

# Analyst Briefing Notes

## Budget Committee - February 16, 2010

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## Executive Summary

- Toronto Public Health's (TPH) mission is to improve the health of the whole population and reduce health inequalities. The Program's primary focus is to promote the health of all communities and individuals, who live, work and visit Toronto by providing services and/or information to the public in the following areas: protecting against health hazards which includes air quality improvement, food safety, safe water, heat alerts, smoking by-law enforcement, and environmental protection; preventing disease which includes cancer prevention, dental screening, disease surveillance, immunization, tuberculosis control, and outbreak management; and, promoting good health which includes primarily alcohol/drug use prevention, nutrition promotion, parenting support, sexual health promotion, and sun safety programs. TPH also implements the requirements of the Ontario Public Health Standards – Emergency Preparedness Protocol.
- To address its commitment to keep people healthy by preventing the spread of disease, promoting healthy living and advocating for conditions that improve health, TPH established the following service objectives:
  - To support low income residents of Toronto to eat sufficient and nutritious food given income inadequacies.
  - To increase the percentage of the total number of infants born in Toronto who are screened for hearing loss from 90% in 2009 to 95% in 2011 as the ultimate goal.
  - To increase the percentage of women enrolled in the Healthiest Babies Possible program that have low birth weight babies which will improve Toronto's low birth weight rate of 5.0% in 2009; to 4.8% in 2010 and 4.6% in 2011.
  - To reduce the potential for food borne illness outbreaks in Toronto food premises by maintaining the rate of compliance of premises with the food premises regulations (% of Pass Notice on initial inspection) at or above 90%.
  - To maintain its success rate of 86% for 3-months follow-up on potential household contacts of pulmonary tuberculosis cases to a success rate of 88% by 2011.
  - To continue to work with the Oral Health Coalition to address gaps in oral health care for the adult population 18-65 years of age
  - Develop proposal to the province to address the new low income dental program for children
  - Fully implement the requirements of the OPHS - Emergency Preparedness Protocol including a fan-out mechanism for mass notification of staff, community partners and government bodies.

- TPH's 2009 accomplishments include the following:
  - Provided training, consultation and site support to 584 student nutrition programs in 378 school communities reaching over 108,000 children and youth
  - Provided 32,478 Healthy Babies Healthy Children home visits by Public Health Nurses and Family Home Visitors to high risk families
  - Assessed the immunization records of 357,698 (or 100% of) Toronto school students in 2008 and 2009. Offered H1N1 mass immunization clinics for the Toronto community during the last quarter of 2009.
  - Conducted over 25,000 inspections/re-inspections of food establishments, despite labour disruption and staff deployment to H1N1 response.
  - Assisted in joint city emergency response activities on the Lakeshore Blvd, Kingston Rd and Maitland Ave transformer fires that displaced residents in early 2009.
  - Expanded provincial Children In Need of Treatment dental program to youth 18 years of age.
- For 2009, TPH is projecting net expenditures to be at the 2009 Approved Operating Budget of \$43.819 million. TPH is projecting a gross under expenditure of \$4.0 million which is mainly attributed to the delay in the implementation of the Expansion of Children In Need of Dental Treatment (CINOT) Program that is provincially funded at 100%. Salaries and benefits are also under spent, primarily for positions funded by capital projects which have been delayed due to the labour disruption and the temporary reallocation of staff resources to support the province-wide H1N1 planning.
  - The Expansion of Children in Need of Dental Treatment (CINOT) with 100% Provincial funding of \$5.253 million in 2009 is not included in TPH's 2010 Recommended Operating Budget as the program is subject to review given the change in cost sharing by the Province from 100% in 2009 to 75% in 2010 which would have resulted in a net pressure to the City of \$1.313 million in 2010.

**Table 1: 2010 Recommended Budget**

	2009		2010 Recommended Operating Budget			Change - 2010 Recommended Operating Budget v. 2009 Appvd. Budget		FY Incremental Outlook	
	2009 Appvd. Budget	2009 Projected Actual	2010 Rec. Base	2010 Rec. New/Enhanced	2010 Rec. Budget			2011	2012
	\$	\$	\$	\$	\$			%	\$
(In \$000s)									
<b>GROSS EXP.</b>	222,876.0	218,876.0	216,344.3	3,194.7	219,539.0	(3,337.0)	(1.5)	4,051.4	308.0
<b>REVENUE</b>	179,056.9	175,056.9	172,182.4	3,194.7	175,377.1	(3,679.8)	(2.1)	2,935.3	208.0
<b>NET EXP.</b>	43,819.1	43,819.1	44,161.9	0.0	44,161.9	342.8	0.8	1,116.1	100.0
<b>Approved Positions</b>	1,908.1	1,908.1	1,855.7	33.6	1,889.3	(18.8)	(1.0)	3.0	0.0

TARGET COMPARISON	2010 Target	2010 Rec. Budget	2010 Rec. Budget vs. 2010 Target	2011 Target
NET BUDGET	42,731.3	44,161.9	1,430.6	41,455.5
PROGRAM REDUCTION (\$)	(2,061.6)	(631.0)	1,430.6	(2,191.0)
PROGRAM REDUCTION (%)	(4.7)	(1.4)	3.3	(5.0)

- The 2010 Recommended Operating Budget of \$44.162 million net is \$0.343 million or 0.8% over the 2009 Approved Operating Budget and includes program reduction savings of \$0.631 million or 1.4% of the 2009 Approved Budget, which is \$1.431 million or 3.3% below the reduction target for TPH in 2010. Further reductions to achieve the 2010 target will result in significant service impacts and therefore are not recommended at this time.
- The 2010 Recommended Operating Budget of \$219.539 million gross and \$44.162 million net is comprised of base funding of \$216.344 million gross and \$44.162 million net with new/enhanced services of \$3.195 million gross and \$0 net.
- The recommended new/enhanced services funding of \$3.195 million gross and \$0 net are summarized below:
  - Expansion of the Investing in Families Initiative which includes the addition of 10 temporary positions;
  - Implementation of the Syphilis Outbreak Response Campaign, funded at 100% by the Province; and,
  - Development of TPH's capital projects included in TPH's 2010 Approved Capital Budget to be fully funded from debt.
- Approval of the 2010 Recommended Budget will result in the Program's total staff complement decreasing from 1,908.1 to 1,889.3 approved positions. The net reduction of 18.8 positions results from a deletion of 52.4 base positions which includes 28.4 positions for one-time funding of public health programs and 22.5 positions for 2009 completed capital projects, partially offset by an increase of 33.6 new / enhanced service positions (includes 23.6 capital-funded positions).
- The 2010 Recommended Operating Budget for TPH results in incremental future year net costs to the Program of \$1.116 million net in 2011 and \$0.100 million net in 2012.
  - In 2011, increases of \$4.051 million gross and \$1.116 million net includes COLA, progression pay and step costs, and the addition of 3 new positions as well as service and maintenance costs resulting from 5 capital projects anticipated to be completed in 2010.
  - The 2012 Outlook anticipates incremental increases of \$0.308 million gross and \$0.100 million net for progression pay and step increases. The 2012 Outlook does not include a provision for COLA as this is subject to future negotiations.
  - TPH has not identified any 2011 reduction options during the 2010 Operating budget process to achieve the Program's 2011 reduction target of \$2.191 million or 5.1% of the 2009 Approved Budget. Further review of reduction options will be conducted during 2010 and reported as part of the 2011 budget process.
- The 2010 Recommended Base Budget provides funding for the Program's key cost drivers which include:
  - Salary pressures due to COLA, progression pay and step increases with associated fringe benefits of \$4.522 million;

- Application support (6 new positions) and ongoing service and maintenance to sustain the new Environmental Reporting, Disclosure and Innovation system of \$0.462 million; and,
- Expenditures to implement the Built Environment and Health Project, and the Heat Vulnerability Assessment Mapping Project of \$0.258 million (approved by City Council at its meeting of January 26 & 27, 2010).
- The cost drivers noted above will be partially off-set by the following savings included in the 2010 Recommended Operating Budget:
  - reversal of non-recurring items such as one-time 2009 funding for public health programs, including the Expansion of Children in Need of Dental Treatment (CINOT) pending confirmation of 100% funding in 2010; and the reversal of 22.5 capital-funded staff positions no longer required in 2010 (\$9.554 million);
  - reduction of Provincial funding due to a province-wide decline in West Nile Virus (WNV) disease activity and the transfer of the investigation of pesticide complaints and pesticide education to the Ministry of Environment resulting in a reduction of \$0.655 million;
  - deferral of the operating impact (service and maintenance costs including 2 positions) of the PH Surveillance and Management System as project completion has been delayed from 2010 to 2011 (\$0.246 million);
  - absorption of non-labour inflationary increases and TPH's furniture replacement funding, and an additional reduction in non-payroll expenditures of \$0.734 million based on actual experience; and,
  - increased provincial revenues of \$0.189 million resulting from the transfer of the Toronto Drug Strategy Program from a 100% City-funded program to 75% Provincially funded program based on the new public health standard.
- The Program's 2010 Recommended Operating Budget includes minor service level changes with savings of \$0.241 million net in 2010, having no incremental impact in 2011.
- Approval of the recommended Service Changes will result in a reduction of 6 permanent positions as of January 1, 2010 summarized as follows:
  - Elimination of surface water larviciding of 100,000 catch basins, education and outreach, trapping and testing of mosquitoes to monitor for the presence of West Nile Virus (\$0.102 million net; 2 permanent vacant positions);
  - Reduction of 4 permanent positions that will result in minor service level changes (\$0.139 million net). Refer to Confidential Attachment 1.
- The following key program issue had been identified during the 2010 Operating Budget process:
  - A further review of the appropriate Corporate Overhead Charge to operating budgets of provincially/federally funded programs is required in order for the City to develop an appropriate costing model framework that will identify corporate costs that can be allocated consistently to these programs.

- The 2010 Recommended Operating Budget of \$44.162 million will allow TPH to continue to provide the following services:
  - Respond to 7,500 calls for Healthy Living services and 976 referrals for service to schools through PHN liaison services; support 212 school health committees (Toronto Schools on the Move, Health Action Teams and others); and, provide health promotion service to 147 workplaces.
  - Reach over 4,000 individuals with appropriate Peer Nutrition educational assessment and counselling workshops in priority neighbourhoods; provide hearing loss screening to a targeted 42,000 newborn infants with a projected 95% reach; provide an appropriate range of Preschool Speech and Language services to 8,000 children with an identified speech and language disorder; and, provide targeted services to 4,000 nutritionally at risk pregnant women.
  - Provide Hepatitis B and Meningitis C vaccine to approximately 28,000 grade 7 students and influenza vaccine to 40,000 clients; distribute safe drug use supplies (525,000 needles) to drug users in Toronto; and, provide 178.5 hours of sexual health services (STI testing and free treatment, supply low cost birth control and pregnancy testing) in Sexual Health Clinics across the City.
  - Ensure compliance with mandated inspection frequencies by conducting approximately 32,000 high, medium and low risk inspections; increase the number of trained and certified food handlers in high risk premises by 12,000; and reduce the number of mosquito breeding sites by treating 200,000 storm sewers and other sites.
  - Provide 22,000 preventive services in public health clinics to children and seniors, provide basic dental treatment to 325,100 clients in targeted groups, screen 636 schools and 218,000 children in public schools; and, provide oral health education to 24,000 people.

## Recommendations

The City Manager and Chief Financial Officer recommend that:

1. City Council approve the 2010 Recommended Operating Budget for Toronto Public Health of \$219.539 million gross and \$44.162 million net, comprised of the following services:

<u>Service:</u>	<u>Gross</u> <u>(\$000s)</u>	<u>Net</u> <u>(\$000s)</u>
Office of the MOH	1,232.3	171.3
Public Health Planning & Policy	13,779.7	3,282.7
Healthy Families	59,541.9	6,939.0
Communicable Disease	42,566.3	8,715.2
Healthy Environments	21,973.6	4,767.2
Healthy Living	35,545.8	8,296.7
Dental / Oral Health	22,136.2	8,552.9
Finance & Administration	22,763.2	3,436.9
	<hr/>	<hr/>
Total Program Budget	<u>219,539.0</u>	<u>44,161.9</u>

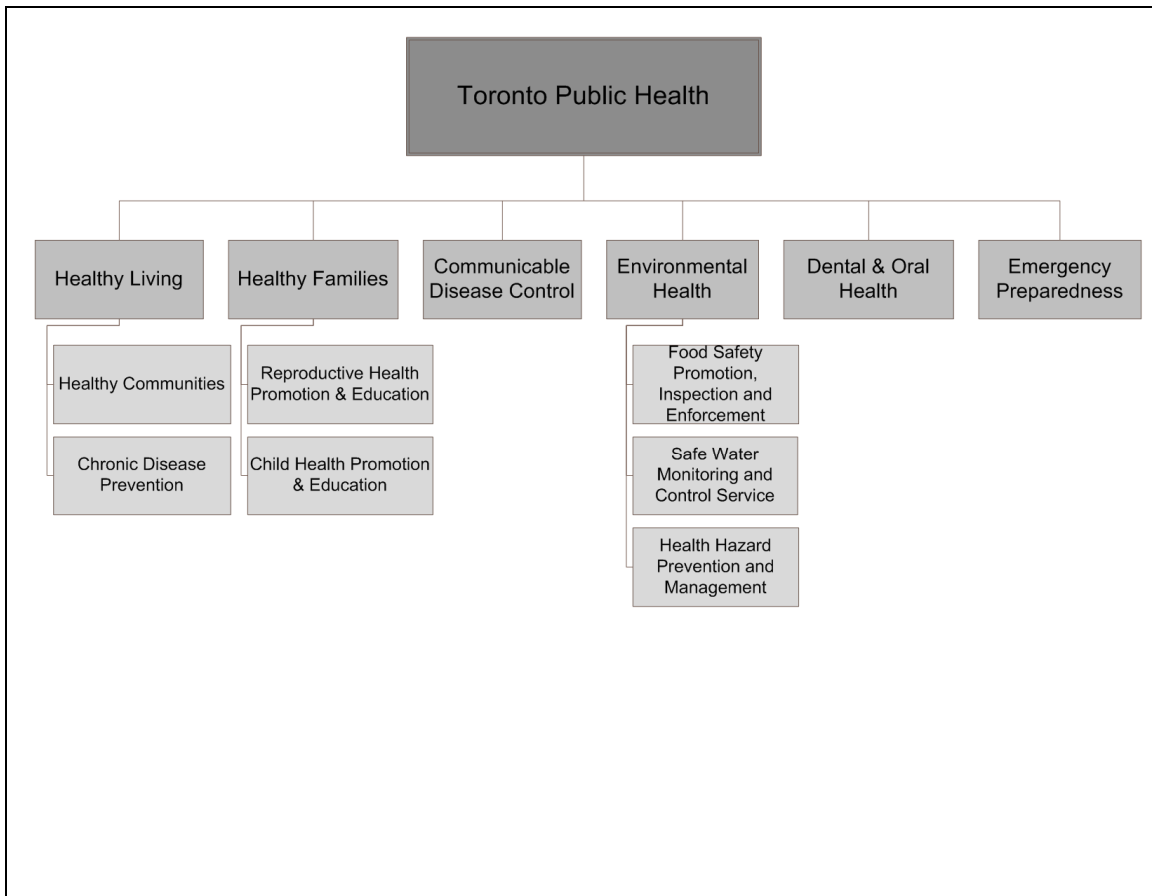
2. the information contained in confidential attachment 1 remain confidential until the outcome of Council's decision has been communicated to the Unions and affected staff.

**Mission Statement**

*A healthy city where all people enjoy the highest level of health and well being. Toronto Public Health (TPH) improves the health of the whole population and reduces health inequalities.*

Toronto Public Health (TPH) is the largest health unit in Canada. TPH works to promote, protect and enhance the health of all communities and individuals that live, work or play in the City of Toronto. TPH also works to reduce health disparities and focus on narrowing the health gap between disadvantaged / vulnerable neighbourhoods and other communities within the City of Toronto. TPH provides public health programs and services to individuals and communities according to the directions and health priorities established by the Board of Health, comprised of elected councillors and citizen representatives, and the guidelines of the Ontario Public Health Standards issued by the Province of Ontario. TPH provides six public health services as noted below.

**Program Map**





## 2010 Recommended Services: Overview

**Healthy Living** promotes behaviours that reduce the risk of chronic disease and provides support to low income Torontonians to eat sufficient and nutritious food given income inadequacies. This public health service also provides promotional and prevention awareness campaigns to educate candidates of lifestyle and to increase awareness and treatment interventions to City residents who are abusing various substances. Major activities include Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Abuse Prevention.

**Healthy Families** promotes and supports healthy behaviour for people in their childbearing years, pregnant women and their partners and youth providing awareness and education on reproductive health by public health professionals which include public health nurses, dietitians, and speech language pathologists.

Healthy Families services include activities that promote and support:

- healthy behaviours and environments, healthy birth outcomes and readiness to parent for people in their reproductive years and foster healthy attachment and early learning utilizing positive parenting strategies.
- physical, cognitive, communicative and psycho-social development of children and support effective parenting in high-risk families.

**Communicable Disease Control** provides services that reduce the occurrence and transmission of infectious diseases through 15 sexual health clinics. It also provides on call service to respond to reports of reportable and communicable diseases, including an assessment of a reportable disease and notification of organizations and the public of the infectious disease threat / outbreak. Major activities include:

- The Vaccine Preventable Diseases (VPD) program annually assesses immunization records for all students enrolled in Toronto schools. VPD programs offers Hepatitis B and Meningitis C vaccine to grade 7 students and delivers influenza vaccine to City of Toronto residents when required.
- The Sexually Transmitted Infection (STI) case management program provides comprehensive assessment, counselling, referral and partner notification of sexually transmitted infections annually.
- The Needle Exchange program distributes safer drug use supplies to drug users in Toronto.
- The AIDS and Sexual Health Information Line provides telephone counselling weekly.
- Sexual Health (SH) clinics provide sexual health services in clinic sites across the city. Services include STI testing and free treatment, provision of low cost birth control and pregnancy testing and referral.

***Environmental Health*** promotes safety of food and beverages in restaurants and processing plants (TPH inspects over 15,000 food premises in the City of Toronto). It is a public service offered to food preparation, handling and processing operators and food consumers providing promotional campaigns informing people about how to increase food safety, and providing inspection and enforcement of guidelines dealing with food production processes. It is also a public health service to drinking water and recreational water operators (i.e. beach owners), water consumers and recreational water users offering monitoring of drinking water recreational water quality to ensure that it complies with provincial standards, and notifying stakeholders in the event of adverse water quality conditions.

***Dental and Oral Health*** provides dental treatment, screening and preventive services to over 31,000 low income dental patients and their families through 14 dental clinics at limited or no cost. Major activities provided include screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centres.

***Emergency Preparedness***, where TPH implements the requirements of the Ontario Public Health Standards (OPHS) - Emergency Preparedness Protocol. This service provides emergency service providers and to potential victims of emergency incidents a plan to coordinate continued service delivery for essential services in the event of an emergency.

## **Service Objectives**

TPH constantly demonstrates the value of public health services by responding to public health needs in the community and through education and outreach initiatives. TPH has established the following key service objectives that are aligned with its strategic plan to keep people healthy by preventing the spread of disease, promoting health living and advocating for conditions that improve health.

### ***Healthy Living***

- To support low income residents of Toronto to eat sufficient and nutritious food given income inadequacies.

Public health nurses (PHN) acts as school liaison to facilitate collaborative partnerships among community agencies to create healthy, safe and supportive school environments especially in schools and communities in the 13 strong neighbourhoods.

### ***Healthy Families***

- To increase the percentage of the total number of infants born in Toronto who are screened for hearing loss from 90% in 2009 to 95% in 2010.

Toronto's Infant Hearing Program (IHP) is a community program designed to identify infants born deaf or hard of hearing in the City of Toronto. Over the next 3 years, the percentage of infants screened is targeted to increase by 8% so that the program will reach 95% of all infants.

- To increase the percentage of women enrolled in the Healthiest Babies Possible program who have low birth weight babies which will improve Toronto's low birth weight rate of 5.2% in 2010; and 4.8% in 2011.

Toronto's percentage of babies born with a low birth rate of 5.5% for all expecting mothers is higher than the provincial average of 4.5%. This is an important indicator of health and TPH objective is to increase the birth weight of infants born to program participants.

### ***Communicable Disease Control***

- To maintain its success rate of 86% for 3-months follow-up on potential household contacts of pulmonary tuberculosis cases to a success rate of 88% by 2011.

As tuberculosis is a deadly and very contagious disease, TPH makes sure that all potentially infected parties are tested and treated to minimize the impact of outbreaks.

### ***Environmental Health***

- To reduce the potential for food borne illness outbreaks in Toronto food premises by maintaining the rate of compliance of premises with the food premises regulations (% of Pass Notice on initial inspection) at or above 90%.

TPH continuing challenge in this area is responding to increasing number of food recalls while at the same time trying to maintain mandated inspection frequencies.

### ***Dental and Oral Health***

- To continue to work with the Oral Health Coalition to address gaps in oral health care for the adult population 18-65 years of age.
- Develop proposal to the province to address the new low income dental program for children.

### ***Emergency Preparedness***

- Fully implement the requirements of the OPHS - Emergency Preparedness Protocol including a fan-out mechanism for mass notification of staff, community partners and government bodies.

The implementation of flu assessment centres was part of the operational response for the H1N1 pandemic in Toronto. These centres provided temporary overflow relief for emergency rooms and primary care as well as a point of access to influenza primary care services for vulnerable clients and those without a primary care provider. Planning and operating these centres in partnership with existing health service organizations allowed Toronto Public Health to strengthen our relationships with these important stakeholders. In total, the five sites saw 819 patients during their operation.

## 2009 Accomplishments

TPH's major accomplishments in 2009 include:

- Provided training, consultation and site support to 584 student nutrition programs in 378 school communities reaching over 108,000 children and youth.
- Provided 32,478 Healthy Babies Healthy Children home visits by Public Health Nurses and Family Home Visitors to high risk families.
- Assessed the immunization records of 357,698 (or 100% of) Toronto school students in 2008 & 2009. Offered H1N1 mass immunization clinics for the Toronto community during the last quarter of 2009.
- Conducted over 25,000 inspections/re-inspections of food establishments, despite of labour disruption and staff deployment to H1N1 response.
- Expanded provincial Children In Need of Treatment dental program to youth 18 years of age.
- Assisted in joint city emergency response activities on the Lakeshore Blvd, Kingston Rd and Maitland Ave transformer fires that displaced residents in early 2009.

**Table 2: 2009 Budget Variance Review (\$000s)**

(In \$000s)	2008 Actuals	2009 Approved Budget	2009 Projected Actuals*	2009 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	%
<b>GROSS EXP.</b>	205,920.4	222,876.0	218,876.0	(4,000.0)	(1.8)
<b>REVENUES</b>	163,529.6	179,056.9	175,056.9	(4,000.0)	(2.2)
<b>NET EXP.</b>	42,390.8	43,819.1	43,819.1	0.0	0.0
<b>Approved Positions</b>	1,853.8	1,908.1	1,873.3	(34.8)	(1.8)

\*Projected Actuals Based on the September 30, 2009 Variance Report

## **2009 Budget Variance Analysis**

As submitted in the September 30, 2009 Operating Variance, net expenditures are projected to be at the 2009 Net Operating Budget of \$43.819 million.

The gross under expenditure of \$4.0 million is mainly attributed to the delay in the implementation of the Children In Need of Dental Treatment (CINOT) Program that is provincially funded at 100%. Salaries and benefits are also under spent, primarily for positions funded by capital projects as a result of the labour disruption and the temporary reallocation of staff resources to support the province wide H1N1 planning.

## **Impact of 2009 Operating Variance on the 2010 Recommended Budget**

The under expenditure of the CINOT Program will not continue into 2010. The 100% Provincial funding for the CINOT Program is not included in the 2010 Recommended Operating Budget as the program is subject to review given the change in cost sharing by the Province from 100% in 2009 to 75% in 2010 which would have resulted in a net pressure to the City of \$1.313 million in 2010.

The under expenditure for salaries and benefits for Capital funded positions will not be continued into 2010 as these positions are required to complete 2009 capital projects already underway.

**Table 3: 2010 Recommended Base Budget (\$000s)**

	2009 Appvd. Budget	2010 Recommended Base	Change 2010 Recommended Base v. 2009 Appvd. Budget		FY Incremental Outlook	
					2011	2012
(In \$000s)	\$	\$	\$	%	\$	\$
<b>GROSS EXP.</b>	222,876.0	216,344.3	(6,531.7)	(2.9)	4,051.4	308.0
<b>REVENUE</b>	179,056.9	172,182.4	(6,874.5)	(3.8)	2,935.3	208.0
<b>NET EXP.</b>	43,819.1	44,161.9	342.8	0.8	1,116.1	100.0
<b>Approved Positions</b>	1,908.1	1,855.7	(52.4)	(2.7)	3.0	0.0

TARGET COMPARISON	2010 Target	2010 Rec. Budget	2010 Rec. Budget vs. 2010 Target	2011 Target
<b>NET BUDGET</b>	<b>42,731.3</b>	<b>44,161.9</b>	<b>1,430.6</b>	<b>41,455.5</b>
<b>PROGRAM REDUCTION (\$)</b>	<b>(2,061.6)</b>	<b>(631.0)</b>	<b>1,430.6</b>	<b>(2,191.0)</b>
<b>PROGRAM REDUCTION (%)</b>	<b>(4.7)</b>	<b>(1.4)</b>	<b>3.3</b>	<b>(5.0)</b>

**Table 3a: Program Reduction Requirements (\$000s)**

(In \$000s)	2010 Required Reductions	2011 Required Reductions
2009 Approved Budget (September 30)	43,819.1	
<b>Pressures Reported with 2010 / 2011 Outlook</b>	<b>1,103.1</b>	<b>915.2</b>
Savings Not Reported with 2010 / 2011 Outlook	(129.4)	0.0
<b>5% Reduction Target</b>	<b>(2,191.0)</b>	<b>(2,191.0)</b>
Additional Pressures not in 2010 Reported Outlook	129.4	<b>TBD</b>
<b>Program Reduction Target</b>	<b>(2,061.6)</b>	<b>(2,191.0)</b>
<b>Net Budget Target</b>	<b>42,731.3</b>	<b>41,455.5</b>

***2010 Recommended Base Budget***

The 2010 Recommended Base Budget of \$216.344 million gross and \$44.162 million net represents a \$0.343 million or 0.8% increase over TPH's 2009 Approved Operating Budget of \$43.819 million net. The 2010 Recommended Base Budget includes funding of \$0.974 million for base budget increases, which have been offset by \$0.390 million in base budget reductions and \$0.241 million in minor service level changes representing a reduction of 1.4% of the 2009 Approved Operating Budget. As a result, TPH's 2010 Recommended Operating Budget is \$1.431 million or 3.3% below

TPH's 2010 Operating Budget reduction target of \$2.062 million or 4.7% of the 2009 Approved Budget.

Approval of the 2010 Recommended Base Budget will result in the Program's total approved complement decreasing from 1,908.1 to 1,855.7 approved positions. The reduction of 52.4 approved positions is mainly due to the following: a decrease of 28 positions for one-time 100% externally funded health services programs approved in 2009, 22.5 positions for completed 2009 phase of capital projects, 6 positions resulting from recommended service changes, which are partially offset by the increase of 6 positions required for the new system that will support the Environmental Reporting, Disclosure and Innovation project.

### **2010 Base Budget Key Cost Drivers**

The 2010 Recommended Base Budget provides funding for the following key cost drivers:

- Cost of providing the current level of service requires \$4.522 million gross and \$0.973 million net; for COLA, progression pay and step increases and associated increase in benefits costs;
- Start-up costs (deferred by 6 months) which include the addition of 6 new permanent positions and service and maintenance costs to support the new Environmental Reporting, Disclosure and Innovation system of \$0.461 million gross and \$0.115 million net;
- Annualized cost of the Pollution Prevention Program approved in 2009 to enable Toronto facilities to reduce the use and release of toxics of \$0.097 million gross and \$0.024 million net; and,
- Expenditures to implement the Built Environment and Health Project, and the Heat Vulnerability Assessment Mapping Project of \$0.258 million gross and \$0 net (approved by City Council at its meeting of January 26, 27, 2010).

The pressures noted above are partially offset by the following savings included in the 2010 Recommended Base Budget:

- Base reductions of \$0.840 million gross and \$0.390 million net will have no impact on TPH's service levels in 2010:
  - Service and maintenance costs of the PH Surveillance and Management System will be deferred from 2010 to 2011 as the completion of the project has been delayed (\$0.246 million gross and \$0.062 million net);
  - Inflationary increases for non-labour expenditures of \$0.324 million gross and \$0.072 million net and TPH's furniture replacement funding of \$0.310 million gross and \$0.077 million net will be absorbed, and non-payroll expenditures of \$0.100 million gross and \$0.025 million net will be reduced to reflect actual expenditures; and,
  - Transfer of the Toronto Drug Strategy Program from a 100% City-funded program to 75% Provincially funded program based on the new public health standard will increase provincial revenues by \$0.189 million.

- Other base changes that will reduce net pressures include:
  - reversal of non-recurring items such as one-time 2009 funding for public health programs, including capital the Expansion of Children in Need of Dental Treatment (CINOT) pending confirmation of 100% funding in 2010; and the reversal of 22.5 capital-funded staff positions no longer required in 2010 totaling \$9.554 million gross and \$0 net ;
  - reduction of Provincial funding due to a province-wide decline in West Nile Virus (WNV) disease activity and the transfer of the investigation of pesticide complaints and pesticide education to the Ministry of Environment resulting in a reduction of \$0.655 million gross and \$0.164 million net; and,
  - additional gapping of \$0.166 million gross and \$0.049 million net to maintain TPH's gapping rate of 4.8% for mandatory programs cost shared at 75% by the Province.

## 2010 Service Changes

TPH's 2010 Recommended Base Budget includes service change savings of \$0.631 million representing 1.4% of the 2009 Approved Budget. The recommended 2010 service changes are comprised of \$0.390 million in base change savings noted above and \$0.241 million in savings arising from minor service level changes.

The recommended service changes are summarized below:

### *Minor Service Level Changes*

- *Reduced Vector Borne Diseases Services:* Elimination of surface water larviciding; mosquito trapping and testing and educational outreach on prevention of WNV will result in a reduction of 2 permanent vacant positions (WNV Field Operators) as of January 2010 (\$0.409 million gross and \$0.102 million net).
- *Reduction of 4 Permanent Positions as of January 1, 2010* (\$0.554 million gross and \$0.139 million net). Refer to Confidential Attachment 1.

## 2011 and 2012 Outlook: Net Incremental Impact

Approval of the 2010 Recommended Base Budget for TPH will result in 2011 and 2012 incremental increases of \$1.116 million net and \$0.100 million net respectively to maintain the 2010 level of service and staff complement. Future year costs are primarily attributed to the following:

- The 2011 Outlook for TPH anticipates incremental net expenditure increases of \$1.116 million net for COLA, progression pay and step increases and the addition of 3 new positions as well as service and maintenance costs of five capital projects expected to be completed in 2010.
  - The 2010 Recommended Operating Budget will not result in any 2011 incremental service change savings to assist the Program in achieving their 2011 reduction target of a further decrease of \$2.191 million or 5% of the 2009 Approved Budget. TPH has not presented any reduction options for 2011. Further review is required over the course of the year and presented for consideration during the 2011 Operating Budget
- The 2012 Outlook includes incremental increases of \$0.100 million for progression pay and step increases only as any cost of living adjustment is subject to future negotiations.



**Table 4: 2010 Recommended Service Change Summary**  
(In \$000s)

Description	2010 Recommended Service Changes				Net Incremental Impact	
	Position Change	Gross Exp.	Net Exp.	% Change over 2009 Budget	2011	
	#	\$	\$	#	\$	# Pos
<b>Base Change Summary</b>	<b>0.0</b>	<b>(839.9)</b>	<b>(390.4)</b>		<b>108.3</b>	<b>0.0</b>
<b>Minor Service Level Changes</b>						
Reduction in Services (Vector Borne Disease)	(2.0)	(408.6)	(102.1)	-0.2%		
Deletion of 4 Permanent Positions	(4.0)	(554.1)	(138.5)	-0.3%		
<b>Sub-Total Service Changes</b>	<b>(6.0)</b>	<b>(962.7)</b>	<b>(240.6)</b>	<b>-0.5%</b>	<b>0.0</b>	<b>0.0</b>
<b>Total Changes</b>	<b>(6.0)</b>	<b>(1,802.6)</b>	<b>(631.0)</b>	<b>-1.4%</b>	<b>108.3</b>	<b>0.0</b>

### 2010 Recommended Service Changes

The budgetary impact of implementing the following service changes are included in the 2010 Recommended Base Budget, with base savings estimated at \$0.390 million in 2010 that will have no impact on 2010 service levels and savings from recommended service level changes of \$0.241 million. Approval of the recommended service changes will result in a reduction of 6 approved permanent positions reducing TPH's complement to 1,855.7.

#### Service Changes

The following recommended service changes included in TPH's 2010 Recommended Base Budget, resulting in 2010 savings of \$0.241 million net are discussed below.

##### *Minor Service Level Changes*

###### *Reduced Vector Borne Disease Services*

TPH currently provides larviciding of 100,000 catch basins; education and outreach; trapping and testing mosquitoes to monitor for the presence of West Nile Virus (WNV), following up on investigations of complaints related to standing water; monitoring and treatment or elimination of standing surface water. This reduction will eliminate: surface water larviciding; mosquito trapping and testing and educational outreach on prevention of WNV resulting in savings of \$0.409 million gross and \$0.102 million net and the deletion of 2 permanent vacant positions (WNV Field Operators) as of January 2010.

Reduction of 4 Permanent Positions as of January 1, 2010 (\$0.554 million gross and \$0.139 million net). Refer to Confidential Attachment 1.

**Table 5: 2010 New / Enhanced Service Priority Actions: Summary**

Description	2010 Recommended			Net Incremental Impact			
	Gross Exp.	Net Exp.	New Positions	2011		2012	
	\$	\$	#	\$	# Pos	\$	# Pos
<b>Enhanced Services:</b>							
<b>(a) Enhanced Services - Council Approved</b>							
Investing in Families	874.2	0.0	10.0				
<b>(b) Enhanced Services - Program Initiated</b>							
<b>Sub-Total Enhanced Services</b>	<b>874.2</b>	<b>0.0</b>	<b>10.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>New Services:</b>							
<b>(a) New Services - Council Approved</b>							
<b>(b) New Services - Program Initiated</b>							
Syphilis Outbreak Response	91.0	0.0					
Positions funded from the TPH's 2010 Approved Capital Budget							
Dental Strategy & Implementation	520.9	0.0	5.8				
Environmental Reporting, Disclosure & Innovation	98.5	0.0	1.0				
Healthy Environment Inspection System	177.2	0.0	2.0				
Healthy Environment Reporting	315.3	0.0	3.2				
Health Emergency Information System	159.7	0.0	1.5				
Health e-Services	124.3	0.0	1.3				
Healthy Families/Health Living System Integration	275.1	0.0	3.0				
PH Surveillance and Management System	558.5	0.0	6.0				
<b>Sub-Total New Services</b>	<b>2,320.5</b>	<b>0.0</b>	<b>23.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total Enhanced/New Services</b>	<b>3,194.7</b>	<b>0.0</b>	<b>33.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## 2010 Recommended New / Enhanced Service Priority Actions

### Enhanced Service Priority Actions

#### *Council Approved*

#### ***Expansion of the Investing in Families Initiative: (\$0.874 million gross and \$0 net funded by Toronto Employment and Social Services)***

Investing in Families is an initiative designed to improve the economic, health and social status of single-parent families receiving Ontario Works benefits and have children 0 to 17 years of age. The project was first implemented in the North West area of Toronto and will now be expanded City-wide. Toronto Public Health has partnered with Employment and Social Services and Parks, Forestry and Recreation to deliver this program.

This City initiative provides participating families with access to employment related services such as job search skills workshops, resume writing, job skill training, and education upgrading; recreational and leisure activities; and services that promote a healthy lifestyle for children, and chances to become socially involved in their communities.

TPH will continue to provide families with counseling related to their physical and mental well-being, to cope with stress resulting from child growth and development, and parenting. They will also be provided with support to access appropriate and timely health care, referral to community support agencies and service co-ordination. These public health services together with the financial and employment support provided by TESS and the assessment, referral and financial support to access physical and leisure activities provided by PFR, provide a comprehensive, seamless approach to service delivery for these vulnerable parents and children.

The program currently has 4 Public Health Nurses. With the addition of 10 temporary Public Health Nurse positions, the number of families served will increase from 55 in 2009 to 169 in 2010 and the number of direct interventions (home visits and group sessions) will increase from 333 in 2009 to 1,079 in 2010.

## **New Service Priority Actions**

### *Program Initiated*

#### ***Syphilis Outbreak Response Campaign – (\$0.091 million gross and \$0 net)***

The Ministry of Health and Long Term Care (MOHLTC) has provided 100% funding to TPH to develop a new multi-faceted education / awareness campaign targeting gay and bisexual men. TPH will provide funding to the AIDS Committee of Toronto (ACT) to develop the syphilis campaign.

In 2009, TPH experienced an 80 percent increase in reported cases of infectious syphilis compared to 2008 (331 cases were reported and 388 cases were reported by October 14, 2009). Risk factors that contributed to the outbreak include unprotected oral sex, high rates of partner change, anonymous partners/venues and recreational drug use.

An outbreak of infectious syphilis in Toronto began in late 2002 and peaked in 2004. Following a decline in 2005, the outbreak began to re-emerge in 2008.

#### ***Delivery of Capital Projects included in the 2010 Recommended Capital Budget: (\$2.230 million gross and \$0 net, increase of 23.6 temporary positions).***

Funding of \$2.230 million gross and \$0 net (fully recovered from capital budget debt funding) for 23.6 temporary positions and hardware/software acquisition costs is recommended in 2010 to begin / continue the development of eight capital IT projects approved in TPH's 2010 Capital Budget

- the *Dental Strategy and Implementation System* which will develop a major core integrated business system to support TPH Dental programs;
- the *Environmental Reporting, Disclosure and Innovation System* which will develop a Web-based system that will utilize Environment Canada's environment system to monitor and report 25 priority chemicals used and released by targeted industries;

- the *Healthy Environments Inspection System* project which will provide tools to more effectively monitor and control Healthy Environments inspections;
- the *Healthy Environments Reporting System project* which will enhance the ability of Healthy Environments managers and staff to respond quickly and effectively with specific media requests for information;
- the *Health Emergency Information System* that will allow for speedy contact of appropriate TPH staff and community partners in the event of a health emergency;
- the *Health e-Services project* that will provide accurate and timely health related information on the water quality of our beaches and enhance payment processing for the Food Handler Program;
- the *Healthy Families/Healthy Living Systems Integration* that will eliminate duplicate data entry between the Toronto Community Health Information System (TCHIS) application and the Province's newly revamped Integrated Services for Children Information System (ISCIS); and,
- the *PH Surveillance and Management System*, a joint project with the Province, that will implement a new national public health information system now called "Panorama" (in conjunction with the Public Health Agency of Canada through the Canada Health Infoway initiative).

## 2010 Budget Issues

### *Reduction of Corporate Overhead Charges*

The City of Toronto has charged Toronto Public Health (TPH) a fee for general municipal services, or Corporate Overhead Charges, since 1999. The Ontario Ministry of Health and Long Term Care will pay a reasonable amount of justifiable costs for general municipal charges that support the delivery of mandatory, cost-shared public health programs. The Ministry has requested that a service level agreement be established with the municipality to ensure that costs included in the general municipal charge are justifiable and eligible for reimbursement.

In 2001 the City Auditor performed a review of this charge and concluded the amount charged was too high. The City Auditor's recommendation adopted by Council in December 2001 was for the Chief Financial Officer and Treasurer, in consultation with the Commissioner of Corporate Services, incorporate in their report on the rationalization of interdepartmental charges, the development of a policy and framework for identifying the types of corporate overhead costs that are to be allocated to the various departments, and the basis for this allocation.

In December 2007, Internal Audit reviewed Accounting Services Division proposed full costing model framework which identified the types of corporate costs that are to be allocated to the various division and the basis for such allocations. Internal Audit noted that the model provided a consistent and fair basis for allocating corporate charges.

In 2008, the City's Internal Auditor performed a review to determine the appropriateness of the corporate overhead charges currently being claimed for reimbursement from the Province by Toronto Public Health. Based on this review, the Internal Auditor determined that that the annual Corporate Overhead Charge included in the TPH Operating Budget cannot be justified and consequently, ineligible expenses are being claimed for reimbursement from the Province.

A schedule to reduce the Corporate Overhead Charge from \$11.4 million to \$8.75 million over four years starting in 2009 was reviewed with the City Manager and the Chief Financial Officer and a reduction in the Charge of \$0.650 million was approved in the TPH 2009 Operating Budget.

In December, 2009 the Deputy City Manager and Chief Financial Officer requested Internal Audit to do another review of the reasonableness of the costs allocated to Toronto Public Health's budget. Based on this review, additional costs were identified that may be eligible for reimbursement from the Province. These costs need to be reviewed and considered in determining the reduction to the Corporate Overhead Charge in future years. In the interim, the Corporate Overhead Charges has been reduced by \$0.325 million in 2010 and further adjustments in the future are pending subject to further review.

The City Auditor recommends that the City select and use a consistent framework for charging overhead costs to the operating budgets for all provincially/federally funded and rate based programs, that is fair, understandable, and practical, which can withstand the scrutiny of an audit of the funding organization.

## 2011 and Future Year Issues

### *2011 Reduction Target*

TPH did not provide any 2011 reduction options for consideration during the 2010 Budget process to achieve the Program's 2011 reduction target of \$2.191 million net or 5% of the 2009 Approved Budget. However, reduction options will be reviewed in 2010 and presented for consideration as part of the 2011 budget process in order to meet the 2011 target.

### **Issues Referred to the 2010 Operating Budget**

The Board of Health (BOH) at its meeting on November 16, 2009, recommended to the Budget committee that the report on Toronto Public Health's 2010 Operating Budget Request be forwarded to City Council for consideration during the 2010 Budget process. The recommendations stated that:

1. City Council approve a Toronto Public Health 2010 Operating Budget request of \$219,885.8 thousand gross / \$44,792.9 thousand net as summarized in Table 1, "2010 Operating Budget Request".
2. City Council approve the list of budget adjustments included in Table 3, "Summary of 2010 Base Budget Changes from 2009 Operating Budget" to the report (November 12, 2009) from the Medical Officer of Health, totalling a decrease of \$2,622.7 thousand gross and an increase of \$994.3 thousand net.
3. City Council approve the recommended service reduction options as summarized in Table 4, "Summary of 2010 Service Reduction Options" of this report totalling a budget reduction of \$1,005.2 thousand gross and \$251.4 thousand net expenditures to move towards the City's target of a five percent net decrease from the 2009 Operating Budget.
4. City Council approve one 2010 New and Enhanced Service for the Investing in Families Program with an increase of \$874.2 thousand gross / \$0 net that is funded by Toronto Employment and Social Services.

The 2010 Recommended Operating Budget for TPH of \$44.162 million, is \$0.380 million net lower than the BOH Recommended Operating Budget of \$44.542 million net. The additional service reductions totaling \$0.380 million net are highlighted in the table below.

(In \$000s)	BOH Recommended			2010 Recommended Operating Budget			Additional Reductions	Comment
	Approved Positions	Gross Expenditures	Net	Approved Positions	Gross Expenditures	Net		
		\$	\$	\$		\$	\$	
<b>2010 Base Budget</b>	<b>1,861.7</b>	<b>217,916.9</b>	<b>44,743.7</b>	<b>1,861.7</b>	<b>217,916.9</b>	<b>44,743.7</b>	<b>0.0</b>	
Additional Base Adjustments								
Environmental Reporting Start-up Costs (Defer by 6 months)		(185.0)	(46.3)		(185.0)	(46.3)		
<i>Non-labour inflationary Increase</i>		<i>323.9</i>	<i>72.1</i>				(72.1)	
<i>Operating Impact of PH Surveillance capital project</i>	<i>2.0</i>	<i>246.0</i>	<i>62.0</i>				(62.0)	
<i>Corporate Overhead Charges Adjustment</i>		<i>(650.0)</i>	<i>(162.5)</i>		<i>(325.0)</i>	<i>(81.2)</i>	81.3	Rec'd Additional Base Reduction
<i>Absorb Furniture Replacement Funding</i>		<i>310.0</i>	<i>77.5</i>				(77.5)	
<i>Add'l Reduction in Non-Payroll Expenditures</i>					<i>(100.0)</i>	<i>(25.0)</i>	(25.0)	
<i>Toronto Drug Strategy</i>						<i>(188.7)</i>	(188.7)	
<b>2010 Recommended Base Budget</b>	<b>2.0</b>	<b>44.9</b>	<b>2.8</b>	<b>0.0</b>	<b>(610.0)</b>	<b>(341.2)</b>	<b>(344.0)</b>	
Service Reductions								
Eliminate Vector Borne Disease	(2.0)	(408.6)	(102.1)	(2.0)	(408.6)	(102.1)		
Deletion of Permanent Positions (Refer to Confidential Attachment 1)	(2.0)	(411.6)	(102.9)	(2.0)	(411.6)	(102.9)		
Deletion of Permanent Positions (Refer to Confidential Attachment 1)				(2.0)	<i>(142.5)</i>	(35.6)	(35.6)	Add'l Service Adjustment
<b>Service Reductions - Sub-total</b>	<b>(4.0)</b>	<b>(820.2)</b>	<b>(205.0)</b>	<b>(6.0)</b>	<b>(962.7)</b>	<b>(240.6)</b>	<b>(35.6)</b>	
New/Enhanced Service Actions	33.6	3,194.7		33.6	3,194.7			
<b>2010 Recommended Operating Budget</b>	<b>1,893.3</b>	<b>220,336.3</b>	<b>44,541.5</b>	<b>1,889.3</b>	<b>219,539.0</b>	<b>44,161.9</b>	<b>(379.6)</b>	Total Add'l reductions

## Appendix A

## 2010 Recommended Base Budget Changes vs. 2009 Approved Budget

(In \$000s)	Summary of 2010 Base Budget Adjustments				Net Incremental Outlook	
	Approved Positions	Gross Expenditures	Revenues	Net	2011	2012
		\$	\$	\$	\$	\$
<b>2009 Council Approved Operating Budget</b>	<b>1,886.8</b>	<b>217,992.9</b>	<b>174,575.3</b>	<b>43,417.7</b>	<b>0.0</b>	<b>0.0</b>
Technical Adjustments	21.3	3,197.1	3,197.1	0.0		
In-Year Budget Adjustments	0.0	1,686.0	1,284.6	401.4		
<b>2009 Approved Operating Budget</b>	<b>1,908.1</b>	<b>222,876.0</b>	<b>179,056.9</b>	<b>43,819.1</b>	<b>0.0</b>	<b>0.0</b>
Prior Year Impacts:						
Annualizations from Prior Year	(1.0)	10.8	7.2	3.6		
Reversals from Prior Year	(50.9)	(9,554.3)	(9,554.3)	0.0		
Operating Impacts of Capital	8.0	886.0	662.7	223.3	191.0	
Zero Base Items		(337.0)	(258.1)	(78.9)		
Economic Increases:						
Salary		4,522.2	3,548.9	973.3	771.0	100.0
Non Salary		323.9	251.8	72.1		
<b>Adjusted Base Budget</b>	<b>1,864.2</b>	<b>218,727.6</b>	<b>173,715.1</b>	<b>45,012.5</b>	<b>962.0</b>	<b>100.0</b>
Base Expenditure Changes	(2.5)	(1,420.6)	(999.3)	(421.3)	154.1	
Base Revenue Changes	0.0	0.0	188.7	(188.7)		
<b>2010 Base Budget Prior to Service Changes</b>	<b>1,861.7</b>	<b>217,307.0</b>	<b>172,904.5</b>	<b>44,402.5</b>	<b>1,116.1</b>	<b>100.0</b>
Recommended Service Changes:						
Service Efficiencies						
Revenue Changes						
Minor Service Level Changes	(6.0)	(962.7)	(722.1)	(240.6)		
Major Service Level Changes						
<b>Total Recommended Base Changes</b>	<b>(6.0)</b>	<b>(962.7)</b>	<b>(722.1)</b>	<b>(240.6)</b>	<b>0.0</b>	<b>0.0</b>
<b>2010 Recommended Base Budget</b>	<b>1,855.7</b>	<b>216,344.3</b>	<b>172,182.4</b>	<b>44,161.9</b>	<b>1,116.1</b>	<b>100.0</b>



**Appendix B**  
**Summary of Service Changes**

**Appendix C**

**Summary of 2010 Recommended  
New/Enhanced Service Priority Actions**

## Appendix D

## Program Summary by Expenditure Category

CLUSTER: ABC							
PROGRAM: Toronto Public Health							
	2009 Approved Budget	2009 Projected Actuals	2010 Recommended Budget	Change from 2009 Approved Budget		2011 Outlook	2012 Outlook
	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	159,432.2	159,432.2	162,908.8	3,476.6	2.2%	166,768.9	167,076.9
Materials and Supplies	4,353.2	4,353.2	4,102.4	(250.8)	(5.8%)	4,093.2	4,093.2
Equipment	1,548.2	1,548.2	1,197.0	(351.2)	(22.7%)	1,197.0	1,197.0
Services & Rents	38,999.0	34,999.0	33,170.9	(5,828.1)	(14.9%)	33,154.4	33,154.4
Contributions to Capital	1,058.7	1,058.7	240.0	(818.7)	(77.3%)	240.0	240.0
Contributions to Reserve/Res Funds	1,827.8	1,827.8	2,646.5	818.7	44.8%	2,646.5	2,646.5
Other Expenditures	6.0	6.0	6.0	0.0	0.0%	225.0	225.0
Interdivisional Charges	15,651.0	15,651.0	15,267.4	(383.6)	(2.5%)	15,265.4	15,265.4
<b>TOTAL GROSS EXPENDITURES</b>	<b>222,876.0</b>	<b>218,876.0</b>	<b>219,539.0</b>	<b>(3,337.0)</b>	<b>(1.5%)</b>	<b>223,590.4</b>	<b>223,898.4</b>
Interdivisional Recoveries	8,370.2	8,370.2	9,427.4	1,057.2	12.6%	9,427.4	9,427.4
Provincial Subsidies	164,730.1	160,730.1	161,182.4	(3,547.7)	(2.2%)	164,117.7	164,325.7
Federal Subsidies	306.7	306.7	110.1	(196.6)	(64.1%)	110.1	110.1
Other Subsidies	5.1	5.1	5.1	0.0	0.0%	5.1	5.1
User Fees & Donations	1,322.4	1,322.4	1,018.4	(304.0)	(23.0%)	1,018.4	1,018.4
Transfers from Capital Fund	3,180.9	3,180.9	2,229.5	(951.4)	(29.9%)	2,229.5	2,229.5
Contribution from Reserve Funds	0.0	0.0	0.0	0.0	n/a	0.0	0.0
Contribution from Reserve	0.0	0.0	0.0	0.0	n/a	0.0	0.0
Sundry Revenues	1,141.5	1,141.5	1,404.2	262.7	23.0%	1,404.2	1,404.2
<b>TOTAL REVENUE</b>	<b>179,056.9</b>	<b>175,056.9</b>	<b>175,377.1</b>	<b>(3,679.8)</b>	<b>(2.1%)</b>	<b>178,312.4</b>	<b>178,520.4</b>
<b>TOTAL NET EXPENDITURES</b>	<b>43,819.1</b>	<b>43,819.1</b>	<b>44,161.9</b>	<b>342.8</b>	<b>0.8%</b>	<b>45,278.0</b>	<b>45,378.0</b>
<b>APPROVED POSITIONS</b>	<b>1,908.1</b>	<b>1,908.1</b>	<b>1,889.3</b>	<b>(18.8)</b>	<b>(1.0%)</b>	<b>1,892.3</b>	<b>1,892.3</b>

## Appendix E

## Inflows / Outflows to / from Reserves &amp; Reserve Funds

## Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	2010*	2011	2012
			\$	\$	\$
Vehicle Reserve - Public Health	XQ1101	Beginning Balance*	208.7	265.9	323.1
		Proposed Withdrawals (-) / Contributions (+)	57.2	57.2	57.2
		Total Proposed Contributions (Withdrawals)	57.2	57.2	57.2
<b>VEHICLE RESERVE - PUBLIC HEALTH BALANCE AT YEAR END</b>			<b>265.9</b>	<b>323.1</b>	<b>380.3</b>

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	2010*	2011	2012
			\$	\$	\$
PH Efficiency Reserve Fund	XR1108	Beginning Balance*	1,825.9	2,644.6	3,463.3
		Proposed Withdrawals (-) / Contributions (+)	818.7	818.7	818.7
		Total Proposed Contributions (Withdrawals)	818.7	818.7	818.7
<b>PH EFFICIENCY RESERVE FUND BALANCE AT YEAR END</b>			<b>2,644.6</b>	<b>3,463.3</b>	<b>4,282.0</b>

## Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Balance as of December 2009	Proposed Withdrawals (-) / Contributions (+)		
			2010	2011	2012
			\$	\$	\$
Insurance Reserve	XR1010	32,534.1	383.7		
<b>Total Reserve / Reserve Fund Draws / Contributions</b>			<b>383.7</b>	<b>0.0</b>	<b>0.0</b>

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	2010*	2011	2012
			\$	\$	\$
IT Sustainment Reserve - Desktop	XQ1508	Beginning Balance	36,503.5	37,890.4	39,277.3
		Proposed Withdrawals (-) / Contributions (+)	1,386.9	1,386.9	1,386.9
		Total Proposed Contributions (Withdrawals)	1,386.9	1,386.9	1,386.9
<b>IT SUSTAINMENT RESERVE BALANCE AT YEAR END</b>			<b>37,890.4</b>	<b>39,277.3</b>	<b>40,664.2</b>