BUDGET

Toronto Public Health

2022 Operating Budget and 2022-2031 Capital Budget & Plan Briefing to Budget Committee

January 17, 2022

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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 & 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

Toronto Public Health Services

Family Health



Infectious Diseases

Chronic Diseases and Injury Prevention



Public Health Foundations



Emergency Preparedness



Environmental Health



Priority Actions



- Toronto Public Health's priority will continue to be responding to the COVID-19 pandemic. The key objectives of the COVID-19 response:
 - Prevent loss of life,
 - Preserve the capacity of the healthcare system, and
 - Minimize the social and economic impacts.



 Toronto Public Health will continue 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.

2022 Budget Overview

Operating Budget									
	2021	2021	2022	Chg from 20	21 Proj.	OUTLOOKS			
\$ Thousands	Budget	Projection*	Budget	\$	%	2023	2024		
Revenues	\$228,872	\$289,141	\$233 <i>,</i> 338	(\$55,803)	-19.3%	\$205 <i>,</i> 885	\$205,597		
Gross Expenditures	\$353,264	\$413,533	\$361,684	(\$51 <i>,</i> 849)	-12.5%	\$300,943	\$304,818		
Net Expenditures	\$124,391	\$124,391	\$128,346	\$3 <i>,</i> 954	3.2%	\$95,058	\$99,221		

*Projection based on 9 Month Variance

10 Year Capital Budget & Plan									
\$ Thousands	2022	2023-2031	Total						
Gross Expenditures	\$6,491	\$25,269	\$31,760						
Debt	\$4,316	\$25 <i>,</i> 269	\$29 <i>,</i> 585						
Provincial Funding	\$2,175		\$2,175						

Note: Includes carry forward funding of \$2,885 thousands from 2021

2021 Key Risks and Challenges



COVID-19 Impact and Recovery

- The 2022 COVID-19 impact is projected to be similar to Toronto Public Health's 2021 experience including:
 - Continued revenue loss of \$1.3 million for fee-based programs
 - Extra-ordinary expenditures of \$58.2 million for COVID-19 response efforts
- The 2022 Budget does not include expenditures and provincial recoveries for continued COVID-19 immunization efforts. Toronto Public Health is working with the province on continued support and cost reimbursement.



Workplace Fatigue

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 an effective COVID-19
response, support a prolonged mass immunization campaign and participate effectively in the City's recovery and
rebuild plan.



Resurgence of COVID-19 cases and the discovery of variants of concern

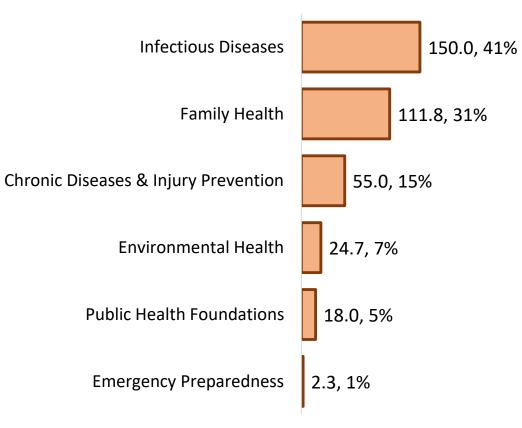
The resurgence of COVID-19 cases and the discovery of new variants of concerns continues to delay the
resumption of other public health programs. This delay is creating backlogs in various public health interventions,
and is impeding Toronto Public Health's ability to address new and emerging public health issues.

2022 Operating Budget Submission



2022 Operating Budget - \$361.7 Million

2022 Gross Operating Expenditures



In \$ Millions

Key Points

- \$150.0 Million for Infectious Diseases includes COVID-19 related requests totaling \$59.6 Million.
- \$3.8 Million New / Enhanced investment

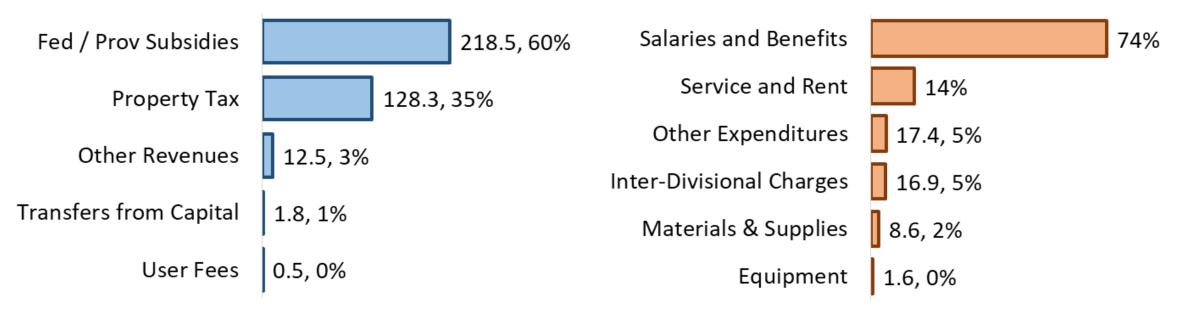
How the Budget is Funded and Where the Money Goes

Where the Money Comes From

Where the Money Goes

In \$ Millions

In \$ Millions



2022 Net Operating Budget

					2022					
(In \$000s)	2020 2021 Actual Budget		2021 Projection	Base COVID-19 Budget Impact		New / Enhanced	2022 Change Budget Proje		ev. 2021 ection	
By Program	\$	\$	\$	\$		\$	\$	\$	%	
Net Expenditures										
Emergency Preparedness	307.3	968.1	1,395.0	347.5			347.5	(1,047.4)	(75.1%)	
Public Health Foundations	5,988.6	7,951.5	7,984.3	4,962.8		138.8	5,101.5	(2,882.7)	(36.1%)	
Chronic Diseases & Injury Prevention	14,319.0	14,352.8	14,543.2	19,687.5		332.3	20,019.8	5,476.6	37.7%	
Family Health	16,236.1	19,942.8	17,978.9	27,603.6			27,603.6	9,624.7	53.5%	
Infectious Diseases	22,838.1	76,058.5	78,204.3	10,915.4	59,555.2		70,470.7	(7,733.6)	(9.9%)	
Environmental Health	2,394.2	5,117.8	4,285.7	4,802.6			4,802.6	516.9	12.1%	
Total Net Expenditures	62,083.3	124,391.4	124,391.4	68,319.5	59,555.2	471.1	128,345.8	3,954.4	3.2%	

New / Enhanced

Public Health and Analytics

 \$0.4 M 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.



Mobile Supervised Consumption Services

- \$0.5 M will support a new service to mobilize supervised consumption services in order to support communities outside of the downtown core.
- Low positive equity impact as this enhancement will increase the accessibility of service to people who use drugs within equity deserving groups.

New / Enhanced cont'd

Enhanced Resources for Toronto Drug Strategy Secretariat

• \$1.0 M 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.

Expand Overdose Outreach Team



- \$0.8 M 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.
- Low positive equity impact as this enhancement will increase access to services for equity deserving groups within the population of people who use drugs and also engage with the shelter system and other programs for homeless and under-housed individuals.

TOTAL NEW / ENHANCED INVESTMENTS TO ADDRESS KEY PRIORITIES

New / Enhanced cont'd

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Enhanced Programming for the Works

- \$0.2 M for the existing Works program to increase the engagement of people who use drugs in the delivery of the program.
- Low positive equity impact as the Works program provides services to several equity deserving groups.

Expand Injectable Opioid Agonist Treatment (iOAT) program



-8M

- \$0.5 M to increased program hours making the service more accessible and increasing the number of clients in the program.
- Low positive equity impact as this enhancement provides additional opportunities for members of several equity deserving groups to participate and achieve better health outcomes.

TOTAL NEW / ENHANCED INVESTMENTS TO ADDRESS KEY PRIORITIES

New / Enhanced cont'd



\$38M

Enhanced Data Collection and Communication

• \$0.4 M 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.



2022-2031 Capital Budget & Plan Submission



2022 Capital Program Breakdown - \$6.5 Million

Where the Money Comes From

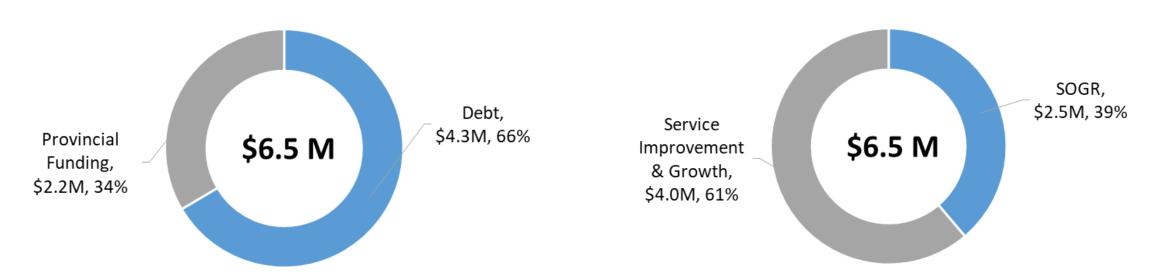
2022 Capital Budget

In \$ Millions

Where the Money Goes

2022 Capital Budget

In \$ Millions



\$31.8 Million 10-Year Gross Capital Program

	in			3	0
Decision Making	Workforce Capabilities	Business Processes	Information Technology	Access to Government Services	Access to Services
\$6.0 M 18.9%	\$1.3 M 4.1%	\$10.7 M 33.8%	\$7.5 M 23.7%	\$3.9 M 12.3%	\$2.3 M 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	 Inspection Management Early Abilities Information System Implementation Community Health Information System 	 Public eLearning Public Notifications and Advisories 	

How the 10-Year Capital Program is Funded

City of Toronto		Provincial Funding	Federal Funding
-	29.6 M 3.2%	\$2.2 M 6.8%	\$0 M 0%
Debt	\$29.6 M		

Thank You



Appendices



COVID-19 Financial Impact - Operating

	2021 Net		2022	
COVID-19 Impacts	Budget	Revenues	Gross	Net
Revenue Loss				
Vaccine Doses *	281.2	(140.6)		140.6
City Dental Clinics *	630.0	(630.0)		630.0
Food Handler's Training *	549.9	(549.9)		549.9
Sub-Total	1,461.0	(1,320.4)		1,320.4
Expenditure Increase				
Extra-Ordinary (Contact and Containment)*				
Overtime, Additional Staff Salaries & Benefits *	52,701.0		70,181.0	70,181.0
Contractors, Personal Protective Equipment and Supplies *	4,879.1		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	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	23,037.3	82 <i>,</i> 592.6	59 <i>,</i> 555.2

Approved service levels have been impacted as

Impacts

- 6 Approximately 80% percent of TPH's
 - permanent complement have been redeployed to the COVID-19 pandemic for case and contract management and vaccination. TPH has engaged redeployed staff from other City divisions, in addition to hiring additional staff.
 - 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 impeded our the ability to deliver services.

Please note: Only COVID-19 costs in excess of savings can be requested from the Ministry of Health as part of the its extra-ordinary COVID-19 cost recovery initiative.

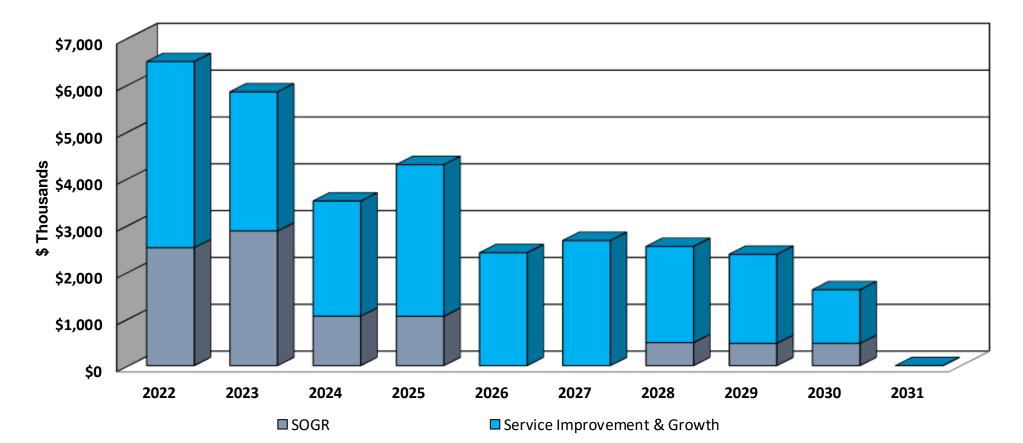
* 100% funding for eligible expenses has been committed by the Ministry of Health as part of its extra-ordinary COVID-19 cost recovery initiative.

** 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

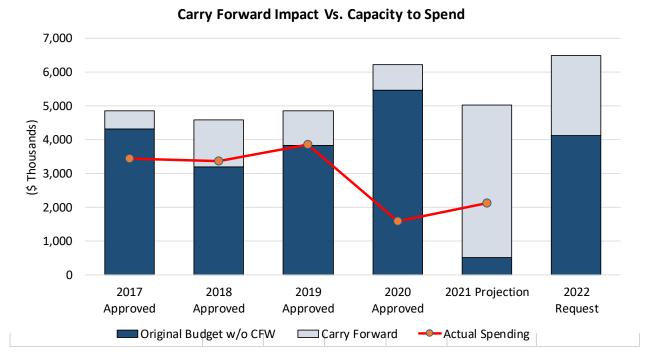
***** Extended to December 2022. Federally funded through PHAC.

2022 – 2031 Capital Budget & Plan by Project Category

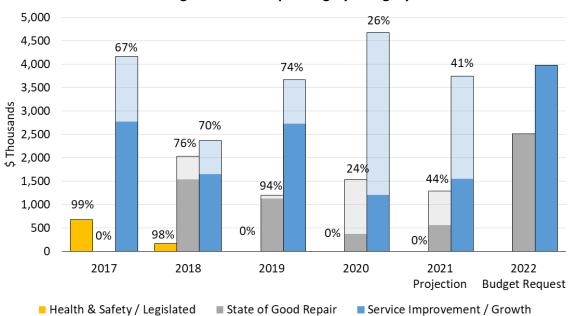


		2022 - 2031 Staff Recommended Capital Budget and Plan by Category									
\$ Millions	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	Total
SOGR	2,518.0	2,874.0	1,056.0	1,054.0			490.0	474.0	474.0		8,940.0
Service Improvement & Growth	3,973.0	2,970.0	2,457.0	3,238.0	2,411.0	2,671.0	2,054.0	1,901.0	1,145.0		22,820.0
Total	6,491.0	5,844.0	3,513.0	4,292.0	2,411.0	2,671.0	2,544.0	2,375.0	1,619.0		31,760.0

Capacity to Spend



Budget Vs. Actual Spending by Category



Capital Needs Constraints:

\$1.536 M for Community Collaboration Implementation