

2025 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:

- Reduced prevalence of chronic diseases and the prevention and control of the spread of communicable and infectious diseases in Toronto in a timely, responsive and equitable manner;
- Greater adoption of healthy behaviours by Toronto residents; and
- Conditions are in place to reduce barriers and inequities that inhibit Torontonians from achieving health and wellbeing.

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.

For further information about Toronto Public Health, please visit: <u>https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/staff-directory-divisions-and-customer-service/toronto-public-health/</u>

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What Service We Provide

Chronic Disease and Injury Prevention

Who We Serve: Everyone who lives, works in 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, including the Ontario Seniors Dental Care Program; and tobacco cessation programs.

How Much Resources (gross 2025 operating budget): \$56.3 Million

Emergency Preparedness

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

What We Deliver: Programs and initiatives that ensure that public health is prepared for and can respond to threats or disruptions to public health and public health programs and services.

How Much Resources (gross 2025 operating budget): \$2.8 Million

Environmental Health

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

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

How Much Resources (gross 2025 operating budget): \$25.7 Million

Infectious Diseases Prevention

Who We Serve: Everyone who lives, works in 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; inspection of personal service settings.

How Much Resources (gross 2025 operating budget): \$76.7 Million

Family Health

Who We Serve: Everyone who lives, works in 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; and child and youth oral health screening and treatment programs

How Much Resources (gross 2025 operating budget): \$106.6 Million

Public Health Foundations

Who We Serve: Everyone who lives, works in 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; and conduct surveillance of community emergency planning and preparedness.

How Much Resources (gross 2025 operating budget): \$20.5 Million

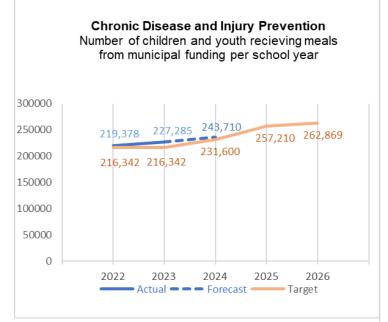
Budget at a Glance*

2025 OPERATING BUDGET							
\$Million	2025	2026	2027				
Revenues	\$202.9	\$200.3	\$200.0				
Gross Expenditures	\$288.6	\$284.3	\$291.7				
Net Expenditures	\$85.7	\$84.0	\$91.7				
Approved Positions	1,884.4	1,848.4	1,890.4				

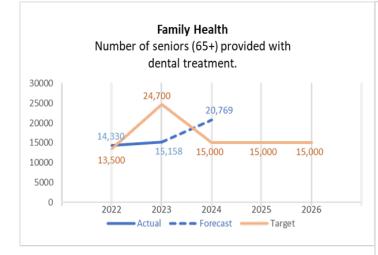
2025 - 2034 10-YEAR CAPITAL PLAN								
2025	2026-2034	Total						
\$4.1	\$11.9	\$16.0						
\$3.9	\$11.6	\$15.5						
Note: Includes 2024 carry forward funding								
	2025 \$4.1 \$3.9	2025 2026-2034 \$4.1 \$11.9 \$3.9 \$11.6	2025 2026-2034 Total \$4.1 \$11.9 \$16.0 \$3.9 \$11.6 \$15.5					

*This document reflects the 2025 Operating Budget and 2025-2034 Capital Budget and Plan as prepared by the City Manager and Chief Financial Officer and Treasurer, which differs from the budget approved by the Toronto Board of Health. Please refer to <u>Appendix 12</u> for details.

How Well We Are Doing – Behind the Numbers



- Student nutrition programs are meal and snack programs offered primarily in school settings.
- The programs help to ensure children and youth at risk for poor nutritional intake have access to safe, adequate, and culturally appropriate nutritious food.
- Research shows when students eat healthy meals at school they focus better, score higher marks in reading, math, and science, and are more likely to graduate high school. Students also have the opportunity to develop healthier eating habits, which can help reduce the risk of early onset chronic disease.
- The number of meals provided to children and youth is anticipated to increase between 2024-2026 based on average increases observed between 2021-2024.
- Current funding sources for this program are the City of Toronto, Government of Ontario, student and parent contributions and fundraising, and corporate donations and grants.



- Dental caries is a complex and multifactorial chronic disease that is heavily influenced by biomedical factors (diet, bacteria, and host) and by social determinants of health.
- Approximatively one-third of 65 years and older Canadians report that they have not seen a dental professional in the previous 12 months.
- Just over one-in-five Canadians avoid going to a dentist because of cost.
- The program seeks to address some of the barriers to accessing dental care by providing comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease, and increase quality of life for seniors.
- In 2024, a free mobile dental care program was implemented to provide oral health services to vulnerable seniors residing in City of Toronto operated long-term care homes.

How Well We Are Doing

Service	Measure	2022 Actual	2023 Actual	2024 Target	2024 Projection	Status	2025 Target	2026 Target
		Ou	tcome Meas	ures				
Chronic Disease and Injury Prevention	Number of school communities supported with municipal funding for student nutrition programs relevant school year	616	619	619	643	•	668	668
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	50%*	91.6%	100%	100%	•	100%	100%

* Inspections were performed on a modified basis as businesses respond to public health measures which changed how and when they operate.

2024 Projection to 2024 Target Comparison ● 80% - 100% (MET TARGET) ● 70 - 79% (LOW RISK) ● 69% and Under (REQUIRES ATTENTION)

2025 Operating Budget and 2025 - 2034 Capital Budget and Plan

Service	Measure	2022 Actual	2023 Actual	2024 Target	2024 Projection	Status	2025 Target	2026 Target
		Serv	ice Level Me	asures				
Family Health	Number of seniors (65+) provided with dental treatment *	14,330	15,158	15,000	20,769	•	15,000	15,000
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

* The program served over 13,000 clients between January and July 31, 2024. Based on current trends, Toronto Public Health is confident that client targets will exceed 15,000 in 2025 and 2026.

2024 Projection to 2024 Target Comparison

80% - 100% (MET TARGET) - 70 - 79% (LOW RISK) - 69% and Under (REQUIRES ATTENTION)

EXPERIENCES, CHALLENGES AND PRIORITIES

Our Experience and Success

- <u>Toronto Public Health's (TPH) Strategic Plan 2024-2028</u> was developed and endorsed by the Board of Health on July 8, 2024. The development of the strategy was led by the Board of Health, Strategic Plan Development Committee and informed by extensive consultation with the public, partners, other City divisions, and Toronto Public Health staff.
- <u>Our Health, Our City: A Mental Health, Substance use, Harm Reduction and Treatment Strategy progress</u> report was released on November 18, 2024, which reiterated the request to the Government of Canada to continue funding and permitting the operation of Supervised Consumption Services and Treatment Sites beyond March 31, 2025.
- Strengthened and expanded the <u>Toronto Healthy Schools Strategy</u> to serve more equity deserving schools. A wide range of school initiatives have been implemented through the Into Kids' Health program, including revitalizing outdoor spaces, improving student mental health, and strengthening ties to the community.
- <u>Toronto Population Health Status Indicators (PHSIs) Dashboard</u> reports on a series of PHSIs to support TPH's mission to reduce health inequities and improve the health of the population. The dashboards are continually being updated and launched as they became available throughout 2024.
- Toronto Public Health provides free dental preventative and treatment care for children 17 and under who live in Toronto, have no existing dental coverage, and reside in lower income households:
 - There are 23 existing dental clinics in operation across the city providing free Diagnostic, Preventative, Restorative, Endodontics, and Oral Surgery services.
 - 155,673 students were screened by TPH, of which, 37,851 students were identified as clinically eligible for Preventative Services in the 2023/2024 school year.
- To increase vaccination compliance rates under the *Immunization of School Pupils Act*, TPH engaged with schools and families, promoted routine immunizations through city-wide education and outreach campaigns, worked with Indigenous serving agencies to increase vaccine accessibility and uptake, and partnered with community organizations in communities with lower coverage rates.
- At the end of the 2023/2024 school year, TPH's School Immunization Program (SIP) compliance rates increased amongst school-aged children and youth, reflecting the impact of TPH's interventions:
 - vaccination rates for grade 2 students increased from 33% in early 2023-2024 school year to 99% in the end of the 2023-2024 school year;
 - vaccination rates for grade 7 and 8 students are higher than those in high school grades, reflecting the impact of TPH's school-based clinics; and
 - 79,131 doses of Hepatitis B, Meningococcal, and Human papillomavirus vaccines were administered to grades 7 to 12 students through 824 school immunization clinics.

Key Challenges and Risks

- Toronto Public Health, like many organizations, is experiencing an increase in retirements and, at the same time, staff are exiting for other employment opportunities.
- Resource capacity to address and respond to emerging public health issues.
- Challenges securing public support and adherence to public health advice due to misinformation and disinformation.

Priority Actions

- Effectively communicate with the public about how they can protect their health.
- Enhance emergency preparedness and response infrastructure.
- Build and strengthen both internal and external key stakeholder partnerships to increase vaccine compliance for school-aged children and reduce number of children at risk of suspension due to vaccine non-compliance.
- Advocate for healthy social, natural, and built environments and collaborate with partners on initiatives that advance these goals.
- Deliver public health interventions that respond to the drug toxicity epidemic, promote mental health, and strengthen public health services that are trauma-informed and reduce stigma.
- Assess and report on health inequities and population health needs. Collaborate with partners across multiple sectors to address local health priorities.

CITY STAFF PREPARED BUDGET

The City Manager and Chief Financial Officer and Treasurer have prepared the following budget:

1. The 2025 Operating Budget for Toronto Public Health of \$288.576 million gross, \$202.870 million revenue and \$85.706 million net for the following services:

Service:

	Gross Expenditures (\$000s)	Revenue (\$000s)	Net Expenditures (\$000s)
Chronic Diseases and Injury Prevention	56,268.2	32,943.6	23,324.6
Emergency Preparedness	2,799.5	1,567.4	1,232.1
Environmental Health	25,726.9	22,421.5	3,305.4
Family Health	106,608.3	77,299.0	29,309.3
Infectious Diseases	76,649.5	57,377.1	19,272.4
Public Health Foundations	20,523.2	11,261.5	9,261.7
Total Toronto Public Health Budget	288,575.6	202,870.1	85,705.5

- The 2025 staff complement for Toronto Public Health of 1,884.4 positions comprised of 10.0 capital positions and 1,874.4 operating positions.
- The 2025 Capital Budget for Toronto Public Health with cash flows and future year commitments totaling \$14.153 million as detailed by project in <u>Appendix 5a</u>.
- 3. The 2026-2034 Capital Plan for Toronto Public Health totalling \$1.848 million in project estimates as detailed by project in <u>Appendix 5b</u>.
- 4. That all third-party funding included in the 2025 Budget be subject to the execution of an agreement or receipt of funding. If such agreement or funding is not in place by 2025 or forthcoming, the approval to spend must be reassessed by City Council relative to other City-funded priorities and needs in future budget processes.



2025 OPERATING BUDGET OVERVIEW

Table 1: 2025 Operating Budget by Service										
(In \$000s)	2023 Actual	2024 Budget	2024 Projection*	2025 Base Budget	2025 New / Enhanced	2025 Budget	Change Budg			
By Service	\$	\$	\$	\$	\$	\$	\$	%		
Revenues										
Chronic Diseases & Injuries	26,296.3	32,967.7	30,806.0	32,943.6		32,943.6	(24.0)	(0.1%)		
Emergency Preparedness	1,922.2	2,114.8	1,326.7	1,567.4		1,567.4	(547.4)	(25.9%)		
Environmental Health	19,633.9	19,970.9	18,814.3	22,421.5		22,421.5	2,450.6	12.3%		
Family Health	76,621.0	82,119.1	72,714.2	77,299.0		77,299.0	(4,820.1)	(5.9%)		
Infectious Diseases	27,350.8	56,290.7	48,028.2	57,377.1		57,377.1	1,086.4	1.9%		
Public Health Foundations	11,782.6	12,261.5	11,417.2	11,261.5		11,261.5	(1,000.0)	(8.2%)		
Total Revenues	163,606.8	205,724.7	183,106.6	202,870.1		202,870.1	(2,854.6)	(1.4%)		
Expenditures										
Chronic Diseases & Injuries	38,997.3	56,489.6	45,434.1	52,608.2	3,660.0	56,268.2	(221.4)	(0.4%)		
Emergency Preparedness	2,387.3	2,778.8	2,287.6	2,799.5		2,799.5		0.7%		
Environmental Health	21,336.9	25,807.2	22,379.0	25,726.9		25,726.9	(80.3)	(0.3%)		
Family Health	81,883.1	105,803.0	90,066.2	105,288.3	1,320.0	106,608.3	805.3	0.8%		
Infectious Diseases	137,832.2	76,385.2	71,413.0	76,649.5		76,649.5	264.3	0.3%		
Public Health Foundations	14,813.4	18,166.4	19,072.3	19,503.2	1,020.0	20,523.2	2,356.8	13.0%		
Total Gross Expenditures	297,250.2	285,430.2	250,652.3	282,575.6	6,000.0	288,575.6	3,145.4	1.1%		
Net Expenditures	133,643.4	79,705.5	67,545.6	79,705.5	6,000.0	85,705.5	6,000.0	7.5%		
Approved Positions**	2,307.0	1,888.0	N/A	1,884.4		1,884.4	(3.6)	(0.2%)		

Table 1: 2025 Operating Budget by Service

* 2024 Projection based on 9 Month Variance

**YoY comparison based on approved positions

KEY DRIVERS

Total 2025 Budget expenditures of \$288.576 million gross reflects an increase of \$3.145 million in spending above 2024 budget, predominantly arising from:

- Increases for the Student Nutrition program due to an expansion in the number of school communities included plus an increase in food costs;
- Increases for salary and benefits adjustment and staff complement alignment for mandatory programs with additional funding from the Ministry of Health; partially offset by
- Decreases for Supervised Consumption Services and Injectable Opioid Agonist Treatment due to intergovernmental funding to end on March 31, 2025.

EQUITY IMPACTS OF BUDGET CHANGES

By the end of 2025, the Student Nutrition Program will expand to over 21,500 students including across 48 new school communities. This includes 8,000 students in 23 school communities added in December 2024, approximately 5,200 more students through increased enrollment in existing programs in 2025, and the program's expansion in 2025 to an additional 8,300 students in 25 additional school communities. To achieve this, the 2025 Toronto Public Health Operating Budget includes a \$6.000 million gross and net investment to enhance the program, providing more students with mid-morning meals starting in September 2025. This initiative aligns with the City's broader strategy to achieve universal access to mid-morning meals by September 2026. Additionally, the \$886,300 gross and net investment addresses food inflation and increased student enrollment.

2025 OPERATING BUDGET KEY COST DRIVERS

The 2025 Net Operating Budget for Toronto Public Health of \$85.706 million is \$6.000 million or 7.5% greater than the 2024 Net Budget. Table 2 below summarizes the key cost drivers for the 2025 Budget.

(In \$000s)		202	5		2026 Annualized	
(11 40005)	Revenues	Gross	Net	Positions**	impact (Net)	
2024 Projection*	183,106.6	250,652.3	67,545.6	N/A	N/A	
2024 Budget	205,724.7	285,430.2	79,705.5	1,888.0	N/A	
Key Cost Drivers:						
Prior Year Impacts						
Reversal of One-time Funding for Student Nutrition Program	(2,600.2)	(2,600.2)				
Injectable Opiod Agonist Treatment Program	(1,115.7)	(1,115.7)		(7.0)		
Partnership for Healthy Cities Grant	(68.0)	(68.0)				
Healthy Babies Healthy Children Program	327.3	327.3				
ModernTO Collapsed Leases		(42.3)	(42.3)			
Delivery of Capital Projects	49.0	49.0		3.0		
Salary & Benefits		1,748.3	1,748.3	13.0	1,187.	
Non-Salary Inflation						
Student Nutrition Program		886.3	886.3			
Sexual Health Clinic Services Contracts		47.1	47.1			
Utilities		17.4	17.4			
Revenue Changes						
Increase in Provincial Funding	1,957.1		(1,957.1)		(1,535.5	
Supervised Consumption Services	(1,263.6)	(1,263.6)		(12.6)		
Federal Revenue Adjustments	(140.3)		140.3			
Other Changes						
Inter-Divisional Charges		(656.3)	(656.3)		(316.6	
Alignment for non-Salary and Benefits Expenditures		(183.9)	(183.9)		(7.0	
Sub-Total - Key Cost Drivers	(2,854.6)	(2,854.6)	0.0	(3.6)	(671.9	
Total 2025 Base Budget	202,870.1	282,575.6	79,705.5	1,884.4	(671.9	
Total 2025 New / Enhanced		6,000.0	6,000.0		(1,000.0	
2025 Budget	202,870.1	288,575.6	85,705.5	1,884.4	(1,671.9	
Change from 2024 Budget (\$)	(2,854.6)	3,145.4	6,000.0	(3.6)	N/A	
Change from 2024 Budget (%)	(1.4%)	1.1%	7.5%	(0.2%)	N/A	

*Based on 9 Month Variance

 $^{\star\star}\mathrm{YoY}$ comparison based on approved positions

Key Base Drivers:

Prior Year Impacts:

- Reversal of one-time funding in 2024 from the Public Health Reserve for the Student Nutrition Program.
- The Federally funded Injectable Opioid Agonist Treatment program is scheduled to end on March 31, 2025.
- End of one-time program in 2024 funded by the Partnership for Healthy Cities grant.
- Annualization of Healthy Babies Healthy Children program which is fully funded by the Ministry of Children, Community and Social Services.

Salary and Benefits:

 Salary and benefits adjustment as well as staff complement alignment and associated benefits for mandatory programs.

Non-Salary Inflation:

- Inflationary increase of 2.5% based on the City's Corporate Economic Factors and expected participation growth increase of 2.2% based on the average growth rate over the prior six years for the cost of food for the Student Nutrition Program for a total increase of 4.7%.
- An estimated COLA increase of 1.75% for the Sexual Health Clinic service contracts.

Revenue Changes:

- One per cent increase from the provincial government for Ontario Public Health Standards programs and services.
- Provincial funding for the Supervised Consumption Services is scheduled to end on March 31, 2025, due to new legislation.

Other Changes:

- Reduction in inter-divisional charges primarily from the elimination of costs at 277 Victoria Street due to the relocation of Toronto Public Health's head office as of Q2 2025.
- Reduction in non-Salary and Benefits resulting from realignment.

New and Enhanced Service Priorities:

Table 4: New / Enhanced Requests

New / Enhanced Request	2025		5		Equity	Equity	Equity	Supports Key Outcome / Priority Actions
New / Enhanced Request	Revenue	Gross	Net	Positions	Annualized Gross	Impact	Supports Key Outcome / Phonty Actions	
In \$ Thousands								
Expansion of Student Nutrition Program		6,000.0	6,000.0		5,000.0	Low positive	Expansion of the Student Nutrition Program to include permanent funding for the 8,000 students in 23 school communities added in December 2024 and an additional 8,300 students in 25 school communities with mid- morning meals starting in September 2025.	
Total New / Enhanced		6,000.0	6,000.0		5,000.0			

Note:

1. For additional information, please refer to <u>Appendix 3</u> for the 2025 New and Enhanced Service Priorities and <u>Appendix 4</u> for Operating Program Provincial/Federal Funding Streams by Funding Source, respectively.

2026 AND 2027 OUTLOOKS

2025 Budget	2026 Incremental Outlook	2027 Incremental Outlook
	141.4	(721.9)
	(3,527.8)	
	(404.7)	
	(300.0)	
	1,535.5	383.9
202,870.1	(2,555.6)	(338.1)
	1,187.1	877.1
		7,137.0
	141.4	(721.9)
	(1,000.0)	
	(3,527.8)	
	(404.7)	
	(300.0)	
	(323.6)	30.5
288,575.6	(4,227.5)	7,322.7
85,705.5	(1,671.9)	7,660.8
1,884.4	(36.0)	42.0
	Budget 202,870.1 288,575.6 85,705.5	2025 Budget Incremental Outlook 141.4 (3,527.8) (404.7) (300.0) 1,535.5 202,870.1 (2,555.6) 202,870.1 (2,555.6) 1,187.1 141.4 (1,000.0) (3,527.8) (404.7) (300.0) (3,527.8) (404.7) (300.0) (323.6) 288,575.6 (4,227.5) 85,705.5 (1,671.9)

Table 5: 2026 and 2027 Outlooks

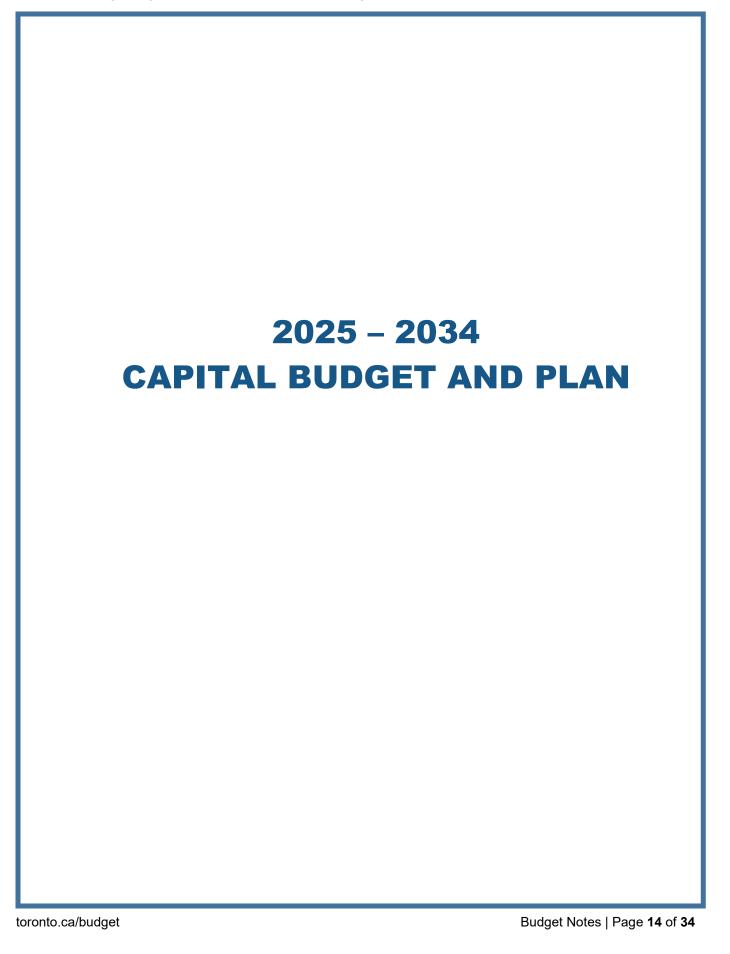
**YoY comparison based on approved positions

Key Outlook Drivers

The 2026 Outlook with total gross expenditures of \$284.348 million reflects an anticipated \$4.228 million or 1.46% decrease in gross expenditures below the 2025 Operating Budget. The 2027 Outlook expects an increase of \$7.323 million or 2.58% above the 2026 Outlook.

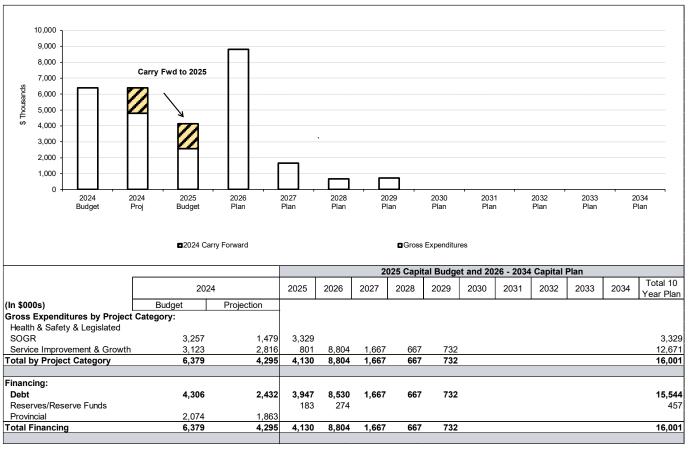
These changes arise from the following:

- **Overdose Prevention Program:** The overdose prevention services arrangement with Toronto Shelter and Support Services concludes at the end of 2025, which has net zero impact.
- Salary and Benefits: Increase mainly related to contractual obligations.
- Student Nutrition Program: Reversal of one-time start up costs in 2025.
- Funding from other levels of Government:
 - The federal funding for the Injectable Opioid Agonist Treatment program ends in March 2025 as does the provincial funding for the Supervised Consumption Services program.
 - Provincial funding for Ontario Public Health Standards will increase one percent annually until March 31, 2027.
- Inter-Divisional Charge: Decrease primarily from the reduction in services required when Toronto Public Health vacates 277 Victoria Street.
- **Operating Impact of Capital:** Increase in 2027 relates to implementation of the Homelessness and Addiction Recovery Treatment Hub and the Municipal Dental Van Clinic.



2025 – 2034 CAPITAL BUDGET AND PLAN OVERVIEW

Chart 1: 10-Year Capital Plan Overview



Project Updates

(-\$14.341 Million)

The 2025-2034 Capital Budget and Plan reflects the following changes to existing projects over the nine common years (2025-2033).

- \$(14.341 million) Decrease in multiple future IT Digital Strategy projects as they are not ready to proceed at this point of time and scope is still to be determined.
- Defer cash flow of Socio-Demographic Data Collection and Reporting to future years based on capacity to deliver.

New Projects (\$10.823 Million)

(\$10.823 Willion)

The 2025-2034 Capital Budget and Plan includes new projects as follows:

- \$6.151 million Homelessness, Addiction Recovery Treatment Hub to construct a new hub in the City of Toronto.
- \$1.841 million Electronic Medical Record (EMR) -Phase 4 Tuberculosis to implement the Intra health, Profile EMR solution to provide access to patient health records and retention for the Tuberculosis program.
- \$2.374 million Inspection Management Rabies for onboarding the Rabies program and build functionality including mobile use capabilities and an effective Organizational Change Management.
- \$0.457 million Mobile Dental Van in order to bring delivery care directly to vulnerable populations who may not have access to dental services, focusing service largely on adults aged 18-64, some youth (e.g., those staying in shelters), and select seniors (adjunct to longterm care homes).

Note:

For additional information, please refer to <u>Appendix 5</u> for a more detailed listing of the 2025 and 2026-2034 Capital Budget and Plan by project; <u>Appendix 7</u> for Capacity to Deliver Review; and <u>Appendix 8</u> for a Summary of Capital Delivery Constraints, <u>Appendix 9</u> for Capital Program Provincial/Federal Funding Streams by Projects, respectively.

2025 – 2034 CAPITAL BUDGET AND PLAN

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Aging Infrastructure	Service Improvement, Enhancement and Growth
\$3.3 M 20.8 %	\$12.7 M 79.2 %
Inspection Management Implementation	 Inspection Management – Rabies Electronic Medical Record – Phase 4 Tuberculosis Mobile Dental Van Homelessness, Addiction Recovery Treatment Hub Socio-Demographic Data Collection and Reporting

\$16.0 Million 10-Year Gross Capital Program

How the Capital Program is Funded

City of Toronto		Provincial Funding	Federal Funding
\$16.0M 100%		\$0M 0%	\$0M 0%
Debt	\$15.5M		
Reserve / Reserve Fund	\$0.5M		

OPERATING IMPACT OF COMPLETED CAPITAL PROJECTS

Approval of the 2025 Capital Budget will impact the 2027 Operating Budget by a total of \$7.137 million net arising from completing the Homelessness, Addiction Recovery Treatment Hub and Mobile Dental Van projects, as shown in Table 6 below.

Table 6: Net Operating Impact Summary

	2025	Budget	202	26 Plan	202	7 Plan	202	8 Plan	202	29 Plan	202	5-2029	202	5-2034
Projects	\$000s	Positions	\$000s	Positions	\$000s	Positions	\$000s	Positions	\$000s	Positions	\$000s	Positions	\$000s	Positions
Previously Approved														
Sub-Total: Previously Approved														
New Projects - 2025														
Homelessness, Addiction Recovery Treatment Hub					6,601.7	42.0	2,200.6				8,802.3	42.0	8,802.3	42.0
Mobile Dental Van					535.3	4.0					535.3	4.0	535.3	4.0
Electronic Medical Record - Phase 4 Tuberculosis							(13.2)	(1.0)			(13.2)	(1.0)	(13.2)	(1.0)
Sub-Total: New Projects - 2025					7,137.0	46.0	2,187.4	(1.0)			9,324.4	45.0	9,324.4	45.0
New Projects - Future Years														
Sub-Total: New Projects - Future Years														
Total (Net)					7,137.0	46.0	2,187.4	(1.0)			9,324.4	45.0	9,324.4	45.0

New projects

- The Homelessness, Addiction Recovery Treatment Hub project will be complete at the end of March 2027, with net operating costs of \$6.602 million in 2027, resulting from the operation of the treatment hub which requires addition of net 42.0 new positions. The estimated operating costs will likely be fully funded by other levels of government after full implementation in April 2027.
- The Mobile Dental Van project will be complete at the end of 2026, with net operating costs of \$0.535 million in 2027, arising from the delivery of dental services which requires addition of net 4.0 new positions. The estimated operating costs will likely be fully funded by other levels of government after full implementation in 2027.
- The Electronic Medical Record Phase 4 Tuberculosis project will be complete at the end of 2027, with a net decrease of \$0.013 million for reduction of net 1.0 position in 2028, resulting from operational efficiencies after absorbing staff and associated salaries and benefits required to administer and conduct maintenance of the Electronic Medical Records system.

Any future operating impacts will be reviewed each year and be considered as part of future year budget processes.

APPENDICES

2025 Operating Budget by Category

Category (In \$000s)	2022 Actual	2023 Actual	2024 Budget	2024 Projection*	2025 Budget	2025 Chan 2024 Bu	<u> </u>
	\$	\$	\$	\$	\$	\$	%
Provincial Subsidies	179,057.6	135,223.6	192,755.4	171,532.2	193,776.1	1,020.7	0.5%
Federal Subsidies	4,163.6	1,399.2	1,556.0	1,035.1	300.0	(1,256.0)	(80.7%)
User Fees & Donations	82.2	118.5	294.2	186.7	294.2		
Transfers From Capital	831.6	1,185.2	1,220.0	1,013.4	1,269.0	49.0	4.0%
Contribution From Reserves/Reserve Funds			2,600.2	2,600.2		(2,600.2)	(100.0%)
Sundry and Other Revenues	28,932.9	21,233.8	2,003.4	2,223.1	1,935.4	(68.0)	(3.4%)
Inter-Divisional Recoveries	3,318.9	4,446.4	5,295.4	4,516.0	5,295.4		
Total Revenues	216,386.8	163,606.8	205,724.7	183,106.6	202,870.1	(2,854.6)	(1.4%)
Salaries and Benefits	263,129.3	232,137.8	211,563.4	185,934.8	211,482.2	(81.2)	(0.0%)
Materials & Supplies	5,007.7	4,335.3	6,124.5	4,438.6	5,935.2	(189.4)	(3.1%)
Equipment	1,147.5	1,251.4	2,029.3	1,560.6	2,064.4	35.1	1.7%
Service and Rent	31,869.4	23,318.6	26,445.0	19,965.1	26,161.8	(283.2)	(1.1%)
Other Expenditures	26,834.5	18,764.6	22,333.1	21,890.3	26,653.5	4,320.4	19.3%
Inter-Divisional Charges	17,116.4	17,442.5	16,934.9	16,862.8	16,278.5	(656.3)	(3.9%)
Total Gross Expenditures	345,104.9	297,250.2	285,430.2	250,652.3	288,575.6	3,145.4	1.1%
Net Expenditures	128,718.0	133,643.4	79,705.5	67,545.6	85,705.5	6,000.0	7.5%

*Projection based on 9 Month Variance

Summary of 2025 Service Changes

Summary of 2025 New / Enhanced Service Priorities Included in Budget

Form ID	Agencies - Cluster		Adjustr	nents			
Category Equity Impact	Program - Toronto Public Health	Gross Expenditure	Revenue	Net	Approved Positions	2026 Plan Net Change	2027 Plan Net Change
34115	Expansion of Student Nutrition Program						

74 Positive Description:

On October 9, 2024, City Council adopted HL16.9, Critical Need For Universal Student Nutrition, which provided an overview of student nutrition programs in Toronto and presented a phased-in plan to implement a universal school food program in Toronto. On October 9, 2024, City Council also adopted EX17.1 Building a Universal Student Food Program in Toronto and requested staff to report back to Executive Committee on the financial and operational requirements to deliver student nutrition programs by January 2025 in the school communities that applied for the 2023-2024 or 2024-2025 school years, were deemed eligible, but did not receive funding as the 2024 SNP budget was fully committed to pre-existing programs. On December 10, 2024, Executive Committee adopted EX19.13 to provide one-time funding of \$2.6 million gross, \$0 net, to new school communities who applied for and met the eligibility criteria for Student Nutrition Programs (SNP) but did not receive funding as the 2024 SNP budget was fully committed to preexisting programs which will allow these new school communities to deliver a SNP from January to June 2025. This proposed change will provide ongoing funding for these newly added school communities and phase in the Universal Student Food Program in Toronto.

Service Level Impact:

For the 2024-2025 school year, there are 819 student nutrition programs receiving municipal funding towards the cost of nutritious food located in 620 school communities. Approximately 73 per cent of the public schools in Toronto have a community-based student nutrition program run locally by students, parents, and volunteers. Funding for student nutrition programs comes from the City of Toronto, the Province of Ontario, parent and student contributions, community and school board fundraising, and corporate donations. By the end of 2025, the Student Nutrition Program will expand to over 21,500 students including across 48 new school communities. There will be approximately 5,200 more students through increased enrollment in existing programs in 2025 from base fuding. The \$6M will provide permanent funding for 8,000 students in 23 school communities added in December 2024 and the program's expansion in 2025 to an additional 8,300 students in 25 additional school communities.

Equity Statement:

The Student Nutrition Program expansion budget proposal's overall equity impact is low positive. Low income residents' access to food will be positively impacted. An intersectional analysis reveals that youth from low income families will benefit most from universal access to a student nutrition program.

Summary: Staff Prepared New/Enhanced Service Priorities:	6,000.0	0.0	6,000.0	0.00	(1,000.0)	0.0
Staff Prepared New/Enhanced Service Priorities:	6,000.0	0.0	6,000.0	0.00	(1,000.0)	0.0
Total Staff Prepared Budget Changes:	1,020.0	0.0	1,020.0	0.00	(170.0)	0.0
Service: Family Health Total Staff Prepared Budget Changes: Service: Public Health Foundations	1,320.0	0.0	1,320.0	0.00	(220.0)	0.0
Service: Chronic Diseases & Injuries Total Staff Prepared Budget Changes:	3,660.0	0.0	3,660.0	0.00	(610.0)	0.0

Operating Program Provincial/Federal Funding Streams by Program

Program Name	Federal / Provincial	Bu	dget (in 000's	5)
	Provincial	2025	2026	2027
Cost-Shared Mandatory Programs	Provincial	153,545	155,081	155,465
Ontario Senior Dental Care Program	Provincial	18,299	18,299	18,299
Healthy Babies Healthy Children	Provincial	20,532	20,532	20,532
AIDS Bureau	Provincial	99	99	99
Methadone Program	Provincial	115	115	115
Supervised Consumption Services	Provincial	405		
Food Safety	Provincial	50	50	50
Associate Medical Officer of Health Compensation	Provincial	389	389	389
Sub-Total - Provincial Funding		193,433	194,564	194,948
Injectable Opioid Agonist Treatment	Federal	300		
Sub-Total - Federal Funding		300		
Total Funding		193,733	194,564	194,948

2025 Capital Budget; 2026 - 2034 Capital Plan Including Carry Forward Funding

Projects (In \$000s)	2025 Budget	2026 Plan	2027 Plan	2028 Plan	2029 Plan	2030 Plan	2031 Plan	2032 Plan	2033 Plan	2034 Plan	2025 - 2034 Total	Health & Safety & Legislated	SOGR	Growth & Improved Service
Electronic Medical Record - Phase 4 Tuberculosis	320	695	826								1,841			1,841
Inspection Management Implementation	3,329										3,329		3,329	
Homelessness, Addiction Recovery Treatment Hub		5,760	392								6,151			6,151
Socio-Demographic Data Collection and Reporting			449	667	732						1,848			1,848
Mobile Dental Van	183	274									457			457
Inspection Management - Rabies	298	2,076									2,374			2,374
Total Expenditures (including carry forward from 2024)	4,130	8,804	1,667	667	732						16,001		3,329	12,671

Appendix 5a

2025 Cash Flow and Future Year Commitments Including Carry Forward Funding

Projects (In \$000s)	2025 Budget	2026 Plan	2027 Plan	2028 Plan	2029 Plan	2030 Plan	2031 Plan	2032 Plan	2033 Plan	2034 Plan	Total 2025 Cash Flow & FY Commits	Previously Approved	Change in Scope	New w/ Future Year
Electronic Medical Record - Phase 4 Tuberculosis	320	695	826								1,841			1,841
Inspection Management Implementation	3,329										3,329	3,329		
Homelessness, Addiction Recovery Treatment Hub		5,760	392								6,151			6,151
Mobile Dental Van	183	274									457			457
Inspection Management - Rabies	298	2,076									2,374			2,374
Total Expenditures (including carry forward from 2024)	4,130	8,804	1,218								14,153	3,329		10,823

Appendix 5b

2026 - 2034 Capital Plan

Projects (In \$000s)	2026 Plan	2027 Plan	2028 Plan	2029 Plan	2030 Plan	2031 Plan	2032 Plan	2033 Plan	2034 Plan	2026 - 2034 Total	Health & Safety & Legislated	SOGR	Growth & Improved Service
Socio-Demographic Data Collection and Reporting		449	667	732						1,848			1,848
Total Expenditures		449	667	732						1,848			1,848

Reporting on Major Capital Projects: Status Update

Capacity to Deliver Review

The 10-year Plan has been developed with consideration of historically demonstrated capacity to deliver within any given year of a 10-year plan. In addition, a review was undertaking to ensure budgets align with the capacity available in the market to deliver on capital projects and assets.

The key component in determining an appropriate level of annual cash flow includes evaluating historical capacity to deliver by project categories (Chart 3 below) and assessing projected 2024 underspending that will be carried forward into the 2025 capital budget and plan.

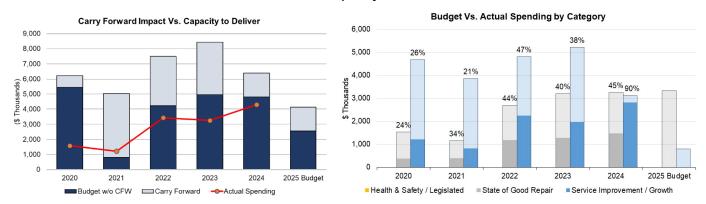


Chart 3 – Capacity to Deliver

Impact of Capacity to Deliver Review on the 10-Year Plan

Toronto Public Health's actual spending over the previous five years, from 2020 to 2024, has averaged \$2.757 million per year or 40% spend rate. The projected spending for 2024 as of the third quarter is \$4.295 million or 67% of the 2024 Capital Budget. Challenges in spending are mainly related to difficulty recruiting for project delivery.

Based on the review of historical capital spending and an assessment of capacity to deliver, \$1.570 million in capital spending originally cash allocated for 2024 has been deferred to 2025. Adjustments to the Capital Plan are noted below:

• Deferred of \$1.570 million for Inspection Management Implementation project as delays in hiring required contract resources.

Summary of Capital Delivery Constraints

Projects	Total Project	Non-Debt	Debt				Ca	sh Flow (n \$ Millio	ns)			
Frojecis	Cost	Funding	Required	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
NOT INCLUDED													
Digital Strategy	14,341		14,341						2,868	2,868	2,868	2,868	2,869
Total Delivery Constraints (Not Included)	14,341		14,341						2,868	2,868	2,868	2,868	2,869

• Digital Strategy project with total project cost of \$14.341 million from 2030 to 2034 will invest in digital technologies, cloud services, and adoption of new tools to improve business performance of Toronto Public Health services.

Capital Program Provincial/Federal Funding Streams by Project

Inflows and Outflows to/from Reserves and Reserve Funds <u>2025 Operating Budget</u>

Program Specific Reserve / Reserve Funds N/A

Corporate Reserve / Reserve Funds

Inflows and Outflows to/from Reserves and Reserve Funds

2025 - 2034 Capital Budget and Plan

Program Specific Reserve / Reserve Funds

Reserve / Reserve	Project / Sub Project					Contributio	ons / (With	drawals)				
Fund Name	Name and Number	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Total
(In \$000s)	Name and Number	Budget	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	TOLAI
XR1108	Beginning Balance	6,470.9	6,351.4	6,139.6	6,201.0	6,263.0	6,325.6	6,388.9	6,452.8	6,517.3	6,582.5	
Public Health	Withdrawals (-)											
	Mobile Dental Van											
	Capital Project	(\$183.3)	(\$274.0)									(\$457.3)
	Total Withdrawals	(\$183.3)	(\$274.0)									(\$457.3)
	Contributions (+)											
	Total Contributions											
	Interest Income	63.8	62.1	61.4	62.0	62.6	63.3	63.9	64.5	65.2	65.8	634.6
Balance at Year-En	ld	6,351.4	6,139.6	6,201.0	6,263.0	6,325.6	6,388.9	6,452.8	6,517.3	6,582.5	6,648.3	

Reserve / Reserve	Project / Sub Project					Contributio	ons / (With	drawals)				
Fund Name	Name and Number	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Total
(In \$000s)	Nume and Number	Budget	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	I Otal
XR2123	Beginning Balance	3,446.8	3,481.3	3,516.1	3,551.2	3,586.8	3,622.6	3,658.8	3,695.4	3,732.4	3,769.7	
Dev Charges RF -	Withdrawals (-)											
Health	Total Withdrawals											
	Contributions (+)											
	Total Contributions											
	Interest Income	34.5	34.8	35.2	35.5	35.9	36.2	36.6	37.0	37.3	37.7	360.6
Balance at Year-En	ld	3,481.3	3,516.1	3,551.2	3,586.8	3,622.6	3,658.8	3,695.4	3,732.4	3,769.7	3,807.4	

Corporate Reserve / Reserve Funds

Glossary

Approved Position: Permanent or temporary positions that support the delivery of City services and service levels in annual budget.

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

Capital Budget and Plan: A Capital Budget and Plan is the City's 10-year strategy to acquire/build assets or extend the useful lives of existing assets. The Capital Budget is the first year of approved cash flows and future year's commitments and the remaining nine years include project estimates.

Capital Delivery 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 Service Priorities: 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 provide services.

Operating Impact of Completed Capital Projects: The Operating Budget Impact of Capital is the change in operating expenditure and / or revenue, which is projected to occur during the implementation of a capital project and / or when a capital project is completed. These changes should be documented on a Business Case Form in the appropriate category.

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

Salary and Benefits Adjustment: General increases related to contractual obligations, such as cost of living, step increases, pay for performance and progression pay.

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

Tax Supported Budget: Budget funded by property taxes.

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

Board Approved Vs. City Staff Prepared Budget 2025 Operating Budget – Board Approved Vs. City Staff Prepared Budget

		City Staff	Differe	nce
\$ Millions	Board Approved	Prepared Budget	\$	%
Revenues	203.0	202.9	(0.1)	-0.1%
Gross Expenditures	285.9	288.6	2.7	0.9%
Net Expenditures	82.9	85.7	2.8	3.3%
Approved Positions	1,908.0	1,884.4	(23.7)	-1.3%

- At its meeting on September 9, 2024, the Board of Health approved a 2025 Operating Budget submission of \$285.9 million gross and \$82.9 million net for Toronto Public Health. Attached is the link to the report and decision: <u>Agenda</u> <u>Item History 2024.HL16.2 (toronto.ca)</u>
- As shown in the table above, the City Staff Prepared Operating Budget of \$288.6 million gross and \$85.7 million net is greater than the Board Approved 2025 Operating Budget for Toronto Public Health by \$2.7 million gross and \$2.8 million net. The differences are attributable to the following:
 - Increase in Student Nutrition Program (\$6.0 million gross and net), partially offset by
 - Reduction for elimination of Supervised Consumption Services effective March 31, 2025, when provincial funding is expected to end and new legislation comes in place (\$1.2 million gross and net, 12.6 positions).
 - Reduction for elimination of Injectable Opioid Agonist Treatment program effective March 31, 2025, when federal funding is expected to end (\$1.1 million gross and net, 7.0 positions).
 - Reduction in Inter-divisional charges due mainly to Toronto Public Health vacating 277 Victoria Street (\$0.7 million gross and net).
 - Technical adjustments decrease (\$0.3 million gross, \$0.1 million net, 4.1 positions).

2025-2034 Capital Budget and Plan – Board Approved Vs. City Staff Prepared Budget

		City Staff	Difference	
\$ Millions	Board Approved	Prepared Budget	\$	%
2025				
Gross Expenditures	4.0	4.1	0.1	3.3%
Debt	3.8	3.9	0.1	3.4%
2026-2034				
Gross Expenditures	20.0	11.9	(8.1)	-68.3%
Debt	19.7	11.6	(8.1)	-69.9%
Total				
Gross Expenditures	24.0	16.0	(8.0)	-49.8%
Debt	23.5	15.5	(8.0)	-51.3%

• At the same meeting, the Board of Health approved the 2025-2034 Capital Budget and Plan submission for Toronto Public Health totalling \$24.0 million over the 10-year period. Attached is the link to the report and decision: <u>Agenda</u> <u>Item History - 2024.HL16.3 (toronto.ca)</u>

 As shown in the chart above, the decrease of \$8.0 million in cash flow funding is mainly due to removing multiple future years information technology projects and adding a new project for the Homelessness Addiction Recovery Treatment Hub as part of the prioritization.