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Ministry of Long-Term Care

1st Session
43rd Parliament

Monday 23 September 2024

Chair: Steve Clark
Clerk: Lesley Flores

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Monday 23 September 2024

Lundi 23 septembre 2024

The committee met at 1500 in committee room 2.

ESTIMATES

MINISTRY OF LONG-TERM CARE

The Chair (Mr. Steve Clark): Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. This afternoon, we're meeting to consider the 2024-25 estimates of the Ministry of Long-Term Care for a total of two hours. We're joined by staff from Hansard, broadcast and recording, and legislative research. From the ministry, we're joined today by the Honourable Natalia Kusendova-Bashta, Minister of Long-Term Care; Melissa Thomson, the deputy minister; and a number of staff from the Ministry of Long-Term Care.

As a reminder, especially to the deputy—I just want to remind you to review the proceedings on the questions and comments that are being made, anything that the ministry wants to follow up on; as well, we can ask the research officer, at the end, to go over them if need be.

Are there any questions from members of the committee? Seeing none, I'm now required to call vote 4501, which sets this review process in motion.

We're going to begin with a statement of not more than 20 minutes from you, Minister Kusendova-Bashta. Your time starts now. Welcome to the committee.

Hon. Natalia Kusendova-Bashta: Thank you so much, Chair. It's wonderful to be here, as this is my very own social policy committee, so it's great to see my colleagues and all of our wonderful staff. Thank you for joining me today. I'm very excited to be here, as the new Minister of Long-Term Care, to present our ministry's estimates for 2024-25, our current fiscal year.

As a registered nurse, I have seen the Ontario health care system up close, and I bring these experiences with me here today. With my background as a health care professional first and a politician second, I look forward to explaining how our government is continuing to strengthen Ontario's long-term-care sector.

I'm so pleased to be joined today by Melissa Thomson, the deputy minister; Jeffrey Graham, chief administrative officer and assistant deputy minister, corporate services; Gillian Steeve, assistant deputy minister, system planning and partnerships; Sean Court, assistant deputy minister, policy; Kelly McAslan, assistant deputy minister, operations; James Stewart, interim assistant deputy minister, capital development; Peter Spadoni, director for communications; and Jonathan Riddell, director, business planning and finance branch. We look forward to discussing the ministry's estimates and how we're fixing long-term care for the people of Ontario now and in the future, and how this government is continuing to help strengthen Ontario's long-term-care sector.

I think that all members of this committee can agree that for far too long in Ontario, under the previous government, long-term care took a back seat. For years, new long-term-care construction stopped and existing homes were left to languish, understaffed and underfunded. To be sure, there were countless hard-working people in the industry doing the best that they could, and I had the opportunity to meet so many of them in my travels in the last four months. But there was only so much these front-line workers, many of whom I serve next to, could do with the little resources they were given.

That's why, almost immediately upon taking office, our government analyzed, recognized and took steps to address the state of the sector. We created the first-ever Canadian ministry dedicated solely to long-term care—a ministry that has seen consistent growth as our government makes historic investments into the sector, and I'll speak to that growth later today. We took a fulsome account of the issues that were facing the sector and took swift action to correct them. We committed to, and began, an ambitious building program that hit the ground running and has resulted in shovels in the ground today. Since being appointed minister at the beginning of the summer, I have announced hundreds of new homes for Ontarians. And we innovated, ensuring the long-term-care sector had modern supports to support people, based on the best available quality of care and technology. And that's just what we did before the pandemic. But then, of course, the pandemic happened and, as it did for many sectors, it helped sharpen our focus on what's truly important and helped us realize that even more had to be done to protect our loved ones—our moms, our dads, our grandparents, our siblings, all the residents living in long-term care.

Thus, we created the Fixing Long-Term Care Act. The act, which replaced outdated legislation from 2007, crystallized many of our previous commitments related to increased care, better accountability and more. Since the introduction of that legislation, we've been hard at work delivering on our plan to fix long-term care in Ontario—a plan built on four pillars: staffing and care; quality and enforcement; building modern, safe and comfortable homes;

and connecting seniors with faster, more convenient access to the services they need. We are making considerable progress.

In the short time that I've been minister—four months; it seems like a lot longer—I've been very busy, very active, visiting many of our long-term-care homes across the province. We haven't stopped announcing new groundbreakings, grand openings, staff initiatives and program expansions. From Ottawa to Markham and many places to and from, I've had the privilege of announcing many new and redeveloped long-term-care spaces since being appointed minister—you'll notice I didn't call them "beds." As we all know, beds are nothing but furniture. What we're building are spaces that Ontarians can call home; indeed, we are building homes.

As I enter citizens' homes, I am always touched by the personal stories of the residents and their loved ones. They show me their photos of their family, where they laugh with their friends. Sometimes they have pets. They always make sure that I know how important this feeling of community is. In short, they invite me into their home and they show me their home.

When it comes to building these homes, once again, we're building a lot of them. Backed by a $6.4-billion commitment, our government continues to make progress toward our ambitious goal of building 58,000 new and redeveloped spaces by 2028—the largest building program of its kind in Canadian history. We've already approved to construct, started construction on or completed over 18,200 spaces since taking office. To put that figure into perspective, the previous government built a grand total of 611 net new beds between 2011 and 2018. We're building more spaces in just Ottawa and the surrounding area in a few years than they built province-wide over eight.

This is a record of success and one all Ontarians should be proud of. This is a win for all Ontarians, who can rest easy knowing this government is building the homes we need for the future. I don't say that to score political points, but I say that to remind everyone where we used to be and just how far we've come. For nearly two decades, politicians of all stripes and levels relegated long-term care to the back seat. But now, finally, the people who built this province are getting the attention and resources they deserve.

I'm now going to quote the former minister, because he was right then, and it is still right now: "Our seniors took care of us; now it's time we take care of them." I take this charge seriously, and as an immigrant to this great country and province, I know how important it is to take care of our elders and infirm. As minister, it's a charge I take very seriously.

That's why I am proud of our government continuing to make historic investments in building our long-term-care capacity and increasing and enhancing resident care. Those investments are set out in the estimates that you have in front of you and were a part of the 2024 budget, Building a Better Ontario. Since becoming minister, I have been meeting with our sector partners, including local municipalities at my first AMO conference, the Ontario Long Term Care Association, AdvantAge Ontario and more, to hear from experts on how this budget has made a difference in providing quality care to residents. I've travelled the province and visited individual homes and met the wonderful teams of people who work in them and the residents who call those places home.

The health care workers who work in long-term care—and we have over 100,000—are the most passionate, diligent people, and they take such great pride in their work. They wake up every morning at the crack of dawn, put on their uniforms and come into the long-term-care homes to take care of our beloved parents and grandparents. This is what gives me strength every day, when I wake up to do my job as the Minister of Long-Term Care—knowing that we have such amazing, passionate, compassionate, hard-working people who take care of our elders. Their reactions have emphasized what we already knew: The investments the government has committed are great news for the sector and are greatly appreciated by the sector.

For example, AdvantAge, in its post-budget analysis, commented that we are "clearly listening to the sector" and have demonstrated a commitment to Ontario's seniors and making our province the best place to grow old, while the OLTCA, for its part, pointed out that no other jurisdiction has made this level of continued commitment and investment in long-term care.

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The funding we are providing, the funding we are here to discuss, is truly historic. We're building new long-term-care spaces at an unprecedented rate. And to ensure our progress isn't slowed, I am pleased to say that we recently announced an extension of the construction funding subsidy top-up until November 30 of this year. Thanks to this extension, eligible projects can receive an additional subsidy of up to $35 per space, per day for 25 years from the construction funding subsidy. In addition, eligible not-for-profit operators can continue to convert up to $15 of the supplemental increase to a construction grant to assist in securing project financing. This funding has been and remains critical to helping us reach our ambitious building targets. It directly aids in the acceleration of construction starts and ensures projects get past the finish line.

Last year, 67 long-term-care projects representing over 11,000 new and redeveloped spaces were fast-tracked, thanks to the support of the construction funding subsidy top-up funding. Some of the current projects under construction and funded in part by the CFS include 12 projects where operators have said that they intend to provide dedicated cultural- and linguistic-specific programs and specialized services for Ontario's francophone population, and four projects where operators have said they intend to provide dedicated cultural- and linguistic-specific programs and specialized services for Indigenous peoples. The program has been an incredible success, and we can't wait to see what this year's program yields.

With all the building that we're doing, we haven't forgotten about the other side of the coin. An empty home is

of no use to anyone. We understand that we need appropriate staffing levels to train and deliver the quality of care our seniors need to thrive. That is why we've announced a number of initiatives to train, retain and hire tens of thousands of long-term-care nurses and personal support workers. For example, we announced over $300 million in funding to support over $25,000 in incentives for PSWs to complete their training and start their careers in long-term care. We more than doubled the Local Priorities Fund to help train more staff in specialized care and get residents the care they need in their long-term-care home, without having to go to the emergency room or to be admitted to a hospital.

As an emergency room nurse myself, I can tell you that the last place a resident of long-term care wants to be, unless absolutely medically necessary, is the ER. So if we can avoid unnecessary hospital admissions—that's exactly what we are doing in targeting some of our investments towards that goal.

We invested nearly $100 million to extend the Preceptor Resource and Education Program in Long-Term Care, with the goal of supporting more than 31,000 new clinical placements by 2027. We also expanded the Living Classroom program by more than $11 million over three years, to help more students train on-site to become PSWs in local long-term-care homes. This means more students can get real-world work experience under supervision while still learning the tools of the trade. This will also help with our recruitment and retention efforts.

Most recently, we significantly expanded the nurse-led outreach teams model to bring more specialized teams of nurse practitioners and RNs into the homes across most of Ontario to provide residents with convenient access to care in the comfort of their long-term-care home.

As outlined in our estimates, with budget 2024, we're continuing to prioritize staffing to ensure residents get the care they need where they need it and when they need it. We've made good on our promise to increase daily direct-hours-of-care funding to $1.82 billion for 2024-25, which represents a $571-million increase from the previous year. These funds will be used to hire and retain more direct care staff, so that we can continue to deliver the best quality of care for our seniors.

We are also planning additional investments this year, building on investments and progress to date, to further increase training, education and supports for direct care staff, students, clinical educators and recruitment initiatives.

And that's not all. Another way we are making care more connected and convenient is by expanding the province's behavioural specialized units, or BSUs. These units provide vulnerable long-term-care residents who have complex care needs like dementia with safe, quality care in the comfort of their long-term-care home instead of a hospital. And I'm pleased to say that these estimates include a $10.15-million investment for the continued operation of 51 BSU beds established in 2023-24 and to increase BSU bed capacity by 210 beds over three years to help alleviate hospital capacity pressures.

Also outlined in our estimates is an increase to the annual level of care funding for 2024-25, representing $353 million. This represents a 6.6% increase in funding from the previous year. This is the highest annual increase ever provided to the sector. This vital funding will help homes across the province with staffing, supplies, programming, nutrition, and so much more. This funding will make life easier for staff and life more enjoyable for residents, because let's face it, at the end of the day, we want long-term care to be a positive place not only to live but also to work.

We know times are tough for long-term-care homes right now—elevated inflation, high interest rates, the ever-increasing carbon tax all coming at a time when many homes are still recovering from the pandemic. It's tough to make improvements and keep on top of things. That's why at the end of this past fiscal year we rolled out one-time funding to long-term-care operators of $2,543 for every space in their home. This $200-million-plus investment will help homes continue to invest in things such as deferred maintenance, necessary upgrades and capital redevelopment. This funding will help relieve some of the pressure on long-term-care homes so that those dedicated workers can focus on what they do best: providing the highest-quality care to those who need it.

I'll conclude with this: Because of the historic investments our government has made into capital development and staffing, Ontario is providing more hours of care and quality of care. There is no reason that long-term care has to continue carrying the same stigma it has borne for so many years. It was our government, after years of neglect, that listened to what the sector was saying and brought the political will that was lacking to transform long-term care from something bleak and worrisome to something bright and welcoming, and that's exactly the narrative that I want to continue sharing as the new Minister of Long-Term Care. I'm proud of the work that we are doing in partnership with the long-term-care sector. I know that the sector is appreciative of the unprecedented resources that we are providing them, as are set out in these estimates in front of the committee today.

If we continue working together and keep the collective goal in mind to deliver the best possible care to those who need it, we can make Ontario's long-term-care system the envy of the world. Our parents, children, grandchildren, friends and families deserve nothing less. They deserve a place to call home. And this government is building those homes.

Thank you. Merci.

The Chair (Mr. Steve Clark): Thanks very much, Minister, for your presentation.

We'll now move on to the question-and-answer portion of the estimates discussion. We'll start with the official opposition for a rotation of 20 minutes, followed by the independent member for 10 minutes, and then the government for 20 minutes, and we'll continue until our time is finished.

I want to remind the deputy minister, the assistant deputy ministers and ministry staff that when you are pres-

enting before the committee, for the purposes of Hansard, if you can give your full name and your title, it would be much appreciated.

We will move to the official opposition to begin. MPP Gates.

Mr. Wayne Gates: First, I'm going to say congratulations.

My opening question should be easiest for you: Do you realize that you're the fifth minister in five years?

Hon. Natalia Kusendova-Bashta: Yes.

Mr. Wayne Gates: The second thing I want to talk about very quickly is—you talked about how bad it has been at long-term care for a number of years, when you started. I was just wondering, why do you think that is?

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Hon. Natalia Kusendova-Bashta: Thank you so much for that question.

Today, we are here to discuss the estimates of the current fiscal year. I'm very proud of the work that this government has done, the unprecedented and historical investments that we've made. For the first time in the history of this province, we have a stand-alone long-term-care ministry that is dedicated to addressing the issues and the challenges that the sector is experiencing. You know Ontario is not an island. If we look at other jurisdictions across Canada, they're experiencing similar challenges, but we have taken unprecedented steps to address them—

Mr. Wayne Gates: Chair, can I just have my time back, just because she's going to go on. I just want to say something, so it will be easier for—

The Chair (Mr. Steve Clark): Yes, go ahead.

Mr. Wayne Gates: I'm agreeing with you on how important seniors are. I believe my parents and my grandparents and my aunts and uncles and my brothers and sisters should be taken care of. What I don't agree with is that the estimates is giving a full two hours to discuss what has gone on with long-term care over the last number of years since your government came in power.

The reason why I'm saying that and why I get choked up is 6,000, under five ministers, died during COVID. We know and I'm sure you know, being a nurse—and something I respect and I appreciate is that you go back into the ERs, as well, as you know. I've said that to you many, many times. As you know, they died unnecessarily. Most of them died in for-profit homes—75% of that 6,000 died in for-profit homes. I'm sure you're aware of that, as well. Some died under the worst conditions possible. And the military had to be called in. I'm sure you heard about that. Residents were living in bedbugs, cockroaches—some died in their beds, weren't found for days. That's what was going on during COVID.

If you really care and if everybody here cares about long-term care, we need to get the private out of long-term care. We need to transition into not-for-profit—because we know if it's not-for-profit, it means it's going to be for better care. It should be about care and not about profit—

Ms. Natalie Pierre: Chair, point of order.

The Chair (Mr. Steve Clark): Yes, point of order, MPP Pierre.

Ms. Natalie Pierre: It's my understanding that we're here today to talk about estimates for long-term care, so I would respectfully request that we—

The Chair (Mr. Steve Clark): Yes, I just want to remind members that I'm going to allow members to ask a wide range of questions pertaining to the estimates before the committee. I have to note that the onus is on the members to make sure the questions are relevant to the estimates that are under consideration.

Go ahead, MPP Gates.

Mr. Wayne Gates: I appreciate that, Chair. The reason why I feel I can raise that is—it was the minister who was raising about long-term care and homes and all that stuff and saying how well it is. Well, I'm telling you it isn't what everybody is saying here. I had calls last week—and I'll ask the minister this.

I know in my own riding of Niagara Falls, which is Fort Erie, Niagara Falls and Niagara-on-the-Lake—right now, today, there are 10 outbreaks of COVID in the homes. I don't know how many are in the province—but I know there are 10. COVID hasn't been defeated—and some of the reasons why we're struggling is because of staffing, which she also talked about. But I'll get off that just so I stay within the estimates.

What I want to do is ask you a question about Bill 7. I believe it's a fair and reasonable question today—seeing that they're before the courts today. I've heard stories in my constituency office, which I've already said, and across the province about fines being levelled against hospital patients under Bill 7. One woman in Windsor—and there are others who have been fined $28,000 for refusing to go to a long-term-care home not of their choosing, which means without their consent. They also were giving their health history without consent. Do you think that is appropriate for a government—to be charging an 83-year-old senior, who's a mom, who's a grandmother, close to $30,000 simply for wanting to live near her family in a place of her choosing, with consent?

Ms. Natalie Pierre: Point of order, Chair.

The Chair (Mr. Steve Clark): MPP Pierre.

Ms. Natalie Pierre: Just another reminder to the member opposite: We're here to discuss the estimates for long-term care in front of committee today, and we're not here to talk about Bill 7.

The Chair (Mr. Steve Clark): Go ahead, Mr. Gates.

Mr. Wayne Gates: Thanks. I appreciate that.

I believe it falls under estimates because, as we know, under Bill 124, your government had to pay $7 billion in back pay to staff. This thing, if it's found unconstitutional—you will have to, at some point in time, find out if you're going to have to pay money.

So I'll ask this question. If Bill 7 is found unconstitutional, it wouldn't be the first time this government has passed unconstitutional legislation. Is that a correct statement?

Hon. Natalia Kusendova-Bashta: I will start by addressing the previous comments you made in terms of the mortality rates in long-term care during the COVID-19 pandemic.

I think it's important, for context, for you to maybe understand what it is that I did throughout the COVID-19 pandemic, because I think it's very relevant to our discussion today. I am a member of the government, but I also represent the hundreds of thousands of health care workers who worked extremely hard to save thousands of lives during the pandemic.

During the pandemic, I worked at Etobicoke General, in the ER department, and we actually created a separate unit—it was a 16-bed unit—in which we were off-loading local long-term-care homes which had challenges. They were sending their patients, their residents, to this 16-bed long-term-care unit within the ER. It was a small unit; only four nurses were working there at a time. Physicians would only call in to do consultations. And the reality was that a lot of those patients were being sent to us to palliate.

MPP Gates, me and my nursing colleagues—the camaraderie and the resilience of that team is something I will never, ever forget. I had the opportunity of being the very last person in the room for several patients who passed away. They passed away alone, with only me in that room. I was privy to the last conversations that family members would have through an iPhone or an iPad to say their goodbyes. MPP Gates, they would beg me to get five more minutes with their loved ones, as we knew this was the very last conversation they would have. I was standing there in my full garb of MPP, itchy all over the place, and I knew very well that every extra minute that I stayed in that room was a great risk to myself and my family, of exposing myself to the virus. But those are the sacrifices that me and hundreds of thousands of other health care workers did for months at a time, when we didn't have the vaccine yet.

I think, of course, every single death as a result of COVID-19 is tragic—but the story that's not being told and not celebrated is the hundreds of thousands of lives that we actually saved. Out of respect for those health care workers and those great personal sacrifices they made, I think we need to remember that.

But to comment on the COVID-19 pandemic: Of course, we've learned, tremendously—and Ontario, again, is not an island. We had the commission that came out, the COVID-19 commission report—and maybe one of the ADMs can speak to the specifics of that commission. It is my understanding that we are in the process of implementing or have implemented about 85% of those recommendations—and one of the things in that commission was about ward 3 and ward 4 beds. As you know, we acted very swiftly to close those ward 3 and ward 4 beds, which were the greatest cause of the spread in the homes that we were seeing. So, going forward, and if we want to be forward-facing—it's this government that has made it a standard that in any new builds in the province, we no longer are building any ward 3 or ward 4 beds.

So we have learned, we continue to learn, and we will continue supporting all of our industry partners in building capacity because, as you know, we have an aging population, people have more complex health care needs, people live longer. So we need to relieve those capacity pressures by working with all of our industry partners.

Deputy—

Mr. Wayne Gates: I appreciate your time—I'd like to take it back. I've got a lot of questions here, but I will respond to a couple of yours.

I want to be very clear: I have always respected workers, whether they're union or non-union. It wasn't me or my party or any other party but your party that brought in Bill 124 that attacked workers, that ended up going to the courts, which was unconstitutional, which caused a lot of problems during COVID.

On the 6,000 people who died—yes, there are a lot of people whose lives were saved. And I want to be as clear as I can: You were one of the workers in those hospitals. You were fighting every single day, and I understand that.

I was getting calls at 6 o'clock in the morning—and you know this to be true—where there were nurses who were sitting in that parking lot, crying and breaking down, because they didn't want to go to work, but they knew if they didn't go to work, that patient would die. You know that was happening.

But it was your government—if you wanted to show respect for workers and long-term-care workers and retirement home workers and home care workers—

Ms. Natalie Pierre: Point of order, Chair.

Mr. Wayne Gates: —Bill 124, you should never have voted for it.

I'll get off that; I apologize. But I still want to get back to Bill 7—

The Chair (Mr. Steve Clark): MPP Pierre, on a point of order.

Ms. Natalie Pierre: Just a reminder—

The Chair (Mr. Steve Clark): Again, Mr. Gates, I just want to remind you—

Mr. Wayne Gates: I didn't see your hands.

The Chair (Mr. Steve Clark): —I will allow a wide range of questions and comments.

Again, I want to remind members, when you're dealing with your questions and comments, to make them pertinent to the estimates.

1530

Go ahead, Mr. Gates.

Mr. Wayne Gates: I appreciate that. Again, I'm going to say that when you bring up workers—I was talking in response to her response.

I can't tell you how hard it has been under Bill 7. As you know, I voted against the bill. I think it was unconstitutional. I thought it was terrible.

I'm going to ask you a simple question: Do you think it's right for a mom or a dad or a family member to have to go up to 150 kilometres away from their family into a home? Does it make any sense to you at all?

Ms. Natalie Pierre: Point of order, Chair.

The Chair (Mr. Steve Clark): Yes, MPP Pierre.

Ms. Natalie Pierre: We're here today to talk about estimates for the Ministry of Long-Term Care, and I believe the member is talking about Bill 7.

The Chair (Mr. Steve Clark): Yes, again, I want all members of the opposition, the government and the independent to try to make sure their comments pertain to one of the line items in the estimates that we're debating today.

MPP Gates, go ahead.

Mr. Wayne Gates: I appreciate that.

Again, I'll try to say that I believe it is because there could be a cost—there is a cost that's going to happen through the courts. My understanding, unless I'm wrong—I would think the Progressive Conservative Party is represented by lawyers today, which will probably come out of taxpayer-funded money, so it is part of the estimates that's probably going to come out of your budget. I'm only guessing. I don't know how you guys do your budget, but I think it's fair and reasonable to say that.

I'll ask you another question. We know there were no public hearings. We also know there was no consultation. We know it was rushed through. I'll ask you—because I know how I feel about this: Do you think that anybody should be moved out of the hospital without their consent or their family's consent, and do you believe that—

Ms. Natalie Pierre: Point of order, Chair.

The Chair (Mr. Steve Clark): MPP Pierre on a point of order.

Ms. Natalie Pierre: We're not here to discuss Bill 7 today. I think this is probably the third time I've raised the same point of order. We're here to discuss estimates for the Ministry of Long-Term Care.

The Chair (Mr. Steve Clark): Go ahead, MPP Gates.

Mr. Wayne Gates: I appreciate that, but I believe that it is part of estimates; I gave you the reasons why. There is a cost to this, and it may be a big cost—like I said, Bill 124 was $7 billion in taxpayers' money, without lawyers' fees.

So I'd like you to answer that question. Do you think anybody should be forced to go into a home, particularly a private home where people are dying or have worse outcomes? Do you think consent—

Mr. Ernie Hardeman: Point of order.

The Chair (Mr. Steve Clark): Yes, MPP Hardeman.

Mr. Wayne Gates: I only get 20 minutes. Can I just continue?

Mr. Ernie Hardeman: Mr. Chair, I would just like to make a comment. I think the member opposite pointed out that this was before the courts. I think the question is directly related to the court decision, not to the estimates that we're here to discuss today, so I think he's out of order.

Mr. Wayne Gates: I appreciate you guys all thinking I'm out of order, but I think it's fair to ask these questions. That's why I'm here.

The Chair (Mr. Steve Clark): The onus is on members to make their questions and comments relevant to the estimates.

With an hour and 27 minutes, we're not going to get very far on the estimates.

I appreciate that the members are at odds on the issue of the questions.

MPP Gates, I just again caution you to try to focus on the estimates that are here today.

Mr. Wayne Gates: Well, I'm going to continue to say that I believe it is on the estimates. I think it's an answer that this government should think about.

Why are operators at Orchard Villa—which, again, would be covered by estimates—where 70 residents lost their lives during the pandemic, where there were bug infestations and cases of dehydration, where the military had to be called in to intervene, now, under your government, being giving millions of dollars to rebuild or invest in their places? Why is your government supporting a for-profit organization where we know the military had to be called in? We know that people died because of—think about this, as a nurse—dehydration. You know what type of death that is. Why are we using our money to give to Orchard Villa when we know what those results were?

Hon. Natalia Kusendova-Bashta: As you know, MPP Gates, I cannot comment on any specific cases. But what I will say, and I've already said, is, we have learned a lot from the pandemic. We had a whole commission that came out. We are in the process of implementing the majority of those recommendations.

MPP Gates, we have unprecedented capacity challenges, and that is why we are investing $6.4 billion, which is the largest, historical investment into capital projects across the province. We need every single project proponent at the table—every single one that meets our eligibility criteria. That is why, in the last budget, in the construction funding subsidy, we have invested $155 million. We will work with all the proponents that meet our eligibility criteria, because the capacity pressures on our systems are not going to get any easier, so we need to continue this important work.

The previous government had complete lack of vision, complete lack of planning. Even for that generation—I ask myself, how did they not plan for their own care needs in the future? So it is now my task, as the Minister of Long-Term Care, to ensure that we build and we get those shovels in the ground.

I know that there are projects happening in your neck of the woods, in Niagara-on-the-Lake and in that region. We need every single one of those projects to be successful, and so I will continue working with those project proponents. They are facing some challenges that we're working through at the ministry, but we will deliver. We will get those beds built because our seniors need them.

Mr. Wayne Gates: I appreciate your response, but I will try to help you out a bit, for memory—because you're a little younger than I am. It was under a Conservative government that Mike Harris privatized long-term care. They said that it would be better care, it would cost less. What we found out over the course of years, and particularly during the pandemic, was that none of that was accurate. He now sits on the board at Chartwell.

When you raised the issue around Niagara-on-the-Lake, which is in my riding—we have Chartwell, which is down in almost the old town; it's closing. I don't know if you're aware of that. But there's an agreement that was

done, quite frankly, in 2017 on what was going to happen in Niagara. That was a new facility in Fort Erie. There were upgrades in Niagara Falls. There were upgrades in Niagara-on-the-Lake, in Chartwell. That wasn't done under your government; that was done, quite frankly, with some help from the local MPP, who I hear is very talented and does a really good job representing that area, and a different party that's sitting with us today. So I wanted to clear that up.

I'll stay on the estimates because I know the Chair would like me to do that.

In 2022-23, long-term-care homes spent about $418 million on outside agency nurses to temporarily fill vacancies; this is an increase of 46% over the previous year. Will there be continued increase in how your ministry spends on private staffing agencies as opposed to recruitment and retention of workers?

I say this because I don't have a lot of time left in my 20 minutes: We know how to fix it. We know what we have to do. We need full-time jobs for PSWs; we know we need them. Good wages—we know they need good benefits, and they should have a very good opportunity to join a union. But the biggest issue is, they can't be running from home to home—whether it's to a home, to a retirement home, to home care. We need to make them full-time jobs that they are very, very proud to do—because we also know that they don't stay. They—

The Chair (Mr. Steve Clark): There's one minute left in this round.

Mr. Wayne Gates: I've got one minute left?

I'll let you answer, because I'd take up the full minute on how to fix the issue. But I'm sure my colleague will help you out. I'm only here to help; you know that.

Hon. Natalia Kusendova-Bashta: Thank you for that question.

MPP Gates, that's why we're making unprecedented staffing investments—this year alone, $1.82 billion, which is an increase of almost $0.6 billion from last year. We're also investing into recruitment and retention initiatives, such as the Learn and Stay program in the north.

The reality is that some homes, especially in the north, do rely on staffing agencies to meet their needs, and we cannot put those homes in jeopardy.

The answer to that is that we need to invest more in training and educational programs, and that's why I welcome the historic news that 30,000 nursing students were enrolled in our colleges and universities last year. We have registered 12,500 internationally trained nurses last year as well. Some of those nurses—

The Chair (Mr. Steve Clark): Thank you, Minister. That's the end of the first round.

I'll now turn it over to the independent member. Your 10 minutes begins now.

Ms. Aislinn Clancy: I want to thank Minister Kusendova-Bashta for her hard work. I know she has really leaned into this role and is a keen learner and really wants to hear all that people have to say.

I know you've worked very hard to get a balanced view of long-term care in the time you've had so far, and I know some of these criticisms predate your time in this role.

1540

First, I want to thank you for increased wages for PSWs. I know that has been an important step in long-term care. The increase in funding is noted, and I think a lot of our partners in community appreciate that very much—and also for having nurse practitioners in the care homes, to prevent them from having to leave long-term care to go to appointments outside of their space. So those are all really good improvements in the sector, and I want to start by appreciating that.

I am going to return us to the deep investments and subsidies for the for-profit sector. There are some bad actors in the community. There are long-term-care homes that function very well and that don't function well in the profit and not-for-profit sectors. We do know, though, that the rates of well-being, the outcomes for those in long-term care are better in the not-for-profit sector—that's, I think, widespread consensus. I am concerned because it looks as though, in this budget, 78% of the dollars for this expansion is into for-profit care, and of those receiving the money, five out of the six are named in this class action lawsuit. Extendicare, for example, is facing a $38-million lawsuit. We have Chartwell with kind of bad statistics—30% above the industry average. We have Southbridge Care Homes—double the deaths in industry average. The stats I see are that if an elderly person is in for-profit care, there is a 20% increased risk of mortality over the average and a 36% increased risk of hospitalization. So I'm curious why such a large amount of taxpayer dollars are going into subsidizing and funding for-profit care.

Hon. Natalia Kusendova-Bashta: Thank you very much for that question.

I think it's really important to note and to understand that all homes in the province adhere to the same legislation and the same regulatory regime, and so there is no difference when we look at what we expect from our operators. Whether it's a for-profit or a not-for-profit, we have the same regulatory framework that all homes must adhere to.

So, to that end, we have doubled the number of inspectors in long-term care; we have, I believe, around 320 of them, and we have 620 homes in the province, meaning that we have about one inspector for every two homes. So we are working to ensure compliance. And there is a robust process that the public can access if they have complaints. We have also created a special investigative unit, which hasn't been done before—it's a 10-member unit—to investigate some deeper complaints when we are dealing with issues of non-compliance.

As I've mentioned, the capacity pressures on our system are unprecedented. The baby boomers are retiring and they have more complex health care needs, so we need to plan for that capacity. We are not in a position that we could refuse any projects simply for a political or ideological reason, so anyone who meets our criteria through the construction funding subsidy will be considered. We

have to work with the entire sector. Of course, if there are bad actors—and they are also in not-for-profit homes—we will work with our compliance team. We have also increased the monetary penalties for those bad actors. But when it comes to building more capacity, we have to work with everyone at the table.

Deputy, do you have any more to add about the compliance regime?

Ms. Melissa Thomson: Thanks so much, Minister.

I'm Melissa Thomson, deputy minister at long-term care.

Certainly, I can corroborate your numbers—344 inspectors now on our compliance team, which has doubled the inspectorate. Also, in addition to AMPs, I can flag that we doubled fees in our legislation.

I will also just quickly circle back on the funding to say, actually, across sectors, our funding is pretty close, on par, if you factor in municipal homes in the not-for-profit sector; also, I would say our compliance, non-compliance numbers are actually fairly on par across sectors as well—so just two quick points of clarification there.

Ms. Aislinn Clancy: I'll just push back against the term "ideology." The stats are there to show a differentiation between for-profit care and not-for-profit care.

I am grateful for the increase in inspections. I know your government did close inspections in 2018. I'm glad it's back. So I appreciate that.

I'm concerned that these bad actors continue to get large amounts of government dollars. From my understanding of the offences, they pay penalties of $1,100 or $5,500, which is barely a slap on the wrist for these big corporations that we know have a long history—especially with our former Premier, Mike Harris Sr., with Chartwell in particular. So I guess there's a concern that I have that the offences aren't quite what they ought to be to deter bad acting, and continuing to fine folks who have a pretty serious track record is also a concern. Can you speak to the accountability and why the money goes to bad actors again and again?

Hon. Natalia Kusendova-Bashta: I will tell you a little bit about our investigative unit—because that's exactly why we've created it: to ensure that bad actors do get punished. This is a 10-person unit, and it's an investment of $72 million. The unit investigates allegations such as failing to protect a resident from abuse or neglect, repeated and ongoing non-compliance, failing to comply with ministry inspectors' orders, suppressing and/or falsifying mandatory reports, and negligence of corporate directors. This is exactly why we have created it—to increase accountability in the long-term-care sector and help compliance.

Deputy, can you clarify the numbers?

Ms. Aislinn Clancy: Would you consider, when we do have repeat offenders, that perhaps they would not be eligible for these government dollars going forward? That's my concern—that the bad actors who have the worst track records continue to get licences. At what point do you change the behaviour? We are empowering and continuing to fund and subsidize for-profit. This profit, if you have stocks in this—we are subsidizing companies that will give people stocks and enrich those. And yet, there's the bad behaviour.

Hon. Natalia Kusendova-Bashta: Just to be clear, no care dollars ever go into profit-making or shares.

Deputy, can you speak a little bit more to the process in terms of the bad actors and how all bad actors, whether they're for-profit or not-for-profit, follow the exact same compliance regime?

Ms. Melissa Thomson: Thanks very much, Minister. Yes, absolutely.

As you know, it's the same enforcement procedures regardless—whether for- or not-for-profit.

I did want to circle back, though, quickly, on conviction of offence. The fees are actually much, much higher—for an individual first offence, $200,000; for an individual subsequent offence, $400,000; and for a corporation, $500,000 for first and $1 million for subsequent. Those are pretty high. They actually meet or exceed penalties from other provinces. So, again, we're a leader in terms of compliance.

The Chair (Mr. Steve Clark): There's one minute remaining.

Ms. Aislinn Clancy: I'm referencing a CBC report that said $1,100 to $5,500, and I have a quote from Southbridge Care Homes, for example, that has 14 non-compliance and prevention offences, and they haven't had any monetary penalties.

I am glad to hear that there is a recognition that we need to increase—I guess my hope is that we will start to not fund homes and these corporations that have these track records.

The Chair (Mr. Steve Clark): We'll move to the government's round. MPP Pang, 20 minutes.

Mr. Billy Pang: Minister, thank you for presenting to our committee and for your work in building Ontario's long-term-care sector.

As you said in your opening remarks, a bed is just furniture, without the staff to back it up. As we continue to make strides towards our ambitious goal of creating 58,000 new and upgraded beds, we know that staffing cannot be forgotten. Minister, like everywhere else, the shortage of health care staff around the globe has a significant impact on Ontario's long-term-care sector.

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While I'm excited by the hundreds of spaces currently being constructed in my riding of Markham–Unionville, the people who will one day call these spaces home would like the assurance that we are making the investments needed to provide the quality care our seniors deserve.

So can you tell us what your ministry has done to support staffing in long-term-care homes across the province? And how is the government supporting the hiring, training and retaining of long-term-care staff?

Hon. Natalia Kusendova-Bashta: Thank you so much for that question.

It is an exciting time to be Ontario's Minister of Long-Term Care because so many communities, as I travel across the province, are getting shovels in the ground and

building new beds, including in your very own community. But you're absolutely correct; we also need the staff in order to work and service those beds.

That's why, this year alone, we're investing $1.82 billion into staffing, recruitment and retention programs, which represents an almost $0.6-billion increase from previous years.

In December 2020, the ministry released a report called A Better Place to Live, A Better Place to Work: Ontario's Long-Term Care Staffing Plan to help address this very issue. We've made significant, significant progress on that plan, so I will highlight just some examples.

These past three years, a $300-million program will allow students and recent graduates of PSW programs to receive up to $25,400 in education incentives.

We also have the Preceptor Resource and Education Program in Long-Term Care—as we call it, PREP LTC—which is a three-year, $94.5-million expansion of the program.

We've also supported over 600 PSWs through the Learn and Earn Accelerated Program for Personal Support Workers in Long-Term Care. And we are also training up to 90 French-speaking PSWs through the French Learn and Earn Accelerated Program for Personal Support Workers (PSW), delivered by our friends at Collège Boréal.

One of the things that I endeavour to do, as the Minister of Long-Term Care, is to actually encourage our young people to work in long-term care. Recently, I was able to visit the University of Ottawa and speak to the nursing students there. I spoke to second-year and third-year students, and when I asked them, "How many of you are thinking about a career in long-term care?" only one person raised their hand. I think that is alarming. The reason for that, I think, is that there is this stigma and this narrative that has been perpetuated over the years about long-term care. So why would any of our young people actually go work in long-term care if all they hear constantly is that it's a bad place to work? I want to change that narrative, because the good news is that every single day in Ontario, we successfully take care of 80,000 people living in long-term care, and we have over 100,000 incredibly passionate people who work in long-term care each and every day. Our young people need to hear that, because all they hear about is when something bad goes on in long-term care, and that's why they don't want to enter into careers in long-term care. So we need to change that narrative, and we need to celebrate the great successes that are happening each and every day.

The Chair (Mr. Steve Clark): MPP Grewal.

Mr. Hardeep Singh Grewal: Thank you, Minister, for joining us this afternoon. Congratulations on your new role as Ontario's long-term-care minister.

I want to ask you a few questions today on the behavioural specialized units. It's no secret that Ontarians are getting older. As we age, our health becomes more complex, which leads us to require specialized services and supports that should be treated outside of the hospital room and emergency departments. Some seniors are entering long-term-care homes needing specialized care for complex mental conditions such as dementia.

I know your ministry provides funding for behavioral specialized units. I've heard first-hand how these investments are critical to helping some of the most vulnerable in our community. Are you able to discuss and tell us how these investments are helping seniors across the province, as well as how these investments are making good changes in areas like my area, the region of Peel and Brampton, and what the ministry is doing further to care for specialized-needs seniors in these units?

Hon. Natalia Kusendova-Bashta: Thank you so much for that question.

As some of you may know, I'm extremely, extremely passionate about improving dementia care in Ontario. That is why, with my partner in crime over here, MPP Laura Smith, we have introduced a private member's bill, Bill 121, which is called Improving Dementia Care in Ontario Act. That bill will actually be heard in front of this very committee on October 8, and I'm really, really excited about it.

Improving the lives of those living with dementia is something that I've always been passionate about. In fact, when I was campaigning in the last election, so many people told me their stories at the door about having a loved one living with dementia and needing additional supports. That's why I'm so pleased that the government recognized this need and, starting in this fiscal year, we are investing $46 million in new funding over the next three years for the continued operation of 51 behavioural specialized unit beds established in 2023-24, and to increase the BSU overall capacity by 210 beds to help alleviate hospital capacity pressures. Some of that investment was in Brampton, as you know, MPP Grewal, but we have other sites in Etobicoke and Timmins. We will continue supporting those living with dementia. This is just one avenue of funding that is being made available, but emotional supports and emotional care are something that we are working with other ministries—together with our partners at the Ministry of Health and our Ministry for Seniors and Accessibility. This is a topic that we need to work across different ministries—and so rest assured that there will be more news coming out of this government, specifically on this topic, in the months to come.

The Chair (Mr. Steve Clark): MPP Pierre.

Ms. Natalie Pierre: Thank you, Minister, for your remarks earlier today. I also want to thank you for your continued advocacy around dementia care.

We know that not every patient is the same and not every home has the same equipment or requirements to care for their residents. Earlier, you talked about the doubling of the Local Priorities Fund to help train more staff in specialized care, getting residents the care they need in their home, without having to go to the emergency department or to hospital—or an admission to hospital. In my community, Hampton Terrace Care Centre, a long-term-care home in Burlington, received more than $20,000 to purchase equipment and to train staff, allowing them to better support residents.

I'm hoping you can tell us a little more about the programs and supports that are available for long-term-care residents who may have complex special needs, to help keep them out of hospitals, so that they can stay in their home and get the care that they need in the long-term-care home, instead of having to present in the emergency department or having to take a trip from their long-term-care home to visit a doctor or another health care practitioner.

Hon. Natalia Kusendova-Bashta: Thank you very much for that question.

Yes, we have increased funding to the Local Priorities Fund to the tune of $35 million total. We have other programs—as you highlighted, the Equipment and Training Fund.

We also have the Community Paramedicine for Long-Term Care Plus Program, which we have recently announced, so let me tell you a little bit more about that one. Building on the success of our Community Paramedicine for Long-Term Care Program, which is funded to 55 paramedic services across the province—it's a $426-million investment, and that enables community paramedics to help seniors age at home while waiting for a long-term-care bed; again, the goal behind this program is to avoid those seniors having to go into the ER and to allow paramedics to diagnose and treat some conditions right there in place. But the Community Paramedicine for Long-Term Care Plus Program—we have recently announced a new pilot which is being piloted across six different sites in Ontario, and this program will actually enable community paramedics to go into the long-term-care homes to support staff and provide things like point-of-care blood testing, urinalysis, some basic ultrasound, again, with the goal of avoiding hospital admissions. Some of the most common causes of why we see long-term-care residents being admitted into hospital are urinary tract infections, CHF and others, and so these tools are enabling paramedics to go into the homes, support the staff, and hopefully avoid hospital admissions as much as possible. So we'll continue funding these programs.

Another program that we're funding is the nurse-led outreach team—which is a $4.23-million expansion this year alone.

Deputy, do you want to speak to that program a little bit?

Ms. Melissa Thomson: Certainly, and I can ask Gillian Steeve to join as well to speak to this.

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The minister spoke to the community paramedicine program and mentioned 55 communities—now 56 communities. I think what's really significant about that program that the minister highlighted is the diversions from the emergency department—not only from the emergency department, but admissions as well. From our perspective, it's a very important program that, to the member's point, helps residents in their homes to receive care, but also to avoid the complexities of being admitted into hospital.

Ms. Gillian Steeve: I'm ADM Gillian Steeve of system planning and partnerships at long-term care.

Just to expand on the NLOT, or the Nurse-Led Long-Term Care Outreach Team, expansion—this was building on the model to expand intended help to improve access to additional clinical services and diagnostic services in long-term-care homes. This provides in-person and virtual consultation and assessment of long-term-care residents with rapid diagnostic services within the homes. NPs can also interpret the diagnostic tests. These teams work out of hospitals and connect with emergency departments and long-term-care homes to help coordinate timely and rapid diagnostic services for residents and other clinical supports.

Ms. Natalie Pierre: I'm curious about the paramedic program in long-term-care homes. How long has that program been around?

Hon. Natalia Kusendova-Bashta: The community paramedicine program as a whole has been around, I believe, now for two or three years. That program allowed community paramedics to go into people's homes who are on the waiting list, to support them as they wait for a long-term-care bed to become available. It has been highly successful. We've heard from our AMO partners about how much they like the program. And so, building on the success of that program, we decided to pilot the community paramedicine plus program, which was just announced very recently. We have selected six sites, and we are investing $3 million for those six paramedic services to be able to actually go into the long-term-care homes—they have agreements already with some of those operators—to support the staff and to help with the point-of-care testing and diagnostics that can be done in the home, instead of having the resident be transferred into an ER department, sometimes experiencing long wait times etc. So it enables those paramedics to go into the homes and oftentimes will result in that resident not being admitted into the hospital.

Ms. Natalie Pierre: Well, it sounds like a great idea. I know that there are members in my community that—I've heard their feedback, and just that it allows them to stay in their home longer. It also eliminates unnecessary trips and unnecessary wait times in the emergency departments. It helps out the hospitals in terms of wait times in their emergency departments—and then even just in terms of infection control and being exposed when you go to the emergency department, if someone has a virus or something. So it just helps keep people healthier and helps keep them in their homes a little bit longer.

I'm just curious: Is it the ministry's intention to track data around these programs, and what kind of data points might you be looking at?

Hon. Natalia Kusendova-Bashta: Yes, we are absolutely tracking the data. I will pass it on to the deputy to share some of those statistics with you.

Ms. Melissa Thomson: Thank you so much, Minister. I'd be happy to, absolutely.

Even in transitioning from a pilot and extending, one of the things that made it easy for us to make that business case was because we tracked from the beginning.

Some interesting numbers here that the committee will appreciate: 62,916 people served through the program already; more than 167,000 in-person visits were conducted. The minister spoke a little bit about this in her opening remarks—a 22% decrease in 911 calls coming from the cohort that were served, so the clients in the program; a 10% reduction in emergency department utilization; and 7% in admission. The minister also included in her remarks that this program costs on average $8.40 per day. So it's really an impressive example of how if you're creative about the resources we already have in the system and use them in a different way, we can get impressive value for money, but also outcomes for individuals.

I wonder, Gillian, whether you want to add anything more in terms of tracking and measurement against that program.

Ms. Gillian Steeve: Yes, we are tracking with a lot of these, as the minister noted—around ED visits, looking at our impact on ED visits, as well as the type of training and the amount of training done within the homes for the equipment, for the diagnostics equipment; and also looking at the number of scheduled and unscheduled visits, and then that would impact the visits to the ED, as well, with the community paramedicine and the paramedicine plus program.

Ms. Natalie Pierre: It was good to hear about the reduction in the number of calls to 911; I hadn't actually thought about that. But I also thought about just a decrease in the number of appointments with physicians—again, where residents would have to leave their long-term-care home and arrange for transportation, which might not be simple, to go to visit their family physician. Thank you for that.

I'll pass it on to my colleague.

The Chair (Mr. Steve Clark): MPP Smith.

Ms. Laura Smith: Through you, Chair: First of all, I want to thank my colleague the minister, because I know her dedication. We have walked the halls of both long-term-care facilities and various homes, and I understand how hard she's working in this area. I'll put a shameless plug in on our improving-dementia-care bill, Bill 121, which is coming to a committee near you.

Minister, as our government continues to fulfill its promise to build 58,000 new and upgraded beds, we know inflationary pressures have led to construction costs rising. This puts new pressures on those working to build new long-term-care beds or redeveloping existing homes, and yet the need for new long-term-care beds and the redevelopment of old long-term-care beds has not been changed.

I know our government's previous budget—we continue to make investments in speeding up the development of new capital projects. What steps has your ministry taken to ensure that these beds are built, and what are you doing to fast-track the long-term-care-home construction in Ontario?

Hon. Natalia Kusendova-Bashta: Thank you so much for that question.

It is indeed an ambitious goal of building and redeveloping long-term-care beds across the province. That is why we first announced the construction funding subsidy top-up in November 2022, and we have recently extended it until November 30 of this year with version 2.0. As you know, we are funding $155 million in this year's budget. In fact, last year, 67 long-term-care projects, which represent over 11,000 new and redeveloped spaces, were fast-tracked, thanks to the support of the construction—

The Chair (Mr. Steve Clark): Minister, there is one minute remaining in this round.

Hon. Natalia Kusendova-Bashta: Thank you.

Thanks to the support of the construction funding subsidy, we have 67 long-term-care projects that represent over 11,000 beds. Some of those include, as I mentioned, 12 projects for francophone operators and four projects for Indigenous peoples. So we're very happy to be seeing the great success of this project.

I also want to note that in order to support our not-for-profit operators, we are enabling them to get $15 construction funding up front, which helps them with their financing. We have also enabled, through Infrastructure Ontario and the Building Ontario Fund, which is coming online very soon, to help secure some of those not-for-profit loans for those operators, to ensure that those projects are financially viable. As I've said, this is an ambitious project—

The Chair (Mr. Steve Clark): Thank you, Minister. This concludes the government's round.

We'll now move to the official opposition. MPP Gélinas.

M^me^ France Gélinas: Félicitations à la députée Natalia Kusendova-Bashta, qui est devenue ministre des Soins de longue durée.

My question tails on what my colleague ended up with; that is, the use of agency nursing. They're called "agency nursing," but really they sell nurse and PSW services to long-term-care homes. He mentioned 2022-23 statistics, which was at $418 million—we're now looking at $1.5 billion spent in Ontario through agency nursing.

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I was happy to see that you guys are tracking, certainly for the paramedicine program, how resources that we have in the system can be used in a different way.

Have you looked at how those resources that we have in the system could be used in a different way than through spending $1.5 billion on agency nursing in Ontario? How much of this went to profit, that could have gone to front-line care?

And if you have any strategy—I forgot how it was called. The government staffing strategy was talking about the number of PSW positions that should be full-time. We've talked a lot about making PSW a career. Give them a permanent, full-time job, well-paid with benefits, pension plans, vacations and sick days, and your problem is solved in many, many communities. Most PSWs don't go into PSW to become famous; they go because they want to help people. But if they don't make enough money to pay the rent and feed their kids, then they have to look elsewhere, and they look at agency nursing. They will come

back to do the exact same work, just at a rate of pay that allows them to feed their kids and pay rent.

Have you looked at how much money is diverted away from front-line care into profit, and what can you do to better use those resources?

Hon. Natalia Kusendova-Bashta: Thank you for that question.

I want to be very clear: There are no care dollars or nursing or PSW dollars that for-profit operators can divert into making profit. There is only one envelope, which is the "other accommodation" envelope, through which that is possible.

But as you know, MPP Gélinas, the way those for-profit operators often make their profit is by having additional services that are offered, optional services to the resident or their family to opt in.

M^me^ France Gélinas: They buy hours of staff through agency nursing. I was in a long-term-care home on Friday. He has zero RNs. They're all agency staff. He has 50% of their PSWs as agency staff. This is what I'm talking about.

Hon. Natalia Kusendova-Bashta: I will pass that on to our one of our assistant deputy ministers, but what I will say is that, especially in the north, in your neck of the woods, MPP Gélinas, staffing agencies do respond to a very specific need. We cannot put those homes in jeopardy. We are doing different things to have better recruitment and retention for our PSWs and nurses; for example, as you know, the Learn and Stay program, which is very successful and very prevalent in the north. We also have the Northern Health Travel Grant Program that's available. And we actually have added nine Living Classrooms in the northeast to allow PSW students to learn in the homes. Really, the idea behind the Living Classroom is, for those PSWs who are students, if they are learning in the actual home, we are hoping that they will get hired in the home when they finish their studies.

I will pass it on to the ADM, Sean Court, to please give a more robust answer on the use of agencies.

Ms. Melissa Thomson: Minister, if I may jump in?

Hon. Natalia Kusendova-Bashta: Sorry.

Ms. Melissa Thomson: That's okay. Sorry; I did just want to add two quick points, and then I'll pass to our assistant deputy minister, Sean Court.

I did want to just note that, as far as we're tracking, agency usage for the last two quarters actually is stable. So I appreciate the member's points at the front end in terms of increased use, but we're seeing some stability with agency use, I will say.

M^me^ France Gélinas: At what level?

Ms. Melissa Thomson: Sorry?

M^me^ France Gélinas: They're stable at what level?

Ms. Melissa Thomson: Well, meaning we're not seeing an increase over the past two quarters. I just wanted to note that we are watching closely. We haven't seen an increase over the past two quarters.

The only other thing I did want to say very quickly is that we also know that there are some homes that use no agencies at all. Around 11% of homes have no agency use. We also know, though, that, in the north in particular, there's a much higher usage just simply because they need that flexibility for travel and other challenges.

I know the minister spoke earlier around ambitious build efforts in the north, to a large degree, to help minimize the need for agency use and the travel that's associated in terms of staffing capacity.

M^me^ France Gélinas: So you're telling me that 89% of long-term-care homes use agency—

Ms. Melissa Thomson: No, sorry.

M^me^ France Gélinas: You told me that 11% do not, so that means 89% do.

Ms. Melissa Thomson: Well, they may use some agency hours, yes.

M^me^ France Gélinas: So 89% use some, and it has been flat for the last two quarters, but at what level—at $1 billion, about?

Ms. Melissa Thomson: Oh, the spend? I'm just talking about usage.

I'm not sure, Sean, whether you can add a little bit more in terms of take-up and use.

Mr. Sean Court: Sure.

I'm Sean Court. I'm the assistant deputy minister of long-term-care policy.

What we've noted in our quarterly staffing surveys is that we're right around 6.6% of all hours worked for purchase services—that's across nurses and PSWs. PSWs are actually the smallest proportion—the percentage of hours worked is somewhere around 4.8%, 5%. Those numbers have been relatively flat. They did obviously go up during the pandemic when there were incredible staffing shortages but have largely returned down to a lower level.

Just on the deputy's statistic: 11% of homes in the last year reported that they didn't use any agencies whatsoever. A lot of those are municipal homes, and obviously that has something to do in large part with their collective agreements and what's allowed locally in terms of the use of outside workers in the home.

And then in the last quarter, we had about 26% of homes that said they had no purchase services in that quarter. So it tends to vary, but the usage overwhelmingly is the highest in the north.

M^me^ France Gélinas: When we look at the number of full-time staff in long-term care—can you give me an idea as to the percentage of PSWs who have permanent full-time jobs versus not?

Mr. Sean Court: About 40% of long-term-care staff, in the last quarter, reported full-time work. This is from Q4 of last year. What we found is that for PSWs, it's about 42% for full-time work, 38% are part-time, 14% were casual, and then somewhere in that 5%, 6% range were purchase services or contract staff who came in. Obviously, there are lots of individual factors at the employee level and also at the home level that go into determining the rate of full-time employment versus the other employment options, including employee preference.

M^me^ France Gélinas: The government's long-term-care commission recommended creating more full-time, permanent positions, with a target of 70% full-time pos-

itions for nursing and personal support workers. That is your own commission that did that. What is the plan in place to achieve that?

Hon. Natalia Kusendova-Bashta: Can you repeat the question? Sorry.

M^me^ France Gélinas: That's okay. Your government's long-term-care commission was created, made recommendations that you should target 70% full-time positions for nursing and personal support workers in every long-term care. What is the government's plan to achieve the long-term-care commission's recommendation?

Hon. Natalia Kusendova-Bashta: As I mentioned at the beginning, we are at about 85% of the recommendations through all of the—I think there were seven different commissions that happened in long-term care; 85% of the recommendations are either in progress or already achieved—

M^me^ France Gélinas: Are you interested in working on that one?

Hon. Natalia Kusendova-Bashta: As you know, the Ministry of Long-Term Care doesn't directly hire any PSWs or nurses, and most of the homes have collective bargaining agreements. So that process is something that the operators and the employers engage in every single year.

M^me^ France Gélinas: The government, in the 1970s, mandated 70% of nurses in hospitals become full-time. There were unions, there was the same thing, but the government stepped in because, at the time—you were not born, but I was there—it was really hard to retain nurses in hospitals, the same as we have in long-term care right now. How did we fix this? The government stepped in and said 70% of positions will be permanent, full-time. Are you ready to do this in long-term care?

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Hon. Natalia Kusendova-Bashta: We are increasing the direct hours of care per resident, per day. As you know, we have an ambitious goal of four hours of direct care per resident, per day, to allow more health care workers to be present on that floor so that there is more help—

M^me^ France Gélinas: But it doesn't matter if they're full-time and that 50% of them don't stay in their career more than one year? There's a 25% turnover of all of those 600 PSWs that you trained. After one year, 200 of them won't be there anymore. The 90 French ones from Boréal, 30 of them won't be in long-term care anymore a year after they graduate because we need to make PSW jobs careers—permanent, full-time, well-paid, benefits. Why can we not commit to that?

Hon. Natalia Kusendova-Bashta: As you know, MPP Gélinas, we have increased the minimum wage for PSWs from $15 to $18. We did that during the pandemic to ensure that the sector doesn't collapse. We're continuing to build on those investments.

But for me, a career in long-term care—a PSW education is just a starting point. What we're trying to do at the Ministry of Long-Term Care is really promote long-term care as a viable career. So if someone wants to start as a PSW, we have programs, and we have massive investments to encourage those folks to actually become RPNs and then to become RNs and maybe even nurse practitioners. The reality is that our Canadian-born youth—not many of them want to become PSWs, so we really need to strengthen the sector by encouraging our young people to go into long-term care, and so—

M^me^ France Gélinas: I would differ with you. When my hospital, HSN, puts out one position for a PSW—permanent, full-time, well-paid, unionized, benefits, sick days—they get 500 applications. This is how many PSWs in Sudbury are looking for permanent, full-time work. They work at Walmart, they work at Tim Hortons—nothing against Walmart and Tim Hortons—but they are able to pay rent and feed their kids. When they work in long-term care, they're not able to do this because they don't have a permanent, full-time, well-paid job. Why can we not commit to this?

We all know that the quality of care depends on the continuity of care, on the staff that is there. If you don't have enough staff, you don't have quality care, which we all want. To get there, make PSW a career—permanent, full-time, well-paid. No?

Hon. Natalia Kusendova-Bashta: I think we have made significant investments into staffing. Through our direct-hours-of-care as well as level-of-care envelope, we have increased historically by 6.6%, and those investments are being felt. If you visit your local long-term-care homes, as I'm sure you have, you will hear directly from the workers that they are excited because there are more new PSWs coming; there are more nurses coming. We have enabled nurse practitioners to work in long-term care—we have hired 225. We will continue making those investments, and I will continue promoting long-term care as a viable career. That's why those career-laddering options are so, so important. PSW could be just a starting point, and we can continue as an RPN, RN, nurse practitioner etc.

But the reality is, if we continue with a negative narrative about long-term care and that's what our young people continue hearing, it's probably no surprise that some nurses, like the ones I spoke with a couple of days ago at the Ottawa university—most of those nurses don't want to go into long-term care because of that negative narrative that has been out there. So we need to change that narrative if we want our young people to actually work in long-term care, and that's exactly what we'll be doing. That's why we're continuing our investments in staffing. That $1.8 billion is unprecedented, and so—

M^me^ France Gélinas: Will the $1.8 billion be enough to make it at four hours of hands-on care by 2025?

Hon. Natalia Kusendova-Bashta: Thank you for asking that question. I'm proud to report on our direct hours of care. The progress report will be made available by the end of this month. We have hit our year-one targets for PSW and nursing care. We have also hit our year-two targets for PSW and nursing care as well as allied health professional targets. In terms of our year-three targets, I'm happy to report that we have hit them by the first quarter of year four, so that's significant progress. We've added many minutes into the system of direct care per resident, per day,

and we'll continue building on that success. I'm very, very proud of the progress we've made.

We need to hire more staff into long-term care, but we'll only be able to do that if we change that negative narrative.

M^me^ France Gélinas: Are you comfortable with the resident support aides and the resident support personnel, the ones who have no training whatsoever, being considered when you look at the 36 minutes of physiotherapy and occupational therapy that are supposed to be delivered to clients? You are adding the resident support aides and the resident support personnel who have zero training into those statistics.

Hon. Natalia Kusendova-Bashta: I think all personnel who provide direct care are part of the hours of direct care, but I will pass it on to ADM Sean Court to comment further.

Mr. Sean Court: Sure. Resident support personnel are one of many. There's a very long list of allied health professionals who count within that second group, the second target, around allied health minutes. Currently, resident support personnel are somewhere around three to four minutes of the 36-plus minutes that the government is delivering, but—

M^me^ France Gélinas: Really? A resident support aide—this is any of you who has a big enough heart to go into a long-term-care home and work a minimum—is being considered an allied health professional? When did that happen?

Mr. Sean Court: For resident support personnel, under the current regime, there's an exemption that allows them to operate in the homes. They're providing supports for daily living, so it could be things like, if it's risk-appropriate, helping a resident eat their lunch—

M^me^ France Gélinas: Brush their hair, read their emails—I get that.

Mr. Sean Court: Brush their hair, brush their teeth—all kinds of things; things that we allow volunteers and family members in the home to do regularly. So it's those sorts of things. It's not that they're taking on roles or services to residents.

M^me^ France Gélinas: So why are you saying that the 36 minutes are for allied health professionals? The title "professional" usually is limited to the physiotherapists. I don't know any resident support aide who knows how to do proprioceptive nerve stimulation, but a physiotherapist does, when you want to regain balance or whatever. How could you mix them in the same category? They are not professionals. They are support personnel.

Mr. Sean Court: Okay. In the category of nursing and personal support services, that includes NPs, RNs, RPNs and PSWs. Those people can do very different things. An NP's scope of practice is very different from a PSW's.

In the category of allied health professionals, there are lots of people, ranging from people who have title protection and can do controlled acts, all the way to people who are doing things like social work and the resident support personnel who are providing supports for daily living. So within that category, there's a wide range of people who are providing more clinical services, but also more social and supports for daily living.

M^me^ France Gélinas: This is news to me. It is clear to everybody who's a health professional and who is not. A resident support aide and resident support personnel are not professionals. So I'll just leave it at that.

When I was talking about how we change the narrative, how we stimulate young people to go into long-term care—make PSW a career. Give them full-time, permanent, good-paying jobs with benefits and pension plans, sick days and vacations.

Why is it that we don't mandate paid sick days for all front-line long-term-care workers?

The Chair (Mr. Steve Clark): MPP Gélinas, you've got about a minute left.

M^me^ France Gélinas: That's my question.

Hon. Natalia Kusendova-Bashta: As I've mentioned, the investments that we are making in both retention and recruitment are unprecedented. Sometimes it takes time to see the results of these investments. It takes four years to graduate a nurse. But I'm pleased to see that 30,000 nursing students have enrolled in our publicly funded universities and colleges. We need to celebrate those achievements, and we need to continue encouraging our young people to go into careers in long-term care, and so we'll continue making those investments into retention and recruitment. It's a $1.8-billion investment just this year alone, which is almost $600 million more than last year.

The Chair (Mr. Steve Clark): Thank you, Minister. That concludes this round of questions.

Interjections.

The Chair (Mr. Steve Clark): Order, please. Order.

I'll now move on to the independent member. MPP Clancy, you have 10 minutes.

Ms. Aislinn Clancy: I just have a request. As an echo from my last line of questioning, can I ask that you read the military's report that came out after the COVID pandemic? Is that a fair request, Minister?

Hon. Natalia Kusendova-Bashta: I have read portions of the report, but I can commit to you that I will read the full report.

Ms. Aislinn Clancy: Thank you very much. I think that will help spell out who the ones were that dropped some balls.

Is it fair to look into the benefit of paid sick days? Is that something that your ministry could look into? As a social worker, I worked with quite a number of PSWs, for example—immigrant women, single parents—and for them, sick days meant being unpaid, so it does tend to create a quandary where a mom is saying, "Do I feed and house my children and go in sick or not?" Could we look into the benefits of sick days in this sector?

Hon. Natalia Kusendova-Bashta: Because the government doesn't get involved directly in the hiring of PSWs and workers—the collective agreements are negotiated between the employer and the workers directly. Benefits, sick days—that's all part of the bargaining process. So, at this point, I will not get involved into the collective bar-

gaining process that happens between the many homes—we have 620 homes in the province of Ontario. Largely, these contracts are negotiated on a case-by-case basis.

Ms. Aislinn Clancy: We did see an increase—

The Chair (Mr. Steve Clark): MPP Clancy, can I just interrupt? I'm going to call for a five-minute break. I'm going to retain your time and I'm just going to pause the time, and we'll reconvene in five minutes.

The committee recessed from 1631 to 1636.

The Chair (Mr. Steve Clark): Okay, the committee will reconvene.

MPP Clancy, you've got about eight minutes left—8:13 left.

Ms. Aislinn Clancy: I'll go back to the sick days just for a second. We did increase wages for PSWs, so there is a role for government in ensuring that good practices are followed widespread. So that's where, if we can increase wages, we could look into the benefit of increasing sick days, just knowing that it does help with disease transmission—if someone feels compelled to go in sick because, otherwise, they would go unpaid.

Hon. Natalia Kusendova-Bashta: As you may or may not know, as part of the result of the COVID-19 commission, we did make IPAC leads mandatory in every single long-term-care home. So we have hired an IPAC lead, and part of the role of that IPAC lead is also to consult with workers if they are sick, to ensure that they don't come into the home when they are sick.

In terms of the wages, as you have noted, we have increased the minimum pay for PSWs from $15 to $18. But all homes are equally funded for staffing—and so it is up to those collective agreements that are negotiated between the employer and the employees, who are often represented by unions. Sick days, benefits are part of those conversations. So the ministry does not get involved in those collective bargaining agreements because they are between the employer and the employee.

Ms. Aislinn Clancy: I'd like to stay on the subject of wages for a minute. You did talk about nurses not wanting to go into long-term care. When I talk to folks in the long-term-care sector, they have been impacted by Bill 124. This has created a bit of this challenge—we know that's not in isolation of inflation and other things, but Bill 124 wages were an issue. Many that I've talked to are concerned about wage harmonization across all health care workers—because we know long-term care, home care and community support services are paid less than those who work in hospital settings.

Also, within a long-term-care setting, there's a mismatch. With just raising PSWs' wages and not all the other health professionals, there do come moments where a PSW in two years of employment might make more than somebody who has been in the long-term-care sector in other roles for 25 years. In some cases, RPNs make only a dollar or less more than a PSW.

Can we look at not only wage harmonization in long-term care with all the various professionals there, but also between the hospital and long-term-care setting?

Hon. Natalia Kusendova-Bashta: Thank you for that question.

One of the things that became quite apparent to me, as the Minister of Long-Term Care, is that there's a very different skill set that nurses and registered practical nurses have when they work in long-term care versus when they work in an acute-care hospital. Historically, over time, some of the skills that a registered nurse graduates with, which are within the scope of practice, like doing phlebotomy, like doing IVs—over time, they have lost that skill when they work in long-term care. That's why some of those tasks are actually being—when a resident requires an IV, they're being transported out into the ER. So one of the things that I do want to work on is ensuring that we bring some of those skills back into long-term care through training. And those are some of the programs that I'm currently looking at for future years. If we can bring some of those skills back, then we won't have such a disparity between the skill mix that we see in long-term care versus acute care—and make long-term care more attractive as a place to work and a place where nurses can operate to the full scope of their practice.

Ms. Aislinn Clancy: Excellent. I hope that we'll look at the wage gaps and sick days as one of the factors for the human resources crisis that exists. But I do appreciate the training, and hopefully, we can collaborate with the colleges and universities and the Minister of Labour to look at a bigger picture. I know some nurse practitioners were looking to become nurses and they didn't get the same recognition as their counterparts.

I want to talk about the cost of food. Something that came up in my travels in the long-term-care homes in my riding was that they only got $10 a day to pay for a full day's worth of meals, so they were finding it hard to have a healthy diet, veggies, and were finding that the nutrition of their residents was impacted by the low amount for food. Can you speak to what's the plan—and could there be a plan to increase that in coming years?

Hon. Natalia Kusendova-Bashta: We have increased the "other accommodation" envelope by 12%, and we have also increased funding specifically for food and nutrition in long-term-care homes. There was also a commission report that came out on nutrition in long-term-care homes. So I will pass it on to the deputy and perhaps an ADM to talk about the results of that report and how we are doing in terms of implementing some of those recommendations, as well as more specifics as to how much funding we have increased for food and nutrition in long-term care.

Ms. Melissa Thomson: Thanks so much, Minister. I'll pass it to Kelly McAslan, ADM of our operations division.

Ms. Kelly McAslan: I'm Kelly McAslan, ADM, operations division.

As the minister said, we have had significant investments in our overall-level-of-care envelope to long-term-care homes, with $353 million provided last year, which was the highest amount ever provided to long-term-care homes, and part of that funding was for nutrition. In fact, last year, we increased the nutrition support by 8%, which

is significant, and the year before that, it was over 10%—so quite a significant jump.

Then, to the deputy's point around the reports—certainly, there has been a lot of work done within our ministry, overall, in terms of responding to the reports. I think the minister mentioned that we are either in the process of or have completed 85% of the recommendations within those reports. We've worked extremely hard within our ministry—especially our inspection programs. We've taken this back. We've increased IPAC training. We've added new requirements for IPAC under the Fixing Long-Term Care Act. We've—

The Chair (Mr. Steve Clark): There's one minute left in this round.

Ms. Aislinn Clancy: I'm going to stop—I hope you don't mind; sorry.

I'm hoping to ask the minister if you would be open to meeting with the Minister of Health and the Minister of Municipal Affairs and Housing. I'm hearing from folks on the front line that we're seeing a large group of seniors becoming homeless and seniors being transitioned from hospitals to long-term care, who don't actually need 24/7 care—so really looking for some supportive housing options. I know that would fall under an umbrella with the three ministers. Is that a commitment you can make, to look into these alternative-level-of-care homes, to prevent seniors from becoming homeless?

Hon. Natalia Kusendova-Bashta: Certainly, I always look forward to working with my colleagues in cabinet.

I know that we have an ambitious plan to build 1.5 million homes in Ontario, and supportive housing is certainly a part of that. I also have heard that seniors who live in supportive housing—

The Chair (Mr. Steve Clark): Thank you, Minister.

That concludes the round for the independent member. We'll now move to the government for their 20 minutes. MPP Martin.

Mrs. Robin Martin: Thank you, Minister, and congratulations again.

I wanted to mention that on September 13, I went to the Apotex home for the aged at Baycrest for the LTC engage 2024—this year. Baycrest is a great facility and benefits from the behavioural specialized units that you mentioned, which I think are a great thing that we've been investing a lot in and supporting.

I also wanted to say how happy I am that we're getting some of the diagnostic equipment into our long-term-care homes so that seniors do not have to be moved into hospitals in order to get their tests. I think those are really important innovations that are making a real difference in the lives of our seniors, so I want to thank you and the former minister and the government for doing those things.

For years, we've had a problem with funding and building long-term-care beds in this province. In fact, between 2007 and 2018, I think we all know, fewer than 700 new long-term-care spaces were built in the entire province, while we had an aging population. That has resulted in tens of thousands of Ontarians waiting for desperately needed long-term-care beds. Our government recognized that need for change and committed to an ambitious goal of building 58,000 new and upgraded long-term-care beds and spaces or homes for all those people who are waiting to have them.

Just before we finished our last round, MPP Smith had asked you a question about speeding up development of new capital projects and fast-tracking long-term-care-home construction, and you were just mentioning francophone and Indigenous projects, and also something I didn't know about, a $15 upfront support for not-for-profits. Could you elaborate a bit more on that answer? I was interested in what you were saying.

Hon. Natalia Kusendova-Bashta: In order to support our not-for-profit project proponents—and just to be clear, it's not easy to build a long-term-care home, so we need to support the people who are coming forward in any way that we can. So when it comes to our not-for-profit providers, we have enabled them to take $15 out of the construction funding subsidy, the $35 top-up that we have announced, and to actually get that money up front. What does that mean? If they get that chunk of change up front, that will help them secure financing over the years, which is different than for our for-profit operators, which don't get that money up front; they will get that throughout the term of their lease, which traditionally is 25 years.

I'm still learning how we fund long-term care and how we fund capital projects, but it is evident that our capital dollars are tied to our operating dollars over the 25-year term of the lease.

Perhaps I can ask ADM James Stewart to comment further on the capital projects and the $15 not-for-profit subsidy.

Mr. James Stewart: I'm James Stewart, interim assistant deputy minister from the long-term-care capital development division.

Minister and Deputy, I'm happy to expand on that policy a little bit. As you have mentioned, we do have a fair amount of flexibility in the policy to recognize the variety of operator types that we have and the differing needs of the different operators in the market.

There are five aspects of the funding policy that I can touch on, and one is the construction funding subsidy, which of course is a per diem amount per bed per day over 25 years. You have eloquently mentioned the convertibility of $15 of that—that's the second item in the policy; third is a development grant, which we use to, again, put some equity and some funding up front into a project; fourth is a planning grant; and fifth is transition support.

Before getting into the numbers, I will note that we do have differing funding rates for different segments and geographies in the province, so what we have done has been to divide the province into four market segments: large urban, urban, mid-size, and rural. Your large urban segment consists of upper-tier municipalities and census subdivisions with a population greater than 500,000 individuals, so that would be Toronto, Ottawa, Hamilton and some parts of Peel, York etc. Next is urban; our urban market segment would have 100,000 to 500,000 people—mid-size are 10,000 to 100,000; and then, finally, our rural

segment has less than 10,000 people. So what we do with these is, obviously, try to tailor both the per-bed, per-day funding, which occurs over 25 years, and the upfront funding to account for regional differences in costs. For example, the construction funding subsidy itself—that per-bed, per-day rate—can range from $20.53 up to $23.78. That is before we add on the $35 per bed, per day, which is our construction funding subsidy top-up.

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Within those market segments, we also make some adjustments to account for differing home sizes. For example, if you are a small home—that's 96 beds or fewer—you can add $1.50 to your per diem rate; if you're a medium home, which is 97 beds to 160 beds, you would add 75 cents. So for that all-in number, what we end up with is a per-bed, per-day funding rate of about $57 to $60.28—that is by the various different market segments. That is the construction funding subsidy. As the minister mentioned, $15 of that per-bed, per-day is convertible. You don't have to take the whole full $15; you could take $5, $10, $15, and there's a different amount, obviously, that would be provided at the start of construction if you did that.

I'll talk a little bit about the development grant, though, because that is also an amount that we have put into the formula to allow us to bring dollars earlier, reduce the borrowing requirement. That is a development grant that's available to all operators. The development grant itself is, again, defined by market segment; it ranges from 10% to 17%. If you are in a large urban or an urban market, you would receive 17%. Usually, we see it as a bit of a higher construction price point there. If you're at a mid-sized market, it's 10%; a rural market is 12%. So what we do with that development grant is, we assess the amount of eligible construction costs that are in the project—things like construction costs of your contractor and your sub-trades, land cost, development charges, signage—and the percentage then gets applied to that costing. It gets paid upon the completion of the construction work.

I'll spend a little bit of time talking about the planning grant, as well, because that is another facet that we use to distinguish the not-for-profit from the for-profit. All of these funding amounts rely on the ability of an operator to enter into a development agreement. That is essentially our construction funding agreement where we determine how many beds are being built and the payment mechanism and the payment amount. Once that development agreement is entered into, not-for-profit operators are entitled to a one-time planning grant of $250,000. That's provided in recognition that there are some upfront costs and there may not be the same resourcing availability to cover the cost of doing things like architectural planning, securing permits, land surveys, things of that nature.

And then the final piece of the funding package that's available is transition support. Transition support recognizes that operators that are redeveloping their existing home are going to have to do things to transition residents from the existing building to the new building. What we do there is, we earmark $300 per bed. That's funding for each bed that's intended to do things like moving the residents and their belongings—hiring moving coordinators and supplying transportation to actually get those residents and their belongings from their old home to their new home.

There are other policy constructs that we use to wrap around these dollar allocations. One of the things that I would note for the committee is the occupancy reduction program. Operators that have a development agreement are eligible to apply for an occupancy reduction in respect of beds that are temporarily closed in the course of construction. What this does is facilitate the actual completion of the construction by maintaining some of the funding levels while that work happens.

One other piece I can mention is that, with all of these formulary amounts, the way that we finally assess the amount that each individual home gets is, of course, by looking at tender results. Operators are responsible for working with us to make sure that homes meet the design standards that we have. We have a 2015 design standard policy which is publicly accessible. It outlines things like room sizes and the types of rooms that are supposed to be in each resident home area versus the types of facilities that are supposed to be available for the home as a whole. So once we review the preliminary plans that operators submit, the final working drawings, which is what you would think of as a tender package—drawings that you can take to a builder that actually show them where to build things and where mechanical and electrical work should be going—on the completion of that tender, we have an initial estimate of costs. With that initial estimate of costs, we're able to say, "You've come up at a certain number of dollars per bed." If for some reason the cost of the project comes in under what our standard funding rate would apply, we pro-rate down—so, obviously, we don't provide over-funding; we would apportion a bit of it down. And then, following the completion of construction, there is a final reconciliation report, so we will take a look at the final costs of any project, inclusive of any change orders or delays or any other change in material cost or contingency usage, and do that final reconciliation to say that all the costs that were incurred were eligible. We rerun those calculations for those main components of the construction funding subsidy and the development grant to make sure that we've got that 17% to 10% calculation right based on the final costs that were incurred. Obviously, if there's a reduction, if they've come in under budget, we recover money; if there's an increase, we will top them up to what the proper amount should be.

Maybe I will pause there.

Mrs. Robin Martin: Thank you very much, ADM. That was very thorough. I'm not sure I understood all of it; I'll have to go back and review it when it's in writing. But I am happy to understand that you're looking, from what I gathered, at trying to find ways to help, whatever the operator type is, to build more spaces and homes for our seniors, which is one of the objectives of our government, with this 58,000-bed promise—including maybe

giving them the money up front if that makes it happen. So I appreciate that.

I just wanted to finish with—and maybe you've already answered that—is there anything else that the ministry is doing to ensure that long-term-care development in Ontario is appropriately funded to meet that 58,000-bed-or-home goal?

Mr. James Stewart: I think the other aspect that we can highlight, twofold perhaps—and the minister has acknowledged both of these—in our most recent estimates, there was $155 million to continue the construction funding subsidy top-up. So we saw 67 projects, over 11,000 beds, receive an approval to construct in the last fiscal. That was an unprecedented intake of new homes, new beds. We have extended that top-up provision until November 30 of this year. In the work that we do with operators, we are seeing a positive response to that call. There is lots of interest in coming to the table and taking that offer. I think what we're seeing is that operators have had some time over the past year to really work with their contractors, work on their bid results, find efficiencies, really drive down the price point where they can. Obviously, being in a declining interest rate environment is quite helpful for us all, and that's having a pretty positive aspect as well. So we're quite confident that there will be good success stories to add to the number of beds that have been moving forward over the past few years.

1700

The other piece that the minister highlighted quite well was our continued work to offer lending. Between the Ontario Financing Authority and Infrastructure Ontario's Loan Program we have found that historically hospitals and municipalities have been able to access borrowing from the government. Often, that comes at a better rate than they could receive from a commercial bank or a commercial lender. And last year, with the announcement of the Building Ontario Fund—which is Ontario's infrastructure bank—there was, I think, a sense in the long-term-care sector at least that the province was again emphasizing its support in that financing area and trying to continue to work on solutions that were creative. So with the Building Ontario Fund, we're working through with that other organization to establish itself, to set the ground rules for what lending might be available, who might be eligible. We do think that it's a great initiative that we're happy to work in partnership on with the Building Ontario Fund folks. It has been quite encouraging to see the positive response from the long-term-care-home operators themselves, who also recognize that it's a tool that we're trying to bring to the table.

Hon. Natalia Kusendova-Bashta: I can just add to that that we have also explored other options; one of them is building on hospital-owned lands. We did this throughout the pandemic. We successfully added 1,272 long-term-care beds in Ajax, Toronto and Mississauga, partnering with local hospitals, such as Trillium Health Partners in Mississauga—to open up Wellbrook Place, which added two homes, because it's two towers of about 632 total new beds to the system in Mississauga. So that was really welcome news. We're also looking at government-owned surplus lands.

So we were able to make some of those lands available to project proponents. We're working with them to ensure their projects get built. We're leaving no stone unturned. Anywhere we can potentially find a partner and the land, we're doing everything we can. James is probably the most busy ADM in the ministry, because there are a lot of project proponents. Not all of them will be successful. That's the reality. Not every single project that comes to the table will be successful in getting built, but that means—the ministry is still engaged and involved in those projects.

So our energy is spent a lot on capital development, because it's one of our key priorities, to make sure we get to our goal of the 58,000 new and redeveloped beds.

The Chair (Mr. Steve Clark): MPP Hardeman.

Mr. Ernie Hardeman: Thank you, Minister and staff, for being here to answer these questions.

We've heard a lot of talk about the 58,000 spaces that we need in our homes. I just want to say that Oxford is pleased that one of those contributors is just ready to open up—peopleCare in Tavistock—and they are breaking ground to build another one in Tillsonburg, so we very much appreciate the efforts of the government for them.

As we look at all this building and all these projects, are we making sure that the projects that we're approving are going where they're needed? It's one thing to say that people who apply get them, but as we've talked about earlier—about people having to go a long ways from their original home to go to a home—are we making sure that we're encouraging applications to be built where we need the homes?

Secondly, I would like you to talk a little bit about what you're doing to the education system to make sure that the people we need to serve all these extra beds will be there.

The Chair (Mr. Steve Clark): You've got one minute to answer, Minister.

Hon. Natalia Kusendova-Bashta: Certainly, we're tracking our capital projects by region and—but the short answer is, we need beds everywhere. Every single community, every single project proponent—if they meet our eligibility criteria, we will be happy to work with them.

It's not easy to build long-term care, and so it is our job to support those projects and ensure that—from the project planning phase, from the original allocation that is given by the Ministry of Long-Term Care to actually see the project through completion, there are many steps. It's a very convoluted process, especially for not-for-profit operators. They might be a small cultural group or a religious group. It might be their very first time getting into building any infrastructure. So the ministry is here with the team to support those projects, answer any questions. And like James mentioned, Infrastructure Ontario is helping to secure financing. The Building Ontario Fund is something we've been—

The Chair (Mr. Steve Clark): Thank you, Minister. That concludes the government's round.

Final minute to the official opposition: MPP Gates.

Mr. Wayne Gates: You mentioned 58,000 beds. I want to talk about places in Toronto where—and Mississauga retirement homes, under Chartwell, that are closing, throwing seniors out of their homes. I know you should be aware of it. There's five or more—they're selling them to developers. You need to look into that—and it's called Heritage Glen.

Bill 7 should be withdrawn, period—there shouldn't be anything about it.

And if you want to fix long-term care, here's how you do it. I'll help you out again. PSWs—full-time jobs, paid properly, with pensions and benefits. Make it a job that they can be proud of—not only going to work, but they're getting paid more than somebody at Home Depot.

Hon. Natalia Kusendova-Bashta: Was there a question in there?

Mr. Wayne Gates: Nope.

Interjection.

Mr. Wayne Gates: Will you do it? There you go. Will you do it?

And get back to me on the issue around those Mississauga retirement homes. It's absolutely disgusting. Some have been there for 30 years—

The Chair (Mr. Steve Clark): Thanks very much, MPP Gates.

This concludes the committee's consideration of estimates of the Ministry of Long-Term Care. Standing order 69 requires that I, as Chair, put without notice, amendment or debate every question necessary to dispose of the estimates. Are members ready to vote?

Shall vote 4501, ministry administration program, carry? All those in favour? Opposed, if any? Carried.

Shall vote 4502, long-term-care homes program, carry? All those in favour? Opposed? Carried.

Shall the 2024-25 estimates of the Ministry of Long-Term Care carry? All those in favour? Opposed? Carried.

Shall the Chair report the 2024-25 estimates of the Ministry of Long-Term Care to the House?

Mr. Wayne Gates: Chair, a question?

The Chair (Mr. Steve Clark): Yes?

Mr. Wayne Gates: Is there any discussion on any of these or no?

The Chair (Mr. Steve Clark): No. No discussion.

All those in favour? Opposed? Motion carried.

This concludes our consideration of the estimates of the Ministry of Long-Term Care.

I'd like to thank Minister Kusendova-Bashta and Deputy Thomson and all of the ministry staff for appearing today. We really appreciate it.

There being no further business, the committee stands adjourned until October 7, 2024, when we will consider the 2024-25 estimates of the ministry of seniors and the Ministry of Colleges and Universities.

The committee adjourned at 1707.

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