care settings.

Health care administrators are put into a position to enact hiring freezes, despite consistent shortages, in an attempt to balance their budget, to continue to operate to serve their community. This isn't fair to our health care administrators, and the provincial government should be responding by emergency measures to support.

I urge you, the provincial government, to take accountability for our foundational systems to promote the well-being of Ontarians. Show that you care about us by taking care of us.

Additionally, I spoke of the resilience of our province and our need to invest in our foundational health. At that time, I urged the province to consider mandating nurse-to-patient ratios, yet Bill 192 was not supported when proposed. Although I am disappointed in this decision, I ask the province to reconsider.

To paint the picture more realistically, imagine yourself as a nurse working in the hospital where you can safely care for patients. You arrive to work and find out that there's not enough staff for your shift, so instead, you're caring for anywhere from six to eight patients. Your day will be the repetition of vitals, medications, assessments and emotional support for both your patients and their families. While these are straightforward tasks, you will be interrupted repeatedly with call bells for pain meds, brief changes, bathroom trips, with family members to track down a patient's doctor because they're refusing a specific treatment. With all these tasks on your plate, you need to prioritize the most important task first. This means a patient can sit for over an hour in soiled briefs, with their skin breaking down due to irritants from their bodily fluids. Maybe one of your patient's vitals are not within normal range, moving them to the top of your list. As you're helping them, other patients are missing their medications, causing them to experience extreme pain or other complications of late medications. The call bells continue, with patients and family members informing you that they need brief changes, medications and more. Because of how busy you are, you get further behind on your tasks. It gets to a point where when you go to change a patient's brief, the family begins to yell at you and insults you with their criticisms, because they called for that change 30 minutes ago. As you become their metaphorical punching bag, your mind focuses on whether you'll have time to use the washroom after this—something you've needed to do for over two hours—but then you realize you won't be able to because a patient needs a very important medication in 15 minutes. At the end of the day, you leave 30 to 45 minutes late because you had to catch up on charting that you couldn't complete due to how busy your shift was. You debate signing for overtime, but you remember you already signed for your last two shifts, and you don't want to be accused of not being able to do your job, so you decide against it. You leave the unit, and in less than 11 hours, you need to come back and do it all over again.

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This is only one example of nurses working in environments that are short-staffed or have limited resources. All nurses in all specialties are struggling to meet the needs of their patients, causing them moral distress.

Why is it that we expect to be cared for with dignity and respect, gracefully, yet we don't provide that same care to those providing care to us?

The Canada Health Act requires the provincial government to distribute health care services and ensure that all five pillars are adhered to, because if one falls, they all fall.

I'm asking the province to prioritize how they invest federal health care funding and have a transparent plan in place to support our publicly funded system.

I have noted the provincial government health budget is around $90 billion. I'm often seeing advertisements for the provincial government—that they have plans to invest in infrastructure and access to care. I urge the government to instead invest these dollars into supporting nurse-patient ratios. Supporting these ratios would enhance working conditions for nurses, eventually leading to better care for patients and families. This would stabilize the currently precarious pillar of reasonable accessibility, which is currently crumbling under long waiting periods and overcrowded emergency rooms. Instead of needing private care models to meet service delivery gaps, we could continue to offer the care that Ontario was once proud to offer in our publicly funded system.

If the province isn't sure how to support better health care for Ontarians, there are others we can look to for inspiration. British Columbia has committed to mandating nurse-patient ratios.

Ontario continues to be the most underfunded per capita for health care in the entire nation, but not only this—Ontario has the least number of employed nurses per resident in all of Canada. This is concerning, considering we can graduate the most amount of nurses per capita.

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

Ms. Ashley Fry-O'Rourke: I urge you to give Ontario a plan that will sustain our publicly funded health care system and our nursing profession—if not for me, if not for the 55,000 members I'm representing, then for yourselves, your families, because they will require dignified care one day.

Thank you.

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

The next presentation is from the Catholic Health Association of Ontario.

Mr. Ron Noble: Good afternoon, Chair. Thank you for the opportunity to present today.

My name is Ron Noble. I'm president and CEO of the Catholic Health Association of Ontario. My membership is comprised of 29 organizations that run 40 sites across the province. These are hospitals, long-term-care homes, seniors' housing complexes, home care and community service providers located in rural and urban settings. Together, we make up approximately 14% of Ontario Health's total spending. With this diverse membership, my association represents the full continuum of the health care system, and that's the lens I will present to you today. It is from this vantage point that I speak to you today to share our sector's recommendations for the 2025-26 provincial budget.

Chair, Ontario has made significant investments in recent years to prepare hospitals for the current and future demands of our aging population, which is projected to grow from 2.8 million to 4.4 million by 2046—and some of us here will make that date. These investments include 3,500 new hospital beds and 35,000 new hospital staff since 2019, and over 50 hospital redevelopment projects under way to add 33,000 more beds to the system. However, despite these historic investments, pressures on our hospitals remain and are projected to get worse.

New research shows that, regardless of age, Ontarians are getting sicker, with more people suffering from chronic diseases such as cancer, diabetes, COPD etc. While hospitals have done what they can to prepare for these pressures, the compounding issues have led us to a critical tipping point. It is clear that significant changes need to be made in our system.

We must shift how we invest in our health care system. We must put an emphasis on providing more care and support in the community by focusing on upstream prevention and post-acute care. Only through these steps can we take the necessary pressure off our acute-care settings and build a system that can care for the growing patient needs of the future. Unfortunately, we've trained the Canadian public to go to the H on the roof—where we know that care can be much more effectively and cost-effectively delivered in the community. To this end, we have a number of recommendations.

First, invest in community to reduce that pressure on the acute-care system. Supportive housing is central to the support of people living with mental illnesses and/or substance use disorders. Despite this, there is a significant shortage of supportive housing across the province. While more than $2 billion is available from the government for affordable and supportive housing, it is spread across more than 20 funding streams and four ministries. This is a confusing system that requires extensive time and energy to navigate and is made worse by a lack of multi-year commitments and operating funding to support the clients' needs. We recommend that the province create a cross-ministerial housing secretariat and combine operating and capital funds into a single, more accessible fund that offers flexible, multi-year commitments. We also recommend the province replicate the long-term-care sector's not-for-profit loan guarantee program for the supportive housing sector and continue to improve access to lands by reducing red tape for zoning and approvals of affordable and supportive housing projects.

Chair, studies show that Ontarians want to live and age at home for as long as possible, but the province simply does not fund enough home care to allow that to happen. We recommend that the province significantly boost the number of visits and hours of home care funds by 10% a year for the next three years, delivering almost 16,500,000 more hours of care where people want it, which is at home. To support the patient's recovery, the government should also prioritize investment in post-acute and transitional care.

We also recommend that the government continue to support and expand community-based palliative care by providing stable funding models that support the implementation strategies of the province's palliative care framework.

Second, continue investments in the stability of the long-term-care sector. Long-term-care homes have witnessed an exodus of staff who go to higher-pay settings. This has taken place as the complexity of resident care requirements continues to grow. The province has made investments to address these issues, and the recent gains must be protected by further investments to ensure residents continue to receive the high-quality care they deserve—including their dietary needs.

Third would be to continue the investments in addictions and mental health supports. Across Ontario, individuals face long wait times for community-based mental health and addiction services. The province should invest in stable and increased funding to expand access to care and wraparound supports.

Fourth is to continue to make upstream investments in primary care. Primary care provides a critical role in early detection and intervention when initial signs and symptoms of illnesses are identified. This care improves health outcomes and quality of life, and reduces burden on the health care system as a whole. The province should invest to ensure all Ontarians have access to multidisciplinary care teams, which are the most beneficial to patients and can help ensure effective mental health services are also available.

Fifth is to continue the support for our hospitals, to enable them to focus on their intended purpose. The hospitals have been positioned as the backbone of the system. We need to continue to transition to a more integrated system with community-based services, but they must continue to prepare to support the growing patient population, and investments must keep pace with the true cost of delivering care. The province should increase rates for funded volumes to align with the cost of service delivery, as well as continue to provide investments in the hospital infrastructure renewal program and the working capital improvement program to ensure that those operations and capital facilities remain intact.

By making these investments and shifting more care from acute care to community settings, we can ensure our health care system is able to support our population.

Thank you, sir. I'm looking forward to your questions.

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

That concludes the presentations. We'll start the questions with the official opposition. MPP Stevens.

Mrs. Jennifer (Jennie) Stevens: Thank you to our presenters. Public health care in Ontario is very, very important.

Ashley, I want to thank you for what you do. I worked in a hospital setting myself, and I know it's tough when all the bells are ringing and patients are getting agitated and you have to do about 100 tasks in a very short period. Sometimes we don't even get to brush their hair. So I thank you for what you do and what you did during COVID. The nurses, nurse practitioners and front-line individuals actually were the guardian angels of our health care, and I know that you had a lot of people who were probably forcing their anger at you, and you guys dealt with it very professionally.

I want to ask you a question, Ashley. I know Bill 124 was repealed. How do you believe Bill 124 has impacted recruitment and retention right here in the Niagara region? And would there be any policy changes that this government could address?

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Ms. Ashley Fry-O'Rourke: Bill 124 did decrease morale for the nursing profession, absolutely. It did contribute to some of the moral distress that we were expressing as well.

I would have to say that, in supporting Bill 192, we would be taking a progressive step to support our nursing profession in showing that we're prioritizing their well-being.

I do want to specify that Bill 192 is specific to hospitals, and I would actually like to see this nurse-patient ratio implemented within all of our sectors, regardless of whether it's community, hospital, long-term care, and so forth.

Mrs. Jennifer (Jennie) Stevens: I know MPP Gélinas would be very happy to hear you saying this, because I know that the patient-to-nurse ratio of 1 to 1 for critical care patients on ventilators she wanted in her bill, and a patient-to-nurse ratio of 2 to 1 for critical care patients not on ventilators and highly dependent patients who needed mental health. She has got a patient-to-nurse ratio of 3 to 1 for specialized care—and it goes on; there's like six of them. It's so important to have that ratio of care—and imagine on ventilators.

Can you elaborate on how important Bill 192 would be and how it would relieve the stress of the caregivers and the significant others of the patient, as well as help you be able to go home, leave the hospital and long-term-care settings and every other setting you've mentioned, knowing that you gave the proper care that you went to school for and signed an oath for?

Ms. Ashley Fry-O'Rourke: Thank you for the question.

In mandating safe ratios, we would be showing that we're prioritizing the well-being of not only the patient but the nurse, because right now the nurse is sacrificing their own basic needs to try to meet the gaps—they are barely able to do it at that. In mandating nurse-to-patient ratios, it would show the nurse that there's a guarantee that they will not be forced to do the work of two, three or more. We've come into this profession because we care, and so we're not going to turn away from basic needs when they're presented to us. So it would really show that the government is prioritizing our basic needs.

Mrs. Jennifer (Jennie) Stevens: I thank you for bringing that forward, because it's so important to realize.

I think the government might be able to go back now and read how important Bill 192 is—and working together at Queen's Park. That's the key: working together for the well-being of our patients, of our residents, of our families, our mothers, our fathers—I can go on—granddaughters; grandsons, too, actually, I suppose.

I really do want to thank you for that and all the job that you and your colleagues do and did during COVID—stellar, stellar, and right at the top of my heart for that.

I'm going to go on to Major Burry. Welcome. I'll tell you, Salvation Army down there on Church Street does an amazing job. It's Queenston Street, though, isn't it? Welland?

Major Juan Burry: It's Church, I guess, and it becomes Queenston when you move up another 100 feet or so. We're Queenston neighbourhood, but we're technically on Church.

Mrs. Jennifer (Jennie) Stevens: Okay, great.

I actually want to thank you for working with the vulnerable and unhoused individuals within our community, as well as—I know that you house certain beds for individuals who have just come out of jail. Is that correct?

Major Juan Burry: Yes.

Mrs. Jennifer (Jennie) Stevens: I want to thank you for that. Your diligence on that is amazing. Transformation to going into other housing is key—for this government to know what Salvation Army does in St. Catharines—and gets them into a job before they leave your housing. It's really important. When individuals have a purpose, and you've guided them through—Major, I think that should be one of the stars that you should really have highlighted here.

I want to also touch on something that I'm not sure if you're aware of. Is the property beside you yours or the city's?

Major Juan Burry: The empty lot beside us?

Mrs. Jennifer (Jennie) Stevens: The empty lot, yes.

Major Juan Burry: That's ours.

Mrs. Jennifer (Jennie) Stevens: So I—just as yesterday, I worked with the Thorold Legion, and we were talking about getting our veterans off the streets, and the leaving the streets behind program. They're willing to work with groups—

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

Mrs. Jennifer (Jennie) Stevens: —to build housing. If they can work in partnership—I'm going to get a meeting with you and them, and maybe we can sit down and have that great idea. And maybe the provincial government will then join in, and we can have a partnership there, which I think would be wonderful for—also house veterans as well as male individuals you have.

Major Juan Burry: That would be fantastic.

Mrs. Jennifer (Jennie) Stevens: I get seven minutes on the next roundabout, so we'll definitely get back to you. Thank you for your time.

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

MPP Andrea Hazell: Thank you for coming in, and thank you for presenting.

I am going to start off with Ashley from the Registered Nurses' Association of Ontario. You presented last year, and so here you are a second time. What have you done differently in your presentation, your submission, than what you had done last year?

Ms. Ashley Fry-O'Rourke: Thank you for the question.

This year, I tried to help portray what the day in the life is like so that everyone in this room and everyone who's going to listen to this video afterwards can appreciate what it is that we are enduring.

MPP Andrea Hazell: I'm happy you're putting that on the record. Your organization and yourself are crucial to our health care services—and then we say that you are the front-line hero; you brought us off of COVID.

We know that you guys are experiencing a lot of pressure points. We know what the hospitals are experiencing.

Everything that you have said in your presentation is not new, and I just wanted to know—last year, you came very passionately, presenting. I remember you. And you are here this year presenting, and here we are with the same issues. What do you want to leave this government with? Just take my time, detail your presentation—because they've got to remember you.

Ms. Ashley Fry-O'Rourke: I would just like for the government to listen to our pleas for support. Listen to us when we say that privatizing our health care system is not the solution. Listen to us when we say we would like to see where the funding is going. And listen to us when we say, in mandating nurse-patient ratios, it will make Ontarians a lot healthier; it will make our hospital systems work a lot better. It's not only for me, but it's for literally everybody in this province.

Thank you for asking.

MPP Andrea Hazell: Thank you for putting that on the record again.

Do I have two minutes, three minutes?

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

MPP Andrea Hazell: The Salvation Army in Canada, thank you for the amazing work that you do year over year. You've been around many moons. So thank you for continuing that. And thank you for helping out our vulnerable individuals. They're very vulnerable, so it's really crucial.

You have 41 beds. There's got to be more of our patients on your wait-list. Can you talk to me about your wait-list, if there is a wait-list?

Major Juan Burry: We don't have a wait-list per se; it's first-come, first-served. There are not enough shelter spaces, there are not enough spaces of any type of appropriate housing in the Niagara region for all of the people who need it, so we're full all the time. Tonight, all 26 beds in the shelter, all 15 beds in our second floor will be full. The—

MPP Andrea Hazell: I just want to pipe in. It's really sad. Where do they go? On the street?

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

MPP Andrea Hazell: And trying to stay safe.

Major Juan Burry: Encampments, as you've heard about and seen and talked about a lot; couch-surfing with friends, stuff like that; in cars—we have a gentleman who comes in every day, uses our shower, but he sleeps in his vehicle in our parking lot and that empty lot that Ms. Stevens mentioned, because he has a dog and there's nowhere that will allow him, or can accommodate him, with his dog and his need for accessibility issues. Our building was built in 1958, and we're not an accessible building; I wish we were. There are so many people we cannot take in, so we try to find them a space somewhere else.

1730

MPP Andrea Hazell: Well, I need you to really push that presentation—on the urgent need to turn that lot you own into housing. We are lacking of housing.

Major Juan Burry: Yes, we are.

MPP Andrea Hazell: Accessible and affordable housing—we've missed the target. The government has missed their target in building homes in 2024. We're in 2025.

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

Ms. Natalie Pierre: Thank you to all of this afternoon's presenters.

I'd like to ask some questions to Ron, please. There were a couple of things in your presentation this afternoon that I'm curious about. I'll start off with just a little bit of background information and then hone in on a couple of the things you mentioned.

In talking about funding for health care, the current budget is around $89 billion; when we first formed government in 2018, it was $59 billion. So doing the math—an additional $30 billion now that we're spending that wasn't in the budget, but what I'm hearing is, it's still not enough.

You talked about making significant changes in how we deliver care, and you talked about investing in community.

I just want to mention that last year—maybe it was in 2023, at this point—we introduced something called Bill 60, Your Health Act. Under that legislation, we talked about a community model where we would provide publicly funded diagnostic imaging services, cataract surgeries and surgical centres in the community. It's a bit of a shift, where all of those procedures, while still being publicly funded, would be done in a community clinic versus a hospital, leaving, of course, the acute-care beds in

the hospital for the folks who require the acute-ist of acute care.

I'm just wondering if you could comment on your understanding of a community care model and what direction you were going into when you were talking about community care.

Mr. Ron Noble: Our perspective on community care—I'm a former hospital CEO, and I'm a recovering accountant, as a CFO of a hospital—it's really trying to move forward with the most cost-effective delivery model. I believe community-based services, in many situations, are better positioned to provide more cost-effective care—whether that's through the work the government has been doing on expanding scope of service for the various health professionals to get the most cost-effective delivery model in place.

I think there's opportunity for those diagnostic services to be expanded in the community. I agree with you—publicly funded, with accountability on the quality of care tied into that. I think that's a key feature, whether it's publicly delivered or privately delivered. I think there's opportunity within our rural facilities to enhance their diagnostic capabilities—and maybe some shifting of surgical teams, to move from large urban centres to deliver services in the rural communities within the facilities they have that, in some cases, are underutilized. I think there's great opportunity there for the public sector hospitals in the rural settings to upgrade some of their facilities but then be able to deliver those day surgeries at a local level. So I think there's good opportunity there.

A hospital stay, I think, now is $1,200 a day or $1,500 a day; supportive housing can do it for $60. Long-term care is, what, $200 a day now, with the government picking up two thirds of that and the families picking up a third. So I think there are better opportunities of more cost-effectively delivering care.

The difficulty is, we're in that transition period. How can we shift care to the community while still supporting the need for our institutions? That's a difficult position to be in, because you can't abandon one to support the other. You've got to make that shift, and we've got a growing population, an aging population, with increased health care needs. I share with you that it's not an easy transition to make, but I think it's quite possible if we all work together to move forward on that.

Ms. Natalie Pierre: Given your background and your experience, are you familiar with those kinds of integrated health service models in any other jurisdictions, be that in a different province or perhaps here in Ontario or in other countries—where you've seen a model that you would find to be effective?

Mr. Ron Noble: I'm a surveyor with Accreditation Canada, so I've had the pleasure of being able to survey in other countries. Where I've seen it effective is where there's a strong primary care model in the community that does that first round of assessment and then transfer to the acute-care setting where it's necessary, where physicians are compensated not necessarily on a fee-for-service basis, but on a practice—for lack of a better word, a salaried position, with accountabilities for the population they serve. So there's more incentive to care for the full need of the client as opposed to the episodic need of the client. I think there's opportunity for that here in Ontario.

I think we could do a better job of allocating our primary care physicians to the areas where they're needed, whether that's through a change in compensation model or incentives to practise where the need is.

Ms. Natalie Pierre: I'm just wondering if you could comment on the changes that we're seeing around expanding the scope of practice, be that for nurse practitioners or pharmacists and their ability to prescribe—

Mr. Ron Noble: I think we should optimize the scope of practice so that the health professionals can practise at their maximum optimization, and that does mean shifting the labour model. We need to deliver care at the most cost-effective level. So by expanding that scope of practice and allowing our professionals to practise at their optimal level—I think would be a more cost-effective way of delivering care.

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

Ms. Natalie Pierre: I think, especially for pharmacists in that model, it increases accessibility and removes barriers, because there are a lot more pharmacies that are located closer to where people live.

Mr. Ron Noble: Yes, I think in the rural settings there are opportunities to maybe combine our health centres within a long-term-care facility, for example, or within a supportive housing unit, where you're running a primary care clinic as part of that supportive housing unit. I think there are some innovative models that need to be invested in and trialled.

Ms. Natalie Pierre: Okay.

How much time do I have left?

The Chair (Mr. Ernie Hardeman): You have 22 seconds.

Ms. Natalie Pierre: Well, maybe I'll just leave it there. Thank you so much for your answers.

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

Mrs. Jennifer (Jennie) Stevens: I want to go back to Major Burry for a minute. I want to retract what I said about you working with the Legion and then you coming up with funds. I think that this should be strictly on the government—to help alleviate homelessness within St. Catharines and Niagara region. I know that they're going to say that we gave the region some money. But I just read an AMO report, and $4.1 billion was spent across the province on homeless programs, and just over $2 billion came from municipalities, so that's an alarming rate when we have not-for-profits like yourself—you are a not-for-profit, correct?

Major Juan Burry: Yes.

Mrs. Jennifer (Jennie) Stevens: Yes, a not-for-profit like yourself, and already doing good things by feeding and taking people off concrete beds and bringing them in and housing them and giving them showers—a dignity to life, may I say.

So I wanted to retract that, because I'm hoping that this government will help out with your costs. If you have the vacant land, we should build it, and we should help the unfortunate.

A lot of these people who are unfortunate and sleeping on concrete beds or living in encampments were GM workers; WSIB deemed them—no increase in our ODSP over the years, right? So they're living with disabilities and out in encampments, not on their own. They were very good workers.

I just want to say that the people you help in St. Catharines—I want to thank you from the bottom of my heart, because I know you take them from all over the region. Like MPP Hazell said, you help the people who need the help, and I think our government, as well as the opposition and everyone who is an MPP, should stand up and pay attention. When you come and ask for help to help the unhoused, I think we should really pay attention.

Thank you for your offer, and I'll follow up on that, for sure.

I want to go to Ron. Is it okay if I call you Ron?

1740

Mr. Ron Noble: It's fine.

Mrs. Jennifer (Jennie) Stevens: Okay, great.

I just want you, if you could, to elaborate on the types of community care that we need or should be investing in to alleviate the stress we're seeing in our primary health care system.

Mr. Ron Noble: I think there's a number of opportunities.

One is supportive housing, where there are resources within those housing units—even if it's just a set of eyes—to monitor the care of the clients, to avoid that ER visit, which then turns into an ER admission. It's to avoid that hospitalization and the use of our institutions, so that we free up that capacity so they can focus on what they were designed and trained—service to provide. I think that would be strong.

I think there's work that can be done in terms of counselling services, with the advances in digital health, online support groups. I think SMART Recovery runs an addiction online counselling service internationally, and it has had quite a good success. Those are cost-effective ways of meeting the needs of a certain level of the population. Obviously, more acute clients need more in-person services.

We've had more insights into the advantages of community-based services for dealing with addiction and mental health populations, because those are the marginalized—they don't have a voice, they don't necessarily know how to access services. I think we could do a better job of connecting with them—and then transferring that, setting up better transitional models from our institutions back into the community, because people want to be cared for in the community, in their home. I think there could be more opportunities there to help make that transition.

Mrs. Jennifer (Jennie) Stevens: Exactly. Seniors in my community, I often hear from them—because St. Catharines, actually, the population of seniors is more than 75%, I believe. I often hear from seniors that they're not being granted government-funded hours of care per day or per week—and having to supplement their care out of pocket often. It financially destroys them. They call, and they're financially distraught—one step away from staying at the Salvation Army, a lot of them, may I say.

Does the ceiling for the government-funded hours need to be raised—would you agree with that—to serve home care patients more effectively within not only Niagara—

Mr. Ron Noble: Well, for province-wide—

Mrs. Jennifer (Jennie) Stevens: Yes.

Mr. Ron Noble: We have a universal health care system—

Mrs. Jennifer (Jennie) Stevens: Exactly. That's a good thing. That's something the States don't have.

Mr. Ron Noble: Yes.

To your point: I think we need to continue that focus on preserving our publicly funded health care system. It's a difficult answer, because it depends on the complexity of care. I truly believe that as technology advances, we'll be caring for a higher-acuity level of client in the community, so those supports are going to have to be put in place to provide that. Again, I'm not a clinician, so I can't comment on what the hours of care are for a clinical condition, but needless to say, I think by providing those supports and creating those communities of care within neighbourhoods, within buildings, that can help prevent that visit, that call to the ambulance, that visit to the emerg department so that we can care for them within their home.

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

Mrs. Jennifer (Jennie) Stevens: Our emergency department is looking at 14 hours—and then that's in the hall. To get into triage and then stay in the hall, and then when you get—four to five days, with no pillows, nobody looking at—

Mr. Ron Noble: I know 10% to 15% of the clients in an acute-care hospital are alternative-level-of-care, which means they don't medically need to be cared for. If we can shift even half that population into the community with home care supports, you free up that acute-care capacity, and you free up the capital dollars that are required to build that capacity.

Mrs. Jennifer (Jennie) Stevens: Seniors in my community who need more comprehensive home care are often left with large gaps throughout the day, where their nurses or PSWs are not showing up or they're leaving early, or leaving earlier than they should be because they've got to get to another job; they've got to get to another patient—speaking of hands-on care.

What is the need to—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: My question is going to be to Ron.

You are servicing 29 organizations in a very diverse field, which is very important. Thank you very much.

My question to you is—and maybe I missed it, so if I missed it, you can say it back to me again during your presentation. What are your pain points in your presenta-

tion? You're well versed in a lot of topics. I've heard you answer a lot of questions—but I didn't get that urgent ask.

Mr. Ron Noble: It's broad, but it's system flow—creating better system flow within our health care system.

I bluntly call the hospital a manufacturing site. The inventory comes in through emergency, but if there's no place to discharge that finished product to, we end up with a backup in our acute-care hospitals. It puts stress on our nurses. It puts stress on our physicians. We have to do a better job of creating system flow.

So how do we make that transition from the acute care back into the home, back into community? I think some of those opportunities are within supportive housing, which is less costly than long-term care—but obviously we continue to need to put an expansion into long-term care. Our post-acute-care providers provide excellent services in rehabilitation so that people can return home, so we need to make that continued investment. It's really, I would say, trying to make that balanced investment across a system of care and bring our multiple organizations together to work with that focus.

MPP Andrea Hazell: Yes, it was important for you to kind of scale it down and be detailed, and leave that as the last comment to the government—if I'm the last one asking the questions; I'm not sure.

I want to say thank you to every one of you. The major role that you're playing in our health care industry is vital. It's very important. Just continue to do what you do, and I hope they get back to you when you get what you are coming here presenting for.

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

Ms. Christine Hogarth: It's tough to be the last group in a long day, so I appreciate that.

Thank you, Chair, for acknowledging me.

Through the Chair, I want to thank all of you for being here today. It was interesting to hear from you.

Juan, thank you again for being here.

I was just reading some statistics here, and it says the regional municipality of Niagara received an increase in funding for homelessness prevention. It was about $20.7 million this year—it says 9.6% higher than the last year.

I'm just wondering: What is your relationship with Niagara Regional Housing? How do you work together?

What I heard from you is, you actually have property; you have property to work with.

One thing our government did was that—if it's a not-for-profit and you're building, you won't have to pay those development charges, which saves you money. That was something we brought in a couple of years ago for Habitat for Humanity or places like the Salvation Army. So when you have land, that's amazing.

I'm just wondering: What is your relationship with Niagara Regional Housing, and do you have any thoughts of partners you would like to work with? Are there any private sector partners that may come into play to help you out?

We also had another announcement just before Christmas that—I'm just going to read it off my phone here: "The province is dedicating $75.5 million to programs that provide more long-term, stable housing and temporary accommodations for those living in encampments...." That was a big concern. It talks about building "tiny modular units and climate-controlled, semi-permanent structures, to provide people living in encampments with accessible, alternative living options." There's $20 million in that fund.

So I'm just wondering: What is your relationship with Niagara Regional Housing, and do you think you could see some synergies there to help you out?

Mr. Juan Burry: The Niagara regional municipality's homelessness services are the funder of our emergency shelter.

The announcement you're referring to, I believe, came out around April 2023, with that $21 million—

Mr. Dave Smith: No, Christmas this year.

Mr. Juan Burry: No, I'm talking about the $21 million extra homelessness funding. You mentioned $75 million, right?

1750

In April 2023, there was an announcement made—I think there were some folks who came down from Queen's Park and made an announcement with our municipal officials, to say that there was now an extra $21 million available for homelessness funding going forward. That allowed the municipality to now fund our shelter at a level that we hadn't had before, that kept us feasible. It enabled us to hire extra staff, put more money into food, things like that. We did benefit from that. We received roughly $350,000 more per year than what we were getting before. What we were getting before was unsustainable. With wages going up like crazy over the last few years and things like that, we couldn't have done it at the paltry rate we were getting before. So we have benefited from that.

The Niagara region homelessness services have been a fantastic partner, not just in terms of making that money from the province flow through to us, but also by supporting us with training, guidance, advice on standards that we ought to have within our sheltering system—not just the Salvation Army, but all shelters in the region. They've invested much of that money into other shelters, like Summer Street down in Niagara Falls and also the Riordon shelter here in St. Catharines. So they've been a great partner. About three and a half years ago, they approached us with an opportunity to maybe build something on that vacant lot, but we were just not able to make it work because the timelines were not at all attainable. We would have had to have had the thing started and finished in like 18 months. It was not feasible.

What we're saying is, we want think about this long-term and not just have to put something together in 18 months the next time some money pops up. Let's talk about it now, bring the provincial government and federal government, all partners, and say, "Let's be ready for this."

We have the land. We also have land that's in a neighbourhood in St. Catharines—I think I referenced it in my earlier presentation—that I think is optimally positioned to provide extra shelter services or any type of services for homelessness in St. Catharines. Not every neighbourhood

is going to want this. The downtown core doesn't want another shelter. They've figured already there's enough activity in their neighbourhood. Residential neighbourhoods don't want it. We are located in a neighbourhood right now where we're seen as a positive, not a negative. I think providing even more services, more capacity on our land, would actually take away from the stress out on the street and on other agencies and people who live in our neighbourhood. So I think, where we are located, we offer a prime opportunity for all levels of government and community partners as well to come together, and we can put something together.

Ms. Christine Hogarth: I think that you're right there. In Toronto, we're opening up more and more shelters, and they may not be as accepted as yours is in your location.

This announcement just came out December 12 of last year—

Major Juan Burry: Yes.

Ms. Christine Hogarth: So maybe it's time to knock on their door again and say, "That new money—maybe we can help out," because you're in such a unique position with that land. Most of the time, we're always looking to buy that land, to put a shelter on it—you already have that, so you have a step ahead.

Anyway, I just want to thank the Salvation Army and yourself for the work you do. You do God's work. We all know the Salvation Army—at Christmas time, with your kettle campaign. For anyone who wants to donate, the Salvation Army is a great organization to donate to. So I just want to thank you for all the work that you do in helping others.

Major Juan Burry: Thank you for saying that. I appreciate it.

Ms. Christine Hogarth: Ron, you seem to have a lot of knowledge about the health care system and what we do.

I'm just wondering, how can the government better leverage groups like yours? You have 29 organizations and 35 sites.

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

Ms. Christine Hogarth: How can we utilize your services?

Mr. Ron Noble: Invite us to your planning tables. We have a membership that is more than willing to participate. Catholic health care sees ourselves as humble partners. It's not necessarily that we have to meet the unmet need. We will look for the best partner to meet that unmet need. And so, really, just invite us to your planning tables. Invite us to your ministry, to talk to the bureaucratic staff, because we bring a history. The sisters built the first hospitals in Canada 400 years ago, and they continue that legacy of care, compassion and meeting the unmet need for marginalized populations.

We're more than willing to share our expertise, the learnings we've had, some of the successes we've seen within our organizations, some of the failures, but also just where the good work is happening—because we're across the whole province. We represent a strong representation in Thunder Bay—

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

That ends that question, that ends this table, and that ends the public hearing today in St. Catharines.

I want to thank all the presenters for this panel and all the panels that have presented to us in our day here. We very much appreciate it. A lot of knowledge was gathered. We thank you for the time you took to prepare for it and to so ably deliver it to us.

I want to thank everybody, and I also want to remind that the deadline for written submissions is 7 p.m. Eastern Standard Time on Wednesday, February 5, 2025. If anyone who made a presentation wants to present more, or something that didn't get in today, you're welcome to send that in too and get it into the record, as long as it gets in before that date.

With that, the committee is now adjourned until January 16, 2025, in Hamilton, Ontario. January 16 is not very far away from today. Anyway, we're adjourned.

The committee adjourned at 1758.

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