

Long Term Care Covid-19 Commission Mtg.

MLTC on Capital Development
on Friday, December 4, 2020



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 4th day of December, 2020,
9:00 a.m. to 10:41 a.m.

BEFORE:

- The Honourable Frank N. Marrocco, Lead Commissioner
- Angela Coke, Commissioner
- Dr. Jack Kitts, Commissioner

1 PRESENTERS:

2 Brian Pollard, Assistant Deputy Minister, Long-Term
3 Care Capital Development Division Ministry of
4 Long-Term Care

5 Michelle-Ann Hylton, Director, Long-Term Care
6 Operations Division

7 Neil Vanderkooy, Manager, Long-Term Care Capital
8 Development Division

9 Margaret Allore, Manager, Licensing, Long-Term Care
10 Capital Development Division

11 Gary Thompson, Manager, Policy Program Development,
12 Long-Term Care Capital Development Division

13 Sunil Mathai, Counsel

14 Judith Parker, Counsel

15 Kristin Smith, Counsel

16

17 PARTICIPANTS:

18

19 Alison Drummond, Assistant Deputy Minister,
20 Long-Term Care Commission Secretariat

21 Ida Bianchi, Counsel, Long-Term Care Commission
22 Secretariat

23 Dawn PalinRokosh, Director, Operations, Long-Term
24 Care Commission Secretariat

25 Sanjay Bahal, Team Lead for Operations, LTCC

1 Derek Lett, Policy Director, Long-Term Care
2 Commission Secretariat
3 Kate McGrann, Counsel, Long-Term Care Commission
4 Secretariat
5 John Callaghan, Counsel, Long-Term Care Commission
6 Secretariat
7 Lynn Mahoney, Counsel, Long-Term Care Commission
8 Secretariat
9 Adriana Diaz, Senior Policy, Long-Term Care
10 Commission Secretariat
11 Jessica Franklin, Policy Lead, Counsel, Long-Term
12 Care Commission Secretariat

13
14 ALSO PRESENT:

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16 Janet Belma, Stenographer/Transcriptionist
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I N D E X

The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 35

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages:
None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

1 -- Upon commencing at 9:00 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Good morning, Mr. Pollard.

4 BRIAN POLLARD: Good morning.

5 SUNIL MATHAI: Commissioners, I think
6 we now have everybody.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 All right. Well, I mean, then there's no reason
9 not to get started. I think everybody knows
10 everybody. Commissioner Kitts, Dr. Jack Kitts from
11 Ottawa; Commissioner Angela Coke, formerly of the
12 OPS who's here in Toronto or hereabouts, Greater
13 Toronto.

14 We're trying to understand the -- all
15 aspects of this matter, and Capital developments is
16 one of them, and so we're very appreciative of this
17 presentation.

18 I think you all know the drill, so I
19 won't go over it, but we do have a reporter, and we
20 do post transcripts, keep people informed about
21 what we're doing.

22 Well, with that having been said, then,
23 whoever is going to present, we're ready when you
24 are.

25 BRIAN POLLARD: Sure. So good morning,

1 everyone. I'm Brian Pollard, Assistant Deputy
2 Minister for the Capital Development Division, and
3 I'm happy to start the conversation with a
4 presentation and certainly open to any questions
5 throughout the presentation or at the end of the
6 presentation.

7 I'm joined today by my excellent team
8 who does a lot of the work to support this program
9 and, therefore, will also be available to answer
10 any questions that you might have.

11 With that, let's get right into the
12 presentation: So the Capital Development Program
13 is really a key pillar of the Government strategy
14 to build a 21st century long-term care system. And
15 as you'll see shortly in the presentation, Capital
16 works in concert with other elements that the
17 Government is working on to achieve that mandate.

18 The Long-Term Care Development Program
19 is primarily focused, at this point in time -- if
20 we want to move to the next slide -- is primarily
21 focused on two aspects. One is the mandate to
22 redevelop or renovate a number of older homes and
23 older beds in the system as well as to expand
24 capacity or build new beds in the system.

25 Often how that manifests itself in the

1 actual system is that you have hybrid projects
2 where people are redeveloping an older home and
3 adding some new capacity to it. We also do have a
4 number of projects in the pipeline that are just
5 absolutely virgin, new homes and will
6 be [indecipherable] new capacity to assist it.

7 The other key element that is part --
8 sorry -- yeah, thank you. The other key element
9 that is part of the program is our licensing area.
10 And that's really an infrastructural piece that
11 ensures that all of the appropriate due diligence
12 is done within Government before we sign off and
13 approve a project for funding or even approve a
14 project to get to the shovel-ready stage, and we'll
15 show you the steps in that stage very shortly -- in
16 the project lifecycle very shortly.

17 Yes, now you can move to the next
18 slide. So a bit of historical context --

19 COMMISSIONER JACK KITTS: Brian, before
20 you go on, can I just ask a question on the
21 numbers? So you want to build 30,000 new long-term
22 care beds within the next decade, so by 2030.

23 BRIAN POLLARD: 2028.

24 COMMISSIONER JACK KITTS: 2028, okay.

25 And you have a number of licenses coming due in

1 five years, in 2025.

2 BRIAN POLLARD: That's right.

3 COMMISSIONER JACK KITTS: And we have
4 626 long-term care homes, and you've received 300
5 applications for, I guess, bringing these 30,000
6 beds on stream. Is that -- is that enough
7 applications? Like, can you give us an idea of
8 where that would take us to?

9 BRIAN POLLARD: Sure. Let me -- let me
10 parse some of the numbers for you. So we do have
11 626 long-term care homes currently in operation.
12 About half of those homes are already built to new
13 design standards, so they would not be eligible for
14 redevelopment. So they are already in a
15 classification that we -- that we call either new
16 design standards or A-grade design standard.

17 That leaves about 257 beds that we're
18 tracking right -- 257 homes that we're tracking
19 right now that would be in need of redevelopment.

20 We have received applications for many
21 if -- we have many of those projects. I wouldn't
22 say all because we're aware of a small minority of
23 homes that may not be interested in continuing past
24 2025.

25 So out of that group of 257, there's a

1 small group that will not -- will not move ahead,
2 and there's a larger group that will want to move
3 ahead.

4 We have received applications for those
5 projects, and, therefore, I think, you know, we
6 have -- you know, we do have a sufficient pipeline
7 to satisfy the redevelopment of -- redevelopment of
8 homes.

9 When you talk about new capacity, which
10 is the -- obviously the second mandate pillar that
11 we are -- we're pushing against, those applications
12 we have received were for upwards, I think, of
13 20,000 beds, so we do have enough -- on the
14 surface, we do have enough beds in the pipeline
15 that would meet the capacity.

16 What the team is doing now and is part
17 of the licensing process and the evaluation process
18 is really going through and making sure that those
19 are high-grade applications, if you will, that
20 there is land associated with the applications,
21 that people have the financial wherewithal to
22 actually deliver on what they've indicated in the
23 their applications, and that, certainly, that they
24 are reputable operator.

25 But on a -- on a macro level, we do

1 have thousands of beds in the application stage
2 that could be -- that could satisfy the project
3 pipeline.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 So if I -- sorry, Commissioner Kitts. You were
6 going to ask a follow-up question?

7 COMMISSIONER JACK KITTS: No. No.
8 That was --

9 Thank you very much, Brian, I
10 understood that.

11 BRIAN POLLARD: Yeah. Thank you.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Yeah, I just want to understand. If everything
14 goes according to plan, then the number of beds
15 will increase by 20,000; is that -- is that right?

16 BRIAN POLLARD: What we're aiming to do
17 is to have the number of net new beds on the system
18 increase by -- increase by 30,000. The --

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Well, what -- sorry, go ahead, Mr. Pollard. I'll
21 wait 'til you're finished.

22 BRIAN POLLARD: Yeah. I'll say the
23 applications that we have in the -- in the pipeline
24 currently and as I -- you know, as I said, they
25 are -- you know, that we received probably close to

1 300 applications, at this point, would take us to a
2 point where we would have -- if everything was
3 perfect, we would have over 20,000 -- over 20,000
4 new beds.

5 I think it's worthwhile, kind of,
6 indicating, though, that that is as of we look at
7 this in 2020 with eight years still to go, and you
8 can anticipate that there would be more
9 applications that will come into the Ministry over
10 the next few years as we, kind of, move closer to
11 2020 that will get you to that 30,000 mark.

12 So I interpreted Commissioner Kitts'
13 question as, you know, am I -- am I concerned about
14 a pipeline at this point in time in terms of
15 meeting the mandate, and I would say given the
16 strong response that we've seen thus far and given
17 that we're in 2020, you know, I am not.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 The -- by 2028, everybody will be eight years
20 older, and so what's the -- do you have a sense of
21 the increase in demand that will occur as a result
22 of that and as compared with this -- let's assume
23 everything goes according to plan; there are 30,000
24 new beds by 2028.

25 What's happened to the age of the --

1 what's happened in terms of the eight years that
2 people have gotten older in terms of the demand?
3 Do you have -- do you have a sense of that?

4 BRIAN POLLARD: Yeah. So I'll answer
5 it theoretically because I don't have an absolute
6 number -- an absolute number to put to it. But
7 certainly, long-term care is one of a number of
8 solutions that the Government would be -- would be
9 looking at to address care needs as people get
10 older.

11 That having been said, when we did our
12 determination about where to -- where to focus in
13 terms of where we would need beds to be located, we
14 did look at population growth over the next ten
15 years and even out to 2042. And that certainly
16 does indicate an increase in -- an increase in
17 pressure on -- on the system, and the -- the FAO,
18 the Financial Accountability Office had also done
19 some independent work saying that they did expect
20 the waitlist to grow over -- you know, over this --
21 over the period of time you're talking about.

22 That having been said, that is why, as
23 we look at the long-term care portfolio, it is not
24 an island unto its own, and we also look at how can
25 other supports in the system be enabled.

1 You've heard us, kind of, recently talk
2 about a community paramedicine program to, kind of,
3 keep people at home longer, as an example. There
4 are a lot of other strategies that are being worked
5 on in the Ministry of Health around home care and
6 other projects.

7 So, yeah, we don't have an absolute
8 number, but I would say in terms of what our
9 numbers are showing as we look out to that 2028
10 period from a demographic perspective, there will
11 absolutely continue to be a strain on the system
12 even with this new capacity.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 All right. In the -- you know, in terms of people
15 staying home, we have heard some information about
16 the number of people who are suffering from
17 dementia and that sort of thing. And it's very
18 hard to -- it may be very hard to care for -- you
19 know, if 70% of the people are suffering from some
20 form of dementia, caring for them at home may
21 become difficult.

22 BRIAN POLLARD: Yeah, no argument here.
23 And that is why, you know, we are -- you know,
24 we're looking at other programmatic solutions. You
25 know, one of -- one of the things I would say,

1 Commissioners, is, is that I would also hope within
2 the next year -- the next eight years, we also
3 start to have some innovation in care delivery.
4 And, you know, we -- you know, there may be the
5 other options that become feasible for people with
6 earlier onset dementia or in the, kind of, milder
7 stages of dementia.

8 So, you know, as I -- as I said, it
9 doesn't kind of -- it -- long-term care is not an
10 island unto itself, but, you know, as I -- as I
11 said previously, it will continue to be -- there
12 will continue to be a strain on the long-term care
13 system even with that net new capacity.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 If it was an island unto itself, it would be
16 crowded.

17 BRIAN POLLARD: Yes, fair enough.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Commissioner Coke.

20 COMMISSIONER ANGELA COKE: Brian, I'm
21 just wondering, and maybe you'd said this already,
22 but how -- what went into the decision to come up
23 with the number of 30,000? How did you land on
24 that as being the appropriate number at this point
25 in time?

1 BRIAN POLLARD: Yeah. So that was
2 really a mandate commitment, and we don't have
3 independent modeling that was done within the
4 Government to support that.

5 That having been said, I mean, one of
6 the -- you know, I'm sure that one of the
7 indicators that people would have been looking at
8 would have been the waitlist. And with a waitlist
9 that has been -- is now about 38,000 but had been,
10 you know, kind of, in the -- kind of, the low 30s
11 back a few years ago, I think that was the
12 correlation, Commissioner Coke, in terms of trying
13 to determine how many new beds you would put on
14 the -- in the system.

15 COMMISSIONER ANGELA COKE: And, sorry.
16 I have one other question. Just in terms of, you
17 know, you've mentioned before the time to build
18 these is quite -- you know, it takes some time,
19 four years or so. You have some pilots that are
20 enabling people to build quicker.

21 So I'm just interested in how many more
22 are you going to try and put through a quicker
23 process?

24 BRIAN POLLARD: Yeah. So I'll answer
25 that in two ways: So, you know, when I -- you

1 know, when I came to this portfolio, the -- you
2 know, we were hearing of long-term care homes
3 taking upwards of five years -- five years to
4 build. One of the things that we have done within
5 the program is to really try and shorten the
6 planning stage of the lifecycle. And we'll have a
7 slide about that shortly. So all of the licensing
8 work, I'm trying to kind of squeeze out every
9 efficiency we can so that projects can be approved
10 as quickly -- as quickly as possible, and I can
11 give you some more tangible ideas on how we've done
12 that.

13 Once the project gets to shovel-ready
14 and is with the -- with the operator, they have
15 also been encouraged to look at ways on how they
16 can -- they can speed up their process. And, you
17 know, one of the -- one of the enduring legacies
18 that I had noted in this program is that everything
19 was happening sequentially. You do planning. Then
20 you do construction. Then you do -- opening from a
21 process perspective, and some of those can really
22 be done in parallel, so -- you know, so those
23 efforts are underway.

24 But that's, kind of, one strain through
25 what I would call through the regular build

1 program.

2 We are also piloting an Accelerated
3 Build Program which has -- which we are working
4 with hospitals on. And this is really a novel way
5 of procurement and is also eventually going to be a
6 novel way of construction. We're just, kind of,
7 wrapping up that procurement stage of the project,
8 and we haven't gone into construction just yet, so
9 I don't want to, kind of, anticipate what will come
10 of that.

11 But certainly, you know, once we get,
12 you know, a year from now or so, once these
13 projects are hopefully almost ready to be open,
14 we'll be able to, kind of, look back and evaluate,
15 and maybe even sooner than that, evaluate what
16 worked well and what could be pulled into broader
17 systemic building.

18 I must say a number of operators in the
19 system are looking very closely at the accelerated
20 build both from a procurement as well as from a
21 construction perspective to see if they can
22 actually include any of those techniques in
23 their -- in their processes.

24 COMMISSIONER ANGELA COKE: Okay.

25 COMMISSIONER JACK KITTS: Brian, so

1 you've introduced a new player. So there's four --
2 I assume in those applications there's for-profits;
3 there's not-for-profits; there's municipal; and
4 now, hospitals. So can you tell me how the
5 hospitals fit into the other three?

6 In other words, are they partnering
7 with one of the other three, or are they also now a
8 player in managing and operating the long-term care
9 home?

10 BRIAN POLLARD: Yeah. So,
11 Commissioner Kitts, hospitals have -- are not a new
12 player to long-term care. In fact, we have a
13 number of hospitals across the province that own
14 and operate long-term care -- long-term care homes.
15 They would generally have been captured in our
16 not-for-profit category.

17 What we are doing because we've seen a
18 number of hospitals who put up their hand and
19 showed -- showed interest in long-term care, so
20 what we're doing is we've approached three of those
21 hospitals and asked them to pilot this accelerated
22 build approach, but hospitals as a group are not a
23 new player in the long-term care business.

24 COMMISSIONER JACK KITTS: They're
25 included in the not-for-profits, then?

1 BRIAN POLLARD: Yes.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 So is the idea that the hospital runs it?

4 BRIAN POLLARD: Yeah. So we have
5 different models out there. In some cases, the
6 hospital runs the long-term care home. In some
7 cases, they have contracted as a management company
8 run their long-term care homes. And, you know, I
9 think we'll continue to see some evolution in terms
10 of the -- in terms of the operating structure for
11 these long-term care homes under the hospital
12 banner, but they're different operating models.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Commissioner Coke.

15 COMMISSIONER ANGELA COKE: I'm just --
16 I'm trying to remember something from another
17 presentation. Do they get a different level of
18 funding, though, for this activity?

19 BRIAN POLLARD: For which activity,
20 Commissioner Coke?

21 COMMISSIONER ANGELA COKE: For
22 developing.

23 BRIAN POLLARD: Developing. Yeah, so
24 the -- we have a standard funding model for all of
25 the regular build projects, so regardless of

1 whether you're for-profit or not-for-profit or
2 hospital, you're all, kind of, working within that
3 new funding mode.

4 This accelerated build funding model,
5 though, does have -- because it's a new way of
6 procurement and a new way of construction, there is
7 a different -- a different way of funding the
8 program, and that is -- that is still, kind of,
9 being part worked out as we design and roll out
10 this program.

11 COMMISSIONER ANGELA COKE: Okay. And
12 I'm just -- my question is, are they getting more
13 funding overall?

14 BRIAN POLLARD: Yeah. The way that I
15 would probably come at that is to say that they
16 are -- they're being reimbursed for the cost of the
17 project. The reason I don't want to put a
18 classification of more or less on it is that, you
19 know, there are probably, you know, some projects
20 in the regular build who, quite frankly, are doing
21 quite well under our funding model and probably,
22 you know, getting pretty much their whole project
23 paid for. So I don't -- I don't necessarily -- I
24 don't necessarily want to classify it as more or
25 not.

1 What I'd say is that it's a different
2 funding model than the regular approach.

3 COMMISSIONER JACK KITTS: So we have --
4 so I would argue we have four types of long-term
5 care methodologies or models, a hospital being one
6 of the -- one of the four, whether it fits or not.

7 Has anyone done a value-for-money
8 comparison of the four different models of
9 long-term care homes?

10 BRIAN POLLARD: Value for money in what
11 sense? Can you just say a bit more?

12 COMMISSIONER JACK KITTS: I would say
13 how much it costs to run the homes, and what's
14 the -- what's the quality of care in the home?
15 Value money -- how much is spent and what's the
16 quality output?

17 BRIAN POLLARD: Yeah. Not that I am
18 aware of, Commissioner Coke (sic). Certainly, what
19 I can confirm is, is that we fund all of the
20 long-term care homes in a similar fashion and that
21 we -- they obviously are all under the same
22 regulatory oversight regime.

23 In terms of going deeper and saying
24 that's the funding side, what do the expenses look
25 like, and then what are the quality -- the quality

1 outcomes, I'm not aware of a comprehensive analysis
2 that has been done to connect those three dots.

3 COMMISSIONER JACK KITTS: Okay. Thank
4 you, Brian.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Go ahead, Mr. Pollard. I think we've run out of
7 questions for now.

8 BRIAN POLLARD: Okay. All right. So
9 in terms of the historical context of long-term
10 care development, I will just kind of pick up in
11 the middle of this slide that, you know, I've kind
12 of mentioned this before where, really, we're
13 trying to push against two things which is to
14 obviously redevelop or upgrade homes as well as
15 adding new capacity.

16 The funding model that we had
17 previously did not incent development, and I think
18 that's where some of your previous questions were
19 coming from.

20 And, therefore, we've had -- we had
21 very few beds being built between 2011 and 2018,
22 and I'll talk shortly about how we've changed that
23 funding model and what some of the new numbers look
24 like so you can get an appreciation for the
25 magnitude of change that has happened.

1 A key element of the -- of any kind of
2 contractual agreement with Government has obviously
3 been the license and the license terms, and those
4 were changed in 2010. And prior to that, we had
5 licenses that only had a term of one year.

6 So the new license terms that were
7 brought into place -- brought into play were really
8 put into place to harmonize with some other
9 regulatory oversight deadlines that we knew were
10 approaching, notably the Ontario Fire Marshal --
11 the Ontario Fire Marshal, and, in fact, as I say
12 that, I think we put our -- you know, we put our
13 timelines in place, and then we work with them to,
14 kind of, line up their requirements for homes to be
15 sprinklered as an example.

16 So those license terms, as
17 Commissioner Kitts mentioned before, would have had
18 a number of homes, then, trekking towards 2025
19 where their -- where their licenses would expire.
20 And really, what we were signalling with those
21 license terms was that it was also, you know, time
22 to start thinking about redevelopment and planning
23 for redevelopment given the long lead time that
24 operators sometimes need to determine their future
25 plans.

1 As I say that, I think it's probably
2 worthwhile just -- I'll do a little bit of a
3 sprinkle here in terms of the diversity of the
4 long-term care sector. And, you know, we have,
5 certainly, multi-home operators, large chains who
6 have 20, 30, 40 homes, but we also have a number of
7 independent operators who would also fall under
8 that private operator banner.

9 So when you talk about having to make a
10 significant investment in upgrading your home or
11 even expanding your home, we wanted to be sensitive
12 to that as we brought in new license terms as we
13 wanted to give people a reasonable amount of time
14 to plan and react.

15 On the next slide, I wanted to give you
16 a sense of the barriers to development that we
17 were -- that we were hearing. And we have heard
18 these for a few years now, and they really were
19 encapsulated as we were doing some consultations to
20 support development and rollout of a new funding
21 model.

22 So what you'll see here is, is that the
23 barriers to development did not align specifically
24 with any one particular ownership structure. We
25 were hearing these barriers consistently regardless

1 of whether it was a for-profit or non-profit or
2 municipal operator. Of course, some of these
3 barriers popped or were more prevalent in certain
4 areas of the province relative to -- relative to
5 other areas, but as a collective group, these were
6 the key barriers, first one being land and
7 construction costs are high.

8 Here in Toronto and GTA and in some of
9 our urban centres like Ottawa, this was a
10 persistent barrier, and, you know, I would say when
11 you talk about land, it was not only land cost, but
12 in some cases land availability. Of course, the
13 two of them have a correlation, but just wanting to
14 give you a bit more detail on that one.

15 The second one would have been the high
16 upfront investment coupled with a 25-year subsidy,
17 so you're asking people to put out a lot of money
18 up front, but you want to repay them over 25 years,
19 so it meant that they had to, obviously, go to
20 their financiers and get a significant amount of
21 equity which was -- which was challenging.

22 As I just mentioned in terms of the
23 diversity of the long-term care sector, when you
24 started to -- when you start to get into some
25 single home operators, for many of them, this may

1 be the first time they're doing redevelopment. It
2 may be the only time they're doing redevelopment in
3 their career, so they were quite -- you know, many
4 were quite candid in sharing with us that the
5 expertise may not be there from a development
6 perspective. We effectively manage the design and
7 the construction process.

8 There are other barriers around red
9 tape not always related to Ministry of Long-Term
10 Care. Some of this red tape can also be related to
11 just municipal approvals, so I want to be
12 transparent about that, and certainly, I'll show
13 you that, to the extent that there is red tape
14 related to the Ministry of Long-Term Care, what we
15 have done to address that thus far and will
16 continue to do in coming weeks and months. But
17 that red-tape question, and I think
18 Commissioner Coke landed on it a bit earlier, was
19 really around both red tape within the Ministry of
20 Long-Term Care as well as municipal approvals.

21 And then finally, once you get to an
22 open stage, the operating environment and, kind of,
23 the regulatory environment that supports
24 operating -- I'm just talking about needing some
25 support and navigating that especially if you're a

1 new -- a new operator. And, you know, it wouldn't
2 be surprising to any of -- any of us, I believe,
3 that as you open new capacity, obviously you need
4 more staff and staffing challenges consistent --
5 continues to be a persistent challenge in the -- in
6 the sector. So those were the barriers to
7 development.

8 So with that context, just maybe as we
9 lead into where we are now, this slide gives you a
10 sense of the various programs that were in place
11 over the last -- the last decade or so. And not
12 really my intent to go through each program in
13 detail, but just to kind of say that over that
14 period of time, despite well-meaning efforts, we
15 really faced by 2018 that only a net 611 beds had
16 been brought into operation between 2011 and 2018.

17 So I would, kind of, highlight that
18 from this slide and also, kind of, reinforce that
19 the 611 is really a net number, so we would have
20 had more beds than that developed, but those might
21 have been -- those are often offset by beds that
22 closed or that went into abeyance. You know, just
23 as a simple example, we've had a -- we had a home
24 that had a significant flood. It took 128 beds out
25 of the system, you know, during that time.

1 So, you know, there are a bit of --
2 there's a bit of plusses and minuses here, but, you
3 know, the takeaway from this is is that we really
4 did have a lethargic development program between
5 2011 and 2018 despite --

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Is that because there are very -- there were few
8 licenses issued in that -- is that the cause?

9 BRIAN POLLARD: Yeah. Good question,
10 Commissioner. So there were a couple of underlying
11 causes. One is funding sufficiency, and I'll talk
12 about that shortly, and then correlated with that
13 was really a lack of licenses. So people who were
14 keen in redeveloping wanted to redevelop from a
15 hundred beds to 128 beds, but we weren't issuing
16 the incremental 28 licenses that they -- that they
17 needed.

18 And the third -- you know, the third
19 aspect I'd put on the table is, is that during this
20 period of time, if you go back to what I just said,
21 people would have been looking at this and saying,
22 oh, I still have a decade to decide what I want to
23 do with my business or whether I want to, kind of,
24 even develop or redevelop because remember, the
25 licence terms for many of them would have expired

1 in 2025. But I think it was a confluence of those
2 three things that were working together to cause
3 some lethargy in the system.

4 On the next slide, you know, this --
5 much of what I said is probably captured here, and
6 I think it would be pretty obvious that we needed
7 to modernise the long-term care system to make sure
8 that we have a -- you know, we have an appropriate
9 setting for residents.

10 At the same time that we were -- we
11 were, obviously, looking at the development
12 program, I think it's worthwhile -- and,
13 Commissioner Marrocco, I feel like I should mention
14 this just given one of the questions that you --
15 that you asked me previously -- we were also
16 starting to see a different -- a different clinical
17 profile for residents coming into long-term care.

18 You know, you would often hear
19 colloquially that when we -- you know, when the
20 Government did the expansion of 20,000 beds in the
21 early 2000s, people were still -- residents were
22 still able to drive up and, kind of, come into
23 long-term care with their groceries.

24 That is not the population that we were
25 seeing post-2010 as placement criteria and

1 admission criteria on chains (phonetic) as we tried
2 to have residents stay at home longer and,
3 therefore, by the time that they -- by the time
4 they hit long-term care, they'd be more acute.

5 So within that context, there really
6 became increasing focus over time on the physical
7 plant itself and whether the physical plant, as a
8 simple example, could handle the number of walkers
9 and wheelchairs and mobility aids that were now
10 being required.

11 So all of those things, kind of, worked
12 together to say we need to modernise long-term
13 care, you know, at the same time that we had a
14 growing -- a growing waitlist and in some areas a
15 growing -- a growing wait time.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Mr. Pollard, do I have it right that the growing
18 waitlist is caused by really two things: One is
19 the stay at home as long as possible, and the
20 second is that the criteria for getting into a
21 long-term care home became more stringent?

22 BRIAN POLLARD: Yeah. So there are a
23 few things that would have driven the -- driven the
24 waitlist, and I of want to, kind of, make a
25 differentiation here between the waitlist and the

1 wait time.

2 So the waitlist would continue to be
3 driven by elements such as demographics, to your
4 earlier point, so, you know, the population is
5 getting older. There are more people who are
6 turning 85 plus who can no longer live at home and
7 need to come into long-term care.

8 The wait time would have been
9 influenced partly by not only the number of people
10 on the waitlist, but where they were choosing to go
11 for their long-term care home choice is an integral
12 element of our placement admissions' process and
13 whether the home was equipped to manage their care
14 needs.

15 One of the interesting insights that we
16 have noted in long-term care over many years now is
17 that when you look at the waitlist, it's not even
18 across the system, and you have a number of homes
19 that will have a significant waitlist and,
20 therefore, a significant wait time, often newer
21 homes, ethnocultural or linguistic-specific homes,
22 and you have a number of homes who have very few
23 people on their -- on their waitlist.

24 The other element that would have been
25 playing into this in some regard -- and we've seen

1 this consistently in Ministry statistics -- is
2 notwithstanding the fact that you had a -- have a
3 system that's running at 99% occupancy beneath the
4 surface, there was also an affordability issue
5 starting to -- you know, playing out where people
6 were requesting basic beds, basic accommodation
7 beds, but the system did not have enough of that
8 type of bed to meet their -- to meet the need, and,
9 therefore, they were -- they were staying on the
10 waitlist.

11 So the waitlist and wait time and
12 placement of admissions is a pretty intricate and
13 complex system, and there are a lot of factors at
14 play. But I think, fundamentally, when you talk
15 about -- you know, what's -- you know, what's
16 driving the waitlist, you know, it's really factors
17 of demographics, just a -- just in aging
18 population, and, you know, then you can superimpose
19 on that some of the choice -- the choice issues and
20 the care -- the care needs.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 So if -- it got more expensive. That's another
23 cause, is it got more expensive; more people wanted
24 basic, and so it created a need for basic that
25 hadn't been there before.

1 BRIAN POLLARD: I'd say that there's
2 always been -- there's always been a need for
3 basic, but the disconnect between the need for
4 basic and the -- and the way the system works is
5 that long-term care operators can have up to 60% of
6 their -- of their rooms, of course, assuming they
7 have the correct design, be private.

8 So what we are seeing in our stats is
9 that we would see regularly 55% of the waitlist
10 wanting basic rooms, but when you match that to
11 what we actually had from a capacity perspective,
12 we don't have 55% of our stock that would have been
13 available on a basic level.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 And so that demand was -- that demand was
16 increasing because the cost of living there was
17 increasing, so people were saying, well, I don't
18 want -- I don't want a private room, or I can't
19 afford a private room, so I'll get the more basic
20 accommodation. But that creates an additional
21 demand for basic accommodation.

22 BRIAN POLLARD: You got it. That's
23 right. And when you say -- you know, when you say
24 increase in, I think it's worthwhile to just point
25 out that all of the copayment rates are regulated

1 by Government. They're the same rates across --
2 across the system, and those are -- those are
3 actually built right into regulation and policy.

4 So we do not have a system where
5 operators can independently determine what they
6 want to charge residents.

7 COMMISSIONER JACK KITTS: Brian, I
8 should know this, but could you -- could you just
9 remind me, is basic, is that the three and four-bed
10 rooms?

11 BRIAN POLLARD: That would be, yes.

12 COMMISSIONER JACK KITTS: So in the
13 future, there --

14 BRIAN POLLARD: In our older -- oh,
15 sorry. I cut you off.

16 COMMISSIONER JACK KITTS: Yeah, so in
17 the future, there won't be basic?

18 BRIAN POLLARD: Yeah. In the future
19 what we will have is a maximum of two people per
20 room, and that is what will become the basic
21 accommodation, and we'll still have private
22 accommodation which will be single person per room.

23 COMMISSIONER JACK KITTS: Okay. Thank
24 you.

25 BRIAN POLLARD: I think Commissioner

1 Coke had a question as well.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Oh, sorry.

4 COMMISSIONER ANGELA COKE: It was --
5 that was my question. I was trying to understand
6 what would be basic going forward, but you've
7 explained. Thank you.

8 BRIAN POLLARD: Okay. Okay. I'm just
9 scanning to see if there are any other questions.
10 Should I go ahead?

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 No. Go ahead, Mr. Pollard. I don't think there
13 are any questions right this second.

14 BRIAN POLLARD: Okay. So on the next
15 slide, this gives you a sense of the -- of how the
16 development program fits into a broader framework
17 to create a 21st century long-term care system.

18 So obviously, one pillar, which is what
19 I'm here to talk to you about today, is building
20 long-term care beds. A secondary pillar is
21 ensuring safe quality resident-centred care.

22 U/T And my other ADM colleague, Janet Hope
23 would be -- would be working on the elements of
24 this including a staffing strategy, increasing
25 staff in homes, looking at the mix of staffing,

1 looking at working conditions, and would be better
2 placed to, kind of, talk about that if you -- if
3 you have any further questions. My ADM colleague,
4 Sheila Bristo, now has responsibility for the
5 inspections and compliance framework which really
6 has its underpinning and foundation in the
7 Long-Term Care Homes Act which will -- which came
8 into place in 2010; and, therefore, a complimentary
9 compliance and inspection framework was developed
10 to support the implementation of the Act and this
11 regulation.

12 And, you know, over time, the -- the
13 design and flavour of that program has reflected
14 third-party reviews of descriptions including the
15 Auditor General in 2015 and even more recently, the
16 Public Inquiry.

17 And then finally, as I mentioned, there
18 is -- there is work that continues to go on looking
19 at alternative ways of caring for residents who are
20 waiting for long-term care, you know, such as --
21 such as day programs and community paramedicine.
22 So that's kind of the middle pillar.

23 And then finally, the third pillar here
24 is transforming and care delivery. And I think, as
25 you heard me say before, you know, long-term care

1 is not an island unto its own and as Chief Marrocco
2 said, if we were an island, it would be pretty
3 crowded.

4 So, you know, what this element really
5 gets at is some of the bigger strategic and
6 tactical pieces of work that are going on that
7 would look at how does long-term care really fit
8 with the acute care system, other community
9 services, the retirement home system, et cetera,
10 and, you know, how do we ensure that we have the
11 appropriate funding incentives and levers in place
12 to ensure that care and delivery is connected.

13 One of the -- maybe the last area I'll
14 kind of point out in this -- in this slide is
15 looking at regulatory burden and red tape
16 reduction. So some of this is regulatory, and some
17 of this is policy. What you will see within the
18 long-term care Capital Development Division is, is
19 that our piece of this has really been very policy
20 driven, so we have kind of gone through our
21 licensing area and really looked at those elements
22 of red tape that can be reduced or, I dare say,
23 even eliminated or bundled. Whatever we can do to
24 make the process more efficient would really be our
25 contribution to this pillar.

1 COMMISSIONER JACK KITTS: And --

2 BRIAN POLLARD: Yeah.

3 COMMISSIONER JACK KITTS: Brian, it's
4 Jack. For -- this may not be a fair question
5 because this is a -- this is a framework. I like
6 the framework. I like the pillars.

7 But ensuring safe quality
8 resident-centred care and transforming care
9 delivery, those two pillars will require very
10 strong leadership in the long-term care home on
11 site in home.

12 And I'm wondering whether -- you know,
13 it may be down in your levers or strategies, but I
14 wonder whether you would consider investing in
15 strong leadership development and providing the
16 skills and resources for leaders to lead.

17 BRIAN POLLARD: Yeah. I'm probably not
18 the best person to speak to this, but I would say
19 that absolutely wherever you see people, regardless
20 of whether it's leaders or staff, and I would argue
21 that there are leaders at every stage of an
22 organization, there is absolutely solid work going
23 on about how you enable and train and ensure that
24 there is strong -- that there is strong leadership
25 in long-term care homes.

1 So, you know, as an example, you know,
2 I know there is -- there's active conversation
3 going on about the clinical oversight model in
4 long-term care -- in long-term care as it pertains
5 to, you know, medical directors and nurse
6 practitioners, et cetera, so that's what I can tell
7 you at a high level. If you wanted more detail, I
8 think Janet Hope -- ABM Janet Hope is actually
9 doing the work on that, in that front.

10 COMMISSIONER JACK KITTS: No. I think
11 I just wanted to make sure it was -- it was one of
12 the levers that you were exploring, so thank you.

13 BRIAN POLLARD: Yeah, fair enough.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 So go ahead, Mr. Pollard.

16 BRIAN POLLARD: Okay. All right. So
17 wanted to give you a sense of the -- making sure
18 that my computer doesn't crash on me. I wanted to
19 give you a sense of the levers that we have
20 implemented to modernise long-term care
21 development, and I want to come back to that
22 concept of funding sufficiency that I -- that I
23 mentioned earlier and, you know, again kind of just
24 reiterate that the Ministry has heard for a number
25 of years about both funding sufficiency and, I

1 would say, also the structure of how funding is
2 given to homes.

3 So we embarked on a process maybe over
4 two, two-and-a-half years ago now to really look at
5 how to modernise the long-term care development
6 process. And, you know, we ultimately went back to
7 some of that market sounding that we have been
8 hearing and those barriers that I've mentioned
9 earlier to determine how best to come at this
10 funding -- this funding issue.

11 We engage Infrastructure Ontario to
12 help us with development of a funding model, and,
13 you know, they can -- they can give you the
14 workings of the model. I don't know it to that
15 level if you have any questions about that.

16 But what I can share with you is the --
17 is, kind of, the outcomes and where we landed and
18 from a policy perspective, why we landed there.

19 So the first thing I would say is in
20 terms of the current model that we would have had,
21 you know, throughout, you know, many of that same
22 period of 2011 to 2018 where we had a pretty
23 sluggish program, we would have had one
24 construction funding subsidy across all of Ontario,
25 so we would have expected homes to be built in

1 Toronto, you know, for the same construction
2 funding subsidy that they were going to be built in
3 Kenora. And, you know, that clarity was
4 problematic, so what we did is we that broke the
5 Province into four geographic segments, and you
6 will see them here noted as large urban, urban,
7 mid-size, and rural. And for each of the those
8 market segments, there was actually an increase
9 given to the construction funding subsidy which
10 would be paid out over the 25-year period.

11 So you'll see the first one for large
12 urban was an additional 5.75 PRPD, and then the
13 others, I won't -- I won't worry to -- I won't
14 worry to read.

15 So that was one element of the funding
16 model, so we went from a one-size-fits-all
17 construction funding subsidy to a process where and
18 a program where we would have had a construction
19 funding subsidy that is driven based on where
20 the -- based on where the long-term care home is
21 sited.

22 I should mention that you often hear us
23 talk about the term subsidy because, as we designed
24 these models even historically, it was always
25 intended that long-term care homes would also be

1 contributing money towards their redevelopment and,
2 indeed, their expansion, and, therefore, the
3 Ministry would be offering a subsidy but not a full
4 reimbursement.

5 The new aspect of the model, so the
6 construction funding subsidy would have been well
7 known to the system, and everybody understood it.
8 The new element that we brought into the system was
9 an upfront -- an upfront grant, and this was done
10 to really address some of those upfront equity
11 concerns that I would have articulated earlier
12 where people were having to pay a significant
13 amount of money in, kind of, the early years of
14 planning and construction and were not going to
15 recoup that money for -- you know, for any -- in
16 any kind of immediate fashion and would only recoup
17 that money over 25 years.

18 So we brought in an upfront payment
19 approach that would have us look at the total
20 project cost and give you 17% of that upfront if
21 you're in a large urban or an urban market, 10% if
22 you're in a mid-size market, and 12% if you are
23 in -- if you're in a rural market.

24 From a policy perspective, what we --
25 what we are trying to accomplish here is to help

1 people with costs such as development charges which
2 often have to be paid before you move in; land
3 cost; and, certainly, any -- the construction cost
4 that you might have incurred to that point. It is
5 not a full payment of any -- of all those costs by
6 any means, but certainly, it's designed to provide
7 some of that upfront equity and work in concert
8 with the construction funding subsidy to give you a
9 mix of both the ability to have equity and also to
10 have funding to service your debt which for many
11 operators would be a mortgage.

12 And then the final aspect of this is
13 that we looked at additional policy levers which in
14 some cases would have been nonfinancial, but
15 nevertheless supportive to homes in terms of speed
16 of moving ahead with development.

17 And I think we have a future slide
18 where we'll kind of talk through some of those --
19 some of those barriers and how we -- and how we
20 address that.

21 Fundamentally, what you should take
22 away from this slide is that we brought in a new
23 funding model that now addresses some of the equity
24 barriers and some of the sufficiency and debt
25 barriers that had been -- that have been flagged

1 for us and would have given homes some more
2 opportunity to look at different pieces of land, as
3 an example, which might have been out of reach
4 previously.

5 COMMISSIONER ANGELA COKE: Brian, my
6 question, you know, the municipal and
7 not-for-profit homes seem to be -- appear to be a
8 bit of preferred option for some people. But these
9 are the homes that you think would probably have
10 more challenges in terms of having less resources
11 and capacity to participate in this program. And
12 so I'm curious as to is there any additional
13 support that they are provided.

14 BRIAN POLLARD: So you're quite right,
15 Commissioner Coke. From a consumer preference
16 perspective, we continue to see strong demand for
17 municipal and -- and not-for-profit homes. Some of
18 that is driven as well by residents who want to be
19 in a cultural home or a particular
20 linguistic-speaking home.

21 So when we think of the not-for-profit
22 sector, there are a few elements that we've put
23 earlier into the process, so we give them a
24 planning grant after they've signed a development
25 agreement with us; that's \$250,000. So that will

1 come earlier in the -- in the process, and it's
2 considered part of the overall upfront grant we're
3 giving them, but it's not -- you don't have to wait
4 until substantial performance to receive -- to
5 receive that money.

6 The -- and I'm going to further parse
7 your question and talk about municipal homes
8 separate to not-for-profit homes because there is a
9 little bit of a -- there's a little bit of a
10 difference there.

11 You know, when we talk about municipal
12 homes, municipalities in general do have more
13 comfort with construction and development, so, you
14 know, from that perspective, they're less likely to
15 talk about, you know, challenges on that front.

16 When you get into the not-for-profit
17 sector, there can certainly be a number of design
18 and service considerations that come into play and,
19 you know, the way that I've seen many of the --
20 those not-for-profits, kind of, buttress their
21 capabilities is to actually engage some of the more
22 established operators to help with design and
23 construction.

24 I would say, you know, in full
25 transparency, that for those not-for-profits,

1 they -- many -- you know, and for our
2 not-for-profit partners, many of -- many of their
3 operators are very clear about wanting to retain
4 and maintain their founding mandate; and,
5 therefore, I think there's a very clear line that
6 is drawn beside -- between design and construction
7 of a long-term care home and, actually, operation
8 of the home which many are quite capable of doing,
9 and, you know, I wouldn't necessarily need any
10 additional help with that.

11 COMMISSIONER ANGELA COKE: So just to
12 date in terms of the applications that you're
13 approved, how is it breaking down in terms of what
14 proportion is -- so far are going to private,
15 not-for-profit, or municipal?

16 BRIAN POLLARD: Yeah. So to answer
17 that question, I'd probably have to give you a bit
18 of a historical fact. And, you know, the reality
19 is there are actually just more for-profits that
20 need to be redeveloped. The not-for-profits and
21 the municipal homes, a lot of them would have
22 either redeveloped back in the early -- early 2000s
23 or just have newer homes -- new homes period.

24 So that is reflected in who we see in
25 the pipeline today, and then who we also see in --

1 you know, getting approved for -- getting approved
2 for projects.

3 All of the elements that I've talked
4 about before, which include, do you have land, do
5 you have financial -- the financial wherewithal,
6 would apply here; and certainly, to the extent that
7 those can't be satisfied, that would be a barrier
8 to homes -- the homes getting -- you know, getting
9 approved.

10 But certainly, we -- we are -- we are
11 putting forth every home that, kind of, meets the
12 qualifications and are in areas where we need --
13 where we need beds, we are -- we are green-lighting
14 those.

15 The one -- you know, the one
16 observation I would make about our not-for-profit
17 partners is that often their financial feasibility
18 is dependent on a significant level of fund raising
19 which needs to be satisfied before -- you know,
20 before the Ministry has comfort to say, yeah, this
21 is a project that will actually, you know, get
22 off -- get off the ground.

23 But, you know, again, every project
24 that kind of meets the -- that meets our thresholds
25 for moving ahead, you know, we are -- we're trying

1 to move those ahead as quickly as possible.

2 COMMISSIONER ANGELA COKE: And, sorry,
3 last question: Do you factor in the -- when you're
4 making your determinations, the operational
5 performance of those homes --

6 BRIAN POLLARD: Absolutely.

7 COMMISSIONER ANGELA COKE: -- in terms
8 of the outcomes, the inspections, the things that
9 they have that tell you the health of that
10 organization before we invest money into it?

11 BRIAN POLLARD: Absolutely. That is a
12 key part of the licensing process, and we work very
13 closely with our inspection team to understand not
14 only what is the current inspection status of the
15 home, but what is the historical inspection status
16 of the home. And we even broaden it to where they
17 are multi-home operators getting the sense of what
18 is the -- you know, the historical compliance
19 across the organization.

20 So, yes, Commissioner Coke, we
21 absolutely do look at the -- you know, at the
22 compliance. And, you know, projects have been --
23 have been not advanced because of their compliance.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 So -- so this --

1 COMMISSIONER ANGELA COKE: Okay. But
2 I'm just -- you'd have some tension there because,
3 obviously, some of these homes have to meet that
4 deadline.

5 BRIAN POLLARD: Yeah.

6 COMMISSIONER ANGELA COKE: And you
7 can't afford to lose many beds because you don't
8 have enough to start with.

9 BRIAN POLLARD: Yeah.

10 COMMISSIONER ANGELA COKE: So that's
11 the hard tension to make a decision.

12 BRIAN POLLARD: It is, yeah. That is
13 my daily job. That is a significant -- is a
14 significant tension. And, in fact, what we're
15 trying to figure out is how much of that tension is
16 actually driven by the physical plan. So if you
17 were to upgrade the physical plan, does the tension
18 go away, and how much of it is something else
19 that's going on? So those conversations, you know,
20 happen pretty actively as well.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 So the -- in terms of you carrying out -- the
23 Ministry carrying out its function, compliance is a
24 very -- is a very important factor to monitor?

25 BRIAN POLLARD: It is. It is.

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Okay. Thanks.

3 BRIAN POLLARD: And I would go --

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 Can I just -- oh, sorry. Go ahead.

6 BRIAN POLLARD: I would go even further
7 and say and also the type of compliance. So -- and
8 what I mean by that is -- I believe you would have
9 had a briefing on inspections, and you would have
10 probably heard of the different sanctions that
11 range from a written notification right through to
12 compliance orders and direct orders and that kind
13 of stuff.

14 So we're even looking at, you know,
15 what is the level of sanction that may be against a
16 home, so we go into that level of detail as well.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 And the construction funding subsidy as modified
19 means -- would mean that, as a person building or
20 creating new beds, I could expect a 7% return on my
21 investment? Do I -- am I reading that slide right?

22 BRIAN POLLARD: Yeah. So that was a --
23 that is a working assumption that came in from,
24 came in from associations on --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay.

2 BRIAN POLLARD: -- you know, that they
3 include in our number. To be -- to be fair, Chief
4 Marrocco, you would probably -- I'd probably have
5 to ask you to ask IO any more detail about that,
6 but I do believe that is the intent that, you know,
7 you would have -- that you would have an
8 appropriate rate of return.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Right. So in terms of creating the new bed, if I'm
11 a private -- if I'm a private creator, if this is
12 correct, then I could expect 7%, a return on what I
13 invested in creating the bed, and then there's
14 whatever rate of return I would get from operating
15 the bed after it was created?

16 BRIAN POLLARD: Yeah. So the operating
17 model and the construction models work together.
18 So you'll remember that I just said that the
19 construction funding subsidy is just a subsidy.
20 Like, it was never intended that the Ministry would
21 fund fully every project.

22 So in terms of the feasibility analysis
23 that operators would be doing, is that they would
24 be looking at, you know, what can they contribute
25 from their normal operations as well as what is the

1 Ministry contributing to determine if these
2 projects are feasible. And that is really -- you
3 know, some of that may be an internal requirement
4 within individual home operations, and some of that
5 may also be required by lenders.

6 So, you know, it will depend,
7 obviously, on how you're funding the -- funding the
8 project, but really, the intent here is to -- is to
9 make sure that the construction funding subsidy
10 works in concert with the operating funding.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 All right. Okay.

13 BRIAN POLLARD: Okay. So that speaks
14 to -- that speaks to the funding, and now I'm going
15 to kind of shift gears and talk about the licensing
16 framework.

17 As I mentioned earlier, they're
18 obviously -- they're obviously connected. The
19 licensing framework is really designed to ensure
20 that we have reputable and credible operators in
21 the business.

22 It -- and the licensing program is
23 designed to support the Long-Term Care Homes Act
24 and its regulation, and the requirements are built
25 into those -- you know, into those documents.

1 That having been said, the -- it's
2 probably worthwhile setting the table to just kind
3 of understand what does a license even provide a
4 licensee with, and you'll see that highlighted here
5 in the first bullet. It gives you the right to
6 operate the home. It gives you a committed funding
7 stream not only from a Capital perspective if
8 you're eligible, but also from an operating
9 perspective, and certainly, the ability to monetize
10 the license. Every now and again we have people
11 who are -- who sell -- who sell their homes.

12 And the -- I think I've already spoken
13 about the license -- the license terms and the fact
14 that a new license will be for -- will be for 30
15 years.

16 The due diligence I've touched on
17 before, so I will -- I'll kind of jump over that.

18 And, Commissioner Coke, I think this
19 gets to your previous question to me in that, kind
20 of, second to last bullet that we do look at an
21 assessment of the competency and past conduct
22 demonstrated capacity of the applicant and our
23 licensee.

24 There are a number of public-interest
25 tests that are built right into our regulation such

1 as making sure that we're not overconcentrated in
2 any one region or one area by a particular
3 operator. And then all of that is taken into
4 account, kind of -- decision is made by the
5 director to issue the license.

6 Fundamentally, what we are aiming to do
7 in all of our licensing transactions is to ensure
8 that the safety and security of residents are taken
9 into account and are, quite frankly, more than
10 taken into account are that we have assurance that
11 they can be met as outlined in the -- in the
12 Long-Term Care Homes Act.

13 On the next slide, this is a bit of the
14 licensing review process, and we've kind of broken
15 it generally into two parts. There's a review
16 process, and then there is a decision process.

17 The review process, as I've indicated,
18 is outlined in regulation. The public -- there's a
19 public consultation step if required, and that's in
20 Section 106. There's a Minister's determination
21 step that includes Section 96 and 97. That takes
22 into account, as I just mentioned, that
23 concentration, ownership, and sector balance. And
24 then finally, there's a Director's determination
25 which will look at some of the compliance issues

1 and the licensee attestation about what they are
2 planning to do and making sure that there's -- that
3 that is credible. And that's all part of the
4 review process.

5 In addition to that --

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 So that -- just if we can -- just if I can just
8 stop you there for a minute.

9 BRIAN POLLARD: Sure.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 The -- if I have a license, it will be valid for 30
12 years.

13 BRIAN POLLARD: Not necessarily. Your
14 license is tied to the classification of your home,
15 so a C-license would be, as an example, valid 'til
16 2025. A new license would have been valid for
17 30 years.

18 COMMISSIONER FRANK MARROCCO (CHAIR):

19 Right. So if I get a new license, then I get
20 that -- I get that money stream for 30 years.

21 Do you think that one sanction that
22 would be useful for you to have is a sanction which
23 would compel an owner who is not compliant to sell
24 the license, in other words, the ability to force a
25 sale as a compliance mechanism?

1 BRIAN POLLARD: Yeah. So I'll answer
2 this in two ways, and I feel like every question
3 you guys ask of me, I say I'm going to answer it in
4 two ways. But anyway, here I go.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Well, we've grown used to it, Mr. Pollard.

7 BRIAN POLLARD: So there is -- as part
8 of the inspection process today, there are
9 progressive sanctions up to and including a
10 revocation of a license for consistent challenges
11 with compliance and with quality.

12 So I would say we already have an
13 established process to do that. We have -- you
14 know, we've only revoked twice in -- since 2010,
15 but there is the mechanism to do that.

16 The second one that you were talking
17 about which is compelling someone to sell, I think
18 probably needs to be looked at in the context of
19 those existing sanctions because it's not -- you
20 know, as I sit here, it wouldn't be entirely clear
21 to me where that comes, you know, in our -- in our
22 progressive sanction process.

23 But, you know, as with all -- as with
24 all things, I think it is probably, you know,
25 worth -- you know, worth a look.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Well, I just wanted to get your view on it. Thank
3 you.

4 BRIAN POLLARD: Okay. And on the
5 decision process, the -- probably worthwhile to
6 mention here that if you are a municipal home, you
7 actually have something called an approval which
8 does not have license terms.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Right.

11 BRIAN POLLARD: So they have a slightly
12 different process that they are -- that they're
13 working within.

14 And, Commissioner Coke, that's why,
15 when you were talking about municipal homes and
16 not-for-profit homes, I wanted to, kind of, parse
17 it a bit because there are -- there are slightly
18 different streams of incentives in place.

19 The -- when we talk about the -- about
20 the decision process, it's really an outcome of the
21 review process, and really, I think, the only thing
22 that we'd be saying here is that if everything is
23 good on the left-hand side of this chart, the
24 decision process is -- is pretty much just a fait
25 accompli.

1 On the next slide --

2 COMMISSIONER JACK KITTS: Brian, before
3 you go, you may -- you may -- Brian --

4 BRIAN POLLARD: Yeah.

5 COMMISSIONER JACK KITTS: It's
6 Commissioner -- before you go, you may have
7 mentioned it, but I didn't hear it. If you go back
8 to that previous slide, how long does that process
9 take?

10 BRIAN POLLARD: The licensing process?
11 So the licensing process --

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 The review and decision.

14 BRIAN POLLARD: The -- yeah. It really
15 varies by operator, and you will see that there are
16 a lot of steps that are built into the review
17 process, and, you know, it depends on how quickly
18 operators can -- you know, can get information to
19 us.

20 What I will say to you is -- and you
21 know, we have this in a slide that's coming up, but
22 I'll just preempt it and speak about it now. If
23 you look at something like the public consultation
24 process, this was something that was taking an
25 inordinate amount of time, sometimes, you know, six

1 months to get -- you know, to get through a public
2 consultation process, you know, on the shorthand.
3 And we have really gone back and looked at, you
4 know, what is a modern way of doing public
5 consultations. We had previously included as part
6 of our consult -- public consultation a public
7 meeting with every public consultation. And you
8 can imagine how long it takes to organize a meeting
9 and get people out and all that, give people
10 appropriate notice.

11 So now we've really kind of streamlined
12 our public consultation process doing a lot more of
13 it virtually and less of it in person and less of
14 it on paper. And that was even pre-COVID. That --
15 that's not a COVID -- it wasn't enabled by COVID.

16 And so we've really, kind of, shortened
17 the public consultation process not only from a
18 perspective of leading the process, but also, quite
19 frankly, from our observations about where the most
20 value could be added.

21 Often what we found was is that when we
22 went to these public meetings, no one would show
23 up, withstanding the fact that we've posted in
24 papers and people know about it. So it, kind of,
25 suggested to us that there was an alternative way

1 of getting stakeholder and public input.

2 The overall licensing review process is
3 now -- you know, and as we get through development
4 and we, obviously, have some information on file
5 for existing operators so we don't have to restart
6 the clock every time we're doing a licensing
7 process, we can probably start to do this in about
8 three months on the -- you know, within the
9 Ministry side.

10 And then, as I said, there's probably a
11 concurrent side that's also happening with
12 municipalities, but, yeah, we've [indecipherable]
13 in this process.

14 On the -- and for homes that are really
15 new to this and probably on the outside, this could
16 take a year. It could take a year back and forth
17 for some homes, so what we've really tried to do is
18 to figure out, as I said, how we can wean the
19 process so that people have to go through as few
20 steps as possible.

21 But then also, we have our licensing
22 team starting to get involved with homes a lot
23 earlier so they understand the expectations and as
24 an enabler of hopefully speeding up the process.

25 COMMISSIONER JACK KITTS: Yeah. So

1 there is that tension between due diligence and
2 getting the beds up as soon as possible. Thank
3 you.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Go ahead, Mr. Pollard.

6 BRIAN POLLARD: Great. Thank you. So
7 getting back to -- hopefully, people can hear me,
8 because I'm getting a signal saying my Internet is
9 unstable.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 I'm able to hear you.

12 BRIAN POLLARD: You can hear me? Okay.
13 Perfect.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Well, I can. The other Commissioners can hear you?

16 COMMISSIONER JACK KITTS: Yeah.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Yeah, we can.

19 BRIAN POLLARD: Okay. Perfect. Just
20 wave if you can't hear me.

21 So getting back to the nitty-gritty of
22 the Capital Development Program, what we wanted to
23 present in this slide was really the project
24 lifecycle. And broadly speaking, it's broken into
25 three areas. There is a planning stage. There is

1 a building stage, and there is an open stage. And
2 you'll see the planning in green, and the building
3 in what looks like black on my screen, and then the
4 open stage which is purple.

5 The planning stage has four steps, and
6 those are articulated here. And then with the
7 signing of a development agreement. And then the
8 building stage has two steps, and you'll see that
9 we have a little flag there that suggests
10 shovel-ready. That's when the operator's actually
11 going to put a shovel in the ground. And then you
12 have the open stage that has a couple of steps.

13 So let me spend a little bit of time on
14 this slide because it's a good orientation slide.

15 So we have an application process.
16 We've done two of those application processes thus
17 far, and those are what yield the 300 plus
18 applications that we have as well as the -- as well
19 as the number of beds that we talked about earlier
20 in the process.

21 We then go through a process of
22 evaluating those projects and allocating beds to
23 projects. That allocation process is really the
24 beginning of us saying, you have a project we're
25 interested in; we'd like to understand a bit more.

1 We appreciate that you've -- we appreciate that
2 you've asked for beds. We're willing to -- we're
3 willing to give you beds. But this is not a firm
4 contractual commitment at this stage. It's really
5 the beginning of the process.

6 And then we will gather a whole bunch
7 of information from operators that then will enable
8 us to, kind of, determine whether a project can be
9 approved, and those -- generally speaking, those
10 types of information, you know, would be
11 financially-related, compliance-related to make
12 sure that we are -- make sure that we're satisfied,
13 again, that you're a credible operator.

14 And then we get into what is truly a
15 more contractual step which is that we actual sign
16 a -- we actually sign a formal development
17 agreement with you where the funding that we will
18 provide is articulated, and the schedule for the
19 project is articulated.

20 That development agreement, although
21 I'm explaining this to you sequentially, some of
22 these things can happen in parallel. As we move to
23 the development agreement, homes are also at the
24 same time working on preliminary plans. They're
25 doing preliminary drawings. They're doing final

1 drawings, and that helps us that after the
2 development agreement is signed, we can sign off on
3 the working drawings that would have been in
4 constant contact with them through that process
5 which then allows them to tender and get yourself
6 approved to construct.

7 So once you get approved to construct,
8 it's really the Ministry's work is done from a
9 planning perspective, and it's really over to
10 the -- over to the operator. And then we will be
11 monitoring and working with operators to make sure
12 they're on schedule as we, kind of, go through the
13 build stage. And then you get to the open stage
14 which will include having to have an occupancy plan
15 and making sure that the home is ready for
16 occupancy by residents.

17 As part of that occupancy plan, there
18 are, again, two elements we look for. We want to
19 make sure that the building is safe, so
20 structurally safe, and, you know, that you have
21 the -- you know, the bars in the right location and
22 you have sufficient outlets, and you have all the
23 various safety features that were a part of the
24 working drawings, that those are all in place.

25 But also equally important, we want to

1 make sure that you have a staffing strategy and
2 plan and staff hired and ready to go, obviously,
3 before residents can be admitted to the home.

4 The -- enable some of those costs that
5 will be part of ramping up a new building, we do
6 have some additional funding that we give homes for
7 orientation and staffing ahead of opening day which
8 is above and beyond what I talked about before.

9 So when we look at this -- when we look
10 at this chart and where we've made improvements,
11 because I think this is probably helpful if you
12 think about a project, the project lifecycle, we
13 designed the application process for -- the
14 application form for this -- for this most recent
15 call which was in 2019 or started in 2019. And we
16 would have included in that application a request
17 for information that would allow us to pretty much
18 leapfrog the funding approval.

19 So with our -- with our most recent
20 allocation of projects in the last couple of weeks,
21 there are actually about half of those projects
22 that went right to project approval. There was no
23 need for them to go through an allocation stage or
24 any -- not any further evaluation. And they are
25 well on their way to having their development

1 agreement signed within the next -- for many of
2 them, within, kind of, the next six to eight weeks
3 which will allow them to tender and get moving.

4 Those projects would be projects where
5 we, obviously, have history with them. They may be
6 multichain operators who are -- who have already
7 started to develop. It may be organizations that
8 we have been working pretty closely with over the
9 last couple of years, so we have a good sense of
10 what their status is.

11 Before we would have done the funding
12 approval, we would have done another sweep of our
13 inspections area to make sure that there were no
14 compliance -- no compliance concerns. But the
15 reason I raise that as just a very tangible element
16 in how we are speeding up the process is to let you
17 know that every project does not necessarily have
18 to go through these eight steps. They are steps
19 that we can shorten.

20 We are also -- the other -- I
21 mentioned, and I just want to, kind of, repeat
22 myself just so you, kind of, have a second example
23 of how we are working to shorten this timeline.
24 The development agreement and the approval to
25 construct, all of the various underlying elements

1 that support those two -- those two tasks can be
2 bundled, so they don't have to happen sequentially.

3 At the same time that the project
4 managers are working with operators on nailing down
5 their schedule and reaffirming what their funding
6 will be, they're also working with them on
7 preliminary plans and final working drawings,
8 et cetera.

9 And in some cases, we have operators
10 who are using the same working drawing for multiple
11 sites which will, sort of, designed a drawing for
12 160 beds, and they're going to, kind of, you know,
13 use that -- use that particular prototype across
14 the -- across the system. So again, there's the
15 opportunity to speed up getting -- you getting
16 projects approved.

17 In terms of where we stand today, we're
18 starting to get to a point where we have more and
19 more projects in the building stage and the approve
20 to construct. So we have just about 3,000 beds now
21 that are under construction. We have another 3,000
22 or so beds that are in -- right behind it in the
23 development agreement stage. So this really allows
24 us to also find opportunities for additional
25 efficiencies and help operators as they move from

1 that approve to construct into -- and into
2 occupancy.

3 Interestingly, we have about 500 beds
4 that are keyed up and online by, kind of, middle of
5 next year, and those will really, I think, help us
6 to -- help inform us about how else we can further
7 streamline the open stage as we start to move
8 projects, as I said, through this -- through this
9 project lifecycle.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Go ahead, Mr. Pollard.

12 BRIAN POLLARD: As I said, hopefully
13 that -- hopefully that slide is clear.

14 In terms of the bed development and
15 redevelopment, all I'll mention on this slide is
16 that we've had four tranches of beds awarded
17 starting in fall 2018, and most recently, as I just
18 mentioned, we did an allocation in fall -- in fall
19 2020.

20 Next slide. Okay. So this is the
21 historical timeline of bed development and
22 redevelopment. So this is broken into two slides.
23 This one will take us from the, kind of, late
24 1990s, if you will, up to winter 2018. And you'll
25 see that in -- back in the late 1990s, there was a

1 20,000 new-bed program, and there was also a
2 redevelopment of a D-bed program. So those two
3 programs were launched with the intention of
4 expanding capacity in the system and also
5 redeveloping what were -- what were then D-beds, so
6 some of the oldest beds in the system, so not
7 unlike, in some ways, the mandate that we have
8 today.

9 The -- by the mid-2000s, we had an
10 emergency development action plan program that came
11 into play for a very small number of beds but
12 really targeted at dealing with some emergency room
13 pressures that were starting to make themselves
14 known at that point in time.

15 And you'll see at the bottom of the
16 2006 to 2007, you'll also see that there was a
17 long-term care home renewal strategy where we
18 started to talk about redeveloping the B and C-beds
19 and then any, kind of, upgraded D-beds. So it's
20 probably worth, kind of, highlighting that for
21 the -- during the 1990 -- the late 1990s program,
22 one of the options for D-beds was to upgrade. So
23 they weren't going to completely renovate to new
24 design standards, but they would upgrade and make
25 their home just slightly better into something that

1 we call an upgraded D-bed. And then, by 2006 and
2 2007, those beds were obviously now seven years
3 older and really needed to be brought into a formal
4 redevelopment program. So that's, kind of, the
5 earliest that we started to talk about a renewal --
6 a renewal strategy.

7 By two thousand and -- I'm just trying
8 to see where -- going back up. So by 2009, there
9 were some -- the LHINs were now established, and
10 they were starting to request small numbers of beds
11 in certain areas and to address some of the
12 pressing needs that they had.

13 By 2014, you had the enhanced long-term
14 care home renewal strategy, again, trying to push
15 against this getting B, C, or upgraded D-beds
16 redeveloped. And by 20 -- and then you'll see that
17 by 2017 -- sorry -- we had the Aging with
18 Confidence Action Plan launch which then started to
19 talk about 5,000 new long-term care beds so
20 migrating away from just redevelopment and talking
21 about new beds coming into the system.

22 And, Commissioner Marrocco, that would
23 be the earliest where we would have talked about
24 new licenses. You asked me that question earlier.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 M-hm.

2 BRIAN POLLARD: So that was -- that's
3 when that conversation would have -- would have
4 started.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 But that's just a discussion, right?

7 BRIAN POLLARD: Yeah. So this was
8 really -- we did have the -- in, kind of, the
9 ending days of the previous administration, they
10 did do some allocations tied to the Aging With
11 Confidence Strategy. They did allocate
12 approximately 6,000 beds, but that was very -- you
13 know, that was kind of late -- probably early --
14 early 2018, so spring of 2018.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Right.

17 BRIAN POLLARD: And then finally, we
18 had in -- as we said earlier, allocation of the
19 beds in winter 2018.

20 So you can see from this schematic that
21 although there are a lot of -- there are a lot of
22 points on this graph, there weren't a lot of beds
23 necessarily associated with them. So that would
24 have also contributed -- you know, once you get
25 past the 20,000-bed program, would also have

1 contributed to the small number of beds that
2 obviously came online between 2011 and 2018.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Well, it's not too much of an exaggeration to say
5 there are really virtually no new beds from --
6 after 1998 -- or after those 20,000 beds approved
7 in '98 were constructed.

8 BRIAN POLLARD: That's right. Nothing
9 substantial.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Right. Thank you.

12 KRISTIN SMITH: If I can just ask you
13 to pause for a minute, Mr. Pollard. I have to
14 leave, unfortunately, so I'm going to stop sharing
15 my screen, and Mr. Mathai is going to put the
16 slides up.

17 SUNIL MATHAI: Thank you, Kristin.

18 BRIAN POLLARD: Is that also code for
19 I'm over time?

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Well, probably.

22 SUNIL MATHAI: I was just going to
23 raise that --

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 But not complaining just yet. You seem to be

1 pretty close to the end anyway, Mr. Pollard, so...

2 BRIAN POLLARD: Yeah. I'll speak
3 quickly for the --

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 No. No. We asked you a lot of questions, so...

6 SUNIL MATHAI: Can everybody see the
7 same historical timeline slide?

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 I think so. Yes, we can. Thank you.

10 COMMISSIONER JACK KITTS: Yes.

11 BRIAN POLLARD: Okay. So we can go on
12 to the next slide because I think that this is
13 probably the exciting part to show -- it's a good
14 comparison relative to what I've discussed.

15 So this is a busy slide, but it talks
16 about everything that's been, kind of, happening
17 since 2018.

18 And is there any ability, Sunil, to
19 make that bigger?

20 SUNIL MATHAI: I can try. How's that?

21 BRIAN POLLARD: There you go. Thank
22 you.

23 SUNIL MATHAI: Yeah.

24 BRIAN POLLARD: You are -- I might
25 misread the slide.

1 So from July 2018 to December 2018, we
2 did have a reaffirmation of beds that were
3 announced earlier in the spring, and we also did
4 have a commitment from Government around 15,000 new
5 and 15,000 older beds in five years. And that came
6 out in July 2018.

7 At that time, we also did indicate
8 30,000 new beds in a decade which is why,
9 Commissioner Kitts, I talk about 2028 and not 2030.

10 The allocation was reconfirmed, as I
11 said, for the 6,075 beds, and that gave us a bit of
12 a running start with those operators that already
13 received allocations to ensure that they didn't
14 lose any time in moving ahead with their projects.

15 Between January 2019 and June 2019,
16 there continued to be additional work with -- or we
17 started in the work with Infrastructure Ontario
18 looking at how to improve the program, and that
19 would have included looking at the funding model
20 and some other non-qualitative levers.

21 We also had a number of Treasury Board
22 submissions which would have supported the
23 allocation of additional beds, and by Budget 2019,
24 we had a confirmation of an additional 1,100,
25 almost 1,200 beds, and then shortly thereafter in

1 June, we had another 657 beds.

2 So within that first year between July
3 2018 and June 2019, you really saw us doing a lot
4 of allocations. And if you superimpose this map to
5 the slide that I showed before, this was really,
6 kind of, the first couple of the steps in the -- in
7 the process, so we were deep into the planning
8 process.

9 It's okay, Sunil. You don't have to go
10 back. That's all right. Thanks. This is talking
11 about a project lifecycle.

12 Between July 2019 and December 2019, we
13 started to make some steps to streamline that
14 planning process. And the first step would have
15 been modernising the public consultation approach
16 for licensing. That included both legislative and
17 regulatory changes, so we would have made those.
18 And based on our history with the previous call for
19 application which would have happened in 2018, we
20 modernised the application -- the application form
21 to include some of those features that I talked
22 about which would have required operators who were
23 applying, or interested parties who were applying,
24 to provide us with more information, all with the
25 intent of helping us leapfrog through the lifecycle

1 and without losing any due diligence, but leapfrog
2 through the -- through the process and get projects
3 moving a bit -- a bit more quickly.

4 The final point on the -- on that, in
5 that period between July 2019 and December 2019 was
6 really just an affirmation of the modernisation
7 strategy that we were -- that we were moving ahead
8 with.

9 By January 2020 to June 2020, we had
10 stakeholder consultations on the funding model, and
11 then we actually went to Cabinet with the funding
12 model and got approval for the funding model.

13 The funding model actually cost us more
14 money, right? As you can see, we were given -- we
15 were given an increased CFS. We were now given an
16 upfront grant, so as you would appreciate, we would
17 have, obviously, had to go through a number of
18 internal briefings and meetings here to ensure that
19 we had the appropriate approvals.

20 We also -- I'll just jump right down to
21 the bottom of this one. We also started to work on
22 the Accelerated Build Program for those three
23 hospitals and four projects.

24 Between June 2020 and September 2020,
25 we announced the new Long-Term Care Funding Model,

1 and we also closed the application for long-term
2 care home development which had been in the field
3 for almost a year by then because we had launched
4 it in October, October 1, 2019, and we closed it
5 September 25th, 2020.

6 In case there are any questions about
7 why it took so long for that application to -- or
8 why it was open for so long, it was really because
9 of COVID. We had initially intended to close
10 applications sometime earlier in the year, and then
11 COVID hit, and we were hearing from a number of
12 operators that they just didn't have time to
13 complete applications, so we were -- we wanted to
14 recognize that. And to be responsive to that, we
15 extended the closing date to September 25th.

16 And then finally, here, what you see
17 between October 2020 and December 2020 is approval
18 for -- continuing approval for the Accelerated
19 Build Program which is on a different path than
20 the -- than the regular program, and that would
21 have needed its own separate approvals.

22 And then we have done some additional
23 work on surplus lands, and those are lands,
24 Government-owned lands, that have been made
25 available for disposition and have further been --

1 furthermore been made available for disposition to
2 operators who are willing to build and operate
3 long-term care homes on those lands.

4 So we are very early in that process
5 right now. We've recently done a soft launch, and
6 we're working with Infrastructure Ontario to
7 finalize that and continue with the launch process
8 and determine interests from operators for that
9 over the next -- the next little while.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Has there been any thought to trying to speed up
12 the municipal side of this?

13 BRIAN POLLARD: Yeah, so there has
14 been, certainly, from both -- both driven by the
15 Ministry and, quite frankly, by operators as well.
16 But I know a number of operators, in anticipation
17 of plans that they expect to be approved, would be
18 working very closely with their municipalities.

19 We have also, from within Government,
20 started to explore other options to speed up -- to
21 speed up some of the -- some of the barriers that
22 people are running into with zoning in
23 particular --

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Yeah.

1 BRIAN POLLARD: -- of land, and there
2 is a tool called the Minister's Zoning Order which
3 can -- which can be used to help address some of
4 those barriers.

5 Okay. And the next slide -- yeah, and
6 just -- this is really just a quick slide that
7 talks about the importance of integrating licensing
8 and capital, but I think I -- hopefully, I've made
9 that point already.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 I think we have covered that.

12 BRIAN POLLARD: Yeah, so we'll jump
13 over that. And this slide just gives you a sense
14 of, again, if you look at those three stages --
15 actually, the next two slides. If you look at the
16 three stages of planning and design, building and
17 open, how many beds and how many projects are tied.
18 So you'll see that we are gradually moving the
19 yardstick, if you will, out of the planning and
20 design stage and more so into the building stage.

21 Sunil, you can go ahead.

22 Yeah. So I think a lot of this I've
23 already explained as I -- as I talked about the
24 individual project lifecycle and some of the
25 changes that we've made. So this will just -- I'll

1 consider it just FYI for you.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Thank you.

4 BRIAN POLLARD: And then if we think
5 about ongoing program refinements, we continue to
6 work with Infrastructure Ontario to do some work on
7 what are some of our other opportunities. We've
8 actually engaged Deloitte to look at some work
9 streams tied to the building stage, and as we -- as
10 we look ahead to the occupancy stage, we want to
11 make sure that the financing environment continues
12 to be strong for all operators, so wanting to have
13 a renewed funding model, another thing to make sure
14 that we have a supportive financing environment.

15 So we're on our way in looking at some
16 of those elements and continue to look at some of
17 those elements so that we can, kind of, be nimble
18 agile and change processes as -- change processes
19 and policy as needed.

20 We're also looking at any improvements
21 to design that may be required especially in the
22 wake of COVID. So, you know, the research is
23 still -- is still coming in, obviously, on this,
24 but, again, we want to make sure that we're
25 responsive to the marketplace and any kind of

1 insights in terms of spread of -- the spread of
2 COVID and making sure that our homes are as modern
3 as possible.

4 And I think this final slide -- no.
5 Another area. Another way. Yeah. So I think I
6 spoke to this a little bit before. This just talks
7 to the supply and demand of long-term care.

8 In the appendices, we've actually
9 included a map for you. We colloquially talk about
10 it as the green map. But this will give you a
11 sense, of --

12 And, Commissioner Coke, back to your
13 question about, you know, the 30,000 -- you know,
14 30,000 beds. So they'll be known -- you know, we
15 didn't do any work necessarily on whether 30,000
16 was the right number.

17 We did do some work on, given that
18 number where -- relatively speaking, you know,
19 where do we have to locate beds. And the green map
20 just shows you that in the higher green areas,
21 those will be relatively higher-need areas, and
22 obviously, the lighter green are lower-need areas.

23 We've also superimposed on this the --
24 where we have sited beds thus far and where we
25 have, kind of, approved beds to -- where we have

1 allocated beds for projects. And I want to use
2 that word, allocation, purposely because all these
3 projects have not necessarily been approved or
4 passed the funding -- the funding stages as of yet.

5 And you'll see that a number of the
6 dots are in those dark green, so this work was done
7 deliberately to determine where we -- where we
8 should be placing beds.

9 So with that, I think I am done unless
10 there are any other questions.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Well, I -- Commissioner Coke has a question.

13 COMMISSIONER ANGELA COKE: Yeah. Just
14 trying to understand something about the financing.
15 So the long-term care homes, they're borrowing
16 private money and building, and you're paying that
17 back over time. The cost of borrowing for
18 Government must be a lot less than private money.

19 So I'm just wondering if there was any,
20 you know, sort of look into that aspect of things
21 and in particular how that might support the
22 not-for-profit and the municipal homes.

23 BRIAN POLLARD: Yeah. And so great
24 question, Commissioner Coke, and that is -- that is
25 exactly why we're having Deloitte do some work for

1 us on the financing environment. So -- you know,
2 and we did do -- we did a bit of work on this in
3 terms of developing the design -- sorry --
4 developing the funding model.

5 So a couple of things: So we are in a
6 low interest rate environment right now which is
7 actually a good thing from a -- you know, from a
8 construction perspective.

9 We do have cases with hospitals who are
10 interested in long-term care, have the capacity and
11 capability to borrow directly from OFA, the Ontario
12 Financing Authority, so they would actually, in
13 effect, get the rate of borrowing that Government
14 gets. I think there's probably a little bit of
15 a -- there's a little bit of a risk premium on
16 there, but it -- but it's closer.

17 Infrastructure Ontario does have a
18 lending program for not-for-profits that would
19 allow them to not have to go to the -- to go to the
20 commercial markets. And municipalities, obviously,
21 have their own, kind of, debt financing -- debt
22 financing approach.

23 So we have done -- you know, what I'm
24 articulating to you is a bit of the work we have
25 done to support some of those not-for-profit and

1 municipal operators who are looking for
2 alternatives to traditional -- traditional
3 financing.

4 I would say the next step for us is to
5 really make sure that those programs are sound
6 enough that people can actually -- can actually use
7 them.

8 So when we talk about the IO loan
9 program, let's make sure that we have the right
10 sureties and assurances and guarantees in place and
11 covenants in place so that -- so that when a
12 long-term care home is accessing that -- you know,
13 that source, that it is -- that it is available.

14 But, yeah, some work was done to make
15 sure that not -- you know, that as we think about
16 this, everyone didn't have to go to the -- to go to
17 the traditional market.

18 COMMISSIONER ANGELA COKE: Which would
19 save you money in the payback scheme.

20 BRIAN POLLARD: Yeah, that's right.
21 Yeah.

22 COMMISSIONER JACK KITTS: Just to add
23 one -- so not-for-profit and hospitals are the same
24 category, but the access to funding is different
25 for hospitals than the not-for-profits?

1 BRIAN POLLARD: Yeah, that's right. So
2 the hospitals do have a bit more -- a few more
3 opportunities because those are actually Government
4 assets.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Well, thank you very much, Mr. Pollard, for what
7 I think all three of us would agree was a very full
8 presentation. But it's very helpful for us because
9 we do want to understand the context in which we
10 are functioning in. Listening to this gives us a
11 bit more confidence that -- about certain facts and
12 issues surrounding the development of new beds and
13 the refurbishing of existing ones.

14 So thank you very much for that, and
15 thank you for coming on such short notice.

16 BRIAN POLLARD: Thank you. My
17 pleasure.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 All right. Thank you. Pardon the hasty sign off,
20 but we've got another one scheduled in about ten
21 minutes, so --

22 BRIAN POLLARD: Okay.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 -- we've got to go. Thank you. Bye.

25 BRIAN POLLARD: Understood. Bye-bye.

1 COMMISSIONER JACK KITTS: Thank you,
2 Brian. Thanks, Brian. Bye.

3 -- Adjourned at 10:41 a.m.

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1 REPORTER'S CERTIFICATE

2
3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth;

9
10 That all remarks made at the time
11 were recorded stenographically by me and were
12 thereafter transcribed;

13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.

16
17
18 Dated this 7th day of December, 2020.

19
20 *Janet Belma.*

21
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