Legislative Assembly of Ontario


Assemblée législative de l'Ontario

# Official Report of Debates (Hansard)

SP-5

## Standing Committee on Social Policy

Estimates

Ministry of Long-Term Care

1st Session
44th Parliament

Tuesday 4 November 2025

Chair: Brian Riddell
Clerk: Vanessa Kattar

# Journal des débats (Hansard)

SP-5

## Comité permanent de la politique sociale

Budget des dépenses

Ministère des Soins de longue durée

1re session
44e législature

Mardi 4 novembre 2025

Président : Brian Riddell
Greffière : Vanessa Kattar

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# CONTENTS

Tuesday 4 November 2025

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

# STANDING COMMITTEE ON SOCIAL POLICY

# COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 4 November 2025

Mardi 4 novembre 2025

*The committee met at 1459 in committee room 2.*

## ESTIMATES

## MINISTRY OF LONG-TERM CARE

**The Chair (Mr. Brian Riddell):** Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. We're meeting to consider the 2025-26 estimates for the Ministry of Long-Term Care for a total of two hours. From the ministry, we're joined by the Honourable Natalia Kusendova-Bashta, Minister of Long-Term Care, deputy ministry officials and staff.

As a reminder, the ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address.

Are there any questions from members before we start?

I am now required to call vote 4501, which sets the review process in motion. We will begin with a statement of not more than 20 minutes from the Minister of Long-Term Care.

**Hon. Natalia Kusendova-Bashta:** Good afternoon, everyone. Thank you for inviting me here today to discuss the 2025-26 Ministry of Long-Term Care estimates. My name is Natalia Kusendova-Bashta and I have the privilege of serving as the Minister of Long-Term Care. I am pleased to be joined by Deputy Minister Peter Kaftarian and the rest of the ministry team.

Being appointed as Minister of Long-Term Care has truly been a privilege and honour of a lifetime, and I have put the last 15 months in this role to good use. I say privilege because, as a nurse who worked in the front lines during the pandemic, stepping into the role of minister has given me the opportunity to address the issues I witnessed and experienced first-hand.

Back in 2021, we introduced our plan to fix long-term care in Ontario, a plan that focused on helping people by building new long-term-care homes and increasing long-term-care spaces' capacity—a plan to improve the care that residents across the province receive while, at the same time, making that care more accessible and bringing it closer to home.

But since we introduced our plan to improve long-term care, the situation across the world and right here in Ontario has evolved, and the world has become a very different place. This evolution has presented new challenges but also new opportunities. It prompted us to update our plan and to place a renewed emphasis on protecting our province and the long-term-care system that Ontario families depend on.

All of us in this room have one thing in common: aging parents or grandparents, perhaps a spouse, a sibling—or perhaps you yourself are a senior or soon to become a senior. In many ways, the work being done by the Ministry of Long-Term Care impacts every single Ontarian.

This responsibility bestowed upon me by the Premier and by the people of Ontario to take care of our most vulnerable citizens, the most frail members of society, and give them the best quality of life possible to live out their golden years is one that I take very seriously. Being tasked with the care of 80,000 aging seniors with complex health care needs is something I could have only dreamed of years ago when, at a young age, I set out on a journey to become a registered nurse. I fully realize the tremendous trust that families place in me when they make the often very difficult and heart-wrenching decision to finally place their mom, dad or spouse in long-term care. I also feel fully the weight of these difficult care decisions and the family dynamics that are at play in the day-to-day operations of our long-term care.

Mahatma Gandhi once said that the true measure of any society can be found in how it treats its most vulnerable members. I can tell you that that motto is one which I take to heart and one that is always top of mind when thinking and working through our challenges, our policies and opportunities.

With that in mind, we have an ambitious plan at the Ministry of Long-Term Care on both fronts, capital and policy, focusing our work on three pillars: people, purpose and practice. To give you a high-level overview, our plan fits into five overarching themes:

—building new, modern, state-of-the-art long-term-care homes and opening new spaces;

—increasing capacity of community care;

—improving care for complex residents;

—protecting operational sustainability; and

—growing the long-term-care workforce.

While this list is not all-encompassing, it does help to focus our time and energy into areas that can have the greatest impact on our residents' quality of life, their overall experience and satisfaction, and ultimately, their care outcomes.

For years, Canadian statisticians have warned us about an aging population and changing demographics. That's why we have committed, and again recommitted in the last throne speech, to build 58,000 new and redeveloped long-

term-care spaces along with properly staffing them. I'm pleased to say that despite the challenges we have experienced, including a once-in-a-generation pandemic, we have made incredible progress—one that all Ontarians should be proud of.

We know that, arguably, the biggest challenge to build long-term-care homes is the cost, which is why our government has created programs, services and policies to help offset some of these costs and help long-term-care operators build homes in parts of the province where they are needed the most. One change that I would like to highlight was the introduction of the construction funding subsidy top-up, which provided additional funding to operators. The CFS top-up was created in response to the impact of rising construction costs and the challenges long-term-care projects have faced when progressing to the construction phase.

As a result of this increase in capital funding, in only 16 months, from April 2022 to August 2023, 67 long-term-care projects received ministry approval to construct. That alone represents about 11,200 new and upgraded long-term-care beds that have been built or are currently being built to beautiful, modern design standards across the province.

Following the success of the first round, the government announced an extension for all eligible projects approved to construct by May 31, 2025. During the approximately two and a half years of this policy being in place, between November 2022 and May 2025, we advanced the construction of 103 long-term-care projects, resulting in the 10,000 new beds and 6,800 redeveloped beds moving through our pipeline.

But we also understand that one size does not fit all, and different long-term-care operators need different types of supports. Non-profit operators generally have more difficulty fundraising and getting shovels in the ground, especially in hard-to-build regions of the province, which is why we've created programs and policies to help address this, like the Building Ontario Fund, or the BOF.

Back in the fall of 2023, we established the BOF to support the financing and building of critical infrastructure projects in Ontario. We also introduced the Not-for-Profit Loan Guarantee Program, which helps incentivize non-profit operators to build more long-term-care homes by accessing financing through Infrastructure Ontario and the Building Ontario Fund. This program allows long-term-care homes to benefit from better loan terms by leveraging the borrowing power of the province.

The ministry also supports eligible hospital-operated long-term-care development projects through the loan guarantee program by providing access to affordable financing from the Ontario Financing Authority. And while these programs have been successful, we also listened to the feedback we received on ways to improve and increase funding to get even more homes built.

A few short months ago, I was in Maxville, Ontario, to announce the official groundbreaking of a new 160-bed long-term-care home. What made this project unique is that Maxville Manor was the very first home in Ontario to receive funding through the brand new Long-Term Care Home Capital Funding Program, which replaced the previous construction funding subsidy. The CFP is designed to better support long-term-care operators in the face of rising costs, whether that's construction, labour, materials or other increased costs. It's a flexible, percentage-based funding model, whereas the CFS was a fixed-cost-per-bed model.

This new program provides long-term-care homes with increased ministry funding, funding that is equivalent to a maximum of 85%—I will repeat that, 85%—of total eligible capital expenditures, with that maximum being determined by the home's geographic location. The capital funding program consists of three funding components, which are structured to reflect a more targeted and equitable funding approach based upon the operator type, thus accounting for the needs of the not-for-profit and Indigenous operators. Moreover, homes receiving the capital funding program will receive the funds earlier in the construction process, including the potential for an operator to receive the entire funding amount during that project's construction.

We are making these changes because we know Ontario's different regions have very different and unique needs and this tailored approach lets us take Ontario's regional and geographic uniqueness and beauty into account. As I said earlier, we understand that building in some parts of the province is more difficult than others—areas like the greater Toronto and Hamilton area. That is why we also created the surplus lands program, which uses the sale of underused government properties to secure land to build long-term-care homes in the greater Toronto and Hamilton area. Thanks to this program, the province has sold surplus properties in Aurora, Oakville and Hamilton, which, when fully developed, will provide an additional 1,312 long-term-care beds. As you see, we are leaving no stone unturned.

**1510**

At the beginning of this year, we made amendments to the regulations under the Fixing Long-Term Care Act that supported greater access to religious, ethnic or linguistically appropriate long-term-care homes. These amendments helped us launch the Long-Term Care Homes Cultural Pilot Project in April of this year. This placement pilot model includes a new cultural focus within the crisis waiting list for long-term-care home placements for the 29 long-term-care homes participating in the pilot.

The goal of the pilot is to evaluate how changes to long-term-care wait-lists can improve Ontario's access to ethnic, religious and linguistically appropriate care while continuing to prioritize applicants based on need. So far, homes in this pilot have reported a very positive experience, and my team and I are keeping a close eye on it.

This is what makes Ontario unique. We have 75 cultural homes because we know that Ontario is as diverse as the world itself. So as we continue to build more cultural and linguistic homes, it's something that is really a jewel in our crown. I'm very proud of that work, and we will continue that work.

Other accomplishments: In 2016, the Institute of Clinical Evaluative Sciences at the Dalla Lana School of Public Health at the University of Toronto completed a three-year study on health care use in Ontario. What they found is that 1% of Ontarians accounted for 33% of costs attributable to individual care while 5% of Ontarians accounted for 65% of costs.

The lead author of the study, Dr. Walter Wodchis, had this to say: "We suggest that it is likely that at least some of these patients are not receiving adequate community-based care that could prevent such repeat hospitalizations.

"By finding ways to better support the care needs of this small but needs-intensive segment of the population in the community when appropriate, we could substantially lower costs for the health care system overall."

So, informed by this report and many others, our government created the Community Paramedicine for Long-Term Care Program. Since its launch, the CPLTC has been helping eligible Ontarians, including those on the long-term-care wait-list, age safely at home, staying at home longer with 24/7 access to non-emergency medical supports.

When we reviewed the program in 2023, we clearly saw the program's effectiveness by reducing unnecessary burdens on the health and long-term-care systems while at the same time helping stabilize clients as they wait for long-term-care placement. While we initially launched the CPLTC as a pilot project, after reviewing it and having heard from so many of our municipal partners, including at AMO, we quickly expanded the program to all 56 certified land paramedic services, including the province's seven Indigenous-governed paramedic services.

That was a huge success, and since its launch, the ministry has invested $426 million into this program. I'm excited to share and repeat that this year we have made another investment, making the community paramedicine program permanent with $89 million, giving basically stability to the sector and allowing chiefs of paramedicine to hire full-time employees.

Really, this also gives paramedics in general—they are first responders. They are first to arrive at the scene. Sometimes, they get professional burnout because what they see can be quite difficult. Instead of transitioning into, let's say, administrative work, this program is allowing to redeploy this highly skilled force into something beautiful, like the community paramedicine program, allowing them to continue utilizing their skills but supporting the most vulnerable Ontarians in a non-emergent fashion. So it's a win-win-win situation.

Another program designed to help Ontarians age in place was launched back in September, the Community Access to Long-Term Care program, or the CALTC. We have lots of those in this ministry. The CALTC connects Ontarians in the community with additional supports at select long-term-care homes to help them age safely at home. These supports can include clinical and personal care, nursing supports, and dementia and wound care resources. The first homes joining this program are Peel Manor seniors health and wellness village in Brampton, Wellbrook Place integrated seniors' hub in Mississauga and St. Joseph's Villa in Dundas, before a planned expansion to additional sites in 2026 with a focus on rural and northern communities.

We are also creating, expanding and introducing new programs and pilots to help long-term-care homes to meet the increasingly complex care needs of their residents. Programs like the Local Priorities Fund, or LPF, which—back in July, we announced a $35-million investment. The LPF provides specialized equipment, services and staff training to enable long-term-care homes to admit new residents with specialized needs and support current residents with complex needs.

Or programs like the province's behavioural specialized units, or BSUs: These BSUs are designed to improve care by providing vulnerable long-term-care residents with complex care needs like dementia or other behavioural illnesses with safe, quality care in the comfort of the long-term-care home instead of a hospital. This year, we plan to invest over $27 million for the continued operation of previously established BSU beds and to increase BSU bed capacity. We are also increasing funding for Behavioural Supports Ontario, which provides support and services for older adults who have or are at risk for responsive behaviours associated with dementia, complex mental health, substance use and/or neurological conditions. This year, we will continue to invest $95 million into the BSO program.

As people age, their health tends to deteriorate, and unfortunately, people's cognitive abilities can also decline. The numbers show that the number of Ontarians living with these cognitive challenges is expected to triple to 750,000 by 2050, which is why we need innovative, compassionate approaches to caring for these people, our residents, our beloved residents, and why back in September, I announced a new pilot project focused on dementia care. Starting this year, the Ontario government is investing $9 million over three years to launch the Improving Dementia Care Program, which is expected to support 1,800 long-term-care residents in its first year. The ministry also provides funding for high-intensity-needs funds to assist with the extraordinary treatment costs of residents with acute or intensive service needs, which includes responsive behaviours that may put individuals or others at risk.

Chair, how much time do we have?

**The Chair (Mr. Brian Riddell):** You're at two minutes and 44 seconds.

**Hon. Natalia Kusendova-Bashta:** Okay. So, just to wrap up—

**The Chair (Mr. Brian Riddell):** I'll give you a minute warning.

**Hon. Natalia Kusendova-Bashta:** Thank you.

So, helping staff keep track of all of this, especially medication management, is the integrated technology solution program. This program is in its second year of a two-year $70-million investment and helps long-term-care homes with medication management, technological and digital needs, enhances the resident experience, streamlining ministry programs, reducing burdensome red tape

and helping optimize sector funding. And furthermore, every eligible long-term-care home in Ontario has received a minimum of $30,000 to adopt new medication safety and clinical decision support technologies.

And so, to wrap up, I just want to say, I've had the opportunity to visit close to 100 long-term-care homes in the time since I became minister. So I have a pretty good grasp of the different homes that are out there, the different classes that we have, whether it's A, B, C and D. What I can tell you is the excitement that is in in the sector and in the industry. People are excited, not only because we are building long-term care in almost every community across Ontario, which previously had been neglected; they are also excited because we are investing in people, not only investing in the residents but also in the incredible people that work in long-term care. We have 114,000 incredible workers that wake up each and every day to go service our most vulnerable seniors and others, and they deserve our investment.

The Premier, he always says, "What is Ontario's biggest asset? It is our people."

**The Chair (Mr. Brian Riddell):** One minute.

**Hon. Natalia Kusendova-Bashta:** And that's why, at the Ministry of Long-Term Care, we are investing in our people, we're investing in their training. We are providing career-laddering options for PSWs to become RPNs, RPNs to become RNs. We have increased fundings for nurse practitioners to make long-term-care homes more competitive to be able to attract nurse practitioners into the workforce.

**1520**

For the first time, we have funded wound care training that RPNs and RNs can take, and the ministry will pay for its expenses.

We are working with the Alzheimer Society for the training for PSWs on dementia care, through the program called U-First!

So that excitement is palpable. The ministry and the industry are energized, and we are looking forward to working with all of our partners to continue building more long-term care and, at the same time, improving the quality of care and the quality of life for our residents.

**The Chair (Mr. Brian Riddell):** Thank you for your presentation.

We will now begin questions and answers in rotations of 15 minutes for the official opposition members, 15 minutes for the third party member, five minutes for the independent member, who is not here, and 15 minutes for government members.

As always, please remember to make your comments through the Chair.

For any ministry staff appearing today, please state your name and title when you are called to speak on—you just have to do that the first time—so that the proceeds can be accurately recorded.

I will now start with the official opposition. I recognize MPP Gates.

**MPP Wayne Gates:** Thanks for being here. I was very, very impressed with the fact that the whole room is full with your staff. I have four staff who take care of my job. But you've got quite the population there.

In your little flyer, you did mention Gilmore Lodge in Fort Erie. That was done from 2017, which you came down and opened—very important in Fort Erie.

This is my sixth minister I've worked with. Either my party won't give me another job, or I do a good job at this; I'm not really sure what it is.

I wish that one of the ministers would say sorry for what happened during COVID, when 6,000 of our moms, our dads, our aunts, our uncles, our grandparents died, and 78% of them died in for-profit homes. That's terrible. And so—

**The Chair (Mr. Brian Riddell):** MPP Gates, we have to keep everything to the estimates, and that's outside of the estimates. So please rephrase—

**MPP Wayne Gates:** I appreciate that, but I really do think that it is important to say, because without that happening, long-term care would still be in the mess that it was in prior to—that goes without saying.

I'll try to stay within the estimates.

**The Chair (Mr. Brian Riddell):** That's all I can ask.

**MPP Wayne Gates:** It's all you can ask.

In 2018, this government promised 30,000 new long-term-care beds in 10 years. Seven years later, the Financial Accountability Officer reports that you've added only around 1,200 net new beds province-wide. That's about 5% of your goal. Experts say that we will need at least tens of thousands more spaces—which we've talked about—by the top of 2030.

Minister, will you admit that without dramatic action, the long-term-care system will be completely overwhelmed in the next decade?

**Mr. Dave Smith:** Point of order.

**The Chair (Mr. Brian Riddell):** Go ahead, MPP Smith.

**Mr. Dave Smith:** Thank you, Chair. Again, we are discussing the estimates of the 2025-26 budget. His question is definitely out of scope for that.

**The Chair (Mr. Brian Riddell):** Let me confer with the Clerk.

*Interjection.*

**The Chair (Mr. Brian Riddell):** Yes, we'll ask you to rephrase—a different question, please.

**MPP Wayne Gates:** Okay. I'll leave that on the record.

You don't have to answer any of them. I'll just read them out.

Long-term-care homes are so short-staffed that they spent over half a billion dollars on agency nurses and temp PSWs last year. Does the minister consider it substantial or acceptable to spend hundreds of millions in public funds on private staffing agencies because permanent staff keep quitting? And we talked about that, as well.

*Interjection.*

**The Chair (Mr. Brian Riddell):** I understand. Thank you, MPP Smith.

*Interjection.*

**The Chair (Mr. Brian Riddell):** Please rephrase.

**MPP Wayne Gates:** No, I'm fine.

For-profit nursing homes had some of the worst outcomes of the pandemic—significantly higher death rates, more extensive outbreaks, and conditions where the Canadian Armed Forces had to be called in.

Study after study has found that for-profit long-term-care homes tend to have worse outcomes on key measures like hospitalization rates and mortality rates, even when controlling for residents' health and age.

Noting this, why is the government doubling down on for-profit models?

**Hon. Natalia Kusendova-Bashta:** I'm happy to answer a question at some point.

MPP Gates, to sort of answer your questions—we are taking dramatic actions, absolutely. Every single action of this government is dramatic. There has not been, in the history of this country or this province, a more generous capital funding program than the current one, which provides up to 85% of capital costs to build long-term-care homes across the province of Ontario.

We currently have over 100 capital projects that are at various stages of construction. This summer alone, I did groundbreakings together with my PAs on about 3,500 more beds, which will come online in the next two years. There is no other jurisdiction in this country and probably in the world that is taking such significant action when it comes to building long-term care.

On the staffing side of things: Just a few weeks ago, I announced a $1.92-billion permanent funding commitment for more staffing in our long-term-care homes. We are the only province that is actually—not only did we set out goals in legislation, but we are one of the only provinces that is reporting quarterly on the direct hours of care in our homes.

So I was very proud as Minister of Long-Term Care, in the first quarter of the fifth year, to announce to the public that we have surpassed our goal and we are currently, on average, providing four hours and five minutes of direct care per resident, per day to our long-term-care residents. MPP Gates, do you know what that means? That means that we are providing 15 additional days of care per resident to when we started. That is absolutely phenomenal.

Yes, I would agree, our actions are dramatic on both fronts—capital and staffing.

**MPP Wayne Gates:** Thank you. I appreciate you at least answering the question.

I will say that in the first question, although you didn't get a chance to answer it, it's very clear that what we're saying is—not me saying it, by the way—the Financial Accountability Office reports that you added only 1,200 net new beds province-wide. That's about 5% of your goal, to answer part of your question.

On the four hours—I'm glad you raised this because now you can answer my other question, and this is important because we've been trying to get this from your ministry for a long time, so I'm going to ask the question here, because I think it's important. The average resident care needs vary from one home to another, and we'll agree to that. The ministry funds homes in the nursing and personal care funding envelope for its average care needs with proportion of the daily per diem in relationship to the provincial average, which now has a target of four hours per day—which you didn't meet and then you've kind of come close to the average. I think we had that discussion yesterday. The province has a reporting system in place to access whether each home is providing the care for which they were funded. Families and the public also have an interest in knowing whether that funded care is being delivered.

Will you as minister make public, in a timely fashion, the staffing reports required to be filed on a quarterly basis for each home? What I'm asking that question for is, you may have one that's above average, you may have some that aren't doing quite as well—I'd like to know the ones that aren't doing quite as well and certainly congratulate the ones that are doing better. I've asked for this for a while now and I haven't got that, so maybe you can answer it here.

**Hon. Natalia Kusendova-Bashta:** So, first of all, I want to congratulate our operators for actually reaching the goal. It is no small task. We ask a lot from our operators, just to be clear.

The amount of regulatory regime that they have to adhere to, the legislation that they are bound by, the inspections, both proactive and reactive and all of our programs that we expect them to implement—we ask a lot of our operators. To be able to increase that level of care to the four hours in the short period of time that they did is absolutely something that we must congratulate and commend all of the operators on.

Having said that, we are keeping track and we are looking at trends. Sometimes these trends can be regional, when it comes to being able to staff up to the full four-hour contingent. We are also seeing when new homes come online, it takes time to hire new staff and to make sure that we have a full staffing complement, especially when these are big homes that we are opening. So the ministry is doing everything we can to support our homes. I can tell you we are working with some operators to develop a designated support system to always have the same PSWs working with the same client. They are also working on a flex staffing system, so we are looking at different ways to modernize and improve the way our homes are staffing.

**1530**

We're also actually working with a union, SEIU, on a platform called WorkersFirst, to actually utilize staff that already exist within homes and redeploy them to fill some vacancies that come.

We're doing everything we can from an innovation perspective to support our homes in achieving that target.

**MPP Wayne Gates:** I'll ask the question again, because that was nice, but you didn't answer the question. Will you release all the homes and the ones that have made it for four hours—which is great, and we congratulate them. We're very pleased about that because it always should be about care and not profit. That's how I feel.

Will you release all the homes on exactly which ones have made four hours, which ones are below and which ones are above? I'd just like to you to commit that you're

going to make sure that we get a list of all the homes that haven't met their average target. Will you release that?

**Hon. Natalia Kusendova-Bashta:** What I will say is that we do have a staffing report which is made public, I believe, every year, and I will ask the deputy to comment on that as well. But also, MPP Gates, what you have to understand is that these averages fluctuate on a given day or in a given week. There may be an amount of hours, versus—let's say if it's Christmastime and there are more vacations; it's different. These are things that are waxing and waning. That's why we have a yearly staffing plan that we publish.

Deputy, could you please—

**MPP Wayne Gates:** Chair, can I take my time back, please?

**Hon. Natalia Kusendova-Bashta:** You don't want to hear from the deputy on the staffing report?

**MPP Wayne Gates:** No, I just want you to answer yes or no. Will you release the average, exactly, for every home in the province of Ontario? Which ones have done four hours? Which ones have done 4.6? Which ones are doing 3.2? Because it's an average. I just ask you: Will you release the homes? That's all I'm asking there.

**M^me^ France Gélinas:** All we want is the list of the homes and what is the average.

**The Chair (Mr. Brian Riddell):** The MPP is asking a question. It's up to if the minister wants to respond to that, sir.

**Hon. Natalia Kusendova-Bashta:** Deputy, can you please comment on our annual staffing report that we make public every year?

**The Chair (Mr. Brian Riddell):** State your name and your title for the record, please.

**Mr. Peter Kaftarian:** Hi. Peter Kaftarian, deputy minister, Ministry of Long-Term Care.

Per the minister's request: There is an annual report. The last one that was published was titled A Better Place to Live, A Better Place to Work: Ontario's Long-Term Care Staffing Plan. This does publish and provide an update. I believe this came out in August and provides an overall status update and progress on the DHOC targets.

**MPP Wayne Gates:** Thanks for that. I appreciate it. So that's a yes?

Prior evidence indicates that staffing levels at for-profits have been lower than at not-for-profit and municipal homes. Similarly, during COVID-19, outbreaks and deaths were higher on average at the for-profit homes—I already said about 78%.

Will the minister publish data showing comparable outcomes between these categories of homes for key indicators such as falls, bed sores, use of medication and other restraints, and hospital admissions so that the public can access the average quality care in these categories of homes?

**Hon. Natalia Kusendova-Bashta:** MPP Gates, you may be aware there is public information that is already available for every single home. It is done through the RAI-MDS assessment, which we are currently modernizing and building up to interprovincial standards. We're modernizing it so that all provinces report on the same indicators, so that CIHI can actually aggregate this data and have a province-by-province comparison.

Almost every home has a RAI coordinator, which usually is an RPN who is in charge of actually inputting this data, which is taken out of out of the EMRs or out of the charts of the residents and put into data. That data is then translated, and families and members of the public can go on a website and access information on key RAI-MDS indicators, on things like falls and on things like med errors for every home in Ontario.

In fact, this information is already publicly available. It can be easily searched, and now what we're doing is modernizing that. We're working with all the other provinces. It's going to be called the LTCF new survey, so that now we can have aggregate comparative data between provinces, so that we're reporting on the same thing, and then we can have—

**MPP Wayne Gates:** Can I take my time back? Because I want to get at least another question.

**Hon. Natalia Kusendova-Bashta:** —comparison between jurisdiction on these indicators.

**The Chair (Mr. Brian Riddell):** You have to let her answer the question.

You have one minute, 25 seconds.

**MPP Wayne Gates:** Minister, how is it possible that four years after the Legislature unanimously affirmed residents had the right to receive visitors, long-term-care homes are still using the Trespass to Property Act to block families from seeing their loved ones? Why has the minister allowed this abuse to continue despite clear directions from the Solicitor General that "occupier" under the TPA refers to the resident, not the facility manager or owner?

**The Chair (Mr. Brian Riddell):** One minute left.

**Hon. Natalia Kusendova-Bashta:** What I will say is that the Ministry of Long-Term Care does not administer the Trespass to Property Act, nor does the ministry provide legal advice to third parties, including licensees, visitors or residents, with respect to bans or orders issued under the Trespass to Property Act. We do, however, under FLTCA, require licensees to establish and implement a written visitor policy and provide a copy of that policy to residents at the time of admission and to the residents' councils and family councils.

Our act, the FLTCA—and regulation—does not address the trespass orders, so this question is really more towards the Ministry of the Attorney General. With regards to particular questions on specific cases, we really need to direct those to the operator and their visitor policies.

**MPP Wayne Gates:** The operators are overstepping their boundaries by not allowing them to visit—

**The Chair (Mr. Brian Riddell):** Thank you. We'll now go to—

**Hon. Natalia Kusendova-Bashta:** Is that your legal advice? Is that your legal opinion, MPP Gates?

**MPP Wayne Gates:** That's a problem, yes.

**Hon. Natalia Kusendova-Bashta:** Is that your legal opinion?

**The Chair (Mr. Brian Riddell):** Thank you, Minister.

We'll now go to the third party, and I recognize MPP Fairclough.

**Ms. Lee Fairclough:** Thank you, Chair. I appreciate that.

Thank you for your introductory comments. It was great to actually hear it in your words, the work that's happening. And I agree with you: We need to give a lot of credit to people that are working on the front lines in our long-term-care homes to achieve some of those results.

With that in mind, I am going to start with just some questions of the numbers in the binders here. My first question is really on page 19. You've got, in 2024, the projected funding for operating expenses is $9.435 billion, and it is reducing to $9.292 billion, which is a $143-million difference, or a 1.5% reduction. That's on page 34 or 19, whichever you prefer. It felt like you're suggesting that there's going to be more investment next year, but it seems like there might be less on the operating side, so I'm wondering if you could explain it.

**Hon. Natalia Kusendova-Bashta:** Yes. We always do the best work that we can to estimate or to project our estimates, and also to forecast how many beds we might open and how many beds will become operational. We have ambitious goals that we want to open as many beds as possible, but sometimes, in fact, we don't operationalize those beds in that given fiscal year; we might operationalize them in the next year. That's why we are seeing that reduction, because the beds that we have planned for have not come online yet. They will come online in the coming fiscal years, but that is why you're seeing a pretty modest 1.5% drop in those estimates. We do always our best job to try to forecast, but a 1.5% variance I think is pretty reasonable when it comes to a big ministry like long-term care, $9.3-billion operational.

**Ms. Lee Fairclough:** And I guess my next question does tie in with some of the FAO reports on the beds themselves. I'd be interested, actually, to understand what's preventing them from coming online. I know from the work I was doing before I was elected, we were also seeing a lot of homes closing or decisions being made by homes to get out of the business of long-term care, and so I'm a little worried about that. I think the estimates show net new beds of 322 for next year. Is that correct? That's on page eight.

*Interjection.*

**Ms. Lee Fairclough:** Oh, it's for last year. There was 322 net new added last year. And then the FAO report is really showing on a per capita basis that that's actually a decline by 60 long-term-care beds per thousand Ontarians. I guess that's what I would be looking for: Why is the net increase lower?

**Mr. Dave Smith:** Point of order?

**Ms. Lee Fairclough:** That's not a point of order.

**The Chair (Mr. Brian Riddell):** Go ahead, MPP Smith.

**Mr. Dave Smith:** Pursuant to standing order 110(h), this is the estimates for 2025. Asking about an FAO report would be relevant for a different standing committee, the Standing Committee on Public Accounts.

**1540**

**The Chair (Mr. Brian Riddell):** Let me confer with the Clerk. We'll just look that up.

**Ms. Lee Fairclough:** If I may, Chair?

**The Chair (Mr. Brian Riddell):** I'm going to pause your time.

We will continue, and you are allowed with your question.

*Interjections.*

**The Chair (Mr. Brian Riddell):** MPP Smith, thank you.

Go ahead.

**Ms. Lee Fairclough:** I appreciate it.

Anyway, I'll just look to you for the question. It's really around the net new beds. Is it enough?

**Hon. Natalia Kusendova-Bashta:** If I can just speak a little bit to timelines and how much time is actually involved to bring a bed online. So we start with provisional licences; that's the first point of contact between a would-be operator and the ministry. Then the ministry looks at eligibility criteria, and then we grant the provisional licences.

Subsequent to that, we give a development agreement, but there is a lot of back and forth between the ministry—this amazing team—and the project proponent to come up with that development agreement. Things like financials—are the financials in order? Do they have land? Is the land zoned? Is the land serviced? These are all things that that we look at.

We issue the development agreement. Then it takes time to actually get the construction approval. During this time, again, more back and forth. We talk about architectural designs. There is a lot of work that needs to go between. That process takes about 12 to 24 months—just the administrative groundwork when construction approvals are actually given. That's 12 to 24 months, about two years. Then, from the time of shovels to the actual completion, we can say, on average 18 months—

**Ms. Lee Fairclough:** I'm sorry. I'm going to jump in.

**Hon. Natalia Kusendova-Bashta:** Go ahead.

**Ms. Lee Fairclough:** I am quite familiar with that process. I think what I'm interested in is, do I have the numbers right about what the net new beds are going to be? I think it's saying that there will be 322. How is that relative to what you said before?

**Hon. Natalia Kusendova-Bashta:** In terms of new beds that we have opened since 2018 to October 2025, 3,235 new beds. Then we also have opened 3,912 redeveloped beds, but we are not seeing those because they're redeveloped. It means they come offline as we open them.

Currently in the pipeline for the next two months, until the end of this year, 2025, we expect another 2,100 beds to be open by the end of this year and another 1,200 to be opened by January of next year. So we have about 10,500 beds that are opened by January 2025.

But having said that, we have over 100 capital projects that are currently at various stages of construction. What I

will say is, any predictions and determinations are a little bit premature because we still have three full construction years ahead of us—that's 2026, 2027 and 2028. We also have the first quarter of 2029. I think any determinations about where we will be in the future are a little bit premature. We do need our construction teams to get on the ground and get these beds built.

**Ms. Lee Fairclough:** Do you have a sense of the number of beds that closed that were open?

**Hon. Natalia Kusendova-Bashta:** They would be if they're redeveloped. It's about the 4,000—

**Ms. Lee Fairclough:** They're closing and they're getting out of the business?

**The Chair (Mr. Brian Riddell):** Let the minister answer the question, please.

**Hon. Natalia Kusendova-Bashta:** I would say around 4,000 beds have closed because they have redeveloped. We are currently monitoring the ones that are getting out of business, but we have so many new project proponents as well that it is not something that we are currently concerned with.

**Ms. Lee Fairclough:** Okay. Thank you. I'll move to a different topic.

May I check time, Chair?

**The Chair (Mr. Brian Riddell):** You have seven minutes and 43 seconds.

**Ms. Lee Fairclough:** That's great. Thank you very much.

Achieving the average of four hours of direct care was a major milestone for the Ontario long-term-care system and an accomplishment for this government. I think that will benefit residents.

As the homes work, though, to sustain that standard amid some of the rising costs, including the recent arbitrated wage increases, how is the ministry going to support them to maintain this important achievement?

**Hon. Natalia Kusendova-Bashta:** That's very simple. I made a permanent staffing announcement that we are making permanent an additional $1.92 billion going forward. Over the four years, every year, we invested more, we invested more—we invested. Now we are at four hours. We know that it takes about $1.92 billion, on average, to maintain that, and so we are committing that as permanent going-forward funding.

**Ms. Lee Fairclough:** Does that match the arbitrated agreement?

**Hon. Natalia Kusendova-Bashta:** Deputy, could you please answer that question?

**Mr. Peter Kaftarian:** Yes. I was just checking with my team, so if you give me a moment, I'll get back to you on that.

**Ms. Lee Fairclough:** Sure. Thanks very much.

I'm interested in a couple of other questions related to the new models of care. So again, I'm encouraged to see some of the government support for these pilots, like the emotion-focused care model.

My first question is, as you've been making those investments, how did you select who was going to be involved in those pilot projects? And then I've got a follow-up question after.

**Hon. Natalia Kusendova-Bashta:** On the emotional-based models of care, we have budgeted for 15 proponents. I have to tell you, we received 150 applications. So what does that tell me? It tells me that the sector is ready to embrace this, and they have put forward innovative ideas.

We have many models, whether it's the butterfly model, the green house, the Eden Alternative, or the homes can come up with their own. So I'm not being prescriptive in which models they are implementing. I'm actually curious to see the innovation that's out there.

We currently have not selected the 15 proponents yet. I'm hoping maybe we can even increase the number from 15 to something bigger, but what it tells me is that the sector is absolutely ready to embrace these emotional models of care. It's very, very exciting and I'm looking forward to reading some of the applications. I want to see the innovation and the ideas.

**Ms. Lee Fairclough:** Are there very clear criteria for how you'll be selecting those proposals, given, I think, that we've seen some variation on that. I'm just interested in the criteria that will be used.

**Hon. Natalia Kusendova-Bashta:** Deputy, can I ask you to comment on that?

**Mr. Peter Kaftarian:** We'll be working with Ontario Health and the regional offices. They do a lot of work for the Ministry of Long-Term Care and the Ministry of Health as well when reviewing various applications. So we're working closely with them to analyze the applications that came in and provide best advice to the ministry.

**Ms. Lee Fairclough:** Great. It sounds like some of the lessons from those pilots might be scaled in the future. Do you have a sense of some of the outcomes that would be important for them to achieve to qualify for that and that additional investment?

**Hon. Natalia Kusendova-Bashta:** I think we will look at the art of the possible. I think this pilot is synergistic with what we're already doing with our behavioural support units. We have around 300 of them across the province of Ontario, which are specialized units to help homes really manage the psychosocial symptoms of dementia.

We're doing other things, like the Community Access to Long-Term Care pilot as well. We really want to build on these programs in a synergistic way. We also want to lean on our partners, like the Alzheimer Society of Ontario, which also have some really interesting ideas and proposals.

I think it's fair to say we are looking to scale up, but I don't think I'm ready to comment yet on when or how because I want to see the ideas that are out there and I have not had that briefing or that recommendation yet.

**Ms. Lee Fairclough:** Great.

I did just want to move to some of the capital development. Thanks for describing some of the different ways that you're looking to encourage that in your opening. Certainly, in my own community, it's important for

them to have access to long-term care in our community. But I'm also hearing from a lot of the operators that it's pretty challenging, specifically in the Toronto area, to develop and/or redevelop. I mentioned I was being approached a lot, actually, in my previous role at the hospital, around some of the challenges that some of them are having.

What more can your government be doing, do you think, to support redevelopment in Toronto specifically?

**Hon. Natalia Kusendova-Bashta:** Thank you for that question. We have identified, certainly, Toronto as a hard-to-build area. The main reason is because land is not available. We are completely landlocked, so any small parcel of land that we do have is extremely expensive.

The other thing that I learned—which I never thought I would learn—is that we need crane mobilization agreements, because we have so many cranes, so many different infrastructure projects being built. So we actually need to enter into these crane mobilization agreements to get things built in Toronto, so that also adds to the cost.

When we think about building a standard long-term-care home, we usually build it out. That is sort of the cheapest way to build. But in Toronto specifically, we have to build up, which is a lot more expensive. So what we've done is we've put forward the new capital funding program, which identifies the greater Toronto area as a market segment, and it is the most generous market segment in comparison with other market segments that we have.

**1550**

We also got rid of development charges for all long-term-care projects. In my travels across the province, one of the things that I learned is that one of the main barriers to moving projects forward was development charges. What was even more challenging is that each municipality had its own regime. So Mississauga would be charging something different, Toronto something different, the north something different. For operators who have homes in or who are trying to build in multiple regions, it would be very difficult. So development charges were a huge step for us, and this will certainly help to build projects in Toronto and in other areas.

**Ms. Lee Fairclough:** I'll pose my last question. I'll come back to it in my next round. You mentioned the BSU program. I'm interested in understanding if the funding formula for that has been adjusted at all for these homes. You mentioned that there's going to be an extra $27 million, I think, that you're planning to put into the BSU program. So, again, I'm just interested to understand how you will identify the organizations that would qualify for the BSU and a little bit more detail on kind of what the per diem rates are going to be. Have those changed with this funding investment?

**Hon. Natalia Kusendova-Bashta:** So, the BSUs are highly specialized beds that exist within long-term-care homes and they're funded at a higher rate—

**The Chair (Mr. Brian Riddell):** Thank you, Minister.

I would like to take this opportunity to remind everyone that the purpose of the estimates committee is for the members of the Legislature to determine if the government is spending money appropriately, wisely and effectively in the delivery of the services intended.

As Chair, I will allow members to ask a wide range of questions pertaining to the estimates before the committee to ensure that they are confident that the ministry will spend those dollars appropriately. In the past, members have asked questions about the delivery of similar programs in previous fiscal years, about the policy framework that supports a ministry's approach to a problem or a service delivery or about the competence of a ministry to spend the money wisely and efficiently.

However, it must be noted that the onus is on the members asking the questions to make sure they are questioning the relevant situation to the estimates under consideration.

We'll now go to MPP Clancy for five minutes.

**Ms. Aislinn Clancy:** I just want to say thank you to all the staff. It means a lot to have everybody under one roof today—so many bright brains—and your leadership, minister, is really welcome. I know you bring a great amount of passion and enthusiasm and dedication to this role, and it shows in the work that you do. I know that you're up against a lot with the silver tsunami of a really ballooning aging population of baby boomers, so I have a lot of respect for the challenge you've taken on.

I'm going to ask a little bit about private versus not-for-profit care. Looking at the budget and the analysis, it came to my attention that the province has land and that that land has also been donated to for-profit companies. When I think about my local not-for-profit providers, the biggest barriers they face in taking advantage of the opportunities to expand and make use of these capital and operational dollars is the fact that they don't have in this budget money for the planning process and often the land purchases you talked about.

Can you explain maybe if in the future you would look to addressing these gaps for the not-for-profit providers so we can get more beds online for that particular catchment of providers?

**Hon. Natalia Kusendova-Bashta:** Certainly. I just want to correct you—not donated, sold. It wasn't free, just to be clear. I think the two operators you're referring to—one is Schlegel Villages, which is a for-profit operator which is building in Hamilton. It will be a campus of care with two long-term-care homes as well as affordable housing with Indwell. They're actually even restoring a historical building in the city of Hamilton. Mayor Andrea Horwath is really happy with this development.

The other one is actually in Aurora. It's the Communauté du Trille blanc, which is building francophone long-term-care beds, and that is a non-for-profit operator.

We are looking at both types of operators because we need everyone at the table. With the current capacity pressures, we really need to welcome everyone, and we have very robust eligibility criteria. When we release lands through the surplus lands program, it goes through Infrastructure Ontario. It's a very long and robust process. I can tell you the Communauté du Trille blanc, their project

started in 2019 and the surplus land sale was only announced this year, in 2025. So when we make these decisions, it's a very robust process that goes through Infrastructure Ontario on surplus lands, and we'll continue that work because we need to make these lands available for government priorities.

**Ms. Aislinn Clancy:** Would you consider providing these lands at a discount for not-for-profit providers, just knowing the expense disparity between for-profit homes and not-for-profit homes?

**Hon. Natalia Kusendova-Bashta:** So currently, through the framework that was established by IO, the government, or actually IO, has the ability to give the land at a 50% discount from the market value. IO makes that determination. So within the framework, there exists the flexibility to give between a 15% to 50% discount on the market value, and certainly we always look at that.

**Ms. Aislinn Clancy:** Thank you. My next question is about small care homes. LTCs have the most red tape out of everything available. I know in Alberta, for example, you see the Green House Project. Alberta is spending $654 million on these smaller homes, which are between four and 14 residents. I know the National Institute on Aging talked about the really good outcomes. There's less staff turnover, better health outcomes—

**The Chair (Mr. Brian Riddell):** One minute remaining.

**Ms. Aislinn Clancy:** —more appealing for staff. Can you comment on efforts you'll make to cut red tape allow these small care homes to be operationalized?

**Hon. Natalia Kusendova-Bashta:** I think we're looking at that, but we have challenges because we have legislation that all long-term-care homes must abide by as well as regulation. Even our design standards are not very flexible. There has to be an X amount of space for a resident, common shared areas etc. When we talk about tiny homes, and the principle of tiny homes, we would really have to go through our regulatory framework and ease up some of those regulations or make exceptions to build these tiny homes. It's something we're looking at. Also, we would not be able to achieve the economies of scale that the bigger operators would. But it's certainly something that we're looking at. I just don't know if we could call them long-term-care homes because the legislation is very clear, even in the design, what a long-term-care home has to have.

**The Chair (Mr. Brian Riddell):** Thank you, Minister.

We will now go to the government side, and I will recognize MPP Jordan.

**Mr. John Jordan:** I want to start by thanking the minister and all the ministry staff for the investments in long-term care. I've got five new homes in my riding and—I know the minister knows this—when I go into long-term-care homes as a PA, the staff really appreciate the increased staffing and the ability to give more care and for them to have some work-life balance.

But, Minister, as Ontario continues to advance its commitment to expanding long-term-care capacity, it's clear that how we fund these homes is just as important as how many we build. We know that construction timelines, regional cost pressures and financing challenges have historically slowed progress. But with the launch of the new capital funding program, your ministry is taking bold steps to modernize how we fund and build long-term-care homes.

Could you walk us through how this new funding model works, how it differs from previous approaches and how it will help accelerate developments, particularly in high-need areas like the GTHA and northern Ontario? What kind of impact do you expect this program to have on operators, residents and the future of long-term-care infrastructure in Ontario?

**Hon. Natalia Kusendova-Bashta:** Thank you and I'm certainly proud of our new capital funding program, but I do want to say that the previous iterations, the construction funding subsidy and the top-up—each iteration is better than the last one. So we take lessons learned, we speak to operators, we speak to project proponents, we learn every year. The following year, we try to put out something that's even better because our goal, ultimately, is to help more projects go through that pipeline that I was describing, from getting the provisional licences through development agreements through construction approvals, and then ultimately construction, then all the inspections necessary to actually open up the long-term-care home. Then we have the pre-occupancy inspection, and then, finally, resident move-in date, so it's a very long, robust process. That's why we really need feedback from our operators on how we can improve year to year.

**1600**

What we have heard about the previous construction funding subsidy is that it worked in southern Ontario and the whole Golden Horseshoe very well, and we were seeing a lot of projects advance, but where it didn't work so well was in the north and in, for example, the greater Toronto-Hamilton area. That is why we learned, and we put forward a new way of building long-term care through the capital funding program.

This program, unlike the old fixed per-bed model, is flexible and percentage-based, covering up to 85% of total eligible expenditures depending on the geographic location of the home. That means operators in high-cost regions like the GTHA or remote northern communities will receive more tailored support to reflect their unique challenges. Indeed, we are now seeing more progress in those harder-to-build areas, but we have only started.

We also put forward our reaffirmation strategy, so all people who have provisional licences in the province of Ontario and have not moved forward in that pipeline—we put out a reaffirmation survey from which we have received about 85% of responses from our project proponents. With that information, we will be able to make determinations as to how to proceed forward.

I just want to reiterate: No other jurisdiction in this country is funding long-term-care capital at 85% of eligible costs. Even land costs, in this formula, are eligible costs for the ministry to actually pay.

Not only that, the development charges, as I said earlier, were a major block for moving projects forward, so we

have dealt with that. And we have the Building Ontario Fund, which explores opportunities to support larger-scale projects in multiple sectors, including long-term care. We're trying to provide all kinds of tools to operators, for-profit and non-profit alike, with some tools being only available to non-profit operators because we do want to make sure that non-profit operators are successful in the province of Ontario. Usually, it's harder for non-profits to build because they're smaller communities, they're ethnic-based communities, they have to fundraise, they don't have access to the same financing, so we are supporting not-for-profit operators as well by giving them more construction money upfront at substantial completion than ever before. We're doing all kinds of things to really see more projects come online.

You yourself have made some groundbreakings this year together with PA Gallagher Murphy. I think all the groundbreakings that we've done this year alone, from January until now, represent 3,500 beds, which will come online hopefully in two years—an estimated two years of construction, so it's a very exciting time.

**The Chair (Mr. Brian Riddell):** I recognize MPP Wai.

**Mrs. Daisy Wai:** Thank you, Minister. We can see your passion in this and your leadership. Thank you to the team in the ministry. All your staff have been working hard.

I'm listening to you. You say we have 1,003 long-term-care projects. As well, we now have 10,143 beds, as well as 6,818 refurbished beds. This is really exciting data, and we are very happy that this is growing, especially when we compare what we had before, 611 beds over, I think, 10 years—eight years. But still, this is a great improvement. I thank you for that.

It is important for us to have of all this—what I call "hardware." What about the staffing? You did share with us that you're getting 14,000 staff and you're training PSWs into RPNs and then into RNs. Can you also walk us through how your ministry ensures that we have the robust, well-trained staff, compassionate enough, that can take care of the increased number of beds that we—I would hope this is only the beginning. What are we going to do, and what specific programs are being implemented to recruit, train and retain staff, and how are they addressing the regional disparities in staffing availability?

**Hon. Natalia Kusendova-Bashta:** Thank you for that question, and just to correct the record, it's 103, not 1,003 capital—I wish to have 1,003, but we have 103 capital projects currently under construction, with 44 capital projects completed. Together, these two represent 24,000 beds that are either open, are under construction or have received ministry approval to construct, just to clarify that.

In terms of staffing, we are, again, leaving no stone unturned in our retention and recruitment efforts. One of the most exciting announcements this summer was when I was able to join Minister Quinn and Minister Jones and announce a $56-million commitment from this ministry to train 2,200 more registered nurses, registered practical nurses and nurse practitioners. It's the Ministry of Long-Term Care that is actually enabling colleges and universities to train more nurses in the province of Ontario, and we need that.

It was also this government that made it possible for colleges to offer stand-alone baccalaureates in nursing education. I can tell you as someone who has benefited from both the university system, where I did my bachelor of science in nursing, and the college system, where I did my postgraduate diploma in emergency nursing at Humber College, that there are different learners. Some people prefer the college experience; others prefer the university experience, and it's really all hands on deck. Now colleges, rightfully so, can offer the full four-year RN baccalaureates.

Again, we're leaving no stone unturned. When it comes to long-term care specifically, what I want to see is—and we are implementing this—career-laddering options within long-term care. If we have a PSW working in long-term care and they want to upskill to become an RPN, or an RPN to become an RN, we are funding, through WeRPN, the BEGIN program, which has helped to train hundreds of nurses and PSWs to upskill.

What I want the health care workers to know and to realize is that long-term care can be a lifelong career. You can start as a PSW and end up even as a nurse practitioner. I want people to believe that long-term care is a great place to work, and in order to achieve that, we need to give those options to our staff.

We have a hiring-more-nurse-practitioners program, which has been successful, and we have increased wages for nurse practitioners in long-term care, to make them more competitive. We have actually made the wages comparable to the hospital sector, which has allowed long-term-care homes to hire more nurse practitioners. We see that when nurse practitioners are involved, resident outcomes improve.

And so I'm very proud of these investments. One of my personal favourites, which I pitched and was able to put forward, is wound care training. We know that in long-term care, wound care is a huge part of what nurses do, and so my ministry put forward funding, working with Wounds Canada, where homes can apply to train an RPN to become a SWAN or an RN to become an NSWOCC, paid by the ministry. Nurses who have a special interest in this area can get the training and be wound care specialists within long-term care, to have greater job satisfaction and greater career opportunities.

I'm always looking at ways we can train up and upskill, and how to make sure our long-term-care homes have the appropriate skill mixes that are necessary to provide the good quality of care that our residents deserve.

**Mrs. Daisy Wai:** Thank you.

**The Chair (Mr. Brian Riddell):** I recognize MPP Pang.

**Mr. Billy Pang:** Time check?

**The Chair (Mr. Brian Riddell):** You have three minutes and 45.

**Mr. Billy Pang:** Okay, good.

Thank you, Minister, for your passion and presentation. I can still remember in 2000, when I first came to Canada,

that my first engagement as a volunteer in Canada was in long-term-care homes. After 25 years, as an MPP, I'm also still visiting our long-term-care homes in my community.

We are all aware that Ontario's population is aging and we are seeing a growing number of long-term-care residents with increasingly complex medical, behavioural and cognitive needs. These individuals always require specialized care that goes beyond traditional modules, and they are frequently at risk of hospital transfer or emergency department visits.

Could you please elaborate on the suite of programs and support your ministry has developed to ensure these residents can receive the care they need within long-term-care homes, and how are you helping those homes to adapt to meet these evolving challenges?

**1610**

**Hon. Natalia Kusendova-Bashta:** Thank you for that question. As some of you may know, when it comes to dementia, it is my personal priority. I had put forward a private member's bill before I became minister, together with my colleague Laura Smith. It was called the Improving Dementia Care in Ontario Act, and it did receive royal assent. The reason I did that was because I heard from a lot of families that we need to support people living with dementia, whether at home or in long-term care, in a better way. Through the bill, we are now requiring that homes have a dementia program; that's one of the things.

But also, further to that, we need to make sure that our staff, our PSWs, are trained in providing dementia care. Working with the Alzheimer Society, we have implemented a training program through U-First. That program is ongoing, and we're seeing some great successes with that program.

As an ER nurse myself, I can tell you the last place that a resident or patient living with dementia wants to be is in the ER. When they come to the ER and they have to wait for hours, they usually come back disoriented and much more sick. So all efforts are currently being made within long-term care to really reduce the amount of these transfers that we are doing. In fact, working with the Ministry of Health, we have implemented a program called DREAM, which actually embeds a dementia-care specialist within the ER so that that person can actually look at all the incoming patients, catch these patients before they go through the ER system, actually give them counselling right there—and right there on the spot to the family—and refer them to home care and to other supports within the community.

**The Chair (Mr. Brian Riddell):** One minute.

**Hon. Natalia Kusendova-Bashta:** It's a win-win situation because that person does not get admitted into the hospital solely for dementia reasons, so they're not occupying a bed that is needed by someone with acute care needs. But at the same time, that person is given the right supports within the community. It's called the DREAM Program, another excellent idea brought forward by the Alzheimer Society of Ontario. This one is funded by the Ministry of Health, because it is literally embedding a dementia specialist within the ER team. So this government is really responsive to the needs of people living with dementia and their families. You see that in our inter-governmental, inter-ministerial collaboration.

**Mr. Billy Pang:** Thank you, Minister.

**The Chair (Mr. Brian Riddell):** We'll now go to the official opposition for 15 minutes. I recognize MPP Gates.

**MPP Wayne Gates:** I'm glad you've been talking a lot about wages, because despite the repeated promise to fix staffing, Ontario long-term-care homes still have about 8,000 vacant nurse and PSW positions as of last year, forcing homes to rely on private temporary agency staff. Many PSWs remain stuck in part-time, contract or temporary jobs with no benefits, often forced to work at multiple homes to make ends meet.

Why hasn't the government funded and mandated full-time positions with decent pay in long-term care to help you with your staffing issues?

**Hon. Natalia Kusendova-Bashta:** As you would know, MPP Gates, we are guided by collective agreements—not even "we," because the Ministry of Long-Term Care is not the employer of the PSWs, the nurses etc. These contracts are between the employee and the employer, which in this case are operators. The staffing ratios are actually something that is negotiated within the collective bargaining.

I don't think you're suggesting that we should interfere in that collective bargaining that occurs between the employer and the employee. We don't interfere in those bargaining processes, and that's where it's at.

**MPP Wayne Gates:** Personal support workers' turnover is around 25% a year. One in four PSWs quit annually, largely due to low pay and working conditions. Will you finally introduce substantial, permanent wage increases and full-time positions with benefits to PSWs to stop this crisis? I don't believe anybody that works in a long-term-care facility as a PSW should have to work two or three jobs to make ends meet. That is on your government.

**Hon. Natalia Kusendova-Bashta:** We have introduced a $3 permanent wage increase for PSWs, and that is to the tune of $400 million, that we've increased specific to PSW wages. That is permanent, ongoing funding.

Again, the staffing mix—whether it's registered nurses, registered practical nurses, PSWs—is something that is subject to the collective bargaining, and those benefits are also something that is negotiated through those collective agreements.

**MPP Wayne Gates:** I appreciate the answer.

Your ministry launched programs to quickly train new PSWs, but retention rates are low. This is because when new graduates encounter the same low pay, high injury rates and crushing workloads, they often leave the profession.

Why hasn't the minister tackled the root causes of PSW turnover, which is low wages, lack of respect, unsafe working conditions on the job, and having to work more than one job to make ends meet in the province of Ontario?

**Hon. Natalia Kusendova-Bashta:** I think with our direct hours of care, we have demonstrated that we have increased care, to the tune of 15 days per resident. What does this mean on the floor? When I visit long-term-care homes, I speak to many of the PSWs, and they tell me that they are now seeing more staff on each floor. There are

more PSWs available, more RPNs available, more allied health professionals.

So we have made significant investments to increase direct hours of care, and we'll continue to make those investments. And that $3 wage increase to the tune of $400 million was a substantial one, and we are proud to continue that on a forward-going basis.

**MPP Wayne Gates:** I appreciate the answer.

Homes are so short-staffed that they spent over half a billion dollars on agency nurses and temp PSWs last year. Does the minister consider it sustainable or acceptable to spend hundreds of millions in public funds, which is taxpayers' dollars, for a private staffing agency because permanent staff keep quitting for all the reasons I've already said in other questions?

**Hon. Natalia Kusendova-Bashta:** Just to answer your previous question—being a PSW is not for everyone. Let's just be clear about that. Some people try it—to get into health care, they do the PSW course, they try it, they get employed, and they realize it's not for everyone.

In fact, when I was recently at the OLTCA conference, I asked, "By a show of hands, how many people in the room have children, and how many of you would tell your children to become a PSW?" In a room of 500, not a single person raised their hand.

The reality is that our young people do not want to enter into these caregiving positions. So we're doing everything we can to recruit and retain. We have signing bonuses for PSWs, for example, to move to the north—it's a $25,000 signing bonus. We're doing all kinds of incentives. What we are also doing is we're giving those career-laddering options for PSWs to become more skilled and become RPNs, become RNs.

The reality of long-term care is that there will always be some level of turnover in these PSW roles because these roles are not for everyone.

**MPP Wayne Gates:** I can appreciate that answer, but the reality is, not everybody wants to be a politician, not everybody wants to work in a General Motors factory either, but they work there—

**Hon. Natalia Kusendova-Bashta:** Politicians have a high turnover rate, too.

**MPP Wayne Gates:** Let me finish.

They work there because they're paid properly, they have benefits, and they have a pension. So the bad part of working in a workplace sometimes increases—if you pay them properly, you show them respect, they get benefits, they get pensions.

So your answer is okay—but not everybody wants to do the job they're doing, depending on compensation. A lot of times, they stay—and that happened to me. I can say that because I worked 30 years in a General Motors plant that wasn't the best place to work, but it provided for my family. That's what jobs in Ontario should do, provide for our families. I shouldn't have to work two and three jobs to live in this province. It shouldn't happen.

Can the minister name—and this is important, Minister. Can the minister name a single for-profit long-term-care operator that has lost its licence or faced any meaningful penalty for the atrocious conditions residents faced during the COVID-19 pandemic?

**Hon. Natalia Kusendova-Bashta:** I can tell you that, for example, Revera completely got out of the business of long-term care and has passed on their licences to another operator. So Revera is an example of an operator that no longer has licences to operate in the province of Ontario.

**1620**

**MPP Wayne Gates:** What long-term-care facility did you give $30 million to that had 78 people die under COVID? Can you name that? I think that's important because—

**The Chair (Mr. Brian Riddell):** It's outside of estimates, but it's up to the minister if she wants to answer.

**Hon. Natalia Kusendova-Bashta:** I know exactly which one you are referring to. However—

**MPP Wayne Gates:** What's it called?

**Hon. Natalia Kusendova-Bashta:** I know exactly which one you're referring to, but what I will say is that that operator was not managing the home that we're talking about during the pandemic. It was, in fact, Revera that was the manager of that home. So the licences that were given were not to Revera—were to the operator, not to the manager.

Just to be clear about that, it is a different manager. Once these beds are redeveloped, it will be a brand new, state-of-the-art building.

**The Chair (Mr. Brian Riddell):** Seven minutes.

**MPP Wayne Gates:** I appreciate it. I've got one more question, I think.

A major symptom of a broken model in long-term care is the explosion of private agency staffing: homes that won't improve wages and working conditions that have seen their staff quit and then have to use private staffing agencies at much higher cost rates. You know how much private agencies are charging.

Hospitals in northern communities have reported spending tens of millions on agency nurses because of a shortage. Does the minister acknowledge that by underpaying and mistreating staff, operators create a crisis now being filled by for-profit agencies charging lots and lots of money, ultimately billed back to the taxpayer?

And then I'll turn my time over to France.

**Hon. Natalia Kusendova-Bashta:** What I can tell you is that I'm very pleased to see the trend of agency use go down across our system. If you want a number, I'll give you a number. In Q3 of 2022-23, agency use was at 10.6%. In Q4 of 2024-25, that agency use was 4.93%, so that is down by 5.67%. That's incredible work, again, that has been done by our operators to decrease agency use.

As I mentioned earlier, we are working with some operators on innovative ways to staff long-term-care homes. One such program is called designated support, by which that home is matching the PSW and the caregivers to the same resident—so helping with scheduling, but also with higher resident satisfaction.

That's something that we're currently piloting. Once we have findings from that, we would love to share with other operators for them to be able to implement similar staffing models.

The work is being done, and again, we really need to congratulate the operators that do this incredible work. A 5.67% decrease in agency use is something that we really need to celebrate.

**The Chair (Mr. Brian Riddell):** I recognize MPP Gélinas. One day, I'll say your name right.

**M^me^ France Gélinas:** Thank you. That's all good. I've heard way worse.

My first questions will be for a small 76-bed long-term-care home in Sioux Lookout. Eight years ago, the Premier said that they would fund a long-term-care home for the people of Kiiwetinoong in Sioux Lookout—$2.5 million was the planning grant.

They would like to know—it has been many years. There is no other long-term care available to those people close to where they live. They would like to see, in estimates or anywhere else, where the money is to build those beds. Can you, Minister, reassure them that there is money coming and it's not going to take another eight years?

**Hon. Natalia Kusendova-Bashta:** Yes. So, you're talking about Sioux Lookout. I believe the number of licences there is actually 96, but I'll pass it on in just a moment.

I can tell you that this Premier is 1,000%, as he would say, committed to this project. He was asked that question on that historic day in the House when the deputy leader of your party spoke in his Indigenous language. He asked him that question in question period, and the Premier responded, "Yes, we will build."

Since then, we have flown the $2.5-million grant to that operator and they will be eligible, just like all the other operators, to continue receiving the funding. That funding is embedded within our estimates to build that long-term-care home.

I will pass it on to the deputy to comment with more specifics on that particular project.

**Mr. Peter Kaftarian:** I can confirm it's an approved project; 96 beds is the end state of the project. As of January 2025, there was an RFP for design and project management that was released, and a vendor was selected. So there is momentum moving forward. It has been a couple of years since it started, but it is an approved project. It's in the project totals that the minister has referenced. It's built into our estimates to fund.

**M^me^ France Gélinas:** Okay. This is a very rural northern area. If they run into monetary problems building, is there any openness to go beside what you already talked about, the 85% that you have—or are the rules really fixed no matter who you are, where you are and what the hurdles in front of you look like?

**Hon. Natalia Kusendova-Bashta:** So with the new capital funding program, for Indigenous-led projects, they are 85%. They will receive it at substantial completion, which means they get a lot more money upfront which allows them for easier financing.

But having said that, yes, we do have some discretionary funding available within the Ministry of Long-Term Care in case proponents run into project cost escalations and they can give us what the escalations are. For example, if it's the result of tariffs, we can take that into account, or let's say there's a soil remediation issue, which sometimes occurs. These are costs that would be unexpected that arise throughout construction. We do have some discretionary funding available to support projects in their construction.

**M^me^ France Gélinas:** Thank you.

My next question has to do with nurse practitioners in long-term-care homes. I can tell you that they do fantastic work.

**The Chair (Mr. Brian Riddell):** One minute remaining.

**M^me^ France Gélinas:** Can you tell me what is the maximum pay that they can pay a nurse practitioner with the money that you give them?

**Hon. Natalia Kusendova-Bashta:** I believe—and we will confirm—with the top-up that we made available for long-term-care homes to apply, the maximum amount of pay is $150,000, or $150,000 per year.

Deputy, can you confirm that?

**M^me^ France Gélinas:** And that would include their pension, benefits and everything else? Or you get $150,000, you have to hire them, pay their benefits, their vacations, etc.—

**Hon. Natalia Kusendova-Bashta:** I believe that's the salary. The salary itself is $150,000. But, Deputy—

**M^me^ France Gélinas:** DM, could you confirm?

**Mr. Peter Kaftarian:** I don't have that answer. I'll have to take that back. Is there anybody on the team who has that answer? You can come on up, Sean. Sean Court, one of our ADMs.

**M^me^ France Gélinas:** In less than 10 seconds.

**Mr. Sean Court:** Sean Court; I'm the ADM of long-term-care policy. We provide a subsidy to long-term-care homes. It's just over—

**The Chair (Mr. Brian Riddell):** Thank you.

We will now move on to the third party. I recognize MPP Fairclough.

**Ms. Lee Fairclough:** Thank you, Chair. Great. I'm just going to resume where I left off.

I wanted to come back, first of all—we talked about the fact that there's $143 million less next year on the operating, and then I asked about where the amounts, the increases—I think you'd mentioned, Minister, it was a 1.9% increase next year. Was that going to cover the arbitrated amounts for those homes?

**Hon. Natalia Kusendova-Bashta:** The deputy will comment on this.

**Ms. Lee Fairclough:** Thank you, Deputy.

**Mr. Peter Kaftarian:** Thanks for the question. Two-part answer: The first part would be, funding was provided to support arbitrated wage settlements for the homes. It was provided by the ministry. There is also ongoing funding that the ministry provides each year to cover cost of operations.

**Ms. Lee Fairclough:** That funding amount, again, in my experience, doesn't necessarily always cover the full amount of what the arbitrated agreement was. Did it in this case?

**Mr. Peter Kaftarian:** Yes, that should be consistent. It would be consistent with other arbitrated wage settle-

ments, whether it's the Ministry of Health or Long-Term Care. A portion is provided and then they're—

**Ms. Lee Fairclough:** So it wasn't covered. They've got to try to find it from within the—

**Mr. Peter Kaftarian:** It's possible, within the allocation of the annual funding the ministry provides, they would have to find the funding to cover additional costs.

**Ms. Lee Fairclough:** Okay. Thank you.

I want to come back to the BSU program. This is a program that I'm quite interested in. I just asked about the daily rate for that program for homes.

**Mr. Peter Kaftarian:** Thanks for the question. The current per diem is $164.20. It was increased from last year; last year was $160.98. That would be the specific BSU per diem amount.

**Ms. Lee Fairclough:** Okay. You mentioned you're going to put a $27-million investment into expanding this. How many net new BSU beds do you think that we'll get with that investment next year?

**1630**

**Hon. Natalia Kusendova-Bashta:** Currently, there are 466 designated BSU beds in 21 long-term-care homes. Yes, we are looking to expand. Deputy, can you comment on that specific funding number?

**Mr. Peter Kaftarian:** I'm going to actually refer to the team. I can just comment more on selecting the homes. I'll just answer that question. New homes—we're going to be working with Ontario Health. We'll be working on considering regional needs and demand for BSU, availability gaps, and ALC pressures with the hospital. Those are some of the factors we're looking at.

*Interjection.*

**Ms. Lee Fairclough:** Maybe I'll just ask a quick question while they're coming up and we'll come back, if that's okay.

I'm very interested in the challenge that we've got with being able to support people in homes that have a combination of other mental illnesses in addition to the usual that we often will see in long-term-care homes. They may have behaviours that may require more specialized mental health care. Often the staff, I think, need additional training, and what I've heard from some of the homes as they've seen more and more people coming into their homes is, are the ratios where they need to be?

So I just wondered, Minister—I've been wanting to ask you this question, so I think now is the time. There's the BSU option, but have you made any considerations on these investments about how we would support that population in new and different ways?

**Hon. Natalia Kusendova-Bashta:** For sure, and it is really top of mind for me. We actually have done some internal ministry analysis to see how many residents with complex mental health challenges we have. We're currently working through those numbers. I can't share too much right now because we're at the very beginning stages of this.

I have heard loud and clear from operators that they need more specialized supports, specialized resources. Their staff need to be trained. This is something that we are exploring. In fact, today I met with Minister Thanigasalam to discuss this very topic. I can't share anything at this time. However, rest assured that it is on my radar, and, hopefully, when we meet next year in estimates, I'll have some more to share on this.

**Ms. Lee Fairclough:** That's terrific. Thanks very much. I appreciate it. And then we're coming back, yes. Thank you.

**Ms. Lindsey Harrold:** Hello. I'm Lindsey Harrold, director of the funding and programs branch in the operations division.

In terms of the investment in new BSU beds, in the 2024 budget, the government announced an investment of $46 million over three years. That investment was to support the continued operation of 51 BSU beds that had been added in 2023-24, as well as to add 210 net new BSU beds over three years. Last year, in 2024-25, 65 new beds were created with that investment, and work for the current year is under way in partnership with Ontario Health to identify the beds in homes.

**Ms. Lee Fairclough:** Is it your assessment that that's sufficient for what we need, given the increasing complexity in the system?

**Hon. Natalia Kusendova-Bashta:** No. We definitely need more, and we will look at funding more in the future for sure.

**Ms. Lee Fairclough:** Okay, great. I'm happy to hear that. Thank you.

I want to switch gears a little bit. Can we to move to pages 41 to 46, I believe it is, which is really just looking at the ministry administration tables themselves? I notice that on page 48—let me bring it up. I think that each of these pages shows a fairly substantial change, an increase of close to 16% to 20% in the actual ministry administration programs. I just wondered if you could speak to what's driving that change, especially when we've seen a decrease in the operating investments for homes.

**Mr. Peter Kaftarian:** On page 48, are you referencing the $434,000 number as an example?

**Ms. Lee Fairclough:** Yes. Well, I'm looking at—you've got the 2025-26, which is $9.2 million; you've got an estimate change of $1.4 million; and then that's an increase of 18.6%. Then some of the other tables, the previous tables, like the communications budget, and even in the first table, I think that we're seeing a 16.9% increase. Am I reading that correctly?

**Mr. Peter Kaftarian:** I'm going to ask our CAO to come to the table. I was having a hard time finding the same page reference that you're on in the book. Part of this could very much be tied to arbitrated wage settlements for staff.

**Ms. Lee Fairclough:** There is a note there, so I was just curious about that.

**Mr. Peter Kaftarian:** It's tied to arbitrated wage settlements for staff who worked within the ministry.

**Ms. Lee Fairclough:** Okay. Is that the primary driver of it?

**Mr. Jeffrey Graham:** I'm Jeffrey Graham, CAO for the Ministry of Long-Term Care.

Sir, you're correct. The deputy was correct. That increase is due to the arbitrated settlements for ministry staff.

**Ms. Lee Fairclough:** So there's not net new head count or anything like that that's being planned in here. Okay.

I will just make the comment, because I think it's appropriate to: You've budgeted for the full increases there. And again, we're expecting homes out there to be able to look within existing budgets to make up the difference in arbitrated agreements.

**The Chair (Mr. Brian Riddell):** Seven minutes.

**Ms. Lee Fairclough:** Thank you.

I appreciate how the negotiations happen, but I can just say I feel in our health care system more generally, it's pretty squeezed. Every report we read, it's the most efficient that's out there. And so I would just make the case that I think we really need to think about covering costs, especially covering costs on salaries for people.

**Hon. Natalia Kusendova-Bashta:** What I will say on that topic particularly is that our health care spending has gone up from $61 billion to $91 billion. It has gone up substantially in the last eight years, and so we're doing everything we can so that we can invest more money into the health care system.

At the same time, the number of OHIP-insured Ontarians has grown by 1.3 million people since 2018. So as we're investing more into our health care services—including long-term care—we are also having more OHIP-insured Ontarians come to Ontario, settle in Ontario. Those are some of the things that are driving our pressures at the same time.

**Ms. Lee Fairclough:** I do understand that. I think the estimate is that we need at least 4% per year to be able to adjust for inflation, growth and, in this sector in particular, aging—the number of people that are going to need access to care.

Again, the current budget is increasing by only 0.7% versus 4%, so we're going to run into this trouble; there's no question. Every year, we invest more in our health care because there's inflation, but we don't cover that inflation, generally speaking.

All right. I will bring us back to programs. I'm interested to go to page 25, which is the CARES program that you've got in here. This program sounds very good. It's enhancing "medication safety, clinical decision support tools and technological solutions." It sounds like you've supported the third phase of it. "This project involves a software system primarily used by long-term-care inspectors while examining long-term-care homes to ensure compliance with the appropriate legislative and regulatory requirements, and to safeguard resident rights, safety, security and quality of life." These are all good things.

So, phase 3 is under way. I just wanted to ask, can the minister provide an update on the spending to date and, actually, the expected outcomes in the 2025-26 year?

**Hon. Natalia Kusendova-Bashta:** I will refer that to the team.

**Mr. Peter Kaftarian:** I'm going to have to ask someone to come join at the table. Just one second.

**Ms. Lee Fairclough:** I did my homework. I have lots of questions. I care about this sector a lot.

**The Chair (Mr. Brian Riddell):** Please state your name and your title.

**Mr. Alain Plante:** Alain Plante. I'm a senior regional manager with the Ministry of Long-Term Care inspections branch.

The CARES system that you're talking about is the IT regulatory system that inspectors use every day, so we're leveraging the information that's coming into CARES to drive evidence-based inspections.

In addition to that, future iterations of the CARES program and phases of the CARES program look to integrate with long-term-care homes so that information is flowing back and forth into the system. It allows inspectors and the Ministry of Long-Term Care inspections branch to work with the long-term-care homes to have them understand the state of the universe and how they're doing.

**1640**

**Ms. Lee Fairclough:** Okay. And so, the expected outcome, then, is—my question was, how much are we spending on the program and what's the outcome that we're expecting to get from it? I understand the purpose of inspections, but, again, you want to make sure that this is driving actions within the homes. Are you finding that the level of investment that we're getting from that is actually driving to those outcomes?

**Mr. Alain Plante:** I don't have facts and figures for you. But I will say that the CARES system has been groundbreaking for the inspections branch. In terms of compliance assistance, this allows us to feed information back to long-term-care homes so that we see overall improved compliance.

**Ms. Lee Fairclough:** Okay. Thanks very much.

My next question does relate to some of the other quality outcomes that are in here. It was good to see the KPIs that you've included in here. We do have some expectations, I think, of homes around quality of care. I'm interested if there's any other more quality-focused metrics.

For example, I actually went to my local Lakeshore Lodge in Etobicoke–Lakeshore to look at what they were focused on last year and their quality improvement efforts, and they have indicators there of the percentage of long-term care residents who fell in the last 30 days. We know that that number is sort of above where we would want it to be provincially. And they're doing some good work; I think they are at 10.6%.

But I was a little surprised to not see some of those metrics as expectations of what you're going to achieve through the investments in long-term care. I'm wondering if you could just address that for me.

**Hon. Natalia Kusendova-Bashta:** Do you mean tying funding to outcomes?

**The Chair (Mr. Brian Riddell):** One minute.

**Ms. Lee Fairclough:** I think that we've always had some expectation that there would be quality outcomes that homes would be working on. And so, do you have anything in this planned spending that is motivating and

encouraging quality improvement versus just inspection reports?

**Hon. Natalia Kusendova-Bashta:** I think compliance reports and inspection reports are certainly a tool that is helping us determine quality. But also, as I mentioned, the interRAI and the new interRAI LTCF that we're implementing—that's a really good tool for us to look at some specific indicators to benchmark homes against each other which are publicly available to families to look at. Are they specifically tied to funding? No—

**Ms. Lee Fairclough:** Or do you have expectations for the improvement of them?

**Hon. Natalia Kusendova-Bashta:** Our expectation is that all homes have to comply with our legislation and our regulation. But I also don't want to create a scenario where someone who is already struggling with—

**The Chair (Mr. Brian Riddell):** Thank you, Minister.

We will now go to the independent member. I recognize MPP Clancy.

**Ms. Aislinn Clancy:** I appreciate the thoughtful responses that we're seeing today, and I do appreciate that you have a survey out for us to see what's kind of holding up the construction of new homes.

I just want to kind of go back to my last comment about small homes. I know that they're hard to scale, but they're actually easier and faster to come online once the red tape has been addressed. If we are looking beyond the 10 years, we know that as the boom busts, we might run the risk of having too many beds and not being able to right-size. Some of these long-term-care homes that are embedded in neighbourhoods in a smaller scale might be able to be more culturally relevant and could also transition back into housing after their use is not needed anymore. And they might be more cost-effective, easier and cheaper to put online.

I've just really talked a lot with the folks from Edmonton who are doing this kind of practice—St. Elizabeth, I think, is the corporation—and just heard really great feedback on how they would be able to create a new type of housing. Because we know it takes such a long time to get these big, massive projects under way—so just going back to that.

One thing that's come up a lot when I visit long-term-care homes is the not-PSW staff, not-nursing staff often feel left out of the conversation around wages. Someone I met in my riding, a constituent who went to school for recreation, has a college degree and actually gets paid less than the PSWs who have done less education and have been in the role less time. Even lifeguards: Teenagers are getting paid more to be lifeguards than he's getting as somebody with a degree and a career and a passion for this work.

Could you talk about perhaps an interest in exploring wages for those who work in the health care sector who aren't in those traditional categories that we talk about? Does that make sense?

**Hon. Natalia Kusendova-Bashta:** I've met many of them in my in my travels—recreational therapists, music therapists. They are the life of the home. They provide activities. They provide meaningful stimulation to residents with cognitive impairment, so absolutely, they are part of our care team, part of the allied health professionals or part of our staffing contingent within long-term care.

Their wages would also be subject to collective agreements, similarly as any other health care providers. However, I can certainly look at—it is true that they might feel left out, sometimes, because our focus is on the HHR, human health resources. After the pandemic that was our focus. But certainly, I think the time now has come to also look at the other professions working within long-term care, including our janitors, including cooks, dietary—looking at everyone who makes long-term care work each and every day. So certainly, I think that's something we're willing to look at and explore.

**Ms. Aislinn Clancy:** Thank you. I appreciate the answer.

Another concern I have is that because there are inadequate levels of supportive housing in our communities, we see a lot of folks end up in long-term care, folks with disabilities or mental health and addiction concerns. They end up being more appropriately housed in supportive housing, which is a lower-cost model, and there is less red tape around those constructions.

Are you in talks with the Minister of Health to make sure that we're not overspending in long-term care when the housing that's a better fit to the patient is supportive housing?

**Hon. Natalia Kusendova-Bashta:** We're definitely seeing some trends in certain municipalities. The one thing that I don't want to do is create restrictions around who can come into long-term care because, ultimately, it's probably better for them to be to be housed somewhere rather than be completely unhoused in certain circumstances.

**The Chair (Mr. Brian Riddell):** One minute left.

**Hon. Natalia Kusendova-Bashta:** I did reflect on that specific piece with suggestions to make the admission process more stringent and to eliminate some of those folks who really shouldn't currently be in long-term care but are there because other options are not available.

At this time, I'm not ready to put up any more barriers around long-term care. I want to make sure that people who need help get it.

**Ms. Aislinn Clancy:** My request is that you maybe collaborate with MCCSS and the Ministry of Health to see where we can find better efficiencies, because they need to expand the amount of supportive housing. That would create more opportunities for people to get off these waitlists.

**Hon. Natalia Kusendova-Bashta:** I agree with that. For example, our project in Hamilton on the surplus land—Indwell will be building supportive housing right there on the campus. We're seeing more operators come together in co-locations that happen like that naturally, so I think that is the future. Certainly, it's a model we would be willing to look at.

**Ms. Aislinn Clancy:** Could you create those conversations and explore—

**The Chair (Mr. Brian Riddell):** Thank you Minister. We now go to the government side. I recognize MPP Smith.

**Mr. Dave Smith:** Thank you, Chair. I appreciate that.

Minister, I want to pick up on some earlier conversation, specifically around compliance and oversight. There was a bit of a narrative that was put forward about the for-profit homes being so much worse than the not-for-profits.

I've got five long-term-care homes in my riding and a sixth opening shortly. Saint Joseph's at Fleming is the only not-for-profit long-term-care home, and in May 2024, the ministry stopped admissions to it. It has not been reopened for admissions. The ministry actually has stepped in and forced a new management team to come in. The chief executive officer resigned, probably under some strong suggestions. We have a new chief executive officer there.

I know that your ministry, the foundational responsibility of it is the safety and well-being of long-term-care residents. I think this is a prime example of where the inspection process is actually working, and it is not about any type of home, but you're taking measures based on what is safest for the residents themselves.

Can you elaborate a little bit for me, please, on how some of the new initiatives that you've put in place are helping to safeguard those residents, improve transparency and support operators in meeting those obligations, and what really does the future of long-term care look like for oversight here in Ontario?

**1650**

**Hon. Natalia Kusendova-Bashta:** Thank you for that question. I just want to be very clear that all operator types—for-profit, non-profit and municipal—are subject to the exact same rules, regulation and legislation, and to the exact same inspection regime.

I'm proud to say that we're investing $72.3 million to double the number of inspectors. So, currently, we have about an inspector for every two homes in the province of Ontario.

We are also not only doing reactive inspections, when something goes wrong and inspectors are called in to investigate, but also proactive inspections. I'm happy to report that as of September of this year, every home in Ontario has received at least one proactive inspection.

When it comes to for-profit versus non-profit operators, we're seeing some really good operators in both, and some not-so-good operators, like your example of St. Joseph's at Fleming, which happens to be a non-profit operator. There are a lot of issues around that operator. And we have many others in the area that are for-profit that have really good compliance history. So, just to generalize and say all for-profit operators are bad—I don't think that's actually true. These trends wax and wane. When we look at snapshots in time, at times we see that for-profit operators are doing better, and at times we see that non-profit operators are doing better. I think, really, it's more of a regional—it could be impacted by regional.

I will pass it on to the team over here, because we actually discussed this very topic just yesterday.

**Mr. Alain Plante:** Thank you for the question. I will say that our inspectors and, specifically, the district and the region continue to work really closely with the long-term-care home to bring them back into compliance, to ensure safe resident care. Certainly, the number of inspectors has helped us do that. I will say, we look forward to bringing this home and the licensee back into compliance in a stable fashion.

**Hon. Natalia Kusendova-Bashta:** Can you just comment on the profit versus non-profit?

**Mr. Alain Plante:** I will say, there's an ebb and flow to for-profit and not-for-profit. The reality is, what really matters is that there's a conscientious operator, that the licensee is conscientious. And every single home matters, and every leader in that home matters. It's what makes the biggest difference in long-term care. So it's really important that we focus on ensuring that every operator, regardless of what sector they might come from, is conscientious in their care of residents. That's our focus at the inspections branch—ensuring that licensees are responsible stewards of our most valuable residents.

**The Chair (Mr. Brian Riddell):** I recognize MPP Pierre.

**Ms. Natalie Pierre:** Thank you, Minister and team, for your remarks this afternoon. I also wanted to specifically thank you for your investments in nursing programs and post-secondary programs—training, upskilling and career laddering. You spoke about the stand-alone nursing programs at colleges.

Before I get into my question, which is about cultural care in settings, I just wanted to share an example of the impact that your investments are making with nursing students across the province and communities across the province. I had the opportunity to visit the Owen Sound campus of Georgian College. Previously, if you were an Owen Sound resident and you wanted to pursue a bachelor of science nursing degree, you had to do your first two years at Georgian in Owen Sound, and then for years three and four, you actually had to move to York University.

In speaking with some of the students there, what they shared is that if they didn't have access to the four-year stand-alone nursing program in their local community, there's no way that they could have picked up their lives and moved for years three and four to York University. A lot of these students have families or they have jobs in the community working in long-term care, where they're not able to actually pick up, move their lives, move their families, and not have an income, even if it's part-time income that they're using to subsidize, to help pay for bills for their families. I just wanted to point that out.

It's a real winning program, I think, for students, and it's a huge lift in our local communities across the province because what it does do is, it allows students in Owen Sound to graduate, come back and serve in the very communities where they studied, where they've lived, where their families are and where they've put down roots.

My question is really about the diversity of population across Ontario, and that diversity extends into long-term care. Residents come from a wide range of cultural, religious and linguistic backgrounds, and so it's essential that their care reflects that.

In thinking about the nursing student being able to return to her community and be able to be employed in a position in her own community, I was hoping you could

speak to the work that your ministry is doing to ensure that long-term-care homes are culturally and linguistically appropriate. I know that there's something called the cultural pilot program, so I'm hoping you could tell us a little bit more about that and then the feedback that you've heard from homes and families that are participating in these efforts.

**Hon. Natalia Kusendova-Bashta:** Thank you for that question. One program I want to comment on, sort of in the same vein of a PSW or nurse working in their own community, is the program called the living classroom. We have increased the number of living classrooms, I believe, from 20 to 40 across the province of Ontario.

What they are is basically classrooms that are right in the long-term-care home; usually, it's in the basement. The government funds the long-term-care home for that retrofit of that space. The operator partners with a college or a university to actually offer programming, a curriculum right in that living classroom. What ends up happening is, students, whether they're PSWs or RPNs that come through that living classroom learn about the skills in the classroom and then they just go upstairs to apply the skills they just learned with the residents. What ends up happening is, it creates a pipeline for employment for that operator. So it's a win-win situation because not only do these PSWs or nurses that graduate have hands-on experience, lived experience from these classrooms; they also usually graduate with a job offer.

We are seeing more applications and more interest in this living classroom program, and that's very, very exciting.

When it comes to the cultural pilot program, yes, like I said, this is a jewel in our crown, the fact that we have 75 cultural long-term-care homes in the province of Ontario. Eighteen of them are francophone long-term-care homes. We also need to make sure that the admissions that are happening into those homes are with residents that match the cultural or linguistic profile of that home.

Currently, we're piloting this at 29 long-term-care homes across the province, serving communities such as Indigenous, francophone, Italian, Jewish, Chinese and many more. This initiative is helping match residents with homes that reflect their cultural heritage, language and medical needs.

So it's more than just about the care; it's also about connection, comfort and dignity. We know that seniors thrive when they can talk to their peers in their language, can eat the food that they used to eat when they were children or in their own homes and have cultural programming.

Recently, I visited Mon Sheong, a long-term-care home in Scarborough, and I was able to talk through a translator with two residents. They told me that before, when they were living at home, they felt very isolated because they didn't have anyone to talk to in their language. But when they moved into the home, they began thriving because they were able to interact and they were able to share their cultural practices with others.

Through this pilot program, we are enabling more such placements to enter into our homes. I think soon we'll be looking at expanding that program to cover all of our cultural long-term-care homes.

At the same time, we are building more cultural homes. For example, in Mississauga, there will be a home dedicated to Arabic speakers for the first time, and Ivan Franko in Mississauga, as well, for the Ukrainian community. The Muslim Welfare Centre is building a Muslim-specific long-term-care home in Courtice, Ontario, and we have many, many others. And so it is very exciting, because we are celebrating our diversity across Ontario, including in long-term care.

**The Chair (Mr. Brian Riddell):** I recognize MPP Leardi. We have one minute left.

**Mr. Anthony Leardi:** Oh, thanks. Well, that's not going to provide me with too much time. I mean, I could hardly get through my own introductory comments before I get to the question, but I'll do my very best, knowing that this minister will be able to carry on her comments afterwards, should she choose to do so.

I want to ask a question about dementia care. I happen to have some very unfortunate experience dealing with clients with dementia, as I used to be a lawyer in a previous life and I used to have to assist people in setting up their estates. Some of them were able to do so before the onset of dementia, and so I was able to help them. But others were not able to do so, and so, since they had the onset of dementia, I could not help them because they did not have the capacity to give me proper instructions. This is something that's somewhat of an introduction to the question that I want to ask, because I know how it affects families both at home and in their long-term planning—

**The Chair (Mr. Brian Riddell):** Thank you, and I'd like to thank the minister for her comments today.

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

Shall vote 4501, the ministry administration program, carry? All those in favour, please put up their hands. All those opposed, please put up your hands. Carried.

Shall vote 4502, long-term-care home program, carry? All those in favour, please put up your hand. All those opposed, please put up your hand. Carried.

Shall the 2025-26 estimates of the Ministry of Long-Term Care carry? All those in favour, please put up your hand. All those opposed, please put up your hand. The motion is carried.

Shall the Chair report the 2025-26 estimates of the Ministry of Long-Term Care to the House? All those in favour, please put up your hand. All those opposed, please put up your hand. The motion is carried.

This concludes our consideration of the estimates of the Ministry of Long-Term Care. I would like to thank Minister Kusendova-Bashta, and the ministry officials and their staff for their time.

There being no further business at this time, this committee stands adjourned until November 12, 2025.

*The committee adjourned at 1703.*

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