

2022 Budget Notes

Toronto Public Health

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Description

In accordance with the Health Protection and Promotion Act, Toronto Public Health's purpose is to deliver public health programs, services, and policies to prevent the spread of disease and promote and protect the health of the people of Toronto. Toronto Public Health's programs, services and policy directions strive to create the optimal conditions to achieve a healthy city for all, meet population public health needs, comply with the Ontario Public Health Standards, and contribute to a broader sustainable health system.

Why We Do It

Toronto Public Health contributes to the overall quality of life, but more particularly Toronto Public Health's desired outcomes are:

- Prevalence of chronic diseases is reduced and spread of communicable and infectious diseases in Toronto is prevented and controlled in a timely, responsive and equitable manner
- Toronto residents adopt more healthy behaviours
- Conditions are in place to reduce barriers and inequities that inhibit Torontonians from achieving health and well-being

The City of Toronto aims to deliver these outcomes equitably, efficiently and with excellent customer service to help improve the lives of Torontonians and work to earn their trust and confidence.

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What Service We Provide

Chronic Disease and Injury Prevention

Who We Serve: Everyone who lives, works or visits the City of Toronto.

What We Deliver: Programs and services that promote optimal nutrition and physical activity; diabetes prevention; skin cancer prevention; well-being promotion; adult oral disease management; tobacco cessation programs; and Ontario Seniors Dental Care Program.

How Much Resources (gross operating budget): \$55.0 million

Emergency Preparedness

Who We Serve: Everyone who lives, works or visits the City of Toronto.

What We Deliver: Programs and initiatives that ensure that public health has the capacity to cope with and recover from threats to public health or disruptions to public health programs and services.

How Much Resources (gross operating budget): \$2.2 million

Environmental Health

Who We Serve: Everyone who lives, works or visits the City of Toronto.

What We Deliver: Educational programs and inspections to prevent and reduce the burden of food-borne illnesses; timely and effective detection, identification, and response to drinking water contaminants and illnesses; inspection of recreational water facilities and public beaches to mitigate water-borne illness and hazards.

How Much Resources (gross operating budget): \$24.7 million

Infectious Diseases Prevention

Who We Serve: Everyone who lives, works or visits the City of Toronto.

What We Deliver: Tuberculosis education and treatment services; sexual health clinics; infection control and prevention liaison services; investigation and management of infectious and communicable disease, such as COVID-19; inspection of personal service settings.

How Much Resources (gross operating budget): \$150.0 million

Family Health

Who We Serve: Everyone who lives, works or visits the City of Toronto.

What We Deliver: Preconception, pregnancy, newborn, child, youth, parental, and family health programs including, breastfeeding clinics, healthy sexual health promotion and education, positive partnering sessions and supports; blind-low vision screening; child and youth oral health screening and treatment programs.

How Much Resources (gross operating budget): \$111.8 million

Public Health Foundations

Who We Serve: Everyone who lives, works or visits the City of Toronto.

What We Deliver: Systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority population; conduct surveillance of community emergency planning and preparedness.

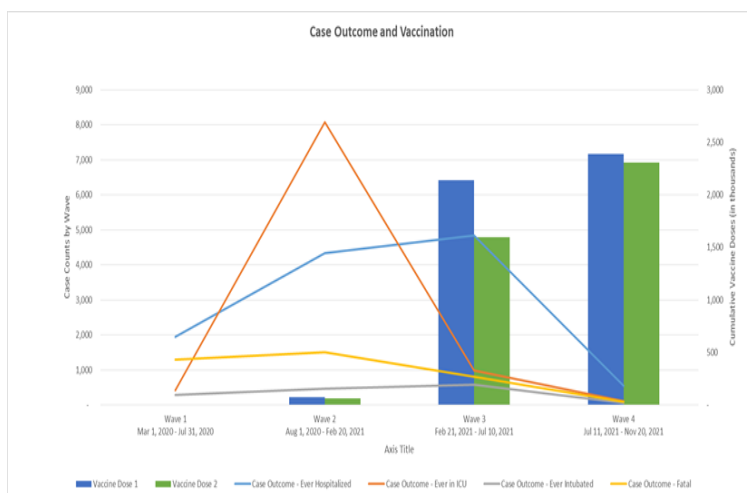
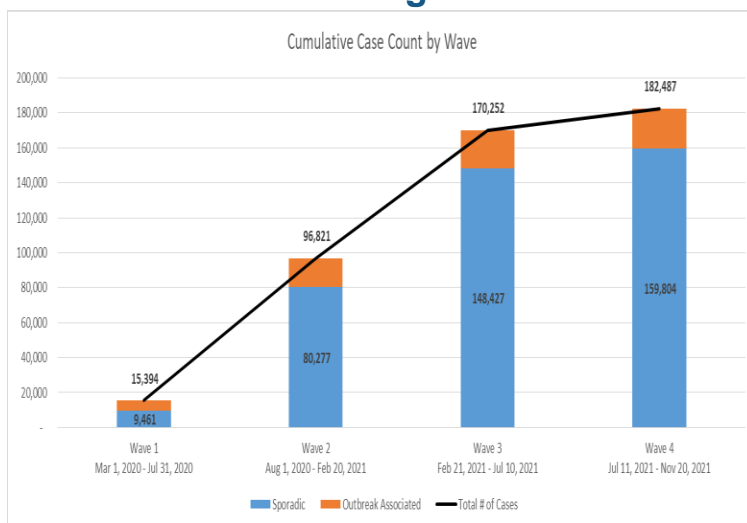
How Much Resources (gross operating budget): \$18.0 million

Budget at a Glance*

| 2022 OPERATING BUDGET | | | | 2022 - 2031 10-YEAR CAPITAL PLAN | | | |
|-----------------------|----------|----------|----------|---|---------|-----------|----------|
| \$Million | 2022 | 2023 | 2024 | \$Million | 2022 | 2023-2031 | Total |
| Revenues | \$ 233.3 | \$ 205.9 | \$ 205.6 | Gross Expenditures | \$6.491 | \$25.269 | \$31.760 |
| Gross Expenditures | \$ 361.7 | \$ 300.9 | \$ 304.8 | Debt | \$4.316 | \$25.269 | \$29.585 |
| Net Expenditures | \$ 128.4 | \$ 95.0 | \$ 99.2 | Provincial Funding | \$2.175 | | \$ 2.175 |
| Approved Positions | 2,634.8 | 2,002.8 | 1,998.7 | Note: Includes 2021 carry forward funding | | | |

* This document reflects the 2022 Operating Budget and 2022-2031 Capital Budget and Plan as recommended by the City's City Manager and Chief Financial Officer and Treasurer, which differs from the budget approved by the Board of Health. Please refer to [Appendix 12](#) for details

How Well We Are Doing – Behind the Numbers



- Toronto Public Health's focus in 2020, 2021 and 2022 has been and will continue to be responding to the COVID-19 pandemic.
- The COVID-19 Response is organized along two general themes: case and outbreak management and vaccination.
- The Response is multi-pronged, including but not limited to:
 - Advocating for and supporting the implementation of public health measures, such as masking and physical distancing
 - Conducting case, contact, and outbreak management; investigations; and coordinating testing opportunities in high risk environments
 - Creating and distributing educational material in the form of guidance documents, posters and infographics
 - Responding to citizen concerns and questions via multiple channels
 - Conducting enforcement and compliance checks in restaurants, bars, food stores, personal service settings, essential business, and other locations
 - Conducting outreach activities and holding town halls and webinars for priority populations and communities
 - Managing vaccine inventory and distribution
 - Running mass immunization clinics, and mobile and pop-up vaccination clinics
 - Managing a voluntary isolation centre

How Well We Are Doing

| Service | Measure | 2019 Actual | 2020 Actual | 2021 Target | 2021 Projection | Status | 2022 Target | 2023 Target |
|--|--|-------------|-------------|-------------|-----------------|--------|-------------|-------------|
| Outcome Measures | | | | | | | | |
| Chronic Disease and Injury Prevention | Number of school communities supported to children and youth, with municipal funding for student nutrition programs relevant school year | 634 | 624 | 624 | 616 | ● | 616 | 616 |
| Emergency Preparedness | Maintain the availability of Toronto Public Health staff to respond to public health emergencies on a 24/7 basis | Achieved | Achieved | Achieved | Achieved | ● | Achieved | Achieved |
| Environmental Health | Percentage of High Risk food premises inspected at least 2 times per year | 97% | 81% | # | 32% # | ● | 50% ## | 100% |

Inspections were impacted as the majority of the Food Safety/Environmental public health inspectors were deployed to the pandemic response. The length of time to conduct an inspection increased due to the COVID-19 precautions that were in place for infection control and prevention and relevant provincial orders and municipal bylaws.

Inspections will continue to be performed on a modified basis as businesses respond to public health measures which have changed how and when they operate. This service level will resume upon the end of the emergency declared by the provincial government.

| Service | Measure | 2019 Actual | 2020 Actual | 2021 Target | 2021 Projection | Status | 2022 Target | 2023 Target |
|---------------------------------------|--|-------------|-------------|-------------|-----------------|--------|-------------|-------------|
| Service Level Measures | | | | | | | | |
| Family Health | Number of youth (17 years of age and younger) provided with dental treatment | 14,755 | * | 18,200 | 9,100 | ● | 9,100 | 18,200 |
| Infectious Diseases Prevention | Percentage of Active Tuberculosis (TB) cases completing adequate treatment according to the Canadian TB Standards | >95% | >95% | >95% | >95% | ● | >95% | >95% |
| Public Health Foundations | Conduct systemic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations | Achieved | Achieved | Achieved | Achieved | ● | Achieved | Achieved |

* This Service Level Measure was affected as Toronto Public Health redeployed staff to support the response to COVID-19 and the suspension of various clinical services.

COVID-19 IMPACT AND RECOVERY

2022 Impact and Recovery

Operating Budget Impact

- The 2022 COVID-19 impact is projected to be similar to Toronto Public Health's 2021 experience:
 - Continued revenue loss of \$1.3 million for fee-based programs - vaccination dose re-imburement for non-COVID-19 vaccines, dental service fees, and food handler training fees.
 - Extra-ordinary expenditures of \$58.2 million for the COVID-19 Response efforts.
 - \$6.0 million for the COVID-19 School Focused Nurses program.
 - \$3.5 million to provide overdose prevention services in Shelter, Support and Housing Administration locations.
 - \$12.3 million for the continued operation of the Voluntary Isolation Centre until December 2022.
 - \$1.0 million to address service backlogs resulting from the redeployment of over 80% of public health staff for the COVID-19 response and mass vaccination clinics.
 - \$1.5 million for the administration of the COVID-19 Vaccine in a similar manner as the Influenza campaign.
- The 2022 budget does not include expenditures and provincial recoveries for continued COVID immunization efforts. Toronto Public Health is working with the province on continued support and cost reimbursement.

Service Level Changes

- Service levels have been impacted as:
 - Approximately 80% percent of Toronto Public Health's permanent complement have been redeployed to the COVID-19 pandemic response.
 - A significant number of Toronto Public Health's programs, services and activities have been suspended and/or reduced during the COVID-19 pandemic as public health restrictions continue to impede our ability to deliver services in the same manner as pre-pandemic.
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EXPERIENCES, CHALLENGES AND PRIORITIES

Our Experience and Success

- Toronto Public Health's focus in 2020, 2021 and 2022 has been and will continue to be responding to the COVID-19 pandemic.
- The response started with a team of 50 in early January 2020 and grew to over 3,400 staff in August 2021 during the height of the largest vaccination campaign ever undertaken in Toronto.
- The response is organized along two general themes: case/outbreak management and vaccination.
- Our Response is and will continue to be multi-pronged, including but not limited to:
 - Advocating for and supporting public health measures, as appropriate;
 - Conducting case, contact, and outbreak management and investigations;
 - Refining educational material to keep the public informed of new developments about COVID-19 and the pandemic at large;
 - Responding directly to citizen concerns and questions via multiple channels;
 - Conducting enforcement and compliance checks in restaurants, bars, food stores, personal service settings, essential business, and other communal locations;
 - Conducting outreach activities and holding town halls and webinars for priority populations and communities;
 - Managing vaccine inventory and distribution;
 - Operating mass immunization clinics and mobile and pop-up vaccination clinics; and
 - Managing a voluntary isolation centre.

Key Challenges and Risks

- 2022 will mark the third year of the pandemic. Staff are exhibiting COVID-19 workplace fatigue in the form of burnout and mental distress. The mental well-being of public health staff will play an important role in Toronto Public Health's ability to sustain the an effective COVID-19 response, support a prolonged mass immunization campaign, and participate effectively in the City's recovery and rebuild plan.
- The resurgences of COVID-19 cases and the discovery of new variants of concerns continues to delay the resumption of other public health programs. This delay is creating backlogs in various public health interventions, and is impeding Toronto Public Health's ability to address new and emerging public health issues.

Priority Actions

- The key objectives of the COVID-19 response continues to be:
 - Prevent loss of life,
 - Preserve the capacity of the healthcare system, and
 - Minimize the social and economic impacts.
- Toronto Public Health will continue to focus on the implementation of a comprehensive health system immunization program for COVID-19.
- Implement health and safety programs to address COVID-19 workplace fatigue amongst Toronto Public Health staff.

RECOMMENDATIONS

The City Manager and Chief Financial Officer and Treasurer recommend that:

1. City Council approve the 2022 Operating Budget for Toronto Public Health of \$361.684 million gross, \$233.338 million revenue and \$128.346 million net for the following services:

| Service: | Gross Expenditures (\$000s) | Revenue (\$000s) | Net Expenditures (\$000s) |
|---|--|-----------------------------|--------------------------------------|
| Chronic Diseases and Injury Prevention | 54,954.6 | 34,934.8 | 20,019.8 |
| Emergency Preparedness | 2,250.3 | 1,902.7 | 347.5 |
| Environmental Health | 24,682.8 | 19,880.1 | 4,802.7 |
| Family Health | 111,797.7 | 84,194.1 | 27,603.6 |
| Infectious Diseases | 150,008.1 | 79,537.5 | 70,470.6 |
| Public Health Foundations | 17,990.6 | 12,889.0 | 5,101.6 |
| Total Toronto Public Health Budget | 361,684.1 | 233,338.3 | 128,345.8 |

2. City Council approve the 2022 staff complement for Toronto Public Health of 2,634.8 positions comprised of 16.0 capital positions and 2,618.8 operating positions.
3. City Council approve 2022 Capital Budget for Toronto Public Health with cash flows and future year commitments totaling \$9.014 million as detailed by project in [Appendix 6a](#).
4. City Council approve the 2023-2031 Capital Plan for Toronto Public Health totalling \$22.746 million in project estimates as detailed by project in [Appendix 6b](#).
5. City Council reiterate its request to the Ontario Ministry of Health to provide funding to reimburse the City of Toronto for all extraordinary costs incurred by Toronto Public Health in 2022 for additional staffing and resources for Toronto Public Health's COVID-19 response.
6. City Council approve the New and Enhanced priorities, Enhanced Resources for Toronto Drug Strategy (\$0.959 million gross, \$0.288 million net); and Secretariat Expand Overdose Outreach Team (\$0.763 million gross, \$0.045 million net), with City's commitment to spend up to the net approved amount for these requests with the remaining gross spending contingent on funding confirmation from the Ontario Ministry of Health.

2022 OPERATING BUDGET

2022 OPERATING BUDGET OVERVIEW

Table 1: 2022 Operating Budget by Service

| (In \$000s) | 2020 Actual | 2021 Budget | 2021 Projection* | 2022 Base Budget | 2022 New / Enhanced | 2022 Budget | Change v. 2021 Projection | |
|--------------------------------------|------------------|------------------|------------------|------------------|---------------------|------------------|---------------------------|----------------|
| By Service | \$ | \$ | \$ | \$ | \$ | \$ | \$ | % |
| Revenues | | | | | | | | |
| Emergency Preparedness | 1,492.9 | 1,508.3 | 1,908.2 | 1,902.7 | | 1,902.7 | (5.5) | (0.3%) |
| Public Health Foundations | 10,655.3 | 11,878.3 | 9,039.5 | 12,565.2 | 323.8 | 12,889.0 | 3,849.6 | 42.6% |
| Chronic Diseases & Injury Prevention | 32,428.1 | 31,402.1 | 30,086.0 | 31,981.1 | 2,953.7 | 34,934.8 | 4,848.8 | 16.1% |
| Family Health | 76,477.9 | 89,214.2 | 76,704.7 | 84,194.1 | | 84,194.1 | 7,489.4 | 9.8% |
| Infectious Diseases | 68,141.8 | 74,876.8 | 155,336.7 | 79,456.6 | 80.9 | 79,537.5 | (75,799.2) | (48.8%) |
| Environmental Health | 19,548.7 | 19,992.9 | 16,066.3 | 19,880.1 | | 19,880.1 | 3,813.8 | 23.7% |
| Total Revenues | 208,744.6 | 228,872.5 | 289,141.5 | 229,979.9 | 3,358.4 | 233,338.3 | (55,803.2) | (19.3%) |
| Expenditures | | | | | | | | |
| Emergency Preparedness | 1,800.2 | 2,476.3 | 3,303.2 | 2,250.3 | | 2,250.30 | (1,052.9) | (31.9%) |
| Public Health Foundations | 16,643.8 | 19,829.8 | 17,023.7 | 17,528.0 | 462.6 | 17,990.57 | 966.8 | 5.7% |
| Chronic Diseases & Injury Prevention | 46,747.2 | 45,754.9 | 44,629.2 | 51,668.6 | 3,286.0 | 54,954.60 | 10,325.4 | 23.1% |
| Family Health | 92,714.0 | 109,156.9 | 94,683.7 | 111,797.7 | | 111,797.74 | 17,114.1 | 18.1% |
| Infectious Diseases | 90,979.8 | 150,935.3 | 233,541.0 | 149,927.3 | 80.9 | 150,008.13 | (83,532.9) | (35.8%) |
| Environmental Health | 21,942.9 | 25,110.7 | 20,352.1 | 24,682.7 | | 24,682.75 | 4,330.7 | 21.3% |
| Total Gross Expenditures | 270,827.9 | 353,263.9 | 413,532.9 | 357,854.6 | 3,829.5 | 361,684.1 | (51,848.8) | (12.5%) |
| Net Expenditures | 62,083.3 | 124,391.4 | 124,391.4 | 127,874.7 | 471.1 | 128,345.8 | 3,954.4 | 3.2% |
| Approved Positions** | 2,025.9 | 2,524.6 | N/A | 2,585.8 | 49.0 | 2,634.8 | N/A | N/A |

*Projection based on 9 Month Variance

**YoY comparison based on approved positions

COSTS TO MAINTAIN EXISTING SERVICES

Total 2022 Base Budget expenditures of \$357.855 million gross reflecting a decrease of \$55.678 million in spending below the 2021 projected year-end actuals (prior to enhancements), predominantly arising from:

- The reversal of expenditures related to the hiring of 2,800 temporary / redeployed staff in 2021, overtime and non-payroll costs to support the operations of Mass Immunization Clinics. Note: the forecasted overspend in 2021 is projected to be offset by a corresponding increase in revenue, resulting in net expenditure in line with the 2021 Budgeted amount.

Given the financial impacts of COVID-19 on 2021 actuals, a further comparison of the 2022 Base Budget (excluding 2022 COVID-19 impacts) to the 2021 Council approved Budget (excluding 2021 COVID-19 impact) is provided below:

- 2022 Base Budget of \$127.875 million in net expenditures reflects a \$2.969 million net increase from the 2021 Council approved Budget, when excluding \$59.555 million in estimated COVID-19 financial impacts.

COSTS TO ENHANCE SERVICES

New and Enhanced Service expenditures of \$3.830 million gross, \$0.471 million net enabling:

- Resources for the collection, analysis and visualization of public health data to inform public health outcomes and support City divisions engaged in programs and services that impact on health;
- Enhanced resources for the Toronto Drug Strategy Secretariat;
- Enhanced programming for The Works;
- An expanded Outreach Overdose Team;
- Expanded Injectable Opioid Agonist Treatment (iOAT);
- Enhanced data and improve data sharing; and
- Mobile Consumption Services.

EQUITY IMPACTS OF BUDGET CHANGES

Low positive equity impacts: Some changes in Toronto Public Health's 2022 Operating Budget have low positive equity impacts as they address the opioid poisoning crisis which affects all members of society, including all equity seeking groups.

2022 OPERATING BUDGET KEY DRIVERS

The 2022 Operating Base Budget for Toronto Public Health of \$361.684 million gross is 12.5% lower than the 2021 Projected Actuals. Table 2a below summarizes the Operating Budget by revenue and expenditure category, while Table 2b summarizes New and Enhanced requests

Table 2a: 2022 Operating Budget by Revenue / Expenditure Category

| Category (In \$000s) | 2019 Actual | 2020 Actual | 2021 Budget | 2021 Projection* | 2022 Budget | 2022 Change from 2021 Projection | |
|--|------------------|------------------|------------------|---------------------|------------------|-------------------------------------|----------------|
| | \$ | \$ | \$ | \$ | \$ | \$ | % |
| Provincial Subsidies | 178,967.9 | 186,903.8 | 203,009.4 | 265,234.6 | 204,688.1 | (60,546.6) | (22.8%) |
| Federal Subsidies | 4.8 | 2,268.4 | 12,954.7 | 8,337.0 | 13,814.4 | 5,477.5 | 65.7% |
| User Fees & Donations | 1,108.4 | 247.9 | 477.5 | 492.5 | 477.5 | (15.0) | (3.1%) |
| Transfers From Capital | 1,524.8 | 357.3 | 482.1 | 330.9 | 1,831.0 | 1,500.1 | 453.3% |
| Sundry and Other Revenues | 2,259.2 | 18,418.7 | 7,189.6 | 10,977.0 | 7,252.1 | (3,724.9) | (33.9%) |
| Inter-Divisional Recoveries | 1,666.5 | 548.5 | 4,759.1 | 3,769.5 | 5,275.2 | 1,505.7 | 39.9% |
| Total Revenues | 185,531.6 | 208,744.6 | 228,872.5 | 289,141.5 | 233,338.3 | (55,803.2) | (19.3%) |
| Salaries and Benefits | 182,463.4 | 200,718.6 | 261,587.3 | 311,836.9 | 267,881.0 | (43,955.9) | (14.1%) |
| Materials & Supplies | 3,510.4 | 3,432.4 | 5,749.0 | 8,508.7 | 8,569.9 | 61.2 | 0.7% |
| Equipment | 1,975.1 | 1,170.1 | 1,945.7 | 1,946.6 | 1,633.5 | (313.1) | (16.1%) |
| Service and Rent | 28,339.0 | 31,919.0 | 49,422.7 | 50,487.0 | 49,241.0 | (1,246.0) | (2.5%) |
| Contribution To Reserves/Reserve Funds | 1,373.8 | 1,377.4 | 1,311.4 | 1,311.4 | | (1,311.4) | (100.0%) |
| Other Expenditures | 15,310.6 | 16,039.7 | 17,016.4 | 23,380.7 | 17,419.9 | (5,960.8) | (25.5%) |
| Inter-Divisional Charges | 15,922.8 | 16,170.7 | 16,231.4 | 16,061.5 | 16,938.8 | 877.3 | 5.5% |
| Total Gross Expenditures | 248,895.1 | 270,827.9 | 353,263.9 | 413,532.9 | 361,684.1 | (51,848.8) | (12.5%) |
| Net Expenditures | 63,363.5 | 62,083.3 | 124,391.4 | 124,391.4 | 128,345.8 | 3,954.4 | 3.2% |

*Projection based on 9 Month Variance

Key Base Drivers:**Salaries & Benefits:**

Decrease in salary and benefits costs related to COVID-19 General Response and Mass Immunization Clinics partially offset by cost of living adjustments and step increases.

Services and Rents:

Reduction of lease costs as part of ModernTO

Other Expenditures:

Reduction in one-time grant payments related to community engagement programs in the mass immunization campaign.

Transfers From Capital:

Increases to offset expenses related to the following projects:

- Electronic Medical Record
- Inspection Management – Implementation
- Community Health Information System
- DataMart Data Warehouse

Other Revenue Changes:

Decrease in Provincial Subsidies related to reimbursement of COVID-19 extra-ordinary expenses including Mass Immunization Clinics.

Table 2b: 2021 New / Enhanced

| New / Enhanced Request | 2022 | | | | 2023 Annualized | Equity Impact | Supports Climate | AG Recs | Supports Key Outcome / Priority Actions | |
|-----------------------------|---|----------------|----------------|--------------|-----------------|----------------|------------------|---------|---|--|
| | Revenue | Gross | Net | Positions | | | | | | |
| In \$ Thousands | | | | | | | | | | |
| 1 | Public Health Data and Analytics | 323.8 | 462.6 | 138.8 | 7.0 | 842.7 | No Impact | No | No | These requests are for resources for the collection, analysis and visualization of public health data to inform public health outcomes and support City divisions engaged in programs and services that impact on health. |
| 2 | Mobile Supervised Consumption Service | 526.3 | 526.3 | | 9.0 | 1,003.2 | Low-positive | No | No | Aligns with the "Investing in People and Neighborhoods" strategic direction by providing overdose prevention and response to people who are at risk of overdose death. This service will also invest in neighborhoods through the reduction of street based drug use and discarded drug use equipment. |
| 3 | Enhanced Resources for Toronto Drug Strategy Secretariat | 671.3 | 959.1 | 287.7 | 10.0 | 1,863.1 | No Impact | No | No | Aligns with the "Investing in People and Neighborhoods" strategic direction by providing resources to help respond to the growing drug poisoning crisis in Toronto. |
| 4 | Expand Overdose Outreach Team | 718.0 | 762.6 | 44.6 | 12.0 | 1,371.2 | Low-positive | No | No | Aligns with the "Invest in People and Neighborhood" strategic direction by supporting people at risk for opioid overdose and assisting neighborhoods to respond to overdoses that are occurring. |
| 5 | Enhance Programming for the Works | 202.2 | 202.2 | | 2.0 | 349.4 | Low-positive | No | No | Aligns with the Investing in People and Neighborhoods" strategic direction through expanded programming to enhance harm reduction and clinical services. |
| 6 | Expand Injectable Opioid Agonist Treatment (iOAT) program | 538.4 | 538.4 | | 5.0 | 1,049.3 | Low-positive | No | No | Aligns with the "Investing in People and Neighborhoods" strategic direction through the reduction of reliance on the toxic drug supply |
| 7 | Enhanced Data Collection and Communication | 378.4 | 378.4 | | 4.0 | 634.7 | No Impact | No | No | Aligns with the "Investing in People and Neighborhoods" strategic direction by expanding data analysis and improving knowledge translation related to substance use and mental health issues in Toronto's population. |
| Total New / Enhanced | | 3,358.4 | 3,829.5 | 471.1 | 49.0 | 7,113.4 | | | | |

The 2022 Operating Budget includes \$3.358 million in investments to support priority actions as detailed in the table above.

It is recommended that City Council approve the New and Enhanced priorities, Enhanced Resources for Toronto Drug Strategy (\$0.959 million gross, \$0.288 million net); and Secretariat Expand Overdose Outreach Team (\$0.763 million gross, \$0.045 million net), with City's commitment to spend up to the net approved amount for these requests, with the remaining gross spending contingent on funding confirmation from the Ontario Ministry of Health.

Note:

- For additional information on 2022 New and Enhanced Service Priorities refer to [Appendix 4](#).

2023 & 2024 OUTLOOKS**Table 3: 2023 and 2024 Outlooks**

| (\$000s) | 2021 Projection | 2022 Budget | 2023 Outlook | 2024 Outlook |
|---------------------------|--------------------|------------------|-----------------|-----------------|
| Revenues | 289,141.5 | 233,338.3 | 205,884.9 | 205,597.3 |
| Gross Expenditures | 413,532.9 | 361,684.1 | 300,943.1 | 304,818.2 |
| Net Expenditures | 124,391.4 | 128,345.8 | 95,058.2 | 99,220.9 |
| Approved Positions | N/A | 2,634.8 | 2,002.8 | 1,998.7 |

Key drivers

The 2023 Outlook with total gross expenditures of \$300.943 million reflects an anticipated \$60.741 million or 16.79 per cent decrease in gross expenditures below the 2022 Operating Budget. The 2024 Outlook reflects an increase of \$3.875 million or 1.29 per cent above 2023 gross expenditures.

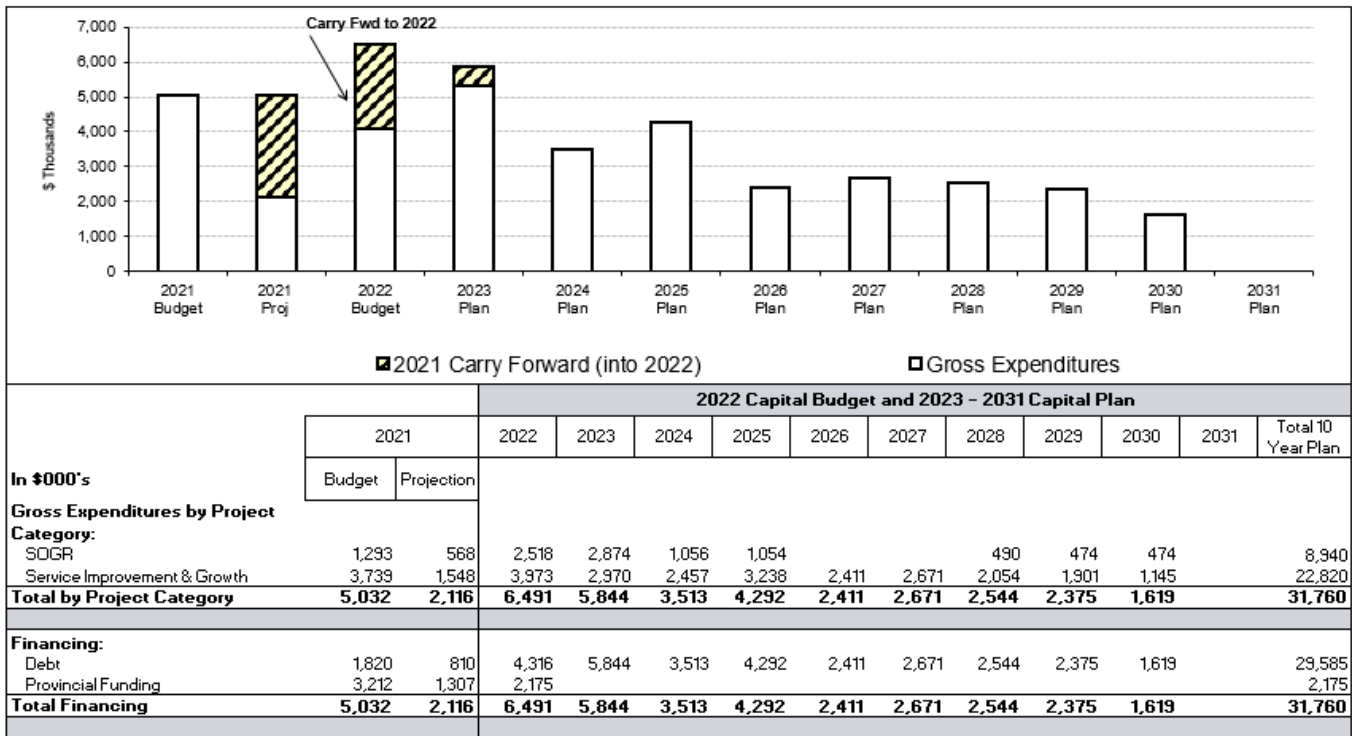
These changes arise from the following:

- Salaries and Benefits – Reduction of 630 temporary positions (595 for the COVID-19 Response, 35 for overdose prevention support in Shelter, Support and Housing Administration locations)
- Non-Payroll – Reduction due to Voluntary Isolation Centre program ending in December 2022
- Revenue Changes – Reversal of one-time Mitigation Funding from the Province along with elimination of Federal Funding related to the Voluntary Isolation Centre program

2022 – 2031 CAPITAL BUDGET AND PLAN

2022 – 2031 CAPITAL BUDGET & PLAN OVERVIEW

Chart 1: 10-Year Capital Plan Overview (\$000)



Changes to Existing Projects
(\$0.658 Million)

The 2022-2031 Capital Budget and Plan reflects the following changes to existing projects over the nine common years (2022-2030):

- Deferred funding of \$0.505 million to 2023 due to delays and increase in scope and complexity for the *Inspection Management - Implementation (2020-2023)* project
- Decreased funding of \$0.153 million due to revised scope for the *Community Health Information System (2017- 2022)* project.

New Projects
(\$0.3 Million)

The 2022-2031 Capital Budget and Plan includes new projects. Key projects are as follows

- *Mobile Supervised Consumption Vehicle Van* (\$0.3 million, 2022) will support people in communities outside of the downtown core.

Capital Needs Constraints
(\$1.536 Million)

Toronto Public Health has three projects with unmet needs over the 10-year planning horizon:







- The *Community Collaboration - Implementation (2024-2026)* project is dependent on the results of the *Seed* funded project. The goal of the project is to implement secure community collaboration solutions to improve information sharing.

Note:

For additional information, refer to [Appendix 6](#) for a more detailed listing of the 2022 and 2023-2031 Capital Budget & Plan by project and [Appendix 8](#) for Capital Needs Constraints, respectively

2022 – 2031 CAPITAL BUDGET AND PLAN

\$31.760 Million 10-Year Gross Capital Program

| | | | | | |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
| Decision Making | Workforce Capabilities | Business Processes | Information Technology | Access to Government Services | Access to Services |
| \$6.0M 18.9% | \$1.3 M 4.1% | \$10.7 M 33.8% | \$7.5 M 23.7% | \$3.9 M 12.3% | \$2.3M 7.2% |
| Datamart/Data Warehouse Geographical Information Enablement Common Geographical Interface Healthy Smart City - Data and Predictive Analytics Healthy Smart Cities | Community Collaboration Mobile Enablement | Electronic Medical Record Socio-Demographic Data Collection and Reporting Call Centre Revitalization Customer Relationship Case Management | Inspection Management Early Abilities Information System Implementation Community Health Information System | Public eLearning Public Notifications and Advisories | Ontario Seniors Dental Care Program (Dental Vans, Renovation for Dental Clinics) Mobile Supervised Consumption Vehicle |

How the Capital Program is Funded

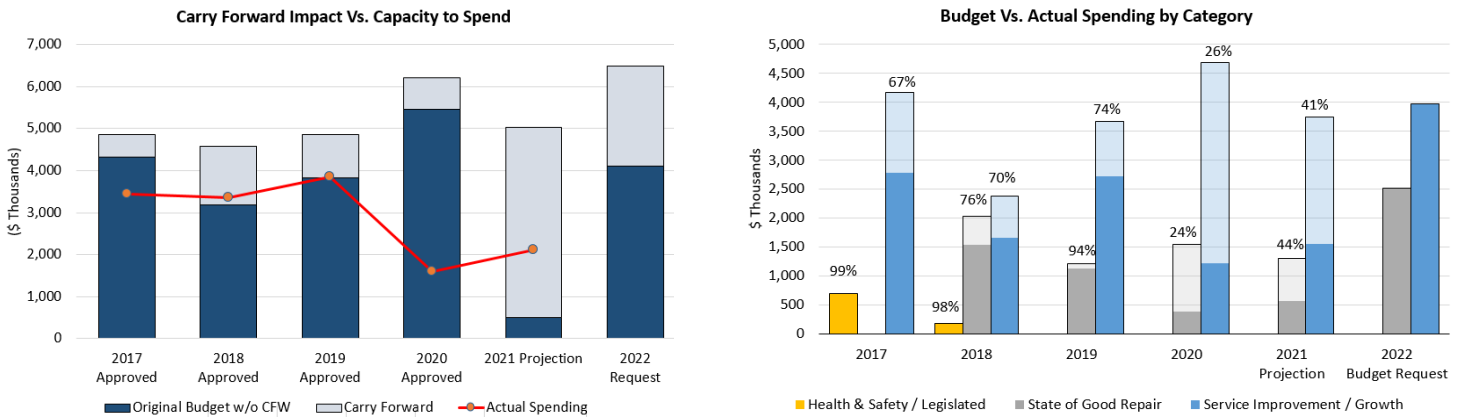
| City of Toronto | | Provincial Funding | Federal Funding |
|-------------------|----------|--------------------|-----------------|
| \$29.6 M 93.2% | | \$2.2 M 6.8% | \$0 M 0% |
| Debt | \$29.6 M | | |

CAPACITY TO SPEND REVIEW

The 10-Year Capital Plan has been developed with consideration of historical demonstrated ability to spend within any given year of the ten year capital plan. A review was undertaken to ensure budgets align with Toronto Public Health's ability to spend and the markets capacity to deliver.

A key component in determining an appropriate level of annual cash flows includes historical capacity to spend reviews by project categories (Chart 2 below) as well as the level of projected 2020 underspending that will be carried forward into 2021 to complete capital work.

Chart 2 – Capacity to Spend



Capacity to Spend Review Impact on the 10-Year Plan

Based on the review of historical capital spending constraints and a capacity to spend review, \$2.380 million in capital spending originally cash flowed in 2021 has been deferred to 2022, with an additional \$0.505 million deferred to 2023. Adjustments to the Capital Plan are noted below:

- Deferral of \$2.004 million for dental clinic renovations and fabrication of dental vans for the Ontario Seniors Dental Care Program.
- Deferral of \$0.881 million for information technology projects as resources are redeployed to support the COVID-19 Response.

OPERATING IMPACT OF COMPLETED CAPITAL PROJECTS

Approval of the 2022 Capital Budget will result in net savings of \$0.480 million over the 2022-2031 period, primarily due to the completion of projects, as shown in Table 4 below.

Table 4: Net Operating Impact Summary
(In \$000's)

| Projects | 2022 Budget | | 2023 Plan | | 2024 Plan | | 2025 Plan | | 2026 Plan | | 2022-2026 | | 2022-2031 | |
|--|-------------|-----------|--------------|-----------|---------------|--------------|----------------|--------------|------------|-----------|----------------|--------------|----------------|--------------|
| | \$000s | Positions | \$000s | Positions | \$000s | Positions | \$000s | Positions | \$000s | Positions | \$000s | Positions | \$000s | Positions |
| Previously Approved | | | | | | | | | | | | | | |
| Community Health Information System | | | | | (160.0) | (1.5) | | | | | (160.0) | (1.5) | (160.0) | (1.5) |
| Datamart Data Warehouse | | | (15.0) | | (151.2) | (0.8) | | | | | (166.2) | (0.8) | (166.2) | (0.8) |
| Dental & Oral Health Information Sys.(Completed) | | | (89.4) | | | | | | 3.0 | | (86.4) | | (86.4) | |
| Electronic Medical Record | | | 216.0 | | (270.0) | (3.0) | | | | | (54.0) | (3.0) | (54.0) | (3.0) |
| Inspection Management Implementation | | | | | 554.0 | | (567.3) | (4.0) | | | (13.3) | (4.0) | (13.3) | (4.0) |
| Sub-Total: Previously Approved | | | 111.6 | | (27.2) | (5.3) | (567.3) | (4.0) | 3.0 | | (479.9) | (9.3) | (479.9) | (9.3) |
| Total (Net) | | | 111.6 | | (27.2) | (5.3) | (567.3) | (4.0) | 3.0 | | (479.9) | (9.3) | (479.9) | (9.3) |

Previously Approved projects

- *The Community Health Information System* project, ending in 2022, will realize financial and operational efficiencies starting in 2024.
- *The DataMart Data Warehouse – Phase 3* project to be completed in 2022, will generate financial and operational efficiencies starting in 2023.
- *The Dental and Oral Health Information System* project, ending in 2021, will realize operational efficiencies starting in 2023.
- *The Electronic Medical Records – Phase 3* project will end in 2023. The estimated ongoing annual cloud solution licensing costs are expected to be completely absorbed by financial and operational efficiencies after full implementation in 2024.
- *The Inspection Management – Implementation* project will end in 2023. The estimated platform software subscription costs beginning in 2024 are expected to be completely absorbed by financial and operational efficiencies in 2025

APPENDICES

Appendix 1

COVID-19 Impact and Recovery

| COVID-19 Impacts | In \$ Thousands | | | | |
|---|-----------------|-----------------|------------------|-------------------|-------------------|
| | 2021 Net | | 2022 | | |
| | Budget | Q3 Proj | Revenues | Gross | Net |
| Revenue Loss | | | | | |
| Vaccine Doses * | 281.2 | 403.8 | (140.6) | | 140.6 |
| City Dental Clinics * | 630.0 | 734.7 | (630.0) | | 630.0 |
| Food Handler's Training * | 549.9 | 659.8 | (549.9) | | 549.9 |
| Sub-Total | 1,461.0 | 1,798.3 | (1,320.4) | | 1,320.4 |
| Expenditure Increase | | | | | |
| Extra-Ordinary (Contact and Containment)* | | | | | |
| Overtime, Additional Staff Salaries & Benefits * | 52,701.0 | 61,761.9 | | 70,181.0 | 70,181.0 |
| Contractors, Personal Protective Equipment and Supplies * | 4,879.1 | 35,697.4 | | 5,053.8 | 5,053.8 |
| Mass Immunization Clinics (MICs)** | | | | | |
| School-Focused Nurses*** | | | 6,009.2 | 6,009.2 | |
| Overdose Prevention w/SSHA**** | | | 3,527.8 | 3,527.8 | |
| Voluntary Isolation Centres***** | | | 12,330.0 | 12,330.0 | |
| COVID Recovery Programs | | | 1,012.6 | 1,012.6 | |
| COVID Vaccine Annual Booster | | | 1,478.1 | 1,478.1 | |
| Sub-Total | 57,580.1 | 97,459.4 | 24,357.8 | 99,592.6 | 75,234.8 |
| Savings due to Underspending | | | | | |
| Extra-Ordinary | | | | | |
| Limited Hiring of Non-COVID-19 Related Positions | | | | (17,000.0) | (17,000.0) |
| Sub-Total | | | | (17,000.0) | (17,000.0) |
| Total COVID-19 Impact | 59,041.2 | 99,257.6 | 23,037.3 | 82,592.6 | 59,555.2 |

* 100% funding for eligible expenses has been committed by the Ministry of Health as part of its extra-ordinary COVID-19 cost recovery initiative.

** MIC variance assumes conservatively that not all of SDFA expenses will be eligible. Reserve funding may be utilized to offset shortcoming (subject to review)

***Extended in 2021 - Expires July 2022

**** Work funded through IDR with SSHA. SSHA recovers this under their COVID funding envelop

*****Extended to December 2022. Federally funded through PHAC.

Appendix 2

2022 Balancing Actions

N/A

Appendix 3

Summary of 2022 Service Changes

N/A

Appendix 4

Summary of 2022 New / Enhanced Service Priorities Included in Budget

| Form ID | | Agencies - Cluster Program - Toronto Public Health | Adjustments | | | | 2023 Plan Net Change | 2024 Plan Net Change |
|----------|------------------|---|----------------------|---------|-----|-----------------------|-------------------------|-------------------------|
| Category | Equity Impact | | Gross Expenditure | Revenue | Net | Approved Positions | | |
| 25808 | | Mobile Supervised Consumption Service | | | | | | |
| 74 | Positive | Description: | | | | | | |

The Mobile Supervised Consumption Service budget proposal is one of six proposals and part of a comprehensive approach endorsed by the Board of Health in response to the Drug Poisoning Crisis in Toronto.

Data shows that overdoses are occurring throughout the City, yet the majority of supervised consumption services are located downtown. Funding of \$0.526 million gross, \$0 net and 9 permanent positions will support a new service to mobilize supervised consumption services in order to support communities outside of the downtown core.

Service Level Impact:

The mobile service will be available 10 hours per day, 7 days per week, enhancing the availability of supervised consumption service beyond downtown Toronto.

Equity Statement:

The Mobile Supervised Consumption Service budget proposal’s equity impact is low positive. The opioid poisoning crisis affects all members of society including all equity-deserving groups, in that the availability and accessibility of services is highly localized to a geographic area. A mobile service will expand the geographic availability and accessibility of supervised consumption services outside the downtown; increasing the accessibility of the service to people who use drugs within equity deserving groups.

Service: Chronic Diseases & Injuries

| | | | | | | |
|----------------------------------|--------------|--------------|------------|-------------|------------|------------|
| Total Staff Recommended Changes: | 526.3 | 526.3 | 0.0 | 9.00 | 0.0 | 0.0 |
| Staff Recommended | 526.3 | 526.3 | 0.0 | 9.00 | 0.0 | 0.0 |

| Form ID | | Agencies - Cluster | Adjustments | | | | 2023 Plan Net Change | 2024 Plan Net Change |
|----------|---------------|--------------------|-------------------|---------|-----|--------------------|----------------------|----------------------|
| Category | Equity Impact | | Gross Expenditure | Revenue | Net | Approved Positions | | |

| | | | | | | | |
|-------|----------|-------------------------------|--|--|--|--|--|
| 25816 | | Expand Overdose Outreach Team | | | | | |
| 74 | Positive | Description: | | | | | |

The Expand Overdoes Outreach Team budget proposal is one of six proposals and part of a comprehensive approach endorsed by the Board of Health in response to the Drug Poisoning Crisis in Toronto.

Funding of \$0.727 million gross, \$0.04 million net and 12 permanent positions will fund the expansion of overdose response services outside of the shelter system to address spaces such as community, parks, and drop-in centres and also extend the use of the Brave App, an application that connects people who use drugs anonymously with community members when they are vulnerable to overdose.

Service Level Impact:

The expansion is expected to improve support services in the City's shelter system by increasing the distribution of naloxone and providing people who use drugs counselling, support, education, overdose recognition and response training. The Brave App will be deployed at 20 drop-ins and 3 respite sites.

Equity Statement:

The Expand Overdose Outreach Team budget proposal's overall equity impact is low positive. The opioid poisoning crisis affects all members of society, including all equity deserving groups. Availability and access to overdose services places People Who Use Drugs at hiring risks for adverse health outcomes. Expanding outreach activities within the shelter system and other community spaces will increase access to services for equity deserving groups within the population of PWUD who engage with the shelter system and access other supports and programs for homeless and under-housed individuals.

Service: Chronic Diseases & Injuries

| | | | | | | |
|----------------------------------|--------------|--------------|-------------|--------------|-------------|------------|
| Total Staff Recommended Changes: | 762.6 | 718.0 | 44.6 | 12.00 | 44.6 | 0.0 |
| Staff Recommended | 762.6 | 718.0 | 44.6 | 12.00 | 44.6 | 0.0 |

| Form ID | | Agencies - Cluster | Adjustments | | | | 2023 Plan Net Change | 2024 Plan Net Change |
|----------|---------------|---------------------------------|-------------------|---------|-----|--------------------|----------------------|----------------------|
| Category | Equity Impact | | Gross Expenditure | Revenue | Net | Approved Positions | | |
| 25817 | | Program - Toronto Public Health | | | | | | |
| 74 | Positive | Description: | | | | | | |

The Enhance Programming for the Works budget proposal is one of six proposals and part of a comprehensive approach endorsed by the Board of Health in response to the Drug Poisoning Crisis in Toronto.

This proposal will add resources to the existing Works program by increasing the engagement of people who use drugs in the delivery of the program and strengthen the leadership roles in program and policy development, working with key stakeholders in the community. Increased resources will include the involvement of people with lived and living experience to assist in the design, delivery and evaluation of services offered through The Works that will meet the needs of people who use drugs.

Service Level Impact:

The enhancement is expected to improve support services by engaging people with lived and living experience to assist in the design, delivery and evaluation of services offered through The Works in order meet the needs of people who use drugs.

Equity Statement:

The Enhanced Programming for the Works budget proposal's overall equity impact is low positive. The Works provides services to several equity deserving groups including women, persons with low income, Indigenous peoples, racialized groups, and vulnerable youths. Availability and access to overdose services places People Who Use Drugs at hiring risks for adverse health outcomes. Expansion of the program will provide more programming to existing and new clients who use drugs thus improving their health outcomes.

Service: Chronic Diseases & Injuries

| | | | | | | |
|----------------------------------|-------|-------|-----|------|-------|-----|
| Total Staff Recommended Changes: | 121.3 | 121.3 | 0.0 | 1.20 | (0.0) | 0.0 |
|----------------------------------|-------|-------|-----|------|-------|-----|

Service: Infectious Diseases

| | | | | | | |
|----------------------------------|------|------|-----|------|-----|-------|
| Total Staff Recommended Changes: | 80.9 | 80.9 | 0.0 | 0.80 | 0.0 | (0.0) |
|----------------------------------|------|------|-----|------|-----|-------|

| | | | | | | |
|--------------------------|--------------|--------------|------------|-------------|------------|------------|
| Staff Recommended | 202.2 | 202.2 | 0.0 | 2.00 | 0.0 | 0.0 |
|--------------------------|--------------|--------------|------------|-------------|------------|------------|

| Form ID | | Agencies - Cluster Program - Toronto Public Health | Adjustments | | | | 2023 Plan Net Change | 2024 Plan Net Change |
|----------|---------------|---|-------------------|---------|-----|--------------------|-------------------------|-------------------------|
| Category | Equity Impact | | Gross Expenditure | Revenue | Net | Approved Positions | | |

| | | | | | | | |
|-------|----------|---|--|--|--|--|--|
| 25823 | | Expand Injectable Opioid Agonist Treatment (iOAT) program | | | | | |
| 74 | Positive | Description: | | | | | |

The Expand Injectable Opioid Agonist Treatment program budget proposal is one of six proposals and part of a comprehensive approach endorsed by the Board of Health in response to the Drug Poisoning Crisis in Toronto.

Funding of \$0.538 million gross, \$0 net and 5 permanent positions to increase program hours for the Injectable Opioid Agonist Therapy (iOAT) program in order to make the service more accessible and enable the existing team to add additional clients.

The iOAT program is the first safer supply project in Toronto that will offer injectable hydromorphone. The goal of the program is to provide another, much needed, intervention to assist people who use drugs who are at high risk of overdose. Other goals of the program include helping clients access and remain connected with health, housing, income and community programs.

Service Level Impact:

The expansion will increase the number of clients that can participate in the program by approximately 30% from 35 to 45, reduce overdose risk and improve health outcomes of people who use drugs.

Equity Statement:

The Expand iOAT program budget proposal's overall equity impact is low positive. As a new service the impact on equity deserving groups is yet to be determined; however, the expansion of the program provides additional opportunities for members of equity deserving group to participate to achieve better health outcomes.

Service: Chronic Diseases & Injuries

| | | | | | | |
|----------------------------------|--------------|--------------|------------|-------------|------------|------------|
| Total Staff Recommended Changes: | 538.4 | 538.4 | 0.0 | 5.00 | 0.0 | 0.0 |
| Staff Recommended | 538.4 | 538.4 | 0.0 | 5.00 | 0.0 | 0.0 |

| | | | | | | | |
|-------|-----------|----------------------------------|--|--|--|--|--|
| 25127 | | Public Health Data and Analytics | | | | | |
| 74 | No Impact | Description: | | | | | |

Funding of \$0.423 million gross, \$0.139 million net and 7 permanent positions to enhance public health data analytics, including collection, analysis, and visualization of data in order to better inform public health outcomes and support City divisions engaged in programs and services that impact on health.

Service Level Impact:

The enhancement will enhance the visualization of public health data and information in support of educating and informing the public on public health issues.

Equity Statement:

The PH Data Analytics budget proposals have no overall equity impact.

Service: Public Health Foundations

| | | | | | | |
|----------------------------------|--------------|--------------|--------------|-------------|--------------|------------|
| Total Staff Recommended Changes: | 462.6 | 323.8 | 138.8 | 7.00 | 114.0 | 5.7 |
| Staff Recommended | 462.6 | 323.8 | 138.8 | 7.00 | 114.0 | 5.7 |

| Form ID | | Agencies - Cluster Program - Toronto Public Health | Adjustments | | | | 2023 Plan Net Change | 2024 Plan Net Change |
|----------|------------------|---|----------------------|---------|-----|-----------------------|-------------------------|-------------------------|
| Category | Equity Impact | | Gross Expenditure | Revenue | Net | Approved Positions | | |
| 25809 | | Enhanced Resources for Toronto Drug Strategy Secretariat | | | | | | |
| 74 | No Impact | Description: | | | | | | |

The Enhanced Resources for Toronto Drug Strategy Secretariat budget proposal is one of six proposals and part of a comprehensive approach endorsed by the Board of Health in response to the Drug Poisoning Crisis in Toronto.

Funding of \$0.959 million gross, \$0.671 million net and 10 permanent positions to investigate and pursue new approaches needed to address the increasingly complex issue of drug and substance use in order to bring additional resources that will increase access and availability of health and social services for people who use drugs.

The team will:

- Move forward the work on an alternative to drug criminalization (including program development, evidence and data gathering, intergovernmental collaboration, and stakeholder consultation);
- Refresh the Toronto Drug Strategy, as well as, build new connections between other levels of government, community partners, and people with lived and living experience to address this crisis;
- Bolster the implementation of the Toronto Indigenous Overdose Strategy.

Toronto's Drug Strategy, developed in 2005, was directed by the Board of Health to develop a health and social equity-based alternative approach to criminal sanctions for the possession of all drugs for personal use within the city; considering the broader context of drug use in Toronto including cannabis and alcohol; and better understanding of the intersection of drugs and mental health.

Service Level Impact:

There are no direct service level impacts.

Equity Statement:

The Enhanced Resources for Toronto Drug Strategy Secretariat budget proposal has no equity impact. While this budget proposal has no direct equity impact, the outcomes from this proposal that will be in the form of modifications to existing or additional programs and services for People Who Use Drugs will positively impact equity deserving groups.

Service: Chronic Diseases & Injuries

| | | | | | | |
|----------------------------------|--------------|--------------|--------------|--------------|--------------|------------|
| Total Staff Recommended Changes: | 959.1 | 671.3 | 287.7 | 10.00 | 271.2 | 0.0 |
| Staff Recommended | 959.1 | 671.3 | 287.7 | 10.00 | 271.2 | 0.0 |

| Form ID | | Agencies - Cluster Program - Toronto Public Health | Adjustments | | | | 2023 Plan Net Change | 2024 Plan Net Change |
|----------|---------------|---|-------------------|---------|-----|--------------------|-------------------------|-------------------------|
| Category | Equity Impact | | Gross Expenditure | Revenue | Net | Approved Positions | | |
| 25826 | | Enhanced Data Collection and Communication | | | | | | |
| 74 | No Impact | Description: | | | | | | |

The Enhanced Data Collection and Communication budget proposal is one of six proposals and part of a comprehensive approach endorsed by the Board of Health in response to the Drug Poisoning Crisis in Toronto.

Funding of \$0.378 million gross, \$0 net and 4 permanent positions to improve data collection and communication to address data gaps on disparities for those disproportionately impacted by the drug poisoning crisis in order to improve the effectiveness of interventions and guide implementation in high-risk populations.

Service Level Impact:

Delivery of service will be improved with the strengthening of key data to support strategy and data sharing partnerships.

Equity Statement:

The Enhanced Data Collection and Communication budget proposal has no overall equity impact.

Service: Chronic Diseases & Injuries

| | | | | | | |
|----------------------------------|--------------|--------------|------------|-------------|------------|------------|
| Total Staff Recommended Changes: | 378.4 | 378.4 | 0.0 | 4.00 | 0.0 | 0.0 |
| Staff Recommended | 378.4 | 378.4 | 0.0 | 4.00 | 0.0 | 0.0 |

Summary:

| | | | | | | |
|--|----------------|----------------|--------------|--------------|--------------|------------|
| Staff Recommended New / Enhanced Services | 3,829.5 | 3,358.4 | 471.1 | 49.00 | 429.8 | 5.7 |
|--|----------------|----------------|--------------|--------------|--------------|------------|

Appendix 5

Summary of 2022 New / Enhanced Service Priorities Not Included in Budget

N/A

Appendix 6

2022 Capital Budget; 2023 - 2031 Capital Plan Including Carry Forward Funding

| (In \$000s) | 2022 Budget | 2023 Plan | 2024 Plan | 2025 Plan | 2026 Plan | 2027 Plan | 2028 Plan | 2029 Plan | 2030 Plan | 2031 Plan | 2022 - 2031 Total | Health & Safety & Legislated | SOGR | Growth & Improved Service |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|-------------------|------------------------------|--------------|---------------------------|
| Call Centre Revitalization | | | | | | 630 | 1,000 | | | | 1,630 | | | 1,630 |
| Common Geographical Interface (CGI) | | | | 250 | 344 | | | | | | 594 | | | 594 |
| Community Collaboration - Seed | | 193 | | | | | | | | | 193 | | | 193 |
| Community Health Information System | 258 | | | | | | | | | | 258 | | 258 | |
| Customer Relationship Case Management | | | | | | 707 | 676 | 540 | 275 | | 2,198 | | | 2,198 |
| Datamart Data Warehouse | 699 | | | | | | | | | | 699 | | | 699 |
| Early Abilities Information System Implementation | | 544 | 1,056 | 1,054 | | | | | | | 2,654 | | 2,654 | |
| Electronic Medical Record | 970 | 1,856 | 1,395 | 845 | | | | | | | 5,066 | | | 5,066 |
| Geographic Information Enablement | | | | 190 | 265 | | | | | | 455 | | | 455 |
| Healthy Smart Cities | | | | | | | | 992 | 870 | | 1,862 | | | 1,862 |
| Healthy Smart City - Data and Predictive Analytics | | 472 | 395 | 671 | 860 | | | | | | 2,398 | | | 2,398 |
| Inspection Management Implementation | 2,260 | 2,330 | | | | | | | | | 4,590 | | 4,590 | |
| Mobile Enablement | | | | | | 394 | 378 | 369 | | | 1,141 | | | 1,141 |
| Mobile Supervised Consumption Vehicle Van | 300 | | | | | | | | | | 300 | | | 300 |
| Public eLearning | | | | 550 | 942 | 940 | | | | | 2,432 | | | 2,432 |
| Public Notifications & Advisories | | | | | | | 490 | 474 | 474 | | 1,438 | | 1,438 | |
| Socio-Demographic Data Collection and Reporting | | 449 | 667 | 732 | | | | | | | 1,848 | | | 1,848 |
| Ontario Seniors Dental Care Program | 1,875 | | | | | | | | | | 1,875 | | | 1,875 |
| Dental Clinic Renovation - 160 Borough Drive | 129 | | | | | | | | | | 129 | | | 129 |
| Total Expenditures (including carry forward from 2021) | 6,491 | 5,844 | 3,513 | 4,292 | 2,411 | 2,671 | 2,544 | 2,375 | 1,619 | | 31,760 | | 8,940 | 22,820 |

- Project supports Climate Resiliency and / or Greenhouse Gas (GHG) Reduction*
- Project includes workforce development requirements as outlined in the City's Social Procurement Program

Appendix 6a

2022 Cash Flow and Future Year Commitments Including Carry Forward Funding

| (In \$000s) | 2022 Budget | 2023 Plan | 2024 Plan | 2025 Plan | 2026 Plan | 2027 Plan | 2028 Plan | 2029 Plan | 2030 Plan | 2031 Plan | Total 2022 Cash Flow & FY Commits | Previously Approved | Change in Scope | New w/ Future Year |
|---|--------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------------------------------|---------------------|-----------------|--------------------|
| Community Collaboration - Seed | | 193 | | | | | | | | | 193 | 193 | | |
| Community Health Information System | 258 | | | | | | | | | | 258 | 411 | (153) | |
| Datamart Data Warehouse | 699 | | | | | | | | | | 699 | 699 | | |
| Electronic Medical Record | 970 | | | | | | | | | | 970 | 970 | | |
| Inspection Management Implementation | 2,260 | 2,330 | | | | | | | | | 4,590 | 4,590 | | |
| Mobile Supervised Consumption Vehicle Van | 300 | | | | | | | | | | 300 | | | 300 |
| Ontario Seniors Dental Care Program | 1,875 | | | | | | | | | | 1,875 | 1,875 | | |
| Dental Clinic Renovation - 160 Borough Drive | 129 | | | | | | | | | | 129 | 129 | | |
| Total Expenditures (including carry forward from 2021) | 6,491 | 2,523 | | | | | | | | | 9,014 | 8,867 | (147) | 300 |

Appendix 6b

2023 - 2031 Capital Plan

| (In \$000s) | 2023 Plan | 2024 Plan | 2025 Plan | 2026 Plan | 2027 Plan | 2028 Plan | 2029 Plan | 2030 Plan | 2031 Plan | 2022 - 2031 Total | Health & Safety & Legislated | SOGR | Growth & Improved Service |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|-------------------|------------------------------|--------------|---------------------------|
| Call Centre Revitalization | | | | | 630 | 1,000 | | | | 1,630 | | | 1,630 |
| Common Geographical Interface (CGI) | | | 250 | 344 | | | | | | 594 | | | 594 |
| Customer Relationship Case Management | | | | | 707 | 676 | 540 | 275 | | 2,198 | | | 2,198 |
| Early Abilities Information System Implementation | 544 | 1,056 | 1,054 | | | | | | | 2,654 | | 2,654 | |
| Electronic Medical Record | 1,856 | 1,395 | 845 | | | | | | | 4,096 | | | 4,096 |
| Geographic Information Enablement | | | 190 | 265 | | | | | | 455 | | | 455 |
| Healthy Smart Cities | | | | | | | 992 | 870 | | 1,862 | | | 1,862 |
| Healthy Smart City - Data and Predictive Analytics | 472 | 395 | 671 | 860 | | | | | | 2,398 | | | 2,398 |
| Mobile Enablement | | | | | 394 | 378 | 369 | | | 1,141 | | | 1,141 |
| Public eLearning | | | 550 | 942 | 940 | | | | | 2,432 | | | 2,432 |
| Public Notifications & Advisories | | | | | | 490 | 474 | 474 | | 1,438 | | 1,438 | |
| Socio-Demographic Data Collection and Reporting | 449 | 667 | 732 | | | | | | | 1,848 | | | 1,848 |
| Total Expenditures (including carry forward from 2021) | 3,321 | 3,513 | 4,292 | 2,411 | 2,671 | 2,544 | 2,375 | 1,619 | | 22,746 | | 4,092 | 18,654 |

Appendix 7

Reporting on Major Capital Projects: Status Update

N/A

Appendix 8

Summary of Capital Needs Constraints

(In \$ Millions)

| Project Description | Total Project | Non-Debt Funding | Debt Required | Cash Flow (In \$ Thousands) | | | | | | | | | | |
|---|---------------|------------------|---------------|-----------------------------|------|------|------|------|------|------|------|------|------|--|
| | | | | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | |
| <i>Community Collaboration Implementation</i> | 1,536 | | 1,536 | | | 251 | 701 | 584 | | | | | | |
| Total Needs Constraints (Not Included) | 1,536 | | 1,536 | | | 251 | 701 | 584 | | | | | | |

Appendix 9

2022 User Fee Changes

(Excludes User Fees Adjusted for Inflation)

Table 9a - New User Fees

N/A

Table 9b – Fees Above Inflation

N/A

Table 9c - User Fees for Discontinuation

N/A

Table 9d - User Fees for Technical Adjustments

N/A

Table 9e - User Fees for Transfers

N/A

Table 9f - User Fees for Rationalization

N/A

Appendix 10

Inflows and Outflows to/from Reserves and Reserve Funds

2022 Operating Budget

Program Specific Reserve / Reserve Funds

| Reserve / Reserve Fund Name (In \$000s) | Reserve / Reserve Fund Number | Withdrawals (-) / Contributions (+) | | |
|---|----------------------------------|-------------------------------------|----------------|----------------|
| | | 2022 | 2023 | 2024 |
| | | \$ | \$ | \$ |
| Beginning Balance | | 8,771.3 | 8,789.8 | 8,810.0 |
| Public Health Reserve Fund | XR1108 | | | |
| <i>Withdrawals (-)</i> | | | | |
| <i>Contributions (+)</i> | | | | |
| <i>Toronto Public Health</i> | | | | |
| Total Reserve / Reserve Fund Draws / Contributions | | 8,771.3 | 8,789.8 | 8,810.0 |
| Other Program / Agency Net Withdrawals & Contributions | | | | |
| Interest Income | | 18.4 | 20.2 | 29.1 |
| Balance at Year-End | | 8,789.8 | 8,810.0 | 8,839.1 |

* Based on 9-month 2021 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

N/A

Inflows and Outflows to/from Reserves and Reserve Funds

2022 – 2031 Capital Budget and Plan

Program Specific Reserve / Reserve Funds

N/A

Corporate Reserve / Reserve Funds

N/A

Appendix 11

Glossary

Approved Position: Permanent or temporary positions that support the delivery of City services and service levels as approved by Council.

Actuals: An actual financial amount paid (or received) for the delivery of City services (these exclude any commitments to be paid in the future).

Capacity to Spend: Ability to spend money along with the capacity to deliver projects as demonstrated by historic spending patterns and approved contractual obligations.

Capital Budget: A Capital Budget is the City's plan to acquire / build assets or extend the useful life of existing assets; an example of a capital expenditure is the construction of a new community centre.

Capital Needs Constraints: The capital needs that cannot be accommodated within the capital plan that the Division or Agency have the capacity to deliver.

Complement: Positions that support the delivery of City services and service levels as approved by Council.

Efficiencies: Reductions in the cost of delivering a service without a reduction in service level.

New / Enhanced: New and enhanced service changes resulting in an increase in service levels from what was previously approved by Council.

Operating Budget: An Operating Budget is the City's annual plan to provide services to the residents of Toronto; the budget includes all revenues and expenses needed to provided services; an example of an operating cost would be the cost to run the TTC subways.

Operating Impact of Completed Capital Projects: The additional expense (or savings) and positions needed to operate or maintain a new asset; an example would be the additional expense and staff needed to operate a recently completed community centre.

Rate Supported Budget: Budget fully funded by user fees such as Solid Waste, Toronto Water and Toronto Parking Authority

State of Good Repair (SOGR): The cost of maintaining assets to ensure they are able to support the delivery of City services and meet service outcomes

Tax Supported Budget: Budget funded by property taxes.

User Fees: Program generated fee and rental revenue for the use of its services (such as the TTC fare, ice rental fees and various City permits).

Appendix 12

Board Approved Vs. City Staff Recommended Budget

2022 Operating Budget – Board Approved Vs. City Staff Recommended Budget

| \$ Millions | Board | City Staff | Difference | |
|--------------------|----------|-------------|------------|------|
| | Approved | Recommended | \$ | % |
| Revenues | 233.9 | 233.3 | 0.6 | 0.3% |
| Gross Expenditures | 362.7 | 361.7 | 1.0 | 0.3% |
| Net Expenditures | 128.8 | 128.3 | 0.4 | 0.3% |
| Approved Positions | 2,736.8 | 2,634.8 | 102.0 | 3.9% |

The difference between the Board Approved and City Budget is mainly driven by the following:

Revenues

- Lower City Staff recommended budget reflects an adjustment in provincial cost shared funding related change in staffing start dates and funding ratios.

Gross Expenditures

- Savings from expiring leases of \$0.602 million related to ModernTO combined with staff positions that will start later in the year.

Positions

- Difference due to 102 temporary positions for the school-focused nurses program expiring in 2022.

2022-2031 Capital Budget and Plan – Board Approved Vs. City Staff Recommended Budget

| \$ Millions | Board | City Staff | Difference | |
|--------------------|----------|-------------|------------|--------|
| | Approved | Recommended | \$ | % |
| 2022 | | | | |
| Gross Expenditures | 6.931 | 6.491 | (0.440) | -6.8% |
| Debt | 4.002 | 4.316 | 0.314 | 7.3% |
| Provincial | 2.929 | 2.175 | (0.754) | -34.7% |
| 2023-2031 | | | | |
| Gross Expenditures | 25.269 | 25.269 | | |
| Debt | 25.269 | 25.269 | | |
| Provincial | | | | |
| Total | | | | |
| Gross Expenditures | 32.200 | 31.760 | (0.440) | -1.4% |
| Debt | 29.271 | 29.585 | 0.314 | 1.1% |
| Provincial | 2.929 | 2.175 | (0.754) | -34.7% |

The difference of (\$0.440) million is due to the change of 2021 carry forward funding from the *Ontario Seniors Dental Care Program* (provincially funded), *Inspection Management Implementation* and *Dental Clinic Renovation* projects.