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Assembly  
of Ontario



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**Official Report  
of Debates  
(Hansard)**

E-35

**Journal  
des débats  
(Hansard)**

E-35

**Standing Committee on  
Estimates**

Ministry of Long-Term Care

Ministry of Education

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

Tuesday 1 June 2021

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budgets des dépenses**

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de longue durée

Ministère de l'Éducation

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

Mardi 1<sup>er</sup> juin 2021

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Chair: Peter Tabuns  
Clerk: Thushitha Kobikrishna

Président : Peter Tabuns  
Greffière : Thushitha Kobikrishna

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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Tuesday 1 June 2021

Mardi 1<sup>er</sup> juin 2021

*The committee met at 0900 in room 151 and by video conference.*

## MINISTRY OF LONG-TERM CARE

**The Chair (Mr. Peter Tabuns):** Good morning, everyone. We're going to resume consideration of vote 4501 of the estimates of the Ministry of Long-Term Care. There's now a total of two hours and 21 minutes remaining for review of these estimates.

When the committee adjourned on May 27, the government had six minutes and 44 seconds remaining. Who will be picking up for the government in this round? MPP Barrett, the floor is yours.

**Mr. Toby Barrett:** Just to make a comment, Chair: As I recall, when we completed our last session, I had finished my question to the minister, and the minister was just commencing an answer to my request for an update on the commitment of 30,000 long-term-care beds over the coming 10 years.

**The Chair (Mr. Peter Tabuns):** Thank you so much, MPP Barrett. Minister, the floor is yours.

**Hon. Merrilee Fullerton:** Thank you, Chair, and good morning, everyone. Can you hear me?

**The Chair (Mr. Peter Tabuns):** Yes, you're clear.

**Hon. Merrilee Fullerton:** Okay. Perfect. Thank you so much.

I did want to loop back and finish my thoughts related to MPP Barrett on the air conditioning piece, because this is a long-standing issue that dates back many, many years. Back in 2006, when the current Long-Term Care Homes Act was being debated, it was Progressive Conservative members who were raising red flags about air conditioning.

The member for Haldimand–Norfolk, who is still a member of the House, had this to say at that time: “As I went through this particular piece of legislation, I came to realize that there is really not an indication of a commitment or fulfillment of a promise for continued investments. When you look at Bill 140, for example, there's nothing in there that would state that it would protect residents from extreme temperature fluctuations.” He goes on to say, “I'm thinking primarily of the heat waves that we have been exposed to, not so much last summer but the summer before”—so we're talking about 2006 now. “It doesn't seem to be enshrined here to provide any responsibility to provide air conditioning, for example, something that is very important for people in long-term-care

facilities when we see news reports that advise people who are vulnerable, people with respiratory problems, to stay inside during heat waves.”

This is dating back to 2006, and so I want to commend MPP Barrett for understanding the issues more than, well, almost 15 years ago. It is this government that is now addressing this issue and is pleased to report that 100% of long-term-care homes are in compliance with the regulations that we put forward on May 15, 2021.

On the process of development and creating more beds: This is obviously another area that has been languishing for 15 years, and our government is committed to making sure that those beds are developed. I'll pass it to the deputy.

**Mr. Richard Steele:** Thank you, Minister. I'll actually ask ADM Sheila Bristo, our ADM of operations, if she could just speak a bit further about the progress that has been made around air conditioning and cooling in long-term care.

**Ms. Sheila Bristo:** Thank you, and good morning. My name is Sheila Bristo, and I'm the assistant deputy minister of the long-term care operations division in the Ministry of Long-Term Care. The Ministry of Long-Term Care is committed to the safety, dignity and well-being of residents in long-term-care homes. The ministry was aware that some long-term-care homes across the province do not have adequate cooling systems, which can negatively impact the health and well-being of residents during periods of hot weather or extreme heat. We also know that long-term-care residents are particularly vulnerable to extreme heat events because of their advanced age as well as the chronic health conditions they may experience.

In the summer of 2020, as residents, family and long-term-care home operators and staff were experiencing the first wave of the COVID-19 pandemic, concerns about cooling were raised. Homes were unable to cohort long-term-care residents in a cooling area—due to high temperatures—because of the infection prevention and control requirements. At that time, the ministry launched the new Long-Term Care Minor Capital Program, with funding of up to \$22.8 million for the first year of the program, to support long-term-care-home operators in maintaining their homes in optimal state of repair—such as roof repairs and replacement of aged or malfunctioning cooling equipment. Last summer, we asked them to use that money towards cooling for long-term-care residents.

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

**Ms. Sheila Bristo:** In November 2020, the ministry launched the Investing in Canada Infrastructure Program, which provided up to \$100 million in combined federal-provincial funding for long-term-care homes to make important upgrades to HVAC, which included heating, ventilation and air conditioning.

For the 2020-21 funding year, \$23.9 million in minor capital and \$61.4 million in IPAC minor capital program investments were targeted to ensure air conditioning systems were put in place in long-term-care homes by summer 2021—including supporting homes in purchasing, installing, upgrading or repairing air conditioning in common areas and resident rooms, and for other minor capital priorities.

Last July, and in response to those concerns, the government committed to taking action to ensure adequate air conditioning systems are in place for all long-term-care homes in the province. To ensure adequate air conditioning systems are in place, the ministry amended the cooling-related requirements in the general regulation under the Long-Term Care Homes Act.

While the previous requirement for homes without central air conditioning was to have at least one separate designated cooling area for every 40 residents, there was no specific requirement that designated cooling areas must be equipped with air conditioning.

Effective May 15, 2021, the regulation requires air conditioning in designated cooling areas in all long-term-care homes. I'm happy to report that 100% of the 626 long-term-care homes in Ontario are in compliance with this regulation.

In addition to ensuring designated cooling areas in all long-term-care homes are in place, homes have made significant efforts in exceeding the regulatory requirement—

**The Chair (Mr. Peter Tabuns):** I'm afraid you're out of time. Thank you very much for your presentation.

We go now to the official opposition. MPP Singh.

**Ms. Sara Singh:** Good morning, everyone.

Thank you again, Minister, for taking time to be here today to help clarify some questions around the estimates and some of the goals that I know your government is working towards. But again, there are several concerns around how those goals will be achieved.

Today, I'll start with focusing our discussion on reaching a goal of 30,000 long-term-care beds. I know this is a goal that your government has set. However, Minister, it seems that it may be difficult to actually achieve that. As the Financial Accountability Office clearly points out, the province will not reach 15,000 new long-term-care beds until 2025-26, two years, actually, behind the 2019 budget commitment. In terms of the other targets that have been set—for example, the 30,000 beds by 2028-29—this will likely not be sufficient to even keep up with the pace of demand for long-term-care beds in Ontario, as we all know, with our growing and booming aging population.

Can you help us understand how the ministry intends to reach these goals when the Financial Accountability Office has clearly indicated that based on the estimates, it simply isn't going to be possible?

**0910**

**Hon. Merrilee Fullerton:** It is such an important area of concern, and I'm pleased to say that our government is committed to making sure the neglect of this sector for many, many years is addressed in terms of capacity and building space. That was our campaign commitment—for 15,000 new beds in five years, 30,000 new beds in 10 years, and redeveloping older beds that were not up to modern design standards. This is exactly what we've been working on since the very beginning.

As soon as our ministry was created, we looked into why these spaces were not being built. We developed the modernized funding model, which was well received from the sector, understanding that crowding in older homes and the old ward rooms certainly played a role in the spread of COVID-19 within these spaces. So there's an imperative to bring these homes up to standard, especially the ones built in the 1970s, and we're well on our way to doing that. Not only have we accommodated the \$1.75 billion, but added in almost another \$1 billion, \$933 million to be exact, to create 80 new projects. Those 80 new projects will provide an additional 7,510 new and almost 4,200 upgraded long-term-care spaces. That's on top of the \$1.75 billion we've already invested. So now there are 20,161 new spaces and 15,918 upgraded spaces in the works, which brings us to two thirds of the way to our commitment of 30,000 new spaces by 2028. That means the wait-list that had grown under the previous government to over 38,000 people—means that we can address that.

But it's not only the development and the standard way using the modernized funding model; we're using accelerated builds, as well, to create more space in a rapid way using modular systems, in using the land that hospitals have been able to provide. We're working in conjunction with our sector partners and with our acute-care sector to build more rapidly—and in addition to that, the community paramedic programs, to really allow people to stay in their homes longer.

Long-term care was so badly neglected—the wait-list had grown to tens of thousands of people, the spaces had not been redeveloped—it left us at the mercy of COVID-19, which took its toll in a very tragic way. I wanted to acknowledge the role that those aging homes played and the neglect of the sector for many years.

Our government is not only modernizing the system with building; it's also modernizing the system with the staffing and the innovation that's needed to keep people in their homes longer.

I'll pass this to the deputy of long-term care, Richard Steele.

**Mr. Richard Steele:** Thank you, Minister.

I'm Deputy Minister Richard Steele. I'll make a couple of comments, and then I do want to pass it over to ADM Brian Pollard to speak a bit further about what we're doing

to try to make sure we move forward both development and redevelopment as fast as we can.

Just to note a couple of things on the numbers in the Financial Accountability Office report. You are correct: They do indicate that the 15,000 would not be achieved in 2023-24—14,000 in 2024-25, and then 21,000 by 2025-26. So by 2025-26, we'll be obviously well beyond the 15,000 mark.

We did, last year—in addition, the minister notes the creation of new capital funding subsidy policy, which was designed to really try to accelerate and unstuck developments in a number of circumstances. We've also, within the ministry, created significant additional capacity to move this work forward. So we created a new capital development division, of which Brian Pollard is the ADM. We've also added significant front-line capacity in terms of project managers to work with project proponents, whether they're not-for-profit or municipal or for-profit, to really help them move those projects forward as fast as we possibly can, identify any barriers and get them unstuck. Each project is unique and typically faces some unique challenges—as do all development projects—to move forward, but the team is heavily engaged in making that happen.

I'll turn it over to ADM Pollard to expand a bit further.

**Mr. Brian Pollard:** Thank you, Deputy and Minister. I'm assistant deputy minister Brian Pollard. I'm the assistant deputy minister for the long-term care capital development division.

Thanks for the opportunity to add a few more comments about the development programs. Further to what the minister has just indicated, those numbers of beds are encapsulated in 220 projects. We have a significant pipeline of projects that are already under way. They're either in the planning stage, in the construction stage or even in the open stage. In fact, we have 30 projects to date that are under construction. We have another seven projects that are either starting to come online or that have come online thus far, and we do expect that this year we'll continue to have more projects coming online.

The reason I mention that we have 220 projects is that that gives you a sense of the scope of where we are, seven years out from 2028. We have great hopes that we will actually be able to meet the targets that have been set by the government.

I would also mention that, in addition to the accelerated build that the minister discussed, we're also initiating and are at the stage right now of looking to dispose of surplus government lands in the interests of building additional long-term-care beds. Three of those lands have been announced thus far and we're moving very quickly to get those projects moving.

In addition to the extensive pipeline of projects that we have—again, 220 projects, over 20,000 new beds and 16,000 beds to be upgraded—and the new funding model which we introduced just last year—and to the minister's point, very, very well received, because it was really a targeted intervention to meet the needs of individual

operators where they're building, as opposed to one size fits all.

We've also improved our processes within the government, to the deputy's point, to speed up the approval process. We're getting people to project approval and the government agreement stages a lot faster than we ever have been able to do before, all with the goal of making sure that these projects move as quickly as possible. So there's a lot of activity happening all over the province. There are a number of Ontario Builds signs going up across the province as we expedite development.

**Ms. Sara Singh:** Thank you so much for those responses. I can appreciate what you're sharing, but I think that things are still not quite adding up, and that remains a concern.

Minister, the FAO report also shows that since 2018, only 237 additional beds have been added to the system and that, in fact, we've seen a decrease in the number of beds per 1,000 Ontarians since your government came to power. For example, in 2018-19, the bed count went from 73 to 70 in 2020-21, so even if your government is able to follow through on your commitment of the new beds, the FAO still estimates that this number will fall to 66 beds per 1,000 Ontarians by 2029-30. This still amounts to fewer beds being made available for Ontarians in our long-term-care system.

I think this also raises another concern with respect to the redevelopment of existing beds and the classification and licensing of for-profit homes, so I would appreciate some clarity just with respect to the goals that are being set here and some of the reduction in the number of beds. But also, which homes are receiving these capital grants, and why are we not moving towards a not-for-profit model, which is something that the commission and other experts are calling for? Why are we continuing to redevelop for-profit homes and their beds?

**Hon. Merrilee Fullerton:** Thank you, MPP Singh, again. First of all, we want to thank the Financial Accountability Officer for the report. Just to reiterate, there is no doubt that Ontario's long-term-care system was ignored for decades, and so we have been running from behind. The FAO report highlights that, really, from 2009-10 to 2018-19, the number of beds only increased by about 1,900. That's why our commitment to creating those 30,000 new beds is such an imperative, and I've outlined the numbers already for you. Under the previous government, between 2011 and 2018, only 611 new beds were created.

**0920**

Not only do we need to create the new beds, we need to modernize the homes that need to be redeveloped. That's exactly what we've been working on. Some of the minor capital funding has gone to that as well.

We're resolved to fix this problem. If we look at the ward rooms, we know that during COVID-19, the research and studies showed that they posed a risk, so we were not filling those beds to capacity. This may account for some of the discrepancy or the decrease in count per capita that you're noting.

As we become more informed as to what measures will be helpful to make sure that we increase capacity as safely as possible in long-term-care homes, we're hopeful that we can create more capacity in a safe way. That is something that will have to be seen as we modernize these spaces. Also, looking at the commitment to modernizing the spaces, understanding the AC, the minor capital funding—there are parallel efforts going on here, whether it's the accelerated bills, the surplus lands, the modernization funding model that is allowing these homes to be built, where the previous government did not bother to find out why these homes were not getting built.

If I might add, in terms of the tragedy of COVID, in Quebec, 86% of the deaths, I believe, were in the publicly run homes. I think in the long-term-care-commission report, they're very clear about the need for a mission-driven approach, putting the resident at the centre, and that it's not about ownership. Certainly, we've had quotes from experts in the field saying it's really not black and white. The magnitude of this issue, as you point out, is so large that we must be able to have as many solutions as possible, but I think it's really important to look at the Quebec experience and understand that the publicly run homes were not able to cope, and Quebec, unfortunately, had some of the worst results, not only in Canada but across the globe.

Our government is dedicated to making sure that people can get the care they need, when they need it; to redevelop these homes; to create the staffing that is necessary to provide care in these homes and also to community care through our community paramedic program. That was a program that had been there for a few years, but not fully appreciated for what it contributes to resident satisfaction, and it's very positive. We're hearing very good news, and we've expanded from five pilots across the province to 33.

It's going to take many, many solutions. I think the magnitude of this problem, as you point out, is so great that we really have to be supporting our seniors in as many ways possible that they find satisfactory and that they're satisfied with.

I'll pass this to the deputy and then—

**Ms. Sara Singh:** Sorry. Not to interrupt, but I know that my colleague Teresa Armstrong would also like to ask a question on that. I think that your answer does highlight the direction that the government is hoping to pursue, so I may just pass it over to her so that she is able to get in on this round as well.

**The Chair (Mr. Peter Tabuns):** MPP Armstrong?

**Ms. Teresa J. Armstrong:** Thank you, Sara, and thank you to the minister and all the staff who are here today to support the estimates questions that we have.

I wanted to ask kind of a three-parter, but the answer shouldn't be that long. One of—sorry, I've forgotten the name. I think it was assistant deputy minister Brian Pollard who had said that there are 220 projects right now. There are 20,000 new and 16,000 are going to be upgraded. I wanted to know, of that number, how many of those are re-announcements from the previous government? How many of these are new announcements under the current

government? How many of these projects are in the north? Assistant deputy minister Pollard also mentioned that they were disposing of surplus lands that the government has, and right now there are three disposed lands thus far. I would like to ask: Of the inventory the government has, is there any, again, in the north, and where that would be?

And then the government also—we're talking about profit and not-for-profit. When we're looking at these new announcements or re-announcements, how are we supporting not-for-profit around that? Because I know sometimes, of course, not-for-profits and public use all their funds for front-line care, and we've heard that they had difficulties getting that capital money and preparing for that proposal. So how are we supporting not-for-profit and public to get on to the new announcements and the redevelopments?

And then my last item is, the minister mentioned—I think I heard the words “modular system” when building new. I would like to know what that modular system looks like, when it comes to long-term-care beds.

Thank you so much for the opportunity.

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

**Ms. Teresa J. Armstrong:** I have two minutes left, but can the minister—I would like to pass it on to start the questions that I asked to Deputy Minister Pollard, if he could address those.

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

**Mr. Brian Pollard:** Sure. I'm happy to start. First, I would probably say that there are projects happening all over the province, including in the north. I don't have exact details in front of me about how many projects are in the north; that's something we can look into getting back to you on. But what I can tell you is that we have projects in the north that are actively in the pipeline. The north, like other parts of the province—we looked to make sure that their needs were being met in terms of where we would have allocated beds to be built and/or upgraded.

In terms of the surplus land sites, we have announced that those three sites are kind of in the GTA area, so there are no sites at this moment in the north. And in terms of the number of beds that we're hoping to build associated with those surplus lands, it's around 900 beds. So anyway, that is the answer on the surplus lands question.

And then I think you had a third question around not-for-profit supports. We have, historically, and we continue to provide, a planning grant, planning support for not-for-profits who sign a development agreement with the government—

**The Chair (Mr. Peter Tabuns):** I'm afraid your two minutes are up. We now go back to the government. Thank you. Who will be speaking? MPP Cuzzetto, the floor is yours, sir.

**Mr. Rudy Cuzzetto:** I firstly want to thank the minister, the PA and all the staff at long-term care for their commitment in Mississauga–Lakeshore to building 640 long-term-care beds, with the first-ever hospice, in an accelerated build. I can't wait for it to be open in 2022.



But, Minister, there is no doubt that the long-term-care sector has suffered as a result of decades of neglect from previous governments. These shortfalls were only highlighted by the COVID-19 pandemic, particularly in the old homes where residents were crowded into shared ward rooms, like the one on Queensway and Hurontario. I understand that before the pandemic, Ontario and our government were working with homes and operators to upgrade these beds to meet modern-day standards. My colleague from Whitby asked about this last week, but I'm thinking we could use more depth on this important issue. Minister, could you please update us on the progress of our government on upgrading these beds?

**Hon. Merrilee Fullerton:** Thank you, MPP Cuzzetto, and thank you for all your work in this area. I want to commend you for your efforts to support it.

If we look at all the beds that are going out into the Mississauga–Lakeshore area, with the Trillium Health Partners, the two builds there—site 1 and site 2—the Mississauga seniors care, there are hundreds and hundreds and hundreds of beds, and I know that you are a champion in this area. And there is no doubt that long-term care has been ignored for decades. Previous governments had report after report after report that they did not act on, and the Auditor General knew and recognized that the ward rooms played a part in the spread of COVID-19 and so did the long-term-care commissioners. This neglect of the sector really left long-term care flat-footed and less effective at reacting to the pandemic than it could have been.

**0930**

We know that Ontario's most vulnerable deserve better. There is no doubt. That's why we are committed as a government and as a ministry to make sure that these spaces get created that our loved ones can call home—truly a home—putting the resident at the centre. This is an aggressive modernization strategy. The additional \$933 billion that we announced not so long ago has allowed 80 additional projects. As we heard ADM Brian Pollard mention, 220 new projects are in the pipeline. These 80 are new and allowing more homes to be built in an expedited way, including the accelerated builds in your area.

We've also streamlined the process to make sure that we have limited as many barriers as possible to development. That includes the modernized funding model, which was a good success, and through consultations with our sector. We're committed to not only rebuilding from a neglected sector but to creating the staffing required for these beds and to help people stay in their own homes longer.

This is a record amount of funding. It's about almost \$3 billion—\$2.68 billion—that we're committing to this, and then the staffing to go along with that is almost another \$5 billion—\$4.9 billion—over four years. We started already with that. We're not waiting until 2024-25; that's already starting. We have thousands of PSWs and nurses who are in the pipeline, and we're expediting these programs with rapid training programs, return-to-service programs and making sure that we have the staff available for these

homes when they open. We're moving quickly. We are not delaying by any means. We are moving rapidly.

I'll pass this to Deputy Steele. Thank you.

**Mr. Richard Steele:** Thank you, Minister. I'm actually going to ask ADM Sheila Bristo to speak a bit further on this subject.

**Ms. Sheila Bristo:** Thank you, and good morning. My name is Sheila Bristo, and I'm the assistant deputy minister of the long-term care operations division in the Ministry of Long-Term Care. Throughout the pandemic, the Ministry of Long-Term Care has worked closely with our partners in the long-term-care sector and other health sectors to ensure the safety and well-being of residents and families and staff. The measures taken by the Ministry of Long-Term Care are based on evidence and always with resident safety at top of mind.

During the COVID-19 pandemic, the Office of the Chief Medical Officer of Health provided evidence-based guidance to long-term-care-home operators for the safe use of resident rooms with more than one bed. This included guidance regarding resident admissions and re-admissions to homes as well as residents' isolation and cohorting in the context of the outbreak.

Directive number 3 for long-term-care homes, which was issued by the Chief Medical Officer of Health in response to the COVID-19 pandemic, currently prohibits new admissions to a ward room to reduce the risk of COVID-19 transmission. To clarify, a ward room in a long-term-care home is a room where three or more residents live, and 228 of the province's 626 long-term-care homes have ward rooms.

The Chief Medical Officer of Health provided additional direction through directive 3 to ensure the safety of residents and staff in long-term-care homes. Those directions included, for the purposes of isolation and accommodation, that there should not be more than two residents placed per room, including three- or four-bed ward rooms. Despite these capacity limits, residents who are occupying a bed in a ward room with more than two or more residents must be permitted to return to their bed following a temporary absence; for example, a few nights at the hospital.

For the purposes of admissions, if placement into a single or a semi-private room is not possible, new admissions may be placed in a ward room with no more than one other resident. Where ward rooms are used, every effort must be made to ensure that there is a minimum of two metres between beds.

On May 19, 2021, homes reported that 3,009 residents are currently occupying beds in three- and four-bed ward rooms, which represents a reduction from the pre-COVID-19 pandemic numbers.

Ward rooms emerged as a risk during the COVID-19 pandemic. Protecting residents and containing respiratory outbreaks was challenging in homes with ward rooms, especially where residents are in relatively close proximity to each other. This was exacerbated when homes went into outbreak and residents were required to isolate in their rooms.

As mentioned, directive 3 requires all long-term-care homes to have rooms identified and set aside for isolation purposes. To support the homes in meeting this requirement, the Ministry of Long-Term Care released an isolation guidance document intended to help the long-term-care homes identify beds to keep vacant or to be used only for isolation while the home is not in outbreak. In addition, the Ministry of Long-Term Care, in partnership with the Ministry of Health, Ontario Health and the Toronto Grace hospital, established the Specialized Care Centre in December 2020. In addition to providing a location to move long-term-care-home residents from homes experiencing outbreaks, the Specialized Care Centre also provides a location for GTA residents to isolate for the original 14 days, which has since been reduced to 10 days. These isolation requirements are for admissions into homes. For current residents returning to a bed in a ward room following a temporary absence, this provides an alternative space for the required isolation period. Directive number 3 was updated to support the use of alternate facilities like the Specialized Care Centre to fulfill isolation requirements for admissions and transfers to long-term-care homes. This builds, as I mentioned, upon the Specialized Care Centre program as an option available to support other regions across the province.

Throughout the pandemic, the Ministry of Long-Term Care has been mindful of funding pressures for long-term-care homes that have been required to keep beds empty due to ward bed and other restrictions. The Ministry of Long-Term Care has provided funding relief to operators to support them to operate safely during this time, by providing funding for all beds, including those that must be kept vacant. To date, the government has allocated \$234 million, including \$106 million in the recently announced 2021-22 provincial budget, to support homes as a result of restrictions on admissions and reduced occupancy.

Now that the long-term-care homes have reached more stability with the successful vaccine rollout, the Ministry of Long-Term Care is working with long-term-care-home operators and Ontario Health to develop plans to safely admit and readmit residents into homes. As a result, the current focus of restrictions is on new resident admissions, who must be placed in a single or semi-private room where possible. Where semi-private or ward rooms are used, adequate space, which is a minimum of two metres between beds, is required. As I mentioned earlier, in rare circumstances where a ward room does have more than two residents, if a resident has been away on a short absence, they can return to their own bed in the ward room.

**0940**

The Ministry of Long-Term Care is working with stakeholders to update current operational guidance and to address related occupancy and funding implications. Effective September 1, 2021, occupancy targets of 97% for long-stay beds and 90% for interim beds will be reinstated. The occupancy target for long-term-care homes will exclude beds in rooms with two or more residents, as well as beds kept vacant to align with isolation and

cohorting requirements. While no decisions have been made related to the future of current ward rooms, the Ministry of Long-Term Care is working aggressively, as you've heard, to modernize and redevelop homes, as well as to provide useful and timely guidance to homes with ward rooms in the short term.

In July 2020, the Ministry of Long-Term Care announced a modernized funding model to break down historic barriers and accelerate the construction of much-needed long-term-care projects and new and upgraded spaces. Spaces built under this model will have updated design standards to include the elimination of three- and four-bed ward rooms, in which isolation and cohorting have proven difficult. New spaces built to modern design standards will help prevent and contain transmission of infectious diseases and ensure residents have access to the care they need in a safe and secure environment.

As of March 18, 2021, the total development investments into long-term care are up to \$2.68 billion. Ontario now has 20,161 new and 15,918 upgraded spaces in either the planning, construction or open phase of the development pipeline, which represents more than 60% of the government's commitment to add 30,000 long-term-care bed spaces in a decade. These projects will add capacity to areas of the province with significant demand; address early needs for diverse groups, including francophone and Indigenous communities; and promote campuses of care to better address the specialized care needs of residents. They will also respond to challenges in the sector brought to the forefront by COVID-19, by upgrading more than 4,300 spaces in three- and four-bed ward rooms to modern design standards.

Included in the 20,161 new beds is the Accelerated Build Pilot Program, which will see up to 1,280 new long-term-care beds in large urban centres that have traditionally experienced barriers to development, such as land availability and land costs. The accelerated build program is using accelerated construction measures to build four long-term-care homes rapidly to modern design standards that will provide a safe and secure home for residents, including two homes, each with up to 320 new long-term-care beds respectively, which are to be developed and operated at the Trillium Health Partners site in Mississauga; one home with up to 320 new long-term-care beds at the Humber River Hospital Finch site in Toronto; and one home with up to 320 new long-term-care beds to be developed and operated by Lakeridge Health's Ajax Pickering Hospital site in Ajax.

This pilot program is unique from the traditional Long-Term Care Development Program and will test the benefits of leveraging hospital-owned land, specifically in hard-to-build areas, to overcome land barriers. This pilot will help us offer environments to residents that include high-quality and appropriate heating and cooling systems and private and semi-private rooms that meet infection prevention and control standards. These four homes are expected to be opened by 2022 and will result in the immediate placement of residents into the homes.

In addition to the accelerated build program, in 2018, the province announced a more efficient process for

selling surplus government properties, along with requiring surplus properties to be evaluated for their potential to achieve the government's social objectives, such as increasing long-term-care spaces.

The ministry and its partners identified six surplus properties for expedited delivery of long-term care in regions in critical need of long-term-care beds. This will account for up to 1,920 new beds. The work that is currently under way underscores the bold types of solutions that are required for change. To ensure that commitments are met, we will continue to work with our partners in the long-term-care sector to ensure that Ontarians who need long-term care receive timely access to the quality care best suited to their needs in environments that facilitate that care.

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

**Ms. Sheila Bristo:** For long-term-care homes that have ward rooms currently, the Ministry of Long-Term Care will continue to provide updated guidance to address the appropriate and safe use of these rooms. Any decisions related to the current status and the future of ward rooms must balance capacity of beds in the long-term-care sector with the safety of residents.

The Ministry of Long-Term Care, the Ministry of Health and the Office of the Chief Medical Officer of Health will continue to work collaboratively with our partners in public health, Ontario Health and with long-term-care-home operators to balance the needs of having enough beds while ensuring the safety of residents.

**The Chair (Mr. Peter Tabuns):** You still have a minute and 15 seconds left.

**Mr. Rudy Cuzzetto:** I just want to thank the minister once again for our build here in Mississauga–Lakeshore. I think the residents are all really enthused about this long-term-care facility that is being built in Mississauga–Lakeshore, so I just want to thank you once again for that. And we're going to have the first-ever hospice in that facility, so thank you very much. If you would like to add anything to that, please go ahead.

**Hon. Merrilee Fullerton:** Thank you, MPP Cuzzetto. Again, I thank you for all your important work. I think the hospice aspect speaks to this concept of continuing care and how we create more campuses of care and what those campuses look like so that people have an easier time transitioning from one setting to another. I just think this is a compassionate step forward, and I'm so grateful to see this movement forward. So thank you.

**The Chair (Mr. Peter Tabuns):** Okay. With that, we go on to the opposition. MPP Singh, the floor is yours.

**Ms. Sara Singh:** I guess I'll start my questions to the minister. I'm picking up on some of the comments that you made earlier with respect to being mission-driven and the transformation and modernization within the sector.

Minister, I think we can both agree that the Liberals for decades neglected our long-term-care system, not building any of the capacity we needed as a province, getting us ready for a pandemic, despite the SARS commission's recommendations. So I think we're on the same page with the neglect in the sector. But much of that was also started

by previous Conservative governments, who did favour private models of care over those that are not-for-profit.

While you point to the Quebec example, I think here in Ontario what we did see was that in our for-profit homes, we did have a greater number of deaths occurring and PPE being withheld from staff. So there are many underlying concerns with the current for-profit models because, for many of those homes, profit is the motive; they are not mission driven. So there are a number of concerns with respect to how we're going to transition out of these for-profit models that are neglecting care and not having positive patient outcomes towards models of care that are going to put patients first.

I think, picking up on the notion of the beds and some of that underlying neglect with respect to the construction that was not done, the modernization with ward rooms, I know that currently—and the FAO also notes this. If the B-, C- and D-class beds are expiring, what is the timeline from the government with respect to those expired beds in those different classes? Are they going to be redeveloped, and under what timelines? Will those licences be renewed for homes, for example, where we knew that they did not act in accordance with the guidelines to prevent deaths in some of those for-profit homes? That's the first question.

**0950**

I do have a series of questions connected to this, so it might be easier to ask the series of questions and then have you answer them.

So the first question is with respect to the expiring licences and timelines for redevelopment.

The other question is, with the 807 B- and C-class beds that are in municipally owned homes at the moment, which do not have expiring licences: Will those beds be redeveloped and under what timelines?

And lastly in a series of questions, what will happen to the B- and C-class beds with licences that are set to expire in June 2025 if there is no redevelopment agreement put in place by that time?

**Hon. Merrilee Fullerton:** They're all very, very important questions.

Certainly, our government has demonstrated its commitment to making sure that these spaces are redeveloped, modernizing the long-term-care system, bringing it into the 21st century, making sure that our most vulnerable citizens in society have a place to call home. So we're making up for lost time from previous years. Obviously, you can't build overnight. It does take time. However, there is a sense of urgency that we have with this.

I want to touch on the ownership aspect that you mentioned. It's very, very clear that we need to put residents at the centre. Some experts such as Dr. Nathan Stall have said, "It's more nuanced than all for-profit is bad, all non-profit is good. It's not black and white. We can't be totally blinded by ideology here." I think we have to be very careful to look at solutions that are viable, to make sure that we can get the spaces built in an expedited way and look at how we can redevelop spaces that already exist, as well.

I really want to mention that Quebec, where 86% of homes are publicly owned, did not fare well in the pandemic. It's very clear.

I think the commission for long-term care mentioned "mission-driven"—they said that it really didn't matter whether it was for-profit or not-for-profit; the guiding principle was the mission-driven aspect. I think that's so important to mention, because there are for-profit homes that have done very well. So we mustn't be blinded by ideology.

When we look at the expired licences, there is a sense of urgency. That's why we created that additional almost \$1 billion, the \$933 million to get 80 new projects in the pipeline—over 7,000 new beds and almost 5,000 redeveloped in that tranche alone—bringing our total investment in building alone to almost \$3 billion, or \$2.68 billion. Clearly, there are efforts that need to be under way, and those 220 projects that are in the pipeline are going a long way to that. Again, we are running from behind on this, but there is a sense of urgency.

I'll pass this to the deputy, Richard Steele, for more details.

**Mr. Richard Steele:** Thank you, Minister.

Just a couple of observations—and ADM Pollard can certainly speak to the whole question of licensing and redevelopment in more detail: The 2025 licence expiries and, as MPP Singh noted, all the municipal homes that wouldn't have licence expiries are very, very top of mind for us. Obviously, many of those homes that have licences expiring in 2025 are indeed homes that have got an allocation for redevelopment and would be included in the 16,000 beds that are currently slated for redevelopment. There are a number that do not yet have an allocation for redevelopment. That will be an ongoing conversation.

We are working closely with all of those homes on what their plans are for 2025 and are they looking to redevelop. Obviously, as part of the redevelopment process—and again, ADM Pollard could speak further to this—there is a licensing element of that, but it certainly does include a review of compliance history on the part of the licensee, and obviously an opportunity there to ensure that any renewals are indeed to operators that we are confident can provide quality care for residents.

And with that, perhaps I'll turn it over to ADM Pollard to speak a little bit more about our thinking around 2025 expiries.

**Mr. Brian Pollard:** Great. Thank you. Brian Pollard, assistant deputy minister for the long-term care capital development division. That division also includes the licensing unit, which looks at many of these issues, as the deputy has articulated.

Let me start and say that it's our intention to continue pushing as hard as we can, to the minister's point, to make sure that all homes that need to be upgraded or redeveloped will be redeveloped, regardless of whether they're municipal or not. I would say those numbers of beds that have been identified that resided in municipal homes and whether they would be on the list for redevelopment—absolutely, and we would continue to

work with them if they are sending in an application to us, to make sure we have the most current information on file as we continue down this path. Again, those 807 beds would be in our pool of beds that we expect to redevelop and upgrade at some point.

I would also mention that as part of the process of project approval for development, there's a pretty extensive licensing process that is undertaken. That licensing process is articulated partly in regulation and legislation, so it's a very transparent process. Everybody knows what we have to go through. But one of the steps that is embedded in that process is actually a review of compliance records, and that's done at both a home-level basis as well as an entity basis or an organization basis. So if you have multiple homes, we would also be looking at the compliance records of your whole portfolio of homes. As part of that process, this is where we would absolutely be looking at how you have done during COVID and, probably more importantly, what steps have you put in place to make sure that if you had a poor outcome during COVID, that is unlikely to happen in the future.

As the deputy said, when we talk about licensing homes, redeveloping homes, upgrading homes and building new homes, we will actually be entering into a 30-year licence term with homes once they are redeveloped, so we want to make sure that at this front end we have as much vetting and clarity in terms of the quality of services that can be expected in those homes. That's really the purpose of the licensing process.

I would also mention that, from our perspective, when we are looking at a redevelopment portfolio, we're really coming at this from, as the minister said, a resident-focused perspective. We want to make sure that we get beds in locations where residents need them; that's basically what we are trying to do. What you'll see in our allocations that have happened over the last year, but certainly in the last 80 allocations that happened in March, is that we wanted to make sure that there were services available to meet linguistic diversity, cultural diversity, geographic diversity—so back to the question about the north—and we would have been talking to operators and certainly allocating beds to people who have been able to articulate to us an interest and a capacity in those policy objectives.

Again, I just wanted to clarify for this hearing that when we look at the development program, yes, there is a build part to it, but there's absolutely also a part to it that ensures that we're servicing the needs of Ontarians.

**1000**

**Ms. Sara Singh:** Thank you, Deputy and the minister. I think that there's still a number of concerns, because I think—despite, Minister, as you said—this isn't about ideology. I really do truly think that we have an opportunity here to re-envision what our long-term-care sector looks like, how it operates—and not reward bad actors.

Deputy Pollard indicated that there would be an assessment of homes and how they performed during COVID. Will that be made public to folks to understand how those homes performed, especially those for-profit homes?

Because I think there is a desire here to ensure that, for example, shareholders aren't receiving massive bonuses, compromising care and quality of care for residents and staff.

I know earlier we discussed providing a livable wage to PSWs and those operating in the long-term-care sector. That's not something that for-profit homes have committed to doing. So I'm really curious what mechanisms are going to be used by the government to ensure that homes are actually being mission-driven versus profit-driven, because that is the current model that's in place.

**Hon. Merrilee Fullerton:** Well, thank you. I think you've touched on some really important points here.

The research and the studies have already shown us that the age of the home is a predictor of the severity of an outbreak and that the community cases, the number of community cases in a public health unit area, are predictors of an outbreak in the first place. So we know that there are variables beyond simply a funding model.

If we look at some of the homes that would have put in applications during the last 15 years under the previous government, they were not able to receive a go-ahead to redevelop. Those homes, whether they're for-profit, not-for-profit or municipal, certainly would have been left in a situation where they could not redevelop because they did not get approval for their processes.

But I think it's really important to understand that the age of the home and the number of community cases are really significant factors. Obviously, in the areas where there were more than 1.5 million people, whether that's Ottawa or Toronto, our two biggest cities in Ontario, they were harder hit. There's no question that the community cases drove those outbreaks in our long-term-care homes.

I think we also have to be clear about the funding, the envelopes for funding, and I will ask the deputy to comment on that, as well as if he would like to comment on your question overall. Deputy Richard Steele?

**Mr. Richard Steele:** A couple of points on your question around transparency: It's really, really important—we agree—for residents and families to have as much information and transparency as possible as to what is happening in a home. At this point, of course, any inspection reports are made available publicly online.

Obviously, the performance of homes through COVID, as it relates to the number of cases and, sadly, deaths, all of that information is made available in real time and will continue to be, and we will absolutely be continuing to look at ways in which we can make information as transparent and available to residents and families in as easy-to-access a manner as possible. So I just want to note that we fully agree that that's a very important goal.

To the point around funding, it is important, I think, to note the way that operating funding and, in fact, capital funding to the sector works. It's relatively complex and there will probably be many perspectives on that, but licensees are quite restricted in how they can use the various elements of funding that the ministry provides. There are four core elements of funding, the most substantial being nursing and personal care. The way the

funding works is, essentially, it is provided in each of those envelopes and it must be spent in those envelopes, and when we reconcile funding at the end of the year, homes need to report on that spending. So it isn't actually possible for licensees to take funding that is intended to be dedicated to nursing, for example, and siphon that off into profits for the corporation. That's not the way the funding works. There is one of the four envelopes where it is possible for profit to be taken, but a relatively small proportion being overall ministry funding.

**Ms. Sara Singh:** Thank you so much.

Chair, how much time do we have left in this round?

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

**Ms. Sara Singh:** Okay, perfect. I think Teresa Armstrong would like to ask a question. I'll pass it over to her for the last two minutes. Thanks.

**Ms. Teresa J. Armstrong:** Thank you, Deputy Minister Steele. You mentioned the four envelopes and you described one. Can you describe in which of the envelopes there is flexibility where for-profit homes can divert funds to shareholders? Which fund is that, and what outcomes would be negatively impacting residents having those envelopes being able to be flexible so that for-profit homes could use those funds and divert them into profits?

**Mr. Richard Steele:** Thank you. Yes, I'm going to ask ADM Sheila Bristo if she can speak to just describing the four envelopes and how they work, and if we can, the relative proportions of the four.

**Ms. Sheila Bristo:** Sheila Bristo, assistant deputy minister, Ministry of Long-Term Care. I just have to step away for one moment to get my document. Apologies.

**Mr. Richard Steele:** Absolutely; no problem, Sheila. Perhaps we can come back to that question a bit later. Happy to share the precise breakdown between the four envelopes and which particular cost elements can be covered in each of the envelopes.

**Ms. Sheila Bristo:** Hello. In terms of the four level-of-care envelopes, the first is nursing and personal care. It funds things such as direct care staff and nursing and medical equipment and supplies. This envelope is primarily adjusted by the home's case mix index, which means, based on the severity of the needs of the people living in the home, this particular portion of the envelope is adjusted.

Another one of the four is raw food. The funds from this particular envelope fund the purchase of raw food and nutritional supplements. It excludes costs related to other programs and costs of food preparation.

**The Chair (Mr. Peter Tabuns):** I'm afraid to say that you're out of time, and we now go back to the government.

We have about five minutes left on our session before we recess. Who will be taking this for the government?

*Interjection.*

**The Chair (Mr. Peter Tabuns):** Ah, sorry. MPP Pettapiece, sorry, sir. Please proceed. Your hand was very plain.

**Mr. Randy Pettapiece:** Thank you, Chair. Well, it's good to see you and all the committee members out in this new week. It's a beautiful day, and hopefully summer is

coming along sooner than later. The crops are growing, our corn is up and some beans are up, so it looks like we've had a successful spring, and with a little bit of rain, things are going to really green up.

It's interesting. You have to be careful when you're pointing fingers. Minister, I would like to address this to you. I think, Minister, you know that when you're pointing fingers and playing the blame game here, you've got to be careful doing that. Certainly this issue has been going on for a lot of years, and we all know that. We all know that we have to certainly get things going towards new long-term care beds, and fixing up and redesigning the ones that are in place right now.

But it's interesting that the one and only time that the NDP have ever held government in this province since Confederation, what did they do? Nothing. I think we need to be careful when we're pointing fingers. Pointing fingers usually doesn't do any good. What we need to do is look forward as to what our plan is to build long-term-care beds.

1010

In this riding—you might be aware—back in 2017, the Liberal government was entertaining a proposal to move long-term-care beds out of my riding, a 96-bed facility called Hillside. You know, it was interesting. When the public got behind me—we had two meetings over this. We filled an arena, we filled a community centre to capacity—in fact, over capacity; not everybody could get into it—about what a wrong-headed decision this was. Fortunately, like I say, with a lot of community support, we were able to come to a consensus that half of those beds would stay in Perth county. The government at that time said that we were over-bedded; we had too many beds. Yet it was years of waiting before people could get into the beds that we had available.

Now, in defence of the company, they knew that they had to modernize this facility, and where it was didn't make a lot of economic sense. It's out in the country. There are no services. They had their own septic beds and water. With new modernization, it just didn't make sense to build another facility there, especially when they're looking at around a 130-bed facility. So I don't blame the company for looking at other options, but they could have looked at the options in Perth county, I thought, and a lot of the residents in Perth county thought the same.

Fortunately, we were able to save a number of those beds that stayed here, so we did have some success in keeping that facility in Perth county. It was very rewarding to the people, and certainly to me, because when I saw the support and the emotion that went into those meetings—I think the ministry understood at that time that this was a wrong-headed decision. So we're very thankful that this happened.

I also want to thank you, Minister, for the decisions that were made recently with Kingsway Lodge in St. Marys. They are upgrading 62 of their beds and they're getting 66 new beds in the town of St. Marys. This was a tremendous boost to our long-term-care industry here in Perth county and certainly in the riding. Another redevelopment is in

Royal Terrace, which is in Wellington county, and they're going to almost double the size of their long-term-care facility. So I think your plan is working and the plan of the government is working.

Also, it should be noted that you have a stand-alone ministry with long-term care. I think this is the first time that's ever happened, that the government made long-term care a stand-alone ministry. Your appointment to it was certainly well deserved because of your experience in the medical profession. You've worked with these people for years and years, so you know what the problems are and your input on how to fix them is certainly known and welcomed.

It's clear that our long-term-care homes were hard-hit by the COVID-19 pandemic. After decades of neglect by successive governments, our long-term-care sector had multiple issues to overcome—issues like overcrowding in homes built to outdated design standards and chronic staffing issues. These issues left preparedness and the ability to respond flat-footed. In short, they put the most vulnerable at risk.

Minister, could you please tell us what our government did to protect the health and safety of our loved ones in long-term care from the COVID-19 virus?

**Hon. Merrilee Fullerton:** Thank you very much, MPP Pettapiece. I know that you know this sector well. Our conversations over the last while have really demonstrated your knowledge of this area. I agree with you in terms of the finger-pointing. It is important to recognize the context that we were in as the pandemic started and that that neglect from the previous years really did leave us in a disadvantaged position.

For the pandemic preparedness—

**The Chair (Mr. Peter Tabuns):** Minister, I'm sorry to interrupt you. We've come to the end of our session this morning. We will now recess until 3:30 p.m.

*The committee recessed from 1015 to 1530.*

**The Chair (Mr. Peter Tabuns):** Good afternoon, everyone. We are going to resume consideration of the estimates of the Ministry of Long-Term Care. There's now a total of one hour and eight minutes remaining for review of these estimates.

Standing order 69(a.1) allots 15 minutes to the independent member of the committee. They will have the opportunity to use this time today if they wish.

When the committee recessed this morning, the government had 13 minutes and 53 seconds remaining. Before we go to the government, I just want to confirm attendance and identity of some additional MPPs.

I have MPP Bouma. If you could identify yourself and your location, sir.

**Mr. Will Bouma:** Yes, thank you, Chair. Sorry, it took a little bit there to be unmuted. I am indeed MPP Bouma, and I am in my office in the Whitney Block.

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

I have MPP Smith.

**Mr. Dave Smith:** Thanks, Chair. This is MPP Dave Smith, and I am in my Queen's Park office as well.

**The Chair (Mr. Peter Tabuns):** Thank you so much. MPP Gélinas?

**M<sup>me</sup> France Gélinas:** Bonjour. France Gélinas, and I'm at Queen's Park.

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

With that, we will go back to the government. Who will be speaking for the government in this round of questions?

*Interjection.*

**The Chair (Mr. Peter Tabuns):** Oh, no, my apologies—no, they have 13 minutes and 53 seconds. Who will be carrying things forward for the government? MPP Pettapiece.

**Mr. Randy Pettapiece:** Thank you, Chair. I believe I had asked the minister a question. I can repeat it, if the minister would like me to. Shall we do that, Minister?

**Hon. Merrilee Fullerton:** Why don't you do that briefly, just to remind everyone where we were?

**Mr. Randy Pettapiece:** All right.

**Hon. Merrilee Fullerton:** That would be wonderful. Thank you, MPP Pettapiece.

**Mr. Randy Pettapiece:** Chair, through you: Minister, it's clear that our long-term-care homes were hit hard by the COVID-19 pandemic. After decades of neglect by successive governments, our long-term-care sector had multiple issues to overcome—issues like overcrowding, homes built to outdated design standards and chronic staffing issues—and these issues left preparedness and the ability to respond flatfooted. In short, they put the most vulnerable at risk.

Minister, could you please tell us what our government did to protect the health and safety of our loved ones in long-term care from the COVID-19 virus?

**Hon. Merrilee Fullerton:** Thank you, MPP Pettapiece, and also thank you for your dedication to your constituents in your riding. I also appreciate your understanding of the long-term-care sector, of which I know you have a wealth of knowledge.

Our government, our ministry, worked around the clock, using every tool, every measure that we had available at our disposal to protect residents and staff in long-term-care from wave 1, wave 2 and wave 3, from COVID-19. We have deployed and invested over \$2 billion in emergency funding since March 2020, so in just over a year, \$2 billion to go to the emergency efforts to support our homes and prevent the spread of COVID-19 and the devastating effects that we know it can have in long-term-care homes. Those dollars went to support staff, to support operations within the home for cleaning, for screening efforts, for implementing infection prevention and control measures, so these dollars have flowed to the homes to ensure that they have the resources available to them to take measures to protect residents and staff.

We also took more measures to protect residents and staff, including immunization. I'm happy to report that we've had tremendous uptake amongst residents; about 97% of residents are fully vaccinated—that means with both doses—and it is showing very, very positive results. We saw that early. It continues to show very positive results, although we are seeing some cases where people are contracting COVID, but they are showing very mild

symptoms typically, as long as they've been vaccinated with both doses.

We've also had good uptake with the staff, but we're not done yet, and most recently, as of yesterday, we announced additional measures for homes to be able to take to encourage the vaccination uptake and reduce any vaccine hesitancy.

We've also used the rapid tests and deployed these to the homes, so that we can be sure that we're preventing every possible case that we can from coming into the home and the devastating effects that one case of COVID can have in a home.

We've also created infection prevention and control hubs, making sure that the resources and the expertise are available to our long-term-care homes, including the expertise from hospitals, as well as training dollars to go to help train people in the homes on IPAC. The ward rooms as well: Knowing the age of the home, those four-bed ward rooms and the crowding in those rooms made it difficult to contain COVID using traditional measures of infection prevention and control, we reduced the occupancy to up to a maximum of two in those rooms as we were able to do that, also allowing for better cohorting of residents if they should have positive results.

Certainly, the staffing alone I've talked about a number of times already. The \$4.9 million that we put into a four-year plan, we've started that already. We have thousands of places going for the training for nurses, PSWs, registered practical nurses, making sure that we're getting to that goal of 27,000 staff to be hired into long-term care and to get those four hours of direct care on average per resident per day. We're going to continue to do everything possible to protect our vulnerable in long-term care. These are their homes.

I'll ask the deputy to pass it to ADM Sheila Bristo as well on this, and I will ask, after that, if the Chair will approve, if Sheila Bristo can also comment on the funding envelopes that we were—

**Mr. Richard Steele:** Thank you, Minister. Maybe I'll pass it straight to ADM Sheila Bristo to speak to COVID response and funding and onto the funding envelopes [*inaudible*]. ADM Bristo?

**Ms. Sheila Bristo:** Good afternoon and welcome back, everyone. My name is Sheila Bristo, and I'm the assistant deputy minister of the long-term care operations division in the Ministry of Long-Term Care.

If it's okay, I may start with the level of care answer first and then go to the second part of the question just to finish where we left off.

I had mentioned previously that level of care funding is made up of four envelopes. One is the nursing and personal care envelope, which consists of funds directed at self-care, nursing and medical equipment and supplies. This envelope is primarily adjusted by the home's case mix index, and that's an index that measures the level of need of the individuals who live in the home.

The other level of care is raw food, and that consists of funds for the purchase of raw food and nutritional supplements. It does exclude costs related to other programs and cost for food preparation within those programs.

Program and support services is also another level-of-care funding envelope, and this envelope funds programs and staff, it funds therapy, recreation equipment and supplies.

Then, finally, the fourth level-of-care envelope is the other accommodation envelope, and that consists of wages and equipment, supplies for dietary, laundry, housekeeping, furnishings, maintenance, operating and administration costs.

In response to the previous question before break—that is, the outline of the level-of-care funding for long-term-care homes—now I'll turn to what has been done to ensure the safety of staff and residents. The Ministry of Long-Term Care operations division is responsible for implementing the government's direction for the provincial long-term care sector, which serves over 100,000 Ontarians annually. The Ministry of Long-Term Care accounts for \$6 billion in government spending that helps to ensure long-term care residents have access to the high-quality specialized care they need.

The COVID-19 pandemic has created unprecedented challenges in the health and long-term care sectors, and we are very thankful for the commitment of the long-term care staff who are working hard each day to take steps needed to manage and contain the COVID-19 outbreaks.

**1540**

The Ministry of Long-Term Care is committed to applying the lessons learned to build and strengthen long-term care in the best interests of the residents and the people who work so hard to keep them safe. Since the onset of the pandemic, the ministry has monitored the developing situation and has taken decisive action to support all long-term-care homes, staff and residents.

These supports have helped the sector respond and cope with the pandemic. We enacted emergency orders and regulatory amendments and have helped homes improve infection prevention and control and build a strong health care workforce that can care for the residents safely.

The Ministry of Long-Term Care has also taken measures to prevent the spread of the virus in homes through early identification of symptoms and risk of infection by initiating the use of rapid antigen testing for all staff, student placements, support workers and visitors. The measures also connected homes with medical expertise in infection prevention and control through hospital partnerships. The measures included limiting the admission of residents to ward rooms where any outbreak was more difficult to contain. Furthermore, measures were introduced to restrict the movement of staff between homes and other health care settings to limit the spread of the virus.

The ministry provided support for a temporary wage enhancement to personal support workers and partnered with the federal government and the Canadian Red Cross to provide homes with short-term support.

The Ministry of Long-Term Care also acted, where necessary, by appointing temporary management at 35 homes since the start of the pandemic. Through rigorous management structures, local hospitals, as well as sector partners, worked with long-term-care homes to return homes to their regular, stable operations. To date, almost

all of these homes have returned to their normal operations, with only one remaining under temporary assigned management.

In addition to the emergency measures, the ministry has made significant investments. Since the beginning of the pandemic, the government had announced investments totalling over \$2 billion in COVID-19 emergency funding for the long-term-care sector to support long-term-care homes with 24-hour, seven-days-a-week screening, additional staffing, enhanced cleaning and sanitation and additional surge capacity.

More than \$2 billion in investments includes the \$740 million recently announced in the 2021-22 provincial budget. The 2021-22 budget provided funding of \$540 million for additional prevention and containment measures to fund the extraordinary costs related to the rapid response required to prevent and contain the spread of COVID-19 in the long-term-care sector. This prevention and containment funding has supported the continued safety and well-being of residents, families and staff by helping to prevent and contain COVID-19 outbreaks at long-term-care homes.

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

**Ms. Sheila Bristo:** In order to provide flexibility for long-term-care homes, homes may use the prevention and containment funding for incremental expenditures according to their unique local needs. For instance, long-term-care homes may allocate the funding to support the immediate, 24-hours-a-day, seven-days-a-week active screening of long-term-care-home staff and visitors. They may use it for the hiring of new staff to carry out the added workload for essential services or to replace workers who are sick or in isolation. They can use the money for staffing recruitment and retention strategies to convert part-time to full-time and for costs related to backfilling staff who might be on sick leave.

Some long-term-care homes may require additional amounts for expenses related to cleaning equipment and operating supplies beyond the typical levels for the long-term-care home. The allocation also supports implementing infection control measures based on clinical evidence, advice from a physician or other regulated health practitioners with expertise in infection control.

Long-term-care homes may also use the funding to support virtual care and services for long-term-care-home residents and staff; for example, providing hotels or other accommodations for some staff to help them reduce travel or to potentially reduce exposure of COVID-19 to their families. Money can also be used for testing, vaccine administration and other incremental costs required for the rapid response to prevent and contain COVID-19 in a long-term-care home.

Moreover, included in the 2021-22 allocation is \$106 million—

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

To ensure the remaining time is apportioned equally, it will be split as such: 20 minutes to the official opposition and 20 minutes to the government.



I will now go to the official opposition. Who will be taking the floor? Who do we have? MPP Armstrong.

**Ms. Teresa J. Armstrong:** Thank you so much, Chair. Sorry about that. I had an extra precaution on my camera.

**The Chair (Mr. Peter Tabuns):** I understand. Go ahead.

**Ms. Teresa J. Armstrong:** When we left off earlier, there were a couple of questions that I was seeking a response to. One of them was the minister's comment about what a modular long-term-care home would look like—I was interested in that description—and then, also, the envelope that is used where long-term-care homes can access and have flexibility, and use that for less services or cutting that envelope in order to get a profit out of that envelope. If I could get a little more description of those two items, I would appreciate it.

I'll leave it up to the minister and then the assistant deputy minister—I think it was Pollard who was answering the last part of that question. Thank you.

**Hon. Merrilee Fullerton:** I'll just briefly touch on it. Through the accelerated builds, the pilot projects, we have used a segment of modular component to speed up the construction. There is actually a video on-site at Lakeridge that allows you to watch the construction. If you're interested, you could do that as well.

In terms of ADM Sheila Bristo, she has gone through some of the envelopes of funding. I will ask the deputy if he wants to comment on that or ask ADM Sheila Bristo to go into that again.

**Mr. Richard Steele:** Just to take the questions in order: On the modular construction, as the minister notes, it's an approach that's being used at, in particular, two of the accelerated build projects, the project at Trillium—or the two projects at Trillium—and the project at Humber River. Essentially some elements of the home are being constructed with a regular construction approach, but some elements, particularly the resident areas, are being essentially prefabricated off-site and then assembled on-site. Again, the objective, as the minister notes, is to allow some of that prefabrication to happen in parallel with some of the work on-site, and the whole project to be completed faster.

I'm wondering if perhaps ADM Brian Pollard, who is our ADM of capital development, could just speak a little bit further about that approach, and then happy to come back to the other question for Sheila Bristo.

**Mr. Brian Pollard:** Sure. Thank you, Deputy. Maybe I'll just step back and very quickly say that one of the reasons we even went down the path of the accelerated build program is that we were noticing that it was taking, on average, three years from the time the development agreement was signed until when a home was ready to be opened, and really, with the ambitious agenda that we have for development, we wanted to explore all possible options to shorten that. One possible option would be to make sure that we were not doing everything sequentially, so we were looking for opportunities to do things in parallel.

One of the opportunities that we were able to exploit with the accelerated build is the notion of modular

construction, where a module, in this case, a resident room and associated bathroom, could be designed and constructed off-site, and multiples of those. So if you're building a 320-bed home, obviously you want to have 320 of those modules. They could be designed and built off-site at the same time that the base of the long-term-care home was being constructed, so we're actually moving ahead on two critical pieces of construction at the same time, and then they come together, obviously, to create the final home.

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Our expectation is that that will shorten the construction quite significantly. We're currently in the stage right now of building long-term-care homes using this model, and we'll see at the end of it how successful we were (1) in shortening the construction time and then, (2), whether there's any opportunity to further look at the opportunities to incent other operators to build faster. That's really the concept and the genesis of the accelerated build program and where we're at in the process.

I'll turn it over maybe back to the deputy or over to Sheila to talk about funding.

**Ms. Sheila Bristo:** Hello. My name is Sheila Bristo, and I'm the assistant deputy minister of the Ministry of Long-Term Care, operations division. I had already talked about the four levels of care funding envelopes, and one of the questions was about the flexibility around the envelopes. I will focus this answer on the other accommodation envelope. As I mentioned earlier, the other accommodation envelope funds things such as wages, equipment and supplies for dietary, laundry and housekeeping, furnishing, maintenance, and operating and administration cost. It is expected that homes spend what they receive from residents primarily for this envelope to deliver other accommodation services, as I've already explained: dietary, laundry, housekeeping, maintenance, administration and other services. Once those services have been paid for, homes may retain surplus funding from the other accommodation envelopes after paying for those services.

The other accommodation envelope is funded primarily through residents' basic accommodation fees. In addition, the ministry contributes a portion of the basic accommodation fees towards low-income residents.

Homes may also retain other types of fees that they receive from residents through preferred accommodation premiums. That would be revenue generated through resident charges for optional services such as hairdressing, cable TV, telephone, parking etc. And long-term-care homes actually may also realize revenue from a related operation which actually isn't part of the funded home; for example, where the long-term-care home also has a private retirement residence. Thank you.

**Ms. Teresa J. Armstrong:** Thank you very much for that more detailed answer. I appreciate it.

I'll pass it over to MPP Singh for her next question.

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

I think that I want to pick up on questions I was asking earlier with respect to the licensing and some of the beds that are at risk of not returning to service. I know there was

quite a lot of discussion around whether the licences were being renewed for for-profit operators and why we aren't moving to more not-for-profit models of care. But I note that the FAO's report also does point out that we have 7,400 beds that are at risk of not returning to service and apparently another 14,783 with licences coming up for expiration.

I guess my question is to pick up on that report and ask when the ministry expects to allocate the funding for those remaining outstanding licences, and further clarity around whether those are going to be for for-profit entities or not-for-profit entities.

**Hon. Merrilee Fullerton:** Thank you, MPP Singh. This is, of course, ongoing. As you've heard me say many times, we have inherited a system that was badly neglected, including lack of development of new beds. Between 2011 and 2018, there were only 611 beds built while the population over 75 grew substantially. Clearly, this means that we're running from behind, but we've invested almost \$3 billion—\$2.68 billion—to create about 20,000 spaces, and those are putting us about two thirds of the way to our 30,000-bed goal for new beds over 10 years. So good headway has been made, really, following up on many years of neglect. I'm quite pleased to be able to say that good progress is being made.

However, that isn't enough. We have to understand how we can improve the speed of building with our accelerated builds, with the efficiencies of surplus land, and so we're doing that as well. I'll pass to the deputy to comment on further efforts, as we understand the commissioner's report on long-term care and how the operations potentially could be separated from the construction and the building. I think this is something that is not a straightforward process, but we have to understand what the commissioners have asked us to do in their recommendations. Certainly, we take this to heart, as well as the recommendations from the Auditor General. But there is more work to do as our population ages. There's no doubt about that. And certainly we're playing catch-up after many years of neglect.

**Mr. Richard Steele:** Thank you, Minister. A couple of thoughts, and I will see afterwards if ADM Brian Pollard has anything further to add on the whole 2025 licence expiry question.

As the minister notes, trying to work on multiple tracks at the same time—

**The Chair (Mr. Peter Tabuns):** Excuse me. Before you proceed further, again just a reminder to introduce yourself for Hansard.

**Mr. Richard Steele:** My apologies. I forgot again. Deputy Minister Richard Steele.

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

**Mr. Richard Steele:** Working on multiple tracks, your priority in some ways, number one, is to ensure that those projects for which beds and funding have been allocated are moving forward with the greatest possible speed to ensure that the targets that were set out in the FAO report can be accomplished. So that's a very important and not

insignificant piece of work, to ensure that those projects do move forward.

As the minister noted, we will certainly be reviewing the recommendations of the commission as it relates to development and operation and figuring out how that can be overlaid in a way that doesn't in any way slow down projects that are already under way. Again, that is critical, as I think we all would agree. We don't want anything to get in the way of moving projects forward that are already under way.

For the remaining projects, for the beds whose licences will expire in 2025 that do not currently have an allocation or an approved redevelopment project, there's very much a focus of work happening within the ministry to figure out what are the intentions of those licensees: Do they wish to redevelop? There will be a number—maybe not a large number, but there may be a number that choose not to seek renewal of their licence and redevelopment. So lots of work is happening within the ministry to kind of understand that picture and figure out the path forward towards redevelopment.

Perhaps I could turn it over to ADM Brian Pollard to speak a bit further about that work.

**Mr. Brian Pollard:** Thank you, Deputy. Brian Pollard, assistant deputy minister for the long-term-care capital development division, which also includes the licensing unit.

I'll probably make a couple of points in regard to the questions that were asked. As part of our application process, which started in September 2019 and closed in September 2020, we were very deliberate in the design of that application to make sure that we were asking key questions in terms of our expectations around service delivery. Those key questions around service delivery would have included questions around ensuring that there would be enough capacity in the system to meet diverse needs across the province, whether those be linguistic needs, whether those be cultural needs, whether those be social needs. As a result of that, what we received was a pretty significant amount of interest from a number of not-for-profit operators who are in that space. If you look at the cases that we did in March 2021, just as an example, you will see that a number of those are actually to not-for-profit organizations to cater to those specific needs.

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So what I would say is that although our system is absolutely a need-based system and we're constantly looking across the province to see where there is need for long-term care, where there's a need for specialized linguistic or ethnocultural services, we also want to pick up on that, and by and large that has been catered to by the not-for-profit segment. So that's point number one.

The second point I would make around this is that when we look at the not-for-profits that have stepped up to the plate to say, "We'd like to be in the business," and indeed, that we have even given allocations to, many of those are net new projects, so it's net new capacity coming into the system as opposed to a hybrid where you may have some upgraded beds along with new beds. So the not-for-profit

area is one that we have certainly paid attention to. For further clarity, when I say not-for-profit, I mean the full gamut of municipal homes, as I said, linguistic or ethno-cultural or socially geared homes, including hospital-based homes—so a pretty expansive group that has been awarded beds or allocated beds in the interest of getting those built as expeditiously as possible. But I wanted to make sure that everyone knows here that there is a significant not-for-profit presence in our allocations that have already been made to the sector.

In terms of the 2025 expiry, the deputy is quite right and the minister. We still have some ways to go on this. One of the good aspects, I would say, is that we do have interim operators who may not have received an allocation yet but have applied, serving their interests in continuing to operate in the space. I would expect over the coming weeks and months we'll continue to have conversations with those operators about what that does look like, in the interest of making sure that we have a good game plan for them as we approach 2025. Thank you.

**Ms. Sara Singh:** Thank you very much. Just in the interest of time, Chair, how many minutes do we have left?

**The Chair (Mr. Peter Tabuns):** You have three minutes and 30 seconds.

**Ms. Sara Singh:** Perfect, thank you. With that, I'm going to hand it over to MPP Gélinas, as she has a question she would like to ask as well.

**M<sup>me</sup> France Gélinas:** I'm just curious to see—could you go through the process? When we hear the commission say that the average level of care is at 2.25 hours, how does your ministry do this calculation, and is there any interest in your ministry in making those stat levels available on your website?

**Hon. Merrilee Fullerton:** I'll just add some brief comments first to that. I think it is so important that we address the complexity of residents in long-term care that's really grown over the last 10 years, and to do that, obviously, staffing is needed, and to look at the staffing crisis that we inherited that was pre-existing before the pandemic and trying to address that, not only before the pandemic with our expert panel but also during the pandemic, and then as we move forward with our four hours of care and towards that 27,000 target. This is all really part of a puzzle that needs to be solved, understanding the need of the staffing, to create the people who are going to be trained for long-term care.

What we have discovered is, preceding the pandemic and into the pandemic, it was actually very difficult for homes to find staff. We can't simply go and add another several hours of care without the staffing. That's, ultimately, the puzzle that we're trying to put together here, all the pieces. The complexity of the residents, the number of hours of care that they need: It all goes back to training sufficient numbers of PSWs, RNs, RPNs and resident support aides to be able to provide that care. So, to talk about the hours of care without talking about the staffing is not all that helpful. We really need to talk about both.

I'll pass that to the deputy for comment.

**Mr. Richard Steele:** Thank you, Minister. Deputy Minister Richard Steele. I will—

**M<sup>me</sup> France Gélinas:** Deputy Steele, I would be interested in knowing: How do you report on this? How do long-term-care homes report to you? And what do you look at to say, "This home is at 2.25; this one is at 2.75"?

**Mr. Richard Steele:** Thank you. I'm going to turn it to ADM Janet Hope to describe it in a bit more detail, but at a very high level, the baseline data that we've used for planning purposes was captured from an annual staffing survey that the ministry was conducting. That didn't happen last year because of COVID. We are right in the middle now of essentially planning the data capture that we will want to do with homes to ensure that we can track their progress towards the province-wide average of four hours of care. We will absolutely be seeking reporting from homes on their progress as we provide the additional funding for them to move forward against that commitment. We will absolutely be tracking and having homes report. We're just finalizing now exactly what that data capture looks like and what's the mechanism to accomplish that.

But perhaps I could turn it over to ADM Janet Hope to say a bit more.

**The Chair (Mr. Peter Tabuns):** And with that, I have to say, unfortunately, you're out of time.

We will go to the government. Who will be speaking for the government? MPP Parsa, the floor is yours.

**Mr. Michael Parsa:** Thank you very much, Chair. It's much appreciated.

Minister, first, as always, I want to thank you and your entire team for being here to answer our questions. On behalf of my constituents, really, I want to thank you for the care and compassion that you have continuously shown ever since being appointed to this role. I'm not sure how many times I've heard you say that keeping our long-term-care residents safe and healthy is a key priority for you and for our government. I could not agree more, and again, thanks for that, Minister. It's also important that we don't forget about meeting their social, their psychological and spiritual needs, and treating every resident as a whole person.

You have touched on the need for expanding bed development and addressing the systemic staffing issues, and you've touched on this in the last few hours as you've been here—and before as well, because, if I'm not mistaken, this is the second time you've been here in less than a year. In my riding, for example, I can tell you the residents at Mon Sheong were thrilled when it was announced that more beds are being added, because—you alluded to the fact—we've got over 40,000 people on the wait-list, and it shouldn't be the case. It has been as a result of many, many, many years of neglect. I heard about 600 beds being created in a large span, which is unacceptable.

I'm wondering if you can further elaborate and tell us what the government with you and your ministry are doing to shift the culture in long-term care to really improve the lives of our residents, because that's really important to all

of us. I'm just wondering if you could elaborate on that a little bit for us. Thanks, Minister.

**Hon. Merrilee Fullerton:** Thank you, MPP Parsa. I appreciate everything you're doing on behalf of your constituents, for the people of Ontario. You are really a champion. You're very dedicated and compassionate. You bring both, so thank you.

When we first started as a ministry, back in the summer of 2019, it was within one of the first couple of meetings that we had with the team. I really strongly believed we needed to do more in terms of addressing the ethnocultural and the linguistic needs—the things that make people really feel part of a home, because it really is their home. So, is it the language being spoken? Is it the processes that we have to allow them to have their religious freedoms? Is it the way that we cook their food? There are so many things that make people comfortable, and especially in their last days or their last years of life, it is so important. That is part of a compassionate, resident-centred long-term-care system. It's in dire need of modernization and not only the capacity, as you've mentioned, and the staffing and infection prevention and control measures that we've seen with COVID, but looking at the whole person, because we really want our loved ones to have all of their needs met in long-term care, and looking at a holistic approach to that.

We look at putting the residents at the centre—and even after the summer of 2019, when we became a new ministry, I was talking about our vision for long-term care: resident-centred, where our most vulnerable people would be supported and would be able to get the care they needed when they need it. I think that we have to look at the whole person. We have to look at different ways of approaching this. I'm very pleased to say that in the last round, with 80 projects, we were able to put more linguistic diversity out—the French language being better represented, Indigenous needs being better represented.

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I'll pass it to Deputy Richard Steele.

**Mr. Richard Steele:** Thank you, Minister. I'm going to pass it straight to associate deputy Erin Hannah to talk a bit further about improving residents' lives.

**Ms. Erin Hannah:** Thank you very much. Thank you, estimates members. I'm happy to be here today. My name is Erin Hannah. I'm the associate deputy minister for the long-term care pandemic response in the Ministry of Long-Term Care.

Over the last time that we've been appearing at estimates, the minister and the deputy have mentioned numerous times that our top priority really is the health, safety and well-being of residents within long-term care. As we've continued to evolve in our response to the COVID-19 pandemic and really begun to focus our energy as well on a pathway to recovery, there's nothing more important to us at the forefront of how we start to balance risk between the continued pandemic and the continued presence, particularly, of variants of concern in our communities, but also the need to begin to open up our homes to be able to address the well-being—the social, spiritual and emotional needs—of residents.

We have started to make a number of changes, both as part of our evolving response and also, as I noted, as part of our pathway to recovery. The minister mentioned a few moments ago that we've had great success in respect of our vaccination coverage within long-term-care homes, and that's for residents as well as the people who work in our homes and the caregivers who come to support their family members who are living in homes.

I just wanted to take a moment to share with you some of the specifics with respect to the success that we have seen and the efforts that we've undertaken to be able to support this successful effort across a number of partners, including public health units. Thanks to the committed efforts of our sector partners and their teams, we've reached the point where virtually all long-term-care-home residents who wanted to or were able to have a vaccine have received one. We are actually at, as of this morning, per our latest data, 98% of residents who have received both doses of a COVID-19 vaccine.

In terms of staff, we are now at an estimated 89% of staff within long-term-care homes who have received at least a first dose and 67% who have actually received two doses of a vaccine at this point in time.

Lastly, I mentioned family caregivers and paid caregivers. At this point in time, again, effectively 100% of caregivers have received at least a first dose, and we're at just over 40% who have received two doses.

We obviously are continuing to strongly encourage all staff, caregivers and family members to roll up their sleeves to get the COVID-19 vaccine. In our minds, it is the surest way that we can protect homes and protect residents. The key piece here is that it really allows us to open up those opportunities for social connection that our residents have sadly suffered from missing over the last 18 months.

We announced just yesterday that we are requiring homes to introduce a COVID-19 immunization policy. The focus of this policy is really on supporting informed, educated choices amongst staff within long-term care. The policy will actually apply to students and volunteers who are in our long-term-care homes as well, and essentially requires that each staff, student and volunteer member choose to do one of three options. Those are show proof they have received a COVID-19 vaccine, show proof they're medically unable to do so or participate in an education program so they can understand the benefits of vaccination and the risks of not being vaccinated. Part of that education program would emphasize that allowing for the highest level possible of vaccination coverage within our homes really does allow for us to better address the emotional, spiritual and social needs of residents.

We also, on May 10, announced that we were adding long-term-care staff and caregivers to eligible priority groups that can receive their second dose in a shorter interval, so not the 16-week interval. We've already seen a significant jump—I mentioned the numbers earlier—in the number of staff and caregivers who now have their second dose: over 4,000 just in a couple of weeks, which is fantastic.

The other piece that I wanted to mention, moving on from vaccinations, was what we've been doing because of the success of the program to be able to allow for social connections again for residents. We have changed the outbreak definition, working with our partners at the Office of the Chief Medical Officer of Health, to allow for fewer homes, really, to go into outbreak, because as soon as you go into outbreak, that then brings in that element of isolation for residents and reduces their opportunities. So that definition has been changed to align with the definition that's used in other jurisdictions and in Ontario in sectors like education where you have to have two epidemiologically linked cases for there to be an outbreak declared. We are still looking at a suspect outbreak, and public health units ultimately have the authority to determine whether or not a suspect outbreak should lead to a declaration of a formal outbreak.

We've also moved, again working with our colleagues at the Office of Chief Medical Officer of Health, to reduce the isolation period. So where residents do have a high-risk exposure or where there is a possibility that they may be positive for COVID-19 or coming into the home newly from another location, whether that's in the community or the hospital, we've reduced their isolation requirements down from 14 days to 10 days and we've also removed the isolation requirement for fully immunized residents. As a definitional component, "fully immunized" means that you have all of the doses for a vaccine as approved by Health Canada and 14 days have passed since the final dose.

We've also allowed for communal dining and small social group activities to restart in all homes, and that's regardless of the vaccination threshold within the home. There are specific precautions like physical distancing that have to be followed, but in those homes where there is a threshold that's been met—and we've identified with our long-term care guidance document that the threshold should be 85% for residents and 70% for staff, fully immunized—you can actually ease some of those precautions. For example, you can have a fully immunized caregiver joining their loved one for a meal during meal times. That's just one example, of course.

We have also allowed for fully immunized caregivers to be able to have close physical contact with their fully immunized loved one. That means they can hug, they can hold hands—something that was very emotional when that change was made a few weeks, and I'm sure some of you saw some coverage with respect to the welcome news and a long time in coming and what people felt about that.

We also recently have opened up for visitors. As of May 22, along with the changes that the province made to social gatherings outside, we've started to enable outdoor visits at long-term-care homes. This allows for up to two general visitors to come and see a resident outdoors again and that also allows for caregivers to be present at that visit. So it could be five people in total, including the resident, two caregivers and two general visitors, and we've made sure through our guidance that we've emphasized for homes that they need to be really mindful of

allowing for that opportunity. We've indicated that visits should not be restricted to anything less than 60 minutes and they should not be restricted to anything less than two times a week. We were really cognizant of wanting to make sure that residents had good opportunities to be able to connect with the people that they haven't seen in a long time, because not everybody is able to be a caregiver, obviously, given the commitment that involves.

We've also [*inaudible*] that during the stay-at-home order, which of course is going to be lifted this week, individuals are able to exit the home regardless of their vaccinations status for essential activities, and that can include things like [*inaudible*] walk in the nearby neighbourhood. We enabled that change as well, based on the feedback that we were hearing about some homes struggling with whether or not they should be opening up in that way, and we really wanted to be able to, again, support the mental and physical well-being of residents who are able to go out for a walk in the neighbourhood.

We've also asked all homes to review their policies and practices that they set locally to make sure that they've identified every single safe opportunity for residents to be able to participate in group activities, to be able to dine together, to be able to engage with one another—things that really allow for them to have an improved quality of life and regain a sense of joy and dignity and choice within their homes.

We are continuing to work with a response and recovery advisory committee that we established that has a diverse cross-section of voices from the sector. It includes representation from the home associations, home operators, Public Health Ontario, the Office of the Chief Medical Officer of Health, the associations that support family councils and the association that supports residents' councils, and we have task teams established under that response and recovery committee that are focused on different topics ranging from how do we improve sector communications writ large, including with families and caregivers; how do we make sure that we're embedding a cultural change when it comes to infection prevention and control within long-term-care homes; and how do we make sure that we're ready with a very robust pandemic planning foundation, should there be another infectious pandemic in the future.

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All of those task teams include, again, a diverse representation of voices across the sector, including family members and residents. We're really trying to make sure that we are having a transparent engagement and getting those voices heard in what we do going forward.

Recognizing that staffing continues to be a challenge within the sector—and I know a great deal has been said by the minister, the deputy and ADM Hope over the course of our appearance—I would just note that we did have a single work location order. We have recently amended that order, but again, doing so in a really cautious way. What we've done is only enabled those staff who are fully immunized—that term, again, that I defined earlier—to be able to work at more than one long-term-care home

location, in the hopes that that can open up some additional opportunities where there have been people who are willing to work at another home or where there might be hospital staff who are willing to work in a long-term-care home on a part-time basis. We have nurses, for example, who often do that on a weekend or a couple of weekends a month.

We're continuing to look at how we actually move forward down this path to recovery. As I said, through the advice that we receive in the response and recovery committee, we're anticipating that we'll be able to make additional changes. In our last set of changes, we did note that once the stay-at-home order is lifted, our next step will be to enable social outings, beyond going for a walk in the neighbourhood. So we're looking at changing what's called short-term absences—that's really day absences—and temporary absences, which is an overnight stay, and specifically looking at enabling that for fully immunized residents.

I'll stop there and see if there are any questions. Thank you.

**The Chair (Mr. Peter Tabuns):** Thank you. Further questions?

**Mr. Michael Parsa:** Chair, how much time do we have?

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

**Mr. Michael Parsa:** Okay, thank you. I just want to do a quick follow-up on the minister, when she responded. My question was about improving the lives of our residents and doing everything we can to ensure that it's done. In my riding, Minister, we have many new Canadians, where English is their second language, as the older parents or their grandparents have immigrated to Canada. When I heard you say that they are providing that direct support, I'm just wondering if you can just elaborate a little bit more on that. When you're talking about improving their lives when English is a second language, what exactly do you mean by that, please?

**Hon. Merrilee Fullerton:** Thank you so much, MPP Parsa, and thanks for the opportunity to speak a little bit more on this. I think, when we look at end-of-life for people and their last years of life, how incredibly important it is for people to be able to have a conversation with someone in a language that is familiar to them. When we look at the diversity of the workforce we have in long-term care, it is diverse. So I think with those efforts, we can also support residents in a more holistic way in their homes. This is not like an acute care hospital, where someone might go for a short period of time; it really is their home. I think if we keep that aspect of caring and compassion for our residents in long-term care at the forefront, because it really is their home, and I can't emphasize that enough. It really has been upsetting for many people, including myself, to have to have had the difficult decisions to close to visitors and to—

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

**Hon. Merrilee Fullerton:** When we look at how we support people in their language, allowing the diversity of workers in long-term care, understanding the importance

of the Indigenous community and the francophone community and the religious communities, we can see in some of the homes where it plays an absolutely core piece to the well-being of the individuals in that home. There is much more work to be done on this, and the individual aspects of residents and the quality of care that the staff bring to the hourly care that they're providing for residents is so crucial. As I say, it's because, hour by hour, someone in the home, as a staff person, can make a difference to that resident.

We speak of putting residents at the centre, but it's making sure that staff are supported as well, so that they can provide that care in an environment that they want to be in. It speaks to our attraction of the workforce to long-term care and the retention. These are all key pieces of our modernization, the 21st-century long-term-care system that we're creating with a vision for the future. It's putting the person at the centre.

There are so many important aspects to this that I've outlined. I won't go over it again, but we tend to think of long-term-care modernization as building, and that is a key piece, but this is about people. It's about the residents. It's about the human interactions. It's about the humanity and the compassion and the caring. This is creating a 21st-century long-term-care system that puts people at the centre in a holistic way, that values who they are. It values their identity as individuals and it values the interactions and the relationships and the communication that goes on within the homes. Everything in life comes back to relationships and communication, and in a long-term-care home it is the same.

**The Chair (Mr. Peter Tabuns):** With that, we're out of time. We now go to the last round. We don't have an independent member who will be speaking or asking questions, so the remaining time will be divided equally, with seven minutes and 30 seconds for the government and seven minutes and 30 seconds for the official opposition. I go to the official opposition and then the government for the final round.

*Interjection.*

**The Chair (Mr. Peter Tabuns):** MPP Gélinas, an effective technique, my colleague. Please proceed.

**M<sup>me</sup> France Gélinas:** Thank you so much, Chair. I would like to go back to ADM Janet Hope, who was about to explain to me how they measure the hours of care. I understand that the staffing survey for this year has not been sent out. It will be soon. I'm curious how much of this will be made available publicly, ADM Hope.

**Ms. Janet Hope:** Thank you. I'm happy to provide some details on the calculation and the approach going forward.

As the member referenced, the last date for which we have data on hours of care is from the 2018 staffing survey. Up until 2019, the staffing survey has been the main vehicle through which the ministry is able to collect staffing data. Each home is asked to report, to complete the survey. It typically happens in the spring of each year. The homes report details in response to a variety of questions about a wide array of long-term-care staff: the

direct care staff, which would include personal support workers, registered practical nurses and registered nurses, but also details on many of the other care staff we sometimes refer to as allied health, including staff such as occupational therapists, physical therapists, recreation staff, dietitians and the like.

Homes typically would fill out the data in the spring. Around this time of year is typically when it has been done in the past. The survey is open for two or three months for homes to complete the survey, and that reflects the complexity of the data that's being requested. It comes in to the ministry, and our colleagues in the data analytics area compile the data, clean up the data to make sure it's accurately reported, and do the calculations.

The calculation is composed of—in the case of the direct hours of care, it's a function of the reported hours worked by PSWs, RPNs and RN staff for the calendar year in question and the resident occupancy levels during that same year in question. So it's a function—because it's average hours of care per resident per day, it's a calculation at that level. It has, to date, been calculated on a calendar year basis. The actual for 2018 for hours worked was 2.75 hours by PSWs, RPNs and RNs.

As I think the deputy mentioned in his earlier comments, this is a pretty cumbersome and time-consuming process. Typically we would do a survey in the spring and we wouldn't have the results available until early fall for the previous calendar year. That's not a very efficient and timely approach to getting data.

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What we are doing is looking at the options that we have to get accurate, timely data in a fashion that doesn't unduly burden homes with excessive manual data entry. There is a range of technical options that we're exploring and we're looking at how we can get some of the data—the data survey is much more extensive than what I've described and maybe we only need that extensive data annually, but we are looking at how we might be able to collect data on hours of care on a more frequent basis. Thank you.

**M<sup>me</sup> France Gélinas:** Before you go: If the home has an NP, a nurse practitioner, her hours are not counted in?

**Ms. Janet Hope:** My understanding is that certainly the nurse practitioner hours are captured in the survey. It's another category of worker for which data is captured, but the nurse practitioner is not currently calculated in the 2.75 hours of worked care.

**M<sup>me</sup> France Gélinas:** And neither are the physiotherapists or occupational therapists or technicians in rehab and all of this; only PSWs, RPNs and RNs.

**Ms. Janet Hope:** Correct. There's a separate calculation. I'm sorry, I don't have the number off the top of my head, but there's a separate amount reported in the staffing plan, the 2018 hours worked by those other professionals.

**M<sup>me</sup> France Gélinas:** Okay. My next question isn't related. It has to do with nurse practitioners and the recommendation—

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

**M<sup>me</sup> France Gélinas:** —to have one nurse practitioner per 120 residents in all our homes. I was wondering if there's money to do this and willingness. I guess to the DM?

**Mr. Richard Steele:** Sure. At a general level—and you're correct: That is one of the recommendations from the commission, and I think you have broad support for an increased role for nurse practitioners on a number of fronts. I would say in principle there's strong support for the value that nurse practitioners bring as part of a leadership team in long-term care. I think we've seen that previously and we certainly saw that in the context of the pandemic. The presence on-site of a nurse practitioner was certainly beneficial. It allowed for effective communication, for example, between the home with physicians or specialists who may not have been on-site. So it's a very, very valuable and important role. The government has already committed to funding a number of additional nurse practitioner positions. The last tranche of that funding was rolled out a little earlier this year.

In terms of further expansion of nurse practitioners within long-term care and specifically meeting the goal that was set out in the commission, that's something we will have to do further work on. As with health professionals of all types, frankly, at this point we will have to be conscious of what the current supply is, what the pipeline is in terms of training and recruitment, and ensure that whatever goal we actually set in terms of recruiting nurse practitioners into long-term care is one that can actually be met in terms of—

**M<sup>me</sup> France Gélinas:** Do you know where we are at right now? How many nurse practitioners work within long-term care?

**Mr. Richard Steele:** I don't have that information off the top of my head. I do know how many additional we have funded and there were some—

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

We now go to the government for the last round: seven minutes and 30 seconds. Who will be speaking for the government? MPP Triantafilopoulos, it's yours.

**Ms. Effie J. Triantafilopoulos:** Thank you, Chair. Can you hear me okay?

**The Chair (Mr. Peter Tabuns):** You're very clear. Thank you.

**Ms. Effie J. Triantafilopoulos:** Great, thanks Chair.

Minister, I've heard you and the Premier say on numerous occasions that the health and safety of our long-term-care residents is our government's top priority, and your actions very much speak to everything that you've been able to do so far in this area. This is why it's so vital that we have a robust inspection system in place that can ensure our homes are keeping our residents healthy and safe.

When our government came into office in 2018, the inspections backlog had grown to over 8,000 open files that included allegations of sexual assault, physical abuse

and negligence. Minister, can you tell us what our government is doing to fix the inspection system to ensure that these files are not left unaddressed?

**Hon. Merrilee Fullerton:** Thank you very much, MPP Triantafilopoulos, and thank you for your very important work as parliamentary assistant as well. Thank you for all your advocacy for long-term care.

When we became a ministry in the summer of 2019, there had been initiatives that began back in 2015 to look at the situation in long-term care, because the inspections process was not keeping up with the critical incidents and reporting. There obviously needed to be an improved effort, and the Auditor General reported that. When our government assumed responsibility in 2018, we looked at changing that under the Ministry of Health and Long-Term Care, to address that 8,000 backlog that the previous government had not addressed. It went to, then, a risk-based inspection process, and as the Ministry of Long-Term Care, we moved forward with those changes that had been made.

But it was an untenable situation to have issues of sexual assault—very, very severe incidents reported and not being acted on quickly, because they were in backlog. Unlike the previous government, we took action to address these very, very serious allegations and reports to make sure that they were acted on. It was the fair thing to do for residents and families.

The previous government froze funding for inspections from 2014 onwards, and it's our government that increased the envelope since 2018 for inspections. We've created 30 new inspector positions, and I believe 25 of those have been filled.

COVID-19 demonstrated the shortcomings in long-term care; there's no doubt about that. And we've listened very carefully to the Auditor General in her most recent report to the long-term care commission, understanding that we have to have an inspections process that is resident-focused and focused on getting to the heart of what the problems are in an expedient way, in a way that provides for a timely response, not 8,000 incidents waiting in a backlog. We understand that improving the inspections is absolutely an imperative.

I'll ask the deputy to—

**Mr. Richard Steele:** Thank you, Minister. I'll make a few comments, and then Sheila Bristo, our ADM of operations, may have some additional comments she wants to add.

As the minister noted, over the last number of years, a key priority has been to reduce the backlog of complaints.

**The Chair (Mr. Peter Tabuns):** If you could introduce yourself again, please.

**Mr. Richard Steele:** I really could do better on that. Deputy Minister Richard Steele.

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

**Mr. Richard Steele:** Over the last number of years, the ministry has put a significant focus on clearing the backlog of complaints that had arisen in the past. As we were heading into COVID, that backlog had essentially been eliminated. As the minister notes, we were on top of all

complaints, but of most importance, we were on top of being able to respond very quickly to the most serious complaints that come in.

I'll ask ADM Bristo to speak about how that triaging works and how we assign priority and how inspectors run with those complaints. What I would like to note before, though, is that we have received recommendations from both the Auditor General and the long-term care commission around how we organize inspections. I think we would all agree that eight hours between being able to respond quickly to complaints, but also being proactive and getting out and inspecting homes even if there hasn't been a complaint, both of those two—it isn't an either/or; we want to be able to accomplish both. Now that we have some additional inspection capacity in the ministry, we are working to put together a plan as to what that looks like and ensuring that, in fact, we can accomplish both of those things—both a proactive inspection model and a very, very effective and rapid response—

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

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**Mr. Richard Steele:** Perhaps I'll just see if ADM Bristo wanted to add anything on the current approach to triaging and response for inspections.

**Ms. Sheila Bristo:** Good afternoon. I'm Sheila Bristo. I'm the assistant deputy minister of the operations division in the Ministry of Long-Term Care. As both the minister and the deputy noted, we have a very strong and robust inspections program that we continue to evolve over time and determine what and how we can improve the inspection system going forward.

In terms of triage, what will happen when—we receive a number of complaints by phone. We have a complaint line, which is monitored 24 hours a day, seven days a week. So we receive complaints or concerns from residents and family members and caregivers ongoing, and we have a team that assesses each and every one of those complaints and will follow up with the individual who has submitted their concern to receive more information, if required. We have a triage system that will take those complaints and categorize them in terms of risk so that we are sure to follow up with the complaints that would have the highest risk to our residents first.

In addition to having a triage system of, I believe, four categories, we also have target timelines, where we would target to have an inspector following up with the complaints based on their risk to the residents. So that is a high-level summary of the triage program.

**The Chair (Mr. Peter Tabuns):** I'm sorry to say that you're out of time. We now go to voting.

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

*Interjection.*

**The Chair (Mr. Peter Tabuns):** Actually, we need to have everyone who is voting turn on their cameras. Is there



anyone who will be voting who has not turned on their camera? Okay. It looks like a full committee.

Are members ready to vote? I saw a few thumbs-up. Okay. Then I'll go to the first: Shall vote 4501, ministry administration programs, carry? All those in favour, please raise your hand. All those opposed, please raise your hand. The vote is carried.

We shall go to—

*Interjection.*

**The Chair (Mr. Peter Tabuns):** MPP Armstrong, you had a point of order?

**Ms. Teresa J. Armstrong:** Oh, no. I had my hand up, and I think I just left it a little too long. Sorry.

**The Chair (Mr. Peter Tabuns):** We appreciate your enthusiasm. Vote early; vote often.

Shall vote 4502, long-term-care-homes program, carry? All those in favour, please raise your hand. Okay, you can lower your hands. All those opposed, please raise your hands. You can lower your hands. The vote is carried.

Shall the 2021-22 estimates of the Ministry of Long-Term Care carry? All those in favour, please raise your hands. You may lower your hands. All those opposed, please raise your hands. You may lower your hands. That was carried.

Shall the Chair report the 2021-22 estimates of the Ministry of Long-Term Care to the House? All those in favour, please raise your hands. All those opposed, please raise your hands. It is carried. Thank you.

Before we recess, I want to thank the minister and her staff. These are long and difficult sessions, so I'm very appreciative for your patience and the work you've done. To my colleagues on the committee, thank you so much for your work, and for all the staff, it's been good. We'll move on shortly to the next one. Thank you, everyone. Have a good afternoon. We will recess until 5 p.m.

*The committee recessed from 1645 to 1700.*

## MINISTRY OF EDUCATION

**The Chair (Mr. Peter Tabuns):** Good afternoon, everyone. The committee is about to begin consideration of the estimates of the Ministry of Education for a total of eight hours. Are there any questions from members before we start? There are none.

I'm now required to call vote 1001, which sets the review process in motion. We will begin with a statement of not more than 30 minutes from the Minister of Education, followed by a statement of up to 30 minutes by the official opposition. Then, the minister will have a further 30 minutes for a reply. The remaining time will be apportioned equally among the two parties with 15 minutes allotted to the independent member of the committee.

Before we go to the minister, I will note, joining me in the committee room is MPP Bhutla Karpoche. Welcome, MPP.

We have some additional members joining us by Zoom. I see MPP Stiles. If you would confirm your identity and location in Ontario, please.

**Ms. Marit Stiles:** Hi. Thank you, Mr. Chair. This is MPP Marit Stiles from Davenport, and I'm joining you from Toronto.

**The Chair (Mr. Peter Tabuns):** Excellent. MPP Oosterhoff, I can't see you at the moment, but I understand you're there.

**Mr. Sam Oosterhoff:** Correct. I'm here in Niagara West.

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

With that, Minister, the floor is yours. The timer has started.

**Hon. Stephen Lecce:** Thank you. Good afternoon, colleagues. It's good to be with you. I should note, just to build off the Chair's introduction, I'm joined by the deputy minister of the Ministry of Education, Nancy Naylor.

It's good to be with you today to discuss the 2021-22 estimates for the Ministry of Education. It is a privilege to work with our dedicated team at the ministry, with all the staff who work very hard to support children and students by providing high-quality care and educational opportunities.

Across the education sector, teachers, early childhood educators and other education workers, school boards and the early years and child care sector have demonstrated a tremendous commitment to supporting children and students.

I would also like to thank parents and students across our great province for their resilience in the face of a challenging year at home and abroad.

Today I'd like to speak with you about the measures our government has taken to help overcome the unprecedented challenges that children, students, parents and educators have faced during the COVID-19 pandemic. COVID-19 has affected an entire generation of educators, children, students and families. It has not been easy for anyone, but despite it all, I want to thank everyone involved in keeping a sharp focus on improving student success and well-being, ensuring students have the skills and knowledge they need to reach their full potential and making life more affordable for their families.

I want to thank teachers and education workers for their professionalism and commitment to their students as well as to the public education system. More than ever, they have had to push beyond their creative boundaries in connecting to students. Keeping our kids learning safely throughout the pandemic has been a top priority. It is critical for their long-term success and well-being, and education workers have consistently worked to support this.

I want to thank school boards and administrators for their flexibility and nimbleness. As leaders in the education community, their support and oversight and management of resources in these challenging times all have been critical and helpful to keeping students learning safely.

I also want to thank everyone involved in the child care and the early years sector, including registered early childhood educators, for doing their part, for their hard work and commitment and, of course, their passion for these young kids. Their efforts have been instrumental in keeping children safe and families supported.

Finally, I want to acknowledge the toll that the pandemic has taken on children and on students. This has been a year full of disruptions as we've responded to the COVID-19 pandemic. However, with COVID case counts on a downward trend and tens of thousands of vaccines going into the arms of Ontarians daily, we see light at the end of the tunnel, especially as we look to September.

Since we started planning for the 2021 school year, our goal has always been to be responsive to the evolving advice and the guidance of medical and pediatric experts. By doing so, we have continued to prioritize the health and safety of young Ontarians. Not only are we focusing on the well-being of our leaders of tomorrow; we're also preparing them for successful careers down the road. Throughout this unprecedented year, we have acted decisively to deliver various supports to children, students, parents and teachers so that we can keep kids safe and keep them learning.

When school closures began last spring, our government quickly launched the Learn at Home online portal to provide valuable resources so students could continue their learning while schools were closed. This portal provided direct resources for students and families to support their well-being and promote positive mental health while they learned at home. As a result of our collective efforts and foresight, when we had to pivot to remote learning this past winter, school boards were ready.

We're also expanding our early summer learning programs to reach more students than ever before, to ensure that students could start the 2020-21 school year with the confidence and knowledge required to succeed.

Leading up to the school year, we rolled out a comprehensive and robust plan to support the safe reopening of schools, the strongest school safety plan in Canada—backed up with the necessary investments, I will add. Those supports enabled school boards to fund local priorities, support students' remote learning experience, improve ventilation and HVAC system effectiveness in schools, provide PPE to students and staff and many other safety measures. To keep schools safe, we also released a COVID-19 management plan for schools and introduced a COVID-19 screening tool for students and staff as well.

Knowing how critical child care is to supporting families and our recovery, licensed child care centres were among the first to start reopening last summer under strict health and safety regulation. Throughout the pandemic, Ontario's child care workers have demonstrated strong leadership and unwavering commitment to the safety and well-being of children.

Amid the challenges of COVID-19, we have continued to oversee other key areas of our education system, including capital investments in child care. Since last summer, we announced more than \$1 billion to support the construction of schools and education infrastructure. This funding, the \$1 billion in investment, will help build 50 new schools, make 23 permanent additions to existing schools and create more than 1,700 new licensed child care spaces.

We've also made investments in child care by making financial support available to all child care operators and

allowing optimal flexibility to ensure they could remain sustainable over the course of the pandemic. We have provided free personal protective equipment to all child care operators and provided them with evidence-informed guidance and standards on health and safety. And through the Canada-Ontario Early Learning and Child Care Agreement and the Safe Restart Agreement, we provided additional funding to ensure child care is safe, accessible and affordable for working moms and dads.

On that note, we are continuing our work with the federal government to advocate for more equitable funding to support early years and child care in Ontario. To date, Chair, the federal contribution to child care is about 3% of the total cost of child care in Ontario, with the remainder funded by the government of Ontario, by parents through fees and by municipalities. We see an opportunity on the horizon through their proposed national child care plan, and we continue to emphasize the need for a greater share of federal funding to help families with more affordable, accessible and high-quality child care that meets their needs. We've also made the case for flexibility, to respond to the needs of all parents in Ontario.

We have continued to build on and adapt our pandemic response to current needs since I last highlighted the great work our government has been doing to ensure a safe school year, the success of Ontario students and the health and safety of our teachers and education workers.

For the 2020-21 school year, the Ontario government made more than \$1.6 billion in resources available to support the safe reopening and operation of schools across the province. That includes \$762 million from the Safe Restart Agreement to invest in initiatives such as PPE, student transportation, the additional hiring of staff, remote learning supports, additional public health nurses and other reopening plan implementation supports. We also allocated those funds to support the acquisition of additional devices, summer learning, mental health supports, health and safety, student transportation, air quality, ventilation, and student nutrition.

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For example, we allocated \$100 million for stand-alone HEPA filtration units and other immediate options to improve air quality and ventilation in our schools; \$65 million was allocated for health and safety costs such as additional staffing and board-funded or transportation-related personal protective equipment; \$10 million was announced to support the Student Nutrition Program, to top it up and to reach more kids in need; and \$5 million to support operators in maintaining student transportation services.

We announced \$62 million for summer learning supports, including core program and upgrading courses, supports for special education and mental health programming, and, of course, professional learning resources.

We also announced \$60 million to support online learning, including developing critical course content and technological supports; \$80 million to support the purchase of laptops and tablets; and \$10 million to continue to support the mental health of all students and support the

implementation of a new School Mental Health Ontario action kit.

We announced \$6 million in focused funding for equity initiatives such as those supporting Black and Indigenous students, and students with special education needs.

In addition, the Ontario government, through the Ministry of Government and Consumer Services and the pandemic stockpile, has been the primary provider to school boards of required PPE and critical supplies and equipment such as cleaning supplies and hand sanitizer.

Throughout the school year, our ministry has been responsive to the ever-evolving developments in public health. During the second wave of the pandemic, for example, we responded by targeting hot-spot regions for asymptomatic COVID testing in schools and child care settings, adding another layer of protection for students, children and staff to our robust health and safety protocols.

The first phase of the targeted testing program showed how successful and robust our return-to-school plan was. The fact is, to support the healthy operation of schools in the new year, we expanded asymptomatic testing to more schools and school boards. I'd like to highlight that our supports were focused not just on prioritizing the physical well-being of students, but their mental health as well.

Student mental health and well-being is a top priority for our government. We know that good mental health is fundamental to a student's ability to learn, succeed and reach their full potential. Unfortunately, COVID-19 has affected all students and their families in that it has made circumstances especially challenging. It has meant that many more families and students face new vulnerabilities.

It's why our government has made unprecedented investments to support student mental health, including almost \$80 million in 2020-21, which is more than four times the investment made in 2017-18 under the former government. We continue to work closely with our implementation partners and School Mental Health Ontario to bring a consistent, evidence-based approach to mental health promotion, prevention and early intervention to students right across Ontario.

School Mental Health Ontario is providing educators, system leaders and mental health professionals in our publicly funded school boards with additional resources, tools and coaching to support the mental health and well-being of all students. Recently, a School Mental Health Ontario action kit was developed to provide educators with additional resources and lesson plans to promote wellness during these challenging times, to support student learning about mental health and encourage early help-seeking when mental health problems arise.

In December, our government announced increased funding to expand youth mental health services through Kids Help Phone, which provides 24/7 support for youth who can access professional counselling, information and referrals, and text-based support in both English and French.

We recognize that children need whatever support that they can get, be it in our schools or in our communities. That's why we've helped families who have faced additional costs during the 2020-21 school year through our

Support for Learners program, and continue to adjust our supports as needed.

We know that parents need to continue to receive support through this pandemic. Case in point: The Ontario COVID-19 Child Benefit was announced in the budget. We took what was a successful program, called the Support for Learners program, and we increased the support payment to provide parents with roughly \$980 million in direct financial support. This means, under this new round of funding, payments double to \$400 per child and \$500 for a child with special education needs. That is really there to help offset additional learning costs.

At the same time, we have also proposed in our government's most recent budget a 20% enhancement to the Childcare Access and Relief from Expenses, or CARE, tax credit for 2021. This initiative would increase support from about \$1,250 to \$1,500 on average, providing about \$75 million in additional supports for the child care expenses of more than 300,000 families. The CARE tax credit gives eligible families the flexibility to pick the child care option that works for them, including child care provided in centres, in homes and in camps.

Since the start of the pandemic, our government has invested more than \$1.8 billion in direct support to parents. And until we defeat this pandemic, we're going to continue to step up to support families with the supports that they need over this difficult time. In fact, we have rolled out three iterations of the emergency child care program since March of 2020 as part of our approach to pandemic support and relief for working parents. Together with municipalities and First Nations, we've been able to make child care services available at no cost to support health care and other front-line workers, ensuring access to safe and high-quality child care for their children.

During the latest rounds of emergency child care provision in the spring, more than 11,000 school-aged children have been accessing programs across the province each day. We've also continued to prioritize the health and safety of our educators as we work to get students back into school, as we look to September.

On April 12, our government accelerated the eligible schedule for vaccine registrations for education staff across the province who directly support students with complex educational needs, as well as educational staff in hot spot regions of Toronto and Peel. On May 6, all remaining education staff in the province, including child care workers, became eligible for vaccination appointments. I should note that, as of that time, the overwhelming majority of education staff were eligible for a vaccine as per their age bracket. But the point is, Chair, by May 6, all staff in the province, including child care workers, became eligible to register for that vaccine appointment.

In addition, as of May 23, I am very proud to have worked to ensure that youth aged 12 to 17 are eligible to book a vaccine appointment, including with their family members or caregivers who have not yet received their first dose, with second doses to be provided in August in advance of the 2021-22 school year.

Finally, we continue to make investments in the renewal of our schools, with ventilation an increasing area

of focus. Especially against the backdrop of this pandemic, we recognize the importance of modern ventilation systems to support safe schools.

Communities across Canada are on the front line of the COVID-19 pandemic and they need immediate assistance to ensure that their public infrastructure is safe and reliable. It's why we've provided an additional \$15 million toward the acquisition of additional HEPA units, filtration units and other immediate options to improve air quality and ventilation through the Safe Restart Agreement. As a result of the combined \$100-million investment in immediate actions, improvements to ventilation have been made to more than 95% of schools.

Our two governments came together just recently to announce additional supports in the COVID-19 resilience stream of the Investing in Canada Infrastructure Program. The point is that funding for critical infrastructure of roughly \$656 million is being provided to protect students and staff from COVID-19 in the province's schools. As a result of our investment, more HVAC renovation projects will be completed, schools will have improved access to safe drinking water, our school network and broadband infrastructure will have been expanded, and spatial reconfigurations to enhance the physical distancing. All these types of investments will further improve the safety of schools.

Thanks to our responsive policies and with mass vaccination of young people imminent, I am confident that we are on our way to a more stable and successful recovery as we look to the 2021-22 school year.

I'd like to take a turn to the important work that our staff have done in the ministry, have undertaken to ensure children and families have access to a range of healthy, affordable, inclusive, safe and high-quality early years in child care programs that meet the needs of families across this province. It has been a very busy few months in the sector. Last fall, we released two child care reports, including a review of the Child Care and Early Years Act.

Our government recognizes the integral role that child care plays, both in the learning and development of children and also in supporting families, by allowing parents to return to work. Ensuring that we have a strong, accessible and affordable child care system is vital to our economic recovery and future prosperity. It's why we responded to feedback from families and sector partners and amended our regulations to make child care more flexible for parents, improve the safety for children and reduce the red tape for the child care operators themselves.

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With these amendments, we have improved access to select before-and-after-school programs for families with school-aged children by extending the hours some of the providers can provide, which is critical. We have enhanced the health and safety precautions and the protections at licensed child care settings, such as the new requirements for home-based child care and updates to the safe storage of potentially poisonous or hazardous items. We have also reduced the administrative burden on child care operators by removing redundancies in their paper-work.

Looking forward, we'll continue to provide working families with access to safe, affordable child care that is flexible and meets their needs. We're also working hard to advance Ontario's interests through these discussions in order to support the priorities of Ontario families for improved access, more affordability and choice.

By continuing to focus on making child care safe, affordable and accessible, our government is also delivering on a top priority for families and communities and addressing a specific need of the French-language communities across the province. That's why I'm proud that our government is investing \$150,000 to create two new positions at the provincial advocacy group l'Association francophone à l'éducation des services à l'enfance de l'Ontario to promote the recruitment, retention and professional development of French-language early childhood education staff while supporting the provision of high-quality French-language services in child care and in early years programs.

We also followed this targeted approach to address community needs with respect to Indigenous education. Last fall, we announced that we are providing \$17 million over three years to support Indigenous student safety and well-being, with a focus on safe transitions for Indigenous students from remote northern communities, as well as culturally safe and relevant learning opportunities for First Nations, Métis, Inuit and urban Indigenous students.

Our investments in these supports for child care, French-language and Indigenous education are all geared toward promoting and supporting student success and well-being under a modern early years and education system.

As part of our drive to further modernize education in Ontario, we've also implemented a number of important changes to how students learn and how they're evaluated, teacher hiring practices and the training that advances equity and human rights within our schools.

With regard to mathematics, another priority of parents, we have continued to focus on getting back to basics. We rolled out a brand new math curriculum in September as part of our \$200-million four-year math strategy. The new curriculum is helping students to solve everyday math problems, enshrining financial literacy in their early years and better preparing these students for today's competitive marketplace and for the jobs of tomorrow by ensuring every student learns how to code, for example.

At every step of our decision-making process, we have engaged with those on the ground. We have listened to our parents and our partners about their concerns about seniority-based hiring practices, how they undermine the quality of teaching and how they constrain school boards from diversifying the workplace. It is why, last October, we revoked regulation 274, which established the old seniority-based parameters for teachers, and updated hiring practices to consider qualification, merit, diversity and equity, employment mobility, fairness and transparency.

Transparency is especially crucial in ensuring public trust and confidence in the system. It's why we have also

amended legislation to ensure and establish a modernized governance structure at the Ontario College of Teachers that is consistent with emerging standards of professional self-regulation. A strong, modernized OCT will be able to make student achievement and student safety a priority and encourage public confidence in the OCT's ability to regulate the teaching profession in the public interest.

We're also ensuring confidence and trust in our public education system at the school board level. Effective, transparent and accountable school board governance is essential to the success and well-being of students in Ontario's publicly funded schools. It's why the ministry is currently offering equity and human rights training, developed for all elected trustees in senior leadership, in school boards across the province. This program provides an overview of equity principles and the Ontario Human Rights Code, with a specific focus on anti-Black and anti-Indigenous racism. I am confident this training will support board efforts to better understand, identify and eradicate systemic discrimination and racism.

Finally, I want to highlight our government's efforts to make sure that students with special education or learning needs have not been left behind in our work to modernize education in Ontario. In January, our government announced it was providing a multi-year investment of \$7.5 million to help educators better support children with autism spectrum disorder. The funding will be used to deliver online courses and synchronous training opportunities for teachers and educational assistants in all 72 of Ontario's district school boards, and the training program will be delivered by the Geneva Centre for Autism. This investment underscores our commitment to improving the learning experience for students with autism spectrum disorder.

We recognize the difficulty this pandemic has imposed on parents. It's why we're enhancing the investment to better train our education staff, to better support students on the autism spectrum and to foster that culture of respect, inclusion and opportunity we all seek within our schools.

Along the way, Ontario is cementing its role as a leader in providing innovative learning opportunities. In fact, it was in March of this year that we announced with my colleague the Minister for Seniors and Accessibility the American sign language and langue des signes québécoise, or LSQ, curricula. We'll be one of the first jurisdictions in Canada to offer secondary students second-language courses in ASL and the first jurisdiction to offer secondary students LSQ courses. Starting in September 2021, secondary school students will have the opportunity to enrol in ASL- or LSQ-as-a-second-language courses to develop new skills and gain cultural and language understanding.

As we look forward, the government has obviously put a great emphasis on supporting student safety. It's why, in the most recent announcement we made to support the Grants for Student Needs, we allocated \$1.6 billion in COVID-19 resources. We announced an increase in the Grants for Student Needs, rising to over \$25.6 billion. We announced a historic investment in mental health, in

special education and in reading and math recovery to respond to what is truly a global generational challenge and one that our government has seized to meet. It will allow us, through these investments, to support more young people, particularly those facing mental health and special education challenges, and give them access to more supports in their classroom.

You know, Speaker—rather, Chair—while the intent is to ensure we have as normal—maybe in the future, Chair. But with the most normal classroom in September, with the provision of extracurriculars, of physical education, we know it's critical to be prepared for all scenarios to respond to whatever path this pandemic takes. It's why we're providing those supports, that \$1.6 billion. The differentiator here is that last year, the federal government contributed to those supports; this year, we are funding it entirely by the province, with supports for additional hiring of staff, of PPE, of additional resources for remote learning technology and, of course, a continued support for mental health. That includes ensuring all families retain the option this coming September for in-class and remote learning, something that we think is really important as we do not know where this pandemic will take us. Ontario's Chief Medical Officer of Health has said that schools have been safe, and with this record of investment and continued implementation of the best medical advice, we're going to keep them safe, as we look to September with the funding in place to do that.

In closing, these are just some of the many initiatives, programs and investments we have implemented as we plan for a successful recovery in the 2021-22 school year. Through our discussions at this committee, I will continue to highlight more of the work we have done as a government to ensure a safe school year, the success of Ontario's children and students, and the health and safety of our teachers, our early childhood educators and other education and child care workers.

I'm tremendously grateful for everyone in the education system pivoting constantly, responding to the challenges within our community. I am confident that with this leadership; the strength and experience of the people working within our publicly funded schools; the continued supports of our parents, who have been incredible throughout the pandemic in the support of their children and in wearing many hats at home; and, of course, our students, who have been absolutely magnificent and really, I think, inspired many of us—

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

**Hon. Stephen Lecce:** We are reaffirming our commitment to them: to support them, to invest in them and to see them succeed as we look forward. We're giving them the resources that we have put in place, and we can give our students and children the very best education possible during this historic time. That is our collective commitment as we work together to protect students and keep transmission low within our community.

I also just want to conclude with a recognition of gratitude for all Ontarians, because this has taken a

collective effort as we've seen case rates come down in the community from a high of roughly 4,000 a day to much lower today because, in part, of the actions government has taken to reduce transmission and because of the hard work and collective commitment of parents, of citizens, of students following public health advice. We thank them for their leadership and, most especially, for their sacrifice after what has been for students here in Ontario, around the country and, to be fair, around the world a very difficult 2020-21.

Thank you very much, Chair.

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

With that, we go to the official opposition. They have 30 minutes. MPP Stiles, I'm assuming you will be leading off.

**Ms. Marit Stiles:** That's correct.

**The Chair (Mr. Peter Tabuns):** The floor is yours.

**Ms. Marit Stiles:** Thank you, Mr. Chair. I also want to thank the minister for being here. Thank you to the deputy minister and all the ministry staff for your commitment to public service and to our public education system. I know it has not been an easy year for anyone, to say the least. I also want to thank my fellow committee members and the Chair and estimates committee staff for all the work you do to prepare for these meetings.

It is very good that this meeting is being broadcast live today, as I know that so many Ontarians have questions about this government's plans—their plans to cut education spending, their efforts to keep the schools safe and many more questions. I want to explain for folks who are watching just a little bit about what this committee is assembled for and what we are examining here, because this is one of the most important roles that we have as legislators.

Governments table budgets every year. That's their road map. It sets out the government's priorities and it shows us what they value. Every year the government also tables estimates, which are the detailed spending plans that outline what each ministry expects to spend. This is one of the few chances that opposition members have to look at the details of spending beyond the government press releases. These estimates set out details of the operating and capital spending requirements of ministries and they really constitute the government's annual formal request to the Legislature for approval of the expenditures. The estimates are the legal spending authority for each ministry. This committee will vote on that.

Now that we've covered that, I want to take a moment to also thank all the education workers, students, parents, school administrators, trustees, ECEs, federations and associations for seeing us through such a really difficult year. Not only have we faced the impact of a global pandemic, we entered into the pandemic in the midst of another disruption resulting from this government's attempt to cut 10,000 education workers, to increase class sizes and to force our students into mandatory online learning.

Indeed, I think it's fair to say that we've had three very difficult years under this government and certainly a very disruptive year and a half. That's had a huge impact on students. We know that. Education workers, parents and staff on the front line and students made this work, not because of support from government, but in spite of a lack of it. They have been forced to work within a very weak plan that failed to invest to keep students and staff safe.

I heard the minister's words there of appreciation for all of those folks and I know he wants them to feel appreciated. But I can tell you, Minister, they don't feel appreciated. They feel let down. They feel abandoned. I talk every day to education workers on the front line, students and parents; I'm a parent myself. It has been a difficult time. They do not feel appreciated.

Ontario's 72 school boards have been forced to, yes, pivot—it's a nice word for it—and dramatically alter their plans to fit often what are really absurd dictates of a government that has seemed to be more interested in optics than in investing to ensure our children and our staff are safe and supported.

Staff across the province have shared with us how they felt abandoned by a government that, despite all the pronouncements to the contrary, refused to provide them with any professional development or support to set up for remote distanced learning. And I'll tell you, they invested a lot of their own income in devices, in technology and in software. They've been forced into these impossible hybrid learning models that completely defy pedagogical expertise and they've had to deal with a government that never asked them for their input, for their expert advice, for their opinions.

Mr. Chair, we've seen the destabilizing impact of this government choosing to gut school board reserves rather than spend another penny. As parents, we've watched as the government's failure to support our students wreaked havoc on child and youth mental health and well-being and on our families and on the caring adults we entrust with our children in the public school system. We've seen our children with special needs and others who struggle fall between widening cracks, and we are very, very worried about their future.

Over recent months, the government released a budget and Grants for Student Needs that, although it was late, it took us all a little bit by surprise. I remember thinking: Is this it? This year's GSN, which is kind of the main way we fund education, seems to assume that the pandemic is over. It's like the government has simply given up on students. There is actually a massive cut there—a massive cut of \$800 million less in 2021-22. And indeed, it's at this very moment that the government has chosen, bizarrely, to announce a plan to make this terrible emergency online learning experiment/experience permanent and has actually come up with a plan that's going to divert funding away from in-person learning, away from our community schools, our neighbourhood schools, and funnel it into a very risky and pedagogically unsound and certainly questionable move to force more and more students online and out of in-person learning. And all of that is only so the

government can save money and, frankly, also, so they can profit, so they can make a buck by selling this system to other jurisdictions. It is, I would add as well, Mr. Chair, arguably unconstitutional.

The estimates tabled by the Ministry of Education and Premier Ford show again very clearly that this government doesn't believe in public education, and it's going to leave us all worse off. It's going to leave public education in this province worse off—a government that wants to expand the privatization of education and treat students as widgets, not as full human beings. We've already suffered decades—decades—of underfunding under the Liberals and these Conservative cuts, and they're threatening the very foundation of our publicly funded education system.

I think it's important for Ontarians to know that education is the second biggest expense in the Ontario budget. Not surprisingly, it falls right after health. We know that that's because Ontarians value our publicly funded education system, because it is among the best in the world, not because our governments have invested or properly supported it, but because of our education workers, those people on the front lines that we talk about: the educational assistants, the teachers, the support staff, the caretakers, the ECEs—every one of them are the best in the world. That's because they go above and beyond every single day. And that's because, also, hard-working Ontarians have for generations entrusted the education of their children to their community schools, knowing that they would be wrapped in care and expert teaching and that they would be giving their children opportunities that many of their parents could never have imagined. It's a lot to be proud of, and it needs to be said.

I always compare our education system to a house, right? A house needs to be maintained, at the very least. It needs a solid foundation. If you keep slapping cheap plaster over those cracks, you don't really address the foundation issues. The cracks just keep coming back, and then eventually the whole house falls down. And that's our education system right there. It's been teetering on the edge for far too long.

I know I'm speaking metaphorically here, but it was in this place, in this committee, just two years ago that we were able to confirm in the opposition that the capital repair backlog had ballooned from \$15.8 billion under the Liberals to \$16.3 billion under the Conservatives in just a year. That is a stark example of what happens when governments don't think long-term about the consequences of their inaction.

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Mr. Chair, this estimates process is where the Financial Accountability Office confirmed that the minister had planned back a few years ago to lay off 10,000 teachers in 2019, and they were going to do that by increasing class sizes and moving kids into online learning. This year, the same independent Financial Accountability Office has reviewed the ministry's estimates again and concluded that the ministry's expenses are going to grow at an average annual rate of 2% from 2019-20 to 2029-30, far, far outpacing the, at best, 1.2% that's been budgeted.

Overall, that means that that gap is only going to widen over the course of the next nine years, leading to a \$12.3-billion gap between what this government says it's going to spend and what it actually costs.

I really look forward to exploring the FAO's analysis in great detail over the course of the hearings. It's my hope that over the course of these few hours we'll spend together that we'll be able to shine some more light on the government's plans for some of the greatest challenges that our students and our children, our schools, our families have faced in generations.

I want to wrap this introduction by sharing, Mr. Chair, that there's a better way. I can tell you, if the NDP were in government, we would have addressed those fundamental flaws in the funding formula. We would have implemented recommendations of all those experts and front-line workers to invest in student needs and not just count students as bums in seats. We would have collaborated, especially in this moment, this pandemic, in a meaningful way, as we have suggested repeatedly to this government—we have pleaded with them. And before any of this began, we would have been working hard to finally get a handle on the capital repair backlog, not see it grow, to invest in new schools and repair existing schools by ensuring that greater access to education development charges is there for our school boards, to truly addressing the structural roots of anti-Black racism and anti-Indigenous racism and inequity, and to move forward in a bold way to invest in our public education system.

Mr. Chair, and Minister, I only have a few minutes today and then we're going to be picking up again, I know, tomorrow. I want to start with a few questions that are on my mind as a parent and on the minds of millions of Ontario families and education workers, and that's school reopening, because I think the biggest factor in whether or not schools should safely reopen is the level of support the government is willing to give them, or not give them, to make it safe. We will be reviewing those expenditures in depth here this week and next, but I want to get to a few questions about the state of things because it's all related.

Back, Minister, in our earliest meeting—we had a couple of phone conversations at the start of this pandemic. The minister asked me what I felt the priority of government should be, and I said, "Above all else, it needs to be getting our schools reopened for in-person learning safely," because that was the best thing for our students. I thought, how are families going to cope with this? This is what we have to do for our students and our families.

Minister, at a time when students and parents and education workers were absolutely desperate for any updates on the potential reopening of schools, the Premier's announcement a little over a week ago of the new reopening plan was notable inasmuch that it didn't mention children or schools once. I'm wondering if you could share with us: Were you consulted about that reopening plan and whether or not there would be benchmarks for the reopening of schools this year? Why weren't schools included in the reopening framework announced by the Premier on May 22?

**Hon. Stephen Lecce:** Thank you. I appreciate the question and the opportunity to address this matter. As the member will know, schools have never been part of the broader reopening framework. They've always been dealt with separately. The broader reopening framework has never involved the education space. We've made decisions on those separate, although in partnership with our colleagues in the Ministry of Health, the Solicitor General and, of course, the Office of the Chief Medical Officer of Health.

**Ms. Marit Stiles:** Well, Minister, I would say that the Premier mentioned on many occasions—he said that schools will be the last to close and the first to open. He has been very confidently talking quite a lot about what his perspective was on this all throughout, so I'm not sure I completely agree with that.

Let's take it a step further. On April 11, you wrote a letter to parents reassuring them that schools would remain open even though at the time we knew and we had been sharing with you that about one in four schools had reported at least one case of COVID. In the letter, you actually said—and I'm going to quote; I've got it here: "During the provincial emergency brake and the provincial stay-at-home order, all publicly funded and private elementary and secondary schools will remain open for in-person learning with strict health and safety measures in place, except in those regions where local public health units have directed schools in their areas to pivot to remote learning."

You went on to say that keeping schools safe and open was a priority for the Premier and that Dr. Williams had assured you that schools were safe.

I want to know, was that letter an accurate representation of your views at the time? Because the next day, on April 12, less than 24 hours after your letter to parents, the Premier came out and announced that schools would be closed. And I remember you called it a preventive measure. What happened between your letter on April 11 and the Premier's press conference April 12?

**Hon. Stephen Lecce:** Well, first off, I must admit, Chair, I'm not sure of the relevance to the estimates of the current fiscal perspective and the impact of the fiscal framework. But I will say, data has changed over the course of the pandemic—emerging evidence, new modelling. The intention of the government leading into the March break and the April break, when we moved it on the advice of Chief Medical Officer of Health, advice that—if we'd listened, respectfully, to the other parties, we wouldn't have moved it. Their recommendation was a deferral, not a cancellation, which we did into April, so we followed that perspective. The intention, of course, all along, as we had communicated that week prior, was to bring forth a plan, demonstrate proactivity, that there will be new measures in place for the resumption of class following the April break. Obviously, that week, new modelling was released, I believe on the Tuesday or Wednesday of that week, which required the government to have to make a change, difficult as it was but needed.

There's a requirement for governments to constantly respond to risk. And while our intention always has been to open schools—we have fought hard, aggressively, to do that, including for 10,000 special education kids today, who are safely within our schools, with the support of their local medical officers of health where they've been permitted to reopen, and broadly supported by the Chief Medical Officer of Health. We also don't apologize for having to ensure safety of kids when community rates spike, and when the modelling indicated that trajectory would continue, potentially putting at risk schools, kids, parents and the staff, we took action, as we announced on that Monday.

**The Chair (Mr. Peter Tabuns):** Before you proceed, Minister, you're somewhat soft-spoken. If you can, bring the microphone closer to yourself just so that you're properly recorded for Hansard, sir.

**Hon. Stephen Lecce:** Yes. Thank you.

**The Chair (Mr. Peter Tabuns):** Thank you. MPP Stiles.

**Ms. Marit Stiles:** Sure. Thank you, Mr. Chair, and I should say you're cutting in and out, as well, a little bit. I just wanted to mention that.

Minister, I would say, first of all, that all of these questions relate to the spending of your ministry—all of it—because these decisions that have been made, that are being made right now and have been made over the last year, impact the struggles our students are facing and what the reality is in our schools and what we're going to have to deal with when schools do reopen, and certainly in September.

We have seen schools in Ontario closed more than in any other province or jurisdiction. It defies belief that in 24 hours suddenly everything changed. It seems to those of us watching that the only thing that changed was that you were told to sell a different message.

Minister, I asked you in February and then I asked you again in March and then I asked you again in April why you weren't reaching the 50,000-a-week target that you yourself personally had set for asymptomatic testing of students and staff in schools. In fact, I rose in the House on repeated occasions and pointed out that you were barely cracking 8,000 on the high weeks. And you said, Minister, over and over again, "Our kids are safe. Our schools are the safest. Staff are safe. Schools are safe." But you didn't really know, and the Toronto Star confirmed that today. And in fact, staff in your ministry were telling you something very different. So what happened? Was there not enough funding to do the testing that was required, or did you just not take it seriously, and then schools closed?

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When I look at these estimates, I've got to tell you, I don't see room here for an ambitious testing program and clearly what you put in place didn't cut it. Is this—whatever you've got planned, supposedly—going to produce better results than the terrible results that we had so far?

**Hon. Stephen Lecce:** Well, thank you for the question. I do know that Ontario has one of the lowest case rates of



youth under 20 in the nation, outside of the Atlantic bubble, not in spite of our efforts but because we put in place the investments and a nation-leading plan. You spoke about other provinces, member, and I thought it would be wise for this committee to know that in Alberta there is no province-wide program for asymptomatic testing. In Saskatchewan, there is no province-wide program for asymptomatic testing. In British Columbia, where the New Democrats are in government, there is no province-wide program for asymptomatic testing. In fact, in Quebec that is true as well. In Nova Scotia, they do not have that. They have a capacity—

**Ms. Marit Stiles:** Minister, sorry. May I interrupt there for a minute?

**Hon. Stephen Lecce:** And likewise in New Brunswick—

**Ms. Marit Stiles:** Chair, I'm not really interested in that. I want to hear the minister explain our plans in Ontario for asymptomatic testing and why they fell so far short.

**Hon. Stephen Lecce:** I appreciate that. I just thought it would be prudent to highlight to the parents and families watching that we are the only province in Canada that has this capacity. Now, let's speak about the program itself. We committed to having a capacity of 50,000 tests. The Ministry of Health is—

**Ms. Marit Stiles:** A week.

**Hon. Stephen Lecce:** Every week: a capacity of 50,000 tests a week. That is true.

We set out, the only province in the nation, to establish a province-wide program which actually had targets. And I want to just walk through the evolution of our program, because it's hard to comment on the safety of Ontario schools without recognizing that there's no other province in the federation that has made those investments.

**Ms. Marit Stiles:** Mr. Chair, if I may—

**Hon. Stephen Lecce:** Chair, I really would seek to finish my answer.

**Ms. Marit Stiles:** If I may, Mr. Chair, I feel like Mr. Lecce isn't really understanding my question, though, because my question, Minister, is, what went wrong here? To me, it's like you set up this program—I don't care whether you set the highest target in the whole world, if you don't make it. It really is irrelevant if you don't make it.

What I'm trying to understand here is, first of all, why set a target of 50,000 when you clearly weren't investing enough? Was it the lack of funding? Was it the bad planning? Did you get bad advice?

And then the other question is: When you talk about things like, "We have the lowest cases"—again, you said that over and over and over in the Legislature, Minister, and yet we know that you didn't have the testing in place to actually know that. So I'm not even sure what you based that on, when we don't really know how many cases there are.

**Hon. Stephen Lecce:** Chair, I just would like to be permitted an opportunity to respond in a fulsome manner.

Let's address a few things: We had announced a program with a capacity of up to 50,000 tests per week. In November 2020, we launched our asymptomatic testing program in hot spots. We were the only province at that time to do that. We then expanded that program in January 2021, expanding it province-wide. In January and February 2021, we deployed it in northern Ontario; for example, in Sudbury. We'll note that there were no cases identified in those schools, but nonetheless, we offered it to all northern boards as they reopened. On February 1, 2021, we strengthened the program by expanding it province-wide. By February 14, we improved upon it, listening to advice of setting targets, the 5% target of schools per week. In March 2021, we expanded asymptomatic rapid testing at pharmacies for students and staff.

Now, you posed a question: How could the minister and the ministry suggest, with confidence, that schools are safe? I would pose a question back: If the Chief Medical Officer of Health retains your confidence, because on October 9, for example, he said "As far as schools are concerned"—remember, this is before we even had a testing regime in place. Therefore, I couldn't have relied on data I didn't have. I relied, as I have said consistently, on the strong, compelling, public-facing advice and advice of cabinet by the Chief Medical Officer of Health, who said—and I'm going to finish this quote, because it's important. It answers the question of how I can make such a declaration with such a level of confidence, because the medical adviser who advises the government of Ontario, in his duty to protect the people of Ontario, said, "As far as schools are concerned, as Dr. Brown has alluded to, we haven't seen the evidence of a lot of transmission within the schools. We have had evidence of a lot of people coming from the community into the school already infected."

On November 16, some weeks later, Dr. Yaffe, the Associate Medical Officer of Health, said, "As I always like to say, what's happening in our schools is a reflection of what's happening in the community. So as we are seeing more transmission of COVID-19 in the community, by nature we see more of it in the schools. The good news is that we are not seeing much evidence of transmission within the schools, so once cases are identified, the measures that are put in place have been very effective in controlling that transmission."

Dr. de Villa, on December 14, said, "COVID-19 in schools is reflective of the rise in infections in the community, where children spend the majority of their time."

**Ms. Marit Stiles:** Mr. Chair, you know that I only have limited time. I really do have a few more questions to get to.

**Hon. Stephen Lecce:** I just want to finish the quote, Chair, for the record.

**The Chair (Mr. Peter Tabuns):** She's asking the questions.

**Ms. Marit Stiles:** Thank you, Minister. I would also just point out—you used the example of Sudbury. I have to just mention that Sudbury schools have been closed for many more months than many other schools in this province. I think this chicken-and-egg thing of, "Was it in

the community? Was it in the schools?"—the science table has been pretty clear throughout. I'm not here to question the medical officer of health; I'm here to ask you these questions, and I expect you to have the answers.

**Hon. Stephen Lecce:** But do you trust his judgment? Because his judgment informed—

**Ms. Marit Stiles:** You know what? That is not for me to say either.

**Hon. Stephen Lecce:** Really?

**Ms. Marit Stiles:** Because at the end of the day, Minister, I've watched this ministry and I've watched your government ignore the advice, repeatedly, of the science table and not even once reach out, really—

**Hon. Stephen Lecce:** We're in the middle of a pandemic and for you not to declare confidence in the institutions of public health I think is worrying.

**Ms. Marit Stiles:** You can have all the confidence you want, but I'm just going to say, you were not doing the testing that needed to be done at the time it needed to be done. Basing decisions on inadequate testing and results, I don't know how you expected to come up with better results. Though you did seem to be at odds with the Premier a bit over those decisions, I would say.

I want to try one more question. I've only got five minutes, I think, left, Chair?

**Hon. Stephen Lecce:** Sure.

**Ms. Marit Stiles:** On May 27, a week after the reopening plan announcement, the Premier seemed to be finally taking some kind of an interest in the reopening of schools. He penned that "To whom it may concern" letter, and he gave stakeholders in the sector 32 hours to respond about whether they thought schools should reopen. It was really something.

I want to ask you, Minister, does this mean—and I have to say, I've heard from so many stakeholders, because this, to me, means that your government had not consulted with those sector stakeholders about reopening during this closure period. Can you confirm that?

**Hon. Stephen Lecce:** I'm so sorry, member, I just didn't hear the question.

**Ms. Marit Stiles:** Have you consulted? And why didn't you think it was worth consulting with, for example, education worker unions on the reopening of schools during these closure periods? You've got all this time; why wasn't anybody consulted?

**Hon. Stephen Lecce:** Thank you, Chair. If I may, just a final point on asymptomatic testing, because the answer seems to have maybe stymied further questions on it. The Ministry of Health conducted 771,000 tests during the period of January 2021 to the present for children under the age of 19. We are testing many people. They are all PCR; they're lab-tested for variants that have entered. Obviously, we'll continue to do that into September.

In the context of consultation, I have regular dialogue with principals, school board trustees, principals' councils—

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

**Hon. Stephen Lecce:**—trustees' associations, medical officers of health, the chair of the medical officer of health table—who is a pediatrician himself—as well as the Chief Medical Officer of Health, as well as local MOHs, who I've personally spoken to over course of the last year, and I don't mean once. I have been in contact with medical officials from CHEO to SickKids, all to seek perspective, because—

**Ms. Marit Stiles:** Minister, thank you for that. I appreciate that you've spoken to some of these people over the last year but my point was about this reopening right now: What conversations had happened that the Premier thought he had to send out this 32-hour consultation?

Minister, one final question: We know the Chief Medical Officer of Health has recommended that schools reopen, as have members of the science table and a number of regional medical officers of health. You've told Ontarians those are the voices you're going to listen to. Will you be reopening schools this school year: yes or no?

**Hon. Stephen Lecce:** We've put in place a \$1.6-billion plan. It leads the country in our expenditure. We're committed to doing that—

**Ms. Marit Stiles:** Yes or no, Minister?

**Hon. Stephen Lecce:** As you can appreciate, as much as I'd like to make announcements at estimates at 6 p.m., I will not do that. But we will give clarity to parents—the certainty they deserve—shortly.

**Ms. Marit Stiles:** Thank you.

**The Chair (Mr. Peter Tabuns):** With that, it is 6 p.m. That is all the time we have available today.

The committee is now adjourned until June 2, 2021, at 3:30 p.m.

*The committee adjourned at 1800.*



## **STANDING COMMITTEE ON ESTIMATES**

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### **Also taking part / Autres participants et participantes**

M<sup>me</sup> France Gélinas (Nickel Belt ND)

### **Clerk / Greffière**

Ms. Thushitha Kobikrishna

### **Staff / Personnel**

Ms. Sandra Lopes, research officer,  
Research Services

Ms. Erica Simmons, research officer,  
Research Services