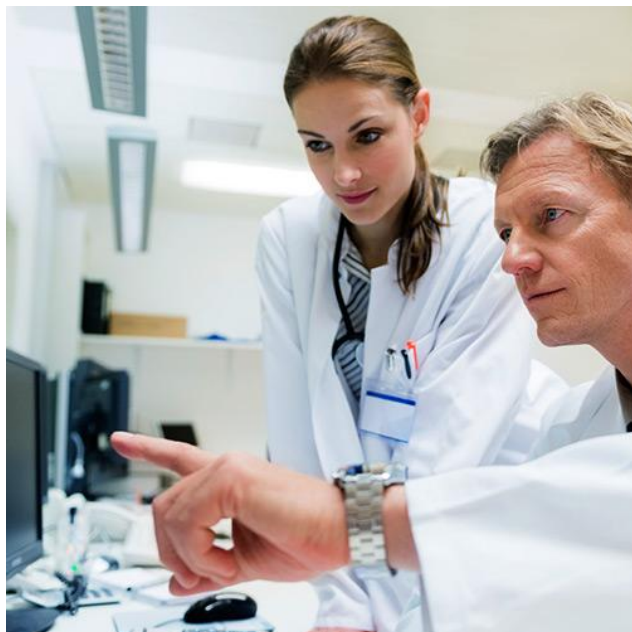




Toronto 2016 BUDGET

OPERATING BUDGET NOTES



Toronto Public Health

2016 OPERATING BUDGET OVERVIEW

Toronto Public Health (TPH) reduces health inequalities and improves the health of the entire population by delivering services that meet community health needs, comply with Ontario Public Health Standards, and make wise use of human and financial resources.

2016 Budget Highlights

The total cost to deliver these services to Toronto residents is \$240.703 million gross and \$56.942 million net as shown below.

(in \$000's)	2015 Approved Budget		Change	
	Budget	2016 Budget	\$	%
Gross Expenditures	253,979.5	240,703.3	(13,276.1)	(5.2%)
Gross Revenues	197,052.0	183,761.7	(13,290.3)	(6.7%)
Net Expenditures	56,927.5	56,941.6	14.2	0.0%

For 2016, TPH faced pressures arising mainly from salary and benefit increases and inflationary increase for the sexual health clinics. Through base budget reductions, the Program was able to partially offset these pressures to bring the 2016 Net budget to \$56.942 million or 0.2% over the 2015 Net Operating Budget.

toronto.ca/budget2016

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Fast Facts

- Toronto Public Health is one of 36 public health units funded by the Ministry of Health and Long Term Care (MOHLTC).
- The majority of the Public Health budget is cost-shared with the MOHLTC on a 75% provincial/25% municipal basis. Therefore, every \$1 of municipal investment in public health results in \$4 of public health services for Torontonians.

Trends

- Over the past twelve years, the amount of funding for 100% provincially funded programs has increased by over 75% from \$28.3 million in 2004 to \$50.2 million in 2015. The increase is due to the addition of new programs like Smoke Free Ontario and Healthy Smiles Ontario.
- Beginning in 2005, the provincial contribution increased from 50% to 75% for various cost shared programs.
- The municipal cost per person for Public Health Services did not change between 2015 and 2016 and remains at \$21.90.

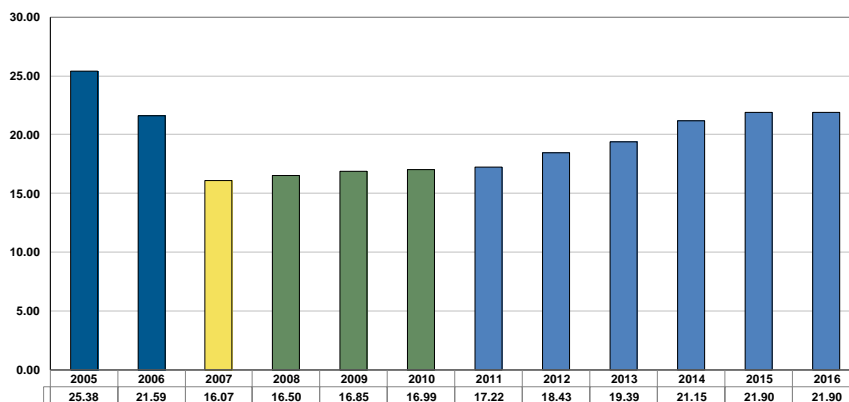
Our Service Deliverables for 2016

Toronto Public Health offers a diverse range of public health programs and services to Torontonians as per its legislated mandate.

The 2016 Preliminary Operating Budget will allow TPH to:

- Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,000 licensed child care facilities.
- Provide infection prevention and control liaison services to 20 hospital sites, 18 complex continuing care/rehab centres, 87 Long-Term Care Homes, 100 retirement homes, 2 correctional facilities, 4 school boards and 65 shelters.
- 60,000 client visits to sexual health clinics; with wait times for new clients for clinic services being only 2-3 weeks.
- Track and investigate over 15,000 confirmed cases of Chlamydia, gonorrhoea, syphilis, HIV, Hep B and C.
- Provide education and training to 450 health and allied health professionals on falls prevention from 60 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years).
- Provide 28,700 education and counseling contacts to support breastfeeding initiation and sustainment.

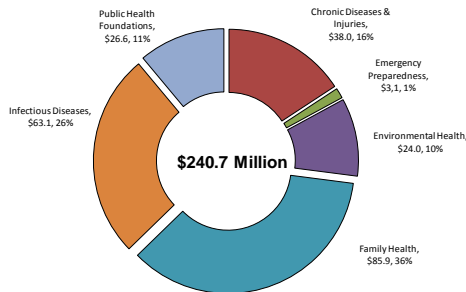
Municipal Costs Per Person for Public Health Services (Net)



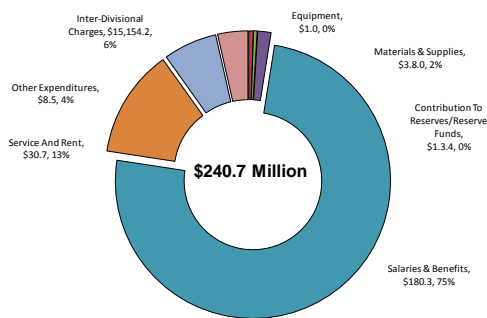
2016 Operating Budget Expenses & Funding

Where the money goes:

2016 Budget by Service

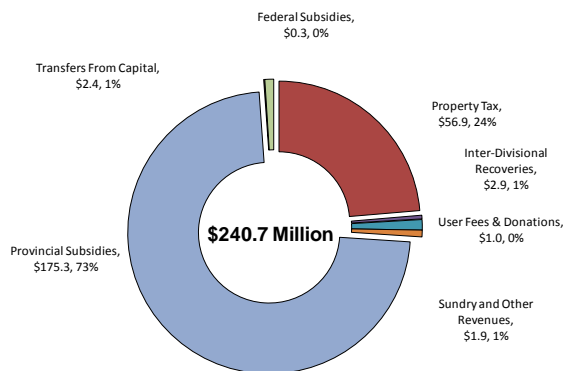


2016 Budget by Expenditure Category



Where the money comes from:

2016 Budget by Funding Source



Our Key Issues & Priority Actions

- Maintaining programs and services and continuing to meet public health legislative requirements and standards within financial constraints.**
 - The Ministry of Health and Long-Term Care (MOHLTC) has identified Toronto as one of 8 under-funded Public Health Units in the province.
 - As such, TPH continues to explore options to improve service delivery through streamlining business processes and finding operational efficiencies, while ensuring accountability for taxpayers.

2016 Operating Budget Highlights

- The 2016 Preliminary Operating Budget for Toronto Public Health of \$240.703 million gross and \$56.942 million net provides funding for six services: Chronic Diseases & Injuries; Emergency Preparedness; Environmental Health; Family Health; Infectious Diseases; and Public Health Foundations.
- The budget as presented here is \$0.014 million or 0.02% over the 2015 Approved Budget after taking the following measures.
 - The identification of sustainable on-going savings including line by line reductions (\$0.032 million net) and increased stable 2016 revenues of \$0.066 million net.

Actions for Consideration

Approval of the 2016 Preliminary Budget as presented in these notes requires that:

1. City Council approve the 2016 Preliminary Operating Budget for Toronto Public Health of \$240.703 million gross, \$56.942 million net for the following services:

<u>Service:</u>	<u>Gross</u> <u>(\$000s)</u>	<u>Net</u> <u>(\$000s)</u>
Public Health Foundations	26,637.3	10,994.0
Chronic Diseases & Injuries	37,958.6	10,489.4
Family Health	85,887.6	15,798.8
Infectious Diseases	63,091.1	13,441.7
Environmental Health	23,990.5	5,446.8
Public Health Emergency Preparedness	3,138.2	770.8
Total Program Budget	<u>240,703.3</u>	<u>56,941.6</u>

2. City Council approve the 2016 service levels for Toronto Public Health as outlined on pages 13, 17, 19, 23, 26 and 31 of this report, and associated staff complement of 1,863.98 positions.
3. City Council request the Medical Officer of Health to report back to the Budget Committee on the financial implications of the Student Nutrition Program's Governance review in time for the 2017 Budget process.

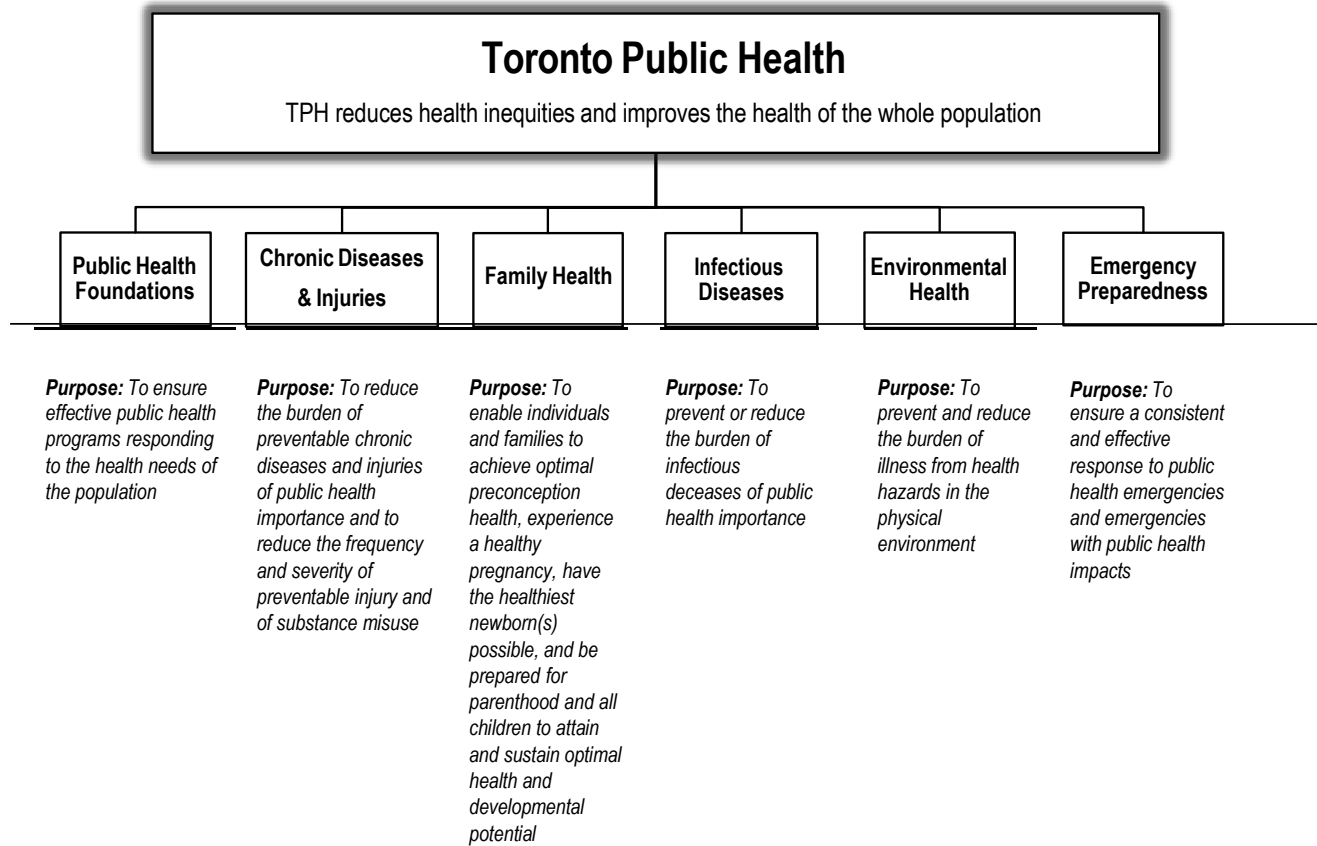


Part I:

2016 – 2018

Service Overview and
Plan

Program Map



Service Customer

Chronic Diseases & Injuries

- Children
- Youth
- Adults
- Seniors
- Employers
- Community Agencies & Organizations
- Educational Institutes
- Families
- Employees
- Neighbourhoods
- City of Toronto Population

Family Health

- Community Partners
- Healthcare Providers
- Children 0 to 6 years of age
- Parents / Guardians
- Caregivers
- Families
- Neighbourhoods
- City of Toronto
- Pregnant women and their partners
- Youth & Adults in their childbearing years

Environmental Health

- Drinking and Recreational Water Operators
- Consumers of drinking water
- Recreational water users
- General Public
- Food preparation / handling / processing operator
- Health hazard violation
- Food consumer
- Health Hazard violator

Emergency Preparedness

- TPH Staff
- City of Toronto Divisions
- Emergency Response Agencies
- Community Partners
- Public
- Emergency Victims
- Health Care Providers

Infectious Diseases

- Individuals with known or suspected reportable infectious diseases
- Individuals who are at risk of a reportable infectious disease
- Health care providers, hospitals, long-term care homes, retirement homes, correctional facilities and community partners
- Operators of personal service settings (incl. tattoo parlours, barbershops / salons, acupuncture, aestheticians, etc.)
- Licensed Day Nursery Operators
- Funeral Home Operators
- Local public health agencies across Ontario
- Toronto Police, EMS and Fire
- Individuals who are at risk for a vaccine preventable disease
- Student age 4 – 18 years old
- General Public
- Health care providers
- Parents & guardians

- School Boards
- Ministry of Health & Long-term Care
- Board of Health
- Media
- Individuals with rabies
- Individuals who are at risk of rabies
- Individuals with tuberculosis
- Individuals who are at risk of tuberculosis
- General public, boards of education, schools and workplaces
- Individuals with known or suspected communicable infections (sexually transmitted / blood-borne infections)
- Individuals who are at risk for a preventable communicable infections (sexually transmitted / blood-borne infections)
- Youth at risk for unwanted pregnancy
- Youth at risk for gender-based violence
- Customers of Personal Services Operators (incl. tattoo parlours, barbershops / salons, acupuncture, aestheticians, etc.)

Table 1
2016 Preliminary Operating Budget and Plan by Service

(In \$000s)	2015		2016 Operating Budget			2016 vs. 2015 Budget Approved Changes		Incremental Change 2017 and 2018 Plan			
	Approved Budget	Projected Actual	2016 Base	2016 New/Enhanced	2016 Budget			2017		2018	
By Service	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
Public Health Foundations											
Gross Expenditures	28,793.3	28,642.3	26,637.3		26,637.3	(2,156.0)	(7.5%)	67.6	0.3%	229.9	0.9%
Revenue	17,643.9	17,523.2	15,643.3		15,643.3	(2,000.6)	(11.3%)	51.6	0.3%	161.8	1.0%
Net Expenditures	11,149.5	11,119.2	10,994.0		10,994.0	(155.5)	(1.4%)	16.0	0.1%	68.1	0.6%
Chronic Diseases & Injuries											
Gross Expenditures	34,910.4	34,718.3	37,958.6		37,958.6	3,048.2	8.7%	(182.9)	(0.5%)	271.5	0.7%
Revenue	25,338.2	25,163.8	27,469.2		27,469.2	2,131.0	8.4%	(200.8)	(0.7%)	221.0	0.8%
Net Expenditures	9,572.2	9,554.5	10,489.4		10,489.4	917.2	9.6%	17.9	0.2%	50.5	0.5%
Family Health											
Gross Expenditures	99,162.5	98,627.2	85,887.6		85,887.6	(13,274.9)	(13.4%)	(1,646.9)	(1.9%)	603.4	0.7%
Revenue	82,614.9	82,051.4	70,088.8		70,088.8	(12,526.1)	(15.2%)	(1,676.7)	(2.4%)	485.8	0.7%
Net Expenditures	16,547.6	16,575.8	15,798.8		15,798.8	(748.8)	(4.5%)	29.7	0.2%	117.6	0.7%
Infectious Diseases											
Gross Expenditures	63,928.4	63,571.6	63,091.1		63,091.1	(837.2)	(1.3%)	(822.3)	(1.3%)	948.1	1.5%
Revenue	50,451.8	50,103.0	49,649.4		49,649.4	(802.5)	(1.6%)	(851.6)	(1.7%)	855.4	1.8%
Net Expenditures	13,476.5	13,468.5	13,441.7		13,441.7	(34.8)	(0.3%)	29.3	0.2%	92.7	0.7%
Environmental Health											
Gross Expenditures	24,009.8	23,886.3	23,990.5		23,990.5	(19.3)	(0.1%)	(194.2)	(0.8%)	206.6	0.9%
Revenue	18,593.2	18,472.5	18,543.7		18,543.7	(49.5)	(0.3%)	(193.3)	(1.0%)	176.3	1.0%
Net Expenditures	5,416.6	5,413.8	5,446.8		5,446.8	30.2	0.6%	(0.9)	(0.0%)	30.3	0.6%
Public Health Emergency Preparedness											
Gross Expenditures	3,175.1	3,161.4	3,138.2		3,138.2	(36.9)	(1.2%)	(9.7)	(0.3%)	30.8	1.0%
Revenue	2,410.0	2,396.6	2,367.4		2,367.4	(42.7)	(1.8%)	(11.8)	(0.5%)	24.5	1.0%
Net Expenditures	765.1	764.8	770.8		770.8	5.7	0.7%	2.1	0.3%	6.3	0.8%
Total											
Gross Expenditures	253,979.5	252,607.1	240,703.3		240,703.3	(13,276.1)	(5.2%)	(2,788.4)	(1.2%)	2,290.3	1.0%
Revenue	197,052.0	195,710.5	183,761.7		183,761.7	(13,290.3)	(6.7%)	(2,882.5)	(1.6%)	1,924.8	1.1%
Total Net Expenditures	56,927.5	56,896.6	56,941.5		56,941.6	14.2	0.02%	94.1	0.2%	365.4	0.6%
Approved Positions	1,875.34	1,767.00	1,863.98		1,863.98	(11.36)	(0.6%)	(15.34)	(0.8%)	4.79	0.3%

The Toronto Public Health's 2016 Preliminary Operating Budget of \$240.703 million gross and \$56.942 million net, representing a 0.02% increase over the 2015 Approved Net Operating Budget is over the -1% reduction target as set out in the 2016 Operating Budget Directions and Guidelines.

- Base budget pressures are due primarily to inflationary cost increases in salary and benefits of \$0.129 million and non-salary accounts of \$0.022 million including a 2% inflationary increase for Sexual Health Clinic services.
- To help mitigate the above base pressures, the Program was able to achieve expenditure savings from line by line review based on actual expenditures and a reduction in the contribution to the IT Refresh Reserve based on current costs required to replace computers and printers. The increase in revenue includes \$0.066 million as a result of the transfer of the Mobile Good Food Program from 100% City funded to the Provincially cost shared program and additional Provincial revenues for increased expenditures that are eligible to be cost shared by the Province at 75% and 100%.
- Approval of the 2016 Operating Budget will result in Toronto Public Health reducing its total staff complement by 11.4 positions from 1,875.34 to 1,863.98.

- The 2017 and 2018 future year incremental costs are mainly attributable to step increments and progression pay increases.

**Table 2
Key Cost Drivers**

Description (in \$000s)	Chronic Diseases & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations		2016 Base Budget	
	\$	Position	\$	Position	\$	Position	\$	Position	\$	Position	\$	Position	\$	Position
PRIOR YEAR IMPACTS														
Revenue for 2015 In Year Corporate Adjustments	(6.8)		(0.8)		(4.7)		(8.7)		(11.8)		(4.0)		(36.8)	
Annualized Impact: Reducing Health Impacts-Climate Chg	1.7		1.4		1.7						2.1		7.0	
Annualized Impact: Mobile Good Food Network	3.2				0.8						4.0		8.0	
Pan-Am Games Reversal		(0.1)		(0.1)	(0.0)	(1.2)	0.0	(0.0)	0.0	(1.0)			(0.0)	(2.4)
Adjustments to 100% Funded Programs		7.3		0.0		0.2	0.0	(0.3)		3.5	(0.0)	0.2		10.9
Capital Adjustments		(5.5)	0.0	(1.3)		1.3	0.0	(6.9)	(0.0)	2.0	0.0	(1.0)	(0.0)	(11.4)
ECONOMIC FACTORS														
Corporate Changes	1.7		0.2		1.3		2.9		3.3		1.0		10.5	
Provincial Revenue from Corporate Inflation	(1.3)		(0.2)		(1.0)		(2.1)		(2.5)		(0.8)		(7.9)	
Sexual Health Clinics Inflation on Contracts (2%)									11.7				11.7	
ZERO BASED EXPENDITURES														
Furniture - Zero Based														
IDC/IDR	954.3		4.0		7.2		(489.1)		(18.3)		(466.8)		(8.6)	
SALARY AND BENEFITS														
Salaries	(274.6)	(0.3)	(38.8)	(0.0)	(124.4)	(0.3)	(780.9)	(0.6)	(880.6)	(0.6)	(315.5)	(0.2)	(2,414.8)	(2.0)
Progression Pay	83.4		16.6		80.5		242.9		198.6		131.0		753.0	
Benefits Adjustment	(118.6)		0.4		(79.0)		133.4		(247.5)		1.6		(309.6)	
Reduction in Revenues associated with PEP Projections	313.0		23.0		137.3		503.5		922.1		208.2		2,107.2	
Gapping	(0.3)		(0.1)		(1.5)		(3.9)		0.4		(1.6)		(7.0)	
Other Base Changes														
IT Reserve Reduction	(7.4)		(0.9)		(5.7)		(12.2)		(13.1)		(4.4)		(43.5)	
Integration of Healthy Smiles Ontario Program							(328.8)	(7.0)			328.8	0.5		(6.5)
Total Gross Expenditure Changes	948.4	1.4	4.9	(1.4)	12.6	0.1	(743.1)	(14.8)	(37.6)	3.9	(116.2)	(0.6)	69.1	(11.4)
BASE REVENUE CHANGES														
User Fees			(4.8)		55.0				(199.7)				(149.5)	
Rate Revenues			6.5		(21.2)				207.3				192.6	
Sub-Total Base Revenue Changes			1.7		33.8				7.6				43.1	
Total Revenue Changes			1.7		33.8				7.6				43.1	
Net Expenditure Changes	948.4	1.4	6.6	(1.4)	46.4	0.1	(743.1)	(14.8)	(30.0)	3.9	(116.2)	(0.6)	112.2	(11.4)

Key cost drivers for Toronto Public Health are discussed below:

- **Prior Year Impacts:**
 - Annualized impact of 2 initiatives approved in 2015: Health Impact – Climate Change and Mobile Good Food Network approved in 2015 totaling \$0.016 million.
 - Mobile Good Food Market initiative is still in the pilot stage but an evaluation shows high demand for high quality affordable produce that comes directly to low income communities.
 - As requested by Council, TPH is developing and implementing a comprehensive health protective climate change plan as climate change is expected to bring more extreme weather including extreme heat/cold and severe rainstorms.
- **Economic Factors:**
 - An inflationary increase of \$0.011 million for utilities and an increase of 2% for the Sexual Health Clinics of \$0.012 million.
- **Salary and Benefits:**
 - The salary and benefits increase of \$0.130 million does not include the Cost of Living Adjustment (COLA) as it is subject to collective bargaining.

- Other Base Changes:
 - The reduction in the contribution to the IT Reserve will result in savings of \$0.044 million net to align the budget with the current costs to replace obsolete computers and printers in TPH in the next 4-5 years.
- Revenue Changes:
 - The revenue decrease of \$0.43 million in user fees mainly results from a volume decrease for non-food handler fees (mobile premises, marijuana grow houses and lodging home licenses) which is partially offset by a volume increase in food handler training courses.

**Table 3
2016 Total Preliminary Service Change Summary**

Description (\$000s)	2016 Service Changes												Total Service Changes			Incremental Change				
	Chronic Diseases & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations		\$	\$	#	2017 Plan		2018 Plan		
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Pos.	Net	Pos.	Net	Pos.	
Base Changes:																				
Base Expenditure Changes																				
Reductions due to actual experience	(18.2)	(4.5)	(3.1)	(0.8)	(38.3)	(9.6)	(14.8)	(5.7)	(19.1)	(4.8)	(15.6)	(5.9)	(109.1)	(31.2)						
Base Expenditure Change	(18.2)	(4.5)	(3.1)	(0.8)	(38.3)	(9.6)	(14.8)	(5.7)	(19.1)	(4.8)	(15.6)	(5.9)	(109.1)	(31.2)						
Base Revenue Changes																				
Change in Funding for the Mobile Good Food Program		(26.7)				(6.7)						(33.4)		(66.8)						
Base Revenue Change		(26.7)				(6.7)						(33.4)		(66.8)						
Total Changes	(18.2)	(31.2)	(3.1)	(0.8)	(38.3)	(16.3)	(14.8)	(5.7)	(19.1)	(4.8)	(15.6)	(39.2)	(109.1)	(98.0)						

Base Expenditure Changes (Savings of \$0.109 million gross & \$0.031 million net)

Line by Line Review Savings

- A line by line review of actual expenditures has resulted in an expenditure reduction across all six services.

Base Revenue Changes (Savings of \$0.067 million net)

Transfer of 100% City-Funded Mobile Good Food Program to Cost-shared at 75% Provincially Funded program

- The transfer of the Mobile Good Food Program from 100% City-funded to a cost shared Provincially funded program results in additional provincial revenues of \$0.067 million. This program is eligible for provincial funding of 75%.

Table 5
2017 and 2018 Plan by Program

Description (\$000s)	2017 - Incremental Increase					2018 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
Known Impacts:										
PRIOR YEAR IMPACTS										
Annualization of 100% Provincially Funded Programs	667.3	667.3			(3.01)	(2.0)	(2.0)			
Capital Adjustments	(729.8)	(729.8)			(9.05)	680.6	680.6			6.5
IDC / IDR (Dental Program)	(2,777.8)	(2,777.8)								
Healthy Smiles Ontario Integration	(430.9)	(430.9)			(2.52)	(3.8)	(3.8)			
SALARY AND BENEFITS										
RE-alignment of Funding from Payroll to Non-Payroll										(1.7)
Progression Pay & Step Increases	482.8		482.8	0.8%		1,615.5		1,615.5	2.8%	
Revenue										
User Fees		17.1	(17.1)	(0.0%)			17.5	(17.5)	(0.0%)	
Incremental Revenue for 2017 & 2018		371.6	(371.6)	(0.7%)			1,232.6	(1,232.6)	(2.2%)	
Total Incremental Impact	(2,788.4)	(2,882.4)	94.1	0.2%	(14.58)	2,290.3	1,924.8	365.4	0.6%	4.8
Sub-Total										
Total Incremental Impact	(2,788.4)	(2,882.4)	94.1		(14.58)	2,290.3	1,924.8	365.4		4.8

Future year incremental costs are primarily attributable to the following:

Known Impacts:

- Progression pay, step increments and associated benefit cost increases will require \$0.483 million in 2017 and \$1.616 million in 2018. These estimates do not include provisions for COLA which will be subject to the outcome of collective bargaining.
- A decrease of 9.1 positions and an increase of 6.5 positions in 2017 and 2018 respectively to reflect the changes in capital project delivery temporary positions that will be funded from TPH capital budgets.
- The annualized impact of the Vaccine Preventable Diseases (VPD) Universal Influenza Immunization and the eCounselling AIDS and Sex Health Info line that are 100% provincially funded programs totals \$0.667 million.
 - Funds that were previously allocated to staff resources will be re-allocated towards program non-payroll expenditures resulting in a reduction of 3 temporary positions in 2017.

Part II:

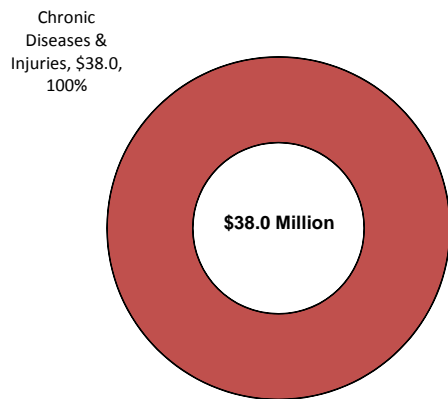
2016 Budget by Service

Chronic Diseases & Injuries

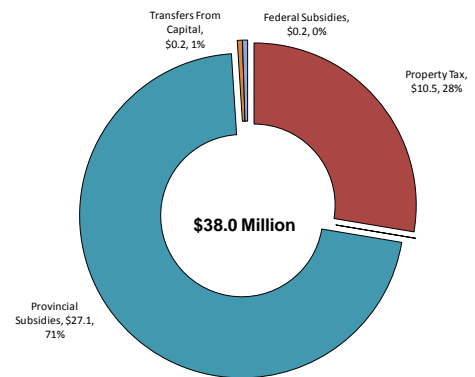
What We Do

- Promote behaviours that reduce the risk of chronic disease.
- Provide support to low income Torontonians to eat sufficient and nutritious food given income inadequacies.
- Deliver promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse prevention.

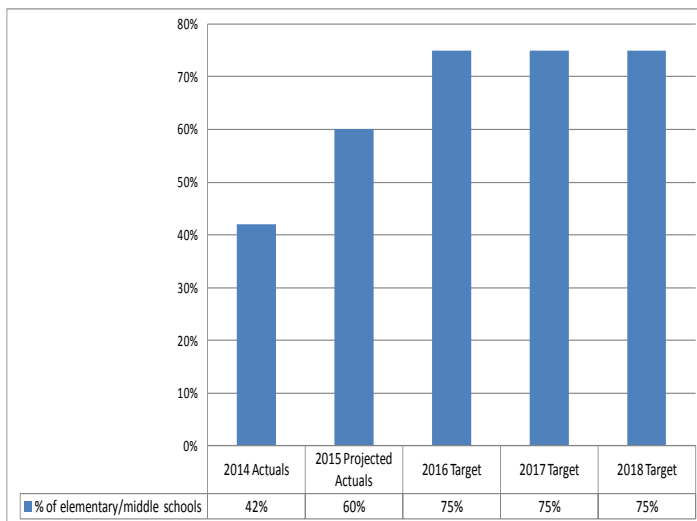
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Percentage (%) of elementary/middle schools identified as priority by Toronto school boards receiving CDIP services



- Schools are the ideal setting to reach children and youth with chronic diseases and injury prevention initiatives.
- Given the number of schools in Toronto and limited resources, TPH strives to reach 75% of priority elementary/middle schools identified by school boards.
- CDIP is striving to increase the number of services within each school reached.
- A Public Health Nurse (PHN) can effectively support 6-7 priority elementary schools. Current service level is 15-20 schools per PHN (a combination of priority and non-priority). CDIP staff provide services as requested in non priority schools.

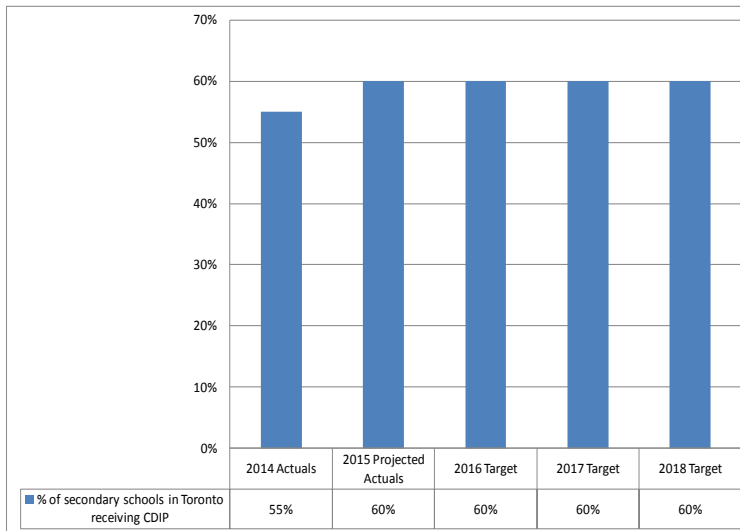
2016 Service Levels
Chronic Diseases & Injuries

Type	Sub-Type	Service Levels				
		2012	2013	2014	2015	
Health Promotion and Policy Development		<p>1. Provided chronic disease prevention services (physical activity leadership programs, healthy lunch presentations, school gardens and UVR/sun safety) to 348 elementary/middle schools, reaching 132,240 children and their parents.</p> <p>Provided chronic disease prevention services (e.g., food skills, school cafeteria program, school gardens and UVR/sun safety) to 81 secondary schools, reaching 70,875 youth (55% of the population). Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15).</p> <p>Provided training sessions (e.g., physical activity, nutrition and self-esteem) to 195 child care centres (involving 270 child care workers or 25% of targeted community).</p> <p>Provided comprehensive workplace health assessments and chronic disease services to 716 workplaces (with over 300 employees each) reaching over 101,548 employees.</p> <p>2. Limited outreach to restaurants.</p> <p>3. Partnered with 204 youth serving agencies to provide youth engagement initiatives and reached 16,480 youth.</p> <p>3.-5. 1,450 adults reached through the diabetes assessment and prevention programs (approximately 45% of high risk adults).</p> <p>4.-6. Provided education and training (food skills, smoking cessation, physical activity and cancer screening) to 130 service providers working with priority populations reaching approximately 4,100 residents.</p> <p>Provided 83 workshops (healthy eating, food skills, physical activities and cancer screening) for 1,200 adults from priority populations.</p>	<p>Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety). Reach 2000 peer leaders in 100 elementary schools participating in Playground Activity Leaders in Schools (PALS) programs, including 50% of participating schools in their second year or more of participation. Provide menu analysis, nutrition education, food skills/iteracy training and community referral services to 60% of municipally funded Student Nutrition Programs. Train 600 Youth Leaders and 200 of their Adult Allies from youth-serving agencies in diverse communities in the areas of youth engagement, healthy eating, active living, tobacco use prevention, self-esteem and resiliency. Partner with at least 100 youth-serving agencies to reach over 15,000 youth (through established projects such as the Youth Health Action Network, TPH Youth Grants, Be Your Best Self social media platforms). Engage and educate 24,800 people through Cancer Prevention/Screening interventions (including community presentations/displays to underscreened populations, agency training and support, peer leader training, specific promotion of mammograms in ethnic and community newspapers). Train 160 peer leaders in diabetes education; reach 2,100 people at risk of developing type 2 diabetes directly by trained peer leaders and reach 240,000 people at risk with awareness raising through social marketing. Refer workplaces participating in Health Options at Work to at least 50 TPH services.</p>	<p>1. Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives.</p> <p>Reach 100 schools and 2000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS) w 40% of participating schools in their second year or more of participation.</p> <p>2. Provide CDI Services to youth such that 20% of identified youth-serving agencies receive a CDI consultation, 10% of which will receive an additional CDI service, and 50% of which will reach a prioritized youth population. Train 100 peer leaders in diabetes prevention, screening and education; reach 2,000 people at risk of developing type 2 diabetes through trained peer leaders; screen 900 people who may be at risk of type 2 diabetes; work with 80 community agencies and workplaces on diabetes prevention activities.</p> <p>3. Provide at least 85 TPH services to workplaces participating in Health Options at Work. Engage 6160 adults in 146 walking promotion pedometer lending programs through libraries, workplaces, & community sites. Achieve greater than 75% completion rate for tobacco inspections for Display and Promotion. Provide one school nurse liaison for each of the ~80 schools in Toronto (ratio: 1:30, provincial average is 1:15).</p>	<p>Approximately 200,000 students reached in 865 Student Nutrition Programs (SNP) funded</p>	
Health Protection		<p>Completed 9,123 tobacco enforcement inspections (in food premises, tobacco vendors and workplace places), laid 435 charges resulting in approximately \$85,000 in fines (revenue for the City); and issued 2,432 warnings. Conducted several joint enforcement operations (related to contraband tobacco) with the RCMP, Toronto Police, Alcohol and Gaming L1770/Ministry of Revenue (over 200 referrals of contraband tobacco to the Ontario Ministry of Revenue), and 200 premises inspected for contraband tobacco products</p>	<p>1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace hospitals/schools/youth access/display & promotion/bars& restaurants etc)</p> <p>2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres)</p> <p>3. Maintain compliance checks of schools.</p> <p>4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue.</p> <p>5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending based on the frequency and severity of non-compliance.</p>	<p>1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace hospitals/schools/youth access/display & promotion/bars& restaurants etc)</p> <p>2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (ie schools, community and recreation centres)</p> <p>3. Maintain compliance checks of schools.</p> <p>4. Maintain compliance checks of high risk workplaces. Refer complaints about contraband to the Ministry of Revenue.</p> <p>5. All (100%) of documented infractions will result in a written warning, an offence notice or summons depending based on the frequency and severity of non-compliance.</p>	<p>1. Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace hospitals/schools/youth access/display & promotion/bars& restaurants etc)</p> <p>2. Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (i.e. schools, community and recreation centres)</p> <p>3. Maintain compliance checks of schools and high risk workplaces.</p> <p>4. Refer complaints about contraband to the Ministry of Revenue.</p> <p>5. Provide written notice, offence notice or summons for all (100%) documented infractions depending based on the frequency and severity of non-compliance.</p>	<p>Approximately 15,000 inspections done for tobacco enforcements (including compliance & complaints)</p>
Health Promotion and Policy Development		<p>1. Maintained and fostered over 200 drug prevention partnerships. 2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately 300 elementary students, and 320 secondary students trained as peer leaders, reaching approximately 40,000 students. Provided one school nurse liaison with every school (ratio 1:30, provincial average is 1:15). Conducted 477 individual (seniors) visits for fall prevention. Worked with eight community partners and trained 130 allied health professionals that service 69,000 seniors. 3. 4,080 seniors reached through public awareness activities (fall prevention). Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including ads in newsletters serving different ethnic communities). Received 1,551 telephone calls through the Central Intake Line, requesting healthy community related information, services and referral.</p>	<p>1. Maintained and fostered over 200 substance misuse prevention partnerships.</p> <p>2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth.</p> <p>3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)</p>	<p>1. Maintained and fostered over 200 substance misuse prevention partnerships.</p> <p>2. Delivered peer leader training to youth to enable them to effectively deliver injury and substance misuse prevention messaging to their peers. Approximately, a total of 800 peer leaders were trained from elementary, middle, secondary and post secondary institutions and the community to reach approximately 41,000 children and youth.</p> <p>3. Ongoing injury prevention campaign focussing on parents of 5-9 year olds (including newsletters serving different ethnic communities)</p>	<p>1. Collaborate with 300 partners (including schools, libraries, community agencies, funded agencies, worksites, networks/coalitions, government and NGO stakeholders) to develop and deliver SMP services and programs.</p> <p>2. Deliver peer leader training to youth to enable them to effectively educate their peers in injury and substance misuse prevention. Provide training for approximately 700 peer leaders in schools, post-secondary institutions, community agencies and through community grant initiatives sponsored by the Toronto Urban Health Fund to reach 24,000 children and youth.</p> <p>3. Reach 43,000 children and youth with substance misuse prevention programs and community led grant initiatives sponsored by the THUF</p> <p>4. Reach an estimated 400,000 adults through a public awareness campaign to promote the Low-Risk Alcohol Drinking Guidelines</p>	<p>100% of approximately 815 Toronto publicly funded schools offered Public Health Nurse liaison services</p>
Assessment and Surveillance		<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</p>	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</p>	<p>1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Nutritious food basket measure and survey tool completed annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</p>	<p>1. Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p> <p>2. Complete Nutritious Food Basket measure and survey tool annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.</p>	<p>Service Level Reviewed and Discontinued</p>
Partnership Funding	Student Nutrition Program	<p>465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).</p>	<p>465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).</p>	<p>465 school communities (representing 685 student nutrition programs) received grant funding through the municipal subsidy administered by the two public school board foundations reaching 132,246 children and youth (105,624 children and 26,622 youth).</p>	<p>Provide menu analysis, nutrition education and/or food skills/iteracy training to 60% of municipally funded Student Nutrition Programs in the 2014/2015 school year.</p>	<p>Service Level Reviewed and Discontinued</p>
Assessment and Surveillance		<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.</p>	<p>Service Level Reviewed and Discontinued</p>
Health Protection		<p>Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2,048 people. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2,121 people. Worked with libraries to host parenting programs and youth programs focussed on substance misuse. Worked with 15 community partners to address substance misuse. Provided four education sessions at four post-secondary institutions, reaching 180 peer leaders.</p>	<p>1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection).</p> <p>2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people</p> <p>3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.</p>	<p>1. Provided car seat safety training at licensed child care centres, libraries, children aid societies, reaching 2000 people (projection).</p> <p>2. Provided bike helmet use education sessions at schools, community centres, libraries, workplaces reaching 2269 people</p> <p>3. Worked with libraries to host parenting programs and youth programs focussed on substance misuse.</p>	<p>1. Provide injury prevention education (including wheel safety and concussion prevention) to 3500 elementary-aged children.</p> <p>2. Provide education and training to 475 health care providers and caregiver on falls prevention from 85 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years) (17% of agencies serving seniors in Toronto will send health care providers to be trained on Falls Prevention).</p> <p>3. Educate 2,700 older adults through 75 falls prevention presentations / events.</p>	<p>Service Level Reviewed and Discontinued</p>
Partnership Funding	Drug Prevention Community Investment Program	<p>Funded 38 community drug prevention projects.</p>	<p>Funded 26 community drug prevention projects.</p>	<p>Funded 26 community drug prevention projects.</p>	<p>Funded 16 community drug prevention projects.</p>	<p>Service Level Reviewed and Discontinued</p>

The 2016 service levels have been revised with 5 service levels discontinued and the remaining 3 updated in plain language.

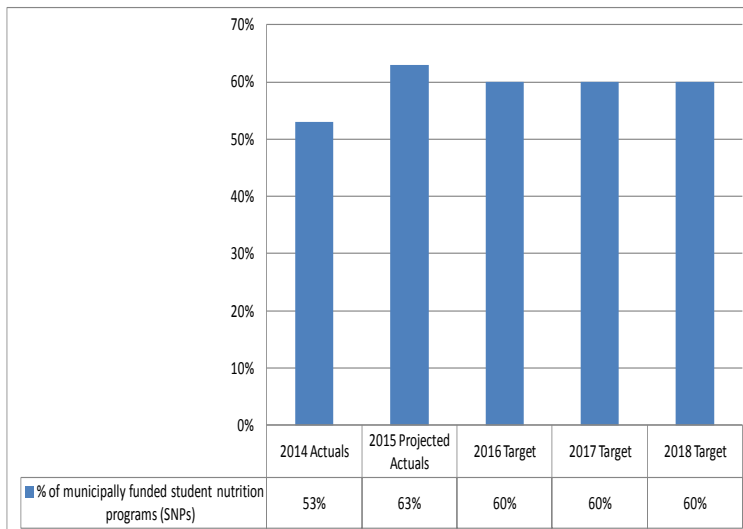
Service Performance

Output Measure – Percentage (%) of secondary schools in Toronto receiving CDIP services that build positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety, and injury prevention).



- Schools are the ideal setting to reach youth with chronic disease and injury prevention initiatives.
- Given current resources, the target for overall secondary school services is 60%.
- The level of resourcing for this work is predicted to remain unchanged over the coming years.
- Youth are also reached in community settings, so targets need to reflect the balance between school and community for youth programming.

Efficiency Measure – Percentage (%) of municipally funded student nutrition programs (SNPs) receiving menu analysis, nutrition education, food skills/literacy training and referral to community support resources



- TPH strives to provide at least 60% of municipally funded SNPs with a TPH Registered Dietitian (RD) consultation to ensure supports are in place to meet nutritional standards.
- With enhanced funding for SNP in 2015, the number of sites will increase incrementally from 708 in 2014 to 717 in 2015.
- TPH focuses efforts on program start-ups and those that have had challenges in meeting nutrition standards in the past.

Table 6
2016 Preliminary Service Budget by Activity

(\$000s)	2015	2016 Operating Budget							2016 Budget vs. 2015 Budget		Incremental Change				
	Approved Budget	Base Budget	Service Changes	Base Budget vs. 2015 Budget			New/Enhanced	2016 Budget			2017 Plan		2018 Plan		
	\$	\$	\$	2016 Base	2015 Budget	% Change	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
Chronic Diseases and Injuries	34,910.4	37,958.6		37,958.6	3,048.2	8.7%		37,958.6	3,048.2	8.7%	(182.9)	-0.5%	271.5	0.7%	
Total Gross Exp.	34,910.4	37,958.6		37,958.6	3,048.2	8.7%		37,958.6	3,048.2	8.7%	(182.9)	-0.5%	271.5	0.7%	
REVENUE															
Chronic Diseases and Injuries	25,338.2	27,469.2		27,469.2	2,131.0	8.4%		27,469.2	2,131.0	8.4%	(200.8)		221.0	0.8%	
Total Revenues	25,338.2	27,469.2		27,469.2	2,131.0	8.4%		27,469.2	2,131.0	8.4%	(200.8)		221.0	0.8%	
NET EXP.															
Chronic Diseases and Injuries	9,572.2	10,489.4		10,489.4	917.2	9.6%		10,489.4	917.2	9.6%	17.9	0.2%	50.5	0.5%	
Total Net Exp.	9,572.2	10,489.4		10,489.4	917.2	9.6%		10,489.4	917.2	9.6%	17.9	0.2%	50.5	0.5%	
Approved Positions	249.8	252.6		252.6	2.8	1.1%		252.6	2.8	1.1%	(0.4)		1.3	0.5%	

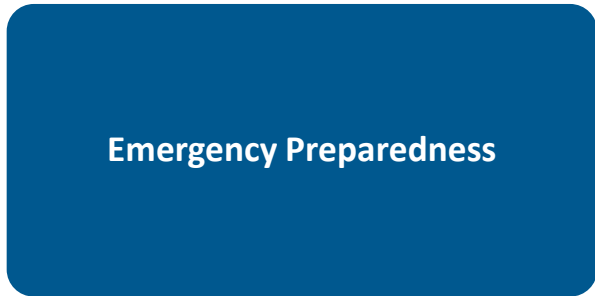
The **Chronic Disease & Injuries Service** promotes behaviours that reduce the risk of chronic disease and provides support to low income Torontonians to eat sufficient and nutritious food given income inadequacies. This service primarily:

- Delivers promotion and prevention campaigns and services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention.

The 2016 Preliminary Operating Budget for Chronic Diseases & Injuries of \$37.959 million gross and \$10.489 million net is \$0.917 million or 9.6% over the 2015 Approved Net Budget.

Base budget pressures in Chronic Diseases & Injuries are primarily due to known salaries and benefit adjustments and a re-alignment of interdivisional charges between services to reflect the cost of program delivery by service with no net impact.

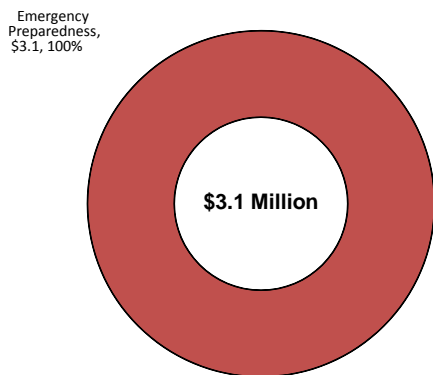
Emergency Preparedness



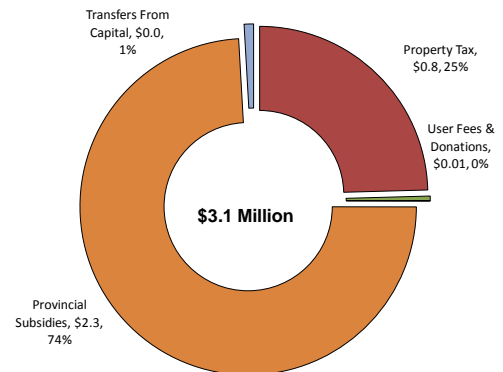
What We Do

- Aim to develop a culture of preparedness and ensure Toronto Public Health is prepared for a public health emergency.
- Develop and maintain emergency response plans which include arrangements and processes to respond to and recover from a variety of public health emergencies such as an influenza pandemic or large scale infectious disease outbreak.
- Conduct exercises and training courses on emergency preparedness, response and recovery including the Incident Management System (IMS).

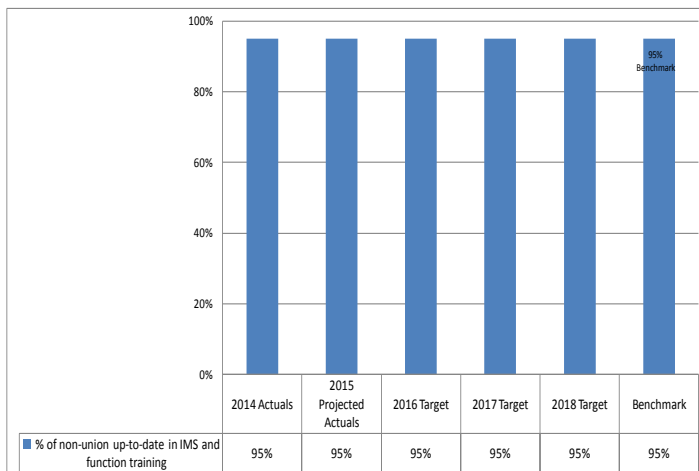
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Percentage (%) of non-union up-to-date in IMS and function training



- The City of Toronto adopted the Incident Management System to organize and coordinate responses to emergencies across City Divisions.
- TPH assigns all non-union staff to a response function and provides one-day function-specific training for all.
- To maintain a state of preparedness, TPH strives to maintain a 95% completion rate at all times.

2016 Service Levels Emergency Preparedness

		Service Levels					
Type	Sub-Type	2012	2013	2014	2015	2016	
Assessment and Surveillance		Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.				1. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations 2. Conduct surveillance of community emergency planning & preparedness	Service Level Reviewed and Discontinued
Health Protection		1. COOP & ERP developed and periodically updated. 2. 24/7 protocols developed for staff and tested annually. 3. Maintain up to date information on Toronto Public Health's public website and participated in joint public events (i.e., emergency preparedness week). 4. Provided specific training to 50 TPH staff that have been pre-assigned to different roles within the incident management system and continuity of operations. 5.6. The following are in place and tested and regularly updated: Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH continuity of Operations Plan, TPH Notification Plan Activation and Staff Mobilization, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.	1. Maintain COOP & ERP. 2. Maintain and test 24/7 protocols for staff. 3. Maintain up to date information on Toronto Public Health's public website. 4. Provide specific training to 50 TPH staff that have been pre-assigned to different roles within the Incident Management System and Continuity of Operations. 5.6. Maintain the following: TPH Emergency Plan, Pandemic Influenza Plan, Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH Continuity of Operations Plan, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.	1. Maintain Continuity Plans & ERP. 2. Maintain and test 24/7 protocols for staff. 3. Maintain up to date information on Toronto Public Health's public website. 4. Provide specific training to 50 TPH staff that have been pre-assigned to different roles within the Incident Management System and Business Continuity. 5.6. Maintain the following: TPH Emergency Plan, Pandemic Influenza Plan, Hot Weather Response Plan, Nuclear Emergency Response Plan, Nuclear Liquid Emission Response Protocol, TPH Continuity Plans, Emergency Communication, and TPH Divisional Operations Centre Protocol. Plan and respond by providing psycho-social support (psychological first-aid) in an emergency as required.	1. Maintain Business Continuity Plans and TPH Emergency Plan (ERP). 2. Maintain and test 24/7 protocols for TPH staff. 3. Maintain up to date emergency preparedness information on TPH's public website. 4. Maintain current training level at 90% of all TPH staff that have been pre-assigned to different Incident Management System and business continuity roles. 5. Maintain and exercise the TPH Emergency Plan and its components. 6. Maintain the City of Toronto's Emergency Plan Psychosocial Support Operational Support Function.	Approximately 1,800 staff Fit Tested with respiratory masks every two years	

The 2016 service levels have been revised with one service level discontinued and the remaining one updated in plain language.

Table 6
2016 Preliminary Service Budget by Activity

	2015		2016 Operating Budget						2016 Budget vs. 2015		Incremental Change				
	Approved Budget	Base Budget	Service Changes	Base Budget vs. 2015			New/Enhanced	2016 Budget	2016 Budget vs. 2015 Budget	2017 Plan		2018 Plan			
				2016 Base Budget	% Change	% Change				\$	%	\$	%		
	(\$000s)														
GROSS EXP.															
Emergency Preparedness	3,175.1	3,138.2		3,138.2	(36.9)	(1.2%)		3,138.2	(36.9)	(1.2%)	(9.7)	-0.3%	30.8	1.0%	
Total Gross Exp.	3,175.1	3,138.2		3,138.2	(36.9)	(1.2%)		3,138.2	(36.9)	(1.2%)	(9.7)	-0.3%	30.8	1.0%	
REVENUE															
Emergency Preparedness	2,410.0	2,367.4		2,367.4	(42.6)	(1.8%)		2,367.4	(42.6)	(1.8%)	(11.8)		24.5	1.0%	
Total Revenues	2,410.0	2,367.4		2,367.4	(42.6)	(1.8%)		2,367.4	(42.6)	(1.8%)	(11.8)		24.5	1.0%	
NET EXP.															
Emergency Preparedness	765.1	770.8		770.8	5.7	0.7%		770.8	5.7	0.7%	2.1	0.3%	6.3	0.8%	
Total Net Exp.	765.1	770.8		770.8	5.7	0.7%		770.8	5.7	0.7%	2.1	0.3%	6.3	0.8%	
Approved Positions	26.0	24.4		24.4	(1.6)	(6.1%)		24.4	(1.6)	(6.1%)	0.7	2.8%	0.1	0.5%	

The **Emergency Preparedness Service** aims to ensure TPH is prepared for a public health emergency as the successful resolution of an emergency depends on the readiness of an organization at the beginning of the crisis. This service primarily:

- Develops and maintains emergency response plans and conducts exercises and training courses on emergency preparedness.

The 2016 Preliminary Operating Budget for Emergency Preparedness of \$3.138 million gross and \$0.771 million net is \$0.006 million or 0.7% over the 2015 Approved Net Budget.

- In addition to base budget pressures common amongst all services, Emergency Preparedness is experiencing the impact of the decline in user fee revenues for non-food handler fees.

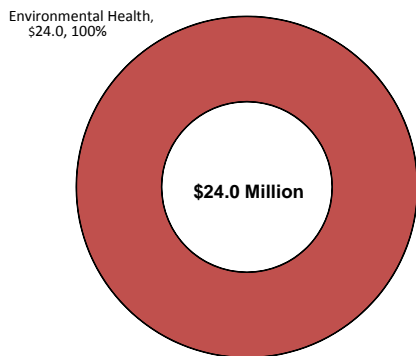
Environmental Health



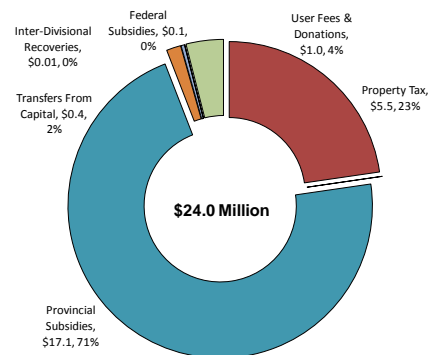
What We Do

- Promote safety of food and beverages in restaurants and processing plants including inspection of over 17,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards.
- Provide education, training and certification on safe food preparation, handling and processing for food premise operators and food safety education for the general public.
- Monitor drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notify stakeholders in the event of adverse water conditions.

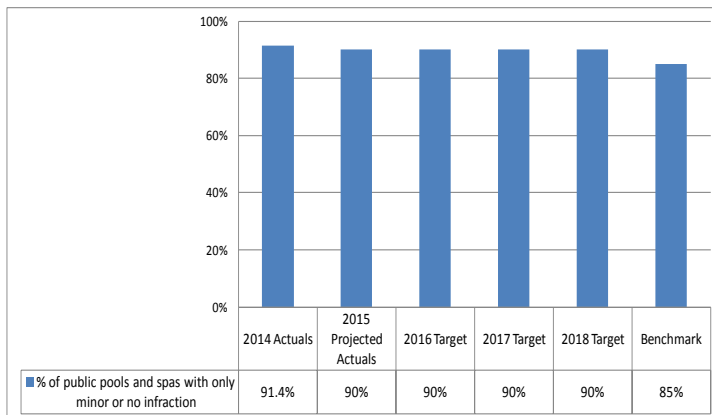
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Percentage (%) of public pools and spas with only minor or no infraction



- Waterborne illnesses can be spread through unsatisfactory recreational water facilities.
- There are some infractions that require immediate closure of these facilities.
- Others must be corrected within a given time frame.
- The goal is to ensure that no less than 85% of the public pools/spas inspections have no infractions or minor infractions only.
- The standard is to maintain compliance at 90%

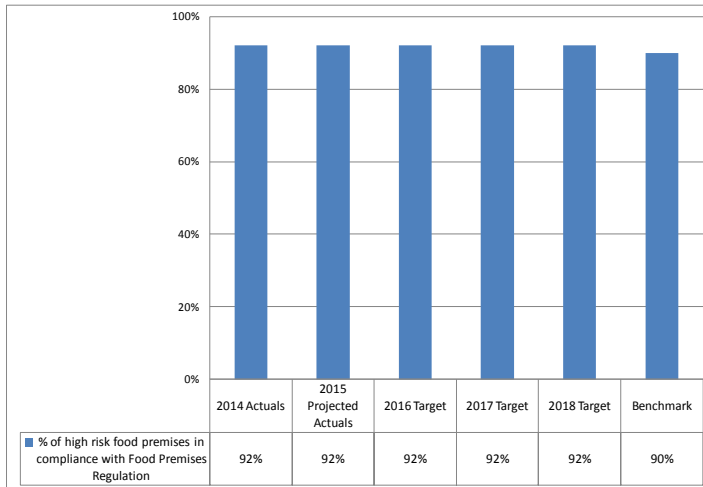
2016 Service Levels Environmental Health

Type	Sub-Type	2011	2012	2013	2014	2015	2016	
Disease Prevention/Health Protection		1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated annually (378). 2. All 11 public beaches monitored daily (from June to September), with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. Completed approximately 3,500 recreational water facilities inspections. 3. Issued 143 Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools as conditions were found to cause a health hazard.	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 2. All 11 public beaches monitored daily (from June to September), with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. 3. Inspect at 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 2. All 11 public beaches monitored daily (from June to September), with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. 3. Inspect at 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	1. System in place to receive and respond to adverse events. Up to 1,000 adverse drinking water events reported and investigated. 2. All 11 public beaches monitored daily (from June to September), with 61 beach water samples taken and assessed/analyzed daily and reported on the public web site. 3. Inspect at 138 (100%) Class A Indoor Pools 4 times (once every three months). 4. Issue Section 13 (HPPA) Closure Orders for swimming pools, spas, and wading pools where conditions are found to cause a health hazard. 5. Maintain compliance rate at no less than 85%.	1. receive, assess and respond to all (100%) reported adverse drinking water events (>350/year) 2. monitor, sample, assess, analyze and report on 11 (100%) public beaches daily (June to September) 3. inspect 202 (100%) indoor Class A Pools and outdoor Class A pools 2 times/year or at least once every three months while in operation and take appropriate enforcement action(s) 4. inspect 861 (100%) indoor Class B pools and outdoor Class B pools 2 times/year or at least once every three months while in operation 5. inspect 61 (100%) public indoor and outdoor wading pools, splash pads and non-regulated facilities 2 times/year and at least once every 3 months while in operation 6. maintain 24/7 availability to receive and respond appropriately to safe water issues including adverse drinking water events, water-borne illness(es)/outbreak(s), weather events, power outage and recreational water	Approximately 1,000 pools inspected annually	
Disease Prevention/Health Protection		1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours (189). 2. Inspected all 17,243 food premises including: 5,070 high risk food premises, 7,254 moderate risk food premises and 4,919 low risk premises in 2010. Food premise inspections and re-inspections undertaken totalled 31,056 (including catered and on-site prepared food at the 876 licensed child care facilities); all 32 farmers markets were inspected, and inspected and/or re-inspected 1,389 vendors at 590 special events, 899 charges to be laid, and 40 food premises to be closed through the issuance of orders under Section 13 of the HPPA.	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected at 17,000 (approximately) food premises. 3. Conduct 16,628 Inspections of the 5,542 High Risk Premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected at 17,617 (approximately) food premises. 3. Conduct 16,628 Inspections of the 5,542 High Risk Premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.	1. Report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. Inspected at 17,617 (approximately) food premises. 3. Conduct 16,628 Inspections of the 5,542 High Risk Premises (each inspected once every four months). 4. Maintain compliance rate at no less than 90%. 5. Conduct 15,800 Risk Assessments.	1. report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. inspect 100% (approx 17,617) food premises 3. conduct 16,628 (100%) inspections of 5,542 High Risk premises (each inspected once every four months) 4. conduct 15,800 (95%) food premise risk assessments	1. report in accordance with HPPA and regulations and respond to reports of suspected cases within 24 hours. 2. inspect 100% (approx 17,617) food premises 3. conduct 16,628 (100%) inspections of 5,542 High Risk premises (each inspected once every four months) 4. conduct 15,800 (95%) food premise risk assessments	Approximately 17,000 food premises inspected annually
Disease Prevention/Health Protection		1. Declared and issued 11 extreme heat alerts and 5 heat alerts, and conducted over 667 community visits during extreme heat alerts; investigated six critical incidents. 2. Not complying with annual inspections of arenas, schools, lodging homes, boarding homes and retirement homes. 3. Developed policies, procedures and control measures specific to the health hazard (i.e., mold contamination of indoor environment, asbestos, indoor air quality issues, solvent migration in indoor air, responding to indoor air complaints, chemical spills and vector-borne diseases). 4. 426,564 mosquitoes' catch basins treated; 37 open water sites were assessed 286 times, resulting 227 treatments; and tested 1,966 batches mosquitoes for West Nile. 5. Community alert systems in place as appropriate (i.e., heat alert).	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	1. Respond to 5500 complaints alleging a health hazard within 24 hours or by the next business day. 2. Inspect 407 (100%) High Risk Rooming/Boarding Houses during an extended Extreme Heat event. 3. Respond to 100% of Critical Incidents from EMS within 24 hours. 4. Respond to 695 (100%) After hours calls through On Call system.	1. maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day including 11 heat critical events, >1300 bed bug and extreme cleanups, >2750 mould/indoor air quality concerns, >210 FOI requests regarding historical land use and environmental contamination management of 63 long term environmental issues and conduct 6 disease cluster investigations 2. implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June 2-September 23) for mosquito speciation and WNV virus infection, larviciding 120,000 catch basins and 29 open bodied surface waters, investigating and taking appropriate action on >100 stagnant water complaints, conduct tick dragging activities for active Lyme disease cases 3. maintain systems to support timely and comprehensive communication with relevant health care and other community partners about health hazard risks including heat alerts and extreme heat alerts (May 15-September 30th), smog alerts, incidence of West Nile Virus activity	Approximately 350,500 mosquitoes catch basins treated with larvicide	
Assessment and Surveillance		1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Receive up to 1,000 adverse water reports from Toronto Water annually; assesses, respond and provide appropriate direction as required. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. conduct systematic and routine assessment, surveillance, monitoring and reporting of Toronto's drinking water system and drinking water illnesses and their associated risk factors to respond and provide appropriate direction as required 2. monitor 11 (100%) public beaches and any reported water illnesses of public health importance, their associated risk factors, and emerging trends to respond and provide appropriate direction 3. conduct systematic and routine assessment, surveillance, monitoring and reporting of 1676 (100%) public recreational water facilities and take appropriate action 4. conduct systematic and routine analysis of surveillance data to inform program and policy development and service adjustment(s)	Service Level Reviewed and Discontinued	
Health Promotion and Policy Development		1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revised Pool and SPA Operator information.	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revised Pool and SPA Operator information. 3. Implement a process for disclosing inspection results for swimming pools and spas.	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revised Pool and SPA Operator information. 3. Implement a process for disclosing inspection results for swimming pools and spas.	1. Maintain and update Toronto's public website on Toronto's beach water conditions (includes notices of beach closures, locations and swimming conditions). 2. Revised Pool and SPA Operator information. 3. Implement a process for disclosing inspection results for swimming pools and spas.	1. maintain up-to-date public website on Toronto's beach water conditions and disclose public swimming pool and spa inspection results 2. provide information packages to pool and spa operators 3. respond to information requests on lead corrosion in Toronto's drinking water system, and private drinking-water systems	Service Level Reviewed and Discontinued	
Assessment and Surveillance		1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Report in accordance with HPPA and regulations and respond to suspected cases within 24 hours. 2. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations 2. Conduct surveillance of community environmental health status	Service Level Reviewed and Discontinued	
Health Promotion and Policy Development		1. 7,414 food handlers trained, 7,145 food handlers certified, and 286 food handler training sessions conducted. 2. Conducted about 20 public education campaigns (trade shows, events, special education sessions, etc).	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises. 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents.	1. Offer food safety training and certification to 9,000 food handlers working in licensed food premises 2. Conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents	Service Level Reviewed and Discontinued	
Assessment and Surveillance		Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations 2. conduct surveillance of community environmental health status	Service Level Reviewed and Discontinued	
Health Promotion and Policy Development		1.&2. Developed and distributed 790 pre-season education packages to landlords of rooming houses/boarding homes/Toronto Community Housing/senior sectors.	1. Provide Hdt Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	1. Provide Hdt Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	1. Provide Hdt Weather Protection Packages to 675 (100%) Rooming and Houses and other facilities	1. provide information to increase public awareness of health hazard risk factors including indoor (radon) and outdoor (smog) air quality, extreme weather (flooding), climate change (hot weather), radiation exposure (radon, tanning beds) 2. provide hot weather protection packages to 720 (100% of high risk) landlords of rooming/boarding houses/retirement homes/nursing homes 3. inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health including 289 high risk rooming/boarding houses during an extended Extreme Heat event and monitor 1638 industrial/commercial sites for identified hazardous priority chemicals and their use and release	Service Level Reviewed and Discontinued	

The 2016 service levels have been revised with 6 service levels discontinued and the remaining 3 service levels have been updated in plain language.

Service Performance

Output Measure – Percentage (%) of high risk food premises in compliance with Food Premises Regulation



- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- The Province of Ontario designates three risk categories: 'High', 'Moderate', and 'Low'. Health Units are mandated to inspect 'High-risk' premises three times per year (once every 4 months) as they are more likely to contribute to food-borne illness.
- Compliance rates within high risk establishments are measured and tracked to determine the need for any additional food safety strategy.
- The standard is to maintain compliance at 90%.

Table 6
2016 Preliminary Service Budget by Activity

(\$000s)	2015	2016 Operating Budget							2016 Budget vs. 2015 Budget		Incremental Change				
	Approved Budget	Base Budget	Service Changes	Base Budget vs. 2015 Budget			New/Enhanced	2016 Budget			2017 Plan		2018 Plan		
	\$	\$	\$	2016 Base	Budget	% Change	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
EnvironmentalHealth	24,009.8	23,990.5		23,990.5	(19.3)	(0.1%)		23,990.5	(19.3)	(0.1%)	(194.2)	-0.8%	206.6	0.9%	
Total Gross Exp.	24,009.8	23,990.5		23,990.5	(19.3)	(0.1%)		23,990.5	(19.3)	(0.1%)	(194.2)	-0.8%	206.6	0.9%	
REVENUE															
EnvironmentalHealth	18,593.2	18,543.7		18,543.7	(49.5)	(0.3%)		18,543.7	(49.5)	(0.3%)	(193.3)		176.3	1.0%	
Total Revenues	18,593.2	18,543.7		18,543.7	(49.5)	(0.3%)		18,543.7	(49.5)	(0.3%)	(193.3)		176.3	1.0%	
NET EXP.															
EnvironmentalHealth	5,416.6	5,446.8		5,446.8	30.2	0.6%		5,446.8	30.2	0.6%	(0.9)	0.0%	30.3	0.6%	
Total Net Exp.	5,416.6	5,446.8		5,446.8	30.2	0.6%		5,446.8	30.2	0.6%	(0.9)	0.0%	30.3	0.6%	
Approved Positions	197.6	197.3		197.3	(0.3)	(0.1%)		197.3	(0.3)	(0.1%)	(1.9)				

Environmental Health promotes safety of food and beverages in restaurants and processing plants as well as monitors drinking water and recreational water compliance. This service primarily:

- Inspects food premises and provides education, training and certification to food premises operators and the general public; and
- Notifies stakeholders in the event of adverse water quality conditions.

The 2016 Operating Budget for Environmental Health of \$23.991 million gross and \$5.447 million net is \$0.030 million or 0.6% over the 2015 Approved Net Budget.

- In addition to pressures common amongst all services that include salary and benefit adjustments, Environmental Health includes a reduction in revenues from user fees resulting from a volume decrease for non-food handler fees such as Mobile Premises, Marijuana Grow Houses and Lodging Home Licenses.

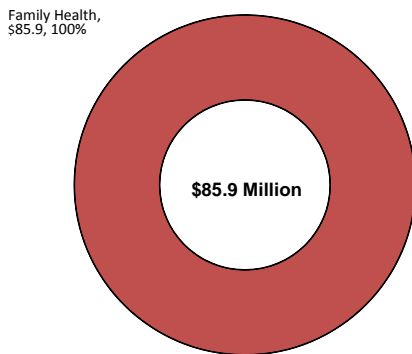
Family Health



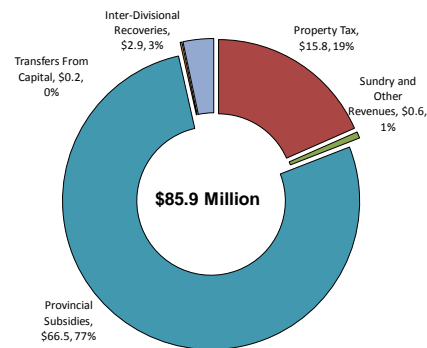
What We Do

- Promote and support healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and their youth by providing education and outreach on reproductive health.
- Focus on enhancing birth outcomes, promoting readiness to parent, supporting positive and effective parenting especially in high-risk families, and enhancing the cognitive, communicative and development of all children.
- Support proper oral health by providing screening, preventive and basic dental treatment through specific dental and oral health programs.

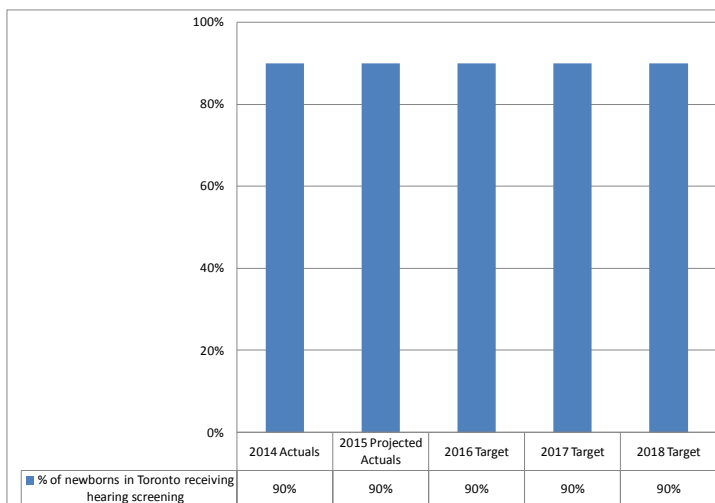
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Percentage (%) of newborns in Toronto receiving hearing screening



- The Ministry of Children and Youth Services universal screening program requires hospital-based infant hearing screening of all infants born in Toronto hospitals (approx. 42,000 per year).
- The ability to achieve 100% screening coverage is limited by early hospital discharge and parent consent. A 90% screening rate is considered high by Provincial standards.
- The goal over time is to maintain 90% screening rate despite gradually reducing resources related to flat-lined funding since 2007.

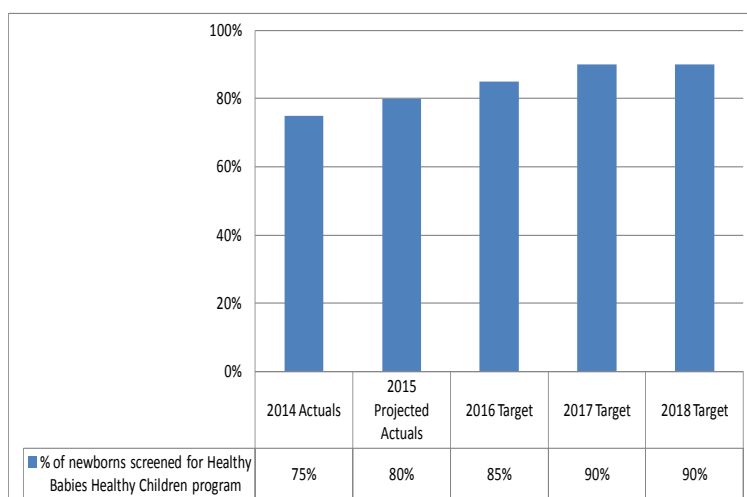
2016 Service Levels Family Health

Type	Sub-Type	Service Levels					2016
		2011	2012	2013	2014	2015	
Health Promotion and Policy Development		1. Partnerships with 322 organizations in health and social services sectors. 2. Sporadic communication activities. 3. Provided 241 group parent education, reaching 3,616 parents. 4. Provided Peer Nutrition Program services reaching 3,400 parents. 5. Provided 5,950 breastfeeding education and support home visits. Through the Community Oral Health Outreach Program (parents and caregivers of children ages 0-6 years) provided a total of 193 workshops, reaching 3,333 parents/caregivers. 6. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs.	1. Partnerships with 322 organizations in health and social services sectors. 2. Sporadic communication activities. 3. Provided 233 group parent education, reaching 3,535 parents. 4. Provided Peer Nutrition Program services reaching 3,400 parents. 5. Provided 5,950 breastfeeding education and support home visits. Through the Community Oral Health Outreach Program (parents and caregivers of children ages 0-6 years) provided a total of 193 workshops, reaching 3,333 parents/caregivers. 6. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs.	Promotion and support of breastfeeding initiation and duration through hospital liaison with 12 birth hospitals; provision of individual counselling to 19,500 women through home visits and clinics. Achievement of Baby Friendly Initiative (BFI) designation through Breastfeeding Committee of Canada. Provision of culturally-appropriate nutrition education to 2,500 families through Peer Nutrition Program and parenting education to 2,500 parents. Develop physician outreach strategy to advance early identification screening and referral.	Promotion and support of breastfeeding initiation and duration through hospital liaison with 12 birth hospitals; provision of individual counselling to 25,000 women through telephone counselling, home visits and clinics. Establish sustainability plan for Baby Friendly Initiative (BFI) designation (through Breastfeeding Committee of Canada). Provision of culturally-appropriate nutrition education to 2,500 families through Peer Nutrition Program and group parenting education to 2,750 parents. Develop physician outreach strategy to advance early identification screening and referral.	1. promote and support of breastfeeding initiation and duration through hospital liaison with 12 (100%) birth hospitals 2. provide individual counselling to 25,000 women through telephone counselling, home visits and clinics 3. develop mid point infant feeding data plan for BFI 4. provide culturally-appropriate nutrition education to 1,000 families through Peer Nutrition Program and group parenting education to 2,750 parents. 5. continue to develop physician outreach strategy to advance early identification screening and referral	Approximately 22,000 breastfeeding interactions/interventions provided to women (includes visits, telephone counselling, partnership breastfeeding clinics, TPH clinics, and support groups) (20,000 TCs, 8,200 clinic visits, 500 at breastfeeding support groups)
	Disease Prevention	1 & 3. Some program aspects of each HBHC component are being provided. Provided postpartum contact to 23,421 mothers (57% within 48 hours of discharge). Provided 24,478 visits to 2,300 high risk families. 2, 4 & 5. In 2011 as part of CINOT program, a total of 7,297 children received treatment; and over 19,000 children received preventive services (cleaning, fluoride). In 2011 CINOT expansion (14-17 years of age) provided preventive and oral health services to 600 clients.	1 & 3. Some program aspects of each HBHC component are being provided. Provided postpartum contact to 23,421 mothers (57% within 48 hours of discharge). Provided 24,478 visits to 2,300 high risk families. 2, 4 & 5. Approximately 5,000 will be treated under CINOT in 2012 (more patients will be eligible for HSO and hence a decrease in CINOT children enrolled) TPH will provide preventive services to approximately 14,000 clients. For the CINOT expansion (14-17 years of age) projection will provide treatment and preventive services to 400 patients in 2012 (more patients will be eligible for HSO and hence a decrease in CINOT children enrolled)	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening tool and work with 12 birth hospitals to increase screening rate to 85% of all newborns. Provide 33,000 home visits to high risk families	Implement provincial changes to Healthy Babies Healthy Children program; including introduction of new postpartum screening tool and work with 12 birth hospitals to increase screening rate to 85% of all newborns. Provide 35,000 home visits to high risk families	1. implement provincial changes to Healthy Babies Healthy Children program 2. work with 12 (100%) birthing hospitals to increase received screening rate to 85% of all newborns. 3. provide 40,785 home visits to high risk families	80% of approximately 31,500 newborns screened for Healthy Babies, Healthy Children (HBHC) program
Dental Treatment for Eligible Clients	Provided dental services to 13,000 seniors and caregivers in long-term care homes and treated 7,164. Treated 7,536 children and youth; and 605 perinatal clients.	Provided dental services to 13,000 seniors and caregivers in long-term care homes and treated 7,164. Treated 7,536 children and youth; and 605 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,379. Treated 7,762 children and youth; and 623 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 13,390 seniors and caregivers in long-term care homes and treatment to 7,379. Treated 7,762 children and youth; and 623 perinatal clients.	Based on current staffing levels, project 3% increase in dental services; 15,000 seniors and caregivers in long-term care homes and treatment to 7800. Treated 19,000 children and youth; and 400 perinatal clients.	Approximately 33,000 clients receiving dental treatment in all TPH clinics (including children, seniors, and adults)	
Health Promotion and Policy Development	1. Work with approximately 100 partners to promote prenatal health. 2. Undertake sporadic communication campaigns. 3. Provided 1,950 group sessions at 39 sites (Canadian Prenatal Nutrition Partnership) for 3,000 high risk women. Provided nutrition counselling services for 733 high risk pregnant mothers. 4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs.	1. Work with approximately 100 partners to promote prenatal health. 2. Undertake sporadic communication campaigns. 3. Provided 1,950 group sessions at 39 sites (Canadian Prenatal Nutrition Partnership) for 3,000 high risk women. Provided nutrition counselling services for 733 high risk pregnant mothers. 4. Provided 7,390 families with public health telephone counselling and referral to breastfeeding and parenting programs.	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, provide 2,000 group sessions at 30 Canada Prenatal Nutrition Program sites, provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	Transition group prenatal education program to upgraded web page and prenatal e-learning module with first year target of 750 women participants, provide group nutrition education to 2,500 prenatal women at 39 Canada Prenatal Nutrition Program sites, provide 750 at risk prenatal women with individual nutrition counselling, develop and implement preconception health promotion strategy	1. deliver online prenatal program to 2,000 women 2. provide group nutrition education to 2,200 prenatal women at 37 Canada Prenatal Nutrition Program sites 3. provide individual nutrition counselling to 750 at risk prenatal women	Approximately 1,900 high-risk prenatal women provided with assessment, counselling, education and referral (700 HBHC, 150HARP, 200 CPNP individual, 800 HBV)	
Assessment and Surveillance	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. For oral health of the 209,730 children and youth screened, 65,278 were referred for preventive and treatment services. Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. For oral health of the 209,730 children and youth screened, 65,278 were referred for preventive and treatment services. Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, access and analysis of Early Development Index (EDI) data and collaboration with Public Health Ontario on identification and collection of child health indicators	1. conduct systematic routine assessment, surveillance, monitoring and reporting to inform program and policy development, access and analysis of Early Development Index (EDI) data 2. collaborate with Public Health Ontario to identify and collect of child health indicators	Service Level Reviewed and Discontinued	
Health Protection	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Service Level Reviewed and Discontinued	
Dental Treatment for Children and Youth - Healthy Smiles Ontario (HSO)		Projected will have 10,000 enrolment, 9776 claims from private dentists and 2100 claims for City dental clinic	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase)	Based on current staffing levels, project 10,300 enrolment in HSO, 10069 claims from private dentists and 2163 claims for City dental clinic (3 percent increase)	Based on current staffing levels, project 10,300 enrolment in HSO, 16000 claims from private dentists and 1500 claims for City dental clinic (3 percent increase)	Service Level Reviewed and Discontinued	
Toronto Preschool Speech and Language System		TPSLS Provided pathology intervention to 7,690 preschool children in 340 community sites, their families, and caregivers with a current waitlist of eight months (600 on the wait list). New referrals per year: 3,890. Average age of referral: 28 months. Education programs up to 2,000 parents. Trained 520 professionals on caregiver services. FH operates in 17 community clinics in partnerships with Ontario Early Year Centres and hospitals. Screened 37,130 infants (all infants born in Toronto hospitals regardless to where the live) and 94 family support referrals. Provided 61 family support referrals as part of BLV. Target 200 preemies for contraband tobacco products	Coordinate delivery of speech and language intervention services to 7,690 children, including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,000 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Complete the review of the TPSLS service delivery model.	Coordinate delivery of speech and language intervention services to 8,000 pre-school children, including 4,500 new referrals through 340 community service delivery sites. Achieve average age of referral at 24 months and reduce average waitlist times to 3 months. Train 500 care providers on early identification and speech therapy support. Screen 38,000 (95%) of newborns born in Toronto hospitals for hearing loss and provide counselling, referral and support to 125 families who have an infant or child with a diagnosed hearing or vision loss. Complete the review of the TPSLS service delivery model.	1. coordinate delivery of speech and language intervention services to 8,000 pre-school children 2. offer parent orientation session to 100% of the parents 3. accept 4,500 new referrals and support through 340 community service delivery sites 4. screen 38,000 (95%) newborns born in Toronto hospitals for hearing loss 5. provide counselling, referral and support to 100-155 families who have an infant or child with a diagnosed hearing or vision loss	Service Level Reviewed and Discontinued	
Partnership Funding Investing in Families	Partnership established with 17 TESS site offices. Client referrals: 789. Client contacts: 3,000. Group participants (Let's Talk): 110. Referrals of community partners: 900.	Partnership established with 17 TESS site offices. Client referrals: 789. Client contacts: 3,000. Group participants (Let's Talk): 110. Referrals of community partners: 900.	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.	Partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance and deliver 35 Let's Talk support groups.	1. partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 850 families who receive social assistance 2. deliver 20 Let's Talk support groups	Service Level Reviewed and Discontinued	
Assessment and Surveillance	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	Ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	maintain ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	Service Level Reviewed and Discontinued	
Disease Prevention	Not all components of HBHC are being provided. Provided prenatal screening to 832 women (2.7% of total pregnant women); and provided assessment, counselling, education, and referral to 263 high risk women.	Not all components of HBHC are being provided. Provided prenatal screening to 832 women (2.7% of total pregnant women); and provided assessment, counselling, education, and referral to 263 high risk women.	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, deliver Homeless	Provide through the Healthy Babies Healthy Children Program: Implement provincial changes to program including roll out of new screening tool, increase outreach to physicians regarding prenatal screening to increase prenatal screening by 50% over 2012 levels (1,500 women), provide assessment, counselling education and referral to 500 high risk prenatal women, deliver Homeless	1. deliver Healthy Babies Healthy Children Program including implementing provincial program changes, increasing outreach to physicians regarding prenatal screening, providing assessment, counselling, education and referral to 1,614 high risk prenatal women 2. deliver Homeless At Risk Pregnant (HARP) program to 125 clients	Service Level Reviewed and Discontinued	

The 2016 service levels have been revised with 7 service levels discontinued and the remaining 4 service levels updated in plain language.

Service Performance

Output Measure – Percentage (%) of newborns screened for Healthy Babies Healthy Children program



- The Ministry of Children and Youth Services developed, tested and implemented a new universal hospital-administered postpartum screening tool in 2013. Screening rates are expected to increase slightly over the next 4 years as training and updating continues in Toronto's 13 birthing hospitals. The current level is on par with Provincial screening rate. Ability to achieve 100% will be limited due to parent consent issues.

Table 6

2016 Preliminary Service Budget by Activity

(\$000s)	2016 Operating Budget										Incremental Change								
	2015	Base Budget vs. 2015					New/Enhanced	2016 Budget	2016 Budget vs. 2015		2017 Plan		2018 Plan						
	Approved Budget	Base Budget	Service Changes	2016 Base	Budget	% Change			Budget	%	\$	%	\$	%					
GROSS EXP.																			
Family Health	99,162.5	85,887.6		85,887.6	(13,274.9)	(13.4%)		85,887.6	(13,274.9)	(13.4%)	(1,646.9)	-1.9%	603.4	0.7%					
Total Gross Exp.	99,162.5	85,887.6		85,887.6	(13,274.9)	(13.4%)		85,887.6	(13,274.9)	(13.4%)	(1,646.9)	-1.9%	603.4	0.7%					
REVENUE																			
Family Health	82,614.9	70,088.8		70,088.8	(12,526.1)	(15.2%)		70,088.8	(12,526.1)	(15.2%)	(1,676.7)		485.8	0.7%					
Total Revenues	82,614.9	70,088.8		70,088.8	(12,526.1)	(15.2%)		70,088.8	(12,526.1)	(15.2%)	(1,676.7)		485.8	0.7%					
NET EXP.																			
Family Health	16,547.6	15,798.8		15,798.8	(748.8)	(4.5%)		15,798.8	(748.8)	(4.5%)	29.8	0.2%	117.6	0.7%					
Total Net Exp.	16,547.6	15,798.8		15,798.8	(748.8)	(4.5%)		15,798.8	(748.8)	(4.5%)	29.8	0.2%	117.6	0.7%					
Approved Positions	673.9	659.7		659.7	(14.2)	(2.1%)		659.7	(14.2)	(2.1%)	(3.0)	-0.5%	2.2	0.3%					

Family Health promotes and supports healthy behaviours and environments for people in their childbearing years, pregnant women, their partners and their youth. The Service also supports proper oral health. This service primarily:

- Provides education and outreach on reproductive health from public health professionals; and
- Provides screening of school aged children, preventative dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment and Ontario Works, and dental services for seniors in collective living centres.

The 2016 Operating Budget for Family Health of \$85.888 million gross and \$15.799 million net is \$0.749 million or 4.5% under the 2015 Approved Net Budget.

- In addition to pressures common amongst all services that include salary and benefit adjustments, Environmental Health includes a re-alignment of interdivisional charges between services with no net impact.

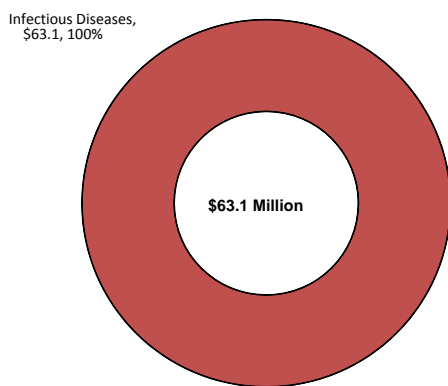
Infectious Diseases



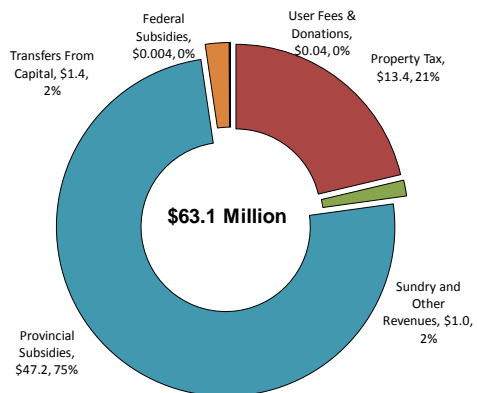
What We Do

- Provide services that reduce the occurrence and transmission of infectious diseases through public education, surveillance, case and contact management, immunization and outbreak response.

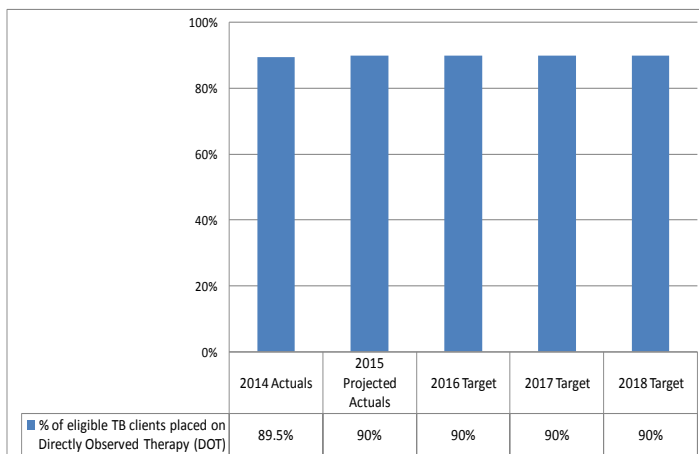
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Percentage (%) of eligible TB clients who are placed on Directly Observed Treatment (DOT)



- The TB program strives to have 90 % of clients on DOT.
- During DOT, staff meet with clients 3-7 times per week utilizing both community and video DOT or a combination of both strategies based on client need and available staff resources.
- Ninety percent (90%) is a realistic target; although it is a best practice, DOT cannot be mandated legally.

2016 Service Levels Infectious Diseases

Type	Sub-Type	Service Levels				2016
		2012	2013	2014	2015	
Assessment and Surveillance		1. Receive, assess and review 80,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.	1. Receive, assess and review 80,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.	1. Receive, assess and review 89,000 notifications of infectious diseases annually. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.	1. Receive, assess and review 76,000 (100%) notifications of infectious diseases received annually 2. Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (IPHIS) within designated timelines.	
Health Promotion and Policy Development		1. Provide annual education for all 82 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 14 hospital, 16 complex continuity of care sites and 82 Long-Term Care Homes. 3. Provide infection control liaison services (contacts for questions, requests for presentations and outbreak management) to 4 correctional facilities, 2 school boards and 65 shelters. 4. Work with 82 Long-Term Care Homes to develop their infectious disease surveillance systems.	1. Provide annual education for all 82 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 14 hospital, 16 complex continuity of care sites and 82 Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 14 hospital, 16 complex continuing care sites and 82 Long-Term Care Homes, 876 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. 4. Work with 82 Long-Term Care Homes to develop their infectious disease surveillance systems.	1. Provide annual education for all 87 Long-Term Care Homes and shelters/housing sector staff. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 hospital sites, 17 complex continuing care / rehab sites and 87 Long-Term Care Homes, 1,065 licensed child care centers, 4 correctional facilities, 4 school boards and 65 shelters. 4. Work with 87 Long-Term Care Homes and 150 retirement homes to develop their infectious disease surveillance systems.	1. Host an annual education event for all 87 (100%) Long-Term Care Homes. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. 2. Sit on infection prevention and control committees of 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes. 3. Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes, 1,065 (100%) licensed child care centers, 4 (100%) correctional facilities, 4 (100%) school boards and 65 (100%) shelters. 4. Work with 87 (100%) Long-Term Care Homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.	Approximately 77,000 notifications of infectious diseases received, assessed, and reviewed annually
Disease Prevention		1. 24/7 availability. Responded to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 5 surveillance alerts issued by TPH annually. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARS alerts requiring follow up by communicable disease programs. 4. Inspected 2,700 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 350 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required.	1. 24/7 availability. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARS alerts requiring follow up by communicable disease programs. 4. Inspected 3,000 critical and semi-critical personal services settings. Responded to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required. 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	1. 24/7 availability. Respond to approximately 40,000 confirmed cases of reportable/communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,700 health care providers and institutions. 3. Approximately 15 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 30 Early Aberrant Reporting System (EARS) alerts followed up by TPH epidemiology team and 6 EARS alerts requiring follow up by communicable disease programs. 4. Inspect 3,000 critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 disease outbreaks annually. 6. Policy documents reviewed and revised to reflect disease epidemiology and best practices through regular review process. Policy and procedures completed for all 76 reportable diseases and reviewed every 5 years at a minimum and more frequently when required. 7. Maintain daily outbreak list, distributed to over 350 recipients daily.	1. Maintain 24/7 availability. Respond to approximately 34,000 cases (100%) of reportable, communicable diseases. 2. Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,900 health care providers and institutions. 3. Approximately 10 surveillance alerts issued by TPH annually to approximately 7,000 physicians. 4. Inspect 3,000 (100%) critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. 5. Investigate and manage approximately 300 disease outbreaks annually. 6. Complete policy and procedures for all 76 (100%) reportable diseases and reviewed every 5 years at a minimum and more frequently when required. 7. Maintain daily outbreak list, distributed to over 460 recipients daily.	
Health Protection		Inspected over 2,700 critical and semi-critical personal services settings; and conducted one annual infection prevention and control inspection in all 876 licensed child care facilities.	1. Inspected over 3,000 critical and semi-critical personal services settings; 2. Conducted one annual infection prevention and control inspection in all 876 licensed child care facilities; 3. Launch TPH PSS inspection disclosure website.	1. Inspect over 3,000 critical and semi-critical personal services settings; 2. Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities; 3. Maintain TPH PSS inspection disclosure website.	1. Inspect over 90% of 3,000 critical and semi-critical personal services settings; 2. Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities; 3. Maintain TPH PSS inspection disclosure website.	Service Level Reviewed and Discontinued
Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	1. conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement 2. Liaise with Canadian Food Inspection Agency, neighbouring health units, Ministry of Municipal and Agricultural Affairs and Ministry of Natural Resources to keep informed about potential rabies threats 3. Report surveillance information and rabies post exposure prophylaxis administration to the MOHLTC within designated timelines	
Health Promotion and Policy Development		Toronto Animal Services provided education sessions and materials to: 130 classrooms, reaching 3,492 students between 5 and 13 years of age, 24 classrooms in daycares reaching 369 children between 2 and half and 5 years of age, 10 summer camps, reaching 325 camp students, 13.5 days of officer training (training regarding Rabies Protocol, reporting requirement), 46 days of trade show education (reaching approximately 1 million attendees at trade shows). Attended 32 community events/fairs. Developed and made available educational literature (bat rabies, pet vaccination, etc)	1. Develop and distribute Rabies resource materials for seniors and youths	1. Develop and distribute Rabies resource materials for seniors and youths	1. develop and distribute rabies resource materials for seniors and youths to supplement national and provincial communication strategies	Approximately 2,500/year animal bite reports responded to
Disease Prevention/Health Protection		1. Investigated 1,950 animal bites to humans, 58 specimens submitted for testing, and approximately 309 vaccine delivered. 2. Liaised with CFIA as required with respect to animal to animal bites. 3. Rabies Contingency Plan in place. Liaise with GTA health units when surveillance reveals an increase in animal rabies. 4. Issued routine notifications on the requirements of reporting and where to obtain further information.			1. maintain 24/7 availability to receive and respond to 100% (avg 2300/year) animal bites to humans, submit 100% (avg 50/year) specimens, and deliver 100% (avg ~350/year) post exposure prophylaxis 2. communicate with partners re: reporting obligations for suspected rabies exposures and where to obtain further information 3. maintain rabies contingency plan	

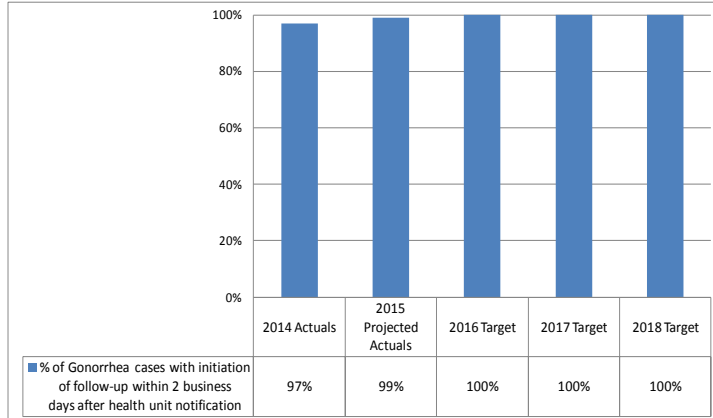
Type	Sub-Type	2012	2013	2014	2015	2016
Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.			Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	
Health Promotion and Policy Development		1. & 2. Partnered with approximately 35 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups.	1. & 2. Partnered with approximately 40 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline as a result of the training sessions. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups. 4. 40,000 community clients reached through sexual health promotion. 5. 25,600 Ontario callers assisted through the AIDS and Sexual Health InfoLine. 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.	1. & 2. Partner with approximately 40 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. Responded to 9,000 calls to the AIDS hotline as a result of the training sessions. 3. 90 priority schools reached, 100 grade 4-8 teachers trained in puberty education, and 65 partnerships established in high priority areas. Fostered and maintained 52 partnerships with AIDS community groups. 4. 40,000 community clients reached through sexual health promotion. 5. 25,600 Ontario callers assisted through the AIDS and Sexual Health InfoLine. 6. 360 high risk opiate users provided with Naloxone, resulting in 25 administrations.	1. & 2. Partner with approximately 42 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. 3. Reach 40,000 community clients reached through sexual health promotion activities. 4. Assist 25,600 Ontario callers through the AIDS and Sexual Health InfoLine. 5. Provide 360 high risk opiate users with Naloxone, resulting in 25 administrations. 6. Distribute 3,900,000 male condoms and 37,600 female condoms. Distribute 900,000 units of lubricant	Approximately 55,000 client visits to TPH Sexual Health Clinics, annually.
Disease Prevention/Health Protection		1. Over 50,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 12,800 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.66. Over 51,000 client visits per year, over 800,000 harm reduction kits and 150,000 condoms distributed annually. Provision of HIV nominal, anonymous and rapid testing. (approximately 4 per week). Annual caseload of over 80 high need opiate users, over 600 visits per year, and approximately 1000 referrals to other health and social service providers for clients served.	1. Over 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Tracked and investigated over 13,000 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.66. Over 51,000 client visits 1. Over 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks.	1. Over 60,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Track and investigate over 13,000 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. 3. Provincially funded medication for treatment for reportable STI treatment provided to all requesting community physicians. 4. TOHealth web & text messaging (iPhone application) over 99,000 visitors to website, 733 instant messaging sessions and 304 anonymous notifications of STI and blood-borne illness to partners. 5.66. Over 60,000 client visits.	1. Accommodate 65,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks. 2. Track and investigate over 13,000 confirmed cases of Chlamydia, gonorrhoea, syphilis and HIV. 3. Provide Provincially funded medication for treatment for reportable STI treatment to all (100%)requesting community physicians. 4. Send 150 anonymous e-cards from inSPOT website and host 700 site visitors	
Partnership Funding	AIDS Prevention and Community Investment Program	Funded 42 AIDS prevention projects.	Funded 39 AIDS prevention projects.	Fund 39 AIDS prevention projects.	With 1.9 million dollars, fund 48 community organizations (AIDS and substance abuse programs) and assist 32 agencies with evaluation skills.	
Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Infectious disease surveillance information reported to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.			1. Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (PHIS) within designated timelines.	
Health Promotion and Policy Development		TB education sessions provided to approximately: 1,300 newcomers; 300 health care professionals; and 600 persons at their school/university/college or workplace.	TB education sessions provided to approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.	TB education sessions provided to approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; Provide PHN liaison to work directly with 4 TB Clinics, 4 Correctional Facilities and designated homeless shelters to collaboratively work on TB prevention and control.	1. Provide TB education presentations and develop educational resources for populations at risk for developing TB, health care professionals and community agencies including for approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; 2. Hold a minimum of 30 education sessions for agencies offering services to homeless/underhoused persons. 3. Provide PHN liaison services at each of 4 (100%)TB Clinics and 3 (100%) Correctional Facilities located in Toronto in order to work collaboratively to prevent and control TB.	
Disease Prevention/Health Protection		1.,4.86. Identify, assess and monitor approximately 300 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.86. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,500 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.86. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection 7. 85% of eligible clients placed on direct observed therapy (DOT). 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards; 9. Launched video-DOT to be used for up to 70 clients meeting eligibility criteria.	1.,4.86. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.86. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.86. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection. 7. 85% of eligible clients placed on direct observed therapy (DOT). 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards; 9. Place eligible clients on video-DOT.	1.,4.86. Identify, assess and monitor approximately 310 new TB cases annually, and ensure adequate treatment and follow up (with 98% of active TB cases completing adequate treatment each year). 2.86. Provide follow-up approximately to 2,000 persons/year identified as contacts of active TB cases. 2&5. Assess and follow-up on approximately 1,400 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 3.86. Processed drug orders for approximately 1,500 clients (annually) who are reported to TPH with latent TB infection. 7. 85% of eligible clients placed on direct observed therapy (DOT). 8. 95% of all cases completed appropriate and adequate treatment according to Canadian TB Standards; 9. Place eligible clients on video-DOT.	1. Investigate 100% of suspect TB cases and provide comprehensive TB case management for 100% of active TB cases (approximately 280 new cases annually) until treatment completion (approximately 6 months to 2 years). Greater than 95% of active TB cases will annually complete appropriate and adequate treatment according to the Canadian TB Standards. A minimum of 85% of eligible clients will be placed on directly observed therapy (DOT). 2. Provide follow-up of approximately 2,000 persons/year identified as contacts of active TB cases. 3. Assess and follow-up approximately 1,200 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. 4. Provide free TB medications to 100% of clients with active TB disease (approximately 280 per year) and 100% of clients with latent TB infection who are referred for TB preventative treatment by their community health care provider (approximately 1200 clients per year).	Approximately 280 new TB cases provided comprehensive case management services
Assessment and Surveillance		1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Follow up on the immunization status of approximately 82,000 school-aged children, and receive approximately 80,000 calls on the vaccine preventable diseases call centre	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Assessed 85,000 student immunization records in highschools to ensure up to date school immunization, and receive approximately 80,000 calls on the vaccine preventable diseases call centre	1. Systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. 2. Assess 85,000 student immunization records in highschools to ensure up to date school immunization, and receive approximately 65,000 calls on the vaccine preventable diseases call centre.	1. Conduct systematic and routine assessment, surveillance, monitoring, and reporting to inform program and policy development, service adjustment and performance measurement. 2. Assess immunization records of all high school students as per the amended changes to the ISPA. 3. Review immunization records all students born in 2010 to ensure they are up to date with the varicella vaccine.	

Type	Sub-Type	Service Levels				
		2012	2013	2014	2015	2016
Health Promotion and Policy Development		1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 100 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff. Completed consultation with City of Toronto Homes for the Aged on employee immunization (2011).	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Received and responded to approximately 90 reports of adverse events. 3. Educated and worked with 1,500 physician offices. 4. Provided mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Worked with 82 Long-Term Care Homes to ensure influenza immunization of residents and staff.	1. Periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH and National Immunization week each year. Supported public information and increased knowledge through periodic media releases and response to media inquiries. 2. Receive and respond to approximately 90 reports of adverse events. 3. Educate and work with 1,500 physician offices. 4. Provide mandated recommendations (required to be followed under the Day Nurseries Act) to day nurseries on employee immunization. Work with 87 Long-Term Care Homes to ensure influenza immunization of residents and staff.	1. Conduct periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH as related to the changes in the ISPA. 2. Support public information and increase knowledge through periodic media releases and response to media inquiries. 3. Provide education and information to 2000 Health Care Providers that store publicly funded vaccine (incl. pharmacies) regarding Vaccine Storage and Handling practices 4. Send immunization promotional materials reflecting the changes to the immunization schedule to Day Nursery operators and to the parents of children enrolled in Day Nurseries	Approximately 80,000 vaccinations provided for Hepatitis B, meningococcal and HPV to grade 7&8
Disease Prevention		1. Provided approximately 73,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	1. Provided approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	1. Provide approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; provided approximately 35,000 vaccination for the seasonal flu program, and organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 2. Outbreak contingency plan in place. Outbreak response policy and procedure utilized to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	1. Provide approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; 2. Provide approximately 10,000 vaccination for the seasonal flu program 3. Organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. 4. Outbreak contingency plan in place. Utilize outbreak response policy and procedure to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	
Health Protection		1. Inspect 1,500 physician offices annually to assess for cold-chain compliance; and investigate approximately 250 cold-chain failures annually. 2. Received and responded to 100 reports of adverse events.	1. Inspect 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.	1. Inspect 1,450 physician offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Received and responded to 90 reports of adverse events.	1. Inspect 2000 Health Care Providers offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. 2. Respond to 100% reported adverse events.	

The 2016 service levels have been revised with 1 service level discontinued, the remaining 13 combined into 4 service levels and updated in plain language.

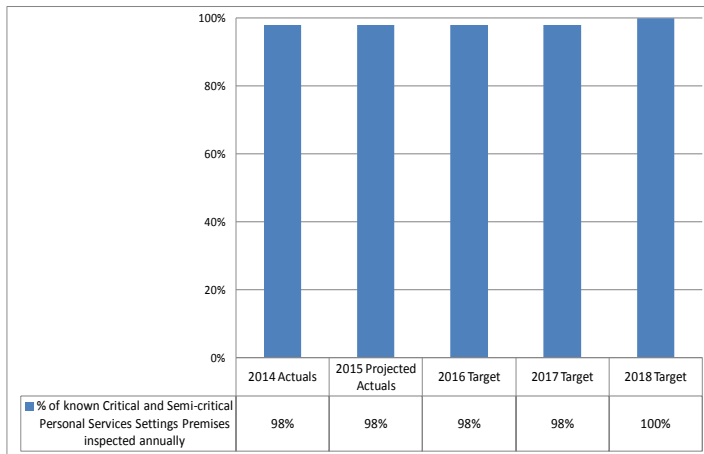
Service Performance

Output Measure – Percentage (%) of Gonorrhoea cases with initiation of follow-up within 2 business days after health unit notification.



- TPH has an accountability agreement with the MOHLTC regarding the initiation of case investigation for cases of gonorrhoea. These cases should be investigated within 2 business days after receipt by TPH. TPH has been making steady progress to reach the 100% benchmark (see data table) with 100% goal for 2016.

Efficiency Measure – Percentage (%) of known Critical and Semi-critical Personal Services Settings Premises inspected annually.



- TPH strives to inspect 100% of all critical and semi-critical Personal Services Settings (PSS) every year.
- The program has piloted new processes which have already been successful in helping to meet the target.
- Once fully implemented TPH expects to continue to reach and maintain the target, despite increasing numbers of premises and other program demands.

Table 6

2016 Preliminary Service Budget by Activity

(\$000s)	2015 Approved Budget	2016 Operating Budget							Incremental Change									
		Base Budget	Service Changes	Base Budget vs. 2015 Budget			New/Enhanced	2016 Budget	2016 Budget vs. 2015 Budget		2017 Plan		2018 Plan					
	2016 Base			2015 Budget	% Change	\$			%	\$	%	\$	%	\$	%			
GROSS EXP.																		
Infectious Diseases	63,928.4	63,091.1		63,091.1	(837.3)	(1.3%)		63,091.1	(837.3)	(1.3%)	(822.3)	(1.3%)	948.1	1.5%				
Total Gross Exp.	63,928.4	63,091.1		63,091.1	(837.3)	(1.3%)		63,091.1	(837.3)	(1.3%)	(822.3)	(1.3%)	948.1	1.5%				
REVENUE																		
Infectious Diseases	50,451.8	49,649.4		49,649.4	(802.4)	(1.6%)		49,649.4	(802.4)	(1.6%)	(851.6)	(1.7%)	855.4	1.8%				
Total Revenues	50,451.8	49,649.4		49,649.4	(802.4)	(1.6%)		49,649.4	(802.4)	(1.6%)	(851.6)	(1.7%)	855.4	1.7%				
NET EXP.																		
Infectious Diseases	13,476.6	13,441.7		13,441.7	(34.9)	(0.3%)		13,441.7	(34.9)	(0.3%)	29.3	0.2%	92.7	0.7%				
Total Net Exp.	13,476.6	13,441.7		13,441.7	(34.9)	(0.3%)		13,441.7	(34.9)	(0.3%)	29.3	0.2%	92.7	0.7%				
Approved Positions	505.3	508.6		508.6	3.3	0.7%		508.6	3.3	0.7%	(10.2)		1.1	0.2%				

The **Infectious Diseases** provides services that reduce the occurrence and transmission of infectious diseases through public education, surveillance, case and contact management, immunization and outbreak response. Major activities include:

The 2016 Operating Budget for Infectious Diseases of \$63.091 million gross and \$13.442 million net is \$0.035 million or 0.3% under the 2015 Approved Net Budget.

- Base budget pressures in Infectious Diseases are primarily due to the inflationary increase of 2% for the Sexual Health Clinic contracts of \$0.012 million which has been more than offset by line by line review savings of \$0.005 million net to reflect actual experience and a reduction in the contribution to the IT Reserve of \$0.013 million.

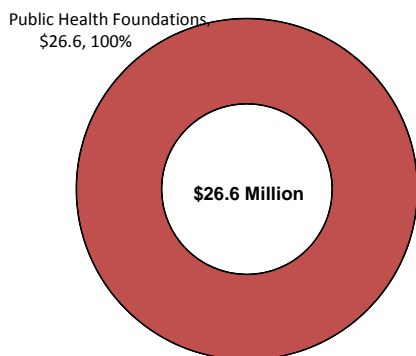
Public Health Foundations



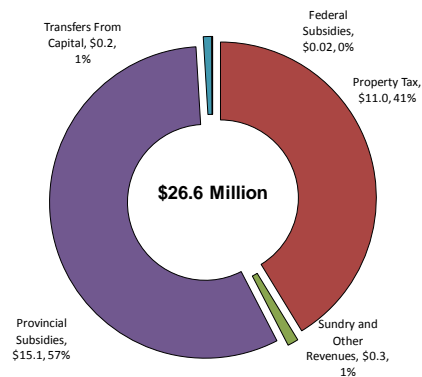
What We Do

- Provides the population health assessment, surveillance, research and knowledge exchange, and program evaluation to inform public health programs, Board of Health decision making and stakeholder relations, and provincial reporting.

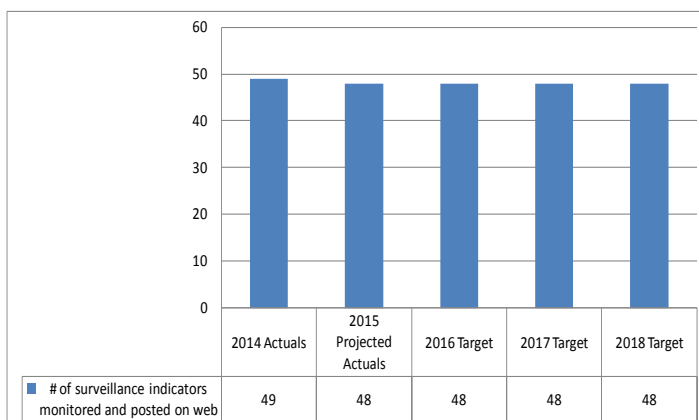
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Number (#) of surveillance indicators monitored and posted on web



- Indicator data are generally analyzed by time, geography and subpopulations.
- Indicators are updated and monitored regularly by Epidemiology staff who help integrate findings into service design and policy development.
- Posting on the web allows for proactive and broad dissemination of timely information.

2016 Service Levels

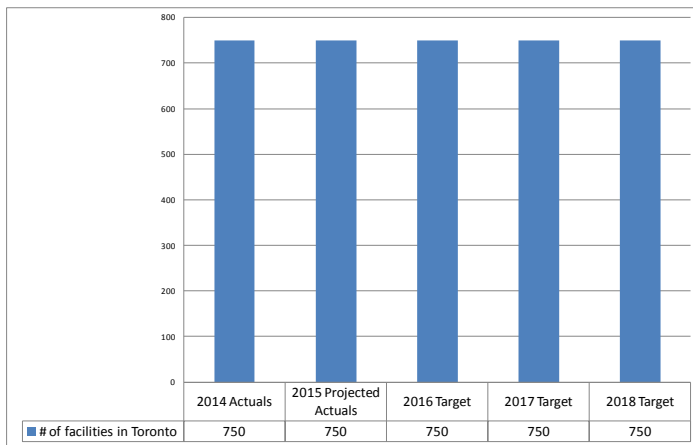
Service 1

Sub-Type	Service Levels					
	2011	2012	2013	2014	2015	2016
Assessment and Surveillance	New in 2016					Approximately 48 surveillance indicators monitored and posted on web

During the 2015 Budget process, TPH was requested to provide service levels in time for the 2016 Budget process. This service level is new for 2016.

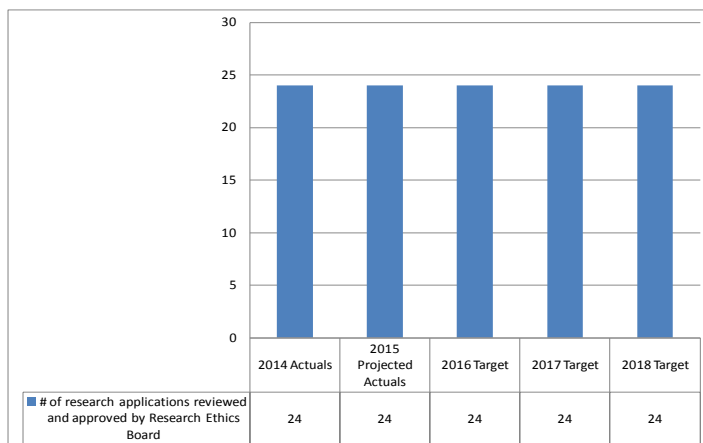
Service Performance

Output Measure – Number (#) of facilities in Toronto from which information on the manufacture, use and release of 25 priority chemicals is compiled



- Information regarding priority chemicals enables monitoring and follow-up when required to address high levels of pollutants

Output Measure – Number (#) of research applications reviewed and approved by Research Ethics Board



- The Research Ethics Board (REB) reviews research proposals to ensure proposals are ethically and scientifically sound and research participants' rights are protected.
- The research ethics review process ensures appropriate organizational safeguards are in place regarding confidentiality of personal health information and management of privacy.
- The REB enables TPH to meet PHIPA legislation requirements.

Table 6

2016 Preliminary Service Budget by Activity

(\$000s)	2015	2016 Operating Budget							Incremental Change						
	Approved Budget	Base Budget	Service Changes	Base Budget vs. 2015 Budget			New/Enhanced	2016 Budget	2016 Budget vs. 2015 Budget		2017 Plan		2018 Plan		
	\$	\$	\$	2016 Base	Budget	% Change	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
Public Health Foundations	28,793.3	26,637.3		26,637.3	(2,156.0)	(7.5%)		26,637.3	(2,156.0)	(7.5%)	67.6	0.3%	229.9	0.9%	
Total Gross Exp.	28,793.3	26,637.3		26,637.3	(2,156.0)	(7.5%)		26,637.3	(2,156.0)	(7.5%)	67.6	0.3%	229.9	0.9%	
REVENUE															
Public Health Foundations	17,643.9	15,643.3		15,643.3	(2,000.6)	(11.3%)		15,643.3	(2,000.6)	(11.3%)	51.6	0.3%	161.8	1.0%	
Total Revenues	17,643.9	15,643.3		15,643.3	(2,000.6)	(11.3%)		15,643.3	(2,000.6)	(11.3%)	51.6	0.3%	161.8	1.0%	
NET EXP.															
Public Health Foundations	11,149.4	10,994.0		10,994.0	(155.4)	(1.4%)		10,994.0	(155.4)	(1.4%)	16.0	0.1%	68.1	0.6%	
Total Net Exp.	11,149.4	10,994.0		10,994.0	(155.4)	(1.4%)		10,994.0	(155.4)	(1.4%)	16.0	0.1%	68.1	0.6%	
Approved Positions	222.8	221.5		221.5	(1.3)	(0.6%)		221.5	(1.3)	(0.6%)	0.7	0.3%	0.1	0.1%	

The **Public Health Foundations Service** provides the population health assessment, surveillance, research and knowledge exchange, and program evaluation to inform public health programs, Board of Health decision making and stakeholder relations, and provincial reporting.

- The service provides funding in part for the 100%, City funded, Student Nutrition Program which is not funded through any discreet service. More than one service is experiencing the impact of the increasing food costs for the Student Nutrition Program.

The 2016 Preliminary Operating Budget for Public Health Foundation of \$26.637 million gross and \$10.994 million net is \$0.156 million or 1.4% under the 2015 Approved Net Budget.

- Base budget pressures in Public Health Foundations are primarily due to known salaries and benefit adjustments that are fully offset by the re-alignment of expenditures between services with no net impact.



Part III:

Issues for Discussion

Issues for Discussion

Issues Impacting the 2016 Budget

New/Enhanced Service Priorities

- At its meeting of November 3rd, 2015, Council adopted EX 9.5 "TO Prosperity: Toronto Poverty Reduction Strategy" which included the recommendation to forward TO Prosperity 2016 Annual Work Plan and the financial impacts to the City Manager for consideration as part of the 2016 Budget Process.
- The 2016 Annual Work Plan, included in the Strategy called for 2 enhanced initiatives for TPH, which support increasing food access and system change to help eradicate poverty;
 - Student Nutrition Program (Year 4) – Stabilization and expansion to additional 49 schools in high need areas reaching an additional 15,800 children;
 - Toronto Urban Health Fund – Expansion which will increase the number of programs for youth to address HIV Prevention, Harm Reduction and Youth Resiliency.
- The following sections provide more information on these initiatives which have been recommended by the Board of Health as part of the Toronto Public Health's 2016 Operating Budget Request.

New / Enhanced Service Description (\$000s)	2016 Impact				Net Incremental Impact			
	Gross	Revenue	Net	Positions	2017 Plan		2018 Plan	
					Net	Positions	Net	Positions
Not Included								
Referred to the Budget Process								
Student Nutrition Inflationary Cost Increase (1.3%)	109.1		109.1		299.8		376.6	
Student Nutrition Program - Strengthen Current	641.5		641.5		647.6		138.2	
Student Nutrition Toronto Expansion to New Sites	853.1		853.1		970.5		1,080.4	
Toronto Urban Health Fund Inflationary Increase (2.0%) and Expansion	206.8	155.1	51.7		37.5		37.5	
Total New/Enhanced Services (Not Included)	1,810.5	155.1	1,655.4	0.0	1,955.3	0.0	1,632.6	0.0

A. Student Nutrition Program

- As part of the 2015 Budget process, City Council requested the Medical Officer of Health to report to Council in 2015 on the following:
 - Progress made to-date as a result of funding enhancements to the Student Nutrition Program;
 - An assessment of the status of the program, recommendations on reasonable partnership opportunities and the funding required over three years to meet the identified need.
- City Council also requested the Deputy City Manager and Chief Financial Officer to ensure that adequate funding for Student Nutrition Programs is included in future budget submissions.
- During the 2015 budget process, Council also called for an extension of the five-year plan by one year to conclude in 2018, to help offset budget pressures, since the Board of Health's 5-year plan established in 2012 was to gradually increase the municipal investment to 20% by 2017.

- On October 26, 2015, the Board of Health referred 2 reports to the Budget Committee for consideration during the 2016 Operating budget process.
 - The report (HL7.1) entitled, Student Nutrition Program: Program Update provided a brief overview of the student nutrition programs in Toronto, including the progress on shared partnership funding model endorsed by the Board of Health in 2012, the key findings of the governance review of SNP, and food procurement strategies. Link: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL7.1>
 - The report (HL7.2) entitled, Student Nutrition Program: 2016 Operating Budget Request and Municipal Funding Plan to 2018 provided an update of the municipal enhancements to SNP during the first three years of the revised 6-Year Plan (2013-2015) and the proposed increases in 2016-2018 to achieve the municipal investment target of 20% by 2018. Link: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL7.2>
- At the same meeting, the Board of Health also endorsed a *shared partnership funding model* to help build sustainable student nutrition programs through collective efforts from 5 sectors (i.e. Municipal, Provincial and Federal governments, corporate and parent/community) with each contributing 20% of ongoing program costs.
- As shown in Table 1 below, following the reset 6-year expansion plan for SNP, the City's investment rate in Student Nutrition Program will increase from 9.0% in 2012 to a requested 16% in 2016 of total estimated program costs of \$62.452 million to run a fully implemented program across Toronto.
 - The total 2015 Provincial contribution for Toronto is \$8.647 million or 15.5%. Student nutrition programs also raise funds from third party contributions, including parental contributions, local fundraising, and corporate donations.

Table 1: Student Nutrition Program (2011-2018)

	(\$Millions)							
	2011	2012	2013	2014	2015	2016 Request	2017 Est**	2018 Est**
Total Provincial Funding*	5.503	5.717	6.039	7.840	8.647	8.647		
% of Provincial Share	11%	13%	13%	16%	16%			
Base Municipal Funding	3.820	3.820	3.820	5.301	7.072	8.388	9.992	12.551
Stabilization - Inflation			0.248	0.214	0.382	0.109	0.174	0.196
Stabilization - Investment Rate			1.010	1.163	0.579	0.642	1.024	1.154
Expansion			0.223	0.394	0.356	0.853	1.361	1.534
Sub-total			1.481	1.771	1.317	1.604	2.559	2.884
Total Municipal Funding	3.820	3.820	5.301	7.072	8.389	9.992	12.551	15.435
% of Municipal Share	8%	9%	12%	14%	14%	16%	18%	20%
Total Program	48.500	42.400	46.086	50.513	56.128	62.452	69.322	76.947

* Provincial investment for 2016 has not yet been confirmed and is assumed to be equal to 2015

**Assumes a 11% increase in program costs in 2017 and 2018 as experienced in 2015 and 2016.

- The 2016 funding request of \$1.604 million will provide for the following:
 - an inflationary 1.3% increase over 2015 in the amount of \$0.109 million is to provide a cost of food adjustment for existing programs.

- a 2% municipal contribution increase of \$0.642 million which will result in an increase to the City's investment contribution per elementary student per meal each school day from \$0.16 in 2015 to \$0.19 in 2016. Note: The City's contribution in 2012 was \$0.09 increasing to \$0.12 in 2013 and \$0.15 in 2014.
 - Toronto is home to 350,000 elementary/secondary students who attend 806 public schools (2014/15 academic year). Of these, during the 2015/16 academic year 519 publically funded schools and community sites receive municipal funding towards their student nutrition program offered to 166,900 students.
- an expansion component for 2016 of \$0.853 million will expand municipal funding to 49 additional programs in 2016.
 - The 2017 and 2018 plan will expand to include an additional 48 programs for each year, resulting in all 145 programs being funded by the City by 2018.
 - The 49 additional student nutrition programs in 2016 will reach approximately 15,809 students in publically funded schools serving higher need communities that currently do not receive municipal funding.
 - This will bring the total number of students reached with municipal funding to approximately 182,700 in 2016.
- The above enhanced initiatives are not included in the 2016 Preliminary Budget, however they will be included in the list forwarded by the City Manager and Deputy City Manager & CFO for consideration by the Budget Committee and Council as part of the 2016 Budget process.

B. Toronto Urban Health Fund

- The Toronto Urban Health Fund (TUHF) provides grant funding for projects which address HIV Prevention, Harm Reduction and Youth Resiliency. The funding is cost-shared (75/25) with the Province.
- In 2014, a funding shortfall of \$0.850 million was identified to address projects with funding request renewals and projects in the youth resiliency stream.
 - TPH identified that a disparity in funding for the youth resiliency stream when compared to the HIV prevention and harm reduction streams.
 - The proportion of funding between HIV Prevention, Harm Reduction and Youth Resiliency is currently at 34%/40%/26% respectively.
 - The 5-year plan is aiming for a distribution of 35%/35%/30% across the 3 streams.
- As part of the 2015 budget process, \$0.150 million gross, \$0.038 million net funding was approved for TUHF program, which represented Year-1 of a 5-year plan to increase the program's budget by \$0.750 million. The 2015 Approved budget includes funding of \$2.839 million gross and \$0.710 million net for TUHF program.
- The 2016 request for an additional \$0.150 million gross and \$0.038 million net will continue to address the funding shortfall for projects that will strengthen the local community response in the youth resiliency and aboriginal sectors to addressing HIV incidence rates and illicit substance use rates. With the increased funding, TUHF will be able to provide funding to 684 projects or 24.2% of

total projected requests of \$2.828 million compared to 533 projects or 25% of total requests of \$2.135 million.

- The above enhanced initiative is not included in the 2016 Preliminary Budget, however it will be included in the list forwarded by the City Manager and Deputy City Manager & CFO for consideration by the Budget Committee and Council as part of the 2016 Budget process.

Student Nutrition Program (SNP) Governance

- A review of the *Student Nutrition Toronto Governance Model* was conducted in 2014 to address the new emerging needs as a result of the significant growth of SNP.
- Student Nutrition Toronto, is a collaborative partnership which oversees community-based student nutrition programs in Toronto.
 - Partner members include Toronto Public Health, Toronto District School Board, Toronto Catholic School Board, Conseil Scolaire Viamonde, Toronto Foundation for Student Success (TFSS), the Angel Foundation for Learning (AFL) and two community members including FoodShare Toronto.
 - Its mandate includes approving municipal and provincial allocations to student nutrition programs in Toronto, ensuring quality and accountability of funded programs and strategic planning for program growth and sustainability.
- In 2014, Student Nutrition Toronto retained an independent consultant to complete a governance review to recommend an oversight model which would better accommodate future program growth, include enhanced capacities in accountability, efficiency, quality assurance, and fundraising and build on the strengths of the existing governance model.
- The key finding identified by the consultant is that the current "informal partnership" structure of Student Nutrition Toronto makes it difficult to manage the current scale of program operations and future growth of the program. The current model has multiple accountability lines that result in communication and oversight challenges.
- The recommendation is for a more formal governance model with the creation of a new incorporated collaborative organization which will be based on a Memorandum of Agreement among the partner organizations. The proposed organization, with a Board of Directors, will have a common strategic vision with program priorities geared to specific impact and outcome measures. The recommended model would have the systems capability to manage the increased requirements for more rigorous transparency, accountability and communication among stakeholders.
- A full cost analysis of the governance and system level functions of the current and recommended model was requested by the key partners which has been completed and was presented to Student Nutrition Toronto this fall. Currently, Student Nutrition Toronto has implemented improvements and strengthened their oversight processes and community and monitoring functions.
 - The Medical Officer of Health has also shared the governance review report and recommendations with senior level staff at the Ministry of Children and Youth Services who is undertaking a province-wide review of the Student Nutrition Program with results to be shared in the Spring 2016.

- It is recommended that the Medical Officer of Health report back to Budget committee on financial implications of the Student Nutrition Program's Governance review in time for the 2017 budget process.

Toronto Public Health 2016 Operating Budget Request

- For 2016, the Budget target for City Programs and Agencies was set at 1% decrease from the 2015 Net Operating Budget.
 - The Board of Health (BOH) at its meeting of May 19, 2015, requested the Medical Officer of Health to submit Toronto Public Health's 2016 Preliminary Operating Budget submission to the City that was 2.17% over the 2015 Net Operating Budget.
 - The BOH at its meeting of November 30, 2015 considered (HL8.10) report entitled "Toronto Public Health 2016 Operating Budget Request" and recommended TPH's 2016 Operating Budget Request which is \$2.230 million or 3.9% above the 2015 Approved Net Budget to the Budget Committee for its consideration during the 2016 Budget process. The request included base budget savings of \$0.142 million net.

Link: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL8.10>

- The 2016 Preliminary Operating Budget for TPH is \$240.703 million gross and \$56.942 million net or 0.02% over the 2015 Budget, is lower than the BOH Recommended Operating Budget of \$249.708 million gross and \$59.158 million net by \$2.216 million net. The changes totaling \$2.216 million net are highlighted in the table below:

Description (\$000s)	BOH Recommended			2016 Preliminary Operating Budget			Additional Net Changes	Comments
	Position Change	Gross Exp.	Net Expense	Position Change	Gross Exp.	Net Expense		
	#	\$	\$	#	\$	\$	\$	
2015 Approved Budget	1,875.3	252,298.0	56,969.5	1,875.08	252,298.0	56,969.5		
In Year Adjustments		1,676.7	(42.0)	0.26	1,681.5	(42.0)		Additional one-time in-year adjustment of \$4.8k 100% Provincially funded
2015 Adjusted Approved Budget	1,875.34	253,974.7	56,927.5	1,875.34	253,979.5	56,927.5		
Base Changes:								
Base Expenditure Changes								
<i>Prior Year Impacts</i>	(0.7)	(313.8)	(21.8)	(0.69)	(318.6)	(21.8)		Reversal of One-time 100% Provincially funding of \$4.8k
<i>Changes to 100% Funded Programs due to announced funding</i>	8.0	(661.8)		9.21	(425.6)			FTE Adjustment for HBHC (-0.8 FTE), 1 time funding for Infant Hearing (Add \$80k Gross, \$0 Net), Transfer VPD UIIP from New to Base (2.0 FTE, \$156.2 Gross \$0 Net)
<i>Capital Funded Positions</i>	(15.3)	(1,524.2)		(11.40)	(1,155.7)			Changes in TPH's 2016 Capital Budget including a reduction in positions; no net impact.
<i>Progression Pay, Step Increase, Benefits, and Gapping</i>	(2.0)	151.6	128.7	(2.00)	151.6	128.7		
<i>Economic Factors - Non Payroll</i>		57.3	14.3		57.3	14.3		
<i>Inflation increase of 2% for Toronto Urban HealthFund</i>		56.7	14.2				(14.2)	Inflation rate increase for Toronto Urban Health Fund not included in the 2016 Preliminary Operating
<i>Interdivisional Charges/Interdivisional Recoveries (IDC/IDR) with Toronto Employment Social Services (TESS)</i>		(5,836.3)	(8.6)		(5,836.3)	(8.6)		Integration of several current dental programs for various children's age groups namely OW Dental, Children in Need of Dental Treatment (CINOT), CINOT Expansion and HSO1 will be undertaken as part of the new integrated HSO program starting January 1, 2016; no net impact. No net impact.
<i>Other Base Changes</i>								
<i>Integration of Healthy Smiles Ontario (HSO) Program</i>				(6.48)	(5,593.0)			
Base Revenue Changes								
<i>User Fees</i>		127.0	43.1		127.4	43.1		
Base Savings								
<i>Reduced IT Reserve Contribution</i>		(174.1)	(43.5)		(174.1)	(43.5)		
<i>Non-Salary Reductions</i>		(109.1)	(31.2)		(109.1)	(31.2)		
<i>Mobile Good Food Network</i>			(66.8)			(66.8)		
Sub-Total	(10.0)	(8,226.7)	28.4	(11.36)	(13,276.1)	14.2	(14.2)	
2016 Base Budget	1,865.4	245,748.0	56,955.9	1,863.98	240,703.4	56,941.7	(14.2)	
New & Enhanced								
<i>Toronto Urban Health Fund - Year 2</i>		150.0	37.5					
<i>Day Nursery Immunization Program</i>	6.0	537.7	134.4					
<i>VPD UIIP Pharmacy Inspection</i>	2.0	156.2						
<i>Decrease Gapping from 5.8% to 4.8%</i>		1,512.5	426.3					
Sub-Total	8.0	2,356.40	598.2				(598.2)	All New/Enhanced Services not currently included in TPH's 2016 Preliminary Operating Budget
BOH Table 1 Total	1,873.4	248,104.4	57,554.1	1,863.98	240,703.4	56,941.7	(612.4)	
Other New & Enhanced								
<i>SNP Inflation Cost Increase</i>		109.1	109.1					
<i>SNP Enhancement</i>		641.5	641.5					
<i>SNP Expansion</i>		853.1	853.1					
Total New & Enhanced		1,603.7	1,603.7				(1,603.7)	
2016 Operating Budget	1,873.4	249,708.1	59,157.8	1,863.98	240,703.4	56,941.7	(2,216.1)	
Change from the 2015 Approved Operating Budget	(2.0)	(4,266.6)	2,230.3	(11.4)	(13,276.1)	14.2		
% Change	(0.1%)	(1.7%)	3.9%	(0.6%)	(5.2%)	0.02%		

Future Year Issues

Impact of the Integration of Provincial Dental Programs for Children and Youth

- The Ministry of Health and Long-Term Care (MOHLTC) is in the process of integrating six provincially funded dental programs for children and youth, previously announced in December 2013, and is replacing them with a new integrated dental program under the "Healthy Smiles Ontario Dental" (HSO) brand.
 - Although the program was scheduled to be launched on August 1, 2015, delays in implementation due to provincial elections and complexity of the project has moved the implementation date to January 1, 2016.
- Under the new model, client eligibility for dental services under the Ontario Public Health Standards will be simplified, streamlined and expanded.
 - Clients in Toronto will be able to choose a provider of their choice including private practice dentists and hygienists, HSO funded dental clinics and municipally funded dental clinics.
- The Children in Need of Treatment (CINOT) program which serves children with urgent dental conditions from families facing financial hardship will be replaced by The Emergency and Essential Care Stream (ECS). As the definitions for "financial hardship" and "clinical need" are still under development, any impact on the eligibility of families is not yet known.
- Although several aspects of the new integrated program, including the future role of public health units in delivering the provincial dental programs are not fully developed, the Province has committed to Public Health units playing a key role in delivering the new 100% provincially funded dental program and continuing to work collaboratively with local partners to maximize health benefits to eligible children. Fee for service providers will continue to be part of the care delivery system.
- Several changes to the program administration are anticipated. Administrative functions such as oversight, accountability and funding currently provided by the local public health agencies, will be centralized within the MOHLTC and all existing public health agencies' claim processing functions will be uploaded to the Province.
- This will result in funding and staffing impacts on TPH as public health agencies' claim processing functions will no longer be required. The staff affected by these changes will be transitioned to other positions within the division, where ever possible.
- The 2016 Preliminary Operating Budget for the dental program in TPH is \$20.8 million gross, \$8.1 million net which is lower than the 2015 Budget by \$11.400 million gross and \$0 net to deliver cost shared dental programs to residents after taking into consideration known program changes.
- While the new integrated dental program is still under development, the full impact of the changed service delivery model on TPH budget, staffing levels and dental service provision cannot be determined at this time. The Medical Officer of Health will report back to City Council in 2016 once final decisions have been made by the MOHLTC.



Appendices:

Appendix 1

2015 Service Performance

2015 Key Service Accomplishments

In 2015, Toronto Public Health accomplished the following:

Public Health Foundations

- ✓ Prepared 15 BOH reports on a range of health issues, including recommendations for action to improve health in Toronto
- ✓ Prepared 8 reports summarizing health evidence on selected social and environmental determinants of health, including reviews of best practices/interventions/policies to address health concerns
- ✓ Undertook review and approval of 24 research applications
- ✓ Compiled information from facilities' in Toronto on the manufacture, use and release of 25 priority chemicals
- ✓ Monitored, maintained, and assessed 48 health surveillance indicators
- ✓ Prepared Action Plans on Climate Change and Health, and Intimate Partner Violence
- ✓ Created research and policy information on hookah use, leading to Council decision to prohibit hookah use in licenced establishments

Infectious Diseases

- ✓ Received, assessed and reviewed more than 75,000 notifications of all infectious diseases and reported infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.
- ✓ Responded to 525 outbreaks of communicable diseases in institutional facilities and the community.
- ✓ Inspected 3,600 critical and semi-critical personal services settings.
- ✓ Provided infection prevention and control liaison services to 20 hospital sites, 16 complex continuing care/rehab centres, 87 Long-Term Care Homes, 75 retirement homes, 2 correctional facilities, 4 school boards and 65 shelters.
- ✓ Investigated and provided follow up for over 13,000 confirmed cases of chlamydia, gonorrhoea, syphilis and HIV.
- ✓ Recorded over 80,000 visits to the Needle Exchange
- ✓ Trained 600 people who used opioids to administer naloxone to reverse overdose. Over 50 people administered naloxone to people overdosing on opioids with a positive outcome.
- ✓ Provided free TB medication to all clients with active TB and to clients diagnosed with Latent TB Infection (LTBI) who are referred for TB preventative therapy by their community health care provider.

Environmental Health

- ✓ Completed approximately 26,000 inspections of food premises; initiated a major Home Food Safety Health Promotion campaign using Food Safety Enhancement Funding aimed at 2.6 million residents of Toronto to comply with Ontario Public Health Food Safety Standards and Protocol (2008).
- ✓ Provided food safety training and certification of 9,500 food handlers.
- ✓ Responded to 3,211 complaints alleging a health hazard within 24 hours or by the next business day and took action to eliminate or reduce the effect of health hazards for the 2.6 million residents of Toronto.
- ✓ Investigated over 2,000 animal to human exposures (for potential rabies), providing post exposure prophylaxis to 246 victims
- ✓ Inspect 1,727 recreational facilities at required intervals resulting in 5,482 inspections.
- ✓ Responded to 1,315 bed-bug related complaints/requests for service

Emergency Preparedness

- ✓ Collaborated with MOHLTC, Office of Emergency Management, LHINs and other stakeholders to plan and prepare for Pan Am/Parapan Am games.
- ✓ Provided IMS Functional training to 117 non-union staff.
- ✓ Coordinated the process of updating 92 (100%) Business Continuity Plans (BCP).
- ✓ Completed respiratory fit testing for approximately 95% of the workforce.
- ✓ Set up a 24/7 emergency notification system for TPH staff.

Chronic Diseases & Injuries

- ✓ Reached 60% (~217,000) of children/youth in Toronto schools with Chronic Disease Injuries Prevention (CDIP) initiatives building positive health behaviours
- ✓ Reached 100 schools and 2,500 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS). 50% of participating schools were be in their second year or more of participation.
- ✓ Trained 149 peer leaders in diabetes prevention, screening and education; reached 2,177 people at risk of developing type 2 diabetes directly by trained peer leaders; screened 949 people who may be at risk of type 2 diabetes; worked with over 200 community agencies and workplaces on diabetes prevention activities.
- ✓ Engaged 6,350 adults in 135 walking promotion pedometer lending programs, promoting through libraries, workplaces, and community sites.
- ✓ Achieved 97% compliance rate of tobacco vendors in compliance with youth access legislation at the last time of inspection.

Family Health

- ✓ Achieved goal of 2,000 registrations to "Welcome to Parenting" on-line prenatal education program through expanded community outreach.
- ✓ Provided 1,700 group education sessions at 33 Canada Prenatal Nutrition Program sites

- ✓ Provided Healthiest Babies Possible nutrition counseling to 600 at-risk prenatal women and 200 pregnant teens.
- ✓ Supported 125 homeless or under-housed pregnant women with Public Health Nurse support through the Homeless at Risk Pregnant (HARP) program.
- ✓ Screened 90% of infants for hearing and 70% of postpartum women for parenting risk
- ✓ Delivered 2,100 prenatal and 31,500 parenting home visits through the Healthy Babies Healthy Children program.
- ✓ Sustained Baby Friendly Initiative (BFI) designation and completed required mid-term breastfeeding surveillance data collection.
- ✓ Provided education and counseling to 19,000 women to support breastfeeding initiation and sustainment.
- ✓ Provided group parenting education programs for 2,750 families.
- ✓ Provided speech and language therapy service to 8,500 preschool children.
- ✓ Provided oral health assessments to 6,900 seniors in Long Term Care facilities and other community settings, cleaned approximately 2,000 dentures, and provided more than 200 oral health presentations to caregivers/staff in Long Term Care Facilities.
- ✓ Provided dental treatment to approximately 25,000 clients.
- ✓ Provided dental screenings through the Mobile Dental Clinic (MDC) to approximately 220 clients, provided dental treatment to 750 or more clients, connected with 25 or more agencies.

Appendix 2

2016 Preliminary Operating Budget by Expenditure Category

Program Summary by Expenditure Category

Category of Expense (S000's)	2013	2014	2015	2015	2016	2016 Change from		Plan	
	Actual	Actual	Budget	Projected Actual *	Budget	2015 Approved Budget	%	2017	2018
	\$	\$	\$	\$	\$	\$		\$	\$
Salaries and Benefits	169,796.8	174,990.3	181,685.3	180,312.9	180,285.1	(1,400.3)	(0.8%)	179,309.7	181,430.1
Materials and Supplies	3,556.3	3,825.5	3,767.3	3,767.3	3,767.0	(0.3)	(0.0%)	3,662.0	3,662.0
Equipment	1,153.2	1,050.8	1,520.8	1,520.8	998.5	(522.3)	(34.3%)	996.0	993.8
Services & Rents	35,708.6	35,838.9	40,090.6	40,090.6	30,671.3	(9,419.3)	(23.5%)	28,965.8	29,137.9
Contributions to Capital									
Contributions to Reserve/Res Funds	1,431.7	1,431.7	1,487.5	1,487.5	1,289.4	(198.1)	(13.3%)	1,289.4	1,289.4
Other Expenditures	8,199.1	7,249.4	8,537.8	8,537.8	8,537.8			8,537.8	8,537.8
Interdivisional Charges	15,904.1	16,564.0	16,890.1	16,890.1	15,154.2	(1,735.9)	(10.3%)	15,154.2	15,154.2
Total Gross Expenditures	235,749.9	240,950.6	253,979.5	252,607.1	240,703.3	(13,276.2)	(5.2%)	237,914.9	240,205.2
Interdivisional Recoveries	11,315.6	9,372.7	10,541.9	10,541.9	2,866.8	(7,675.1)	(72.8%)	1,630.6	1,630.6
Provincial Subsidies	168,641.5	171,168.6	179,589.2	178,247.7	175,303.1	(4,286.2)	(2.4%)	174,527.7	175,710.6
Federal Subsidies	85.4	337.6	387.4	387.4	307.4	(80.0)	(20.6%)	307.4	307.4
Other Subsidies									
User Fees & Donations	879.7	1,030.5	1,021.7	1,021.7	1,006.1	(15.7)	(1.5%)	1,028.0	1,050.4
Transfers from Capital Fund	3,468.4	2,861.0	3,638.5	3,638.5	2,420.2	(1,218.3)	(33.5%)	1,513.5	2,233.0
Contribution from Reserve/Reserve Funds	359.3	135.7	174.3	174.3		(174.3)	(100.0%)		
Sundry Revenues	1,905.7	1,384.5	1,698.9	1,698.9	1,858.1	159.2	9.4%	1,872.0	1,872.1
Total Revenues	186,655.6	186,290.6	197,052.0	197,052.0	183,761.7	(13,290.3)	(6.7%)	180,879.2	182,804.1
Total Net Expenditures	49,094.4	54,660.0	56,927.5	55,555.1	56,941.6	14.1	0.02%	57,035.7	57,401.1
Approved Positions	1,723.9	1,755.5	1,875.34	1,767.00	1,863.98	(11.4)	(0.6%)	1,849.4	1,868.8

* Based on the 2015 9-month Operating Variance Report

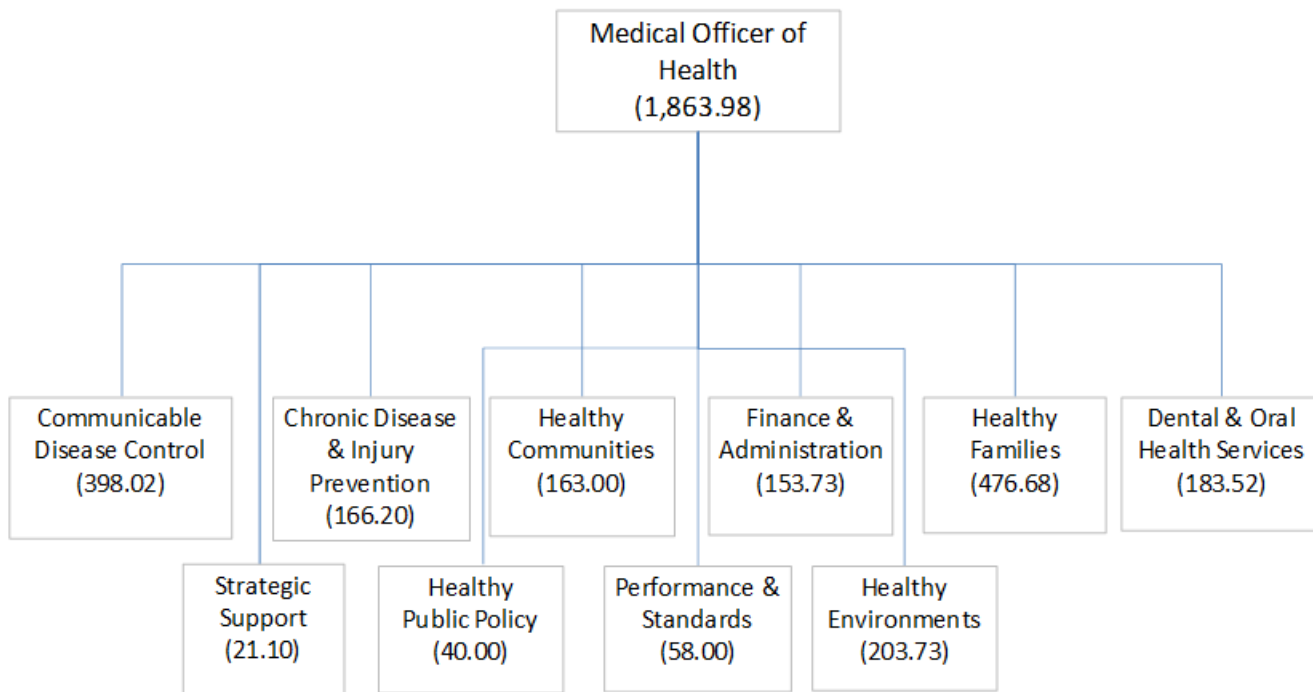
For additional information regarding the 2015 Q3 operating variances and year-end projections, please refer to the attached link for the report entitled "Operating Variance Report for the Nine-Month Period Ended September 30, 2015" approved by City Council at its meeting on December 9, 2015.

Link: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.EX10.27>

Impact of 2015 Preliminary Operating Variance on the 2016 Budget

The under expenditures in salaries and benefits will have no impact in the 2016 Operating Budget as vacant positions are expected to be filled by the end of 2015.

Appendix 3 2016 Organization Chart



2016 Complement

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Permanent	1.00	193.80	50.00	1,567.03	1,811.83
Temporary		5.50		46.65	52.15
Total	1.00	199.30	50.00	1,613.68	1,863.98

Appendix 6

Inflows/Outflows to/from Reserves & Reserve Funds

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2015 *	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		195.1	195.1	252.3	309.5
Vehicle and Equipment Reserve	XQ1101				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			57.2	57.2	57.2
Total Reserve / Reserve Fund Draws / Contributions		195.1	252.3	309.5	366.7
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		195.1	252.3	309.5	366.7

* Based on 9-month 2015 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2015 *	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		25,355.2	25,355.2	25,820.8	26,286.3
Insurance Reserve	XQ0703				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			465.6	465.6	465.6
Total Reserve / Reserve Fund Draws / Contributions		25,355.2	25,820.8	26,286.3	26,751.9
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		25,355.2	25,820.8	26,286.3	26,751.9

* Based on 9-month 2015 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2015 *	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		30,194.1	30,194.1	30,960.7	31,727.4
Vehicle Reserve Sustainment	XQ1508				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			766.6	766.6	766.6
Total Reserve / Reserve Fund Draws / Contributions		30,194.1	30,960.7	31,727.4	32,494.0
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		30,194.1	30,960.7	31,727.4	32,494.0

* Based on 9-month 2015 Reserve Fund Variance Report

Appendix 7a

User Fees Adjusted for Inflation and Other

Rate ID	Rate Description	Service	Fee Category	Fee Basis	2015	2016			2017	2018
					Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
PH001	Inspecting properties, conducting file search and issuing reports	Healthy Environments	Full Cost Recovery	Per Request	163.72	3.57		167.29	170.94	174.67
PH002	Inspecting premises, conducting file search and issuing a report	Healthy Environments	Full Cost Recovery	Per Application	163.72	3.57		167.29	170.94	174.67
PH003	Processing a license application, includes inspection and providing	Healthy Environments	Full Cost Recovery	Per Request	163.72	3.57		167.29	170.94	174.67
PH004	Inspecting a mobile cart for license purposes	Healthy Environments	Full Cost Recovery	Per Request	163.72	3.57		167.29	170.94	174.67
PH005	Covers the cost of food handler training	Healthy Environments	Full Cost Recovery	Per Person	42.72	0.93		43.65	44.60	45.57
PH006	Covers the cost of examination testing and issuing of food handler	Healthy Environments	Full Cost Recovery	Per Certification	42.50	0.93		43.43	44.38	45.35
PH007	Covers the cost of issuing a TPH certificate	Healthy Environments	Full Cost Recovery	Per Request	5.45	0.12		5.57	5.69	5.81
PH008	To cover the cost of material to produce the Food Handler Safety Manual	Healthy Environments	Full Cost Recovery	Per Request	10.93	0.24		11.17	11.41	11.66
PH009	Covers the cost of processing the wallet card with a photo	Healthy Environments	Full Cost Recovery	Per Request	5.45	0.12		5.57	5.69	5.81
PH010	To cover the cost of reviewing and accrediting programs	Healthy Environments	Full Cost Recovery	Per Request	992.26	21.63		1,013.89	1,035.99	1,058.57
PH011	Cost for PHI to review documentation and clerk to prepare letter of approval.	Communicable Disease	Full Cost Recovery	Per Request	27.28	0.59		27.87	28.48	29.10
PH012	Cost for PHI to review documentation and clerk to prepare letter of approval.	Communicable Disease	Full Cost Recovery	Per Request	27.28	0.59		27.87	28.48	29.10
PH013	Assessment Report/Remediation Plan Review fee	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Report/Plan Review	555.90	12.12		568.02	580.40	593.05
PH014	Marijuana Grow Operations	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Request	277.94	6.06		284.00	290.19	296.52
PH015	Inspection and Enforcement Fee	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Property	555.90	12.12		568.02	580.40	593.05
PH016	Court/Tribunal Attendance Fee	Marijuana Grow Operation Enforcement	Full Cost Recovery	Per Property	555.90	12.12		568.02	580.40	593.05
PH017	Inspecting properties when owners apply for a lodging house licence in the former	Healthy Environments	Full Cost Recovery	Per Application	431.14	9.40		440.54	450.14	459.95
PH018	Inspecting properties when owners of lodging houses seek a renewal of the	Healthy Environments	Full Cost Recovery	Per Application	246.68	5.38		252.06	257.55	263.16
PH019	Covers the cost of administration and materials to reissue certificate	Healthy Environments	Full Cost Recovery	Per Request	10.93	0.24		11.17	11.41	11.66
PH020	To cover the cost of material to produce the Food Handler Safety manual plus S&H	Healthy Environments	Full Cost Recovery	Per Request	27.28	0.59		27.87	28.48	29.10
PH021	Food safety review and certification program	Healthy Environments	Full Cost Recovery	Per Request	783.36	17.08		800.44	817.89	835.72