

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

E-34

**Journal
des débats
(Hansard)**

E-34

**Standing Committee on
Estimates**

Ministry of Natural Resources
and Forestry

Ministry of Long-Term Care

1st Session
42nd Parliament

Thursday 27 May 2021

**Comité permanent des
budgets des dépenses**

Ministère des Richesses
naturelles et des Forêts

Ministère des Soins
de longue durée

1^{re} session
42^e législature

Jeudi 27 mai 2021

Chair: Peter Tabuns
Clerk: Thushitha Kobikrishna

Président : Peter Tabuns
Greffière : Thushitha Kobikrishna

Hansard on the Internet

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

<https://www.ola.org/>

Index inquiries

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

Le Journal des débats sur Internet

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

Renseignements sur l'index

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

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



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

CONTENTS

Thursday 27 May 2021

Ministry of Natural Resources and Forestry.....	E-723
Ms. Amanda Holmes	
Hon. John Yakabuski	
Ms. Monique Rolf von den Baumen-Clark	
Mr. Craig Brown	
Ms. Jennifer Barton	
Ms. Tracey Mill	
Mr. Sean Maguire	
Ministry of Long-Term Care	E-743
Hon. Merrilee Fullerton	
Mr. Richard Steele	
Ms. Sheila Bristo	
Ms. Janet Hope	
Mr. Brian Pollard	

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON ESTIMATES

COMITÉ PERMANENT DES BUDGETS DES DÉPENSES

Thursday 27 May 2021

Jeudi 27 mai 2021

The committee met at 0902 in room 151 and by video conference.

MINISTRY OF NATURAL RESOURCES AND FORESTRY

The Chair (Mr. Peter Tabuns): Good morning, everyone. We're going to resume consideration of vote 2101 of the estimates of the Ministry of Natural Resources and Forestry. There is now a total of two hours and 28 minutes remaining for the review of these estimates. Standing order 69(a)(i) allots 15 minutes to the independent member of the committee. They will have the opportunity to use this time today, if they wish.

When the committee adjourned yesterday, the government had 14 minutes and 48 seconds remaining.

Minister, you're there. That's wonderful; glad to see you.

I'm just going to say to all of you that Donna Skelly may be made of sterner stuff, but I'm going to take a break midway through the morning. These are very long sessions. I'm sure, Minister, you're in total agreement? Yes. We had this discussion last round.

MPP Skelly, I don't know how you did it. I'm impressed.

And I just wanted to say as well for members of the ministerial staff, if you haven't already been, always identify yourself when you start speaking so that there's clarity for Hansard.

And with that, I believe it goes to the government for the first round of questioning. Who will be leading government questioning? MPP Harris. Excellent. Sir, the floor is yours.

Mr. Mike Harris: So, Chair, if you would just stop time for a second. I thought we had finished up yesterday with the government side. Are we starting fresh with government questions today?

The Chair (Mr. Peter Tabuns): No, the record we have is 14 minutes and 48 seconds left with you.

Mr. Mike Harris: Okay. Does anyone remember where we left off yesterday? Amanda Holmes, were you finishing up the conversation? You'll have to—

Ms. Amanda Holmes: Hi. Good morning. It's Amanda Holmes, the CAO and assistant deputy minister of the corporate management and information division with the Ministry of Natural Resources and Forestry. I was just about finished my pieces and I do believe that we were

actually going to be ready for another question from yourself, MPP Harris, so I didn't have enough left to say that I will take any of the time this morning. Thank you.

Mr. Mike Harris: Not a problem. Very good. Thank you so much; I appreciate it. All right. Well, we'll jump back into something fresh, then.

Minister, one of the highlights in my mind that has come through the ministry over the last year is a lot of the updating of regulations that has happened in regard to fishing. I know that we've talked quite a bit over the last day and a half, two days here, about the economic impact of fishing and what it means to the province: Somewhere in the neighbourhood of \$1.7 billion directly to the GDP really helps a lot of rural areas, a lot of northern areas. There are a lot of folks from southern Ontario, as has been mentioned, on the hunting side of things that often will fill up the car with gas, they'll get groceries, they'll pick up bait and spend money at lodges up in northern Ontario.

But there are some great things, too, that have also happened for some of the more urban areas of the province, namely around carp fishing. Carp fishing, obviously, is something that is, I would say, in the grand scheme of things, fairly new to the province of Ontario. The carp population has really started to thrive here over the last probably 20 or so years. But we were really, I guess you could say, behind the times when it came to allowing people to use specific techniques to go ahead and catch these fish—techniques that have been used in parts of Europe, primarily, for decades.

There are new regulations that are being put in place that you announced not too long ago about being able to use three lines to fish for carp, so maybe an opportunity to discuss that a little bit more, about what it means, and maybe some of the differences between that style of angling versus what the rules and regulations are for, say, if you're going walleye fishing or bass fishing and only being able to use one line there versus two lines per person if you're trolling out in the Great Lakes—and then, of course, the three lines if you're carp fishing.

Hon. John Yakubuski: Well, thank you very much, PA Harris—

Interruption.

Hon. John Yakubuski: Why are we getting the feedback? Okay.

Thank you very much, PA Harris, for that question. That's a great topic for me to be speaking on because, I'll be perfectly honest with you, when I became the minister,

I wasn't even aware that there was a growing request or demand or appetite for some changes to our regulations around carp fishing.

I'll tell you, it was Angelo Viola of Fish'n Canada who—before the pandemic, I had been on his Sunday morning radio broadcast a number of times. He raised this issue with me and spoke to me about how they have these international tournaments, but in order to have—and it's massive for tourism as well. We're talking millions of dollars brought into economies. We have some great carp fishing here but you couldn't have an international tournament and attract them without changing the regulations.

So he brought that to my attention and I said, "Well, to me, it makes perfect sense." And then we find out that we don't even have the ability to make those changes unilaterally. We have to get authorization from the federal government, through Fisheries and Oceans Canada, in order to make those changes to the regulations. So it was quite a process to get this done, and then the pandemic, of course, slowed things down.

I was very pleased when the federal government agreed that this made perfect sense for this specific species of fish. We were able to then make the regulations that allowed this to happen. Originally, we were hoping that we could have one of these international tournaments here in Ontario this year or next year. We're not sure now because the pandemic has slowed things down, but it will be. We will have our turn in the very near future. It's something I'm looking forward to.

I want, quite frankly, to publicly thank Angelo Viola for taking the initiative on this and bringing it to my attention. And I want to thank our department for doing all of the necessary work to allow this to happen.

But then that's why I'm going to turn this over to Deputy Minister Monique Rolf von den Baumen-Clark, who will give more details, not only on the change affecting carp fishing, but some other initiatives that we've taken under this ministry as well. So thank you very much for the question.

You'll have to leave me unmuted, yes. That's the new system here. Thank you.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. Deputy Minister Monique Rolf von den Baumen-Clark, Ministry of Natural Resources and Forestry.

As the minister mentioned, we're happy to provide some additional information about the process we went through to develop a new policy to allow for multi-line carp fishing and provide some additional information for everyone.

0910

I'm going to ask Craig Brown, our ADM of the policy division, to provide that additional information.

Mr. Craig Brown: Thank you very much, and good morning, everyone. I'm Craig Brown, the assistant deputy minister of policy at the Ministry of Natural Resources and Forestry. I'd like to talk about the process that we went through to develop the new policy to allow for multi-line carp fishing.

As a bit of background too for those who might not know, common carp were introduced to North America from Europe over 100 years ago. Their ability to adapt to a range of environments, as well as their ability to thrive in shallow warm water lakes and rivers, has allowed them to establish abundant populations across much of southern Ontario, and while they're not a native species, they are considered a naturalized species. They are big fish. They grow to 15 to 20 kilograms. Their abundance provides excellent fishing opportunities for anglers in Ontario.

Back in the summer of 2019, the ministry posted a proposed amendment to the Ontario Fishery Regulations on the Environmental Registry of Ontario and the proposal was to allow for the use of multiple lines when fishing for common carp. To provide some more context, at the time anglers in Ontario were limited to the use of a single line unless fishing from a boat in parts of the Great Lakes or through the ice. Where multiple lines were permitted, they could be used to target any species with an open season. Anglers and stakeholders had been asking for the use of multiple lines for common carp to be permitted to make Ontario regulations more consistent with other jurisdictions and to allow anglers to have greater success when fishing for common carp in Ontario.

The proposal we posted didn't specify a number of lines. The intent was that the number of lines would be informed by feedback received from the Environmental Registry posting. We encouraged anglers, stakeholders and Indigenous communities and organizations to review the Environmental Registry posting and submit comments by email. Specifically, we were interested in feedback in five areas: first, the areas where multiple lines should be permitted for common carp; second, the maximum number of lines that an angler should be permitted to use when angling for common carp; third, the maximum distance than an angler could be from their lines and/or the maximum distance between lines; fourth, the types of bait that are permitted when fishing for common carp; and fifth, whether using multiple lines for common carp should be permitted when fishing from shore, from a boat, or both.

The proposal was to allow for the use of multiple lines when fishing from shore or a boat for common carp in southern and central Ontario, and for the anglers who would know, specifically, fisheries management zones 12 to 20. These were the zones that currently offer reasonable fishing opportunities for common carp.

Based on previous discussions with anglers and stakeholders regarding the use of multiple lines, we had identified the potential for increased harvest mortality of sport fish species and increased crowding as potential risks associated with the use of multiple lines. The ministry evaluated several other options to address ecological and social concerns associated with using multiple lines.

Many of these concerns can be mitigated by inclusion of the following conditions on the use of the multiple lines: first, to reduce the risk of catching non-target species, by restricting the baits and lures anglers can use when fishing with multiple lines to those most commonly used when fishing for common carp. Organic baits, commonly called

dough balls, would be permitted, but the use of artificial lures, artificial flies, dead fish, bait fish, leeches, frogs, crayfish, worms and roe would be prohibited. These restrictions only apply when fishing with multiple lines. It would not impact anglers fishing with a single line for common carp or, for that matter, any other species.

Second, to reduce the risk of crowding by requiring anglers to remain near their lines and/or restrict the maximum distance between lines: These conditions reduce the footprint occupied by individual anglers. These restrictions apply to all lines being used by an angler when fishing with multiple lines. I should also note that no changes were proposed for anglers fishing with a single line or to existing multiple-line regulations through the ice or on the Great Lakes from a boat.

Just recently, this past February, the new rules for fishing for common carp were announced. In order to use more than one line, anglers must meet all the following conditions: Anglers must use baits that are plant-based or in artificial form; when fishing from shore, each line being used can be no further than two metres from another line the angler is using; and when fishing from a vessel, all lines must be on board the vessel with the angler. These conditions are intended to lower the risk of catching non-target species and reduce crowding of popular shore fishing locations.

These changes to rules for common carp fishing have had a number of benefits. Ontario is home to a healthy and sustainable carp population. You heard both the parliamentary assistant and the minister make that point—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Mr. Craig Brown: Thank you. There are excellent carp fishing opportunities, and these changes offer people the chance to experience sustainable multi-line carp fishing.

The use of multiple lines also makes Ontario regulations more consistent with other jurisdictions. As both the parliamentary assistant and the minister mentioned, offering more angling opportunities means opening Ontario's fishing and tourism industries for business, certainly when it's safe to do so. For example, it makes Ontario an attractive destination for competitive fishing events, like the World Carp Classic tournament.

I think that answers the question; I hope that answers the question.

The Chair (Mr. Peter Tabuns): Thank you. You have about 40 seconds left, MPP Harris.

Mr. Mike Harris: I think that will finish it off. Thank you very much, ADM Brown—very insightful. I appreciate it.

The Chair (Mr. Peter Tabuns): Okay. With that, then, we will go to the opposition. You have 20 minutes. MPP Monteith-Farrell.

Ms. Judith Monteith-Farrell: Good morning, everyone. Glad to get back at 'er. I have so many questions and so little time. Our time is running out.

This past year, I've received an unprecedented amount of mail and email about the logging operations in Algonquin Provincial Park. I would like to hear the ministry's

thoughts about how they are going to work with MECP to ensure that there is protection of recreation and the environment, but also what the impact of the logging is going to be in Algonquin Park.

Hon. John Yakabuski: Thank you very much, MPP Monteith-Farrell, and good morning to you in Thunder Bay. No thunderstorms today?

Ms. Judith Monteith-Farrell: No thunderstorms.

Hon. John Yakabuski: That's good.

That's a great question, and one that I'm always pleased to answer. Each and every year, quite frankly, there are some people who actually discover that logging is going on in Algonquin Park. Harvesting has been going on there since long before there was an Algonquin Park on that landscape.

It's interesting. I came across some information not that long ago, actually from the brother of Sean Conway, the former MPP, a kind of heads-up that what we call the Station Keepers in Barry's Bay—he's always got some historical tidbits in his weekly newsletter. It talked about the original charter for Algonquin Park ensuring that the only way that the park would be established was to ensure that the sustainable—they didn't use the word then—forestry operations would continue and would be grandfathered, so to speak, as part of the formation of the park. And I'm not suggesting that, in the early years, they were following the practices that we follow today, but we have the most rigorous sustainable forestry standards anywhere in the world when it comes to harvesting in Algonquin Park.

0920

I don't know if you've had the opportunity to fly over Algonquin Park, MPP Monteith-Farrell, but I have on a number of occasions and I'm going to tell you, you have to look around to find evidence of harvesting, because only a very small portion of the park—maybe around 2% of the available area—is harvested in any particular year. It is managed extremely well.

In fact, I worked in Algonquin Park as a canoe ranger in 1976. I shouldn't say that; it dates myself here. In my entire summer when part of the job was to mow the trails and the portages, keep them passable and clear—I was in the interior. We weren't futzing around the campsites on Highway 60; we were in the interior doing the backwoods stuff so that the canoers and such would have clear passage. We had to maintain campsites, because there are a number of campsites listed throughout all of the hiking trails and that kind of stuff. So we were around in the interior. In my entire summer there, the only time I ever saw any evidence of forestry was when I was coming to and from my station in the park and I would see some logging trucks on Highway 60. Other than that—that's the only evidence I saw, because it's so well-managed.

At the time, in the 1960s, 1970s and into the 1980s, my father was the MPP for Renfrew South—that covers some of the area that is currently Renfrew-Nipissing-Pembroke. And that debate raged at that time, as well. The fact is that it has continued through all that time and there is no evidence of any stress on the ecosystem in the park

as the result of forestry because it's so well-managed that the health, the age, the quality of the trees has been maintained at the highest possible level.

Quite frankly, it's all done very systematically to make sure that the impact on tourism is minimized to the greatest degree. Even the establishment of the roads, which quite frankly have been a tremendous benefit, for example, to our forest firefighters, our wildland firefighters—first of all our trees are healthier, because they're not allowed to degenerate to a condition where they become higher fire risks. And you have to remember, when you've got a place like Algonquin Park where there are hundreds of thousands of visitors, the risk of fires is actually greater, not less, because more human interaction, more humans being there and staying there, that's only going to increase—if you're in the park, you're camping, there's a good chance you're going to be having a campfire or something even to cook, if you're in there for a number of days, if you're fishing and the like.

So the opportunity for fires to start is greater in a forest that's not managed because the trees become more susceptible to fire, particularly if there's a pestilence that has made them unhealthy and more susceptible, as they say. All of those practices have actually made the park a healthier place. To the part of where you say you're getting unprecedented emails: From time to time, because there will be a movement—for example, the former Environmental Commissioner brought forth—when I say former, I'm going back a couple because I remember having quite a discussion with former Environmental Commissioner Gord Miller when he came out with part of his annual report suggesting working immediately to start to begin the phase-out of forestry operations in Algonquin Park. I had quite a discussion with him. My father was having those same discussions 50 years ago with those who would like to see the practice ended.

As I was saying, I was having those discussions with the Environmental Commissioner at that time. Every so often there will be something that alerts people to the reality of how we manage Algonquin Park, and that can lead to an increase in, a spate of emails and communications because they've been spurred on by someone who is taking that position, and we get that. We understand it. Quite frankly, I haven't read your emails. I don't have access to that. Did you realize that? I've been trying to get it.

But many of those people who will be writing those emails have never been to Algonquin Park; have never set foot in Algonquin Park; do not know, have never seen any evidence of forestry operations; and are not aware of the practices that are taking place. They are basing all of their involvement on the words of someone who is opposed to the practice. I'm not saying that's the case with all of them, but I receive them too, and we're quite aware of how these lobbies, when they get fired up, work. That's their complete right in a democracy, and I'll defend that right, but I'll also stand up and speak about the positive aspects and impacts of forestry in Algonquin Park.

I'm going to turn this over now to Deputy Minister Monique Rolf von den Baumen-Clark, and I'm sure she may want to have ADM Sean Maguire speak to this issue

as well. Thank you very much for the question, MPP Monteith-Farrell.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. I'll actually have Jennifer Barton speak to you on forestry in Algonquin Park. Forest management is absolutely a top priority for us across the province, and particularly as well in Algonquin Park.

Just before I do pass it over, MPP Monteith-Farrell, I know you asked a question yesterday about revenue from fines. We do have that information today, so we'd be happy to share that with you if you'd like.

Ms. Judith Monteith-Farrell: Yes. That would be great.

Hon. John Yakabuski: And my apologies, Jennifer.

Ms. Monique Rolf von den Baumen-Clark: Jennifer Barton, our ADM of regional operations division: I'll pass it over to her. Thank you.

Ms. Jennifer Barton: I was going to say, Minister, I'm no Sean Maguire, but I do love Algonquin Park.

Jennifer Barton, regional operations division, assistant deputy minister with the Ministry of Natural Resources and Forestry. Thank you, MPP Monteith-Farrell, for the question. You could hear obviously the minister's passion about that part of the province, but if it's okay with you, I'll just offer a few more details in terms of the relationship between MECP and MNRF in terms of managing the work that's going on there.

As the minister mentioned, the ministry is committed to maintaining ecological integrity in Algonquin Park through implementing the forest management planning process and regulating these activities under the Crown Forest Sustainability Act. Timber may be harvested for commercial purposes in Algonquin Provincial Park in accordance with the Provincial Parks and Conservation Reserves Act, the Algonquin Forestry Authority Act and the Algonquin Provincial Park Management Plan and plan amendment, and the Crown Forest Sustainability Act.

0930

As you mentioned, MECP is the lead responsible for the Provincial Parks and Conservation Reserves Act. A MNRF-MECP forestry agreement was created in 2009, which provides clarity on the roles, responsibilities, accountabilities and approval authorities of each ministry as they relate to forest management planning in Algonquin Park.

The Algonquin Forestry Authority is the crown agency responsible for the park's sustainable forest management activities. The AFA prepares a detailed forest management plan to guide the forest management activities in the park. The plan follows strict laws, regulations and guidelines to ensure that the park's forests are protected into the future. MNRF, as the project manager, works collaboratively with the Algonquin Forestry Authority in developing the forest management plan and leads its review and approval.

Forest management planning is a rigorous process, which includes stakeholder, public and Indigenous community input and involvement, as well as consideration of the broader Algonquin Provincial Park Management Plan. The broader Algonquin Provincial Park Management Plan

provides direction for forestry and includes extensive consideration of wildlife values, biodiversity and ecosystem management. This direction must be followed and incorporated into the forest management plan.

Algonquin Provincial Park's forest operation supports at least 2,800 jobs within the region and contributes about \$110 million to Ontario's economy each year. In addition, the wood supply has primarily supported \$13 million in surrounding communities. Forest management has been ongoing in what is now Algonquin Provincial Park for almost two centuries. The Algonquins of Ontario and other Indigenous communities participate as members of the forest management planning team.

Current harvest rates within Algonquin Provincial Park are less than 1% of the entire park, which is approximately 6,000 hectares annually; 63.9% of the park is within the recreation utilization zone, where harvesting is permitted, although not all of the area is suitable for harvest and some is set aside as reserves to protect other natural or cultural values as part of the forest management planning process. Approximately 2.8% of the recreation utilization zone can be sustainably logged each year, the equivalent of approximately 1.7% of the entire park. Given recent harvesting rates, the actual harvest levels have been below 1.3% of the recreation utilization zone and less than 1% of the park.

MNR is currently involved in developing the 2021 to 2031 forest management plan for the Algonquin Park forest. As per the terms of the agreement between the two ministries, Ontario Parks staff are part of the planning team. Ontario Parks has a primary role in integrating any requirements of the Algonquin Park management plan into the forest management plan.

So that basically sums up, MPP Monteith-Farrell, the relationship between MECP and MNR in terms of managing the activities in the park.

Ms. Judith Monteith-Farrell: There's another area that there were questions about, and so I will ask that. Will the ministry be extending protection from logging or claim-staking in the Derby Lake Wilderness Area, Sankey Township Nature Reserve Wilderness Area and the Eighteen Mile Island Wilderness Area?

Hon. John Yakabuski: Yes, can you—my phone went wonky. I couldn't get it to stop doing something, so I had to get it out of the room here. Could you possibly repeat the question?

Ms. Judith Monteith-Farrell: Sure. It's a pretty straightforward one. Will the ministry be extending protection from logging or claim-staking to the Derby Lake Wilderness Area, Sankey Township Nature Reserve Wilderness Area and the Eighteen Mile Island Wilderness Area?

Hon. John Yakabuski: Well, I don't think that would be a question we would be answering at estimates. That would be a matter for us to be discussing at the ministry level. I appreciate the question, but that's a very specific question, and I don't think it would be appropriate for me to be answering that at estimates unless we've already made a determination on it, and I have not had that discussion with the department. So I think we will have to move on beyond that, MPP Monteith-Farrell.

Ms. Judith Monteith-Farrell: Is there anyone who is on the call that has—

Hon. John Yakabuski: No, [inaudible].

Ms. Judith Monteith-Farrell: No. All right, so I can follow up with you with a direct inquiry about that?

Hon. John Yakabuski: Yes.

Ms. Judith Monteith-Farrell: All right.

The other questions I have—there are many, like I said. One that I'm very interested in is that the MNR delivers provincial forest access roads funding in a program. It's the Provincial Forest Access Roads Funding Program. It has benefits and also some critics. Can I get an overview of the state of that program, what the spending is like and where we are going with it this year?

The Chair (Mr. Peter Tabuns): You have two minutes left.

Hon. John Yakabuski: Yes, absolutely, and we can continue that in the next round, if you'd like. We have a forest access roads funding program that assists the operators in our forests with maintaining roads that, quite frankly, are not their roads exclusively. Whenever a road is built or repaired or maintained in order to continue with logging operations in any part of the area of the undertaking in the north or any part of the rest of Ontario, those roads become public access roads, which are used by firefighters, by recreationalists, by hunters and fishers. So they become access for anyone, which has been lauded repeatedly by nature lovers across the province because it gives them access to areas that they wouldn't otherwise have access to.

It's a program we're very proud of maintaining and continuing. If you have any more questions on it—I know a couple of minutes is not going to be enough, because I know you want some specifics with regard to numbers and things like that. So in the next session, if you want to continue down that road, so to speak, we'll be more than happy to get you the information that is necessary. I don't think we want to start getting into the numbers because we're not going to get very far in this little minute or so we have left. But at that point, if it comes back to me, we'll make sure that it is directed to the appropriate member of the ministry staff.

Ms. Judith Monteith-Farrell: All right.

The Chair (Mr. Peter Tabuns): Okay. And with that, we're out of time.

Just before we go to government questions, just a reminder to everyone to turn off audio notifications on your computers and phones, because you never know when someone wants to get in touch with you.

We'll go, then, to government. Who will be taking the lead? MPP Skelly, the floor is yours.

Ms. Donna Skelly: Good morning again, everyone. Good morning, Minister. Minister, I was just looking at some of the most recent news articles in Hamilton, and if I may, they're talking once again about an outbreak of rabies. One particular news story from this month, actually, involves a rabid bat biting a person, and I'm really surprised that we're still talking about that.

Can you share the government's strategy in handling rabies and perhaps all of the amount of work that goes into helping people understand that it still exists and that we have to be careful when we have our pets and ourselves out of doors? What are we doing to combat the rabies spread in Ontario or, if indeed there is one, outbreaks in Ontario? And what kind of public information campaign has the government introduced?

Hon. John Yakabuski: Thank you very much, MPP Skelly, for that question. Absolutely, we have a very successful anti-rabies program here in the province of Ontario, which has resulted in minimal outbreaks over the more recent years. Our program is largely responsible for that, as well as the public's buy-in and an understanding of the reality of rabies and reporting if there is an animal that appears to be not right so we can deal with those kinds of things as well. But it is an ongoing strategy and there have been outbreaks over the years, of which we've taken steps to eliminate the spread at those times.

0940

I'm not sure what the science is; I don't know that we'll ever eliminate rabies, because it doesn't really start with us, but we'll be able to get more information on that from one of our officials—some of the details of the program and how successful it's been, the challenges perhaps that we've had at different times in Ontario. We'll be able to get more on that for you from our senior officials here.

I will pass it over to Deputy Minister Monique Rolf von den Baumen-Clarke who will then get you that information. Thank you very much for the question.

Ms. Donna Skelly: Thank you.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister.

Yes, we'd be pleased to provide some further information on our rabies monitoring program. We can talk a little bit more about what it is and how we've been effectively controlling it, and what the future is of how we will continue to manage it.

So, I'm pleased to have Tracey Mill, ADM of provincial services division, provide that additional information.

Hon. John Yakabuski: And I'm going to see if I can fix my phone. I'll be back.

Ms. Tracey Mill: Thank you very much. Good morning. It's Tracey Mill, assistant deputy minister for the provincial services division, Ministry of Natural Resources and Forestry.

Thank you, MPP Skelly, for that question. I would like to provide a little bit of detail about rabies, and I'll try to also address the issue that you raised regarding bat rabies with a little bit more detail there and, as the deputy alluded to, a bit more about our monitoring and control program.

Rabies is caused by a virus that can infect any mammal, including humans. Luckily, birds, reptiles, amphibians and fish do not get rabies. In affected mammals, the virus is found in the saliva and can be transmitted through three main ways: any bites that break the skin; getting the infected saliva in an open cut or wound; and/or getting infected saliva in the mouth, eyes or nose. Animals in the wild that most often transmit rabies in Ontario are bats,

foxes, skunks and raccoons, and once the signs of rabies appear in any animal, the disease is virtually always fatal. As you probably know, a series of vaccinations and treatments with the rabies antibody can prevent infection in humans in most cases, if it's administered soon enough after exposure.

The most common carriers of rabies in Ontario are raccoons. Last year in Ontario, we identified three rabid raccoons in southwestern Ontario. Bats: Last year, 39 rabid bats were reported in Ontario. Skunks: Seven rabid skunks were detected in southwestern Ontario in 2020. Foxes: I'm pleased to say that there were no cases of rabid fox in Ontario last year.

There are a number of other mammals that can and have been detected with rabies in Ontario, including beaver, black bear, fisher, groundhog, mink, muskrat, otter and weasel. Coyotes, wolves and possums can also contract the disease, but they're rarely infected in Ontario, which is also some good news.

There are three major strains of rabies that can be found in Ontario—fox, raccoon and bat—and any of these strains can appear in other species. For example, it's possible for a fox to have raccoon-strain rabies or a raccoon to have bat-strain rabies.

The ONRAB vaccine which is used in Ontario is effective at protecting and vaccinating wildlife for both raccoon- and fox-strain rabies, and the efficacy of the ONRAB vaccine has not been assessed in bats. I'll talk just a little bit about bat rabies, since you raised it.

Bat-strain rabies cases are not related to fox- or raccoon-strain rabies, nor can they be addressed in terms of the ministry's vaccine baiting efforts. It is uncommon for bat-strain rabies to occur in any other species. Historically, there has only been approximately one case each year of a terrestrial mammal that has been infected by the bat-strain rabies. Bats, however, are a common carrier of the rabies virus in Ontario, and the bat-strain rabies can persist at low levels across the province.

Fewer than 2% of all bats that have been submitted for testing for rabies have actually been noted as having the virus. In 2020, as I mentioned, 39 bats were confirmed to have rabies. There has been some evidence of other animals contracting the bat strain. Skunk is one of the commoner ones, because they're known to scavenge on bats, but they're also considered what we call "dead-end hosts." In other words, they can't pass on the bat-strain rabies.

There's no efficient way, as you can imagine, to actually vaccinate bats, because they feed on insects. Unlike other animals that we can bait for, we're not able to do that with bats. Although the percentage of rabid bats is low, any physical encounter with a bat should be considered for rabies unless the bat is actually captured and can be shown not to have been carrying the virus. They are animals that have small, needle-like teeth and claws, and so that's why any encounter with them, even a small scratch, is something that a human should consult with the public health unit about, in order to determine whether they should be treated for a potential exposure.

Working in conjunction with the public health units, OMAFRA and our rabies team here in the ministry, we do have public education in terms of how individuals can bat-proof their home and how they can protect themselves in any potential encounter with bats.

Just turning back a little bit more generally to rabies and the monitoring and control program that we have here in the ministry: If wildlife do get infected with rabies, as I mentioned, typically they will die within a few days of the signs of the disease actually appearing. It is possible that it could take several days to many months for the signs of rabies to actually materialize in an animal, and the virus can be transmitted through saliva up to 10 days before the signs appear.

The most recent outbreak of raccoon rabies in Ontario did start in 2015, which is the first time that it had been detected in Ontario in over a decade. Since December 2015, there have been 504 cases of terrestrial rabies detected in southern Ontario. In response to this outbreak, the ministry began to move into what we call the control mode of our rabies program, so we have been distributing baits and vaccinating animals. We distributed over six million of the oral rabies vaccine baits, and we've tested more than 20,000 wildlife samples.

We control rabies in wildlife by dropping bait that contains a vaccine in urban, forested and agricultural areas. When the baits are dropped, foxes, raccoons and skunks will eat them in the area. We focus our baiting activities in areas where rabies has been detected both in the current period and in the previous year.

This aggressive action has been quite effective in containing that original outbreak to within 65 kilometres of the original case. The number of confirmed positive cases has dropped each year by about 50% since 2016, which is a testament to the vaccine program. In 2020, we detected nine cases of raccoon rabies in southwestern Ontario, in the Hamilton and Niagara area. In 2015, the fox-strain rabies was confirmed in Perth, Huron and Wellington counties, but there have been, as I mentioned, no cases of fox-strain rabies detected either in 2019 or in 2020.

Research has shown that if it is left unchecked, the rabies virus can spread at a rate of 50 kilometres per year, and so if we had not initiated our rabies control program, we could have seen rabies spreading beyond the Toronto and London area by the end of 2017 and past Barrie, Peterborough and Chatham by the end of 2018. As I said, it has been effective in keeping the virus, in terms of detection, in that 65 kilometres from its original outbreak area.

0950

The bait itself is a small packet. It's a green-looking packet that's filled with the rabies vaccine. It can be absorbed through the lining of the mouth, and animals are immunized against rabies about two weeks after they have either swallowed or chewed on the vaccine bait. There's currently only one type of vaccine used in Ontario—it is the ONRAB vaccine—and it's used, again, for both the fox-strain and raccoon-strain rabies.

I will say that this vaccine was developed by MNRF and another company called Microbix in Ontario. We're proud that this vaccine has been developed here in Ontario. The ministry then partnered with another Ontario company known as Artemis, in Guelph. They manufacture the vaccine and the bait that the vaccine is contained in. This vaccine is used throughout Ontario and many of the border states in the United States to aid us with our control program, and it's also used across a number of other jurisdictions internationally. The baits are distributed both by hand as well as by helicopter in some of the more urban areas and in the forested and rural areas by helicopter and by plane. I think the minister had the opportunity to participate in one of our bait drops in the last year or so.

To control and eliminate the raccoon-strain rabies in Ontario, the province's oral baiting program for wildlife will continue this year. Both last year and this year, we had taken some additional measures to protect our staff in the context of the pandemic and also to reassure the public that when our staff are out there—in urban areas, they are placing some of these vaccine baits in people's backyards. We would normally knock on people's doors to get permission to do that. Recognizing the pandemic, we were distributing flyers in advance so that there was no physical contact, and all our staff was following appropriate physical distancing and PPE in order to keep themselves safe and the public safe while still being able to administer this important rabies vaccine program.

This year, we'll also be live-trapping and vaccinating: we trap, we vaccinate through an injection and release the raccoons and skunks. This will occur in Hamilton and St. Catharines in the July to October period, and additional baiting in the Niagara and St. Lawrence areas. This year, we're intending to distribute approximately 950,000 baits across southern Ontario, as I say, including Niagara, Hamilton, Kitchener, Brantford and surrounding areas. We'll begin both by hand and by aircraft later in August.

The Chair (Mr. Peter Tabuns): Excuse me one second. I have MPP Skelly indicating she wants to ask a question.

Ms. Tracey Mill: Oh, sorry.

Ms. Donna Skelly: Thank you so much, Mr. Chair.

I'm so fascinated by this. You may not be able to answer this question, but you're trapping a skunk to vaccinate—please explain.

Ms. Tracey Mill: Very carefully. I think, predominantly, we trap raccoons, but I'm sure my staff will send me an email shortly telling me how it is that they manage to do this without finding themselves with—whatever—a nose plug over their nose in order to deal with the skunks. Yes, that is part of our program. It is an effective way of testing at the same time as vaccinating. I'll get you some more detail on that probably shortly.

Would you like me to continue in terms of some of the costs associated with the program?

Ms. Donna Skelly: Yes, please.

Ms. Tracey Mill: Sure. The cost of MNRF's rabies elimination program since the outbreak in 2015 has been almost \$21 million. I will say that research has shown that

the cost of dealing with the health and the domestic animals—because, of course, the rabies vaccine can be transmitted over to domestic animals like livestock. Our research shows that if we were having to deal with health care issues or livestock issues with rabies, we could be looking at anywhere between \$8 million and \$12 million dollars annually. So the investment in actually trying to control and eliminate rabies in wildlife is effective and efficient.

These annual costs would include things like the actual purchase of the rabies vaccine itself; the use of the aircraft; obviously, our staff; and our research projects, such as testing the efficacy of the vaccine. We do want to make sure that it continues to be an effective way of controlling the disease, so we do periodically test for its efficacy. We also, obviously, conduct rabies testing and surveillance, and we have labs in the ministry to continue to test.

Enhanced monitoring for cases will continue two years after the last case of rabies is detected. That's one of the requirements—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Ms. Tracey Mill: Thank you. In terms of health documentation, we have to have two years free of rabies cases. After that period of time—

Ms. Donna Skelly: Tracey, I'm just going to interrupt for a minute, and I hate to do this, but I have a couple of questions about the rabies pellets. I know we use them quite effectively in the Hamilton area when we've had a couple of outbreaks over the course of the past, actually, five or 10 years. Are they safe if a domestic pet, a cat or a dog, consumes them?

I want you to talk a little bit about livestock as well. I would never have expected livestock to possibly contract rabies. You suggested that is possible as well. I know we've only got two minutes left, so I wanted you to answer those, if you don't mind.

Ms. Tracey Mill: Yes, so the rabies baits are safe, although we still do recommend that if a dog, for example, were to find one of the baits—and same thing if somebody handles it, like if somebody finds it in their backyard and picks it up, it is safe. On the actual packet itself, there is a 1-800 number that the public can call in order to get information. We do recommend still that if a domestic dog were to chew on it, just to consult your vet. But it is safe.

Also, people shouldn't think that that is sufficient to actually vaccinate a dog. You still need to get your veterinarian to do that on a regular basis. But again, there is that number that people can call in order to address the situation.

Yes, it is possible, as I said at the beginning, that any mammal can contract rabies. That's why we do vaccinate other domestic animals. I'm a horse owner myself. My horse is—

The Chair (Mr. Peter Tabuns): With that, I'm sorry to say that you're out of time.

Before we go to the official opposition for their round, I see MPP Cuzzetto has joined us. MPP Cuzzetto, if you

would confirm your identity and your location in Ontario, please.

Mr. Rudy Cuzzetto: Thank you, Chair. It's MPP Rudy Cuzzetto and I'm here in Port Credit.

The Chair (Mr. Peter Tabuns): Thank you so much, sir.

MPP Monteith-Farrell, the floor is yours. You have 20 minutes.

Ms. Judith Monteith-Farrell: All right. Thank you, Chair. MNRF delivers the forest access roads funding program, which is the mechanism Ontario uses to reimburse the industry for government's proportional fair share of the costs to build and maintain public access roads in crown forests. Forest access roads benefit not only the forest industry but also mining companies, tourism operators, Indigenous communities, utility and railway companies, hunters, anglers, campers, trappers, cottagers and the general public. These roads also provide part of the rural infrastructure for emergency preparedness and response.

To support the forest industry through the COVID-19 pandemic, the ministry advanced implementation of the 2020-21 Provincial Forest Access Roads Funding Program to enable companies to receive funding months earlier than usual. Could I get an overview of how much money was spent, actually? I believe the number is \$53.2 million. And what are the expected expenditures for next year?

1000

Hon. John Yakabuski: Thank you very much again, MPP Monteith-Farrell. You have certainly, in the context of your question, indicated the scope and the value of the forest access roads program that we're so proud of, because it accomplishes so much for so many in having access to the forest through those roads. Some people may think of it as being only a forestry program. The work is done by the forestry companies, but the reality is that the benefits are felt by everyone.

I think, on the basis of some of the details, I will pass this over to Deputy Minister Monique Rolf von den Baumen-Clark, who will pass it over to the ADM. Thank you very much for the question.

Ms. Monique Rolf von den Baumen-Clark: Sean Maguire, our ADM of forestry industry division, would be happy to share some additional information on the program.

Mr. Sean Maguire: Thank you, Deputy, and thank you for the question. I'm Sean Maguire, ADM of forest industry division, Ministry of Natural Resources and Forestry, and I'm definitely happy to respond on the roads program.

I guess to start with, the program was introduced in 2005, and it's the mechanism that Ontario uses to reimburse the industry for government's proportional fair share of the cost to build and maintain public access roads in crown forests.

For fiscal 2021-22, we are providing close to \$54 million to invest in construction and maintenance of forest

roads. Similar to last year, we are going to expedite implementation of the program to allow for costs incurred to be reimbursed two to three months earlier as compared to previous years. This was done last year, and it's being done to provide continued cash flow support to the forest industry due to the COVID-19 pandemic. Expediting the program last year resulted in about \$8 million being reimbursed by the end of August as opposed to less than \$200,000 being reimbursed during the previous two years for the same period of time. So the money went out faster but not more money went out.

In direct answer to your question, we spend the entire budget every single year. Last year, we advanced the almost \$54 million, and we expect to spend and advance the \$54 million again this year. The timing just really benefits the industry by getting it into their hands faster so they're able to keep their contractors paid and keep wood moving.

In addition to the forest industry, the road network is used by mining companies, tourist operators, Indigenous communities, utility and railway companies, hunters and anglers, campers, trappers, cottagers and just the general public. As well, it's also important to note that the roads are there for emergency preparedness and response.

Responsibility for road construction and monitoring rests with SFL holders. Those are the licence holders who manage the crown forests on the behalf of the crown through our licensing structure. Generally, the licences are in the form of a sustainable forest licence. There are some that are subbed out to forest resource licences, which is a smaller licence and more oriented towards harvesting, but they can administer the road program on our behalf. All of the operations of the roads program are operated under the provisions of the forest management plan, so sustainability and all the conditions and priorities for environmental protection are built right into the program.

Ownership of road infrastructure remains with the crown. That's a key element, that while we're putting the money out, we are retaining the benefit.

Maybe I'll just go into the industry side of it a bit. Just for perspective, Ontario's forest sector provides nearly \$18 billion in annual revenues, exports of \$6.5 billion annually. They contribute \$4.3 billion to the provincial GDP and they provide 143,000 jobs. So it is a key sector in Ontario that the roads program is supporting.

The program, as our other programs do, operates on a reimbursement basis. I think it is important to note that the industry spending on the road construction in general and maintenance has historically exceeded program funding, so regardless of how big a roads program we've put out, the industry has always ended up spending more than that. They're going out of pocket on the road maintenance and construction beyond what we're reimbursing.

Let's see. Just a point: In May 2020, so just as we were absorbing the COVID-19 pandemic, the Ontario Forest Industries Association and the forest industry reiterated their point, at stakeholder engagement sessions aimed at developing the COVID-19 recovery plan, that they fully support the program, and they continue to be vocal about

the importance of stable long-term funding to support long-term strategic planning in our roads networks. Industry has also stated that the additional funding is needed to stimulate northern and rural infrastructure, provide liquidity to small businesses and contractors, and ensure that this is a key component of the integrated sector and that we continue to provide that support.

The industry has also been citing the increased costs of road building and maintenance across the growing crown network. So as we build more roads, there is more to maintain and more to monitor. They note a backlog of public infrastructure work needed since the previous industry downturn and 15 years of inflationary pressures on road construction costs as a rationale for, at the minimum, a maintenance for this funding.

I guess I would wrap it up and be happy to answer any further questions you have, but I'd just like to make a point that stable long-term annual funding supports continued investment in public road infrastructure in Ontario's crown forests, which is critical for Ontarians and the forest sector.

Ms. Judith Monteith-Farrell: You mentioned that these road plans are part of the forest management plans of the industry and of the managers of the area and that we know that most forest management plans now are a 10-year road map of what is going to be happening in that area. Is the road plan monitored, to see that they actually do what they say they're going to do?

Mr. Sean Maguire: I wouldn't paint myself as an expert on the forest management planning process, but I would say that the roads plan is not monitored to say that they do everything that is in the plan, because the plan actually has some flexibility built into it. It's more monitored to make sure that they don't do things outside the plan. In circumstances where there are changes—over 10 years, things change: markets change, circumstances change, communities change. When they have to adapt, there is a process for amending a forest management plan to make sure that the public has a chance to have input into any changes of the forest management plan. So any changes to the road network would fall into that process. It would go first through forest management planning and then through roads.

But as far as looking at the roads budget for this year and saying, "The forest management plan says that they're going to build over here," no. As long as they stay within the auspices of the 10-year plan, we're generally not concerned. Oh, and there is an annual work schedule type of system that they're doing reporting on, as well, to provide more timely feedback to communities.

Ms. Judith Monteith-Farrell: So there is annual reporting on "This is what we did" or "This is where we went"?

Mr. Sean Maguire: Yes: "This is where we plan to go."

Ms. Judith Monteith-Farrell: Great, thank you. That was very helpful.

Chair, how much time do I have left?

The Chair (Mr. Peter Tabuns): You have nine minutes left.

Ms. Judith Monteith-Farrell: Okay. I have a very long question. I asked this last year, and I received the response for this just recently. I'm sure it maybe took some time to actually gather the information. But I asked for the projected spending for the following special purpose account categories, and then there was a long grocery list of areas that I wanted to tease out of the lump sum that is reported in estimates on special purpose account categories. I did receive the projected spending for 2020-21 but I would like to receive the actuals.

1010

I don't know, for the record and for Hansard, do I have to read this in? I suppose I do, so I will do that. Please provide the actual spending for the following categories that are listed under the special purpose account. It is:

—(a) Safety, Education and Promotion: prevention and management of human/wildlife conflict; marketing and operating costs; public outreach; hunter education; fisheries local incident management;

—(b) Outdoors Cards and Licensing: licensing automation system; licensing and client services; outside issuer costs; contact centres; outdoors card production;

—(c) Population Health, Rehabilitation and Enhancement: fish culture; fish and wildlife ecosystem maintenance and reporting; invasive species management and control; wild fur management; fish and wildlife disease monitoring; rabies management;

—(d) Species and Ecosystem Science: fisheries management research and monitoring; game wildlife research; Great Lakes fisheries population and habitat monitoring; commercial fisheries management; moose aerial inventory; hunter surveys;

—(e) Conservation Officers and Enforcement: salaries and benefits; field operations; IT and communications; safety watch;

—(f) Planning, Policy and Regulatory Services: fish and wildlife legislation, regulation and policy development; commercial fisheries management (regulatory); fisheries management plans and allocations; fish and wildlife information and information technology; wildlife habitat and population planning and authorizations; recreational fisheries management; fish habitat management; baitfish management; provincial committee and zone council support; moose project; and aquaculture management.

Like I indicated, I did receive the response from the ministry with the projected amounts, the planned expenditures for last year, 2020-21. I expect the actuals must be available now since the end of the fiscal year is March.

I would also like to receive the projected spending in those areas for the coming—and the one that we're talking about, the estimates for 2021-22.

Hon. John Yakabuski: Thank you very much, MPP Monteith-Farrell. I'm going to suggest a shorter list: the list of the things you don't want—just kidding. We will endeavour to get those to you as quickly as possible. The actuals, because the fiscal year has now ended, I suggest

might be more readily available than the others would have been. But again, you want the budgeted for the following fiscal year, which would be 2021-22.

Ms. Judith Monteith-Farrell: Yes.

Hon. John Yakabuski: I'm sure that shouldn't be an issue at all. I'm going to—

Ms. Monique Rolf von den Baumen-Clark: We can talk about projected spending now, if she likes.

Hon. John Yakabuski: Oh, yes. Were there some issues left from yesterday on projected spending?

Ms. Monique Rolf von den Baumen-Clark: I think that was on—

Hon. John Yakabuski: A different question.

Ms. Monique Rolf von den Baumen-Clark: —a different question.

Hon. John Yakabuski: If I may, for a moment, because I don't know how much time I have, but if I could make a comment: Just the number of things that MPP Monteith-Farrell has raised, and your colleagues in the opposition, as well as members of the government—and I'm just putting a plug in for this ministry. The number of issues, the number of items, the number of things that are taken care of in this great and wonderful province of Ontario by this ministry—one of the oldest, if not the oldest that exists—is absolutely staggering. It's amazing that we do it on one of the smallest budgets out of the entire treasury. So my hat's off to the 2,800 or so folks that work in this ministry, that do such a tremendous job in providing those services to the people of Ontario, much of it completely under the radar; I know from some of the comments from members of the committee who have said that, boy, they weren't aware of this. I appreciate you, MPP Monteith-Farrell, for giving me this moment, and I appreciate your efforts on this committee and as my critic as well.

If there is anything that we can provide now, I'm going to pass that to Deputy Rolf von den Baumen-Clark, if there's anything that she wants to add to what I said about providing those details on your question.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. The staff will really appreciate those kind words.

Yes, absolutely, MPP Monteith-Farrell. I'll ask Tracey Mill, our ADM, provincial services division, to provide you with some of that information, and whatever we can't provide today, we absolutely will provide you in writing.

Ms. Judith Monteith-Farrell: All right. Are we at time, Chair? I saw your arm go out.

The Chair (Mr. Peter Tabuns): Sorry, you have two minutes left.

Ms. Judith Monteith-Farrell: Okay. All right. Well, thank you. This has been a fascinating time together, I have to agree, Minister. Learning about—a lot of these areas are things that I'm passionate about, but I know not everyone has lived my life, so it's an interesting area. The staff of MNRF, like I said, are very professional and have been a part of the landscape in northern Ontario and the heart of it. The only wish that we have in northern Ontario is that we had more of them, because those are good jobs,

and we would like to see all the FTEs fully staffed so that every job is filled in a timely fashion and no delay so that we have every person that we can working on all of the important areas that the ministry covers. That's my plug for that, and part of the estimates, for sure.

All right. So, then, I can expect that I will get the actuals and then the projected for the coming year.

Hon. John Yakabuski: Absolutely.

Ms. Monique Rolf von den Baumen-Clark: Yes.

Ms. Judith Monteith-Farrell: All right. I think I'll leave it there, Chair, rather than try to start another question.

The Chair (Mr. Peter Tabuns): Thank you very much. As I had said earlier, we will take a 10-minute recess and be back at 10:30.

The committee recessed from 1018 to 1030.

The Chair (Mr. Peter Tabuns): Good morning, everyone. We're back in session.

The government side has 20 minutes, and MPP Cuzzetto, I recognize you. Please go ahead, sir.

Mr. Rudy Cuzzetto: Minister, yesterday I touched on wild pigs and the incident I had about three years ago when that 250-to-300-pound wild pig was running at my Fiat 500. It was probably bigger than the car—it was bigger than the car.

Last night I decided to call the mayors of both towns where my parents come from, Malito and Grimaldi, to ask them about the issue of wild pigs in Italy. They took it for granted, they were telling me, and now, at night the pigs run into the little towns and down the streets, causing a lot of problems in the towns.

I know that there are wild pigs in our prairie provinces, and probably moving here into Ontario. I just wanted to know what you have been doing to protect our land and water from these animals. I'll tell you the truth, Minister: I still wake up at night—it's been three years—and see this pig running at the car, so it has been very devastating for me, unfortunately. I just want to know what we're doing here in Ontario.

Hon. John Yakabuski: Thank you very much, MPP Cuzzetto. I'll see what I can do to give you better dreams with our testimony today.

You know, you raised a great point: It's not just the United States, of course, which is our concern, because that could be a source, as well. But it's worse in Europe, because that's where they came from in the first place.

I was also reading something a week or so ago about how they're verging on the state of exasperation in Germany, as well, because there's also a very large constituency that is opposed to any measures taken to control these wild pigs, because they just believe that these animals have the same right to your garden as you do and whatever. I guess that's the wonderful thing about democracy: Everybody is entitled to their views on this or any other subject. But it's a real challenge.

You're absolutely right: These are voracious nighttime animals, very cunning, very smart. The pig is very smart, and once it feels threatened, it knows just how to protect

itself, particularly in those daytime hours, if it feels that there's a threat to it or its offspring etc.

We know that if wild pig colonies are established here, we're going to have a heck of a time, and our agriculture industry will suffer as a result of it. We mentioned about \$1.5 billion or \$1.7 billion in damage a year in the United States, but I know that ADM Brown was mentioning yesterday something about the entire international cost, and it was in the tens of billions of dollars. That actually was something that I wasn't aware of myself at the time, how extensive the damage is worldwide, particularly in European countries. Your experience in Italy is probably not that uncommon, quite frankly.

We deal with deer-vehicle collisions here and everyone is very well educated about the potential of it. We sign for it and have signage in the areas where we know that there are deer crossings—or moose crossings, as well. A moose-vehicle collision can obviously be far more devastating than a deer, but there's a danger with any large animal, depending upon what happens at the time of the collision and what happens after. If a person loses control of the car and you're driving on rural roads in Ontario, a rock cut is never too far away. Or ditches: If the deer came out of a ditch, you can go into that ditch too, you know?

So that's something that could be down the road, as I say—not to be too pun-ish. But there's no question that that's a concern. If these colonies get established—and they're very prolific breeders. Pigs don't waste time. They can breed—my understanding is it doesn't take long for them. I'm sure that we'll get more information on that, because—I was going to say sometimes I'm wrong, but my wife might tell you I'm often wrong.

I don't think pigs have to be too old before they're mature enough to reproduce, which again adds to the challenge that, once a colony gets established, it isn't long until two becomes four, and four becomes eight, and eight—you know what I mean. You know how it goes. That's why we're being as proactive as possible and that's why we're asking people to, if there's a sighting, let us know. We need to know where the problems are before they become big problems. A pig can be a big problem on its own because of their size alone, but there's strength in numbers, as they say. If they get to acquire those kinds of numbers, we are in a pickle.

It's not something that, a few years ago, people were even aware of here in the province of Ontario, that it was the next big thing around the corner as far as invasive species are concerned. And pigs are extremely adaptable, as well. Somebody might think, "Well, if a pig escapes, it's not going to survive a winter here." Oh, yes, they'll do just fine. They're adaptable and will almost morph into an animal that is more hardy and able to withstand much more of an extreme weather situation. So we definitively have a tiger by the tail here if it does get too established.

I'm going to let Deputy Minister Monique Rolf von den Baumen-Clark expand on this or turn it over to the ADM. But thank you very much, Rudy, and you know what? Get yourself a Ram truck. It's bigger than that little Fiat.

Mr. Rudy Cuzzetto: But the thing is, Ram is built by Fiat.

Hon. John Yakabuski: Well, that's a good point. I don't know if they're built by them, but they're owned by them.

Mr. Rudy Cuzzetto: They're owned by them; correct.

Hon. John Yakabuski: Thank you very much for the question.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. I will ask that Craig Brown, our ADM of policy division, provide some additional information on wild pigs. He can give a bit more background, including some information on some of those impacts the minister referenced such as their ability to transmit diseases, and can also talk a little bit about the strategy that is currently open for comment.

Mr. Craig Brown: Thank you very much for the question, MPP Cuzzetto, and good morning.

Wild pigs—a bit of background: They are not native to Ontario, and they can have a devastating impact on the natural environments and on our agricultural ministry. For example, they can cause extensive crop damage. They can prey on livestock. They can damage fencing and irrigation systems. They can compete with and feed on wildlife. And just to address some of the points the minister made, they have a very high reproductive rate. They're able to double their local density in just one year. Pigs are able to breed as early as five to eight months of age and can produce two large litters of piglets annually.

For clarity, the term “wild pig” refers to any pig that is outside of a fence. They are an invasive species in Ontario. These animals are domestic pigs, like potbellied pigs, or Eurasian wild boars from farms that have either escaped or been abandoned by their owners.

Wild pigs have been quite an ecological train wreck because of the extent and the magnitude of damage they cause. The minister referenced this point as well: In the United States, the costs for control and damages are estimated at more than \$1.5 billion annually. Damages are wide-ranging. I talked in my introduction here about the impact on the natural environment and the agricultural industry, but also to MPP Cuzzetto's point, they do present a risk to human health and safety. There are also, in other jurisdictions, extensive costs associated with funding measures to control wild pigs once they've been established in the environment.

1040

Wild pigs can destroy native ecosystems. They do this through trampling, wallowing and rooting behaviours. They [*inaudible*] compete with native wildlife for food and habitat and can impact local water quality and quantity.

In many areas, damages to the agricultural industry have been devastating. Wild pigs can destroy almost any crop, including stored crops. They damage equipment infrastructure. I've mentioned they also prey on livestock. They can also impact private property in areas that are used for tourism, recreation and nature conservation.

One of the most concerning impacts of wild pigs is their potential to transmit diseases and parasites that affect wildlife, livestock, pets and even humans. Wild pigs are hosts to over 30 significant viral and bacterial pathogens and diseases, including influenza, classical swine fever, foot and mouth disease, pseudorabies and trichinosis. They also host more than 37 species of parasites.

In recent years, a notable disease concern is African swine fever, which is considered the largest threat to the global pork industry. Although thankfully, African swine fever is not present in North America, if it were to be detected in Canada either in domestic or wild pigs, it would have a significant negative effect on Ontario's and Canada's export-driven hog industry. Outbreaks of African swine fever have occurred in many countries in Europe and Asia since 2018. In those jurisdictions, wild pigs are a key reservoir and vector for the virus.

Wild pigs rarely attack people, but when they do occur, the consequences can be severe. For example, in 2019, a woman in Texas died after being attacked by wild pigs near her home. Again, as MPP Cuzzetto mentioned, more vehicle collisions with pigs on roadways can also be very dangerous.

MNRF has been gathering data and evaluating options for addressing invasive wild pigs since 2018. The ministry is collecting reports of wild pig sightings from the public.

Sorry, it sounds like there might be an issue with my audio, Chair?

Interjection.

Mr. Craig Brown: No, you're good? Okay. I apologize for the interruption.

The reports, the information that we are collecting is helping us learn more about the numbers and locations of wild pigs in the province.

Based on sightings reported by people from across the province, the ministry has been working on a pilot project to determine the presence of wild pigs. This includes following up locally on reported sightings. At these locations, our team at the ministry—we do engage with local residents to learn as much as possible about the sightings. This includes trail cameras that detect whether the wild pigs are still in the area. Where it's appropriate, where it's feasible, the ministry is prepared to trap and remove wild pigs from the environment.

The pilot project has helped inform the contents of a new wild pig strategy, which I'll outline for you in a couple of minutes. But we know, based on experiences from other jurisdictions, the least costly and most effective approach for managing wild pigs is to act early. As populations become established, eradication is extremely, extremely difficult.

Given the current state of wild pigs in Ontario—there is a limited distribution, no evidence of a self-sustaining breeding population—the province has an opportunity to proactively address the threat of wild pigs. Prevention, early detection, effective response and management are the four principles of Ontario's invasive species strategic plan, and Ontario's approach to address the threat of wild pigs is consistent with these principles. The approach is

based on the best available science and management experiences from other jurisdictions as well as Ontario-specific research. It reflects the views of conservation organizations, the agricultural industry and the public who have shared their concerns about invasive wild pigs.

Not a single government, ministry or conservation organization in the sector can achieve these goals alone. The goals will be achieved by leveraging the resources and expertise of many. It will depend on strong intergovernmental co-operation, particularly between the Ministry of Natural Resources and Forestry and the Ministry of Agriculture, Food and Rural Affairs, as well as support from other jurisdictions, partners, academia, stakeholders and the public.

The ministry has posted a draft strategy to address the threat of wild pigs in our province. This has been posted on the Environmental Registry to elicit feedback from the public. Our objective is to prevent the establishment of wild pigs in the province. Given the complex nature of the wild pig problem, the province is taking a multi-pronged approach, which includes clear communications, a robust policy, Ontario-specific research, management actions and a strong collaboration between provincial, state and federal governments and agencies.

Now, our primary objective is to prevent the introduction of pigs into the natural environment in the first place. In order to achieve this goal, the number of pigs that are introduced into the natural environment must be prevented and minimized. We know that introductions can be accidental and sometimes, unfortunately, intentional. They came as a result of escapes from containment, purposeful releases or abandonment of domesticated pigs. Regardless of the cause, pigs that are introduced into the natural environment can quickly adapt to their new surroundings and contribute to a wild pig invasion.

Our strategy outlines several actions to address the problem and meet our objective. I'll go through them here—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Mr. Craig Brown: Thank you.

Our listing proposes to list wild pigs as an invasive species under the Invasive Species Act. We will work with our partners to develop, update and promote best management practices for outdoor pig containment, transporting pigs and addressing escapees. We will work closely with partners to develop and deliver outreach for pig owners and producers' other obligations if a pig escape occurs. We will coordinate with federal and industry-led initiatives to support traceability of escaped pigs, such as a program called PigTrace.

We will collaborate with partners in developing and promoting guidance for responsible pig ownership. We will prohibit hunting of wild pigs in Ontario. We found that in other jurisdictions when wild pigs are hunted, it does affect their behaviour: They avoid hunters, and pigs actually proliferate. We will provide support to municipalities where appropriate in determining policy and legislative action to address wild pigs in their communities.

I suspect I am quickly running out of time, Chair.

The Chair (Mr. Peter Tabuns): You are.

Mr. Craig Brown: I will wrap there and hope that answers the question, MPP Cuzzetto.

The Chair (Mr. Peter Tabuns): You have 35 seconds.

Mr. Rudy Cuzzetto: A real quick question: They can reproduce after about five to eight months. How many are in their litter, usually?

Mr. Craig Brown: They can vary. I'd have to check in with my staff. I have many pig stats at hand, but I don't know how many they produce in a litter. But quite a large number, I suspect.

Mr. Rudy Cuzzetto: Probably about eight, and twice a year, so that's about 16 a year.

Mr. Craig Brown: They can double their density in an area within the course of a year.

1050

The Chair (Mr. Peter Tabuns): I'm sorry to say, with that excellent answer, we're out of time.

We go back to the official opposition. Just to note, because we are getting down to the end of our schedule, it will be slightly over 19 minutes each for the official opposition and government in this current round and then about seven and a half minutes each before we go to the vote.

With that, I go to the official opposition: MPP Monteith-Farrell.

Ms. Judith Monteith-Farrell: I was looking for some answers. The assistant deputy minister indicated those were available, so could—

Hon. John Yakabuski: If I may, MPP Monteith-Farrell—thank you very much. We do have some information. You'd asked for information about revenue from fines and the like.

Ms. Judith Monteith-Farrell: Yes.

Hon. John Yakabuski: I know we have that information, if that was one of the things you were interested in, and there was some other information that the deputy minister has available. Did you want us to go to that?

Ms. Judith Monteith-Farrell: Yes, please.

Hon. John Yakabuski: Okay. Thank you very much, Chair. I will turn it over to the Deputy Minister Monique Rolf von den Baumen-Clark.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. Yes, we'd be pleased to have Tracey Mill, our ADM of provincial services division, provide some of that additional information you were looking for on enforcement fines. As well, she can go right after that into some of the information you're looking for on the SPA as well. We have some of it, not all of it, but she can—

Ms. Judith Monteith-Farrell: All right.

Ms. Tracey Mill: Thank you very much. You had a couple of questions, MPP Monteith-Farrell, relating to enforcement both in terms of hunter safety and also fine revenue, so if you would like, I'll provide that information to you now.

You raised a question about hunter safety and the hunter education course. I think that was on the first day. As I mentioned then, hunter safety and compliance with

hunter safety laws is a key priority for the ministry. The hunting incidents that we would normally associate with hunter safety would be things like human injuries or near misses that result from the discharge of firearms, property damages, near misses as a result of discharge of a firearm while hunting or trapping, handling a firearm without due care and caution, and failing to notify a conservation officer as soon as practicable if an injury that required treatment was the result. Those are the kinds of things that are included in that hunter safety piece.

I can report to you that we did see a decline in incidents from 2015-16, where there were 11, to only six in 2017-18 and then a slight increase to about eight in 2019-20. As I mentioned, that's the last year that we have data. Just now, the 2020-21 year is still being compiled. And in terms of the total number of safety violations that were detected by conservation officers in 2019-20 relating to hunter safety, I can report that that is a total of 800.

In respect to the hunter education course that you were asking about, and online: In 2020, there were about 14,775 applications, and just over 4,000 of those people were trained online. As we've mentioned, we're not able to draw any inferences at this particular point in time between that hunter education and the online delivery with any of the actual violations that officers have found, but that's something that we'll continue to monitor.

In terms of the question that you had regarding fine revenue as a percentage of total ministry revenue, because public accounts have not been finalized at this point in time, I can provide you with the 2019-20 information. For 2019-20, the total number of Fish and Wildlife Conservation Act fines: The revenue collected from fines was \$1.4 million. That compares to the total ministry revenue of \$285 million, which represents just under half a per cent, so 0.5% of total revenue can be attributed to the Fish and Wildlife Conservation Act fines.

I'll just mention, just in case you're comparing numbers and revenue, that the revenue brought in in a given year relating to fines does not necessarily match up with the number of fines in that particular year. That's because, obviously, we could have a violation; there's a period of time of investigating, the prosecution, conviction and then the collection of the fines. So several years can go by before the revenue from a fine is actually realized in the ministry—just in case there were any comparisons. Yes.

Ms. Judith Monteith-Farrell: Yes, and then these fines—is this just the hunting and fishing fines or is this the aggregate fines and the other fines that the ministry can—

Ms. Tracey Mill: This is just in relation to the Fish and Wildlife Conservation Act, yes.

Ms. Judith Monteith-Farrell: All right. Thanks.

Ms. Tracey Mill: Okay, so then you also had a question regarding the fish and wildlife SPA. As the deputy mentioned, we're not able, at this time, to provide you with the actuals for 2020-21, but we can certainly follow up and provide those to you once the public accounts process is completed. But I can provide you with the planned expenditures for 2021-22.

Bear with me in terms of the long list. For 2021-22, the planned expenditures for fisheries management research is \$7.5 million; for game wildlife research, \$3.6 million; for Great Lakes fisheries population and habitat monitoring, \$2.9 million; for commercial fisheries management, \$0.4 million; for moose aerial inventory, \$0.4 million; for hunter surveys, \$0.2 million. That's the first service category, known as species and ecosystem science, for a total of \$15 million.

The second service category, Outdoors Cards and licensing: the licensing application system, \$2.5 million; our contact centres, \$1.7 million; licensing and client services, \$1.2 million; Outdoors Card production, \$0.9 million; private issuers' costs, \$0.5 million—for a total of \$6.8 million.

Third service category, safety, education and promotion: wildlife education and communication, \$2.5 million; prevention and management of human-wildlife conflict, \$1.5 million; marketing and operating costs, \$1.2 million; hunter education, \$0.9 million; public outreach, \$0.4 million; wildlife compliance, promotion and incident management, \$0.4 million; fisheries local incident management, \$0.4 million—for a total of \$7.3 million.

Fourth service category, population health, rehabilitation and enhancements: fish culture, \$6.9 million; fish and wildlife ecosystem maintenance and reporting, \$3 million; wildlife fur management, \$0.8 million; invasive species management and control, \$0.5 million; fish and wildlife disease monitoring, \$0.3 million; rabies management, \$0.3 million—for a total of \$11.8 million.

Fifth service category, planning, policy and regulatory: fish and wildlife legislation, regulation and policy development, \$6.5 million; commercial fisheries management, \$3.2 million; fisheries management plans and allocations, \$2 million; recreational and fisheries management, \$1.5 million; fish and wildlife information and information technology, \$1.5 million; wildlife habitat and population planning and authorizations, \$1 million; moose project, \$0.9 million; baitfish management, \$0.7 million; fish habitat management, \$0.5 million; provincial committees and zone council support, \$0.4 million; aquaculture, \$0.2 million—for a total of \$18.4 million.

1100

Final service category, conservation officers and enforcement: salaries and benefits, \$11.8 million; field operations, \$3 million; IT and communications, \$0.6 million; safety watch, \$0.3 million—for a total of \$15.7 million.

Total planned expenditures for 2021-22 for the fish and wildlife conservation SPA is \$75 million.

Thank you.

Ms. Judith Monteith-Farrell: Thank you for that information. I'll get a chance to compare all that on a break, if I have more specific rundown on that.

Another category that I'm interested in: The MNR supports the natural hazard management and repairs to flood and erosion control structures. They provided \$3.8 million in grant funding to 36 conservation authorities plus another \$5 million in capital funding to 19 conservation authorities for 51 water and erosion control infrastructure

projects. I'm just wondering if we can comment on what is the plan moving forward on that natural hazard management program.

Hon. John Yakubuski: Thank you very much for the question, MPP Monteith-Farrell. As you know from previous times being here, we have a number of water control structures in the province. Not all of them are owned by MNRF, but certainly the vast number are. Off the top of my head, I think we have somewhere around 298 dams or so that we actually own. I'll get corrected on this, and that's good, because somebody there is going to have the exact number—I haven't had time to look it up during the question. But there is an ongoing assessment of those dams to make sure that they're functioning well. If the dams are in need of remediation, then there's a kind of scoring system about: has to be done now; can wait until so long etc.; or is in fine shape, and we can ignore that one for some time. I'm not saying "ignore," but you know what I mean: We can put that one on the back burner for now type of thing.

Dam safety is hugely important here in the province of Ontario, because the last thing we need is—there have been instances over the years where dams have been removed by various operators. There was one that was removed, I know, in my riding in the city of Pembroke just this year, or the job might not be quite finished. But that's something you prepare for, you plan for, and you're aware of what might happen as a result of that. Flood management is—water control dams are a huge part of that. I always want to put in the caveat that just because we have water control structures does not mean we can prevent flooding. It's part of water control and management, but when too much comes in a short period of time, that's when you no longer have the ability to actually control that, and that's when we call it a flood.

But I'm going to pass this on to Deputy Minister Rolf von den Baumen-Clark and she will give you more details on our program and how we manage it.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. To speak to the request for some financial numbers, I'll first go to Amanda Holmes, our CAO, and she can provide you some information on that.

Ms. Amanda Holmes: Am I on? Hi. I can confirm—thank you for the question. We do have the intention for 2021-22 to keep the funding levels for both the operating and capital grant funding to conservation authorities to support our order-in-council responsibilities under the Emergency Management and Civil Protection Act at the same level as it was last year, in addition to the capital funding that is provided to conservation authorities via the ministry's water and erosion control infrastructure, our WECE program. That program is a \$5-million funding amount for 2021-22, and the operational funding level for the grants to conservation authorities for program operations is \$3.8 million planned for 2021-22. This would support that continuation of the essential hazard management activities that are carried out through conservation authorities.

I'm thinking that might answer your question about what the planned funding is for those two.

Ms. Judith Monteith-Farrell: Yes, so basically, it's being maintained at the current levels. As you know, I always say—especially with the price of lumber, and some of the projects involve wood—that we can probably do less with that amount of money than we did last year. That would be my comment on that, because it is important to many people.

Unfortunately, this year we have the opposite problem in many parts of the province, where it is extremely dry in our forests. As part of that, I'm interested in looking at the Ontario FireSmart Communities transfer payment program that municipalities can access and apply for funding from to assist with their wildland fire hazard forest plans, maps and—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Ms. Judith Monteith-Farrell: Okay—wildlife fire plan protection plans. We know that this is extremely important because we had situations last year where we had to evacuate communities, which caused disruption and was extremely difficult, especially with COVID and the restrictions. Fortunately, MNRF played a very essential role in that, and I know the communities and the small municipalities really appreciated it, but I'm looking at what municipalities can get to try to mitigate that.

Last year, four communities took advantage of it: Alberton, La Vallée, Terrace Bay and Emo. I'm wondering, what is the status of that program, has there been uptake, and what are we doing to promote it?

Hon. John Yakubuski: Thank you very much, MPP Monteith-Farrell. I will pass that on to Deputy Minister Rolf von den Baumen-Clark.

Ms. Monique Rolf von den Baumen-Clark: Thank you. I know you don't have much time left, so I'll pass this right on to Tracey Mill, ADM, provincial services division. She can answer your question.

Ms. Tracey Mill: Thank you for the question and for talking about the Ontario FireSmart Communities program. We are very eager to continue to promote this program and to work with communities in order to increase, essentially, the number of communities that are participating in the program.

For 2021-22, we do have another allocation of about \$200,000 dollars for the FireSmart Communities through our transfer payment program. We have four communities or municipalities that are going into the second year of their funding. You mentioned a number of those communities. Since we started the FireSmart—

The Chair (Mr. Peter Tabuns): I'm sorry to say that you're out of time. We'll go back to the government for their approximately 19 minutes.

MPP Harris, the floor is yours.

Mr. Mike Harris: Thank you very much, Chair. I know this is probably going to wrap everything up here today, so I just wanted to give a big thank you to everybody who has participated, from the minister on down to

ministry staff, and of course, the members of the committee as well. I think we've all learned something new over the course of the last couple of days and, if nothing else, there are some good takeaways we can all think about a little bit as we go about our daily business and get to know what the MNRF does. We really do have our fingers in everything when it comes to a lot of things that are happening around the province.

1110

There is one thing that we haven't really touched on a ton, and I just wanted to use our last remaining time, Minister, to talk a little bit about the Temagami Forest Management Corp. I know that one of the really essential strengths of the new forestry strategy that you've put forward is getting more local and Indigenous community involvement coming to the forefront of the forestry industry. I was hoping maybe you could touch on a little bit about specifically the Temagami Forest Management Corp., what they are doing and how we're helping support them—and also, that that might be able to translate into other parts of the province.

Hon. John Yakabuski: Thank you very much, PA Harris. That's a great question, and something that we're quite proud of. This was a long process, and no one ever expected that it was going to be simple, because it is complex. But local forest management corporations are something that we want to see more of.

The one with the Temagami Indigenous community is one that required a lot of work on the part of both parties. Our ministry was engaged in it for some time. These are not simple matters, but it's in keeping with our desire to work a lot more closely with the Indigenous communities. That's part of our long-term plan for this ministry and the forestry industry. It employs a great number of people and many of those are Indigenous. This is one that, quite frankly, could be used as a template for other ones that could be dealt with and embarked upon in the future.

But I want to be able to give more detail on it. I think the best place for me to go with that is to pass it over to Deputy Minister Rolf von den Baumen-Clark. She can provide you with more of the details, and maybe a little bit of the history of how we got there and that kind of thing. But thank you very much for the question. It's a great topic.

Ms. Monique Rolf von den Baumen-Clark: Thank you, Minister. I will ask Sean Maguire, our ADM for forest industry division, to provide some of those details that you've asked for. He can provide a bit of the background and history of the Temagami Forest Management Corp. Thank you for the question.

Mr. Sean Maguire: Okay. So, once again, thank you, Deputy, and thank you to MPP Harris for the question. I'm happy to talk about the Temagami Forest Management Corp.

Probably the first order of business is to define what we mean by a local forest management corporation, because that's what this corporation is. It's embedded in the Ontario Forest Tenure Modernization Act as a local forest management corporation, or we refer to it as an LFMC.

LFMCs are agencies, and what they do is they bring together municipal and Indigenous communities, along with industry, to steward sustainable harvesting and management of local forests, and support local economic development opportunities.

Local forest management corporations typically hold sustainable forest licences and they're responsible to market, sell and enable access to a predictive and competitively priced supply of crown forest resources. This allows communities dependent on the economic potential of the crown timber in their management area to become more involved in creating good-paying local jobs.

The province continues to provide an oversight role to these crown forests, including the approval of forest management activities prior to their implementation, to ensure our forests remain healthy for generations to come.

As part of our new 10-year forest sector strategy, Ontario will continue to improve transparency and collaboration by providing greater local and Indigenous community involvement in forest management, and local forest management corporations strive to create lasting and positive effects for everyone invested in the ongoing management of forests in a specific area. They support socio-economic opportunities for local communities and Indigenous peoples in the forest sector by including them in forest management decision-making and creating jobs, training and forest sector growth opportunities in northern Ontario.

In 2013, the provincial government supported the establishment of a local advisory team to consider a way to better manage the Temagami forest. The advisory team, with representatives from local municipalities and First Nations as well as forestry companies, recommended moving the management of the Temagami forest from the Ministry of Natural Resources and Forestry—who was managing the forest by delegating management to forest resource licence holders. But they recommended that we move it over to this newly formed government agency. Local forest management corporations strive to create long-lasting positive impacts for everyone invested in the ongoing management of this forest.

Maybe just stepping back from the Temagami for a second: Ontario established its first local forest corporation in 2012, and it has proven to be viable. It's called the Nawiinginiima Forest Management Corp.—or the NFMC is what we always talk about it as—and it's based in the Marathon area. It directly supports local First Nations and harvest contractors in strengthening their ability to participate in the forest sector and the economic benefits it creates. The NFMC included area municipalities as well as Indigenous communities in forest management decision-making and creates employment, training and forest sector growth opportunities in northern Ontario.

Some may ask if the creation of the LFMC means that the government will have less oversight over the forestry operations in the area or how we can be sure they will follow the guidelines for sustainability and protection of wildlife in terms of how they manage the forest. In answer to this, the Temagami LFMC would be required to comply

with all provincial regulations and guidelines that apply to forest management, and the province would continue to provide an oversight role, including the approval of forest management activities prior to their implementation to ensure the forest remains healthy for generations to come.

The Temagami LFMC will be following the existing 2019-29 forest management plan, and because the forest management plans run for 10 years, the local forest management corporation will need to develop a new forest management plan to be implemented in 2029. They will probably start working on that probably about two to three years in advance to get prepared so that they have something to implement on time.

A local forest management corporation in the Temagami forest would generate revenue through the direct sale of crown forest resources to local mills and harvesters that rely on local wood supply. Stumpage fees would also be collected to support the ongoing regeneration of the forest now and into the future. This revenue would be used on the Temagami forest to operate the local forest management corporation and to provide access to predictable and competitively priced wood supply. This would support local economic development opportunities while ensuring sustainable forest management.

Indigenous leaders were important partners on the advisory process. The province will continue to be responsible for meeting consultation and accommodation requirements related to Indigenous and treaty rights.

As we have seen with the Nawiingnokiima Forest Management Corp., we anticipate the new agency will lead to more communication and consultation with local Indigenous leaders, both formally and informally. A new local forest management corporation will also help the sector reach its full potential by increasing its harvest closer to the currently approved sustainable level. Less than half of 1% of managed crown forest is harvested each year. The current volume of timber harvested is also less than 60% of what it was in 2000 and less than half of the sustainable volume already identified as a sustainable harvest each year under approved forest management plans. We're confident the Temagami local forest management corporation will also provide insights and concern for the sustainability of this forest management unit.

Ontario is recognized worldwide for having one of the highest standards of sustainable forest management, which is designed to ensure healthy, diverse and resilient forests.

1120

Ontario's stringent forest management framework requires that all harvested areas be regenerated. Our managed forests currently produce more than 38 million cubic metres of growth annually. The targeted province-wide harvest level of 30 million cubic metres is significantly less than annual forest growth. The Temagami forest itself includes several protected areas, including seven provincial parks and 15 conservation reserves where no forest harvesting activities can occur. Current protections will remain in place.

What's more, by law, forest managers must carry out renewal and maintenance activities on harvested areas, to provide for the sustainability of crown forests in Ontario. All areas harvested are required to be regenerated, and the Temagami LFMC will do this sustainably and with the health of Ontario's environment and its economy in mind.

We know that forests sequester and store carbon temporarily in trees, soil and organic matter. Carbon is also stored in harvested wood products. When the forests are harvested and renewed, faster-growing, younger forest stands sequester carbon at a faster rate than older forests. Older forests contain more total carbon, but the rate of sequestration is slow and outweighed by losses of carbon from trees dying and decomposing. When the trees are harvested prior to decomposition, the carbon that would have been released is stored in wood products.

Healthy, managed forests and renewable wood products can help mitigate climate change by storing carbon in finished wood products, reducing our reliance on products like single-use plastics and playing an important role in managing wildland fire, insects, disease and invasive species. Our laws and policies will continue to ensure sustainable forest management, so our forests remain—

Mr. Mike Harris: Sorry, Sean. I'm just going to interrupt just quickly. How much time do we have left, Chair?

The Chair (Mr. Peter Tabuns): You have six minutes, sir.

Mr. Mike Harris: If it's okay—are we going to have another round after this, or is this—

The Chair (Mr. Peter Tabuns): Yes. It will be seven minutes.

Mr. Mike Harris: Okay. Sorry, Sean. Continue on, please, if you don't mind. Thank you.

Mr. Sean Maguire: Sure thing.

Our laws and policies will continue to ensure sustainable forest management, so our forests remain healthy and provide benefits today and for future generations. Ontario's rigorous forest management planning and process begins with considerations of what we must protect, such as Ontario's species at risk. A primary goal of forest management is to achieve long-term directions for a healthy and sustainable forest ecosystem, which is vital to the well-being of forest-dependent and non-forest-dependent Ontario communities.

The Crown Forest Sustainability Act directs that all forest management objectives and their associated performance indicators developed for a forest management plan be compatible with one of four primary objectives: forest diversity, social and economic, provision of forest cover and silviculture. Consultations with stakeholders, including the public, Indigenous communities, local cottage associations, resource-based tourism operators, affected towns and communities, and individual landowners, are conducted and input is reviewed when planning the area for harvest within a forest.

For the Temagami forest, the planning team developed a total of 42 performance indicators of sustainability, resulting from a desired forest and benefits meeting with

the stakeholders of the Temagami forest management unit. These are in addition to the mandatory performance indicators of sustainability in the Crown Forest Sustainability Act. As concluded in the long-term direction for the Temagami forest, the harvest areas were allocated based on forest stands in age/class combinations.

Local forest management corporations add valuable local and Indigenous voices and help to ensure that those most concerned with the sustainable harvest of a local forest have an opportunity to participate in local forest management, with the support of local economic development opportunities. The Temagami LFMC is a great example of how, as part of our 10-year strategy, Ontario will continue to improve transparency and collaboration by providing greater local Indigenous community involvement in forest management.

Ontario's forest industry is critical to the provincial economy in many northern and rural communities. I think I've mentioned it before, but it generates about \$18 billion in revenue and supports 143,000 direct and indirect jobs.

Just moving over into the current status of the corporation: It is live and active right now. The forest is currently being operated by a service provider while the board of directors is being recruited and a permanent general manager is being appointed by the board. This means that the funding model is operational, and stumpage revenue for the forest is accruing to the agency, but at the same time, the cost of day-to-day management is not really being accrued, except for the costs that are being paid to the service provider. Generating this cash is critical to the start-up of the agency, because it will be—

The Chair (Mr. Peter Tabuns): MPP Harris, you have a question?

Mr. Mike Harris: Yes. Thanks, Sean. Is there any appetite to try and move some more of these types of corporations into sort of northwestern Ontario? It sounds like at the moment they're both based in the northeast. What are the plans, over the future, into the northwest?

Mr. Sean Maguire: So we would take the direction of the government on that. But our general—the Ontario Forest Tenure Modernization Act specified the opportunity to create two local forest management corporations. So if we were to expand it, we would be looking at making a change in legislation to begin with.

I guess I'll just share with you my perspective. We now have two on the map. They both have vastly different dynamics. The NFMC is a very large land mass, and it has a captive pulp and paper mill that eats up all of the low-grade material that it has, so it's been tremendously viable and financially successful. The Temagami is going to be a little bit different. It doesn't have the same dynamics. It's a smaller land base and it has a lot bigger planning sensitivities and such.

The Chair (Mr. Peter Tabuns): You have two minutes left.

Mr. Sean Maguire: I guess I gave a long preamble, but the answer to your question is, it probably bears watching how the Temagami launches and how it sustains itself: Is it viable and does it work well? That will give us a view as

to whether this is a successful model that can work in different circumstances, which would put us in a position then to consider whether we wanted to change legislation and whether we wanted to target local forest management corporations to a specific set of circumstances or if they could be deployed more widely.

Mr. Mike Harris: What's the sort of timeline that is required to see whether or not it is viable? Are we talking a couple of years or a decade?

Mr. Sean Maguire: I would suggest three to five years would put me in my comfort zone, but that's my personal comfort zone, and I take my direction from leadership. But you want to run through at least one or two cycles, and you want to see how the forest management plan is being deployed and what the markets are doing. And, quite frankly, you need to see how the people operate inside the organization, because any entity and any structure can operate better or worse depending on who is staffing it.

Mr. Mike Harris: That's great. Thank you, Sean. I really appreciate it.

Thank you, Chair. I think that's all, for time.

The Chair (Mr. Peter Tabuns): Okay. We'll go to the last rounds, which are seven and a half minutes each, and we'll start with the official opposition. MPP Monteith-Farrell, it's yours.

Ms. Judith Monteith-Farrell: All right. Well, thank you. I know that Tracey was continuing to answer on the Ontario FireSmart program, and I would like to hear the conclusion of her response to that question. So if we could go there, I'd appreciate it.

Ms. Tracey Mill: Sure. Thank you. I think I was mentioning that there are four municipalities that are going into year two. Those were the ones that you mentioned, MPP Monteith-Farrell: Emo, La Vallée, Terrace Bay and Alberton. We've also had six other communities that have gone through the full program, which is a two-year grant program that we have. Just quickly, they are Wawa, Greenstone, Smooth Rock Falls, Neebing, Killarney and Conmee.

As I mentioned, this is a program that we are actively encouraging communities to engage in. It provides financial assistance to municipalities to develop a community wildland fire protection plan. This includes things like identifying the level of risk in areas of a community, looking at the level of the fire hazard associated with each of the forest stands either in or surrounding the communities, developing wildland fire mitigation strategies, educating community members, doing some vegetation management—so ensuring that there is clearing of vegetation around certain structures—and emergency preparedness.

I'll provide some information actually that you may be interested in regarding nationally. Nationally, Canada has been spending a great deal of time in this area in terms of prevention more recently. There was a decision just in the past year that the ministers took to endorse a decision by the board of directors of the organization that manages the exchange of wildland fire resources across the country to

increase their role in prevention strategies and, in fact, to take on the FireSmart program at a national level.

1130

As it is right now, on a pan-Canada level, we're working on developing a national prevention strategy which would include the promotion of FireSmart across the country, encouraging communities to undertake its activities.

The Chair (Mr. Peter Tabuns): MPP Monteith-Farrell.

Ms. Judith Monteith-Farrell: Just a quick interjection before we head down. Are Indigenous communities eligible to apply for this program, or has there been uptake? Because often those communities are the ones that are being threatened in our fire season.

Ms. Tracey Mill: I might get some clarification from my staff on that, but I will say that we do, this year, have a new initiative that is under way with some funding where we are doing some ongoing work with Indigenous communities. That does include things like capacity support for participating in various agreements, including activities not just in terms of reactive suppression but also in terms of activities around prevention and mitigation.

Ms. Judith Monteith-Farrell: We've recently had a very close call here in Oliver Paipoonge and also around Kenora, so it is a really timely subject. I'm hoping we get some more promotion of this with the municipality. I'll talk to NOMA about this and see what we can do to [*inaudible*] it up a bit.

Ms. Tracey Mill: That sounds good. You're referencing the northwest and recent activities. We've also been engaging with a number of First Nations communities on prescribed burning to deal with some of the hazardous fuel in the areas which, again, is part of the prevention and mitigation approaches.

Ms. Judith Monteith-Farrell: Thank you. I think Peter is looking at the clock, so—

The Chair (Mr. Peter Tabuns): Three minutes.

Ms. Judith Monteith-Farrell: Oh, I'm good. All right. Excellent.

I think this is—if I get another round, then you'll have to answer. But I'm really interested in what the impact of COVID-19 is on your revenue side of estimates, because everyone has felt it differently. I know you've implemented many programs to assist industries and the public, and I'm wondering how that is impacting the ministry.

Hon. John Yakabuski: Thank you very much, MPP Monteith-Farrell. I'm going to pass that to the deputy to make sure it's transferred to the appropriate ADM. Thank you very much for the question, and I'll pass it to Deputy Minister Rolf von den Baumen-Clark.

Ms. Monique Rolf von den Baumen-Clark: Thank you very much, Minister.

The Chair (Mr. Peter Tabuns): Two minutes left.

Ms. Monique Rolf von den Baumen-Clark: Thank you for the question, MPP Monteith-Farrell. I will ask our CAO, Amanda Holmes, to provide what information we have. I do know that—the minister mentioned this earlier on—our revenues for forestry have been significantly higher, and there are others that are lower, but we'll have

Amanda provide you with what information we may have on that.

The Chair (Mr. Peter Tabuns): We're waiting for Amanda. Your microphone—we can't hear you.

Interjection.

Hon. John Yakabuski: No, you're off now.

The Chair (Mr. Peter Tabuns): Unmuted at our end, apparently. No, we can't hear you.

Ms. Monique Rolf von den Baumen-Clark: I was just going to say, perhaps we could have Sean talk about forest revenue to start.

Hon. John Yakabuski: Perhaps we could have Sean Maguire talk about forestry revenue, MPP Monteith-Farrell. It seems there's a technical issue with ADM Holmes.

Mr. Sean Maguire: Thank you, Minister. I'm happy to talk a bit about forestry revenue.

Contrary to what we expected at the very beginning of the pandemic, where even some mills took temporary curtailments and looked at ways to try to maybe save cash and ride out a really tough cycle, the forest sector, as we all know, took off like gangbusters. Housing starts maintained themselves and actually surged in North America. For housing starts, we kind of hinge on—the US housing market is the barometer for our forest sector.

In addition to that, the home reno market took off. Within a few weeks, it became clear that the forest sector needed to ramp back up, so they struggled to do that while they pulled together staff and safety measures and tried to generate workers and such. All that to say, the forest sector has done really, really well in COVID—

The Chair (Mr. Peter Tabuns): I'm sorry to say, you're out of time. I did give you extra time to make up for the technical difficulties.

With that, we go to the last seven and a half minutes to the government. MPP Harris, the time is yours, sir.

Mr. Mike Harris: Thank you very much again, Chair. Minister, I know it's been a long couple of days here. I was going to give the floor to you for the last five or seven minutes that we have, if there's anything you wanted to recap, anything that you wanted to add to the conversation. There have certainly been a lot of great things that the ministry has done over the last year and definitely a lot of great things to be celebrated.

Sir, I'll turn the floor over to you. The time is yours.

Hon. John Yakabuski: Thank you very much, PA Harris. Before I start, I'm going to ask, if I may, ADM Sean Maguire to provide the numbers for MPP Monteith-Farrell so we can at least put that question aside on the forestry revenues.

Mr. Sean Maguire: I'm more than happy to. I'll try to be concise and get right to the point.

With the surging revenues for the forest sector, in 2020-21, consolidated revenue brought in \$94 million. We're forecasting, for 2021-22, \$111 million.

The total stumpage collected last year in 2020-21 was \$164 million. Of that, \$52 million went to the Forest Renewal Trust and \$18 million went to the Forestry Futures Trust. The renewal trust is monies that go back to replanting the forest, and the \$18 million for forestry

futures is for things like spruce budworm and different things that need to be helped and protected.

What I would point out in this case is stumpage, the consolidated revenue portion, is based on two things. One is a base rate that we charge for our wood, and then we collect residual value, which is basically a reflection of the markets. So in good markets we collect residual value, and in poor markets we don't collect residual value. In this case, more than half of the stumpage revenue we generated was based on residual value—just a really good market.

The last thing I would say on it is that we generated a lot of revenue on basically typical harvest levels. Our harvest levels weren't above and beyond, so the revenue was purely based on better pricing.

Hon. John Yakabuski: Thank you very much, ADM Maguire. I hope that helps answer your question, MPP Monteith-Farrell.

I don't think I have much. I was going to do a recapitulation of the highlights of 2020-21, but I'm guessing I only have about three minutes, Chair, or somewhere in there—

The Chair (Mr. Peter Tabuns): You have four and a half minutes left.

Hon. John Yakabuski: Four and a half? Okay. I think I'm really going to, to some degree, restate—and I used some of MPP Monteith-Farrell's time to do that because I wasn't sure I'd have this opportunity at the end. I just want to thank everybody on this committee: the Chairs who served us over the last three days, all of the members of the committee—particularly you, MPP Monteith-Farrell; you've been here for the entire time of it—and your colleagues as well; the members of the government side and my PA, MPP Harris; and the ministry officials who have been here for the entire time, because we never know, at any given time, which one of them will be called upon to answer the questions.

1140

So for the work that has gone into the preparation, to be ready for 15 hours of estimates—because we're not certain where it's going to go—I want to thank the entire department, and particularly the officials on the Zoom over the past few days, for the absolutely amazing efforts that they have gone through to have me ready for this and to be ready to answer the questions posed by government members, as well as members of the opposition.

It's been a heck of a year, not just in the world, and certainly in the Ministry of Natural Resources and Forestry. To be sitting here today, thinking back—not a year but, say, 16 months. Let's say in January 2020, I don't think that there's any one of us that thought that we'd be here, sitting here with the year and a half that has gone by like this. It's absolutely been an unbelievable experience for everybody, particularly those in the political arena, because when you have no history to work on, every day has been a particular challenge throughout this pandemic. For us in ministries that are expected to continue to provide services to the people of Ontario, throughout all that time, the burden is certainly a challenging one and one that is not light.

Having said that, I think we all adapted very quickly. Early on, we were chasing our tails. There's no question about it. Because we just weren't—you couldn't be—prepared for something like this and the impact it was going to have.

The Chair (Mr. Peter Tabuns): Two minutes left.

Hon. John Yakabuski: But I have just got to say—just one last reference to wild pigs and how adaptive they are: I've got to tell you that the folks in this ministry have shown a tremendous adaptability as well, because we've gone into a situation that—nobody ever dealt with anything like this before. I know we've had significant health issues before, SARS and the like, but nothing that even remotely compares to the intensity and the longevity of this pandemic. So to be able to adapt and be able to deliver those services to the people of Ontario in as timely a fashion as possible—we recognize that there are some things we couldn't do because of the restrictions and constrictions brought on by the pandemic, but for the most part, the ministry has been able to function as it should.

To everybody who works in this ministry, the 2,800 or so women and men who provide the services of Ontario, I want to say thank you. Thank you for preparing us for today, but more importantly, thank you for continuing to provide those services to the people that matter most, the citizens of the province of Ontario.

And to everyone on the committee, thank you and have a great day.

The Chair (Mr. Peter Tabuns): Minister, thank you very much.

This concludes the committee's consideration of the estimates of the Ministry of Natural Resources and Forestry.

Standing order 69(b) requires that the Chair put, without further amendment or debate, every question necessary to dispose of the estimates. People will know that I'm going to go through these votes slowly. If you have a request for a recorded vote, please let me know in advance. Are members ready to vote? Thank you.

With a show of hands, all those in favour, shall vote 2101, ministry administration program, carry? Please raise your hand. All those opposed, please raise your hand. The vote is carried.

Shall vote 2103, natural resources management program, carry? All those in favour, please raise your hand. Okay. Put down your hands. All those opposed, please raise your hand. Thank you. It is carried.

Shall vote 2104, public protection program, carry? All those in favour, please raise your hand. Thank you. You can put down your hands. All those opposed, please raise your hand. It is carried.

Shall vote 2105, land and resources information and information technology cluster, carry? All those in favour, please raise your hand. You can lower your hands. All those opposed, please raise your hand. It is carried.

Shall the 2021-22 estimates of the Ministry of Natural Resources and Forestry carry? All those in favour, please raise your hand. All those opposed, please raise your hand. It is carried.

Shall the Chair report the 2021-22 estimates of the Ministry of Natural Resources and Forestry to the House? All those in favour, please raise your hand. Any in opposition, please raise your hand. It is carried.

We are done. For this, I want to thank the minister and the critic for their work, and everyone else, my colleagues, ministry staff and all of the support staff here. This committee is recessed until 1 p.m. Have a great lunch, everyone.

The committee recessed from 1146 to 1300.

MINISTRY OF LONG-TERM CARE

The Chair (Mr. Peter Tabuns): Good afternoon, everyone. The committee is about to begin consideration of the estimates of the Ministry of Long-Term Care for a total of seven hours.

I will introduce or ask for identity and location confirmation of additional members of the committee. I have MPP Sandhu. If you could confirm your identity and your location in Ontario.

Mr. Amarjot Sandhu: Good afternoon, Mr. Chair. This is Amarjot Sandhu, and I'm calling from Brampton, Ontario.

The Chair (Mr. Peter Tabuns): Thank you so much.

I have MPP Rasheed. If you could confirm your identity and location, please.

Mr. Kaleed Rasheed: Good afternoon, Mr. Chair. It's MPP Kaleed Rasheed from Ontario, straight from Scotiabank Arena.

The Chair (Mr. Peter Tabuns): Thank you.

I have MPP Triantafilopoulos. If you could confirm your identity and location.

Ms. Effie J. Triantafilopoulos: Thank you, Chair. I'm MPP Effie Triantafilopoulos, and I can confirm that I'm in Ontario.

The Chair (Mr. Peter Tabuns): Excellent. Thank you so much.

Ah, yes, and we have MPP Singh. If you could identify yourself or confirm your identity and your location in Ontario.

Could you hear me, MPP Singh?

Ms. Sara Singh: Yes, I can hear you now. Thank you.

The Chair (Mr. Peter Tabuns): If you could confirm your identity and note your location in Ontario, please.

Ms. Sara Singh: Wonderful. It is MPP Sara Singh, and I am in Brampton, Ontario.

The Chair (Mr. Peter Tabuns): Excellent. Are there any questions from members before we start? I see none.

I'm now required to call vote 4501, which sets the review process in motion. We'll begin with a statement of not more than 30 minutes from the Minister of Long-Term Care, followed by a statement of up to 30 minutes by the official opposition. Then, the minister will have a further 30 minutes for a reply. The remaining time will be apportioned equally among the two parties, with 15 minutes allocated to the independent member of the committee.

I will just say to all of you, this session, going from 1 till 6, is five hours. That's a fair bit longer than normal

estimates, so around the two-and-a-half-hour mark, we'll have a 10-minute recess so people can have a break, and then we'll continue from there.

With that, Minister, the floor is yours. Welcome back, Minister.

Interjection.

The Chair (Mr. Peter Tabuns): Give us a second.

Ms. Effie J. Triantafilopoulos: Chair, I'd like to just point out that the minister has not been unmuted.

The Chair (Mr. Peter Tabuns): Yes. We're just sorting it out technically. I appreciate your pointing that out. We appreciate your patience while we find out which button actually unmutes the minister.

Interjection.

The Chair (Mr. Peter Tabuns): We're set?

Minister, we should be able to hear you now. Minister? Minister, you should be able to proceed. Can you hear us?

Ah, I don't think the minister can hear me.

Members of the committee, I hope a number of you can hear me.

Interjections.

The Chair (Mr. Peter Tabuns): I see. This is unusual.

The Clerk of the Committee (Ms. Thushitha Kobikrishna): This is very unusual. They were using some sort of conference device, and I don't know if that's why.

The Chair (Mr. Peter Tabuns): Okay, maybe they've gone off and maybe when they come back on—

Interjection.

The Chair (Mr. Peter Tabuns): It's on their end? Okay.

Minister, can you hear me? Excellent. We have established contact.

Minister, the floor is yours for 30 minutes.

The Clerk of the Committee (Ms. Thushitha Kobikrishna): They're still muted. Is she speaking?

The Chair (Mr. Peter Tabuns): I can't tell. Minister, we can tell that you're talking, but none of us can hear you. As far as we can tell, the problem is the conference call technology at your end.

Interjection.

Hon. Merrilee Fullerton: How about now?

The Chair (Mr. Peter Tabuns): You're clear as a bell.

Hon. Merrilee Fullerton: Thank you, Chair. We'll start again.

Good afternoon to you and members of the committee. Thank you for the opportunity to appear before you today.

Fixing long-term care has always been extremely important for our government, and that commitment continues. Its importance has only been highlighted by the COVID-19 pandemic. It is an understatement to say that the pandemic has had a significant impact on Ontario's long-term-care sector. This has been an unprecedented and challenging period for the long-term-care sector. The pandemic is a global event on a scale that we have not seen the likes of in 100 years, and we must acknowledge the tragedy that unfolded and the lives lost, lives that cannot have been lost in vain.

Our front-line heroes worked day after day to protect our friends, families and loved ones, to provide them with the care that they needed, and I am eternally grateful to all these heroes for their service, and my heart goes out to everyone who has lost someone because of this terrible virus.

As we turn the corner and vaccines promise brighter days, we must continue to address the areas that have had shortcomings in long-term care. It must not be forgotten in the past. It is our government's duty to never forget these times and to learn from them, and we take that duty incredibly seriously. The pandemic has shone a light on many issues in this sector that have been neglected and have festered for decades. The pandemic made it clearer than ever that there are changes that need to be made in long-term care, and these changes must be made now.

On top of the pandemic and the challenges that it has presented, Ontario's aging population continues to grow. Seniors and their families deserve to expect that when they move into a long-term-care home, they will receive care that is mindful of more than just their medical needs, but of their needs as a whole person, and that it is delivered in a caring, comfortable and dignified environment.

Like many other people in Ontario, I have experienced long-term-care homes first-hand. I've experienced both as a family physician and with members of my own family, and in my experiences as a family doctor practising medicine for almost 30 years in the Ottawa area, in Kanata, I witnessed the challenges inherent in Ontario's long-term-care system. Seeing those challenges made me want to enter politics, to contribute what I know and to contribute to making things better. We all want the best for our loved ones and for our most vulnerable in society, and our government, reflecting that universal truth, has prioritized long-term care.

That's why, less than two years ago, on June 20, 2019, the Premier announced the creation of a stand-alone ministry dedicated to long-term care in Ontario—and much has changed since that day. The majority of our time as a ministry has now been under the cloud of the COVID-19 pandemic. But even before the pandemic, we knew that big changes were needed in long-term care and that we needed to work hard to bring about these changes.

That is why we worked diligently across government and with sector stakeholders, visiting homes in every corner of the province, talking with residents, their families and loved ones and with staff and the organizations that represent them, to develop a strategy to modernize our long-term-care sector—and this was all before the pandemic—a strategy that puts residents at the centre of care, ensuring that they receive access to the quality of care they deserve in a safe, home-like environment, and to know that they can have the care they need when and where they need it. That attitude is central to our ministry's path forward. It was before the pandemic, it was during the pandemic, and it will continue to be as we move forward.

1310

Later, I will speak in more detail on our historic staffing plan, our model to increase development and many other measures. But first, it's important to make it clear that even before the pandemic, conditions in long-term care were dire. The reality of long-term care in Ontario was that homes were operating at 99% occupancy, with over 38,000 people on wait-lists. From 2015 to 2018, the wait-lists for a long-term-care bed grew by more than 10,000 people. That's 10,000 people in just a few short years, and the current wait time for a placement in a long-term-care home was 145 days on average. That's almost five months that someone is waiting for a safe place to call home. This unmet demand created pressures in hospitals, contributed to hallway health care, and left many Ontarians feeling unsupported. This reality was a result of decades of underfunding of this sector. And then, just a few months after the creation of the ministry, COVID-19 hit and underscored all of these long-standing issues while simultaneously creating new challenges.

Our government's top priority since the beginning of this pandemic was and remains to protect the health, safety and well-being of our most vulnerable residents. This is at the centre of everything we do. We acted swiftly to address the pandemic and the dire situation that quickly surfaced. Working with ministry officials and on the advice of the Chief Medical Officer of Health and local public health units, we implemented key protocols to ensure a safe and secure environment for residents and staff. Emergency orders were put in place to help homes tackle the COVID-19 outbreak by addressing some of the more time-consuming restrictions around staffing, reporting and documentation to help ensure that staff were focused on caring for residents. We enhanced measures to enforce social and physical distancing, such as increased bed availability, so homes could provide isolation rooms. We put into place a temporary order that gave homes the flexibility they needed in this dire circumstance of the hit of COVID-19. We introduced directives that focused on keeping residents safe, which meant quickly and decisively limiting the flow of people in and out of homes.

In the spring of 2020, the economic statement, we invested \$243 million to assist the sector to prevent and contain the spread of infection. In the 2020 budget tabled last November, we detailed an additional \$540-million investment to protect residents, caregivers and staff in long-term-care homes from future surges of COVID-19. This investment included:

- \$405 million to help homes continue prevention and containment of COVID-19, including enhanced screening, staffing supports and purchasing additional supplies and PPE;

- \$61 million for minor capital repairs and renovations in homes to improve infection prevention and control;

- \$40 million to help stabilize the homes as they transitioned to lower-occupancy rooms to stop admissions of third and fourth residents to larger rooms;

—\$30 million to allow long-term-care homes to hire more infection prevention and control staff and train new and existing staff; and

—\$2.8 million to extend the high-wage transition fund to ensure that gaps in long-term-care staffing can continue to be addressed during COVID-19.

In total since the pandemic began, the government has invested over \$2 billion in COVID-19 emergency funding for the long-term-care sector. This funding has helped the sector to respond and cope with the pandemic and enact temporary emergency orders and regulatory amendments.

Because of the province's vaccine rollout, long-term-care homes are now in a much safer situation and they continue to get safer every day. Virtually all long-term-care residents have had the opportunity to be vaccinated, and the vast majority of them have been fully immunized for months. The large majority of long-term-care staff and assisted caregivers have received at least one dose of vaccine and many are fully immunized with two doses, and their rates of vaccination continue to grow on a daily basis. Along with our partners, we are working to maximize the vaccination rates amongst staff.

The high level of vaccination in long-term-care homes has allowed us to make changes that help homes safely resume communal dining and social activities. Based on advice from public health experts and in direct response to residents and their families, an updated directive number 3 for long-term-care homes from the Chief Medical Officer of Health was released on May 4, alongside a guidance document for homes. The update allows residents to safely resume activities such as communal dining, and indoor events and gatherings, with precautions.

Additionally, all residents, regardless of their immunization status, can leave their homes for essential purposes, which include outdoor exercise, buying groceries or visiting the pharmacy while the stay-at-home order is in place.

Another new piece of guidance is that fully immunized residents and fully immunized caregivers can engage in close contact such as hugging, as long as other precautions such as masking is maintained. And just last week, we built on those changes. Reflecting the changing public health situation, residents can now have outdoor visits with their loved ones. It was important that we made these changes. Residents in long-term care and their families and friends have been through so much this past year, and these changes helped them return to something closer to normal.

Our government understands that these changes can have a major positive impact on a resident's quality of life, and we anticipate further changes to support residents once the stay-at-home order is lifted. We will continue to carefully monitor the situation within our long-term-care homes so that we can continue easing restrictions when it is safe to do so. At the same time, we have never stopped moving forward with our vision to modernize long-term care.

The pandemic exposed the deep cracks in our long-term-care system and amplified the need to repair, rebuild

and advance long-term care in Ontario. From day one, I have taken the task at hand extremely seriously and so has our government. We are working to create a 21-century, integrated long-term-care sector that is well-resourced, puts residents at its centre, and is ready to welcome our most vulnerable when and where they need it.

In support of our ministry's vision, we are taking historic steps to improve capacity and conditions in Ontario's long-term-care homes. Between 2011 and 2018, only 611 new beds were built, despite the aging population of the province. After taking a closer look, we learned that this was, in large part, because the old funding model was out of date. We needed incentives to encourage faster development. We needed more than a one-size-fits-all approach.

Our consultations and research showed the way forward required addressing barriers to development, like higher development charges in urban areas. This was a barrier and that's why, last July, the Premier and I announced a new modernized funding model for long-term care. The model is being leveraged to create new capacity and to redevelop older homes to modern design standards.

This new funding model is designed around the specific needs of different market segments: rural, mid-size, urban and large urban. It removes barriers to building and modernizing long-term-care homes in Ontario so that more seniors can receive the care they need in their communities.

We have now announced a total investment of \$2.68 billion to be leveraged by the modernized funding model. This investment is being used to increase upfront funding and to cover development charges. This means more shovels in the ground as well as more and better spaces for our loved ones. By making smarter investments like this to unstick projects that have been stalled for years, we can jump-start the construction and renovations that we need to ensure we have enough modern long-term-care capacity to support Ontario's seniors, now and in the future.

1320

Our government is determined to build 30,000 new long-term-care beds over the next decade, and we are well on our way to that goal. We currently have over 20,000 new and over 15,000 upgraded long-term-care spaces in the development pipeline. This means two thirds of the spaces in our commitment are in various stages of development.

To help expedite the building of new capacity, we launched the Accelerated Build Pilot Program. It enables the construction of four new long-term-care homes in the greater Toronto area, in partnership with Infrastructure Ontario, Trillium Health Partners, Humber River Hospital and Lakeridge Health. The new homes will be located at sites owned by those hospitals in Mississauga, Toronto and Ajax respectively, with the intention to build a total of 1,280 spaces to have open early next year.

The pilot program is part of the government's larger plan to create new long-term-care spaces across the province—spaces that meet modern design standards, including features such as air conditioning and exclusively private or semi-private rooms. This is just one way we are

using innovative ideas and modern solutions to work together with our long-term care and health system partners to increase capacity and modernize long-term care.

Another example is the surplus lands program. Through this program, the government is selling three surplus provincial properties, with the requirement that long-term-care homes be built on the land. This will build 512 long-term-care spaces in Oakville, 256 spaces in Vaughan and 128 spaces in Aurora. We also have a funding partnership with the federal government to upgrade 95 Ontario long-term-care homes across the province.

In April of this year, we announced almost \$100 million in federal-provincial funding to upgrade homes so they are safer places to live and better places to work. This funding is going towards upgrading cooling systems, heating systems, ventilation, as well as sprinkler systems. These upgrades are crucial for infection prevention and control and help stop the spread of deadly viruses. They also improve the quality of life for residents. All of these investments are helping to build healthier and safer spaces for our loved ones in long-term care.

Our government is also working to build healthier and safer communities by managing the growing demand for long-term care. Given the current lengthy wait times that have built up over many, many years, it is critical that we do our part to help people remain in their homes for as long as possible. This is something that community paramedicine for long-term care can help support. Traditional community paramedicine programs have been demonstrated to reduce 911 calls and avoidable emergency hospital room visits. These are programs where paramedics use their training and expertise in non-emergency care roles.

That's why, after much consultation and engagement with the sector and municipalities, our government has created an innovative, fully provincially funded community paramedicine program for long-term care. We initially partnered with five municipalities to build upon their existing community paramedicine programs to provide additional and appropriate care for seniors in their own homes. We have now secured funding to implement the community paramedicine for long-term care program in 33 communities across the province. The total funding for this program is now \$160 million over three years.

The program offers a number of services, including 24-hour, seven-day-a-week in-home and remote support; non-emergency home visits; in-home testing procedures; ongoing monitoring of changing or escalating conditions; and connections for seniors and their families to home care and community supports. The program is already an incredible success. The response from people in the program has been overwhelmingly positive, and we consistently hear first-hand from seniors that the support they receive is of the highest quality.

The program has succeeded because it leverages the skills and professionalism of Ontario's paramedics in communities across the province. These paramedics have been a lifeline for many seniors waiting for a space in long-term care. We continue to work to improve the

program, expand it to even more areas of the province and to find other innovative ways to support our vulnerable population.

Another innovative program we recently unveiled was the Medication Safety Technology Program. This program was announced in March of this year and provides up to \$77 million to help long-term-care homes adopt technology to strengthen medication safety. The three-year program will provide supplementary funding to help long-term-care homes acquire technologies that can enhance the safety and security of their medication management. Good medication management in long-term-care homes keeps residents safe.

That brings me to another critical element of our government's efforts to modernize long-term care in Ontario: ensuring that proper staffing is in place to improve resident quality of care and quality of life. It is fundamental.

Ontario's long-term-care homes currently employ over 100,000 staff across the province, and residents rely on them each and every day to meet their needs. This can often be challenging as most residents have complex mental and physical needs. With many new homes being built and Ontario's aging population, our province needs a large pool of well-trained staff, including registered nurses, practical nurses and personal support workers. That is why we launched our staffing plan, A Better Place to Live, A Better Place to Work, in December of last year. This historic plan is the largest long-term-care staff recruitment and training drive in our province's history. The staffing plan focuses on six key areas of action:

- increasing staffing levels;
- accelerating and increasing education and training pathways;
- supporting ongoing staff development;
- improving working conditions;
- providing effective and accountable leadership; and
- collecting data so we can measure, evaluate and report on our progress.

Under this plan, our government is investing \$4.9 billion over four years to help create more than 27,000 new positions for registered nurses, registered practical nurses and personal support workers in long-term care. This is historic. This will allow us to deliver on our Canada-leading commitment to ensure residents receive on average four hours of care per resident per day. Advocates, including some at this virtual table, have been calling for this standard for decades, and we are taking action.

We have been moving as quickly as possible to implement our plan and fix the long-standing staffing problem in long-term care. In January, we announced an innovative pilot at Willis College to train 300 PSWs with hands-on clinical experience. In February, we announced an investment of over \$150 million to help train approximately 8,200 new PSWs at Ontario's publicly assisted colleges. In March, these colleges began accepting applications. Over 3,500 people have already enrolled in the program, and almost 1,000 have started their training. In April, we announced an almost \$86-million one-time bursary program to provide financial support to PSW

students at private career colleges and district school boards. In May, we invested another \$35 million to increase enrolment in nursing education programs across the province, supporting the training of up to 2,000 new registered nurses and registered practical nurses who can work in long-term-care homes.

Mr. Chair, this has not been done in 20 years to improve the numbers of nursing students—not in 20 years. It will also increase supports for clinical education placements for nurses in homes.

All of these measures help to attract, train and retain the staffing we need in long-term care to ensure that residents are receiving the care they need and deserve.

Inspections must also be carried out effectively. That is why, last fall, dozens of new inspector positions were funded. Training for these new staff is well under way with an updated curriculum. It is also why, in January of this year, a working group reconvened to continue evaluating options for proactive inspections—work that was interrupted by the pandemic. This group is informed by the recommendations made by third-party reviewers, such as the Auditor General and Ontario's Long-Term Care COVID-19 Commission.

During the COVID-19 pandemic, ministry inspectors continued to inspect issues that posed a risk of potential harm to residents, and to respond to concerns of residents and families. Upon completion, inspection reports are made available to the public. Last year, inspectors completed over 2,800 inspections and addressed more intakes than in previous years in several key categories. This year, we are on track to meet or exceed previous annual inspection volumes, and we are working day and night to ensure that every senior who needs long-term care in Ontario has a comfortable and dignified place to call home.

1330

We will continue to collaborate with our partners across government to fix long-term care and to ensure our system is sustainable for years to come. To further support our efforts to fix long-term care, our government launched an independent commission into COVID-19 and long-term care last summer. Three independent commissioners were appointed for their expertise and experience, with a mandate to investigate how COVID-19 spread within long-term-care homes and to provide guidance on how infection prevention and control could be improved during future waves of COVID-19 or future infectious disease outbreaks.

The commission report was released on April 30 and it contains a number of recommendations that will continue to form our ministry's ongoing efforts. I am grateful to the commission and its commissioners for its comprehensive and timely work and for providing its final recommendations. I am also thankful to the many people who shared their stories, experiences and expertise with the commission.

We have been carefully reviewing the recommendations and they will continue to inform our work moving forward. Many of them are in line with measures our government has already taken; measures I have already

spoken to in this address, such as implementing our historic staffing plan, investing in stronger IPAC measures in homes and developing tens of thousands of new long-term-care spaces through a modernized funding model.

Many of the recommendations will also require further work, and we will be providing regular public updates on our progress. For instance, the report recommends offering counselling to all residents and staff, and I have urged every long-term-care operator to do this immediately. The commissioners are right in identifying the trauma experienced by residents and staff, and those residents and staff need that support. The commissioners also recommend separating the development of long-term-care homes from their operation. This is an interesting model and the ministry will continue to explore it.

Fixing the problems addressed in this report and others, like the Auditor General's report, will take many solutions. We are committed to addressing the issues identified and are committed to doing them. We know that there's a lot more to be done and we're going to keep doing it.

Despite the challenges COVID-19 has presented, our government is committed to fixing the long-term-care sector and has been working non-stop to deliver. We're modernizing long-term care so that we have a 21st-century system that meets the needs of Ontario's most vulnerable. We're investing and innovating to develop on our Canada-leading commitment to ensure residents receive on average four hours of direct care per day per resident, and we are determined to deliver on our goals. We are going to continue to work with our partners in long-term care and across the health sector to look at better ways to provide service and build up the infrastructure we need to support Ontario's growing population of seniors. Together, we can improve long-term care for all Ontarians.

The Chair (Mr. Peter Tabuns): You have two minutes left.

Hon. Merrilee Fullerton: Once again, thank you for the opportunity to highlight the critical actions our ministry has been taking to transform long-term care in Ontario today and in the future. Thank you.

The Chair (Mr. Peter Tabuns): Thank you, Minister. We now go to the official opposition—sorry. You do have two minutes if you wanted to use that time. No? Okay.

We go to the official opposition. MPP Singh, the floor is yours.

Ms. Sara Singh: Thank you so much, Chair, and I just want to make sure that you can hear me clearly. I wanted to get a thumbs-up.

The Chair (Mr. Peter Tabuns): Yes, I can hear you, but your signal is a bit weak. You wobble a bit.

Ms. Sara Singh: Okay. Yes, that's the issue I've been having; some connection issues. It's not just a rural problem. Obviously, here in urban settings broadband access remains a challenge for many of us. If it may be easier, if I'm cutting out, Chair, if you want to just give me a wave, I'm happy to turn my camera off throughout my remarks to hopefully have—

The Chair (Mr. Peter Tabuns): I will do so.

Ms. Sara Singh: Okay, perfect. I want to thank the minister for providing her remarks today, and I think as many of us continue to wonder about the state of long-term care here in the province of Ontario, there still remains many unanswered questions with respect to how the minister is going to help us move in a direction that's going to actually achieve the goals of providing person-centred care that is comfortable and dignified for residents in long-term care.

Today's announcement, as we heard, with respect to air conditioning—this remains an unfulfilled goal by the government. So many other concerns are present with respect to the staffing strategy, ensuring that infection control measures are increased in the home, and how we're actually going to achieve the goal of ensuring four hours of hands-on direct care for residents.

I have no doubt that the minister has inherited a broken system because of decades of neglect by the previous Liberal government: failing to complete renovations in a timely fashion; ensuring that beds are built. I do understand that the system was in neglect and in dire straits. However, through COVID-19, what we clearly saw was [*inaudible*] the government also, the current Conservative government—oh, I see a wave.

The Chair (Mr. Peter Tabuns): MPP Singh, the minister can't hear you. We have a technical problem. We're trying to solve that. Your clock has been stopped, so you're not losing any time while we try and figure this out. Thanks for your patience.

Ms. Sara Singh: Okay, perfect. I'll stand by on mute. Thanks.

The Chair (Mr. Peter Tabuns): Thank you so much. *Interjection.*

The Chair (Mr. Peter Tabuns): Okay. Minister, can you hear me? Excellent. I take that as a sign of assent.

MPP Singh, you're on the clock; please proceed. And, Minister, if you've got a problem, just wave madly; we'll catch you.

MPP Singh, you're good to go. Yes, you need to be unmuted. It's a brave new world.

Ms. Sara Singh: Thank you so much. Chair, I'm just wondering if I should just briefly start from the beginning if the minister was not able to hear some of my opening remarks before I move forward to questions.

The Chair (Mr. Peter Tabuns): Yes, please.

Ms. Sara Singh: Okay. Thank you so much. Thank you, Minister, for being here today and for providing us an overview of the state of long-term care and some of the initiatives that your government is currently undertaking.

As I was saying in my opening remarks, I understand that the current ministry is seeking to address long-standing problems within the sector, much of which you inherited because of neglect by the previous Liberal government—decades of neglect, frankly, that put our long-term-care system in quite dire straits.

However, as we know, through COVID-19, through the Auditor General's report, as well as the Canadian Armed Forces report and your own long-term-care commission, that this government is also responsible for much of the

failures that we currently [*inaudible*] in long-term care. Despite your remarks today, I think there still remains a great deal of uncertainty amongst the general population, as well as members of the opposition, with respect to how you're going to achieve some of the goals of ensuring that care is dignified and that residents in long-term care are receiving the supports and level of care they need and, frankly, deserve to have their needs as a whole person be met, as you've indicated.

And with that, I think today's announcement of air conditioning in homes—this was a goal that was set by your government. The Premier very clearly indicated last summer that all homes would have air conditioning in place. Despite the regulations, we're still finding that many homes are without adequate cooling options made available to residents, and that remains a great deal of concern for many families and for us in the opposition.

1340

As well, based on some of the estimates that have been provided, it's not quite clear how we're going to achieve the four hours of hands-on direct care that your government has committed to providing as well.

There are still also many questions with respect to infection control measures and how those will be implemented in a timely fashion in our long-term-care homes, as well as continuing to prioritize for-profit care models over not-for-profit care models despite the long-term care commission's recommendations that we do move towards alternative models of care that deprioritize private models and perhaps rely more on public models of care.

So with that, Minister, I think that there are still quite a number of questions. If it's okay, Chair, I'd like to start asking some of those questions, if that's possible.

The Chair (Mr. Peter Tabuns): It's entirely possible. You can use the time as you see fit.

Ms. Sara Singh: Perfect. Thank you so much, Chair. I wanted to make sure that I was in line with the process here.

The Chair (Mr. Peter Tabuns): MPP Singh, sorry, you're going to have to turn off your video, I'm afraid. You were just wobbling, and the minister's got to be able to hear your question.

Ms. Sara Singh: Okay. Absolutely fair. Is this a little better now?

The Chair (Mr. Peter Tabuns): Yes, it is. The minister is nodding as well.

Ms. Sara Singh: Okay, perfect. Thank you, Minister. I apologize. As I was joking earlier when you were muted, broadband access and slow Internet connections aren't just a rural problem; here in Brampton, we are also experiencing some of those technological issues. But thank you again.

On some of the questions related to your cooling strategy and ensuring that residents do have access to air conditioning units, I know that your announcement today still falls short of meeting the goal of ensuring that residents have access to air conditioning within their rooms. I know that in some of the common places, there is

cooling made available, but 40% of the homes still won't have AC available for residents in their rooms. Much of their time is being spent in these spaces. Can you help us understand when 100% of the homes in Ontario will be outfitted with air conditioning units in the residents' rooms and how much funding is being allocated to achieving that goal?

Hon. Merrilee Fullerton: Thank you, MPP Singh. I appreciate the question. Obviously, when we look at the air conditioning or the lack thereof over many, many years, it really is a historic step forward that we have 100% of our long-term-care homes in Ontario that have met the regulation requiring them to have cooling in their homes. Whether it's through air conditioning or other mechanisms, it is important that the temperature be monitored, and we have set a ceiling of 26 degrees. So I think this is a really historic achievement, to have 100% of our long-term-care homes in compliance with this regulation.

Some 60% of the homes do have air conditioning in the rooms as well, and we are moving another 20% forward into that area as well to be able to provide it in the rooms. The key, really, is that we've set a temperature of 26 degrees, which needs to be not only monitored in the home by the staff but also that will be inspected. This is a critical piece, and we've been very, very clear about the importance of this. You've heard the Premier talk about that.

These new regulations came into effect May 15. We have invested \$105 million in total that has helped and continues to help long-term-care homes buy, install, repair and upgrade their air conditioning systems, and we have collected the data to understand what the situation was in homes—this data did not exist before—and to make sure that there are adequate cooling systems in place very quickly, in short order.

So this is historic. This is an achievement of 100% of our homes to meet this compliance. Some of the dollars that have been put towards this, as I said, came from the \$105-million total, but there are other minor capital improvements funds as well. I'll let the deputy or the team provide some more background.

Mr. Richard Steele: Yes, thank you, Minister. On the funding, I will say, over the last two years, we've made available a number of tranches of funding. Last year, we had a base amount—

The Chair (Mr. Peter Tabuns): Excuse me one moment. I apologize, sir. If you could identify yourself, your name and your position, for Hansard. Just a reminder to all ministry staff, we'll need that with each of you. The minister is the only one that we're pretty clear on, but we don't want to have a mess-up on Hansard. Thank you so much.

Mr. Richard Steele: My apologies. Richard Steele, deputy minister, Ministry of Long-Term Care. In terms of the funding that has been made available last fiscal year and this fiscal year, a few different envelopes and pockets of funding have been available. Last year, we had a standard minor capital program—I think about \$23 million—that we encouraged homes to use for upgrades to air conditioning. We then supplemented that with an

additional tranche of IPAC minor capital funding, which was about \$63 million. Those numbers are repeated this year, and this year again we asked homes to prioritize upgrades to air conditioning from that funding.

As the minister noted, we were also successful in accessing about \$18 million in federal funding and then matched with \$20 million in provincial funding under the federal infrastructure program. That has been focused on a couple of areas: heating, ventilation and air conditioning in general. So it includes air conditioning but not just air conditioning, as well as some projects to improve fire safety with sprinkler systems.

The other point I will note, to just build on the minister's comments, is, for the 20% of homes that are not currently tracking to having full air conditioning, that doesn't mean that nothing is happening. We are continuing to work with the homes to try to help them work through the challenges and barriers that they have identified in installing full air conditioning. Generally, you have fairly structural challenges that exist in all the homes that do make it quite difficult to put air conditioning in every resident room, but we will continue to pursue that with those homes.

The final comment I'll make is, as we do move forward with the development and redevelopment program to replace older homes and to build new homes, all of those homes will be outfitted, of course, with full air conditioning and meeting the latest standards around air quality and ventilation. We're really trying to attack this problem on a number of fronts, just to both improve the existing configuration in older homes and ensure that any new homes are fully air-conditioned.

Ms. Sara Singh: Thank you, Deputy Minister as well as Minister, for that response. I just wanted to pick up on the inspection piece with this, as well as if there are any targeted timelines for when we expect to reach 100% compliance with the regulation, because it still remains, to me, unclear when we'll reach 100%. And how will these inspections be done? As we know, in the past, many inspections have been cancelled and were not taking place on a proactive basis. How will we be ensuring that the temperature is maintained and that these AC units are actually installed in a timely fashion?

Hon. Merrilee Fullerton: Thank you, MPP Singh, again. And I just want to thank the deputy minister for his remarks earlier.

As I said prior, 100% of Ontario's long-term-care homes are in compliance with the regulation, and so this is very promising. We know that the inspectors play an important role in our long-term-care homes to ensure that the safety and well-being of our residents is a top priority, and we will continue to do that.

If we look at the staff requirements to report this and the home requirements to report this, as I mentioned, 26 degrees is the top end, and we'll be making sure that that is addressed. When we look at the support that we've had to date from a number of different groups, including the executive director of the Ontario Association of Residents' Councils, they have been very clear that—they say, "We

are pleased that the government of Ontario is requiring cooling areas in” long-term-care “homes and is enhancing cooling requirements to ensure that homes prevent and manage hot weather-related illness and communicate these plans to residents and their caregivers.”

I think that the important part of this, in terms of the inspectors as well, is that every home is required to have a plan of how to manage the cooling. So if the temperatures are getting hot, they have to have that plan. It has to be active, and that is an expectation. Every home has a requirement and a duty to keep their residents safe, and this is part of what the inspectors will do as well, but it will have to be reported to the ministry. This will be an ongoing effort. I know that the homes already have to report quite a lot, and I do appreciate their efforts in this regard.

1350

I just want to be clear that 100% of homes are now in compliance with the regulation. It is partly the staff that will be diligent in reporting this, based on a plan of action that they have, as well as the inspectors, so this is a very thorough approach. I know that this has been a long time coming. As a physician for almost 30 years, going in and out of long-term-care homes, I was shocked that they did not have air conditioning required—but this is really historic movement forward, and I’m very pleased to have been able to announce it today.

I’ll ask the deputy if he wants to comment further on the inspection process.

Mr. Richard Steele: Thanks, Minister. I’ll turn it over momentarily to Assistant Deputy Minister Sheila Bristo, our ADM of operations, to speak about inspections, but I just wanted to add one comment around the recent regulatory changes that we did implement, announced in April and effective May 15.

As the minister noted, one of the things we’ve tried to accomplish with those regulatory changes, in addition to the requirement that all homes must have air conditioning in designated areas for residents, is to really provide much clearer and tighter expectations for homes around hot-weather planning, what the elements of a hot-weather plan should be and the expectations for homes in terms of ensuring that residents were kept safe during periods of hot weather, which really, then, gives our inspectors something much more concrete to inspect against: the existence of those plans, and then the implementation of those plans, including, as the minister noted, the monitoring of temperatures throughout the homes.

Maybe I could turn it over to Assistant Deputy Minister Bristo to speak to how we plan to inspect against these requirements.

Ms. Sheila Bristo: My name is Sheila Bristo. I’m the assistant deputy minister of operations division. Just to reiterate the inspections component: As mentioned by the minister in her opening remarks, long-term-care homes are inspected annually, and those inspections continue to be under way. Inspectors certainly will be including compliance with this regulation as part of their inspection exercise that they conduct annually.

In addition to our annual inspections, we also have a complaint line where family members and visitors—whoever—can have direct access to the ministry and indicate a concern or a complaint around air conditioning or temperature if they have concerns. Our inspector unit is monitoring those complaint lines very closely to be able to ensure that they go in and follow up with any such complaints with regard to air conditioning.

Ms. Sara Singh: Thank you all for the question. I just want to clarify before I move forward to the next round of questioning: Minister, when you say that 100% of the homes are compliant with the new regulation, this means that, still, cooling is only available in common areas, not in residents’ rooms? Just to be clear on that.

Interjection.

Ms. Sara Singh: Sorry. I think the minister may be having some tech issues again.

The Chair (Mr. Peter Tabuns): Yes. We’re going to put the timer on hold.

Okay. I understand, Minister, that you were going to leave and come back. Have you returned?

Hon. Merrilee Fullerton: Can you hear me now?

The Chair (Mr. Peter Tabuns): I can hear you now.

Hon. Merrilee Fullerton: Okay. Perfect. So—

The Chair (Mr. Peter Tabuns): Sorry. Did you hear the question from the member?

Hon. Merrilee Fullerton: Yes—100% of our homes are in compliance with the regulation to have a designated cooling area, and also to maintain that 26-degree ceiling on temperatures. As of July 2020, 360 homes were not fully air-conditioned. That’s last year. By the end of that summer, 193 of those homes indicated they had purchased or installed new air conditioning systems, and a further 108 homes had indicated that they were working on it. So we have 60% of our homes fully air-conditioned with air conditioning in the room. Another 20%—so that brings us up to 80%—are working on that, about 83% in total, who are going to be approaching that. And a slim number of 17% are still required to meet the regulatory standards, maintaining the temperatures at 26 degrees.

I think this is the key part: the temperature of 26 degrees. Whether it’s through air conditioning or whether it’s through other means, it is important for the homes to be able to maintain that. That will be part of the reporting. It will be part of the inspection process. And so we will continue to work with homes to make sure that residents are comfortable and cooled.

Ms. Sara Singh: Okay, thank you so much for that, Minister. I appreciate the clarification. I know that my colleague Teresa Armstrong would also like a follow-up question around some of the cooling strategies, so I’ll pass it over to her.

The Chair (Mr. Peter Tabuns): Ms. Armstrong, the floor is yours.

Ms. Teresa J. Armstrong: [*Inaudible*] minister or the assistant deputy minister. With respect to the air conditioning, prior to this initiative that the government took on, do you have figures on which homes had air conditioning and which homes didn’t—and identifying which of those

homes were for-profit and which of the homes were not-for-profit?

Hon. Merrilee Fullerton: Thank you for the question. Let me first start by saying that long-term care had been so neglected that it was difficult to get the data. So that's exactly what we have done when we became a stand-alone ministry—is to start to understand what the situation was with homes in terms of sprinklers, air conditioning and these sorts of situations. We have done that data collection, and that is something where we have a much, much better understanding of the situation of these homes.

It simply wasn't ever asked, and that I find incredible: that for decades, it was only our government that came in and said, "What is going on with the air conditioning? We need to address this." It was the Premier who led this. That is why we've been able to put out hundreds of millions of dollars to address the long-standing lack of air conditioning in these long-term-care homes that were neglected for so many years.

We are in the process of making sure we have much better data that never existed before, because if you want to solve something, you need to have the information. You need to have the data.

I'm very pleased to say that 100% of the homes are in regulatory compliance and 60% with full air conditioning, including in residents' rooms.

I will ask the deputy if he has any further information to add, but it's really quite shocking that a whole sector did not have this data.

Ms. Teresa J. Armstrong: If I could just add on to my question: I would like to know how many for-profit homes did not have air conditioning? How many not-for-profit homes didn't have air conditioning?

And then I would like to know: If there are units in residents' rooms, are there any extra charges being applied for those units in residents' rooms? I know when my parents were in long-term-care homes, they had to pay an additional charge to get a unit into their room. I would like to confirm if that's something that's being passed on to the residents, if they have a unit that's now regulated and legislated.

Hon. Merrilee Fullerton: Our government has provided hundreds—

Ms. Teresa J. Armstrong: The deputy minister, if I could—sorry, not that I wouldn't want you to respond, but I would ask the deputy minister if they could respond, please, to that numbers question.

Mr. Richard Steele: Thank you. Richard Steele, deputy minister. I do not have the breakdown of our starting point last July, when, as the minister noted, we first collected the data. At that point, 40% of homes had full AC throughout, including resident rooms; 60% did not. I do not have the data here in terms of the breakdown of that 60% between for-profit, not-for-profit and municipal, obviously. The homes that did not and do not have air conditioning are, typically, the older homes. From a structural classification perspective, these would typically be the C category homes—not exclusively, but typically that would be the situation.

1400

Ms. Teresa J. Armstrong: Are residents being charged extra fees for having units put in their rooms?

The Chair (Mr. Peter Tabuns): MPP Armstrong, before you proceed: Minister, I just wanted to let you know that we can't see you. We have your audio feed but we don't have your video feed.

Hon. Merrilee Fullerton: As long as you can hear us, I think we'll try and get that sorted out. Thank you.

The Chair (Mr. Peter Tabuns): Okay, that's good.

Sorry, MPP Armstrong. If you would repeat your question. My apologies.

Ms. Teresa J. Armstrong: No worries. Back to the deputy minister: Are residents being charged for air conditioning if they have an air conditioning unit that's in their room?

Mr. Richard Steele: That would certainly not be our understanding, and certainly if that was happening anywhere, we would want to know about that. No, that should not be happening.

Ms. Teresa J. Armstrong: Okay. Can you confirm that and report back, that that's the case?

Mr. Richard Steele: Happy to do that.

Ms. Teresa J. Armstrong: The other question that I wanted to clarify: You had mentioned 40% of homes had full AC and 60% did not have AC. You pointed out that a majority of older homes that are for-profit homes look like they don't have AC. Can I ask what reason would be given by a for-profit home that was older—why wouldn't they have updated their air conditioning system? What would be the justification for not doing that, knowing how hot it is not only for residents but for workers and family members? What did they have to say about the fact that they had profits being given to their shareholders, but wouldn't invest in their own home to make the residents and workers comfortable?

Hon. Merrilee Fullerton: Thank you for the question. Can I start by clarifying—its's 60% of long-term-care homes that have full air conditioning.

Mr. Richard Steele: It was 40% last July.

Hon. Merrilee Fullerton: Oh, last July. Okay, very good. As long as we're clear on moving forward.

In terms of the funding models and how that funding works, I will pass that to the deputy, in terms of our funding envelopes and that aspect of it.

Mr. Richard Steele: Yes, thank you, Minister. Again, to clarify: In that group of homes that, a year or so ago when we started this whole program, did not have air conditioning, it would have been a combination. Like I say, I don't have the exact breakdown of which ones were for-profit and not-for-profit. Typically, your newer homes that are built to the newer design standards would have air conditioning. Older homes, when they were built in the 1970s and potentially the 1980s, would not have necessarily had air conditioning.

The issue would come down to, whoever the operator was, for-profit or not-for-profit, the ability to fund the installation of air conditioning from the funding that's provided by the ministry. That same funding is available

to, again, all operators. It's the same funding formula for for-profits and not-for-profits. Everybody would be faced with similar challenges as to funding minor capital upgrades.

That is why, as part of the interventions we've made over the last 12 months, certainly the regulatory change that was introduced this year was important, but ensuring that the funding was available to homes to make these changes was also an important part of the equation. I think the reality would be that prior to last year, the only minor capital funding that was available for these kinds of upgrades would be approximately \$20 million a year.

Ms. Teresa J. Armstrong: Going forward, as you have this fund for the air conditioning of long-term-care homes, is the ministry keeping records of which homes are accessing this funding, and making sure that the air conditioning is upgraded?

You said 17% still require air conditioning systems. Of that 17%, how many of those are for-profit homes? We know the statistics around for-profit-home outcomes when it comes to COVID; what's taking so long for them to get on board if the funding is there?

The Chair (Mr. Peter Tabuns): You have about two minutes left.

Hon. Merrilee Fullerton: If we look at the older homes, we understand, certainly, that the age of the home is an issue not only for infection prevention and control—and that's why we are pressing ahead with the developments, the \$933 million in addition to our \$1.75 billion to upgrade these homes. We've got 20,000 new beds in the pipeline, along with 15,000 for new upgraded spaces. This is such an important part.

I can't speak for the previous government, but it did not approve applications for older homes. That's part of the issue, that those older homes never got approved to be redeveloped and upgraded. That is something that our government is doing.

In terms of the funding, we have a couple of sources, as was mentioned by the deputy. The Infection Prevention and Control Minor Capital Program, \$61 million through that: It's part of our four-year, \$246-million budget commitment to improving living conditions in long-term-care homes. There's also our almost \$24-million investment through the Ontario long-term care minor capital plan to improve cooling in homes. This is on top of the federal-provincial dollars that we've put forward.

In terms of the older homes, they do present concerns. We've taken measures to address the ward rooms, reducing that capacity. The air conditioning is another piece. In an older home, its electrical system might not be able to manage the load, so we have to find other ways to create those designated cooling areas.

But as I said, 100% of our long-term-care homes have met the regulatory requirements and are compliant, and 60% of our homes have full air conditioning, both in the common areas and in the rooms. Another 20% are well on their way to achieving that. And it's that other 17% that we are working very hard with and will be in regular contact to make sure that they are compliant and that it is

reported in terms of our 26-degree ceiling, that they do have an action plan and that our inspectors are involved.

We have inherited a neglected system, over many, many decades—

The Chair (Mr. Peter Tabuns): I'm sorry to say that you're out of time. We now go back to the minister for 30 minutes of reply. Thank you.

Hon. Merrilee Fullerton: Thank you, Chair. Thank you for the opportunity to reply. I appreciate the work each of you is doing in this committee's important oversight role on behalf of all Ontarians, and I welcome the chance to communicate our ministry's vision and, more importantly, our actions.

Like the rest of the world, the COVID-19 pandemic has had a tremendously large impact on our work and the people we serve—and, as I said before in my opening remarks, that would be an understatement. The first and second waves of the pandemic disproportionately affected residents and staff in the long-term-care sector. What has occurred in long-term-care homes across the province is tragic, and we offer our sincere and deepest condolences to the loved ones of everyone we have lost.

To residents who have lost friends, to family members who have lost a loved one, to staff who have lost a co-worker or someone they cared for and saw every day, our hearts go out to all of you.

I also want to acknowledge and to commend the staff working at long-term-care homes. Under incredibly challenging conditions, they have been truly heroic in their efforts. Their compassion and dedication are helping to improve the lives of those in long-term-care homes now and into the future. Along with all Ontarians, our government is deeply grateful.

Our government's number one priority has been and will always be protecting residents and staff in every long-term-care home across this province. Of course, the biggest threat to long-term-care homes this past year has been the unprecedented global COVID-19 pandemic. Since the outset of the COVID-19 outbreak, we have worked tirelessly with officials from across government. We have worked with the command tables, the Chief Medical Officer of Health, the Ministry of Health, the outbreak response coordinator, Public Health Ontario and local public health units to assist homes during this crisis, and with others.

All of this was done to fortify the protection of our most vulnerable and the province's front-line heroes. We acted swiftly to address outbreaks and took escalating actions to meet the evolving situation. We worked with ministry officials, and on the advice of the Chief Medical Officer of Health and the local public health units, we worked to find solutions to emerging problems. As the pandemic continued to evolve, we continued to evolve with it. Emergency orders were put in place to help homes tackle the COVID-19 outbreak by addressing some of the more time-consuming restrictions around staffing, reporting and documentation to help ensure that staff were focused on caring for residents. We enhanced measures to require social and physical distancing, such as increased bed

availability, so homes could provide isolation rooms and cohort residents.

We put into place a temporary order that gave homes the flexibility they needed, and we introduced directives that focused on keeping residents safe, which meant quickly and decisively limiting the flow of people in and out of homes.

1410

We mapped homes to hospitals for support, and we enabled hospitals, public health and the home care sector to deploy health professionals to homes experiencing critical staffing shortages. In homes that needed further support, we enabled hospitals and other health providers to take over management of homes, providing more responsive management structures. And in the homes which, despite all of these supports from across the health care sector, were still struggling, we called in the Canadian Armed Forces to stabilize.

We developed aggressive measures for more extensive testing, screening and surveillance, leading to residents and staff in long-term-care homes being tested for COVID-19, and that testing system worked. Surveillance testing caught asymptomatic cases which otherwise would have gone unnoticed until an outbreak existed. And that was the usual scenario: a staff member picking up COVID-19 through community spread and unknowingly bringing it to the home. The surveillance testing regime made a clear difference.

We called upon Health Canada to expedite the availability of rapid tests and deployed them widely. Millions of rapid tests were sent to almost every long-term-care home in the province, and Ontario continues to lead the country in the use of rapid tests in long-term-care homes.

We backed up the sector with record sums, over \$2 billion, to support the pandemic response.

Knowing how important it was to learn from the pandemic, we were the first jurisdiction in Canada to call a commission of inquiry into COVID-19 in long-term care, and that commission started its work last summer. Three independent commissioners were appointed for their expertise and experience. Our government struck the commission to give the people of Ontario a timely, transparent and non-partisan investigation, and the commissioners delivered on that. I am grateful to the commission for its work and final recommendations, and I'm also grateful to the many people who shared their stories, experiences and expertise with the commission. It was an emotional journey, and we will do right by those impacted by this tragedy.

Our government is reviewing the recommendations. Many of the recommendations will also require further investigation, and we will be providing the public with regular updates on our progress. I want to assure Ontarians that action is already being taken, including developing thousands of new long-term-care spaces, urgently implementing our staffing plan and investing in stronger infection prevention and control measures in homes. Fixing the problems addressed in this report and others, like the Auditor General report released on April 28, will take

many solutions. Our government acknowledges that there is more that needs to be done, and we will continue to rebuild a broken system.

There is no doubt that Ontario's long-term-care sector was ignored for decades. Previous governments had dozens of reports to tell them that. The Auditor General identified that. The commission identified that. The neglect left the sector flat-footed and less effective at reacting to the pandemic than it could have been. We accept and acknowledge that, and we know that Ontario's most vulnerable deserve better. That's why our government is committed to pursuing an aggressive modernization strategy that has multiple parts.

First, we are breaking down barriers for development so that we can replace spaces in ward rooms with ones built to modern design standards and build the new spaces for our residents for them to be able to live in dignity and respect. The signature element of our plan to address capacity in long-term care is the modernized funding model. This bold new plan will allow us to modernize a system that had been neglected for many years. It will allow us to reduce the waiting list and ensure seniors live in a setting that is modern, clean and comfortable. In addition, the new investment will create jobs and contribute to our economic recovery.

It helps speed up construction by creating four new regional categories based on geographic location, each with a targeted home size: large urban, urban, mid-size and rural. An increase to the province's construction funding subsidy will be tailored to each of these four categories, enabling the government to address the barriers and needs of different communities, providing development grants of between 10% and 17%, depending on regional category, to cover upfront costs like development charges, land and other construction expenses; helping small operators in rural communities navigate the high cost of development while ensuring larger urban sectors can secure the loans and real estate they need; and increasing funding to incentivize the construction of basic accommodation and continuing top-ups for small and medium-sized homes.

By taking these steps, our government is making it more attractive for operators to build long-term-care homes and bring aging homes with ward rooms up to modern design standards.

Throughout the pandemic, it was clear that the spread of COVID-19 was heightened in older homes where residents with shared ward rooms and shared bathrooms were crowded. Some of those spaces were built to design standards from the 1970s. Before the pandemic, we were working to upgrade those spaces to modern standards, and we have accelerated that work. In our 2020-21 budget, we added \$933 million of new funding into 80 new long-term-care projects, which will lead to an additional 7,510 new and 4,197 upgraded long-term-care spaces across the province. That was on top of the \$1.75 billion that we had already invested.

In the development pipeline, there are now 20,161 new spaces and almost 16,000 upgraded ones. That's more than two thirds of our commitment of 30,000 new spaces by

2028. That means a wait-list that is 20,000 people shorter and more than 15,000 people in a modern room as opposed to shared ward rooms. In building the new spaces we need, our government is delivering the change that previous governments promised but failed to deliver.

In parallel, we have committed to fixing staffing. It is foundational, and we have launched a staffing plan that will bring Ontario to the forefront of providing care in Canada. It has been apparent for years that staffing in the long-term-care system was strained, and the pandemic pushed those stresses further. We knew Ontario could do better and long-term-care residents deserved better. That's why we launched the long-term-care staffing study to inform a staffing plan even before the pandemic. The Long-Term Care Staffing Study Advisory Group engaged with over 25 organizations representing care providers, residents and families, operators, nursing organizations, labour unions and training and research groups. The product of all that work is *A Better Place to Live, a Better Place to Work*, our staffing plan which addresses long-standing issues.

Unlike other plans that have been presented, ours was achievable. It had achievable benchmarks, with major dollars attached, to reaching the standard of an average of four hours of care per resident per day. That commitment will make Ontario the leader in care in Canada. It will require the largest health care recruitment drive in our history and an unprecedented commitment of \$4.9 billion to make this happen. We're making progress on recruiting the 27,000 new health care workers that we will need. Already the training programs that we've recently announced will train up to 16,500 new PSWs and 2,000 new nurses, and we are not done.

During the pandemic, we have recognized the work of PSWs across the sector, and we have increased their pay since October through the temporary wage enhancement. We extended that wage enhancement of \$3 an hour for 50,000 PSWs in long-term care to the end of June. That represents \$700 million worth of investment. That, on top of pandemic pay, which ran from April to August of last year, has helped homes recruit over 8,600 new staff.

We listened to the sector and built a plan for staffing that is achievable and that will make our residents' lives better, and we are going to keep doing the work to achieve it. But we know that these are problems that won't just be solved by throwing money at them. In the same way that we are breaking historical ground, breaking down barriers to building new spaces and redeveloping old ones, the staffing plan makes clear that we have to disrupt, accelerate and increase training pathways. This includes measures to stabilize staffing through initiatives to recruit, retain, train and support more staff, such as the Ontario Matching Portal, increased infection prevention and control personnel, the personal support worker return-of-service program, fast-tracking personal support worker education, providing supports for new nursing graduates, and the Ontario Workforce Reserve for Senior Support program.

1420

It also means scaling up traditional education and training streams to create new labour supply in partnership with educational institutions, as well as accelerating and creating new pathways to increase the supply of workers.

The immediate focus includes removing barriers to employment for internationally educated professionals, training personal support workers on the job and supporting career laddering, including PSWs who want to become registered practical nurses, and registered practical nurses who want to become registered nurses.

In the spring our government established a staffing supply accelerator group to champion expansion, acceleration and innovation in training and education for long-term-care staff, including personal support workers, registered practical nurses and registered nurses that we need. The group will support the objectives of the staffing plan and is composed of senior officials from across government and representatives of the sector and the health care professionals we need to attract and retain.

Both attracting the right people into the sector and retaining those who are there are equally important pieces of this plan. To that end, we are working to improve working conditions across the sector. One means of doing this is to partner with sector leaders to drive improvements, including increased full-time employment.

We need to reduce administrative burden by reviewing components of the province's funding formula for long-term care, including documentation and reporting requirements where they are unnecessary for resident care and resident outcomes. Staff time is always best spent in the actual care of residents and we need to promote innovative approaches to work and technology, which provides many exciting opportunities.

While the problems in long-term-care staffing have been present and worsening for decades, we cannot rely on old solutions. We need to break historical patterns and create innovative solutions. Overcoming these long-standing challenges in long-term care will require a sustained effort over the years ahead and close collaboration with all partners. Working together, this vision for long-term-care residents can be a reality, ensuring that long-term-care homes are a better place to live and a better place to work.

Finally, we have backed up our actions with record funding. That's \$4.9 billion—\$4.9 billion—over the next four years to reach a standard of an average of four hours of care per resident per day. We are investing over \$2.68 billion to support building and redeveloping 30,000 spaces, with our most recent \$933-million commitment. And we're investing \$246 million to improve living conditions in long-term-care homes, for items like air conditioning.

To protect our loved ones in long-term care, we are investing an additional \$650 million in 2021-22 in funding to support homes' needs during the pandemic, bringing the total resources invested since the start of the pandemic to over \$2 billion.

Over a few short years, we've invested almost \$10 billion in new funding to long-term care: \$9.8 billion. We know our residents deserve it. We know it's the right thing to do. Too much time has been lost and we need to move forward quickly. Our government is doing just that and making long-term care a better place to live and a better place to work.

The commission report released on April 30 and its 85 recommendations will help inform our efforts moving forward as we continue to modernize long-term care. With the success of the province's vaccine rollout, long-term-care homes are much safer from COVID-19, and we continue to work to make them safer still.

Long-term-care residents and staff have been the priority for our government since the moment the vaccines landed on the tarmac in Ontario, since the very beginning of our ministry. Nearly all residents have been fully immunized. This protects residents every day.

Long-term-care residents and staff have been a priority for this government since we began. The large majority of long-term-care staff and essential caregivers have received at least one dose of vaccine, and many are fully immunized with two doses. Their rates of vaccination continue to grow on a daily basis. We are grateful for the coordinated efforts of all our health care partners for quickly delivering these vaccines to our loved ones, despite a shortage of supply and unpredictable deliveries.

Getting vaccinated remains the safest, most effective and reliable way to protect yourself and those around you from contracting COVID-19. My ministry continues to work with our sector partners to overcome what may be vaccine hesitancy among some, and we have asked and continue to encourage the sector to amplify our message. We are working with vaccine champions in communities, including doctors, staff, faith and cultural leaders and others. We've encouraged operators to give staff the opportunity to go to a vaccination clinic during paid time, and I'm grateful to those who have done just that.

We continue to work with our public health units to find further opportunities to vaccinate those in the sector, including new residents and remaining staff. It is vital that we do everything we can to help stop the spread of the virus and keep everyone safe.

Widespread vaccination in long-term-care homes, along with the improving situation across the province, has allowed residents more options. Updates to the Chief Medical Officer of Health's directive number 3 and guidance to the sector now allows residents to safely resume activities such as communal dining and indoor events and gatherings, with precautions. One of the new pieces of guidance is that fully immunized residents and fully immunized caregivers can engage in close contact, such as hugging, as long as other precautions, such as masking, are maintained.

All residents, regardless of their immunization status, can leave their homes for essential purposes, including outdoor activity, exercise, buying groceries or visiting the pharmacy. These mirror the limitations placed on all Ontarians while the stay-at-home order is in place. Just last

week, mirroring the opening of outdoor activities to all Ontarians, residents may now have outdoor visits with their friends and family. The conditions for these visits allow a maximum of two general visitors at a time per resident in addition to two essential caregivers. Children under the age of two years do not count towards the general visit maximum.

General visitors need to be actively screened upon arrival and should not proceed beyond entry point areas in homes. General visitors do not need to undergo a rapid antigen test as their visit will be outdoors. General visitors need to maintain physical distancing and wear masks, and every effort should be made to ensure different groups of visitors are also physically distanced. Recognizing that not all homes have enough outdoor space, these visits may also take place in the general vicinity of the home. Homes should leverage nearby amenities, such as local parks or parkettes, to enable family and friends to visit their loved ones.

It was important that we made these changes. Our government puts the safety and well-being of long-term-care residents at the heart of everything we do. With the excellent uptake of vaccines in long-term-care homes, it is the right time to make this very meaningful change that will benefit residents and their families. I have already said that residents in long-term care and their families and friends have been through so much this past year, and these changes help residents and their families return to a more normal life.

Our government understands that in tandem and in accordance with the expert guidance of our public health experts, these changes can have a major positive impact on a resident's quality of life. Our government has always aimed to balance the safety of residents with their need for contact with their loved ones—something so simple as going for a walk. That balance is key, and we have consistently updated the guidelines to reflect it. Striking the right balance has informed our decision-making every step of the way throughout this pandemic.

1430

Essential visits have been permitted throughout the pandemic. Last spring, we updated guidance to acknowledge the important role of essential caregivers and urged homes to admit them, and later formalized the role. We are constantly engaged with public health officials to discuss the best path forward for residents and to balance their needs and their need for safety. Earlier in the spring, with the advice of the Chief Medical Officer of Health, we modified the criteria for declaring an outbreak to ensure fewer restrictions for residents.

Variants of concern continue to pose a real threat to long-term-care homes, despite nearly every resident having been fully immunized. We have seen cases where residents who have been vaccinated contract COVID-19, and sadly, some have died. That underscores the need for continued vigilance and cautious movement forward. We will continue to monitor the situation in conjunction with expert medical advice and adapt to it as circumstances change.

As the circumstances change, we expect to have more changes to make when the stay-at-home order is lifted so that long-term-care residents, like all Ontarians, will have more activities available to them. When I started my career as a family physician in long-term-care homes, residents wore hospital gowns, and although long-term care has improved over time, there is still great work to be done. I do want to thank all the front-line providers who bring their heart to their work every single day. They are important to be recognized for their compassion and dedication.

Our understanding, as a ministry, as a government, is that we know that residents must have their social, psychological and spiritual needs met beyond just medical ones, and it is crucial that we build a sector that meets these needs. Besides trying to address the systemic staffing issues and the serious need for new spaces, and upgrading existing ones, we are developing a cultural shift in long-term-care homes. We are working day and night to ensure that every senior who needs long-term care in Ontario has a comfortable and dignified place to call home. We will continue to collaborate with our partners across government to make this happen and to ensure our long-term-care system is sustainable for years to come.

These efforts and investments have positioned the ministry, working in collaboration with the sector, to fix and modernize long-term care and to deliver on our commitment to ensure that residents receive, on average, four hours of direct care per day.

Change is never easy, but it is possible, and more importantly, it is the right thing to do. The pandemic has shone a light on many issues in the sector that need to be fixed. It has made it clearer than ever that there is much more work to be done in long-term care and that this work needs to be done now. We are using every tool in the tool box to protect and improve long-term-care homes. We have always known this, and we will continue our work to fix long-term care.

Thank you for the opportunity to highlight some of the work today. It is extremely important, and we are making really significant progress. Our loved ones in long-term care deserve nothing but the best quality of care and quality of life, and making sure that they receive it is not only what motivates me to work harder every day, it is what motivates our whole ministry and our government.

Thank you.

The Chair (Mr. Peter Tabuns): Thank you, Minister. I'll just note that you have some time remaining on the clock. If you don't wish to use it, we'll go to the opposition. Okay.

I will go, then, to the official opposition. MPP Armstrong, the floor is yours.

Ms. Teresa J. Armstrong: Thank you. I just wanted to finish my question on the air conditioning and really drive home how important the working conditions—when the minister just talked about working conditions in her speech just now, the working conditions also mean environmental, and air conditioning is part of that working condition. The last that was reported was that there are

17% of long-term-care homes that have been identified that do not have the air conditioning up to par. They're "still working on it," or don't have it.

So I need to know from the deputy minister—and if I can ask this question on record to get the information—of those 17% of homes—you must know this. The minister and your ministry are talking about collecting data. Certainly that data is available. What I'd like to know is, of that 17%, how many of those homes are for-profit and how many of those homes are not-for-profit that don't meet the standards of the air conditioning at this time?

I want to also ask, what is the ministry doing to prioritize this 17% of homes to get air conditioning so that we're not going through another summer, which is basically here, where people are suffering because of a heat wave, be it the residents we talk about, the loved ones who are there or the workers who are working in these homes?

It's great this initiative has come forward. I have to say that many of these things aren't new. The COVID pandemic didn't shine a light on it; the light got brighter and the pressure got stronger on government to do something. I need to understand what those numbers are, and of the 17%—I asked for a breakdown, so I'd like that back in writing from the ministry.

Also, the minister talked about—again, I stress this information needs to be in writing and reported back, because the minister just now in her remarks as well said that the first and second waves were worse, but she forgot to mention the outcomes were worse under for-profit homes. We don't want to see this summer go by where we're still waiting for for-profit homes to take action on air conditioning.

Again, I ask the deputy minister to please verify that he can provide that information and what plan the government has in order to push or pressure these homes into getting air conditioning sooner than later.

Mr. Richard Steele: Thank you for that question. Obviously we do collect the data at a home level, so while I do not have the breakdown between for-profit, not-for-profit and municipal in terms of that 17% of homes that are not currently tracking to have full air conditioning, that is data that the ministry would have, so I believe we should be able to provide, at least at a summary level, that breakdown.

I did just want to clarify a few points around that 17% of homes. First of all, just to clarify, all of those homes do meet the regulatory requirement of having air conditioning in designated areas. That means that they have to have cooling available, have one cooling space available for, at a minimum, every 42 residents. That's what the regulation sets out.

The regulation also requires that they have a hot-weather plan in place to ensure that resident safety is addressed when there is hot weather. That would apply to 100% of homes. For the 17% of homes that you reference, these are homes that have not yet and do not have an immediate plan to complete having air conditioning in every resident room. Some rooms may well have cooling,

but they are just not able at this point to get cooling in every room.

I do want to clarify that that is not, I believe, because people aren't trying. In general, the situations in the 17% of homes, as the minister noted, relate to structural issues in the home that actually make it more challenging to install air conditioning in every room. We are continuing to work with those homes to try to identify what the problems are. Is the issue that they need to work through a fairly substantial and expensive upgrade in the electrical capacity in the home, for example, or are there other structural issues?

As we work through those, we may well identify additional homes where that 100% cooling can be accomplished relatively quickly, and maybe other homes where, within the existing structure of the home, that is just very, very difficult to do. Again, that's not about a willingness of anybody. The funding is available. Homes are keen to spend the funding. There just may be very practical, structural reasons why in the existing structure of the home it can't happen. Again, that is why, as we work through the redevelopment of all of these older homes, the key long-term solution is to ensure, through redevelopment, that we have cooling in all the redeveloped homes as they get built in the years ahead.

1440

I hope that answers your question.

Ms. Teresa J. Armstrong: Yes. Thank you, Deputy Minister and to everyone here, including the minister, for providing some of that information that we're asking.

The next round of questions I'm going to pass on to MPP Singh.

Ms. Sara Singh: Thank you so much, MPP Armstrong.

Chair, I just want to make sure that you can hear me clearly and that there is no interruption in my video feed. So far, so good?

The Chair (Mr. Peter Tabuns): So far, so good.

Ms. Sara Singh: I'm seeing some head nods. Okay. Perfect; fingers crossed.

I think I'll just pick up on some of those questions before I move on to some questions around staffing. I'm still a little curious about the cooling strategy and the new regulation. I would also be interested to understand further which homes were not compliant and did not have AC available to residents, and a breakdown in terms of for-profit versus not-for-profit homes, and then understanding now which ones are compliant.

I do see that my Internet connection is unstable so I'm going to turn off the video, and hopefully that helps.

I would be curious to understand which homes were not compliant pre-regulation and which homes are now compliant, and which homes received funding in order to reach compliance. You may not have the information here, but if I could ask that that be tabled for later, that would be very helpful.

Mr. Richard Steele: Just to clarify: the minor capital funding for the general minor capital program and the minor capital for infection prevention and control program—that is funding that is made available to all

homes. There is a funding formula, so that would be available to all homes. It is intended to address a number of priorities. What we have asked homes to do, during the last fiscal year and this fiscal year, is to ensure, as a priority, that that funding is spent on addressing any gaps that exist in air conditioning. That would be available to all homes.

Again, I do want to just reemphasize that all homes are compliant with the regulation. All homes are meeting the requirement to have air conditioning in designated areas. That includes the 17% that do not have cooling in every resident room. So they are compliant, but we are encouraging homes, through the funding that's available and a variety of other supports, to try to get as far as they can toward 100% cooling in all resident rooms. That continues to be our objective, of course, but again, I just want to be really clear that they are all compliant.

Perhaps I could turn it over as well to ADM Sheila Bristo, if she wants to just add anything further on the funding and how that's working.

Ms. Sheila Bristo: Thank you, Deputy. I'm Sheila Bristo, assistant deputy minister in operations division. As the deputy mentioned, the minor capital program that was launched last summer was determined by a funding formula where every single home across the province received funding. The priority for that money last year—we asked that homes use that money towards air conditioning. And then, in the fall of 2020, further minor capital funding was made available, and that was IPAC minor capital funding. Again, that was designated for things to help with improving IPAC measures in the home, and one of the priorities for that funding was also air conditioning and HVAC use.

So the targeting of funding for the purposes of air conditioning began last summer. And then again, this year, in 2021-22, we once again have these two pots of money. We worked with the homes to let them know that we were providing those two pots of money again this year, quite early in the year, so that they would be able to use that money and target it towards air conditioning. So we figured out the funding formulas once again and let them know the amount of money that they had between those two programs early on in March so that they could work very hard to get the air conditioning in place to meet the regulatory requirements, which the deputy mentioned they all have met by May 15, and to extend that to also use that funding to have as much air conditioning in resident rooms as possible.

We worked with the sector quite early in the year to help get them ready for this summer, and as has been mentioned, there's approximately 17% of the homes that haven't been able to become fully air conditioned in resident rooms—although they do meet the regulatory requirements—and we continue to work with those homes. We are working with Infrastructure Ontario—we have been working with them throughout this process—to really get an understanding of what the homes need, what vendors are available to help support the homes across the province, and do what we can to help facilitate the homes

to be able to increase their air conditioning, and we'll continue to do that. Thank you.

Ms. Sara Singh: Thank you so much for that response. I think that there are still some concerns, because what we are hearing is that some residents in for-profit homes, for example, are being asked to—family members are being asked to bring in their own ventilation or cooling systems and are being asked to do that out-of-pocket. I'm really curious with respect to the homes that are receiving the minor capital funding and apparently allocating that towards potential AC units but still charging residents and their families to do things like bring in bladeless fans. So I would still be curious to get a breakdown of, perhaps, the homes: how much was allocated, how much each home qualified for and how that money was used to ensure compliance. Because there still seems to be additional costs being downloaded to residents in many of these for-profit homes.

Mr. Richard Steele: Deputy Minister—sorry, Minister, go ahead.

Hon. Merrilee Fullerton: Well, we would need to know about this. If there are situations where this is happening, there is the action line that can be contacted. I think we need to understand if it's happening and where it's happening, and get details to be able to act on it. I'll let the deputy add.

Mr. Richard Steele: Minister, I was going to say the same thing. If there are instances you're aware of, please do let us know. Again, to re-emphasize, if families do have concerns or complaints around what they're experiencing on the ground with individual homes, they absolutely can and should call the action line and we will absolutely follow up and investigate any complaints that we receive in that regard.

Ms. Sara Singh: Thank you. I'll work with those families to ensure that that process is followed through, but it would be wonderful to also have the tabling of what homes have been able to qualify and how much money they have been able to allocate towards meeting the regulation. But on this note, I think I'll move this forward, in some of the questions, because I think there are also concerns with respect to the inspections around cooling and meeting the regulation.

I understand Assistant Deputy Minister Sheila Bristo did provide some context with the fact that inspections would be conducted on an annual basis to ensure compliance, and much of this work would be done by staff in long-term-care homes. I find that deeply troubling for a number of reasons, I think, as you've all alluded to and we all clearly understand. Currently, there is a staffing crisis in long-term care, with many PSWs, nurses and other front-line workers really struggling to provide the level of care that they feel is adequate, because they just don't have the resources. I think that there are many concerns still present with the staffing strategy that is presented by the government to help us understand how we're actually going to meet that minimum of four hours of care for residents.

So I guess my first question would be around the downloading of some of those responsibilities to staff, who are already overburdened, with respect to inspections. But I also would like to know what the current state of staffing is within long-term care; for example, how many staff are employed in the sector and if that could be broken down by specific responsibilities, by registered nurses, PSWs and other allied health professionals, if that would be available.

1450

Hon. Merrilee Fullerton: Thank you, MPP Singh. I'll start and then pass it to the deputy as well.

Look, I've said it many times: The staffing was in crisis before the pandemic and had been many, many years neglected. There was no significant increase in the numbers of nurses being trained and the PSW numbers were low. It was our government that began to address this issue, and very soon after Justice Gillessé's report, we created the expert staffing panel that would look at registered staff, including registered practical nurses and registered nurses, and we added in personal support workers. Even though her recommendation did not include that, we felt it was very, very important.

Then, just a few months after being a new ministry, we were hit with COVID-19. Clearly, we all know what happened in the sector, but that's where the expert staffing panel—based on their advice, we were able to create the A Better Place to Live, a Better Place to Work staffing plan. That's an unprecedented, historic commitment to \$4.9 billion, unseen in this industry before, to create 27,000 new spaces for our staff to be able to provide the necessary care, the four hours of direct care on average per resident per day.

This has already begun. We've got 1,000 people that are training already—3,500 more. We talk about the 300 through Willis College for PSWs, in conjunction with the Ministry of Labour, Training and Skills Development. Another 323 are—

The Chair (Mr. Peter Tabuns): Just to note, you have two minutes left.

Hon. Merrilee Fullerton: Our 8,200 PSWs, for \$115 million; the 2,000 nurses that we just announced, both RPNs and RNs. It is a phenomenal effort that's being put out by all the different groups that we're working with, all the different partners.

We are making very, very significant progress. We are having hard targets and we will make sure that we achieve them. We're well on our way. We know that there's a lot of work to be done, there's no doubt about that, but this is historic: \$4.9 billion to achieve 27,000 in more staffing in long-term care. We know that this is critical, and the dollars are going out to back up these programs, not to mention the pandemic pay, which achieved over 8,600 hires into long-term care as we came out of the first wave and headed into the second wave.

These efforts are being done, the dollars are behind them, and I think we are making very, very important progress. The commitment of our government is historic: \$4.9 billion over four years; 27,000 new hires into long-

term care. Of course, we have an aging population, so in order to keep up with the staffing for the capacity—also unprecedented amounts: \$2.68 billion to go to the construction of 20,000 new spaces and redeveloping 15,000. We're two thirds of the way toward our 30,000 goal in 10 years. But we know it's an aging population. We cannot relent. We must continue with this.

I thank the public colleges, our career colleges, the district school boards, Willis College, the various ministries we're working with, who have been—

The Chair (Mr. Peter Tabuns): I'm sorry to say you're out of time.

Now we go to the government. MPP Triantafilopoulos, the floor is yours.

Ms. Effie J. Triantafilopoulos: Thank you, Chair. How much time do we have in this segment, Chair?

The Chair (Mr. Peter Tabuns): You have 20 minutes.

Ms. Effie J. Triantafilopoulos: Thank you.

Minister, I appreciate the time that you and your officials from the Ministry of Long-Term Care are taking to come to the estimates committee today and answer questions about the important work of your ministry over the last year.

Let me acknowledge our great long-term-care staff and our health care workers, who have worked hard to keep residents safe, and to thank you for your leadership and the work of your ministry and its staff to protect long-term-care residents and staff during COVID-19.

This government has invested over \$2 billion since the beginning of the pandemic, protecting vulnerable long-term-care residents and staff. We also know that Ontario needs more long-term-care spaces. This is something that people in my community in Oakville North–Burlington have told me over and over again. With 40,000 seniors on our current wait-list, time is of the essence, and this is why I'm proud that over four years, our government will spend \$2.6 billion on new and redeveloped spaces in Ontario.

In our community in Oakville, our government will be building two new long-term-care homes beside the Oakville Trafalgar Memorial Hospital, with a minimum of 512 beds. Further west in our community, in Burlington, the government will be rebuilding the Wellington Park Care Centre. Currently, it's a 132-bed home. The centre will be adding 92 new beds and upgrading its existing beds. All three of these homes will offer resident-centred care for seniors in my community and to people throughout Halton region. This is such great news for our seniors and their families, as it means seniors can continue to live within their own community and close to their families. I know the new homes will help to reduce the waiting list in that community. Both Burlington and Oakville have high senior populations in their older neighbourhoods, and our area also has a fast-growing population in need of services.

One of the startling things we have heard many times over the last few years is how little was done by the previous government in this sector and, indeed, how few beds were built in the last seven years of the previous government: from 2011 to 2018, only 611 net new beds. This amounts to less than one new bed for each of the 626

long-term-care homes across the province. To put this into perspective, in Oakville North–Burlington alone, our government will be building more new beds than the last government built across all of Ontario.

Before COVID, I was able to visit staff, including PSWs, in my community and in others across the province. I'm always impressed by the kind, compassionate care that our PSWs give to residents in our long-term-care homes. During the COVID-19 pandemic, we saw even more so that PSWs are truly the backbone of long-term care. We need more PSWs. We know the tough jobs they have and the risk of overwork and burnout. PSWs took risks during the pandemic, and we know that, tragically, some lost their lives. We mourn their loss, and we owe it to all PSWs to improve their working conditions.

Minister, you announced that the government is investing to train PSWs for long-term care: \$115 million into a historic training campaign that will qualify up to 8,200 new personal support workers, and \$86 million to help train up to 8,000 PSWs through private career colleges and district school boards. The government is spending \$1.9 billion annually by 2024-25 to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care. I know that these new measures form part of the recommendations of the staffing study that the ministry conducted last year with experts in the field. I was pleased to take part in these consultations and impressed by the substantive and actionable recommendations made to improve long-term care.

As our government builds new long-term spaces and trains more PSWs and other key staff, I know it's important that we also consider existing homes and how we can improve the quality of care and quality of life for those residents. I have heard it often said that the health, well-being and comfort of Ontario long-term-care residents is our government's top priority, and I know that you have reiterated that today.

1500

One of the issues that is of great concern to people in my community is the restrictions in visiting loved ones in long-term care during the pandemic. We know the restrictions were necessary to stop the spread of COVID-19 and to protect residents and staff. Now that most residents, staff and visitors are vaccinated, people expect visitor rules to be relaxed. This [*inaudible*] greater opportunities for friends and family members to visit, and for residents who can leave on trips to celebrate important milestones and events with family.

Could you remind us, firstly, of why the restrictions were necessary, particularly over the last few months, how we are opening up visits to loved ones in long-term care, and provide more details on the plan? As well, how are we continuing to ensure safety for residents, staff and visitors as COVID-19 still remains a challenge across Ontario?

Hon. Merrilee Fullerton: Thank you so much for that—

The Chair (Mr. Peter Tabuns): Minister—

Hon. Merrilee Fullerton: Can you hear me now?

The Chair (Mr. Peter Tabuns): I can hear you, but I just need to interrupt before you proceed. We have had another MPP join us, MPP Amy Fee.

MPP Fee, could you confirm your identity and note where you are in Ontario?

Ms. Amy Fee: Hi, Chair. Thank you for having me this afternoon. This is indeed Amy Fee, and I'm in Kitchener South—Hespeler today.

The Chair (Mr. Peter Tabuns): Thank you very much.

And I just want to give a reminder to all those who are on this Zoom call that if you have audio notifications on your computer or on your phone, please turn them off so that we reduce the amount of background noise.

Thank you, Minister, for your patience. The floor is yours.

Hon. Merrilee Fullerton: Thank you, Chair, and thank you to MPP Triantafilopoulos for outlining her perspective and for asking about the importance of the holistic approach and the overall well-being of residents in long-term care. We have a situation where our seniors, our most vulnerable people, are getting into long-term care in their last years of life, and so clearly, the quality of care—not only from the health aspect, but from a well-being aspect—needs to be balanced.

We saw that the hard decision that we had to make early on in the pandemic to close to visitors, and then to require the screening, has been hard on residents and families, and we need to acknowledge that. But as we go forward, as we reopen the economy and as we align our measures in long-term care with our abilities to continue to do surveillance testing, to screen for these variants—because the variants are a concern; we are not out of the woods yet with the variants, and they do pose a threat to our long-term-care homes, so we have to continue to be vigilant and cautious in how we open to visitors.

But as we took measures in the spring to allow essential caregivers to be designated and to make sure that residents were able to, even in an outbreak, have one essential caregiver visit them—and now you've recently heard that we've opened up so that we can have visits outside with the residents and not having to have the requirement of screening, because it is outside. We know that as we do the social distancing, the masking, in these outdoor visits—and we have to be vigilant with that as well, to make sure that those measures are taken—and as we move towards further visitation, we will have to assess in terms of the rapid screening and the rapid testing that is being done on staff right now. It is a surveillance testing strategy that has worked to identify cases and prevent cases from getting into the home and spreading.

Definitely in wave 2, the variants of concern posed a problem, and they still do. So we look at the vaccinations as well, and we understand the tremendous help that these vaccinations have created for residents, staff and everyone involved in long-term care—very, very successful. We have high, high levels of vaccination of our long-term-care residents—over 95% fully vaccinated, fully immunized—and we have good uptake from our staff as well, and we

continue to work on that, to make sure that it's as high as possible, working with programs and educational programs so that staff are fully informed and can receive that.

We understand the incredible importance of having our residents being able to see in real life their loved ones and friends, family, neighbours. That is key to well-being. It is one thing to see it on a screen; it's another thing to see it in real life.

As you've heard me say, with people who are fully immunized, visitors that are coming, caregivers who are fully immunized and residents who are fully immunized with the two doses, they will be able to have a sense of touch, a hug. That's something that we used to take for granted, and I don't think any of us will take that for granted anymore.

Visitors are an essential part of the well-being of residents in long-term care. We're looking to align, as we can, with our Chief Medical Officer of Health, our medical officers of health and public health guidelines to make sure that we're opening up in a gradual and cautious way, because as I said, the variants of concern still pose a threat, despite the vaccinations. You've probably heard in my remarks that despite having residents who are fully vaccinated, there are still cases where people have picked up the variants. It can be deadly to our long-term-care residents.

We expect to have more changes in our policies for visits in long-term care as our stay-at-home orders are lifted. We look forward to making progress on this front. The importance of the psychological and emotional well-being of residents and staff is a critical piece as we move forward. Thank you for your question.

Ms. Effie J. Triantafilopoulos: I'd like to pass it on to MPP Amarjot Sandhu. Thank you.

The Chair (Mr. Peter Tabuns): MPP Sandhu, the floor is yours.

Mr. Amarjot Sandhu: Can you hear me, Chair?

The Chair (Mr. Peter Tabuns): Yes. You have about eight minutes left, MPP.

Mr. Amarjot Sandhu: Thank you so much. First of all, Minister, thank you. This pandemic has not been easy, as it has affected the work and lives of people like never before. From the beginning of this pandemic, Premier Ford, yourself and this government have made it clear that we'll do whatever it takes to protect our long-term-care residents, and I would like to thank you for all this.

Minister, you said that when the going gets tough, the tough get going. You proved it yet again by committing to invest \$9.8 billion in budget 2021 for long-term care in addition to regular program funding, which was over three times higher than the NDP's so-called plan for long-term care that proposed to invest \$3 billion by 2028. I want to congratulate you on that, Minister.

It is no secret that staff in long-term care are the backbone of our system. It has been apparent for years that staffing in the long-term-care system was under a tremendous amount of strain after decades of neglect by previous governments. It was heartening to see the Ontario government is investing \$933 million in 80 new long-term-care

projects, which will lead to thousands of additional new and upgraded long-term-care spaces in Brampton and across the province.

Within the context of LTC settings in Brampton and across the province, there has been an immense need and demand for inclusive care and support that acknowledges and affirms the immense diversity that exists among older residents by building long-term-care homes assisting diverse communities. Residents living in an ethnic-specific home likely also benefit from having a sense of cultural safety and familiarity, allowing them to communicate in their native languages, enjoy their own cuisine and participate in cultural-specific activities. Previous governments since the early 1990s neglected these demands, which were brought to my attention by many constituents from Brampton West and Brampton in general.

I'm so happy that this government is supporting long-term-care homes assisting diverse communities, like one in Brampton, Guru Nanak long-term-care home and Indus Community long-term-care home, with 352 beds that were recently announced to be built in Brampton.

Minister, honestly, I received hundreds of phone calls from people across Brampton appreciating the government's decision to add capacity to Brampton and accepting the long-standing demand for over three decades. This government is creating a 21st-century long-term-care system that is resident-centred and building capacity and access for residents and caregivers. That is why this government is improving access to long-term care beds in Brampton, which was neglected for a long time by previous governments. In the recent past, our government updated 160 beds at the Tullamore Care Community project; built 40 new beds at the Faith Manor redevelopment project, in addition to 120 beds being upgraded; and allocated 120 new beds to the Revera Living project—all in Brampton, and I want to thank you and Premier Ford for these investments.

1510

Minister, we know long-term-care residents deserve better, so my question to you today is, what have you and your ministry done to address staffing in long-term care, and what are we, as a government, doing to ensure that our residents have access to the care they deserve? Thank you so much.

Hon. Merrilee Fullerton: Thank you, MPP Sandhu, and for your very important work in your communities to understand the cultural needs that are there. I'm looking at the efforts that you have made, and as we try to modernize long-term care, it's so important that people are able to have a cultural lens on this as well.

Whether it was the Indus Community Services's Senior's Community Campus of Care or whether it was the Guru Nanak Long Term Care Centre or the Tuoi Hac Village for the Vietnamese, it is so important for people at their most vulnerable age to be able to receive care that is culturally sensitive. So I very much appreciate you being a champion in your area.

Staffing is such a key area. When we look at building capacity, when we look at aging populations and growing

need, staffing has to jump out at all of us, understanding the importance of it. That's why we had the expert panel provide us with a staffing strategy as we moved forward, which turned into A Better Place to Live, A Better Place to Work, which is our staffing plan that addresses these very, very long-standing issues, as you've mentioned.

As I've said before, we were in a crisis of staffing leading into the pandemic, amplified by the pandemic, and it is our government that has made the \$4.9-billion commitment to modernize this sector in terms of staffing for the four hours of direct care, on average, per resident per day that will make Ontario a leader in Canada on this front. Certainly there were lots of reports written over many, many years, but they weren't acted on; there weren't dollars put behind them. And now we, as the current government, have the responsibility to carry this modernization of staffing that was so badly needed for many, many decades. Unlike other plans where the dollars weren't put up, where there was report after report after report, we are going to use benchmarks to achieve this.

The Chair (Mr. Peter Tabuns): You have two minutes left.

Hon. Merrilee Fullerton: The 27,000 staff that we will be hiring into long-term care—and I should mention, with the pandemic pay, the 8,636 that we were able to hire into long-term care as we came out of the first wave into the second wave—is an unprecedented amount of staffing and funding and is so badly needed. If we look at all the efforts that we've taken so far, the training programs that we have announced will train up to 16,500 new PSWs and 10,000 new nurses.

Recognizing the importance of the work of PSWs across the sector, as I said, we started with the pandemic pay to make sure we demonstrated the value that they have in our long-term care system, and then we brought in the temporary wage enhancement to continue to demonstrate their value to our long-term care sector—the backbone in our long-term care sector—and that has been extended until the end of June. We know it's about staffing and creating pipelines and training people, but it's also about retaining those people.

If we look at the numbers of people we've been able to attract into the training programs, training tens of thousands of new staff, including investing more than \$121 million to accelerate the training of nearly 9,000 PSWs, which, as I mentioned, builds on the 8,636 staff hired through our pandemic pay; investing \$35 million to increase the enrolment in publicly assisted colleges and universities to introduce 2,000 nurses to the health care system, both registered nurses and registered practical nurses, and supporting the professional development of our staff to improve that retention; and \$115 million for the 8,200 PSWs—

The Chair (Mr. Peter Tabuns): I'm sorry to say, you're out of time.

We now go to the official opposition, who have 20 minutes. And that will be MPP Singh—the floor is yours.

Ms. Sara Singh: Thank you so much, Chair. I appreciate that. I'll turn my camera off—I just wanted to get your

attention—so that we have better sound quality. Okay, perfect. Thank you so much, everyone. I guess we're all working through technical difficulties today.

I just wanted to pick up on my previous line of questioning and perhaps conclude before we move on. In my questioning, I did want either ministry staff or the minister to actually table the staffing breakdown so that we could get a better understanding of how many RNs have been hired, how many RPNs have been hired, how many PSWs and allied health professionals have been hired. I do understand that information may not be available right now, but if it can be tabled for a later date, I would appreciate that.

Interjection.

Ms. Sara Singh: Wonderful.

I guess I want to also pick up on some of the comments around staffing and concerns that are still present with respect to meeting the four hours of direct, hands-on care, and whether current staffing ratios or projected staffing ratios will actually help us achieve that goal, Minister. I note that the Financial Accountability Office does indicate that the fiscal framework to hire 27,000 people as per the plan—that there may be some funding for this, but that the staffing levels still will not be adequate if the government—

Interjection.

Ms. Sara Singh: Sorry, Chair, was there an interruption?

The Chair (Mr. Peter Tabuns): No, I can hear you. Sorry.

Ms. Sara Singh: Okay, not a problem. I'll try to hold the mike even closer, just in case there is any discrepancy.

As I was saying, the FAO does note that staffing levels will still not be adequate if the government intends to keep their promise of increasing the number of beds, and that 37,000 nurses and personal support workers will need to be hired by 2024-25 to support both the increase in the supply of new long-term-care beds and the increase in daily direct hours of hands-on care.

So, Minister, can you perhaps help us understand the discrepancy here in terms of the staffing goals and what will actually be required to meet the increase in direct hands-on care?

Hon. Merrilee Fullerton: Thank you. It's such an important question, because the staffing is really foundational for care, for the quality care framework that we're developing as well, and to make sure that residents get the care that they need and also to stop burnout from staff, and we know that that happens when there is insufficient staff.

If we go back to the FAO report, I certainly am grateful for that report and for the insights there. There's no doubt that the Ontario long-term-care sector has been ignored for decades, and it is our government that is addressing the staffing shortage and the staffing crisis that was there for years. We're really making very, very important progress.

As I said, the four hours of direct care on average will make Ontario a leader in Canada—and the 27,000 staff that will be hired, and that's in addition to the 8,600 that were already hired through the pandemic pay at the end of

wave 1 and into wave 2 over the summer, and really looking at addressing a long-standing issue in long-term care. I could go back over the numbers, but it's about 9,000 PSWs that have been hired that will be trained into the sector. We know that they are very badly needed. They really are the backbone. The \$35 million to increase the number of nursing positions—2,000 nurses will be added to the health care system through that. There had been no increase in nurses in 20 years in the training programs. It's unbelievable. And supporting training through a variety of mechanisms: the district school boards, career colleges, Colleges Ontario. As I said, the 8,200 PSWs will be trained through our public colleges.

1520

The FAO also is not, perhaps, factoring in the importance of programs like the community paramedic program for long-term care, which allows people to stay in their own homes longer, which is often where people want to be for as long as they can possibly be. That type of program we've expanded from a group of five pilots to 33 programs across the province. We're getting very good results with that and very high satisfaction rates from the people that are being supported in that program.

So we have to look at multiple solutions. The building of the physical capacity, building the space, we're well on our way with that: 30,000 spaces in 10 years, and we've reached about two thirds of that in terms of what we have already in the pipeline. So that's very positive. But we know that the staffing has to go along with that. We have not only the PSW improvements and staffing—16,500 that are in progress—we've got 3,500 positions, and 1,000 of those are already in training. And so this is ongoing. This is something that we have to be relentless with. The demands of an aging population are going to continue. We recognize that.

There may be slight discrepancies with what the FAO reports, but we have to look at other ways of supporting people in their homes as well, so innovative programs like the community paramedic program are another resource to help address the staffing issues that we're going to be facing. But certainly, we're well on our way in terms of creating a historic number of staff and to retain them. I just think it's so incredibly important, all of this work, and I want to thank all the partners that we've had throughout the sector and our educational groups for the support that they've provided us, with a very urgent need in something that was neglected for years.

I'll ask the deputy if he would like to comment as well.

Mr. Richard Steele: Thanks, Minister. I will momentarily turn it to ADM Janet Hope, who is our lead on the staffing plan, to perhaps just say a bit more as to how we constructed the numbers around arriving at the 27,500. I will note that that's—

The Chair (Mr. Peter Tabuns): I'm sorry to interrupt you. My apologies, but I have to remind you to introduce yourself, just so Hansard is clear.

Mr. Richard Steele: My apologies again. Deputy Steele.

The Chair (Mr. Peter Tabuns): Thank you, Deputy.

Mr. Richard Steele: Just to note that the 27,500 are net new. I don't know that in the differential between our number and the FAO number, if that's perhaps part of the difference. Unfortunately, we received the FAO report yesterday, like you, and haven't had an opportunity to dig in with the FAO as to what their assumptions were that they used to build up to the 37,500 number. We're pretty confident in the 27,500 number and achieving both the four hours of care and supporting the additional capacity that would be built over the time frame. But of course, I'm happy to follow up with the FAO and dig into that.

The 27,500 is, of course, a huge lift. It's a major expansion. I think we all recognize the massive amount of work that's going to have to happen with all of the partners: ourselves, the sector, the educational organizations, the colleges, in terms of innovative approaches as well. A huge amount of work is required to achieve that 27,500. And certainly, there's no question: Beyond that, as we get to the later part of the decade, the number will grow, as additional capacity comes online.

Maybe I can turn it to ADM Hope to speak a bit more about numbers.

Ms. Janet Hope: I'm Janet Hope. I'm the assistant deputy minister for the policy division. Thank you. I'm happy to speak in a little bit more detail about the process of estimating our numbers on staffing.

We did the estimations last fall based on the projections and what we knew about the baseline of hours of care; based on the 2018 staffing survey report; on the targets that the government had set around increasing hours of care each year; on the number of beds that were planned, anticipated at that time, to be coming online each year; and so constructed our best estimate of the number of net new FTEs.

We will need to, of course, assess each year. We would anticipate at least annually that we would be assessing what the need would be going forward, and that would be based on what we actually experience year over year. That would include factors such as occupancy levels in long-term care, the staffing levels that are achieved year over year, the achievement of the targets of care, and also refinement of the timing of when new beds would come online. As the deputy has outlined, we don't know what, if any, different assumptions or calculations may have been used by the Financial Accountability Office. We're happy to learn about that, but we do plan to continue to assess and refine our targets as we go forward, as we experience actuals on a go-forward basis.

Ms. Sara Singh: Thank you for that response. I think that there is clearly a discrepancy in how the goal is going to be met, so further clarity around that would be very helpful, I think, for everyone, as we do want to ensure that we do achieve the four hours of hands-on direct care. But that is going to require staffing commitments to ensure that residents are receiving that care.

I know that it's very well established that through the pandemic, many staff left the long-term-care system, and I know that there will be a report tabled with respect to the staffing breakdown. But I would also be curious to know

if there is a report that you currently have to indicate how many staff left, again breaking that down by, for example, registered nurses, PSWs, RPNs etc. Is that information available or is that something that can be tabled at a later date?

Hon. Merrilee Fullerton: First of all, I'll say that, as you've raised, the staffing is a critical piece; there is no doubt. The fact that we were able to attract over 8,600 people into long-term care between the first and second wave really speaks to the importance of valuing our personal support workers, valuing the staff that are there—the registered nurses, the registered practical nurses—and also the allied health professionals that are there, whether it's the occupational therapists or the people that help with the residents on a daily basis for activities, the dietitians, the staff. I think it really is a much bigger picture, because we talk about PSWs—obviously, they are a major group, as well as the RNs and the RPNs—but really, when we look at the whole group, there's a tremendous number of people, and together, they are the ones that are the providers of the quality care for our residents in long-term care. They make the quality of their life. And so I just really want to thank them for the important work that they've done.

When we look at the numbers, we know that for PSWs, we lose a segment of them; the numbers go like this. During the training of a PSW, the traditional training, we lose half of them through the training, and then of the half that do graduate, we lose half of them within two years. That's why it's really important to take this comprehensive, holistic approach.

If we look at some of the training programs that we've been able to put out through our partnerships, what they are doing is providing more experiential learning, so that not only are the trainees and the students getting the theory, but they're also getting the hands-on experience and understanding what it is to work in a long-term-care home and how meaningful and purposeful it is. I think that that is a big step, and understanding also the career laddering.

So to your question: Can we tell who is leaving and who is going, who is coming? It is hard over the pandemic because it has been a very dynamic process, but to understand the importance of people seeing an opportunity—so if they are a registered practical nurse and they believe they would like to be a registered nurse, can we create the career laddering that would allow them to do that? If they're a PSW and would like to become a registered practical nurse, how can they do that? It's more than just counting people coming in and going out. It's understanding that this is a dynamic process, and ultimately, we do need to make sure that the residents are able to get the care that they need and, through the quality providers, the quality-of-care provision through these very important workers. And just the issue surrounding the temporary wage enhancement—extending that till the end of June.

1530

I'm really very grateful that people have actually come back to the long-term-care sector. Through our matching

portals, we did have people that retired but had come back—and the importance of groups like OPSWA to really support their members and encourage them to be part of the solution.

I want to really make the message about people, because they are the backbone, they are the heart of long-term care. We can count numbers, but I want to emphasize the meaningful, purposeful work that is provided in long-term care every day through the dedication and compassion of the people who work there.

I'll ask the deputy if he can comment on any data.

Mr. Richard Steele: Thank you, Minister. Again, after a couple of comments I'm going to send it over to ADM Hope to speak about data capture and what we have and don't have, but just a couple of introductory comments.

Historically, there's been an annual staffing survey done in the sector that's provided data. The last survey would have happened, would have taken place just right as the COVID pandemic was hitting. So as you can appreciate, that didn't happen, as it was important that homes focused on care and not on reporting. We definitely do think, though, that data is a critical element of the overall staffing plan. In fact, one of the six key themes of the staffing plan is ensuring that we do have the data in place to track the progress and ensure that we are meeting the commitments around four hours of care and ensuring that we do understand some of the dynamics around full-time and part-time work and the breakdown of staffing in the sector. So it's very important data for us to be capturing going forward.

Perhaps I can turn it over to ADM Hope to say a little bit more about that.

Ms. Janet Hope: Thank you. As the deputy has referenced, our primary source of information about long-term-care staffing has been this annual survey. It's actually a fairly massive survey—fairly complicated, time-consuming and, I would say, maybe a bit antiquated. The last comprehensive survey that we completed was for the 2018 data.

What typically happens is that the survey is opened up to homes in the spring of each year. They're given two or three months to complete it because of how manual and time-intensive the data capture exercise is. The data is then submitted to the ministry. Our colleagues who are data experts go through a process to clean and validate the data. So it's typically in the fall of the year that we would have data on the previous calendar year. This obviously isn't a mechanism that is going to enable us to have the kind of data—the confidence in data and timely data—that we need to deal with the kind of situation we're in.

The Chair (Mr. Peter Tabuns): We have two minutes left.

Ms. Janet Hope: So we are currently in the process of working on more appropriate and timely approaches to collect data. We're exploring both the technology that can be a little more user-friendly and making sure that we're making the best use of staff time in long-term-care homes. We're looking at processes to automate. We're looking at approaches to ensure there's confidence in the data that's

being submitted. And we're also looking at what are the most important elements of staffing data to have available very frequently, and the kinds of things that could be captured perhaps more appropriately in an annual comprehensive survey.

So we're in the process of working that through right now. We had not done the staffing survey since 2018. I think we have been somewhat reluctant to put back out into the field a massive, time-consuming and maybe not terribly effective data collection mechanism in the context of what homes are dealing with right now, and working towards a more modern, efficient and effective process to get the data that will be really helpful. So whether that's the data about—frankly, the number of net new hires and departures is not information that we have historically collected through the annual staffing survey. That is of course the source for information about the hours of care and will be important data for us to have in a timely fashion to understand how homes are doing at taking advantage of the additional resources the government is making available and how homes are progressing with hiring staff and meeting the hours-of-care targets.

The Chair (Mr. Peter Tabuns): Okay. Thank you. You are now out of time.

I am calling a 10-minute recess. We will reconvene at 3:45 p.m.

The committee recessed from 1536 to 1545.

The Chair (Mr. Peter Tabuns): Thank you, members. We're now back in session. It is the government's turn to pose questions to the minister. Who will be speaking for the government? MPP Fee, the floor is yours.

Ms. Amy Fee: Thank you, Chair. Sorry; I was trying to get my computer camera—and tell my kids to be quiet for a few minutes.

I just want to start by saying a huge thank you to the minister and staff for being here this afternoon. I know especially you and your ministry staff have been working through an incredibly difficult and yet heartbreaking time. There have been many times over the last year that we've had conversations about just how things are going in my riding and here in Waterloo region as well, and we've talked about the good news: the additions of the long-term-care beds and the upgrading of the long-term-care beds at Cambridge Country Manor and Saint Luke's in Hespeler—and then we've had some of those more difficult conversations, talking about my constituents and concerns that have come up.

One family in particular, I know, we talked at great length about last year, Minister. Their father had passed away in long-term care, and their mom was also in that same long-term-care home, and just the struggle and the heartbreak that they had, wanting to be able to get to her so desperately after their father passed away. And you were there. You listened. You heard those concerns, and I could hear in your voice, and I could see it in your eyes on the Zoom calls—just how desperately you wanted to help and to do something more to help these families, and trying to figure out, what was the best thing that we could do, how were we going to keep people safe, and how are

we going to get through what we were dealing with in long-term care?

And on top of the families, you've also listened to so many staff, as well, in long-term care, especially the PSWs. Really, those PSWs have borne the brunt of a lot of what we have faced in long-term care, and their families as well. I'm sure so many are hearing from their families, "I really just don't want you to do this job anymore. Mom, do you have to go and do this job?" Because it is so hard, and those risks are there, and it's not just the risks of getting COVID or getting the flu; it's also the mental health piece of struggling and seeing what people are going through and those conditions that people were living in, and not being able to provide the care that PSWs want to be able to provide, because really, they're in those roles because their heart is in it to do good.

When I talk to those PSWs, especially ones from my riding, they talk about how badly they want to be able to do more in long-term care and be able to support families more. You mentioned today that staffing is a key area, and we need to understand the importance of creating that better place to live and a better place to work. Yet, we all know that fixing that staffing problem that has been left by previous governments of all stripes—we keep talking about it: that it's not just something that happened overnight, and we can't fix it overnight.

My kids in the background, they hate when I say this saying: Again, this is something, as much as I wish we could, if we could wave a magic wand and fix this, really, we would do it. But it's something that's going to be here for a long time, and it's going to be a complex issue to fix. I think that's really why you were chosen for the role that you're in and why I see your passion to try to get us through this and to build a better long-term-care system for the future. And we certainly know the important work that PSWs and nurses and all staff in long-term care do is not easy, but with the right training, I do think it can be a rewarding career, because you're going to work every day to help someone.

You joined, I think three weeks ago now, MPP Mike Harris from Kitchener-Conestoga and I to do an announcement with Conestoga College to do their program and bring it out across the province to train people for working in long-term care. It will mean 500 job seekers across the province will get intensive, quick training to get into high-demand jobs in long-term care. My question for you is—obviously, we know it's hard to encourage people sometimes to get into this field, as rewarding as it can be, and to stay in this field, because it is so demanding and so challenging. I'm just wondering if you can talk a little bit about what we're doing as a government to not only get people to work in long-term care, but to stay in long-term care.

1550

Hon. Merrilee Fullerton: Thank you, MPP Fee. First of all, thank you for the kind and eloquent words—you speak so beautifully—and for your good work for many of society's most vulnerable people. Thank you for everything that you're doing.

Speaking of staffing, I would be remiss if I didn't thank my parliamentary assistant, MPP Triantafilopoulos, who keeps everybody grounded and is doing amazing work as well. I always say there's numbers, there's programs, but it's all about people, and it really has to be about people. Whether we're on the receiving end of care or providing that care—as a family doctor, I know that area very well, and I know what it means to be able to have family treated with compassion, and to be treated with compassion and respect as an individual. So thank you for those kind words.

What we're doing, really, is to understand how we move forward with not only training people for the meaningful and purposeful work, but also retaining them, because obviously training people without the ability to retain isn't very helpful. Again, that's why we go back to the expert staffing panel that informed our staffing plan, A Better Place to Live, A Better Place to Work. Ultimately, it's our staff who are able to provide that very necessary care to our residents, that very, as I say again, meaningful and purposeful care.

How do we create the right environment—I know someone else mentioned that word, "environment"—and conditions in our homes so that people want to work there and that the residents can receive the quality care they need? I think there has to be a mission-oriented aspect to this, and I know that commissioners for the long-term-care report commented on being mission-oriented as well.

When we look at A Better Place to Live, A Better Place to Work, I like to talk about the people. I know it's the dollars that make it happen, and so we have to acknowledge that it's the unprecedented dollars behind this program—\$4.9 billion to allow us to get to that four hours of care on average per resident, per day—but ultimately, it is about the people who are providing that care. That speaks to the leadership in the home. It speaks to the accountability in the homes and how we create that quality framework, so that we can really inspire people to bring their very best, and create the conditions in the homes so that our staff feel supported and so that they can in turn support the residents.

But I do have to talk about the numbers, because I know that we're in estimates, and that's something that people want to hear about, because it does allow it to happen. The four hours of care that we're looking at achieving in four years: That's 27,000 new staff that would be hired—again, in addition to the 8,600 that we've already hired into the long-term-care homes with the pandemic pay. But it's about 9,000 workers at a dollar amount of about \$120 million.

Again, I'm hesitant to talk too much about the dollars, but it does make it real. That includes the \$115 million to train up to 8,200 new personal support workers. It includes the \$4.3 million for 323 more personal support workers through the Ontario SkillsAdvance program; \$2.4 million for 300 PSWs through the Willis College program; and the program that you mentioned, as well, through Conestoga College, creating, I think, \$5 million for 500 allied health professionals. This all makes a difference in terms of the

support that our staff have in homes, and the 2,000 nurses, whether it's RPNs and RNs, with the \$35-million investment that we're making in the publicly assisted colleges and universities to make that happen.

A lot of what we're doing involves fast-tracking through experiential learning, providing people with the real-life experience in long-term care so that they can understand what it is to provide that meaningful work to people who are at their most vulnerable stage of life, and supporting the professional development of staff to improve that retention. You could see that with the infection prevention and control training. This had to be something that needs to be ongoing with COVID-19 or what else comes after that. We need to be able to create these training programs that keep people up to date, whether it's through the IPAC hubs, the training of staff in long-term-care homes, the leadership in long-term-care homes or the IPAC leads. These are all critical pieces.

And for people to see the opportunity—I know I've mentioned it before, but when someone comes in as a PSW, can they see themselves becoming a registered practical nurse? What steps do they need to get there? How can they be supported in doing that? The same with the RPNs: Can they see themselves becoming an RN? And for the RNs, can they see themselves becoming a leader of the home and a director of nursing care?

I also believe that we need more exposure to the medical community so that our medical students can understand what it is. These are part of the vision for long-term care, but they're very tangible, and the dollars that are being put toward these programs are making it real—very real—and we see it working already.

But it is far more than just training programs. It is about retention. That's why we need to put that vision of respect and dignity and caring and compassion into long-term care, and that starts with the leadership. I know the Premier is passionate about long-term care. His own mother-in-law has been in long-term care and went through the COVID crisis in our homes.

We're also going to have to measure this. You can't fix what you don't measure—so, putting in key performance indicators, understanding how we will measure that and how we will evaluate. But not only does it need to be supportive; if there are compliance issues that the homes aren't meeting, we have to understand why that is. Is it a staffing shortage that's contributing to that? What are the root causes? And address the root causes.

I just think it's incredibly important, what we're doing with the nursing programs. The announcement we made I believe back on May 14—really, no increase in nursing positions for 20 years. That just shocked me, when I found out about that.

I think we need champions like yourself, like our other MPPs today, who are really helping us make sure that the voice of long-term care gets heard and that our staff are not only trained but see a future in working in long-term care.

The dollar amounts I think speak for themselves, but it is about leadership in the homes as well and creating a

modernized, 21st-century long-term-care system that puts the resident at the centre at their most vulnerable time of life, and supports staff to provide that meaningful, purposeful care.

This is our vision. The dollars are behind that and we're only just getting started. There is so much work to be done after many, many years of neglect of this sector. I know people have heard me say that before, but it's a terrible thing to be running so hard from behind and playing catch-up in the midst of the COVID-19 pandemic. But we started before the pandemic, it's our work during the pandemic, and it will be our work after the pandemic that will transform this sector into what it needs to be, not only for our residents now but for future generations of people who will need it.

We're doing those innovative models of care, and I just am so grateful for our partners and for everyone like you who has been championing this. Thank you.

Ms. Amy Fee: Chair, I know MPP Sandhu wanted to ask an additional question. I don't know if he is there and wants to ask a question.

The Chair (Mr. Peter Tabuns): Thank you, MPP Fee. MPP Sandhu, the floor is yours.

Mr. Amarjot Sandhu: Thank you, Mr. Chair. Can you hear me?

The Chair (Mr. Peter Tabuns): Yes, I can. You're quite clear.

Mr. Amarjot Sandhu: Thank you, sir. I will address my question regarding the effective inspection system. It's evident that the government is leaving no stone unturned by adding unprecedented capacity and investments for improving the long-term-care infrastructure in Ontario.

Another important aspect related to protecting our long-term-care residents is administering an effective inspection system that can keep residents healthy and safe. If it isn't doing that, it needs to be changed. As I know, when our government came into office in 2018, the inspections backlog had grown to over 8,000 open files. This backlog of complaints and critical incidents included allegations of sexual assault, physical abuse and negligence.

Unlike the previous government, this government could not let these files remain left unopened, as it's simply not fair to the families. The previous government also froze funding for inspections from 2014 onwards. It is great to see that the current government has increased the envelope since 2018 and has hired 13 new inspectors to ensure the health and safety of residents. That is why the government acted on a recommendation, I believe, from the Auditor General's 2015 report.

1600

Minister, improving inspections is a recommendation made both by the commissioners and by the Auditor General in her report last week. My question to you is: Is the long-term care ministry actively working on changes to the inspection regime as part of the government's comprehensive plan to make an efficient long-term-care system for generations to come?

Hon. Merrilee Fullerton: Thank you, MPP Sandhu. It's such an important area, the inspections process and

revitalizing that to be effective and resident-centred. Again, it comes back to the word “meaningful”; it has to be meaningful to the residents. And there is zero tolerance—I have zero tolerance for abuse, for neglect in our long-term-care homes, zero tolerance. The inspectors we have been able to hire, an additional 25, I believe, to improve the inspection process—and I want to comment on your mentioning of the backlog and going back to 2015, when the movement began away from what we call the RQIs to address a backlog.

When our government came in in 2018, we had inherited 8,000 open files, a backlog of critical incidents and issues that needed to be addressed. These were allegations, like sexual assault, physical abuse and negligence, and unlike the previous government, we could not let these go and stay unopened. It simply wasn't fair to families; it wasn't fair to residents; it wasn't fair to anybody related to long-term care. The previous government froze funding for inspections from 2014 onwards, and it was our government that increased that envelope for inspections since 2018 and created 30 new inspectors—I correct my earlier number.

COVID-19 has definitely forced us to adapt, and sometimes very, very quickly, to the many challenges, including the infection prevention and control measures that were not suitable for something that moves like COVID-19, with asymptomatic spread, and the way it did in our long-term-care homes. It's very clear that the inspection process needs to be addressed, and that's exactly what we're doing. Improving inspections was a recommendation both from the Auditor General and the commission on long-term care, and that's been something that we've been acting on. This is something that we are in the process of developing, making sure that not only do we address that backlog—which I believe we've whittled down to about 1,500, but obviously the work has to be done on that as well. But a much more resident-centred inspection process—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Hon. Merrilee Fullerton: When we look at the previous government, when they were looking at the various outstanding incidents, they had promised that they would be addressing this, but they weren't. These were left to languish. They promised a comprehensive inspection of every home, but three years after the previous government said that, they had only got to 123 homes. Even five years after they said that, they still hadn't finished.

Again, we inherited a broken inspection system. We were addressing the backlog, making sure that we not only looked at these critical incidents, but also addressing the needs of our residents in a much more meaningful way, and COVID-19 certainly exposed the severe shortcomings of that.

We understand the importance of thorough, comprehensive inspections in long-term care. They will include a more fulsome approach to infection prevention and control, but we also understand the importance of being able to get to homes that have been reported to have

compliance issues that put residents and staff at risk. This is something that is very, very important to us as a ministry and a government.

If the deputy would like to comment on further details? Thank you, MPP Sandhu.

Mr. Richard Steele: Thank you, Minister. I'm not sure I have too much time left to comment too much. But just to—sorry, should I go on?

The Chair (Mr. Peter Tabuns): You just have 10 seconds.

Mr. Richard Steele: Okay. Thank you, Chair. Well, I'll introduce myself then: Deputy Minister Richard Steele. Perhaps we can come back to this on another question.

The Chair (Mr. Peter Tabuns): Okay. Thank you very much. With that, we go to the opposition. We have 20 minutes. Who will be speaking for the opposition? MPP Armstrong? Sorry, MPP Armstrong, you weren't clear on my board.

Ms. Teresa J. Armstrong: Not a worry. It's a bit of a patchwork of who you see and who you don't see.

The Chair (Mr. Peter Tabuns): Yes, it's true.

Ms. Teresa J. Armstrong: Thanks, everyone, for this opportunity to ask the minister and ministry staff questions on the staffing strategy that has been proposed.

The minister mentioned the expert staffing panel. They had originally said that RNs and RPNs were going to be part of that, according to the Wettlaufer recommendations on a staffing strategy, and then PSWs were added in. I have a kind of two-part question. The first part is: It's 27,500 in staffing that's projected. Do you have percentages of which ones will be RNs, RPNs and PSWs? The second part of that question: Your expert panel talked about resident aides as staffing mix. Is this 27,500 specifically only for licensed certificate health care workers, or does this 27,500 include RAs? If not, is there a strategy that we haven't heard about that resident aides will be coming into the long-term-care system? That's my question. If I could get Deputy Minister Steele, I believe it is, to answer, please.

Mr. Richard Steele: Thank you. Let me attempt to respond. I will also see if ADM Janet Hope wants to jump in to provide any further details. Let me just clarify one point: I think it was me who said 27,500. I should just correct myself: I think the number is 27,000 that we projected to achieve the four hours. That number does include RPNs, RNs and PSWs. So your first assumption is correct. It does include only those professions. It doesn't include other staff that the homes may require.

We certainly have, through the course of the pandemic, supported the hiring of resident aides, primarily because it did provide a pathway for homes to quickly get supplementary staff into homes to support some of the very challenging staffing situations they were facing. As we all know, training a PSW is a six-month program, so resident aides did provide an ability to get some level of capacity into homes quickly. We are now seeing—which is great—some of those resident aides moving into some of the PSW training programs that the government has announced and

upskilling to become PSWs, which is exactly what we want to see. So that's, I think, the answer to that part of the question.

In terms of your question around the staffing ratio and staffing mix between RNs and RPNs and PSWs, that's something we continue to look at—what that appropriate mix should be. Obviously, there's been lots of advice provided on that from a number of sources, including the long-term care commission. We're continuing to work through what the appropriate mix is and whether it is appropriate to have the same mix across all homes or whether there's some logic in having some variance, depending on, for example, the acuity of residents that a home is caring for.

But perhaps I could turn it to ADM Hope to provide a little more on both of those questions.

Ms. Janet Hope: Thank you. Just to build on the deputy minister's response, the four hours of care commitment and the targets each year moving to that commitment are going to be measured in terms of, as the deputy said, personal support workers, registered practical nurses and registered nurses, so just those three categories of worker that are the staff categories that are supported through the nursing and personal care funding envelope.

1610

There is, of course, a range of other staff in homes, including resident care aides, other professionals, social workers, recreation staff etc. that are funded through the program support services envelope. They are, obviously, important to overall resident experiences and quality of life, but not included in the four hours of care. There is a separate commitment the government has made to increase the staffing hours of that category. Sometimes we generally refer to it as allied help, although the mix is a little bit broader than allied help. The commitment is to increase the staffing hours for that group by 20% over two years.

In terms of the mix, I'll just build a little bit on what the deputy said. The staffing study advisory group was quite concerned that the government might get too rigid in prescribing a mix. They felt that there was a variety of considerations that should go into what the right mix might be in a particular setting. Variables like, obviously, the resident makeup and the acuity of residents as well as the residents' interests and expectations around their care needs and what constitutes quality of life for them could be factors in the staffing model. Actually, home area size—some long-term-care homes have very large home area sizes, some much smaller, so the actual number of residents in the home area could affect the staffing model as well.

The commitment that was made in the staffing plan in December was that we would work with the sector, which would include representatives of families and residents' councils, and develop what would be appropriate guidance to homes. I think there's a tension between wanting to ensure that there is assurance of an appropriate mix, which often people will relate to providing a fixed ratio or a PSW-to-staff ratio, for example, and the ability to have the

flexibility to make sure that resident needs are being met in each specific situation and context. That's the tension that we'll be working with.

The last thing I would just say on the resident aide issue: As the deputy mentioned, there was significantly more use of that role in long-term-care homes throughout the pandemic. Interestingly, we've had some really strong feedback from the association of residents' councils. They've surveyed residents around the use of that role and have expressed a lot of positive reaction to the presence of additional workers. I think some of these folks have been the ones who have helped residents maybe use technology to connect with family members, be able to have more social interaction in the challenging environments of COVID. The Ontario Association of Residents' Councils has actually asked us not to pull back too quickly on supporting that role in long-term-care homes, based on the feedback they are telling us they've heard from residents.

One of the things we did flag in the staffing plan as an area we wanted to work on was to create a better path for those individuals to be able to work towards a PSW credential and on to an RPN credential, if they wish, while they're working in a long-term-care home. That's referenced as Earn As You Learn, and that's something that we'll be working on with our Staffing Supply Accelerator Group so that individuals who have come into long-term care as resident aides in this very unusual context who are interested in staying in long-term care can see and have access to a career path, if they wish to stay and move into additional roles.

Thanks for that opportunity to expand.

Ms. Teresa J. Armstrong: Thank you for those answers. I think what I've been hearing is a little different. I've been hearing from workers worried that this is another layer of lower-paid jobs in the long-term-care system, and that we need to have the PSW numbers be the ones that do that direct, hands-on care with our residents. It takes a very highly skilled person. These aren't just jobs you can come in off the street and do. You have to have the right person, the right personality, the right training and that one-to-one skill set that is quite an expertise.

When I asked about the resident care aides, I know that came up during the pandemic, and it's indicative of the fact that we have a staffing shortage. We've highlighted a lot on the PSWs because they are the ones who are doing the lion's share of the physical day-to-day work and looking after our loved ones. So I need to understand or ask, actually, what numbers are there, since this has all come out, with regard to resident care aides? Do you have the numbers of hired people in resident care aides compared to the numbers of new people coming in for PSWs? That would be something we need to understand, because, again, I know the minister talks about the pathways, but we can't have a disproportionate amount of resident care aides compared to PSWs, RPNs or RNs where they do a lot of the health care medical pieces.

That would be my question: Since the pandemic and all this hiring and advertising, what numbers can you tell us were resident care aides and what numbers can you tell us

were PSWs? I leave that for the deputy minister and the assistant minister, if they could answer that question, please.

Mr. Richard Steele: Sure, thank you. Let me take a start and then turn it over to Janet. I think we're actually in agreement. I think there's no question that the PSW role is at the heart and core of the work that needs to be done in long-term care. As ADM Hope mentioned, in calculating the four hours of care, that would be RNs, RPNs and PSWs. Other roles that may exist, that may be hired for wouldn't count towards that goal of direct care. I think that's a really, really important point to make completely clear.

We did talk a little bit earlier about data capture and some of the work we're doing around capturing staffing in homes as we go forward. ADM Hope spoke to that. And certainly, understanding the breakdown of staff in homes as we move forward will be an important part of that.

I think the other point I would just note before turning it over to Janet—the minister mentioned this a bit earlier—is all of the work that is happening now around expanding the training for PSWs. So 16,000 new PSW learning opportunities this year—again, reinforcing the importance of that role and, I think, the commitment of the ministry, and the Ministry of Health also, and our colleagues at colleges and universities to really support ensuring that we have, as you say, the skilled and qualified staff available to care for residents in long-term care.

Janet, I'm not sure if you wanted to add anything?

Ms. Janet Hope: Maybe just briefly, to build on that response, to say we very much are looking at staffing in long-term care in the two categories, the first being the direct care staff, the PSWs, RPNs and RNs, who are at the core of providing personal and nursing care, personal and clinical care for residents, and that's the group of staff that are associated with the commitment around the average four hours of care.

And then there are the vast array of other types of staff. The composition and the proportions of those staff hired will vary even more significantly from home to home based on a variety of local circumstances. But resident care aides would be, to the extent that they continue to be hired within a home, part of that additional group that are augmenting and supplementing what's available, to support residents to achieve the quality of life that they wish to achieve. Thank you.

Ms. Teresa J. Armstrong: The minister has said it's an average of four hours of care, and 2025 is when it's going to start rolling out, from what I understand. Why not have it legislated so you can actually hold long-term-care homes accountable and responsible to meet the needs of residents?

1620

The minister talked about key performance indicators and compliance issues around staff shortages and making sure the homes were able to meet that when it comes to hiring staff. But the four hours of care, which is Bill 13, the Time to Care Act, actually legislates that. So you can gauge your performance; you can gauge an indicator and

if they're actually doing it. But if you have just an average, how are you supposed to measure that, that it's actually being done? Again, we're leaving it up to a half measure when we're talking about fixing long-term care, which needs to be fixed with a legislated four hours of care, so that we can actually measure those performances and know that our loved ones are getting that four hours of legislated care.

I understand that the minister is doing the best that she can, but if we're saying, "We're prioritizing long-term care. We want to make sure we fix it," there's got to be ways to fix it when it comes to delivering the care. If you're looking to put the people in place with your plan, then once they're in place, we need to make sure we have that four hours of care—not just on average, but legislated.

I just want to know where is the thinking behind—or why that was planned as an average and not made in legislation, again, to hold homes accountable for delivering that care? This is why we're in the position that we're in now under COVID. There's been very little accountability and enforcement when it comes to long-term care. We've seen it, we've talked about it, and now we have an opportunity to actually address it. I think we're not doing it at 100%. It's a 50% effort. So I'd like to know why the minister came up to an average and did not legislate it so that homes deliver that service, that quality of care to our loved ones.

Hon. Merrilee Fullerton: Well, thank you. It's an important perspective that you're bringing. When we look at the staffing crisis that was pre-existing before the pandemic, how do you get to four hours of direct care on average per resident per day without the staff? Obviously, we need to have the staffing programs to get people trained, to create the environment in which they can function well. And so it is more than legislation. It speaks to the culture that we need to improve in long-term care.

Many homes—I would say the vast majority of our homes—do a very good job. I want to give credit to everyone who works there because I know it has been a very challenging time during COVID, especially with the pre-existing staffing issues. So we obviously need the staff, the number of people in the training programs to graduate and then to come to long-term care and be retained. So it's much, much more than legislating this. It really is a modernization of the long-term-care sector, whether it's our unprecedented building, our modernization of the spaces. When we talk about the almost \$3 billion to create the space, of course we need the staff to go with that.

The Chair (Mr. Peter Tabuns): You have two minutes left.

Hon. Merrilee Fullerton: We can't look at one piece to legislate on its own. We really need to look at the overall understanding of how do we train, then retain, and change the environment in long-term care so that staff want to stay. So it is far more than legislation can do in terms of legislating four hours of care.

Also, how are you going to do that, the details of exactly four hours? I think there has to be some ability for

homes to provide the staff. In many cases, homes were really trying to get staff. The situation before COVID and then through COVID was very, very hard for homes to find the staff that they needed to hire. We're addressing that. We're fixing that issue, not only with registered practical nurses but registered nurses and personal support workers. This is a critical piece to the solution, moving forward.

I'll turn it over to the deputy.

Mr. Richard Steele: Minister, you're leaving me with these short spots.

Just in the time that's left, I just wanted to clarify one point that was raised in terms of the timing of the implementation of four hours of care. I think there was a reference to it starting to roll out in 2025. I did want it to be clear that 2025 is when the full four hours of care is achieved. The investment and the implementation of that starts this fiscal year. So the first lift in terms of average hours of care will be completed by the end of this fiscal year, so by March 2022, and then we'll build on there. I think that the numbers are correctly captured in the FAO report, as well.

The Chair (Mr. Peter Tabuns): I'm sorry to say, you're out of time.

We go now to the government. MPP Skelly?

Ms. Donna Skelly: Good afternoon, everyone. Good afternoon, Minister. It's good to have you on the committee this afternoon and to see you again.

Minister, our government inherited one of the longest wait-lists for long-term care in the country, and of course that's thanks to the neglect of the previous government over many, many years. It has contributed to the many issues that are being raised this afternoon, and the issues that you as minister were forced to deal with during the past three years but in particular the past year with COVID.

With more than 40,000 people on the wait-list, we know that we need innovative solutions to give people access to the care that they need. My question is, what innovations has our government taken to modernize long-term care and to fit it into a broader range of health care services right across the province?

Hon. Merrilee Fullerton: Thank you, MPP Skelly. It's great to work with you. You bring your heart and your analytical mind to everything, so thank you for your good work.

You know, I spent many, many years as a family doctor and wondering why someone wasn't doing something about long-term care, understanding that it is integral to the proper functioning of our health care system and to the lives of so many people. All of us at one point will be affected by long-term care in some way. These are very deeply rooted systemic challenges that we're attempting to overcome at this point, and those long wait-lists are a real travesty. They increased by about 10,000 people in just the span of about three years before 2018, and so the issue that you speak to is incredibly important. So as we look to not only building, to creating the staffing, to creating the infection prevention and control measures and all of that,

we have to innovate at the same time and say, "How do we do things differently?"

The trajectory of an aging population is really remarkable. I think as we look to understand how we can manage people in their homes longer—that's often where people want to be until they can't manage anymore or their families can't manage anymore, and then a long-term-care home needs to be there for them. The community paramedicine program is something that I heard about a number of years ago, and I really believed that in long-term care it was something that worked really well to coordinate care with primary care, with emergency care, with long-term-care homes, and really helped bridge people for the period of time that they can stay safely in their home with support. The community paramedicine program is a 24-hour, seven-day-a-week peace of mind for people. It's coordinated, as I said, with primary care, emergency care, point-of-care testing, some diagnostics in the community, remote monitoring for chronic disease, and sometimes just peace of mind—I say just "peace of mind," but that's really an imperative for people who are in their homes as they wait for a long-term-care home to become available.

When we look at the remote monitoring, whether it's congestive heart failure, or that they can monitor whether someone climbs on a scale or even to be able to assess whether they've got out of bed that day—to provide that level of community knowledge about people who are in their homes, in these communities. We started with a pilot of about five community paramedicine programs for long-term care, and it was so successful and so well-received that we've expanded it to 33 areas across Ontario. Understanding exactly what you've mentioned, we have to be innovative, we have to use our technologies that we have available and our human resources that we have available to help them stay in their homes longer, where they can go through the activities of daily living, and it's often in those measures that they are able to stay active.

1630

But we know situations like I went through with my own family, where you try and try and try, and at some point you can no longer manage, and at that point, that person who needs a long-term care home—that space really needs to be there for them. So long-term care, the integral part of it—whether it's with the community, whether it's with a home, whether it's with home care and supports like the community paramedicine program, long-term care is really an integral part of our whole health care system. We've seen with COVID-19 the importance of the integration with acute care. To end hallway health care, we need long-term care to function well.

I'll pass it to the deputy if there are further comments he would like to make or whether our ADMs would like to comment. It's just such an important process for us to find these innovative mechanisms. Thank you, MPP Skelly.

Mr. Richard Steele: Thank you, Minister. I'm going to actually ask ADM Janet Hope if she'd like to provide a

bit more detail on community paramedicine and our implementation.

Ms. Janet Hope: Thank you. I'm happy to provide some more detail on what is for us a really exciting program and opportunity to innovate in the community.

As the minister mentioned, to help manage the growing demand for long-term care, it's really appropriate and necessary to keep people stable and receiving care in their own homes for as long as possible, but we know that without sufficient supports, some seniors are at risk of ending up in hospital or in crisis in the emergency room and needing immediate entry into a long-term-care home. We also want to respond to the preferences of older adults, who often do express their desire to remain in their own home as long as possible. In some cases, it may be the family members who can't be there living with their loved one and are worried about them being on their own who may, understandably, push for admission into long-term care earlier than may be necessary.

We know that home and community care services alone may not always meet the full needs of seniors who are remaining at home. They're often based on scheduled visits, so the individual is allotted a number of care hours to deal with the planned and scheduled care. But what happens when an event occurs and an individual needs some additional care outside of those scheduled hours or there's a sudden change in condition that may not actually require an emergency intervention but which raises concerns and requires attention? The Community Paramedicine for Long-Term Care program is a new initiative that aims to fill the gaps to help seniors stay in their own home. It plays a critical role in working with home and community care and also primary care services and supports, and it provides an additional sense of security to seniors and their family members.

So what is community paramedicine? It's a model of community-based health care in which people who are trained as paramedics use their training and expertise in non-emergency care roles, outside of their customary emergency response and ambulance transport roles. Traditional community paramedicine programs have been demonstrated to reduce 911 calls and avoidable emergency department hospital visits.

In the fall, as the minister mentioned, the ministry launched the Community Paramedicine for Long-Term Care program to provide these necessary services to people in their homes. The program is 100% federally funded, and to be eligible to receive—

Hon. Merrilee Fullerton: Sorry; provincially funded.

Ms. Janet Hope: Oh, I beg your pardon. I misspoke. Thank you, Minister.

To be eligible to receive services from the program, you must be assessed by a community paramedic as having needs that can be met by the specific services provided in that community. In addition, you must either be on the wait-list for long-term care, assessed as eligible for long-term care but not yet on the wait-list or, finally, assessed as soon to be eligible for long-term care. The rationale here is that we don't want to have people putting themselves on

a wait-list in order to access the services that they need. We don't want to create a perverse incentive for someone to get onto a long-term-care wait-list.

The purpose of the program is to assist in keeping eligible individuals stable in their own homes, providing individuals, families and caregivers peace of mind while they're waiting for a long-term-care bed or in choosing to delay the option for long-term care, and to minimize wait-list growth and duration by providing alternative options.

Let me just elaborate a little bit more. As I mentioned, we know that individuals want to remain in their own home for as long as possible, and that that wait for long-term care can be long, and that some seniors end up in hospital during this period. We also know that, due to some necessary COVID IPAC precautions, access to long-term-care beds has been reduced, which has had an impact on wait times over the past months.

The Community Paramedicine for Long-Term Care program works in partnership with home and community care and primary care services to ensure that people remain safe and stable and in their home for as long as possible. We know that often caregivers play an essential role in keeping a loved one at home, and the support and the care that they provide is absolutely essential. The Community Paramedicine for Long-Term Care program will work to ensure caregivers have comfort in knowing that there are additional supports available 24 hours a day, seven days a week. They can have peace of mind to know that if there was a sudden change or a development for their loved one, they can access the community paramedic service outside of normally scheduled hours, or they can schedule an additional virtual or home visit as necessary. The community paramedic might be able to provide education or connect the individual with other services in their community, including keeping in close touch with primary care.

In terms of reducing the wait-list, we know that people want to stay at home. We expect the Community Paramedicine for Long-Term Care program will help to delay or reduce the demand for long-term-care beds.

The program provides services that are accessible, responsive, proactive and safe, and these include 24/7 access to community paramedicine services for non-emergency procedures in the individual's own home; prompt, flexible and proactive response to an individual's changing circumstances or medical conditions; and, if necessary, connecting them to the right health care provider at the right time in order to avoid escalation and crisis. Services can also include routine-based remote monitoring to prevent emergency incidents or escalation in medical conditions. And lastly, certain diagnostic procedures and treatments might be able to be undertaken at home under the supervision of a physician.

As the minister mentioned, we have been implementing the program in two stages. In October of last year, we announced stage 1 of the program in five communities: Brant county, Cochrane district, the city of Ottawa, Renfrew county and York region.

Then, in November, given the strong, positive response to the stage 1 announcement, there was keen interest in expanding beyond these initial five communities, and I think a keen concern that we were having to necessarily restrict admissions to many long-term-care homes during the pandemic. So in November 2020, the province announced stage 2: An additional 29 communities were invited to express interest in the program. All of these communities invited during stage 2 had existing community paramedicine programs that were funded by the Ministry of Health through the local health integration network. So, by inviting those communities that already had an existing Ministry of Health-funded community paramedicine program, we knew that they would be in a position to expand very quickly to meet the needs of the target audience here, which was the long-term-care bound population.

As of the end of the last fiscal year, 33 communities in total across the province have launched a program. There was one of the 29 that we invited to participate that declined to do so at this time. They just felt they weren't in a position to proceed. We currently have 33 communities in total across the province having launched their local Community Paramedicine for Long-Term Care programs. There's a total funding commitment of \$169.33 million over four years that has been allocated to these 33 communities.

In rolling forward with the implementation, we recognized the risk of potential duplication and the need for coordination with existing home and community care supports. The local Community Paramedicine for Long-Term Care programs work in partnership with the other services provided locally. We ensure, then, that they do not duplicate other existing community paramedicine programs.

1640

As the local programs continue to scale up their operations, we're working with the Ministry of Health and with other relevant sector stakeholders to develop standardized key performance indicators to enable us to assess how these programs are doing in a consistent way across the 33 communities. In addition, we will be working with partners to develop education, training and consistent programmatic guidelines to support the program. As we learn more about how community paramedicine is working and what is working well, we'll be able to support communities through this education and training.

We are going to implement an evaluation framework for the Community Paramedicine for Long-Term Care program. Here, we're working with our Ministry of Health colleagues who fund broader community paramedicine programs to ensure that we are appropriately looking at consistent measures. Our evaluation framework will involve a combination of quantitative and qualitative measures, including the ability to link the community paramedicine program data to broader health care databases so that we can evaluate objectively the outcomes in terms of the impacts on use of other health care services.

The outcomes that we want to measure include long-term-care wait-list stabilization. Are we actually seeing what we expect to see in terms of individuals avoiding going into crisis? Are we supporting more people to stay at home longer?

A second key indicator area is around reduction in avoidable 911 calls and emergency department visits. This is where we really want to test whether that ability to call a community paramedicine service, 24 hours, seven days a week, gives people an alternative when there truly isn't an emergency situation. We know now that often that vulnerable senior will pick up the phone to call 911 when they feel there is no other option, or they'll end up having a loved one bring them into the emergency room when that may not be truly an emergency room situation.

The third area we want to quantitatively assess is reducing avoidable hospital admissions and readmissions.

And then fourthly, we want to assess collaboration and alignment with the other service providers, specifically home and community care and primary care.

In addition to these quantitative measures, we also are going to be assessing qualitative measures. In particular, we're interested in understanding client and their family member or caregiver, as well as the community paramedicine provider, satisfaction. We will be implementing consistent satisfaction surveys so that we can gather information on questions such as—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Ms. Janet Hope: Thank you—the satisfaction of the client with the treatment—

Ms. Donna Skelly: Sorry, Janet, if I can stop you there.

With my two minutes left, I'd like to ask the minister a personal question in my final few minutes of this segment, and that is: With your background as a family physician, you more than anyone probably had an opportunity to work with our seniors and saw some of the challenges in the long-term-care facilities, but when you became minister and actually realized the true state of our long-term-care homes and the neglect, what was the most jarring realization when you took on this role?

Hon. Merrilee Fullerton: That's a really interesting question. First of all, it was the daunting challenge, the way things had been left and neglected, but I think the most shocking piece was that residents weren't really at the centre; they were just part of it. I think that that was really telling. We need people to care. We need people to care deeply, not only from the top down, from the leadership in the home to the staff to the minister.

When I look at how the acute care sector is supported—for some reason long-term care didn't even have air conditioning in many instances. That was the most jarring piece for me: How is it possible that our most vulnerable people, at that most vulnerable time of their life, are not front and centre? Why are they not the centre of everything that was going on in long-term care?

Clearly, the homes were struggling. They were in a crisis before we got there as a new government. But it's jarring to realize that—

The Chair (Mr. Peter Tabuns): I'm sorry to say that with that, you're out of time.

We now go to the opposition. Who will be speaking for the opposition? MPP Singh.

Ms. Sara Singh: Thank you, Chair. I'm going to turn my camera off so that I can be audible.

The Chair (Mr. Peter Tabuns): Great. Thanks.

Ms. Sara Singh: Thank you again to the minister, deputy minister and assistant deputy minister for being here to answer questions. I know it's been a long day for us all.

I wanted to pick on some themes around legislated mandatory minimums and standards of care. We understand how important this is. The previous government, namely the Harris government, removed requirements to have mandatory minimums of care in place. This has contributed also to much of the neglect that has persisted in long-term care, where there hasn't been really a standard of care and direct hands-on care for seniors. Much of this was then amplified by the Liberals.

Minister, I wanted to get a better understanding. I know my colleague, Teresa Armstrong, did ask about the resident aides and the role that they'll be playing, so thank you for that clarification. But we've been hearing a lot about this 8,600 staff that have been hired between the first and second wave, but when we've been connecting with folks in long-term care and in the sector, it's not quite clear where those staff have been deployed and what the breakdown of that staff looks like. How many of these folks were PSWs that were hired? Were these nurses that were hired? Were they resident aides?

Could you provide some clarity to us with respect to the 8,600 staff that have been hired into long-term care? Is this replacing, for example, staff that left, as we were discussing? We know that many folks left and that retention is a problem. Could you just help qualify the number of staff that were hired and what this breakdown looks like? Thank you.

Hon. Merrilee Fullerton: Sure, thank you. I've mentioned before the 8,600 and more that were hired with the pandemic pay, and that was a mix. I really want to touch on the skills mix, as you say, in terms of the mix of the different professionals that are in our long-term-care homes.

The complexity of the residents is much higher than it was 10 years ago, so clearly there is obviously need, as the deputy has said as well, to make sure that we have the thousands of PSWs that are needed, the 27,000 new hires that are going to be required to meet our four hours of direct care per day per resident. It is the complexity of the residents that speaks to the need of the PSWs as well as the nurses.

From my perspective, there is no attempt to replace PSWs and nurses with lesser qualified people. They are qualified to do different things and the direct care needs to be done by the PSWs and by the nurses. I just want to be very, very clear about that. The complexity of our residents is really increasing—has increased over the last 10 years.

I'll ask the deputy to comment on the details of that breakdown.

Mr. Richard Steele: Thank you, Minister. There's not too much to add on that one. The additional staff that the minister referenced: We required homes to do detailed reporting on the pandemic pay funding that had been provided to homes so that obviously we could reconcile and ensure that that funding was being spent appropriately. **1650**

One of the things that we wanted to understand through that reporting is how many staff were paid throughout the whole period and how many staff were hired in the course of that period. It's from that reconciliation we did around pandemic pay that we can see, as the minister noted, that there were 8,600 staff hired into the sector through the period.

I think that's the answer on what that data is and where that data comes from.

Ms. Sara Singh: Okay, thank you so much. I guess, with respect to those hires, the homes would be reporting back to the ministry to provide that breakdown. Do you have any of those final numbers in terms of what the breakdown of the 8,600 hires looks like?

Mr. Richard Steele: I don't believe, from that data, it captured the specific breakdown, but let me just check with ADM Hope as to whether, in fact, we captured that breakdown between different types of staff in that reporting.

Janet?

Ms. Janet Hope: No, I don't believe that report that we required from homes on pandemic pay did ask for specifics on the category of employee. It just asked for data about new hires.

Ms. Sara Singh: Thank you so much, Assistant Deputy Minister Hope, for that clarification. I think it would be helpful to understand what the categories of staff were when we say that staff were hired, to truly understand—if we're trying to address the inadequacy in staffing and shortages in staffing ratios, that we do understand the breakdown.

On that note, much has been said about the pandemic pay. I think we've understood that creating retention in the sector will require creating full-time, good-paying jobs, as this has been an underlying factor in terms of why folks leave the sector but also why many front-line workers have to often piece together two or three different contracts in order to make ends meet, working between homes. This is with respect to the PSWs.

My question to the minister is, we know that the pandemic pay was not made permanent by your government, and there doesn't seem to be any indication of a continuation of this top-up and bump-up, frankly, for workers on the front lines. Can you help us understand if there's any commitment that will be made after June 30 to help increase PSW and direct support workers' pay?

Hon. Merrilee Fullerton: Thank you. I appreciate your thoughts on that. When we look at the pandemic pay, it was a critical piece. We needed to retain staff and attract staff to long-term care. It also speaks to the previous

question you had, because we were looking to address the staffing before the pandemic and then during the pandemic and then after the pandemic. This really is a continuum of efforts layered upon each other.

It was in the fall that we announced the temporary wage enhancement. That was the \$3-an-hour increase for about 50,000 PSWs. That was effective October 1, 2020. That was a \$461-million investment in those workers and very much a demonstration of the value that they bring and the importance of them in their work. We committed to an additional \$238 million to extend that wage enhancement through to June 2021, bringing that investment up to three quarters of a billion dollars, about \$700 million.

But I want to be very precise here. The Premier has been very clear on this on many occasions, and he has actually said that we're going to make sure that they're paid fairly; we're going to make sure we're ramping up the staffing, and we're going to make sure they're treated with the utmost respect. That's exactly what we've been doing, and I support the Premier in that effort.

We value PSWs. We've recently, through the Ministry of Health, been able to have a regulatory authority established for them to really provide them with the parameters that will be helpful for them in terms of their recognition and their credentialing. They really are the backbone of long-term care. As we move forward, we have to understand the role that PSWs play. Obviously, they are the largest group of employees in long-term care. I am grateful for the work that they've done and that the pandemic pay did assist. Our repeated extensions of the temporary wage enhancement have been very successful. I won't repeat what the Premier said again; he's been very clear about it. So thank you.

Deputy, did you—

Ms. Sara Singh: Thank you, Minister—

Mr. Richard Steele: I was just going to add a couple of comments, if I could, on the point you raised around full-time and part-time work. Certainly, the staffing study advisory group provided some good input and advice on that and the importance of full-time work; and absolutely, working with the sector to increase the proportion of full-time work, to the extent possible, does, in fact, form part of the staffing plan. There are limits to that, just because of the nature of long-term care being a 24/7 operation; 100% full-time is not achievable, but we have seen instances of homes and best practices approaching 70% of full-time work. So we're absolutely looking to work with the sector to explore what are the opportunities to increase the proportion of full-time work.

Through the pandemic, with the single-site order, we certainly did hear, quite extensively—albeit anecdotally, because we weren't in a position to capture a vast amount of data on this—but we did see a significant increase in full-time work as a result of the single-site order. We encouraged homes, as that order was put in place, to offer full-time work to any of their staff to make up the hours and ensure that they had staff in place, and many, many did do so.

Ms. Sara Singh: Thank you so much for that. I can appreciate what you're sharing. I think the challenge that I'm having is that in reality, it seems very unrealistic to try to reach the goal of 70% full-time positions for both nursing and personal support workers if we aren't effectively addressing the underlying problems, which we know have been low-paid work, often precarious in nature. It doesn't appear from the plan that's been presented that the heart of the issue is being addressed.

I know that even in connecting with some of our PSWs throughout the course of the pandemic who were limited to the one-site regulation, some of those individuals are now facing termination of employment and are really in dire straits, because now they are losing a source of employment that they used to have access to.

I think it's important that we do find a way to move forward in paying PSWs and nurses a fair and livable wage. There's nothing in this plan that indicates that after the June 2021 deadline, that will be the case. I think what we're going to see is a cycle of more of the same. I guess my question is, why has that not been included in the plan when we know it's fundamental to addressing the staffing crisis and the retention issues within the sector?

Hon. Merrilee Fullerton: Thank you. I'll start with that one, just to say that this staffing plan, A Better Place to Live, A Better Place to Work, is a historic investment in the people that we need in long-term care, now and into the future. It's historic. It's leading in Canada. Our commitment to the four hours of direct care per resident per day—historic; almost \$10 billion. This isn't just a plan like so many other plans that the previous governments put out but never acted on; this plan has billions and billions of dollars behind it. It is very, very real.

We know with an aging population, complex individuals and what we've been through with the pandemic—it's very clear that we not only need to train people, we need to retain them. This is a multi-billion-dollar effort—unprecedented in the history of this province, and leading Canada. So I say that not only do we have a plan, we're putting the dollars behind it. Can we accomplish everything that is needed after decades of neglect? Can we accomplish that in a few months? Well, no. But clearly, the strategy is here, the plan is here and the dollars are here. The commitment is here and the dedication is here. We have a stand-alone Ministry of Long-Term Care. We are addressing the tens of thousands of new spaces we need, the tens of thousands of new staff that we need. We are addressing the leadership, addressing the accountability, addressing the quality of care that's needed and the complexity of our residents. That is what we are committed to do. That is what we are doing, and it is what we will do.

1700

I'll ask the deputy if he would like to speak and add anything further.

Mr. Richard Steele: Thank you, Minister. The minister has spoken to the question as it relates to compensation, but I think it's worth noting a couple of other points in terms of working conditions. Obviously, compensation

is a factor, but it's not the only factor in terms of creating an attractive working environment that encourages people to stay in the sector. I think we all understand that retention and retraction have been significant issues for the sector, so that is a key focus of the starting plan. I will turn it over to ADM Hope to speak a bit more on some of the elements of the plan that are focused on working conditions and retention, but I'll highlight a couple of things, certainly looking at training and the availability of training for staff in the sector.

Clearly, the ability for staff to feel that they have the training they need to provide their jobs and carry out their roles effectively—really, really important, both for resident care and for staff motivation as well. One of the issues I think we've all heard in terms of why people may leave the sector is workload and staffing itself. So the focus simply on increasing hours of care actually starts to get at one of the fundamental issues around why this has been such a challenging sector to work in. If we can make the workloads more reasonable, not only, again, does that improve resident care, but it improves the working environment for staff.

Some of the initiatives we're working on that will help us to address the availability of RPNs and RNs through micro-credentialing and career laddering, again, create the prospect of a career in long-term care that will help to retain staff.

The final point I'll mention before turning it over to Janet is a focus on leadership. Obviously, ensuring that we have well-trained leaders in long-term-care homes that are creating a great environment, both for resident care and for staff, is really, really important. It's important in any institution, in any organization, and it's important in long-term care. So really thinking about what's the training and development that's provided to leadership to ensure that they're in a position to provide that effective leadership to their teams is also really important.

Janet, maybe I can turn it over to you to talk a bit further.

Ms. Janet Hope: Maybe two areas I would add to the points that the deputy has referenced: One would be around the working culture, the environment and the team-based approach to care. We heard a lot from the advisory group for the staffing study that this is a critical area in creating the environment where people want to work and can enjoy and appreciate a team-based approach under effective leadership with a coherent philosophy of care. There are a number of things that—culture can be a bit elusive.

The Chair (Mr. Peter Tabuns): You have two minutes left.

Ms. Janet Hope: Thank you. Maybe I'll use the two minutes just to speak to the other point I wanted to raise, and that is how we're approaching clinical placements within long-term care.

The minister has spoken about some of the education programs that are being rolled out for PSWs as well as for nurses. As part of the recent nursing announcement, we also included an investment for preceptors, to support the

preceptor role in long-term care. Preceptors are those who are employees of the long-term-care home who work with the student—who mentor, supervise, support the student—while they're in a clinical placement in the long-term-care sector. We know that part of changing the perception of long-term care within the educational community and for students and new graduates is to see long-term care as a viable, valuable career destination, and part of doing that is creating a really high-quality learning environment when they're in the long-term-care home for a clinical placement. Supporting those preceptors has both benefits for the student in terms of the quality of their clinical placement and benefits for the homes in being able to participate in clinical placements, but also benefits for those existing staff who can be supported, trained and have the opportunity to mentor and be a leader with students. I think that there's important work to do around the role of long-term-care homes as clinical placement sites for the students who we hope will eventually choose to work in long-term care.

The Chair (Mr. Peter Tabuns): Twenty seconds.

Ms. Sara Singh: Thank you, Chair. I'll save it for my next round of questioning. I won't have enough time. But thank you for the responses.

The Chair (Mr. Peter Tabuns): Okay. Thank you very much. With that, we go to the government. Who will be—ah. MPP Coe, the floor is yours.

Mr. Lorne Coe: Good afternoon, Chair, and thank you. Through you to the minister and deputy minister: Minister, thank you for your leadership, your passion and delivering the change that the previous Liberal government failed to.

You and I will know from our respective backgrounds that there's absolutely no doubt that Ontario's long-term-care sector was ignored for the better part of 15 years. Only 611 net beds were created, while the population over 75 grew by over 170,000 people. To me—and I know you would agree—this underscores the neglect of the previous government and strengthens our resolve to fix long-term care.

I have some concrete examples of your leadership in my riding and, indeed, in other parts of the region of Durham where myself and my colleagues in Ajax, Pickering-Uxbridge and Durham have the privilege of representing our constituents. In my riding, particularly, you would be familiar with the Durham Christian Homes' new Glen Hill Terrace building, and the 160 new beds that are going to make a difference to residents and their families in providing the care that they deserve at the right time. Added to that are the additional beds at Taunton Mills in Whitby and, as you rightly pointed out, Minister, the work that's under way at the Rouge Valley hospital and the complex that is under construction.

But turning to my question, Minister: Throughout the pandemic it was clear that the spread of COVID-19 was heightened by older homes where residents were crowded into shared ward rooms, some with as many as four beds. I understand that before the pandemic reached Ontario, our government was working to upgrade those spaces. Minister, I would appreciate it very much if you would be

able to share with this committee, and those who are watching, the progress that has been made in upgrading these beds.

And again, Minister, thank you for your leadership and your passion. And to your staff: [*inaudible*] everyone understands in the ministry the difference that they're making in lives in the region of Durham.

Hon. Merrilee Fullerton: Thank you so much for those kind words, MPP Coe. I want to make sure that everyone understands how you bring your heart every day for your constituents. You are a very caring MPP, and thank you for everything that you bring of yourself to serve. You're making major contributions to duty. Thank you.

When we look at the ward rooms and the 1970s homes, the impact is undeniable. The research that has been done shows that the ward rooms contributed to the spread of COVID within long-term-care homes, and that's exactly why we limited the occupancy in those beds and did not refill them to four people per room. That was one of the indicators of risk and a cause of the spread of COVID-19, and that's been clearly studied and researched.

1710

When we look as a government, our commitment was to \$1.75 billion per 15,000 new spaces in five years, and we understand the imperative to reach 30,000 in 10 years, it's absolutely critical that we find ways, even with COVID-19—and we know that with COVID-19, during the pandemic, construction has really been drawn out and probably about a year extra added in most cases. But not only have we got a good start on the pipeline—some are in progress right now—but it's our innovation with the accelerated pilot programs for the homes—Lakeridge Health, 320 beds there to serve your region—and when we look at the surplus lands, we've got to find new ways to make sure these homes are built.

The modernized funding model went a long way to doing that, and homes and spaces that had not been built at all and homes that had been sitting for some time became realizable, and those are starting to get built. It's the \$1.75 billion that we started with, then almost another \$933 million, almost another billion dollars, to get us another 80 new projects: 7,500 new and almost 4,200 upgraded long-term-care spaces across the province, which will bring us to 20,000 new spaces and almost 16,000 upgraded ones.

So this is two thirds of our way to the 30,000, but it's critical for quality of care. Those ward rooms in those 1970s homes—the fact that Ontario had not kept up put Ontario behind. If you look at BC, they had kept up with their building and Ontario had not during those 15 years, and that had consequences for people, unfortunately.

When we look at the projects that are under way, we've streamlined processes, making sure these can be built more quickly. We'll continue to work on that to eliminate these four-bed ward rooms, and I'll pass it to the deputy. Thank you, MPP Coe.

Mr. Richard Steele: Thank you, Minister. I'm going to pass this one initially to ADM Sheila Bristo and maybe

then ADM Brian Pollard has something to say on this one, too. But over to you, Sheila. Do we have Sheila on the call?

The Chair (Mr. Peter Tabuns): Her video's on. I gather she's there.

Mr. Richard Steele: Did she lose her connection?

Hon. Merrilee Fullerton: While she's looking for a connection, I can speak. The Auditor General and the commission on long-term care report both found this, that the age of the homes—obviously the community spread was an indicator for the risk of outbreak within the home, but it was the age of the home that contributed to the outbreak spread within the home. That's why we've been pursuing this aggressive modernization strategy to make sure we use not only a new funding formula, the modernized funding model, and that has had excellent response.

That is a process where we went through consultations to make sure we had something that would create the spaces that were needed, but also that we were streamlining processes to make sure that we were understanding the regional differences, as I've said, the medium-sized, the urban, the large urban and the rural, to understand these market segments.

I see ADM Brian Pollard is on with us, so I'll pass the torch. Thank you.

Mr. Brian Pollard: Good afternoon, everyone. I'm Brian Pollard. I'm the assistant deputy minister for the long-term-care capital development division. I'm happy to take this question and add some more flavour to what is happening in the world of development.

Before I do that, maybe let me just mention really quickly what my division does. The long-term-care capital development division is responsible for implementing the government's strategic direction and policy objectives for capital development across the long-term-care sector. But to do that, we work with our partners across Ontario, and we do that to design, develop and implement the capital policy and indeed the project delivery, much of which you've heard about today as it relates to delivering beds in the province in an expeditious manner.

In addition to administration of the ministry's long-term-care capital development program, the division also has responsibility and oversight over the long-term-care home licensing framework, which is a pretty integral part of making sure we've vetted projects on their way to development and that we do that in accordance with the Long-Term Care Homes Act and its regulations.

Long-term care continues to be a top priority for the government, as you've heard today. Developing new and redeveloping older long-term-care capacity, as MPP Coe has just mentioned, is critical, as Ontario's long-term-care system has become increasingly strained for a number of reasons: demand, change in demographics, and certainly more complex and diverse needs for long-term-care residents. In total, this has led to additional pressure on the province's health care system, as the minister has just articulated, and it's leaving people to wait too long for the care they need.

That got even worse as COVID-19 hit and has certainly shone a light on many of the issues in the long-term-care sector. The recent reports released by the Ontario Auditor General and the long-term care commission have further underscored the need for new and redeveloped long-term-care capacity that must meet modern design standards and provide a safer environment better prepared to protect residents, caregivers and staff, and prevent any future outbreaks.

The ministry is carefully reviewing the recommendations from the Auditor General and the long-term care commission to ensure that changes we make to the Long-Term Care Development Program best reflect the needs and safety of residents—as has been said here today, residents are at the centre of everything we do—but also to make sure we reflect the needs of caregivers, staff and families.

The government has put forward a transformational strategy that's seeking to build a 21st-century long-term-care system. To support the government's vision for the sector, the Ministry of Long-Term Care has created a four-pillar modernization strategy, pieces of which you've heard about today. But in general: one, commit to integrating the long-term-care system within the broader health care continuum. And we do that by defining long-term care's role within a transformed health care system and the broader care continuum that will focus on Ontario's most vulnerable seniors and on ensuring that seniors are appropriately supported in their home. That's pillar number one, if you will.

Pillar number two is all about the quality of care implemented in the latest staff and service models that meet the complex needs of residents to achieve a high quality of care. That's number two.

Number three, oversight and accountability, is where we're improving quality assurance and fostering quality improvement through a range of oversight, accountability and performance management mechanisms that will ensure safety and incent continual improvements in resident outcomes.

Pillar four is physical infrastructure. This is all about modernizing, accelerating and improving the development process of long-term-care beds to create new beds and redevelop existing older beds to modern design.

That is really where the long-term-care capital development division has been focused. It's really on this last pillar and making sure that we deliver on the commitment and goal of building 30,000 new long-term-care beds over the next decade.

As the minister has said, to date, the government is investing up to \$2.86 billion to develop and redevelop long-term-care beds. That's a combination of \$1.75 billion that was announced in 2019 and has further been supplemented by \$933 million announced in March 2021.

By making smarter investments to modernize our long-term-care system, we truly believe we can build long-term-care homes as a safe environment, and ensure our loved ones have access to the care and comfort they deserve, now and in the future.

As part of the physical infrastructure pillar, the government supports long-term-care development projects across the province that will add new long-term-care capacity and redevelop existing older long-term-care beds and those ward rooms that have been mentioned here today.

In 2020, we introduced a modernized funding model to drive the development and upgrading of the long-term-care homes. Let me give you a bit more detail on what is really at the core of that funding model. It moves us away from a one-size-fits-all approach and instead provides tailored incentives to address the needs of developers in different geographic regions across the province. The four geographic regions that we have are rural, mid-sized, urban and large urban.

It also introduces an upfront development grant to address high-cost barriers to construction. Let me underscore "introduce," because we did not have this feature in the previous funding model. This notion of an upfront development grant is new and, again, is an incentive to make sure that we're building long-term care as expeditiously as possible.

1720

Certainly, it's our hope that the new approach will help ensure that homes in Ontario are being built to modern standards that address issues like infection prevention, control and containment, and that they replace ward rooms with single- and double-occupancy rooms. So we will get rid of rooms that have four people in them, and we will be replacing them with single and double occupancy, so no more than two people per room.

In October 2019, the ministry released a 2019 application for long-term-care home development to support the implementation of its modernized Long-Term Care Development Program. The most recent allocation of long-term-care beds occurred in November 2020 and March 2021, and the minister has just provided the numbers from those calls. For those allocations, there was a total of 9,478 new beds and 5,212 redeveloped beds that were allocated.

It's probably worth mentioning that the applications were evaluated based on alignment with program objectives, policy priorities, project readiness, financial viability, ability to address local needs and, indeed, compliance history. There was a multi-faceted review and evaluation that we went through to determine which applications were worthy of an allocation. Those priorities were developed in consultation with the sector. The policy priorities aimed to improve outcomes and use additional long-term-care capacity effectively.

Those priorities would have included more flexible care structures to address the needs of patients and residents who are medically complex. They may be cognitively impaired. They may be physically dependent or those whose care needs can no longer be met within existing programs, including staying at home. This includes individuals who have multiple or chronic diseases, cognitive impairment, dementia or responsive behaviours and people who are totally or extensively physically dependent for daily living support.

The second priority was to make sure that we were expanding care models and that we were doing that by addressing specialized care needs. Applicants were encouraged to offer tailored program supports with our models of care as part of their proposal. This could include programs supported by technology, care tailored to meet a community's linguistic or cultural needs, or programming and services for the cultural and linguistic interests of persons of a specific religious, ethnic or linguistic group, and I think you've heard examples today of allocations we've made in support of that. In particular, with linguistic groups, we also focused in on francophone communities and, certainly, Indigenous peoples.

The third priority was really increasing care capacity. We wanted to make sure that we were increasing affordability and/or facilitating patient flow across care settings through partnerships and that we evaluated applicants who were also looking to be in partnership with the Ontario health teams and other health and social institutions, including access to basic beds and a campus-of-care model.

In total, there are approximately 70,000 long-term-care beds in over 620 homes today across Ontario. As of May 2021, Ontario has 220 long-term-care projects representing, as the minister has said, over 20,000 new beds and almost 16,000 redeveloped beds.

That's basically our pipeline. Maybe now I can give you a few more specifics about how the pipeline is looking. I'm happy to say that several of those projects have been completed since June 2018, representing upwards of almost 400 beds, and we have more in the pipeline that will reach completion in this fiscal year.

Of the additional 213 of the remaining—

The Chair (Mr. Peter Tabuns): You have two minutes left.

Mr. Brian Pollard:—projects are in various stages of planning, design and construction. Those represent the remaining 20,000 new beds and 15,000 existing long-term-care beds. As we think about those 213 remaining projects, 42 of those projects already have a development agreement, and many of those are also under construction. That represents just about 3,381 new beds and about 4,000 redeveloped beds. We do have a pipeline that is moving—people are moving from planning into construction and, indeed, from construction into opening.

All approved projects will receive funding that is tailored to each project's regional needs to help us get shovels in the ground faster and homes built quickly. By September 2021, four homes are scheduled to open, representing developments of 446 new long-term-care beds and an additional 258 existing beds. I could go on with the stats, but I think you get a sense of the movement that is happening in this program.

I did want to give you, though, before my time runs out, just a bit of a sense of what is happening from a programming perspective. Of the current 213 active long-term-care projects, there are 19 projects where the applicant has indicated an intention to provide programs and/or services to meet the needs of francophones and the francophone

community of Ontario. There are another 10 projects operated by a First Nation community that will obviously have an Indigenous focus. As part of the latest rounds of allocation, we have seven projects for other cultural and linguistic [*inaudible*].

In addition to the regular allocations of beds, the ministry is taking innovative steps to achieve its long-term-care capital development objectives. One of those is—

The Chair (Mr. Peter Tabuns): I'm sorry to say, you've come to the end of your time. We now go back to the official opposition. MPP Singh, the floor is yours. You have 20 minutes.

Ms. Sara Singh: Thank you, Chair. I think I'll just pick up on the last round of questioning, because our time did expire. I wanted to just get a better sense from the minister and from the deputies with respect to the staffing strategy and the pandemic pay, and understand the rationale behind not making that a permanent wage increase for, for example, our PSWs.

Even the government's own staffing study indicates that a large part of the problem here that's contributing to turnover is the low wages and the lack of reliable full-time work. While I appreciate some of the responses that I received, it really didn't get at the heart of that issue. I think, if we don't address the pay equity issue here for many of these folks, we're just going to see a cycle of retention issues continue on in the sector moving forward. Even if you are able to train and recruit new people to the sector, you will still have a retention issue because of the precariousness in the sector and the low wages.

Could you please help us understand why that hasn't been a part of the plan to move forward when, clearly, not only your own staffing study indicates that it's important, but the long-term care commission indicates that it is fundamental to ensuring stability within the sector?

Hon. Merrilee Fullerton: Thank you, MPP Singh, once again. I appreciate the insights. When we look at long-term care and almost anything in the health care sector, if you touch one area, something else moves somewhere else. So there has to be a thorough understanding of what we do when we did the pandemic pay, for instance. The pandemic pay was really an effort to shore up long-term care and to make sure that we could provide staff with the level of funding that would retain them in the sector and attract them to the sector. That's exactly why we did the temporary wage enhancement, as well, of \$3 an hour.

This has been ongoing. We have extended the temporary wage enhancement again. Really, it speaks to the staffing study that informed our A Better Place to Live, a Better Place to Work. As you've mentioned, we really need to create the conditions in which people want to work in long-term care, want to train for long-term care and want to stay in long-term care. That is a commitment that our government has. We had it before the pandemic, have had it during the pandemic, and we'll continue on with this after the pandemic.

It is just so unfortunate that the neglect for over 15 years left long-term care in the situation it was in leading into the pandemic. Obviously, the staffing crisis and the measures that we've taken to address our commitment to four hours of direct care over four years are critical. We need those people trained, and we need to attract them to long-term care. So there are multiple aspects to this. It's absolutely critical, and it makes Ontario a leader in Canada.

And the demand is only growing. We have an aging population, and I don't know why, for 15 years, the previous government did not address that. It did not. And here we are now, creating the plans and the training necessary to provide that monumental commitment to four hours of direct care per resident per day.

1730

I'll pass it to the deputy. He's got more information to share. This is something that we need to be relentless with, and understanding how important it is to retain workers in long-term care.

Mr. Richard Steele: Just to reiterate some of the comments from the previous round of questions on retention and the fact that the staffing plan is, in fact, very much focused on addressing the issue of retention—

The Chair (Mr. Peter Tabuns): I'm sorry to bother you, but I need to have you introduce yourself again. I'm getting as sick of it as you are.

Mr. Richard Steele: My apologies, again. I keep forgetting. Deputy Minister Richard Steele.

The Chair (Mr. Peter Tabuns): Thank you.

Mr. Richard Steele: Just to reinforce that the staffing plan—I think there's absolutely a recognition that simply attracting people and training people to come into the sector only to have them quickly leave is not going to solve our problem, that we need to be addressing recruitment and training but we also need to be addressing retention as well.

Clearly, compensation is always a consideration and a factor, and the minister has spoken to the government's position on compensation. But I think we all know that compensation is just one factor in terms of creating a working environment that is attractive for people, to keep them working in the sector. Career advancement, culture, workload, opportunities for training, safety—in terms of, is it a safe work environment? Can they be confident that, if there is an outbreak of COVID or anything else, the appropriate infection prevention and control measures will be in place to keep them safe, that they have adequate PPE to keep them safe? All of these things will contribute to retention, as well as, and not to deny the significance of, compensation.

The only other point I will make is that there is significant variability within the sector when it comes to compensation, so working through all of those issues is quite complex. But, again, just to reinforce that the staffing plan does have a significant focus on creating an environment that is attractive to retain people in the sector.

Ms. Sara Singh: Thank you so much for that. But I feel as if we're missing a huge piece of the puzzle here. When

we talk about creating that culture, ensuring safety, helping with workload, much of this is really actually tied to the staffing ratios and maintaining adequate staffing ratios. We know that a big reason folks are leaving the sector is because of compensation. That's why we know that even through the pandemic many are leaving to go to, for example—you know, the [inaudible] sector, because there are bonuses that are being provided to them if they are to move over to that sector.

So I think we're missing a piece of the puzzle here, and it hasn't quite been made clear through the responses why this was not included in the plan to move forward to ensure that the compensation issue was addressed. Even if we are to move toward a target of 70% full-time positions, without addressing the compensation issue, it's difficult to say how you will actually achieve that as a ministry and create stability in the sector. I would just ask again: Why was a permanent pay increase not included in the plan?

If we know that compensation is an underlying factor that's contributing to the lack of retention, why would we not ensure that we are paying workers fairly so that we can create a safe, as you said, working environment for them so that there aren't, for example, 25% vacancy rates at some of the homes that we've spoken with, or that there isn't this culture of concern around safety because one PSW is doing the work of three PSWs because of staffing shortages?

As I said, I think we're missing a huge piece of the puzzle. If the minister could maybe help us understand why this wasn't included, that would be very helpful.

Hon. Merrilee Fullerton: So obviously—and you've heard my comments; you've heard the deputy's comments. Clearly, there are many variables involved in this. The pandemic pay, clearly, was helpful. We were able to attract over 8,600 people into long-term care at a very important time. The temporary wage enhancement has allowed us to retain more staff. This is a bigger modernization plan that is needed.

If we look at the capacity, our ability to be 60% towards our 30,000 new spaces in 10 years and our monumental, historic commitment in Ontario of four hours of direct care per resident per day—\$4.9 billion to go to that program; a spending of \$10 billion in just a short span of time to really show support for these plans.

But I'll go back to the staffing plan and the expert panel. They were very clear that they did not comment on a staffing mix because they felt there were regional differences and unique aspects to various homes. They actually say that in their report. It was the expert panel that provided input and the foundation for our A Better Place to Live, A Better Place to Work aspect of staffing planning.

Just as the deputy has said, there are multiple pieces to this. Not only do we need to make sure that we're putting the residents at the centre, supporting the staff, creating the right conditions and the right environment within which people want to work—and certainly the pandemic pay helped. The temporary wage enhancement has helped. As we said, it has been extended. There are many aspects to

the approach we're taking to staffing. It's the training. It's the micro-credentialing. It's the opportunity. It's the experiential learning. It's the career laddering. It's the ability for people to understand the meaning and the purpose in long-term care.

Obviously, wages come into play. You've seen our government commit to the pandemic pay, commit to the temporary wage enhancement, and this is something that we need to consider. We look forward to addressing the long-term-care retention strategy as we move forward.

This is historic. There's no time in history in this province where there has been as much focus on improving long-term care or the funding to improve long-term care. These are historic measures that we have taken. It's historic funding. It's badly needed, no doubt, from years of neglect prior. But it is our government that is committed to long-term care as a top priority, and the safety and well-being of residents and staff. We will continue that work.

Deputy?

Ms. Sara Singh: Thank you, Minister. Just before we move on to the deputy minister, I just want to ask though—Minister, you very clearly articulated that the wage enhancement and the temporary pandemic pay helped with the sector. So why would you, as the minister, not want to continue that strategy moving forward? Clearly, it had positive outcomes during the pandemic. Why would we end this and then maybe have us starting back from ground zero all over again?

Hon. Merrilee Fullerton: The temporary wage enhancement has not been ended. It's been extended to the end of June—

Ms. Sara Singh: But it will be ending. It is going to end, though, Minister, with all due respect.

Hon. Merrilee Fullerton: We have responsibility to the Auditor General, we have responsibility for it to be accountable, and that is something we also have to be.

The temporary wage enhancement will be extended till the end of June and we are looking to understand how we support this sector as a government. As I said, historic investments: \$9.8 billion into long-term care to provide for the staffing of the four hours of direct care; improving the ability of our homes to respond to COVID; our historic investments in capacity and building of space for our loved ones, a true home for our loved ones in long-term care; and modernizing a sector that had been so sorely neglected for so long. A stand-alone Ministry of Long-Term Care—and looking at how we support staff, how we train them, how we retain them, and create a home-like environment for our residents, where they are put at the centre. This is something that will be an ongoing effort.

To build, we need staff, so we've created the building plan. We've created the staffing plan, the infection prevention and control plan, the innovation in long-term care, and the Community Paramedicine for Long-Term Care program. These are all part of modernizing a sector that really was neglected for decades by previous governments, and we're committed to doing that. So we will

find ways to continue to support long-term care and modernize it.

1740

Ms. Sara Singh: I can appreciate that, Minister. I think that much of the funding that you've outlined is not directed at actually supporting staff and helping us achieve the ratios that have been proposed, I think, by your own staffing study, as well as the long-term care commission, who say that we should be targeting 70% full-time positions for nursing and personal support workers, as well as their own staffing strategy, which indicates that only 41% of PSWs in the sector work full-time.

My concern—and I don't mean to interrupt Deputy Steele, but I think there's just a disconnect, and maybe your comments or his comments can help us understand how you're actually going to achieve the ratios that have been set out, with some flexibility.

How are you going to ensure a quality of care if there aren't staff who are being retained because the wages are so low? I hope you can appreciate the scenario that I'm outlining for you. You're training new PSWs who are excited to get in the field. I feel like we're perpetuating the same problem all over again for them. If they aren't being paid fairly, you will have retention issues, and then that will compromise the quality of care not only for residents but for staff as well.

So perhaps in your comments you can help us understand why this isn't a part of the plan and how the government intends to create a fair and balanced staffing ratio within our long-term-care homes if we aren't going to address the wage discrepancies.

Hon. Merrilee Fullerton: When we look at the training—the 9,000 PSWs we have in programs or getting into programs, the spaces we've created for that, the \$120 million that has been put towards that, and the training up to 16,500 new PSWs and thousands of more nurses—I think it very clearly shows the commitment to creating the staff that is needed in long-term care. We've been very clear about our commitment about creating capacity, really looking at putting the resident at the centre, creating the supports for staffing. Obviously, that means creating people who are ready to come and work in long-term care to support the staff who are already there.

We've been very, very clear about this from the beginning, about the need for more capacity, about the need for more staffing, and then during the pandemic, making sure that dollars flowed. More than \$2 billion flowed to long-term-care homes to support them in their operations in terms of modernizing their systems so that they could prevent COVID-19. All of these things are part of creating a modern long-term-care system where people want to work, so I think when we talk about supporting staff, it's so that they can see the opportunity for themselves in their role or see themselves in a future role. We've talked about that in terms of the staffing and the career laddering and the micro-credentialing and making sure that staff have the supports they need in homes. All of this has to be taken together; there is no doubt—and also the importance of integrating long-term care with the

larger health care system. There is nothing that functions in isolation. So we have to understand many of these variables simultaneously to understand.

To be clear, the expert panel that informed our staffing plan, *A Better Place to Live, A Better Place to Work*, did not comment on the skill mix; I know there are others that have. But, particularly, that group did not comment on the skill mix because they did feel that there were regional differences and in order to find—

The Chair (Mr. Peter Tabuns): Two minutes.

Hon. Merrilee Fullerton: —the balance that was needed in each area, there was some flexibility that was needed.

I'll ask the deputy if he would like to comment further.

Mr. Richard Steele: Thank you, Minister.

A couple of comments I'll make: I think one point that is important to note, again, reiterating that the long-term-care staffing plan is absolutely focused on retention and many of the things that we can do to support retention—it is important to note that it is a long-term-care staffing plan, and obviously long-term care does fit within a broader health system, and issues of compensation are difficult to address simply within the context of long-term care alone. So while there are differentials within long-term care—there are obviously differentials, and the reality is that individuals move between long-term care, home and community care, acute care and even further out into the social services sector. So, really, compensation questions needed to be thought of in a somewhat bigger frame than just simply within long-term care.

As always in government, you can wait till you figure out the whole big picture of everything, or you can try and move on the pieces that you can move on within the sector, which is what we've tried to do with the long-term-care staffing plan: to try to move forward with some significant investment, with some significant policy work, to try to address the issues that are specific and immediate to the long-term-care sector itself.

Compensation questions, as the minister noted, the government will have to consider in a slightly broader context. I don't think that means anyone is saying they're not relevant and don't need to be thought through, but the staffing plan per se is focused on other aspects of retention.

The Chair (Mr. Peter Tabuns): And with that, I'm sorry to say that you're out of time.

We go back now to the government. There are about 15 minutes left. MPP Barrett, the floor is yours.

Mr. Toby Barrett: Thank you very much, Chair. I think I'm coming through okay?

The Chair (Mr. Peter Tabuns): Yes, you are, sir.

Mr. Toby Barrett: I certainly want to thank Minister Fullerton and the staff for this afternoon. It's really been quite informative and so important, and everything's recorded on Hansard.

A special thank you to Minister Fullerton—it's been a very tough year, and I would say for probably everybody on this call. I think back last year where, as the elected representative of my staff, we could not really get through to the long-term-care homes in our riding. Of course, we

would talk to staff who would contact us outside of their work hours. Regrettably, we would talk to families and, in some cases, where one or two of their loved ones had passed away. Like I say, it's been a tough year.

I thank Minister Fullerton. You made a phone call to me late one night and laid out everything that evening. It gave me the context or the framework of just what we were dealing with and how we got involved in this.

So with my comments—and I will be leading up to a question eventually. I want to follow up on the line of discussion from MPP Lorne Coe, bearing in mind that our government has made a commitment to build 30,000 long-term-care beds over the next 10 years.

I will point out that when I was first elected—and that was 25 years ago; sometimes I don't publicize that—I was elected on a commitment at that time in 1995 to build 20,000 long-term-care beds. We did that. I'm quite heartened by this most recent commitment. It certainly reinforces my belief that after not only 15, 18—several decades of inaction by other governments, the present government is the one that is in a position to fix this long-term-care issue, and in my view, we are truly well on our way to accomplishing that goal.

I've been very public locally in my riding with respect to—and perhaps I have the benefit of a bit of history in the riding—who's been doing what as far as long-term care over many, many years. I just couch that in the terms of the two very recent reports that have come out. As we know, the Ontario government commissioned a report to analyze the tragic results of the past year and the ruthless spread of this highly infectious virus. I can personally attest to that because both my wife and I picked it up, and we did everything possible to avoid that. We were in that position, and we understand the reality of long-term-care facilities, where you, oftentimes, are not in that position, especially when there are several people in a room.

1750

So we had that long-term care COVID-19 commission. As well, the Auditor General's report came out, as I recall, just a few days before. I'm on the public accounts committee as well, and we certainly had the opportunity to go through that report as well. Again, both reports exposed the systemic issues that we're dealing with, the years of neglect and underfunding—that's a phrase that's kind of stuck in our memory now—by the previous government. There are some valuable recommendations in both reports to provide guidance on how better, down the road, to protect residents and staff from any outbreaks in the future.

I will mention, I'm very proud of one of our family members who works in long-term care. We have so much admiration. I'm referring to my niece.

We know that our long-term-care system, our long-term-care ministry was not sufficiently positioned, was not prepared or equipped to respond to this worldwide pandemic that's provided a challenge for experts all over the world, as we know.

I want to cut, as an elected representative—and that's why those of us are on this committee that are elected;

we're here to represent the people that elected us. I take a look at my riding of Haldimand–Norfolk, an example of that 15 years of provincial Liberal neglect. When I was first a government member, and that was 25 years ago, we saw the commencement of new build, far beyond renovation, of four facilities: the Grandview facility in Dunnville, a municipal long-term-care facility, a brand new one; Edgewater Gardens in Dunnville, associated with our war memorial hospital; Parkview Meadows in Townsend, a not-for-profit—again, a brand new facility; and our Norview Lodge in Simcoe, run by Norfolk county. The existing building disappeared and again a brand new building went up. This is under the Mike Harris–Ernie Eves era, where this commenced.

To my shock, having been in opposition for 15 years, we saw nothing locally for 15 years in Haldimand–Norfolk from either Premier McGuinty or Premier Wynne. It was not until the return of the present government, the present administration, that we have seen, just in the past three years, announcements, again, for hundreds of new long-term-care beds, new builds in Port Dover, Hagersville, Dunnville and Delhi. So I'm presenting local data; not provincial data, local data. Four brand new facilities 20, 25 years ago and, at present, four facilities in the works—and nothing in between. I just use that to reinforce that this is hard data. You can see the four buildings. You can see the plans and proposals for what is now in the works, where land purchases are being negotiated and things like that.

In 2009, the Auditor General brought out a report on long-term care. The government of the day, the Liberal government, responded. They “planned to renovate 35,000 beds in older homes over the next decade, making them parts of larger rooms with a maximum of two beds each.” That never happened. Between 2009 and 2019, I think something like 3,766 beds were renovated. I can't tell you where new buildings went up, but I can tell you, none went up in Haldimand–Norfolk during that era.

Here we are, 10 years later. I don't know whether there's any further evidence of any accomplishment by the previous government. Again, to my mind, that just reinforces what the present government has in the works and is doing, under the leadership of Minister Fullerton.

There's one other thing I would like to mention—and I really appreciate the comments from the opposition. I don't know whether any independent members are part of this process. I think there's at least one member on this committee. But I do want to make mention, if I have some time—the minister can put her hand up if she wants me to stop talking, and I think this will carry on at a future date. I know the opposition kicked off our hearings this afternoon. I appreciated their comments on the air conditioning issue.

If you can just bear with me, what I'm looking for is the fact that this air conditioning issue was raised many, many years ago by the opposition at the time. I don't know whether the NDP were talking about it then, and I doubt that I would be able to find my quote. But if you were to look it up in Hansard, when the long-term care legislation was being debated—and this is probably around 2006—I personally asked: Is this legislation going to enshrine amenities like air conditioning? I don't know whether the NDP was asking about air conditioning back in 2006. I appreciate them asking about it today, but I just point that out. All of us are subject to what we say in the House and in Hansard. I just want to reiterate that air conditioning isn't a new subject, for this particular representative, anyway.

I'll roll out my question. I know there wasn't the full 20 minutes available, but I do wish to request the minister—I hope she's had a chance to have a glass of water while I've been rambling on—to give us an update on progress to date with respect to our commitment to build 30,000 beds in 10 years. I couch that in terms of—I'll throw out another number. From 2011 until we took office, this present government, in 2018, the Liberals apparently only got 611 net new beds built.

I'll end there. If we have time, Chair, I would like to table that question. Thank you.

The Chair (Mr. Peter Tabuns): You have about one minute, so if you'd like to table the question, be my guest.

Mr. Toby Barrett: Again, my question: a progress update on this 30,000-bed commitment over 10 years.

Hon. Merrilee Fullerton: Very good. Thank you, MPP Barrett. Let me congratulate you on over 25 years serving your constituents. Thank you for that, and a thank you to your niece as well, as a PSW, and all her colleagues—really the backbone of our long-term-care system.

You know what? I actually happen to have your quote from Hansard, so I'll read it to you. Here's what the member for Haldimand–Norfolk, who's still a member of the House, had to say at the time, in 2006: “As I went through this particular piece of legislation, I came to realize that there is really not an indication of a commitment or fulfillment of a promise for continued investments. When you look at Bill 140, for example, there's nothing in there that would state that it would protect residents from extreme temperature fluctuations. I'm thinking primarily”—

The Chair (Mr. Peter Tabuns): I'm sorry to say, because it's a good quote, that we're out of time. We will come back on June 1 at 9 a.m., and hopefully, Minister, you can read the quote in its entirety.

With that, we are adjourned for the day.

The committee adjourned at 1800.

STANDING COMMITTEE ON ESTIMATES

Chair / Président

Mr. Peter Tabuns (Toronto–Danforth ND)

Vice-Chair / Vice-Présidente

Ms. Donna Skelly (Flamborough–Glanbrook PC)

Ms. Teresa J. Armstrong (London–Fanshawe ND)

Mr. Toby Barrett (Haldimand–Norfolk PC)

Mr. Lorne Coe (Whitby PC)

Mr. Rudy Cuzzetto (Mississauga–Lakeshore PC)

Mr. Randy Hillier (Lanark–Frontenac–Kingston IND)

Ms. Jane McKenna (Burlington PC)

Ms. Judith Monteith-Farrell (Thunder Bay–Atikokan ND)

Mr. Michael Parsa (Aurora–Oak Ridges–Richmond Hill PC)

Mr. Randy Pettapiece (Perth–Wellington PC)

Ms. Donna Skelly (Flamborough–Glanbrook PC)

Mr. Peter Tabuns (Toronto–Danforth ND)

Substitutions / Membres remplaçants

Ms. Amy Fee (Kitchener South–Hespeler / Kitchener-Sud–Hespeler PC)

Mr. Mike Harris (Kitchener–Conestoga PC)

Mr. Kaleed Rasheed (Mississauga East–Cooksville / Mississauga-Est–Cooksville PC)

Mr. Amarjot Sandhu (Brampton West / Brampton-Ouest PC)

Ms. Sara Singh (Brampton Centre / Brampton-Centre ND)

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Clerk / Greffière

Ms. Thushitha Kobikrishna

Staff / Personnel

Ms. Sude Beltan, research officer,
Research Services

Ms. Sandra Lopes, research officer,
Research Services

Mr. Michael Vidoni, research officer,
Research Services