

Toronto 2018 BUDGET



OPERATING BUDGET NOTES



Toronto Public Health

2018 OPERATING BUDGET OVERVIEW

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

2018 Budget Summary

The total cost to deliver these services to Toronto residents is \$247.119 million gross and \$60.806 million net as shown below:

(in \$000's)	2017 Budget	2018 Preliminary Budget	Change	
			\$	%
Gross Expenditures	246,496.2	247,119.9	623.7	0.3%
Revenues	185,669.3	186,313.6	644.3	0.3%
Net Expenditures	60,826.9	60,806.3	(20.6)	(0.0%)

For 2018, TPH identified \$1.267 million in opening budget pressures arising from the annualized impacts of new & enhanced priorities approved in 2017, salaries & benefits and inflationary increases applied to contracts. TPH was able to more than offset the opening pressures through expenditure reductions, service efficiencies and revenue increases. The 2018 Budget includes new funding for the Adult Ontario Works Dental Services, fully funded by the Province.

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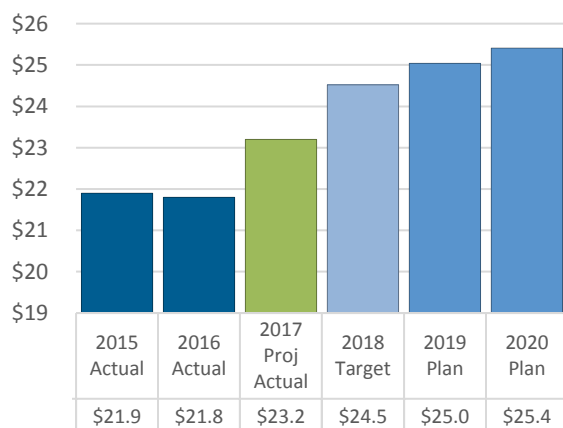
FAST FACTS

- Toronto Public Health is one of 36 public health units funded by the Ministry of Health and Long Term Care (MOHLTC).
- The average lifespan of Canadians has increased by more than 30 years since 1900s, from an average life span of 65 years in 1970, to over 85 years in 2010. 25 out of the 30 year gain in life expectancy are attributable to advances in public health.
- The Return on Investment (ROI) in Public Health services is considerably high, as an example, every \$1 invested in Mental Health & Addictions saves \$30 million in lost productivity and social costs and \$1 invested in immunizing children saves \$16 in health care costs.

TRENDS

- Since 2015, the amount of funding for 100% provincially funded programs has increased from \$49.0 million to \$51.5 million in 2017. The increase is due to the addition of new programs like Harm Reduction Program Enhancement, Smoke Free Ontario and Healthy Smiles Ontario.
- With the City's increased investment in the 100% municipally funded Student Nutrition Program, the municipal cost per person for Public Health has also gradually increased from \$21.90 in 2015 to \$23.20 in 2017 and is projected to further increase in future years.

Municipal Cost per Person for Public Health Services



KEY SERVICE DELIVERABLES FOR 2018

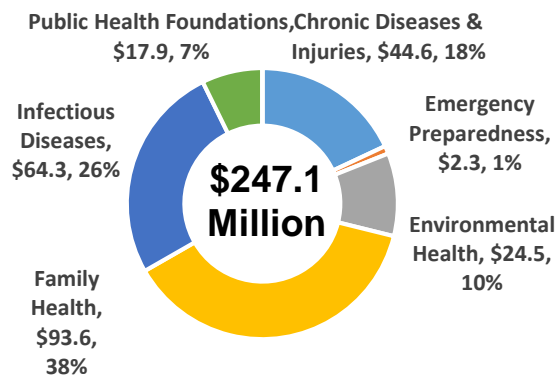
Toronto Public Health offers a diverse range of public health programs and services to Torontonians as per its legislated mandate.

The 2018 Preliminary Operating Budget will enable TPH to continue to:

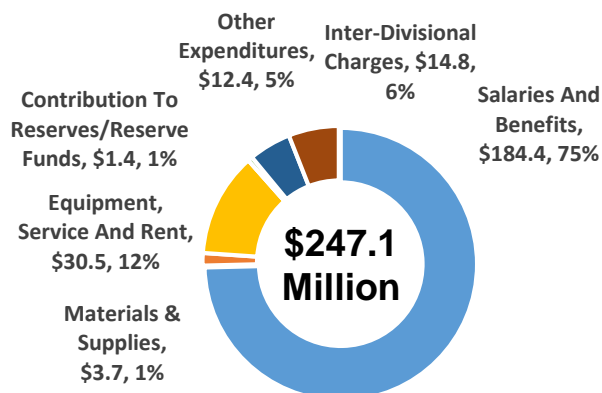
- Collect, assess, monitor and report data for deaths in the homeless population.
- Conduct 100% of mandatory annual tobacco vendor Display and Promotion inspections, bi-annual Youth Access inspections, and annual secondary school inspections (SFOA)
- Inspect 3,800 critical and semi-critical personal services settings (PSS) and 1,000 licensed child care facilities.
- Provide case management for 100% of all TB cases for the 6-24 months required for cure, to prevent further spread and development of drug resistance.
- Investigate and provide follow up for over 16,000 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV.
- Inspect 16,227 food premises and receive and respond within 24 hours to reports of suspected and confirmed blood-borne illness or outbreaks, unsafe food handling practices, food recalls, adulteration, consumer complaints and food-related issues.
- Update TPH Emergency Plan, Risk Specific Plans and Supporting Documents.
- Deliver 65,000 educational sessions to improve families' knowledge in healthy pregnancy, positive parenting, healthy eating and breastfeeding to enable children and parents to attain and sustain optimal health and development.
- Assess 100% of immunization records for grades 2, 3, 4, 10, 11 and 12 students.
- Provide dental care to 17,000 children and youth, 4,000 adults and 9,400 seniors.

Where the money goes:

2018 Budget by Service

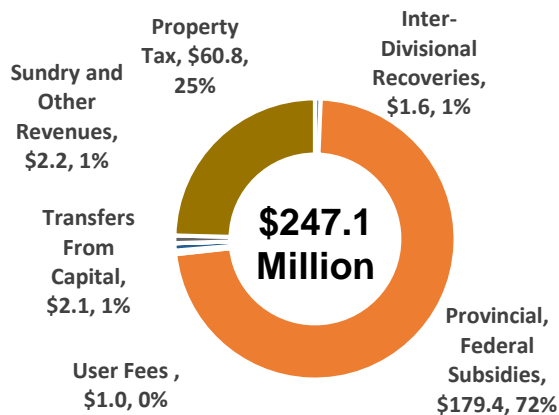


2018 Budget by Expenditure Category



Where the money comes from:

2018 Budget by Funding Source



OUR KEY ISSUES & PRIORITY ACTIONS

- **Increased demand for health related education** due to increased legislative requirements (including the new federal legislation for Cannabis in Canada, effective July 2018) is a challenge for Toronto Public Health.
 - ✓ Collaborate with schools and post-secondary institutions to enhance knowledge and awareness of Cannabis legislation and health impacts for youth and young adults.
 - ✓ Integrate the Child Friendly Policy Framework across City Divisions to proactively embed a 'child lens' into the development of new municipal healthy public policies going forward.
 - ✓ Develop new and strengthen existing partnerships with other city divisions to implement innovative cross-city initiatives to improve the determinants of health.
 - ✓ The 2018 Preliminary Operating Budget includes base funding of \$0.400 million for the implementation of the Toronto Overdose Plan.

2018 OPERATING BUDGET HIGHLIGHTS

- The 2018 Preliminary Operating Budget for Toronto Public Health is \$247.120 million gross and \$60.806 million net representing a decrease of \$0.021 million as compared to the 2017 Approved Operating Budget. Savings were identified through the following measures:
 - ✓ Base expenditure reductions (\$0.059 million).
 - ✓ Revenue changes (\$0.021 million).
 - ✓ Efficiency savings (\$0.124 million).
 - ✓ Service Adjustments (\$0.006 million).
- Staff complement of 1,855.9 positions is maintained at the 2017 level.
- New and enhanced funding (\$0.101 million gross & \$0 net) for Adult Ontario Works Dental is included.
- The 2018 Preliminary Operating Budget provides funding for:
 - ✓ Creation of healthy environments to reduce the risk of chronic diseases and injuries.
 - ✓ Emergency Preparedness and Family Health.
 - ✓ Prevention and control of communicable diseases.

Actions for Consideration

Approval of the 2018 Preliminary Budget as presented in these notes requires that:

1. City Council approve the 2018 Preliminary Operating Budget for Toronto Public Health of \$247.120 million gross, \$60.806 million net for the following services:

<u>Service:</u>	<u>Gross (\$000s)</u>	<u>Net (\$000s)</u>
Chronic Diseases & Injuries:	44,554.1	12,969.4
Emergency Preparedness:	2,328.6	570.3
Environmental Health:	24,454.7	5,563.0
Family Health:	93,551.0	20,608.3
Infectious Diseases:	64,307.8	13,961.7
Public Health Foundations:	17,923.9	7,133.5
Total Program Budget	<u>247,119.9</u>	<u>60,806.3</u>

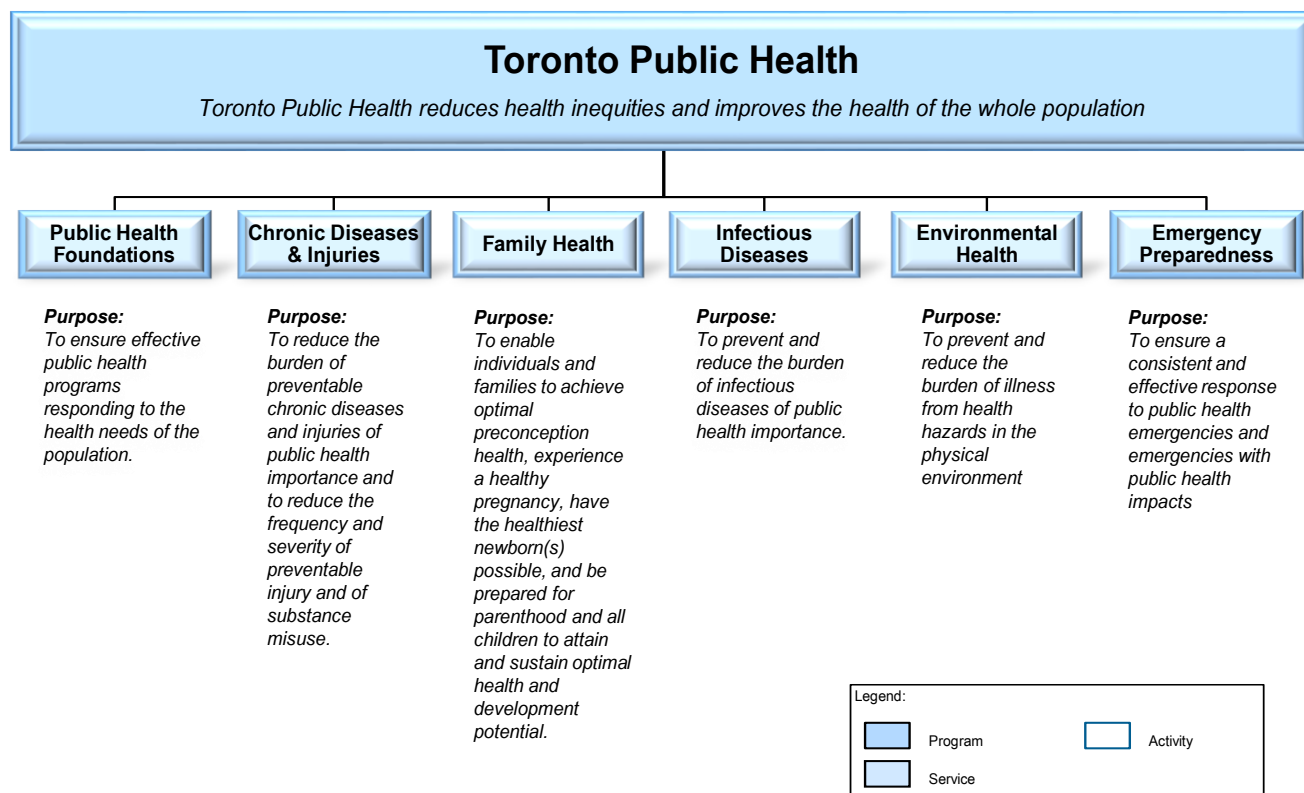
2. City Council approve the 2018 service levels for Toronto Public Health as outlined on pages 16, 20, 23, 28, 33-35 and 40 of this report, and associated staff complement of 1855.9 positions, comprising 1,831.9 operating service delivery positions and 24.0 capital project delivery positions.
3. City Council direct that the information contained in the Confidential Attachment I, remain confidential until the outcome of City Council's decision has been communicated to Unions and the affected staff.



Part 1

2018 - 2020 Service Overview and Plan

Program Map



Service Customer

Public Health Foundations	Chronic Diseases & Injuries	Family Health	Environmental Health	Emergency Preparedness
<ul style="list-style-type: none"> Residents (Children, Youth, Adults & Seniors) Employers Community Agencies & Organizations Educational Institutes 	<ul style="list-style-type: none"> Residents (Children, Youth, Adults & Seniors) Employers Community Agencies & Organizations Educational Institutes 	<ul style="list-style-type: none"> Children ages 0 to 6 Pregnant women Parents and Guardians Community Agencies & Organizations Caregivers Youth and adults in their childbearing years 	<ul style="list-style-type: none"> Residents Food & Water consumers Health Hazard Violators Drinking and Recreational Water Operators Recreational Water Users 	<ul style="list-style-type: none"> Emergency Victims Residents Emergency Response Agencies Community Partners
Indirect (Beneficiary) <ul style="list-style-type: none"> Residents & Families City and Agency Staff Neighbourhoods 	Indirect (Beneficiary) <ul style="list-style-type: none"> Residents & Families City and Agency Staff Neighbourhoods 	Indirect (Beneficiary) <ul style="list-style-type: none"> Residents & Families Partners of Pregnant women Neighbourhoods Health Care Providers 	Indirect (Beneficiary) <ul style="list-style-type: none"> General Public Neighbourhoods Health Care Providers 	Indirect (Beneficiary) <ul style="list-style-type: none"> General Public TPH Staff Staff – City Divisions and Agencies Health Care Providers
Infectious Diseases <ul style="list-style-type: none"> Individuals with known or suspected reportable infectious disease Individuals at-risk of reportable infectious disease Individuals at-risk for vaccine preventable disease Hospitals, Long-Term homes, Retirement Homes, Correction Facilities Community Partners 		<ul style="list-style-type: none"> Licensed Day Nursery Operators Funeral Home Operators Local Public Health Agencies (across Ontario) Toronto Police, Toronto Paramedic Services and Toronto Fire Youth and adults in their childbearing years Operators of Personal Services (tattoo parlours, barber shops/salons, acupuncturists, etc.) 	Indirect (Beneficiary) <ul style="list-style-type: none"> General Public Youth Parents and Guardians Health Care Providers School Boards Ministry of Health & Long-Term Care Media 	

Table 1
2018 Preliminary Operating Budget and Plan by Service

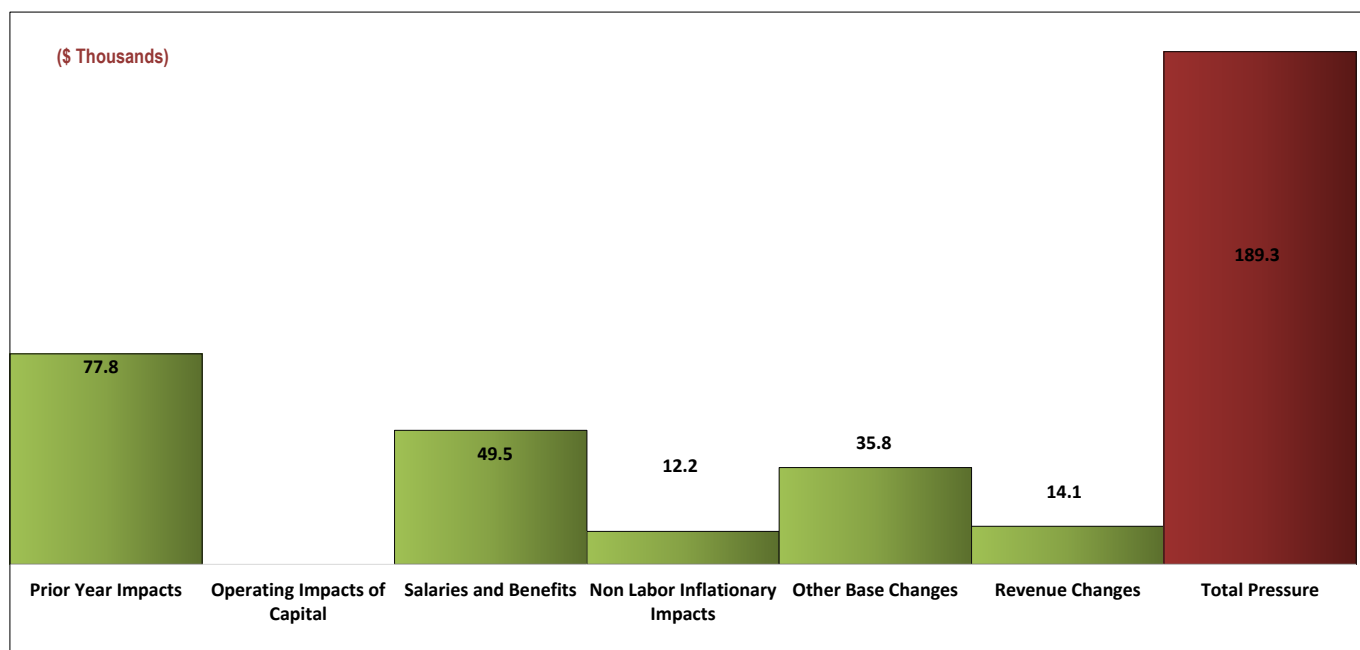
(In \$000s)	2017		2018 Preliminary Operating Budget			2018		Incremental Change			
	Budget	Projected Actual	Base	New/Enhanced	Total Budget	Preliminary vs. 2017 Budget		2019 Plan		2020 Plan	
By Service	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
Chronic Diseases & Injuries											
Gross Expenditures	44,204.8	43,261.4	44,554.1	0.0	44,554.1	349.3	0.8%	740.3	1.7%	278.7	0.6%
Revenue	31,219.7	30,421.6	31,584.6	0.0	31,584.6	364.9	1.2%	498.1	1.6%	50.7	0.2%
Net Expenditures	12,985.1	12,839.9	12,969.4	0.0	12,969.4	(15.7)	(0.1%)	242.2	1.9%	227.9	1.7%
Emergency Preparedness											
Gross Expenditures	2,376.5	2,325.7	2,328.6	0.0	2,328.6	(47.9)	(2.0%)	23.7	1.0%	17.0	0.7%
Revenue	1,796.0	1,750.1	1,758.2	0.0	1,758.2	(37.8)	(2.1%)	19.5	1.1%	10.6	0.6%
Net Expenditures	580.5	575.7	570.3	0.0	570.3	(10.1)	(1.7%)	4.2	0.7%	6.4	1.1%
Environmental Health											
Gross Expenditures	24,342.8	23,823.3	24,454.7	0.0	24,454.7	111.9	0.5%	249.7	1.0%	559.2	2.3%
Revenue	18,780.3	18,300.2	18,891.6	0.0	18,891.6	111.4	0.6%	167.8	0.9%	524.1	2.7%
Net Expenditures	5,562.5	5,523.1	5,563.0	0.0	5,563.0	0.5	0.0%	82.0	1.5%	35.1	0.6%
Family Health											
Gross Expenditures	93,943.7	91,938.8	93,450.5	100.5	93,551.0	(392.7)	(0.4%)	1,219.7	1.3%	966.6	1.0%
Revenue	73,226.9	71,354.9	72,842.2	100.5	72,942.7	(284.3)	(0.4%)	766.6	1.1%	591.0	0.8%
Net Expenditures	20,716.7	20,584.0	20,608.3	0.0	20,608.3	(108.4)	(0.5%)	453.1	2.2%	375.6	1.8%
Infectious Diseases											
Gross Expenditures	64,211.0	62,840.6	64,307.8	0.0	64,307.8	96.8	0.2%	1,164.0	1.8%	34.8	0.1%
Revenue	50,334.4	49,047.6	50,346.0	0.0	50,346.0	11.7	0.0%	961.1	1.9%	(98.2)	(0.2%)
Net Expenditures	13,876.6	13,793.1	13,961.7	0.0	13,961.7	85.1	0.6%	202.9	1.5%	133.0	0.9%
Public Health Foundations											
Gross Expenditures	17,417.5	17,045.8	17,923.9	0.0	17,923.9	506.4	2.9%	381.8	2.1%	428.3	2.3%
Revenue	10,312.0	10,048.4	10,790.4	0.0	10,790.4	478.4	4.6%	180.9	1.7%	237.4	2.2%
Net Expenditures	7,105.5	6,997.4	7,133.5	0.0	7,133.5	28.0	0.4%	200.9	2.8%	190.9	2.6%
Total											
Gross Expenditures	246,496.2	241,235.8	247,019.4	100.5	247,119.9	623.7	0.3%	3,779.2	1.5%	2,284.4	0.9%
Revenue	185,669.3	180,922.6	186,213.1	100.5	186,313.6	644.3	0.3%	2,594.0	1.4%	1,315.6	0.7%
Total Net Expenditures	60,826.9	60,313.2	60,806.3	0.0	60,806.3	(20.6)	(0.0%)	1,185.2	1.9%	968.8	1.6%
Approved Positions	1,855.9	1,773.0	1,854.9	1.0	1,855.9	0.0		(1.0)	(0.1%)		

The Toronto Public Health's 2018 Preliminary Operating Budget is \$247.120 million gross and \$60.806 million net, representing a 0% change to the 2017 Approved Net Operating Budget and is in line with the reduction target of 0% as set out in the 2018 Operating Budget Directions approved by Council.

- Base pressures are mainly attributable to inflationary cost increases in salary and benefits and non-salary accounts such as Sexual Health Clinics and Toronto Urban Health Fund.
- To help mitigate the above pressures, the Program was able to achieve service efficiency savings through realignment of divisional resources, streamlining of business processes and service adjustments with minimal impact on service levels. In addition, the Program achieved additional savings resulting from a thorough review and adjustment of budgeted expenditures to actual experience.
- The 2018 Preliminary Operating Budget includes one new service for the Adult Ontario Works Dental with an increase of 1 permanent Dental Hygienist position, fully funded by the Province.
- Approval of the 2018 Preliminary Operating Budget will maintain Toronto Public Health total staff complement at 1,855.9 positions.
- The 2019 and 2020 Plan increases are attributable to known salary and benefit increases and Student Nutrition Program cost of food increase.

The following graphs summarize the operating budget pressures for Toronto Public Health and the actions taken to offset/reduce these pressures to meet the budget reduction target.

Key Cost Drivers



Actions to Achieve Budget Reduction Target

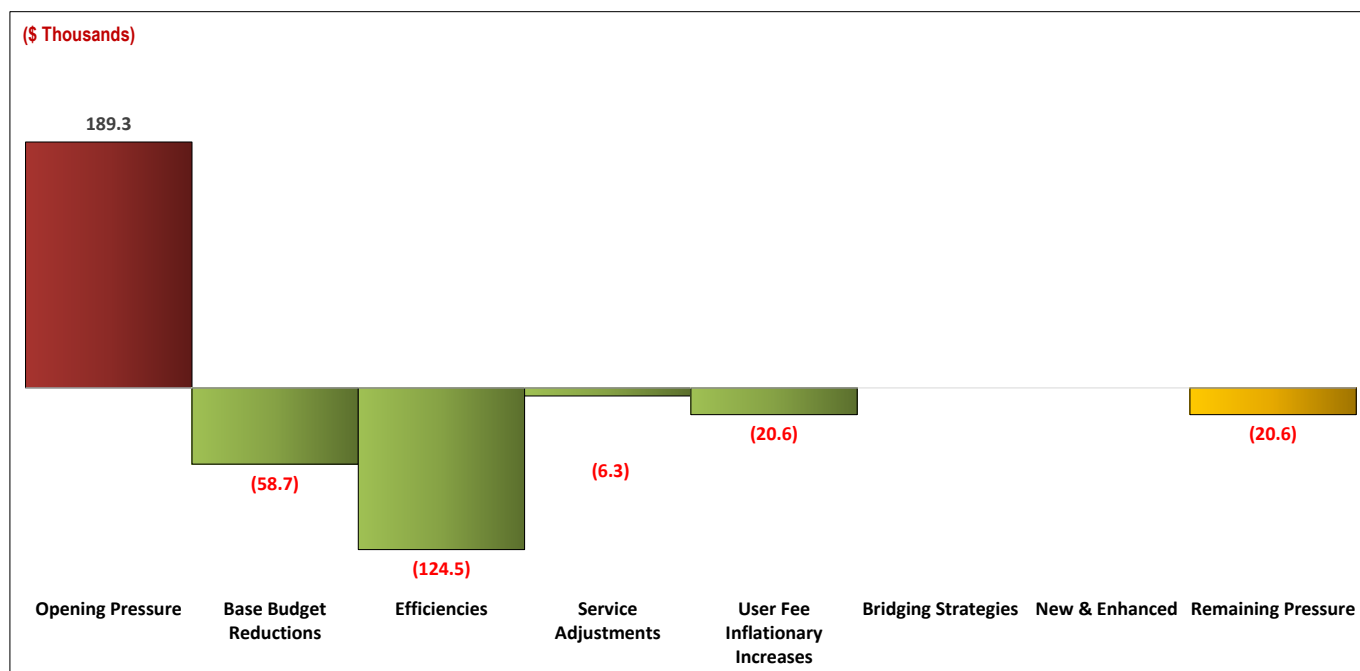


Table 2
Key Cost Drivers

(In \$000s)	2018 Base Operating Budget						Total	
	Chronic Disease & Injuries	Emergency Preparedness	Environmental Health	Family Health	Infectious Diseases	Public Health Foundations		
	\$	\$	\$	\$	\$	\$	\$	Position
Gross Expenditure Changes								
Prior Year Impacts								
1 Reversal of One-Time Funding for Infant Hearing				(417.1)			(417.1)	
2 Reversal of One-Time Funding for the Needs-Based Health Assessment Program						(75.0)	(75.0)	
3 Reversal of One-Time Funding for Infant Hearing Middle Ear Analyzer				(15.1)			(15.1)	
<i>Annualization of New Initiatives Approved in 2017</i>								
5 Community Food Works Newcomer Settlement	13.2		2.2			6.6	22.0	
6 Infant Hearing Base Increase				166.5			166.5	
7 Supervised Injection Services						450.4	450.4	
8 Healthy Apartment Neighbourhoods	509.2						509.2	
9 Immunization of Schools Pupils Act (ISPA)					185.7		185.7	
10 Health Hazard and Food Safety		4.5	69.6		15.7		89.7	
11 Overdose Response Prevention					89.6		89.6	
12 Efficiencies resulting from completion of Healthy Environments (HE) Mobile Inspection capital project.		(3.5)	(66.3)				(69.8)	
13 Efficiencies resulting from completion of CDC Wireless capital project					(27.9)		(27.9)	
Capital Project Delivery								
14 Temporary Positions for Capital Project Delivery	15.8	(8.8)	89.2	229.8	(95.0)	(22.3)	208.7	6.9
Salaries and Benefits								
15 COLA, Progression Pay, Step Increases and Benefits	118.5	(20.9)	79.4	(94.8)	160.8	100.3	343.3	(3.0)
Economic Factors								
Utilities	0.7	0.0	0.4	0.9	1.1	0.2	3.3	
16 Rental Increases for Leased Facilities	9.5	0.5	5.9	11.8	14.5	3.2	45.4	
Other Base Expenditure Changes								
17 Toronto Urban Health Food Inflation (1%)	17.5			8.7	8.7		34.9	
18 Sexual Health Clinics Service Contracts (1.25%)					30.0		30.0	
19 Dental Street Youth & Low Income Adults (1.25%)						1.0	1.0	
20 Contribution to Fleet Reserve for Vehicle Replacements	10.5	0.5	6.5	13.0	16.0	3.5	50.0	
21 Realignment of Budget between Cost Elements	(17.8)	7.5	42.5	(126.6)	(6.5)	100.8	(0.0)	
22 Adjustment to 100% Funded Programs	(78.8)	(0.1)	(24.6)	(89.1)	(209.7)	(12.2)	(414.5)	
23 Community Food Works Newcomer Settlement Award						22.3	22.3	
24 Allocation to Insurance Reserve Allocation								
25 Interdivisional Charges	6.7	0.5	(0.7)	2.6	10.2	1.4	20.6	
Food Handling Training Increase			14.2				14.2	
Total Gross Expenditure Changes	605.0	(19.8)	218.2	(309.4)	193.3	580.1	1,267.4	3.9
Revenue Changes								
Prior Year Impacts								
1 Reversal of One-Time Revenue for Infant Hearing				(417.1)			(417.1)	
2 Reversal of One-Time Revenue for a Needs-Based Health Assessment Program						(75.0)	(75.0)	
3 Reversal of One-Time Revenue for Infant Hearing Middle Ear Analyzer				(15.1)			(15.1)	
<i>Annualization of New Initiatives Approved in 2017</i>								
5 Community Food Works Newcomer Settlement	13.2		2.2			6.6	22.0	
6 Infant Hearing Base Increase				166.5			166.5	
7 Supervised Injection Services						450.4	450.4	
8 Healthy Apartment Neighbourhoods	509.2						509.2	
9 Immunization of Schools Pupils Act (ISPA)					139.3		139.3	
10 Health Hazard and Food Safety		3.4	52.2		11.8		67.3	
11 Overdose Response Prevention					67.2		67.2	
12 Efficiencies resulting from completion of Healthy Environments (HE) Mobile Inspection capital project.		(2.6)	(49.7)				(52.3)	
13 Efficiencies resulting from completion of CDC Wireless capital project					(20.9)		(20.9)	
Reversal of One-Time Reserve Funding for One-on-One Time Mentoring Program	(20.0)			(13.4)			(33.4)	
Annualization of Fleet Savings Allocation from Imp. of Alternative Service Delivery (ASD)	(0.3)	(0.0)	(0.2)	(0.4)	(0.5)	(0.1)	(1.4)	
Annualization of Insurance Reserve Allocation	5.0	0.2	3.1	6.2	7.7	1.7	23.9	
Capital Project Delivery								
14 Temporary Positions for Capital Project Delivery	15.8	(8.8)	89.2	229.8	(95.0)	(22.3)	208.7	
Salaries and Benefits								
15 COLA, Progression Pay, Step Increases and Benefits	91.7	(15.5)	57.3	(49.0)	128.8	80.5	293.8	
Economic Factors								
Provincial Revenue Allocation for Corporate Inflation	1.3	0.1	0.8	1.6	2.0	0.4	6.1	
16 Rental Increases for Leased Facilities - Provincial Share	7.1	0.3	4.4	8.8	10.9	2.4	34.0	
Revenue Change to Reflect Fair Hydro Plan	(0.8)	(0.0)	(0.5)	(1.0)	(1.2)	(0.3)	(3.7)	
Base Revenue Changes								
17 Toronto Urban Health Food Inflation	13.1			6.6	6.6		26.2	
18 Sexual Health Clinics Service Contracts					22.5		22.5	
19 Dental Street Youth & Low Income Adults			4.9				4.9	
20 Contribution to Fleet Reserve for Vehicle Replacements	7.9	0.4		9.8	12.0	2.6	32.6	
21 Realignment of Budget between Cost Elements	(13.3)	5.6	31.9	(94.9)	(4.9)	75.6	0.0	
22 Revenue Adjustment to 100% Funded Programs	(78.2)	(0.1)	(24.6)	(89.7)	(209.7)	(12.2)	(414.5)	
23 Community Food Works Newcomer Settlement Award						22.3	22.3	
24 Provincial Cost Share for Contribution to Reserve								
25 Interdivisional Recoveries	5.0	0.4	(0.6)	1.1	7.7	1.0	14.6	
Total Revenue Changes	556.8	(16.7)	170.5	(250.3)	84.1	533.7	1,078.1	
Net Expenditure Changes	48.2	(3.1)	47.8	(59.1)	109.1	46.4	189.3	3.9

Key cost drivers for Toronto Public Health are discussed below:

Gross Expenditure Changes

- Prior Year Impacts:
 - Annualization of costs from the initiatives approved in 2017 such as ISPA, Health Hazard, Food Safety and Overdose Response initiatives will result in a pressure of \$0.091 million.
 - Annualization of the efficiencies implemented part way in 2017 from completed capital projects will result in savings of \$0.024 million.
 - Reversal of one time funding from the Tax Stabilization Reserve Fund approved by Council for the One-on-One Mentoring program creates a pressure of \$0.033 million.
- Salaries and Benefits
 - The inflationary salary and benefit increases for negotiated agreements will add a pressure of \$0.050 million.
- Economic Factors:
 - Inflationary increases applied to the contractual lease agreements will create a net pressure of 0.012 million.

Other Base Changes

- Inflationary adjustments applied to several programming areas such as, Toronto Urban Health Foundation (1%), Sexual Health Clinic (1.25%) and Dental Youth and Low Income Program (1.25%) will result in a pressure of \$ 0.017 million.

Revenue Changes

- Provincial revenue allocation for inflationary adjustments will provide budget relief of \$0.006 million.

In order to achieve the budget reduction target, the 2018 service changes for Toronto Public Health's 2018 Preliminary Operating Budget include base expenditure savings of \$0.059 million net, base revenue savings of \$0.021 million net, service efficiency savings of \$0.124 million net and service adjustments within the Program's baseline standards of \$0.006 million net, for a total of \$0.210 million net, as detailed below.

Table 3
Actions to Achieve Budget Reduction Target
2018 Preliminary Service Change Summary

Description (\$000s)	Service Changes												Total Service Changes			Incremental Change		
	Chronic Disease & Injuries		Emergency Preparedness		Environmental Health		Family Health		Infectious Diseases		Public Health Foundations		\$	\$	#	2019 Plan		2020 Plan
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Pos.	Net	Pos.	Net
Base Changes:																		
Base Expenditure Changes																		
Line by Line Review	(32.4)	(8.1)	(10.5)	(2.6)	(85.7)	(21.4)	(17.3)	(7.6)	(71.7)	(17.9)	(3.8)	(1.0)	(221.4)	(58.6)				
Base Expenditure Change	(32.4)	(8.1)	(10.5)	(2.6)	(85.7)	(21.4)	(17.3)	(7.6)	(71.7)	(17.9)	(3.8)	(1.0)	(221.4)	(58.6)				
Base Revenue Changes																		
User Fee Inflationary Increases						(20.6)								(20.6)				
Base Revenue Change						(20.6)								(20.6)				
Sub-Total	(32.4)	(8.1)	(10.5)	(2.6)	(85.7)	(42.0)	(17.3)	(7.6)	(71.7)	(17.9)	(3.8)	(1.0)	(221.4)	(79.2)				
Service Efficiencies																		
Realignment of Program Resources	(25.9)	(6.5)	(1.6)	(0.4)	(20.7)	(5.2)	(16.8)	(4.2)	(20.7)	(5.2)	(9.8)	(2.4)	(95.5)	(23.8)	(0.9)			
Management Positions Realignment	(54.2)	(13.5)	(16.0)	(4.0)			(54.2)	(13.5)	(4.0)	(1.0)	(60.2)	(15.0)	(188.6)	(47.1)	(2.0)	(16.4)		
Operational and Support Efficiencies	(128.3)	(32.1)					(85.5)	(21.4)					(213.8)	(53.4)	(2.0)			
Sub-Total	(208.4)	(52.1)	(17.6)	(4.4)	(20.7)	(5.2)	(156.5)	(39.1)	(24.7)	(6.2)	(69.9)	(17.4)	(497.9)	(124.4)	(4.9)	(16.4)		
Service Adjustments																		
Ambassador Program Funding Reduction	(15.0)	(3.8)					(10.0)	(2.5)					(25.0)	(6.3)		(6.3)		
Sub-Total	(15.0)	(3.8)					(10.0)	(2.5)					(25.0)	(6.3)		(6.3)		
Total Changes	(255.8)	(63.9)	(28.1)	(7.0)	(106.4)	(47.2)	(183.8)	(49.2)	(96.5)	(24.1)	(73.7)	(18.4)	(744.2)	(209.9)	(4.9)	(22.7)		

Toronto Public Health has been able to achieve the budget target by taking the following measures:

Base Expenditure Changes (Savings of \$0.221 million gross & \$0.059 million net)

Line by Line Review:

- Review of budgeted expenditures and realignment to the actual experience will result in savings of \$0.059 million net.

Base Revenue Changes (Savings of \$0.021 million net)

User Fee Inflationary Increases

- Inflationary increases in user fees will provide savings of \$0.021 million.

Service Efficiencies (Savings of \$0.498 million gross & \$0.124 million net)

Realignment of Program Resources:

- TPH has identified efficiencies from the realignment of program staffing that will result in savings of \$0.024 million net and will have no impact on 2018 service levels. Please refer to the Confidential Attachment 1 under separate cover.

Management Positions Realignment:

- Savings of \$0.047 million net will be realized from a realignment of management positions. Please refer to the Confidential Attachment 1 under separate cover.

Operational and Support Efficiencies:

- TPH has identified service efficiencies that will result in savings of \$0.214 million gross and \$0.053 million net with no impact on 2018 service levels. Please refer to the Confidential Attachment 1 under separate cover.

Service Adjustments (Savings of \$0.025 million gross & \$0.006 million net)

Ambassador Program Funding Reduction

- Savings of \$0.025 million gross and \$0.006 million net will be realized through the elimination of funding for contracted services related to the Ambassador Program.
 - The Ambassador Program supports 10-15 youths annually to obtain high school credits while supporting them in learning life-skills and sharing their stories to help prevent younger youth from engaging in risk behavior. This Program is managed by Pape Adolescent Resource Centre (PARC) which is a joint program of the Children's Aid societies.
 - TPH has been a partner by contributing \$0.050 million annually of which \$0.030 million is allocated towards the Program Coordinator's salary, \$0.010 million toward student travel (TTC tokens and passes), and \$0.010 million towards student honoraria.
 - Funding for this non-mandated program will end on June 28, 2018 to coincide with the end of current school year to minimize any disruptions during the school year. Annualized savings for 2018 will be \$0.025 million gross and \$0.006 million net.

Table 4
2018 Preliminary New & Enhanced Service Priorities

Description (\$000s)	New and Enhanced		Total New and Enhanced			Incremental Change			
	Family Health		\$		Position	2019 Plan		2020 Plan	
	Gross	Net	Gross	Net	#	Net	Pos.	Net	Pos.
New Service Priorities									
Referred to Budget Process:									
Adult Ontario Works Dental	100.5		100.5		1.0				
Sub-Total Referred to Budget Process	100.5		100.5		1.0				
Total New Service Priorities	100.5		100.5		1.0				
Total New / Enhanced Services	100.5		100.5		1.0				

New Service Priorities (\$0.101 million gross & \$0 million net)

Adult Ontario Works Dental

- The 2018 Preliminary Operating Budget includes new service priority funding of \$0.101 million gross and \$0 net to provide increased access to dental services to about 1200 Ontario Works recipients annually.
 - On May 15, 2016 Toronto Public Health (TPH) increased access to dental care for vulnerable and marginalized adults on Ontario Works to treat urgent and emergency conditions since many patients eligible for government funded dental programs often face challenges obtaining dental care from private dental service providers.
 - Through this initiative, a permanent Dental Hygienist position will be added to triage and prepare the clients prior to the dentist visit, thereby allowing more clients to be served and treated. The additional

revenue generated through increased productivity will provide funding for the position on an ongoing basis with no impact on the base.

- This initiative is fully funded by the Province.

Approval of the 2018 Preliminary Operating Budget for Toronto Public Health will result in a 2019 incremental net cost of \$1.185 million and a 2020 incremental net cost of \$0.969 million to maintain 2018 service levels, as discussed in the following section.

Table 5
2019 and 2020 Plan by Program

Description (\$000s)	2019 - Incremental Increase					2020 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	Position	Gross Expense	Revenue	Net Expense	% Change	Position
Known Impacts:										
Prior Year Impact										
Reversal of One-Time Funding for a Needs-Based Health Assessment Program	(25.0)	(25.0)			(1.0)					
Reversal of Community Food Works Newcomer Settlement	(49.5)	(49.5)				(13.3)	(13.3)			
Reversal of Cooling Centres Pilot Project	(70.0)	(70.0)								
Reversal of Community Food Works Newcomer Settlement Award	(22.3)	(22.3)								
Annualized Impact of 2017 Efficiency Savings	(90.5)	(67.9)	(22.6)	0.0%						
Capital Project Delivery										
Delivery of Capital Positions	(13.7)	(13.7)			(5.0)	(282.0)	(282.0)			
Salaries and Benefits	3,607.2	2,756.8	850.5	1.4%		2,033.0	1,524.5	508.5	0.8%	
Other Base Changes (specify)				0.0%						
Lease Inflation	22.2	16.6	5.5	0.0%		22.3	16.7	5.6	0.0%	
IDC/IDR	(86.7)		(86.7)	-0.1%		2.8		2.8	0.0%	
SNP Increased Cost of Food	441.0		441.0	0.7%		454.2		454.2	0.7%	
Toronto Urban Health Fund Inflation	35.3	26.5	8.8	0.0%		35.6	26.7	8.9	0.0%	
Sexual Health Clinics Service Contracts	30.3	22.7	7.6	0.0%		30.7	23.0	7.7	0.0%	
Dental Street Youth & Low Income Adults Inflation	1.0		1.0	0.0%		1.0		1.0	0.0%	
Revenue (specify)				0.0%						
User Fees		19.8	(19.8)	0.0%			19.9	(19.9)	0.0%	
Sub-Total	3,779.2	2,594.0	1,185.3	1.9%	(6.0)	2,284.4	1,315.6	968.8	1.6%	0.00
Total Incremental Impact	3,779.2	2,594.0	1,185.3	1.9%	(6.0)	2,284.4	1,315.6	968.8	1.6%	0.00

Future year incremental costs are primarily attributable to the following:

Known Impacts:

- Reversal of one-time funding for Needs-Based Health Assessment, Community Food Works Newcomer Settlement, Cooling Centres Pilot Project and annualized impact from efficiencies realized in 2018 will result in a net relief of \$0.023 million in 2019.
- Progression pay, step increases, known COLA adjustments and associated benefit cost increases will require \$0.851 million in 2019 and \$0.509 million in 2020.
- Inflationary cost increases for the Student Nutrition Program and Toronto Urban Health Found Program total \$0.449 million and \$0.463 million in 2019 and 2020 respectively.
- User fee inflationary increases will result in additional revenues of \$0.020 million in 2019 and 2020.



Part 2

2018 Preliminary Operating Budget by Service

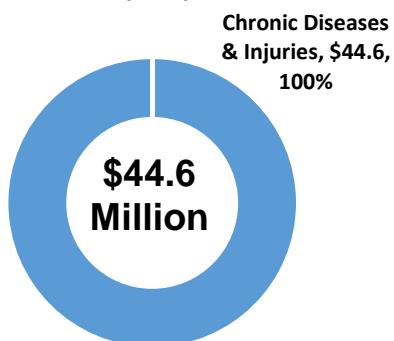
Chronic Diseases & Injuries

Chronic Diseases & Injuries

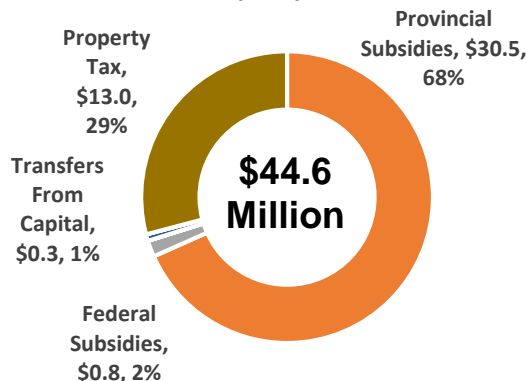
What We Do

- Provides services that create environments and support behaviours that reduce the risk of chronic disease and prevent injuries among children, youth, adults and seniors in community, school and workplace settings.
- Delivers health promotion and prevention services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention.
- Emphasis is on building the capacity of community agencies, and vulnerable persons facing the greatest health disparities related to chronic diseases and injuries.

2018 Service Budget by Activity
(\$Ms)



2018 Service by Funding Source
(\$Ms)



2018 Service Levels

Chronic Diseases & Injuries

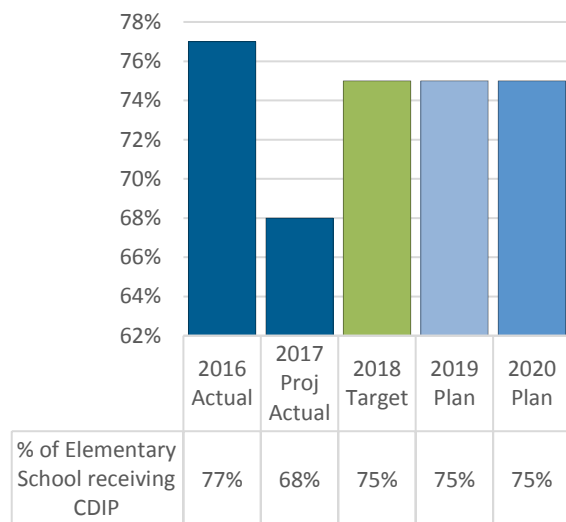
Type	Sub-Type	Status	2015	2016	2017	2018
Assessment and Surveillance		Approved	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Complete Nutritious Food Basket measure and survey tool annually (Spring/Summer). Assessment on the cost and accessibility of nutritious food used to inform annual program planning and policy.	Service Level Reviewed and Discontinued	Complete Nutritious Food Basket measure and survey tool annually (Spring/Summer) to assess the cost and accessibility of nutritious food in Toronto.	Complete Nutritious Food Basket measure and survey tool annually (Spring/Summer) to assess the cost and accessibility of nutritious food in Toronto.
		Actual				
		Approved	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Health Promotion and Policy Development	Priority elementary schools outreach	Approved	-Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives. Reach 100 schools and 2000 peer leaders in elementary schools with Playground Activity Leaders in Schools (PALS) w/ 40% of participating schools in their second year or more of participation. -Provide CDI Services to youth such that 20% of identified youth-serving agencies receive a CDI consultation, 10% of which will receive an additional CDI service, and 50% of which will reach a prioritized youth population. Train 100 peer leaders in diabetes prevention, screening and education; reach 2,000 people at risk of developing type 2 diabetes through trained peer leaders; screen 900 people who may be at risk of type 2 diabetes; work with 80 community agencies and workplaces on diabetes prevention activities. -Provide at least 85 TPH services to workplaces participating in Health Options at Work. Engage 6160 adults in 146 walking promotion pedometer lending programs through libraries, workplaces, & community sites. Achieve greater than 75% completion rate for tobacco inspections for Display and Promotion. Provide one school nurse liaison for each of the ~800 schools in Toronto (ratio: 1:30, provincial average is 1:15).	Approximately 200,000 students reached in 865 student nutrition programs (SNP Funded)	Reach 75% (206) priority elementary schools identified by the school board or approximately 74,000 students with Chronic Disease and Injury Prevention services (e.g. nutrition, physical activity promotion, injury prevention, sun safety and tobacco use prevention). Train 110 peer leaders from 33 agencies who support 1,600 youth to reach 30,000 youth in their communities with Chronic Disease and Injury Prevention messaging.	Reach 75% (206) of higher needs elementary/middle schools, as indicated by the Toronto school boards, or approximately 74,000 students with Chronic Disease and Injury Prevention services (e.g. nutrition, physical activity promotion, injury prevention, sun safety and tobacco use prevention). Train 1,500 Peer Leaders (between YHAN, IYE and YELL) from 35 agencies; the peer leaders will directly reach 10,000 youth in their communities with CDIP messaging. Provide Diabetes Prevention education programs to 3,600 participants.
		Actual				
	Substance misuse prevention & mental health promotion outreach Public Health Nurse liaison services	Approved	-Collaborate with 300 partners (including schools, libraries, community agencies, funded agencies, worksites, networks/coalitions, government and NGO stakeholders) to develop and deliver SMP services and programs. -Deliver peer leader training to youth to enable them to effectively educate their peers in injury and substance misuse prevention. Provide training for approximately 700 peer leaders in schools, post-secondary institutions, community agencies and through community grant initiatives sponsored by the Toronto Urban Health Fund to reach 24,000 children and youth. -Reach 43,000 children and youth with substance misuse prevention programs and community led grant initiatives sponsored by the THUF -Reach an estimated 400,000 adults through a public awareness campaign to promote the Low-Risk Alcohol Drinking Guidelines	100% of approximately 815 Toronto Publicly Funded Schools offered Public Health Nurse liaison services	Reach 25, 000 children, youth, and post-secondary students by to educate and promote substance misuse prevention and mental health promotion. 100% (815) of Toronto publicly funded schools received Public Health Nurse liaison services.	Reach 25,000 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion. Reach 100% (812) of Toronto publicly funded schools with Public Health Nurse liaison services.
		Actual				
Health Protection		Approved	-Respond to all (100%) tobacco enforcement related complaints (enclosed public and workplace - hospitals/schools/youth access/display & promotion/bars& restaurants etc.) -Prioritize compliance/enforcement checks of tobacco vendors for youth access and display & promotion to those vendors located in areas which young people frequent (i.e. schools, community and recreation centres) -Maintain compliance checks of schools and high risk workplaces. Refer complaints about contraband to the Ministry of Revenue. -Provide written notice, offence notice or summons for all (100%) documented infractions depending/based on the frequency and severity of non-compliance.	Approximately 15,000 inspections done for tobacco enforcements (including compliance and complaints)	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
	Agency education for older adult fall prevention	Approved	-Provide injury prevention education (including wheel safety and concussion prevention) to 3500 elementary-aged children. -Provide education and training to 475 health care providers and caregiver on falls prevention from 85 agencies to build capacity in falls prevention for a potential reach of 135,000 older adults (aged 65+ years) (17% of agencies serving seniors in Toronto will send health care providers to be trained on Falls Prevention). -Educate 2,700 older adults through 75 falls prevention presentations / events.	Service Level Reviewed and Discontinued	Provide education and skill building training (Step Ahead) to 150 service providers from 30 agencies to build capacity in falls prevention for older adults.	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				

Type	Sub-Type	Status	2015	2016	2017	2018
Partnership Funding	Student Nutrition Program	Approved	Provide menu analysis, nutrition education and/or food skills/literacy training to 60% of municipally funded Student Nutrition Programs in the 2014/2015 school year.	Service Level Reviewed and Discontinued	Provide nutrition consultation and support to 55% of municipally funded Student Nutrition Programs in the 2016/17 school year. Support 565 school communities to provide 33,746,000 meals/year to 179,500 children and youth, with municipal funding for student nutrition programs (Sept 2016 - June 2017 school year).	Provide nutrition consultation and support to 55% of municipally funded Student Nutrition Programs in the 2017/2018 school year. Support 600 school communities to provide 37,183,580 meals/year to 197,785 children and youth, with municipal funding for student nutrition programs (Sept 2017 - June 2018 school year).
		Actual				
	Drug Prevention Community Investment Program	Approved	Fund 16 community drug prevention projects.	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				
Assessment and Surveillance		Approved	Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement.	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				

Except for the annual volume changes (bolded in the chart above), the 2018 Service Levels are consistent with the approved 2017 Service Levels for Chronic Disease & Injuries.

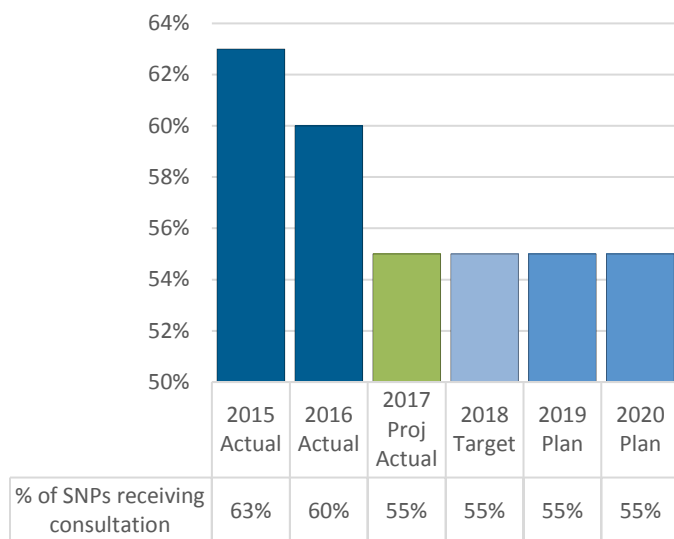
Service Performance Measures

Percentage of higher needs
Elementary/Middle Schools, as
indicated by Toronto School Boards
receiving CDIP services



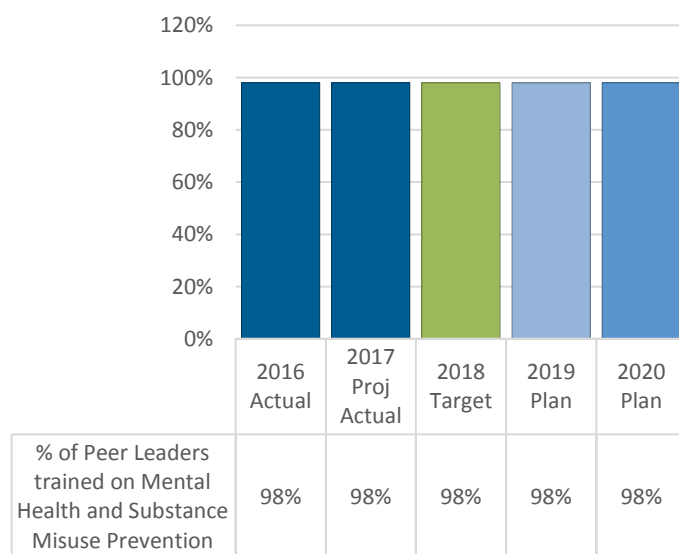
- Given the number of schools in Toronto and limited resources, TPH strives to reach 75% of priority elementary/middle schools identified by school boards.
- Chronic Disease & Injury Prevention (CDIP) is striving to increase the number of services within each school reached. More CDIP services in schools supports increased awareness of and adoption of healthy behaviours
- TPH is projecting to reach 68% of the priority schools in 2017 due to higher than normal vacancy levels.
- As the staffing levels are expected to normalize, the 2018-2020 target is set at 75%.

% of Municipally funded Student Nutrition Programs (SNPs) receiving nutrition consultation and support in the school year



- In 2017/18, TPH will strive to provide at least 55% of municipally funded SNPs with consultation and support from a TPH Registered Dietitian, to support sites in meeting nutrition quality requirements.
- Continued rate of 55% assumes available staff time proportionate to the increase in number of programs.

% of Peer Leaders trained on Mental Health and Substance Misuse Prevention



- This chart shows the percentage of peer leaders trained on mental health and substance misuse prevention that report an intent to apply the information attained to engage in school-wide promotion of mental health and substance misuse prevention.
- TPH works in partnership with Toronto School Boards to support and deliver peer leadership initiatives in schools for mental health promotion and substance misuse prevention.
- 2017 projected actuals and future year targets are set at 98% of peer leaders to be trained on mental health and substance misuse prevention.

Table 6
2018 Preliminary Service Budget by Activity

	2017	2018 Preliminary Operating Budget										Incremental Change			
	Approved Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2017 Budget	% Change	New/ Enhanced	Prelim Budget	2018 Prelim Budget vs. 2017 Budget			2019 Plan		2020 Plan	
(\$000s)	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
Chronic Diseases & Injuries	44,204.8	44,777.4	(223.4)	44,554.1	349.3	0.8%		44,554.1	349.3	0.8%	740.3	1.7%	278.7	0.6%	
Total Gross Exp.	44,204.8	44,777.4	(223.4)	44,554.1	349.3	0.8%		44,554.1	349.3	0.8%	740.3	1.7%	278.7	0.6%	
REVENUE															
Chronic Diseases & Injuries	31,219.7	31,752.2	(167.5)	31,584.6	364.9	1.2%		31,584.6	364.9	1.2%	498.1	1.6%	50.7	0.2%	
Total Revenues	31,219.7	31,752.2	(167.5)	31,584.6	364.9	1.2%		31,584.6	364.9	1.2%	498.1	1.6%	50.7	0.2%	
NET EXP.															
Chronic Diseases & Injuries	12,985.1	13,025.3	(55.8)	12,969.4	(15.7)	(0.1%)		12,969.4	(15.7)	(0.1%)	242.2	1.9%	227.9	1.7%	
Total Net Exp.	12,985.1	13,025.3	(55.8)	12,969.4	(15.7)	(0.1%)		12,969.4	(15.7)	(0.1%)	242.2	1.9%	227.9	1.7%	
Approved Positions	312.2	309.3	(1.9)	307.4	(4.8)	(1.5%)		307.4	(4.8)	(1.5%)	0.3	0.1%	(1.4)	(0.5%)	

The **Chronic Disease & Injuries** service creates environments and supports behaviours that reduces the risk of chronic disease and prevents injuries among children, youth, adults and seniors in community, school and workplace settings. This service delivers:

- Health promotion and prevention services focusing on Cancer Prevention and Early Detection, Nutrition Promotion, Physical Activity Promotion, Tobacco Use Prevention and Cessation, and Injury/Substance Misuse Prevention.
- Emphasis is on building the capacity of community agencies, and vulnerable persons facing the greatest health disparities related to chronic diseases and injuries.

The Chronic Disease and Injuries service's 2018 Preliminary Operating Budget of \$44.554 million gross and \$12.969 million net is \$0.016 million or 0.1% under the 2017 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing the impact of the reversal of one-time funding from the Tax Stabilization Reserve added in 2017 to fund the costs for the One-on-One Time Mentoring Program, adding a pressure of \$0.020 million in 2018.
- In order to offset these pressures, the 2018 Preliminary Operating Budget includes base reductions of \$0.008 million to align the budget with actual experience, efficiency savings from various initiatives totalling \$0.052 million and service adjustment from the discontinuation of Ambassador Program of \$0.004 million with no impact on service levels.

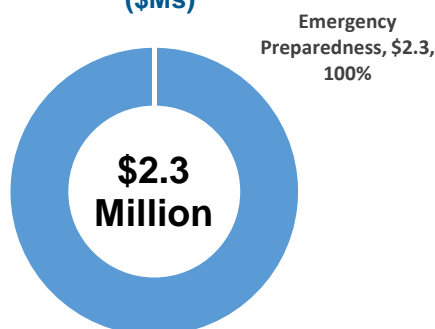
Emergency Preparedness

Emergency Preparedness

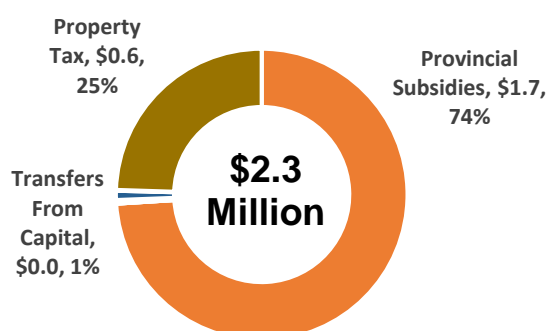
What We Do

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

2018 Service Budget by Activity
(\$Ms)



2018 Service by Funding Source
(\$Ms)



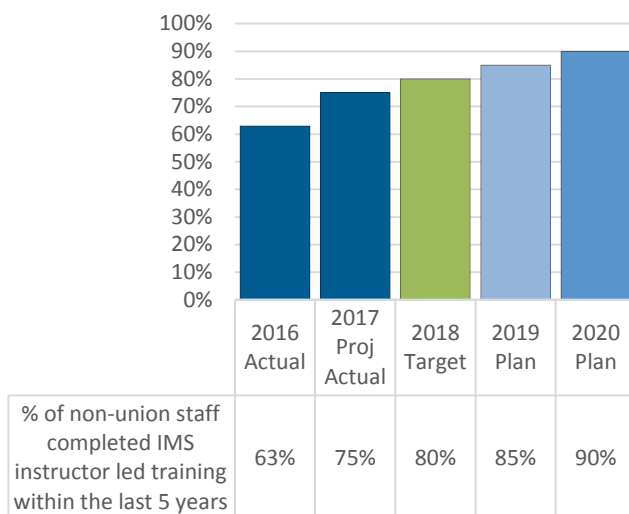
2018 Service Levels Emergency Preparedness

Type	Sub-Type	Status	2015	2016	2017	2018
Assessment and Surveillance		Approved	-Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations -Conduct surveillance of community emergency planning & preparedness	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				
Health Protection	Business Continuity Plans	Approved	-Maintain Business Continuity Plans and TPH Emergency Plan (ERP). -Maintain and test 24/7 protocols for TPH staff. -Maintain up to date emergency preparedness information on TPH's public website. -Maintain current training level at 90% of all TPH staff that have been pre-assigned to different Incident Management System and business continuity roles. -Maintain and exercise the TPH Emergency Plan and its components. -Maintain the City of Toronto's Emergency Plan Psychosocial Support Operational Support Function.	Approximately 1,800 staff Fit Tested with respiratory masks every 2 years	Maintain and test 100% of Toronto Public Health Business Continuity Plans to ensure continuity of public health services to Torontonians. Maintain the availability of Toronto Public Health staff to respond to public health emergencies on a 24/7 basis.	Maintain and test 100% of Toronto Public Health Business Continuity Plans to ensure continuity of public health services to Torontonians. Maintain the availability of Toronto Public Health staff to respond to public health emergencies on a 24/7 basis.
	Public health emergency response	Approved				
		Actual				

Overall, the 2018 Service Levels are consistent with the approved 2017 Service Levels for Emergency Preparedness.

Service Performance Measures

% of Non-union staff completed Incident Management System (IMS) instructor led training within the last 5 years



- The City of Toronto adopted the Incident Management System to organize and coordinate responses to emergencies across City Divisions.
- TPH assigns all non-union staff to a response function and provides one-day function-specific training for all.
- The training target of 100% could not be achieved in 2016 and 2017 due to staff turnover and scheduling conflicts.
- TPH is anticipating a gradual increase in future years reaching 90% in 2020.

Table 6
2018 Preliminary Service Budget by Activity

	2017	2018 Preliminary Operating Budget							Incremental Change					
	Approved Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2017 Budget	% Change	New/Enhanced	Prelim Budget	2018 Prelim Budget vs. 2017 Budget		2019 Plan		2020 Plan	
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%
GROSS EXP.														
Emergency Preparedness	2,376.5	2,346.2	(17.6)	2,328.6	(47.9)	(2.0%)		2,328.6	(47.9)	(2.0%)	23.7	1.0%	17.0	0.7%
Total Gross Exp.	2,376.5	2,346.2	(17.6)	2,328.6	(47.9)	(2.0%)		2,328.6	(47.9)	(2.0%)	23.7	1.0%	17.0	0.7%
REVENUE														
Emergency Preparedness	1,796.0	1,771.4	(13.2)	1,758.2	(37.8)	(2.1%)		1,758.2	(37.8)	(2.1%)	19.5	1.1%	10.6	0.6%
Total Revenues	1,796.0	1,771.4	(13.2)	1,758.2	(37.8)	(2.1%)		1,758.2	(37.8)	(2.1%)	19.5	1.1%	10.6	0.6%
NET EXP.														
Emergency Preparedness	580.5	574.7	(4.4)	570.3	(10.1)	(1.7%)		570.3	(10.1)	(1.7%)	4.2	0.7%	6.4	1.1%
Total Net Exp.	580.5	574.7	(4.4)	570.3	(10.1)	(1.7%)		570.3	(10.1)	(1.7%)	4.2	0.7%	6.4	1.1%
Approved Positions	19.9	24.1	(0.2)	23.9	4.0	20.3%		23.9	4.0	20.3%	(0.3)	(1.1%)	(0.0)	(0.2%)

The **Emergency Preparedness** service aims to ensure TPH is prepared for a public health emergency as the successful resolution of an emergency depends on the readiness of an organization at the beginning of the crisis. This service develops and maintains emergency response plans and conducts exercises and training courses on emergency preparedness.

The Emergency Preparedness service's 2018 Preliminary Operating Budget of \$2.329 million gross and \$0.570 million net is \$0.010 million or 1.7% under the 2017 Approved Net Budget.

- Base budget pressures arising mainly from the annualized impact of cost-shared Health Hazard and Food Safety programs were mitigated by salaries and benefits adjustments and service efficiencies resulting from the realignment of staff.

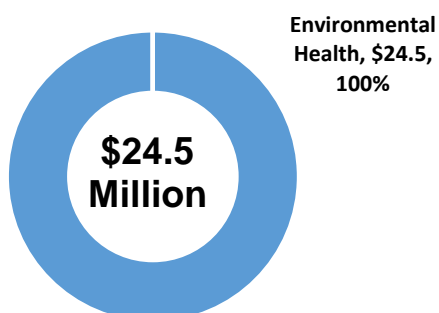
Environmental Health



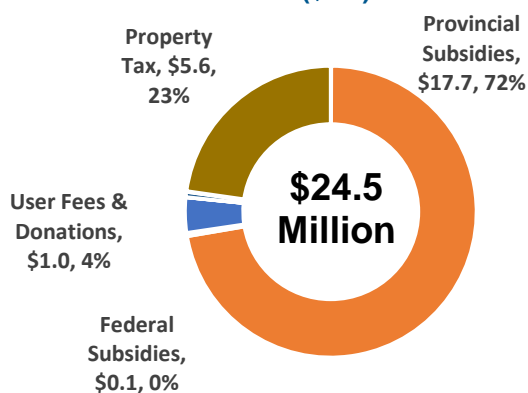
What We Do

- Promotes safety of food and beverages in restaurants and processing plants including inspection of over 18,000 food premises in the City of Toronto to ensure compliance with provincial food safety standards.
- Provide education, training and certification on safe food preparation, handling and processing for food premise operators and food safety education for the general public.
- Monitor drinking water and recreational water quality (beaches, spas, pools) to ensure compliance with provincial standards, and notify stakeholders in the event of adverse water conditions.

2018 Service Budget by Activity
(\$Ms)



2018 Service by Funding Source
(\$Ms)



2018 Service Levels

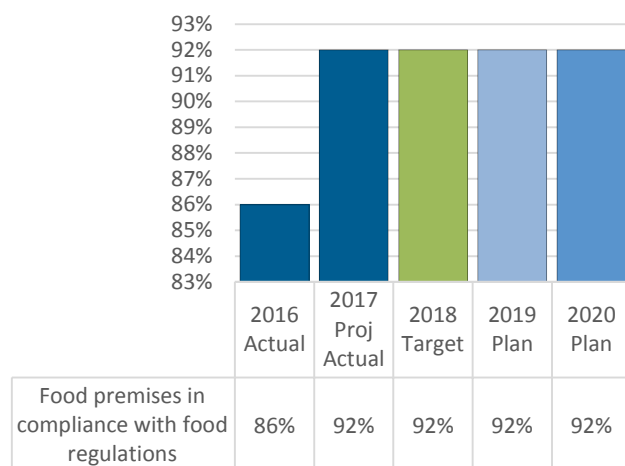
Environmental Health

Type	Sub-Type	Status	2015	2016	2017	2018
Assessment and Surveillance	Public swimming pools and spas assessment/surveillance	Approved	<ul style="list-style-type: none"> - conduct systematic and routine assessment, surveillance, monitoring and reporting of Toronto's drinking water system and drinking water illnesses and their associated risk factors to respond and provide appropriate direction as required - monitor 11 (100%) public beaches and any reported water illnesses of public health importance, their associated risk factors, and emerging trends to respond and provide appropriate direction - conduct systematic and routine assessment, surveillance, monitoring and reporting of 1678 (100%) public recreational water facilities and take appropriate action - conduct systematic and routine analysis of surveillance data to inform program and policy development and service adjustment(s) 	Service Level Reviewed and Discontinued	Conduct systematic and routine assessment, surveillance, monitoring and reporting of 1734 (100%) public recreational water facilities at frequencies prescribed by the Ontario Public Health Standards and maintain an up-to-date public website on public swimming pool and spa inspection results.	Conduct systematic and routine assessment, surveillance, monitoring and reporting of 1734 (100%) public recreational water facilities at frequencies prescribed by the Ontario Public Health Standards and maintain an up-to-date public website on public swimming pool and spa inspection results.
		Actual				
Health Promotion and Policy Development		Approved	<ul style="list-style-type: none"> - maintain up-to-date public website on Toronto's beach water conditions and disclose public swimming pool and spa inspection results - provide information packages to pool and spa operators - respond to information requests on lead corrosion in Toronto's drinking water system, and private drinking-water systems 	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Disease Prevention / Health Protection		Approved	<ul style="list-style-type: none"> - receive, assess and respond to all (100%) reported adverse drinking water events (>350/year) - monitor, sample, assess, analyze and report on 11 (100%) public beaches daily (June to September) - inspect 202 (100%) indoor Class A Pools and outdoor Class A pools 2 times/year or at least once every three months while in operation and take appropriate enforcement action(s) - inspect 861 (100%) indoor Class B pools and outdoor Class B pools 2 times/year or at least once every three months while in operation - inspect 61 (100%) public indoor and outdoor wading pools, splash pads and non-regulated facilities 2 times/year and at least once every 3 months while in operation - maintain 24/7 availability to receive and respond appropriately to safe water issues including adverse drinking water events, water-borne illness(es)/outbreak(s), weather events, power outage and recreational water 	Approximately 1000 Pools inspected annually	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Assessment and Surveillance		Approved	<ul style="list-style-type: none"> - conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations - conduct surveillance of community environmental health status 	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
		Approved	<ul style="list-style-type: none"> - conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations - conduct surveillance of community environmental health status 	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Health Promotion and Policy Development	Home food safety outreach	Approved	<ul style="list-style-type: none"> - offer food safety training and certification to 9,000 food handlers working in licensed food premises - conduct major Home Food Safety Health Promotion campaign aimed at 2.6 million Toronto residents 	Service Level Reviewed and Discontinued	Conduct outreach at 10 community markets serving vulnerable clients with home food safety resources.	Conduct outreach at 10 community markets serving vulnerable clients with home food safety resources.
		Actual				
Disease Prevention / Health Protection	Food premises inspection	Approved	<ul style="list-style-type: none"> - report in accordance with HPPA and regulations and respond to reports of suspected food-borne illness within 24 hours - inspect 100% (approx. 17,617) food premises - conduct 16,626 (100%) inspections of 5,542 High Risk premises (each inspected once every four months) - conduct 15,800 (95%) food premise risk assessments 	Service Level Reviewed and Discontinued	<ul style="list-style-type: none"> Inspect all high risk food premises (3778) at least 2 times per year. Inspect all moderate risk food premises (7923) at least once per year. Complete 3000 re-inspections or achieve a compliance rate of 90% or higher. 	<ul style="list-style-type: none"> Inspect all high risk food premises (4767) at least 2 times per year. Inspect all moderate risk food premises (8628) at least once per year. Complete 3000 re-inspections or achieve a compliance rate of 90% or higher.
		Actual				
Health Promotion and Policy Development		Approved	<ul style="list-style-type: none"> - provide information to increase public awareness of health hazard risk factors including indoor (legionella) and outdoor (smog) air quality, extreme weather (flooding), climate change (hot weather), radiation exposure (radon, tanning beds) - provide hot weather protection packages to 720 (100% of high risk) landlords of rooming/boarding houses/retirement homes/nursing homes - inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health including 289 high risk rooming/boarding houses during an extended Extreme Heat event and monitor 1636 industrial/commercial sites for identified hazardous priority chemicals and their use and release 	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Disease Prevention / Health Protection	Health hazard response	Approved	<ul style="list-style-type: none"> - maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day including 11 heat critical events, >1300 bed bug and extreme cleanouts, > 2750 mould/indoor air quality concerns, >210 FOI requests regarding historical land use and environmental contamination, manage of 6 long term environmental issues and conduct 6 disease cluster investigations - implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June 2-September 23) for mosquito speciation and WNV virus infection, larvaciding 120,000 catch basins and 29 open bodied surface waters, investigating and taking appropriate action on >100 stagnant water complaints, conduct tick dragging activities for active Lyme disease cases - maintain systems to support timely and comprehensive communication with relevant health care and other community partners about health hazard risks including heat alerts and extreme heat alerts (May 15-September 30th), smog alerts, incidence of West Nile Virus activity 	Approximately 350,500 mosquitoes catch basis treated with larvacide	<ul style="list-style-type: none"> Maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day. Implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June to September) for mosquito speciation and West Nile Virus infection, larvaciding catch basins across the City and open bodied surface waters as required. 	<ul style="list-style-type: none"> Maintain 24/7 availability to receive, respond and manage alleged health hazards reports within 24 hours or by the next business day. Implement a local vector-borne management strategy including weekly monitoring, testing and reporting of 43 mosquito traps in the City (June to September) for mosquito speciation and West Nile Virus infection, larvaciding catch basins across the City and open bodied surface waters as required. Respond to 100% of reported complaints/requests for bed bugs and provide co-ordination/financial support for unit preparation for vulnerable clients (where deemed appropriate), nursing assessments, health services referrals and other supports.
	West Nile prevention					
	Bed bug response					
		Actual				

Except for the annual volume changes (bolded in the chart above), the 2018 Service Levels are consistent with the approved 2017 Service Levels for Environmental Health.

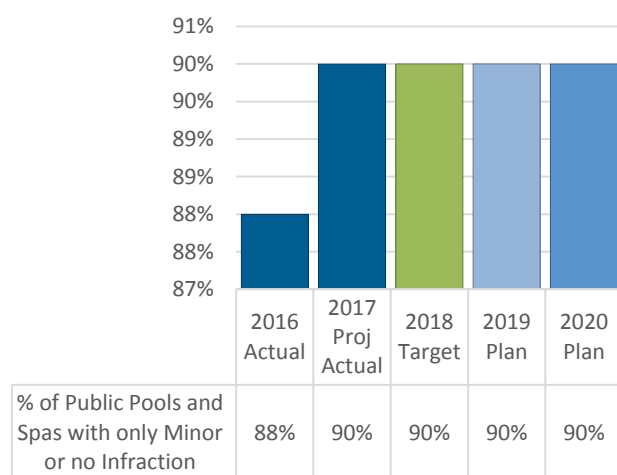
Service Performance Measures

% of High Risk Food Premises in Compliance with Food Premises Regulations



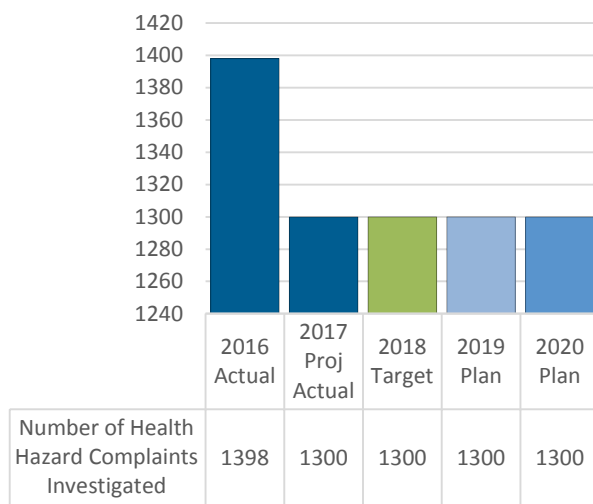
- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- TPH has been able to exceed the industry standard of 90% compliance and the trend is expected to continue in the future years.

% of Public Pools and Spas with only Minor or no Infraction



- Waterborne illnesses can be spread through unsatisfactory recreational water facilities.
- There are some infractions that require immediate closure of these facilities and the others must be corrected within a given time frame.
- The goal is to ensure that no less than 85% of the public pools/spas inspections have no infractions or minor infractions only as per Provincial Accountability Agreement.
- TPH is anticipating that 90% of public pools and spas will experience minor or no fraction in 2018 and future years.

Number of Health Hazard Complaints Investigated



- All the complaints received are investigated but response time is dependent on the available resources. Priority is given to complaints relating to a potential health hazard.
- Numbers reflect Health Hazard complaints only (does not include Rabies prevention or Bed Bug complaints).
- The number of hazard complaints is expected to remain stable at the 2017 levels.

Table 6
2018 Preliminary Service Budget by Activity

(\$000s)	2017	2018 Preliminary Operating Budget							Incremental Change					
	Approved Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2017		New/Enhanced	Prelim Budget	2018 Prelim Budget vs. 2017 Budget		2019 Plan		2020 Plan	
					Budget	% Change			\$	%	\$	%	\$	%
GROSS EXP.														
Environmental Health	24,342.8	24,475.4	(20.7)	24,454.7	111.9	0.5%		24,454.7	111.9	0.5%	249.7	1.0%	559.2	2.3%
Total Gross Exp.	24,342.8	24,475.4	(20.7)	24,454.7	111.9	0.5%		24,454.7	111.9	0.5%	249.7	1.0%	559.2	2.2%
REVENUE														
Environmental Health	18,780.3	18,907.2	(15.5)	18,891.6	111.4	0.6%		18,891.6	111.4	0.6%	167.8	0.9%	524.1	2.7%
Total Revenues	18,780.3	18,907.2	(15.5)	18,891.6	111.4	0.6%		18,891.6	111.4	0.6%	167.8	0.9%	524.1	2.7%
NET EXP.														
Environmental Health	5,562.5	5,568.2	(5.2)	5,563.0	0.5	0.0%		5,563.0	0.5	0.0%	82.0	1.5%	35.1	0.6%
Total Net Exp.	5,562.5	5,568.2	(5.2)	5,563.0	0.5	0.0%		5,563.0	0.5	0.0%	82.0	1.5%	35.1	0.6%
Approved Positions	197.5	197.1	(0.1)	197.0	(0.5)	(0.3%)		197.0	(0.5)	(0.3%)	(0.6)	(0.3%)	4.1	2.1%

The **Environmental Health** service promotes safety of food and beverages through inspection of over 18,000 food premises to ensure compliance with provincial Food Safety Standards and monitors drinking water and recreational water quality to ensure compliance with provincial standards. Other services include:

- Education, training and certification on safe food preparation, handling and processing for food premise operators as well food safety education for the general public as well as responses to extreme weather, West Nile virus, rabies and Lyme disease, supporting vulnerable residents through the Bed Bug Control Initiative and assessing concerns related to impacts of pollution or contamination on a particular site.

The Environmental Health service's 2018 Preliminary Operating Budget of \$24.455 million gross and \$5.563 million net is in line with the 2017 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing the annualized impact of the cost-shared Health Hazard and Food Safety Program of \$0.017 million, Food Handling Training increase of \$0.014 million and costs transferred between services resulting from realignment totalling \$0.011 million.
- In order to offset these pressures, the 2018 Preliminary Operating Budget includes annualized savings from efficiencies realized from the completion of the HE Mobile Inspection capital project in 2017 in addition to the other service efficiencies resulting from staff realignments.

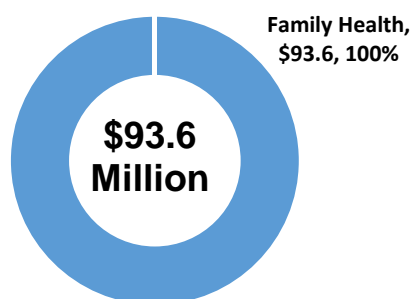
Family Health



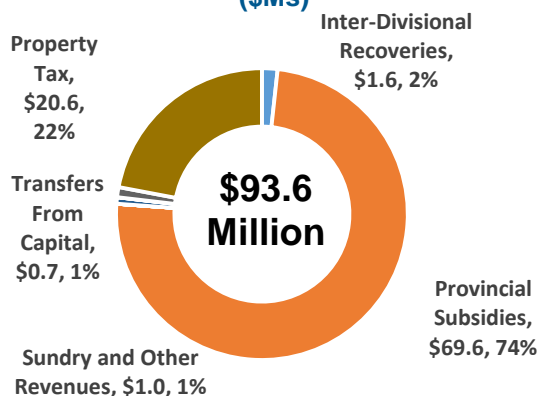
What We Do

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

**2018 Service Budget by Activity
(\$Ms)**



**2018 Service by Funding Source
(\$Ms)**



2018 Service Levels Family Health

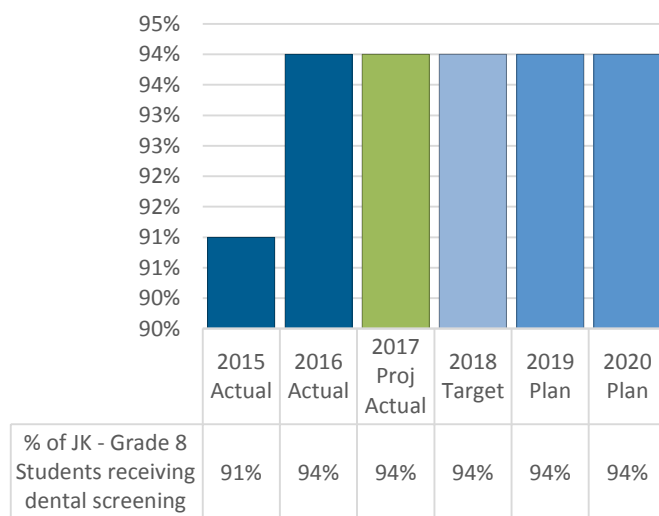
Type	Sub-Type	Status	2015	2016	2017	2018
Assessment and Surveillance		Approved	-conduct systematic routine assessment, surveillance, monitoring and reporting to inform program and policy development, access and analysis of Early Development Index (EDI) data -collaborate with Public Health Ontario to identify and collect of child health indicators	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
		Approved	-maintain ongoing systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, coordination with provincial BORN data base to access Toronto data	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Health Promotion and Policy Development	Child health educational sessions	Approved	-promote and support of breastfeeding initiation and duration through hospital liaison with 12 (100%) birth hospitals -provide individual counselling to 25,000 women through telephone counselling, home visits and clinics -develop mid point infant feeding data plan for BFI -provide culturally-appropriate nutrition education to 1,000 families through Peer Nutrition Program and group parenting education to 2,750 parents. -continue to develop physician outreach strategy to advance early identification screening and referral	Approximately 22,000 Breastfeeding Interactions/Interventions provided to women (includes, visits, telephone counselling, partnership breastfeeding clinics, TPH clinics and support groups) (20,000 TCs, 8200 Clinic visits, 500 at breastfeeding support groups)	Deliver 5085 educational sessions delivered to improve families' knowledge in growth and development, positive parenting, healthy eating, and breastfeeding to enable children and parents to attain and sustain optimal health and development. Deliver 105,635 of individual interventions delivered to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development (including home visits).	Deliver 4,800 educational sessions to improve families' knowledge in growth and development, positive parenting, healthy eating, and breastfeeding to enable children and parents to attain and sustain optimal health and development. Deliver 137,000 individual interventions to families to improve child development outcomes and increase parenting capacity to sustain and optimize child health and development (including home visits).
	Child health individual interventions	Actual				
	Reproductive health educational sessions	Approved	-deliver online prenatal program to 2,000 women -provide group nutrition education to 2,200 prenatal women at 37 Canada Prenatal Nutrition Program sites -provide individual nutrition counselling to 750 at risk prenatal women	Approximately 1900 high-risk prenatal women provided with assessment, counselling, education and referral (700 HBHC, 150 HARP, 200 CPNP individual, 800 HBP)	Deliver 50,201 educational sessions delivered to improve individuals and families knowledge to achieve healthy pregnancy, have the healthiest newborns possible and be prepared for parenthood. Deliver 8,495 individual interventions delivered to families to sustain and optimize healthy pregnancy, support having the healthiest newborns possible and be prepared for parenthood.	Deliver 61,000 educational sessions delivered to improve individuals and families knowledge to achieve healthy pregnancy, have the healthiest newborns possible and be prepared for parenthood. Deliver 7,000 individual interventions delivered to families to sustain and optimize healthy pregnancy, support having the healthiest newborns possible and be prepared for parenthood.
	Reproductive health individual interventions	Actual				
	Child health screening	Approved	-implement provincial changes to Healthy Babies Healthy Children program -work with 12 (100%) birthing hospitals to increase received screening rate to 80% of all newborns -provide 40,795 home visits to high risk families	80% of approximately 31,500 Newborns screened for healthy babies, healthy children (HBHC) program	62,372 screens completed (including hearing, developmental, communications, nutrition, postpartum depression and parenting screens) to identify children at risk for adverse/or decreased child development outcomes.	Complete 66,000 screens (including hearing, developmental, communications, nutrition, postpartum depression and parenting screens) to identify children at risk for adverse/or decreased child development outcomes
		Actual				
Health Protection		Approved	-Reviewed and assessed 100% of monthly reports generated by Toronto Water on the concentration of fluoride.	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Dental Treatment for Children and Youth - Healthy Smiles		Approved	-Based on current staffing levels, project 10,300 enrolment in HSO, 16,000 claims from private dentists and 1500 claims for City dental clinic (3 percent increase	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				
Dental Treatment for Eligible Clients	Senior, children & youth dental treatment	Approved	-Based on current staffing levels, project 3% increase in dental services; 15,000 seniors and caregivers in long-term care homes and treatment to 7800. Treated 19,000 children and youth; and 400 perinatal clients.	Approximately 33,000 clients receiving dental treatment in all TPH clinics (including children, seniors and adults)	Provide dental treatment to 8,500 seniors (65+) and 15,000 children and youth (18 years of age and younger). Provide emergency dental services to 2,300 adults (18-64 years of age) eligible for social assistance to improve their oral and general health and thus enhance their job readiness. Improve the oral health of 1,150 street-involved clients who will receive dental care on the Mobile Dental Clinic. Homelessness is a major barrier to dental care.	Provide dental treatment to 11,650 seniors (65+) and 19,322 children and youth (17 years of age and younger). Provide emergency dental services to 4,684 adults (18-64 years of age) eligible for social assistance to improve their oral and general health and thus enhance their job readiness. Improve the oral health of 1,100 street-involved clients who will receive dental care on the Mobile Dental Clinic. Homelessness is a major barrier to
	Emergency dental treatment	Actual				
	Mobile Dental Clinic	Actual				
		Actual				
Toronto Preschool Speech and Language System		Approved	-coordinate delivery of speech and language intervention services to 8,000 pre-school children -offer parent orientation session to 100% of the parents -accept 4,500 new referrals and service through 340 community service delivery sites -screen 38,000 (95%) newborns born in Toronto hospitals for hearing loss -provide counselling, referral and support to 100-155 families who have an infant or child with a diagnosed hearing or vision loss	Service Level Reviewed and Discontinued	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.</i>	<i>Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.</i>
		Actual				

Type	Sub-Type	Status	2015	2016	2017	2018
Partnership Funding	Investing in Families	Approved	-partner with Toronto Employment and Social Services and Parks, Forestry and Recreation to deliver Investing in Families program to 500 families who receive social assistance -deliver 20 Let's Talk support groups	Service Level Reviewed and Discontinued	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				
Disease Prevention	Reproductive health screening	Approved	-deliver Healthy Babies Healthy Children Program including implementing provincial program changes, increasing outreach to physicians regarding prenatal screening, providing assessment, counselling, education and referral to 1,614 high risk prenatal women -deliver Homeless At Risk Pregnant (HARP) program to 125 clients	Service Level Reviewed and Discontinued	1664 screens completed to identify individuals and families at risk for adverse birth outcomes in pregnancy.	Complete 1,400 screens to identify individuals and families at risk for adverse birth outcomes in pregnancy.
		Actual				
Population Health Assessment	Surveillance indicators	Approved	New in 2016	Approximately 48 surveillance indicators monitored and posted on web	Assess, update and report data for 50 surveillance indicators that monitor the health of Toronto's population. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations. Conduct surveillance of community emergency planning & preparedness.	Assess, update and report data for 50 surveillance indicators that monitor the health of Toronto's population. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations. Conduct surveillance of community emergency planning & preparedness.
		Actual				

Except for the annual volume changes (bolded in the chart above), the 2018 Service Levels are consistent with the approved 2017 Service Levels for Family Health.

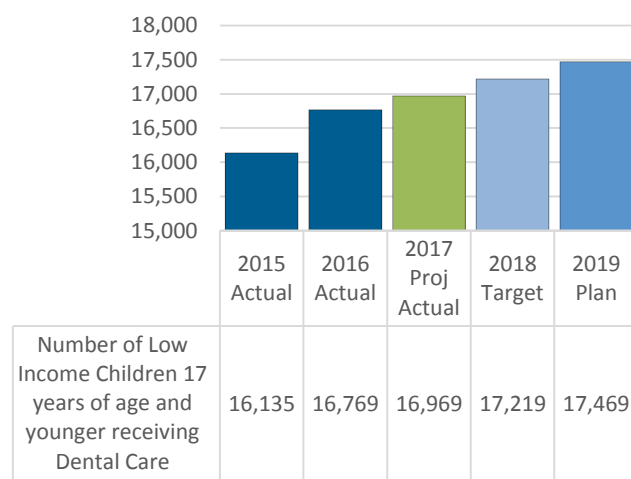
Service Performance Measures

% of JK - Grade 8 students enrolled in Public Schools receiving Dental Screening



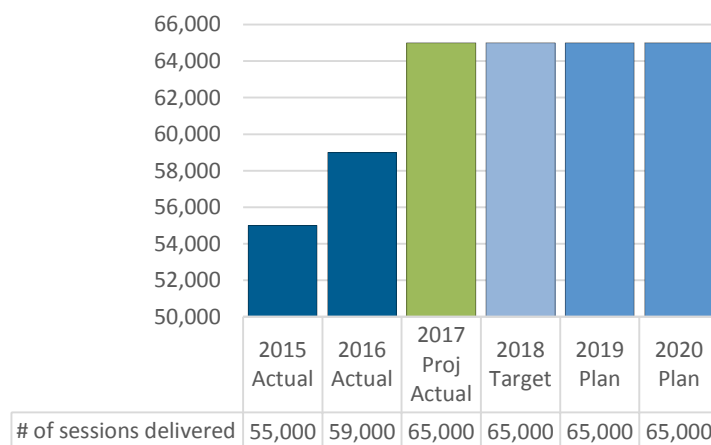
- The number of children screened by dental staff in elementary schools is expected to remain stable at the 2017 levels, which is expected as the number of schools is not anticipated to increase.

Number of Low Income Children 17 years of age and younger receiving Dental Care



- The chart shows the number of children 17 years or younger from low income families receiving dental care in TPH operated dental clinics.
- Poor oral health affects general health, self-esteem, social interaction, academic performance and quality of life.
- Children 17 years of age and younger from low income families report improved oral health after receiving dental treatment in TPH dental clinics.
- The number of children receiving dental care continues to increase at about 1.5% annually and TPH is projecting to provide dental care to 17,219 children in 2018 and 17,469 in 2019.

Number of Educational Sessions Delivered to Improve Families' Knowledge in Healthy Pregnancy



- The chart shows the number of educational sessions delivered to improve families' knowledge in healthy pregnancy, growth and development, positive parenting, healthy eating and breastfeeding to enable and sustain optimal health and development.
- The sessions delivered are: online prenatal education, group prenatal nutrition, parenting sessions and education sessions to support preschool speech and language.
- Number of educational sessions delivered increased from 55,000 in 2015 to 65,000 in 2017 and is expected to remain stable at that level in future years.

Table 6
2018 Preliminary Service Budget by Activity

(\$000s)	2017	2018 Preliminary Operating Budget									Incremental Change					
	Approved Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2017 Budget	% Change	New/Enhanced	Prelim Budget			2018 Prelim Budget vs. 2017 Budget		2019 Plan		2020 Plan	
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%		
GROSS EXP.																
Family Health	93,943.7	93,617.0	(166.5)	93,450.5	(493.2)	(0.5%)	100.5	93,551.0	(392.7)	(0.4%)	1,219.7	1.3%	966.6	1.0%		
Total Gross Exp.	93,943.7	93,617.0	(166.5)	93,450.5	(493.2)	(0.5%)	100.5	93,551.0	(392.7)	(0.4%)	1,219.7	1.3%	966.6	1.0%		
REVENUE																
Family Health	73,226.9	72,967.1	(124.9)	72,842.2	(384.8)	(0.5%)	100.5	72,942.7	(284.3)	(0.4%)	766.6	1.1%	591.0	0.8%		
Total Revenues	73,226.9	72,967.1	(124.9)	72,842.2	(384.8)	(0.5%)	100.5	72,942.7	(284.3)	(0.4%)	766.6	1.1%	591.0	0.8%		
NET EXP.																
Family Health	20,716.7	20,649.9	(41.6)	20,608.3	(108.4)	(0.5%)		20,608.3	(108.4)	(0.5%)	453.1	2.2%	375.6	1.8%		
Total Net Exp.	20,716.7	20,649.9	(41.6)	20,608.3	(108.4)	(0.5%)		20,608.3	(108.4)	(0.5%)	453.1	2.2%	375.6	1.8%		
Approved Positions	711.2	695.9	(1.5)	694.3	(16.9)	(2.4%)	1.0	695.3	(15.9)	(2.2%)	(1.4)	(0.2%)	0.6	0.1%		

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

- Provides education, counselling and population health promotion related to reproductive and child health matters from public health professionals; and
- Provides screening of school aged children, preventive dental services, basic dental treatment for low income children and seniors, administration of Children in Need of Treatment (CINOT) and Ontario Works, and dental services for seniors in collective living centers.

The Family Health service's 2018 Preliminary Operating Budget of \$93.551 million gross and \$20.608 million net is \$0.108 million or 0.5% under the 2017 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing the impact of the reversal of one-time funding from the Tax Stabilization Reserve added in 2017 to help fund the costs for One-on-One Time Mentoring Program, adding a pressure of \$0.013 million in 2018.
- In order to offset these pressures, the 2018 Preliminary Operating Budget includes base reductions to align the budget with actual experience of \$0.032 million and efficiency savings from various initiatives totalling \$0.049 million.
- The 2018 Preliminary Operating Budget includes funding of \$0.101 million gross and \$0 net for the Adult Ontario Works Dental program, to increase access to about 1200 Ontario Works adult clients a year and add 1 staff complement to triage and prepare the clients prior to the dentist visit. This program is fully funded by the Province.

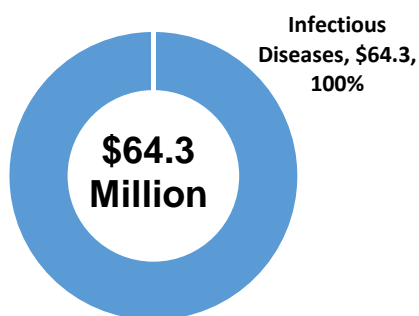
Infectious Diseases



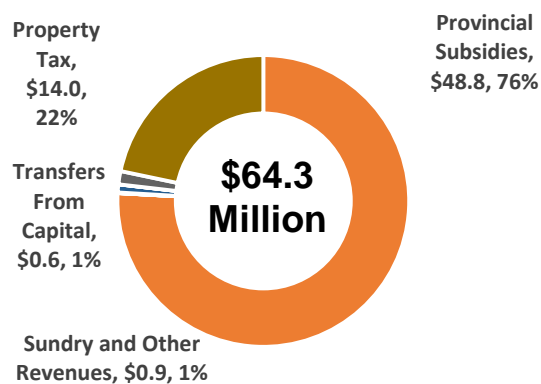
What We Do

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

**2018 Service Budget by Activity
(\$Ms)**



**2018 Service by Funding Source
(\$Ms)**



2018 Service Levels Infectious Disease

Type	Sub-Type	Status	2015	2016	2017	2018
Assessment and Surveillance	Suspect/confirmed Infectious diseases investigation/management	Approved	-Receive, assess and review 76,000 (100%) notifications of infectious diseases received annually -Report Infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	Approximately 77,000 notifications of infectious diseases received, assessed and reviewed annually	Investigate and manage 100% (41,000) of reported suspect/confirmed cases and contacts of infectious diseases.	Investigate and manage 100% (41,000) of reported suspect/confirmed cases and contacts of infectious diseases.
		Actual			Work with 87 (100%) long-term care homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.	Work with 87 (100%) long-term care homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.
	Surveillance system development	Approved	- conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment(s) - Liaise with Canadian Food Inspection Agency, neighbouring health units, Ministry of Municipal and Agricultural Affairs and Ministry of Natural Resources to keep informed about potential rabies threats - Report surveillance information and rabies post exposure prophylaxis administration to the MOHLTC within designated timelines	Approximately 2,500 animal bite reports responded to	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				
	Tuberculosis identification	Approved	-Conduct systematic and routine assessment, surveillance, monitoring and reporting to inform program and policy development, service adjustment and performance measurement. -Report infectious disease surveillance information to the Ministry of Health and Long-Term Care daily using the Integrated Public Health Information System (iPHIS) within designated timelines.	100% (~280) of new TB cases provided comprehensive case management services	Track and follow up on 100% of identified clusters involving Toronto residents to identify local transmission of TB and to identify secondary cases.	Track and follow up on 100% of identified clusters involving Toronto residents to identify local transmission of TB and to identify secondary cases.
		Actual				
Health Promotion and Policy Development	Immunization record assessment	Approved	-Conduct systematic and routine assessment, surveillance, monitoring, and reporting to inform program and policy development, service adjustment and performance measurement. -Assess immunization records of all high school students as per the amended changes to the ISPA. -Review immunization records all students born in 2010 to ensure they are up to date with the varicella vaccine.	100% (48,000) of public grade 7/8 students offered Hepatitis B, meningococcal and HPV immunization services.	Assess 100% of immunization records for 7 and 17 year old children.	Assess 100% of immunization records for 7 and 17 year old children.
		Actual				
	Infection prevention & control liaison services	Approved	-Host an annual education event for all 87 (100%) Long-Term Care Homes. Provide education sessions and offer consultation resources on infection prevention and control to all community partners upon request. -Sit on infection prevention and control committees of 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes. -Provide infection prevention and control liaison services (outbreak management/consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 17 (100%) complex continuing care / rehab sites and 87 (100%) Long-Term Care Homes, 1,065 (100%) licensed child care centers, 4 (100%) correctional facilities, 4 (100%) school boards and 65 (100%) shelters. -Work with 87 (100%) Long-Term Care Homes and 150 (100%) retirement homes to develop their infectious disease surveillance systems.	Approximately 77,000 notifications of infectious diseases received, assessed and reviewed annually	Provide infection prevention and control liaison services (outbreak management/ consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 16 (100%) complex continuing care / rehab sites and 87 (100%) long-term care Homes, 150 (100%) retirement homes, 1000 (100%) licensed child care centers, 2 (100%) correctional facilities, 4 (100%) major school boards and 65 (100%) shelters.	Provide infection prevention and control liaison services (outbreak management/ consultation, requests for presentations and contact for questions) to 20 (100%) hospital sites, 16 (100%) complex continuing care / rehab sites and 87 (100%) long-term care Homes, 150 (100%) retirement homes, 1000 (100%) licensed child care centers, 2 (100%) correctional facilities, 4 (100%) major school boards and 65 (100%) shelters.
		Actual				
	Harm reduction & education	Approved	- develop and distribute rabies resource materials for seniors and youths to supplement national and provincial communication strategies	Approximately 2,500 animal bite reports responded to	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				
	AIDS/Sexual Health Hotline	Approved	-Partner with approximately 42 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS. Approximately 300 training sessions offered annually. -Reach 40,000 community clients reached through sexual health promotion activities; -Assist 25,600 Ontario callers through the AIDS and Sexual Health InfoLine.; -Provide 360 high risk opiate users with Naloxone, resulting in 25 administrations. -Distribute 3,900,000 male condoms and 37,600 female condoms. Distribute 900,000 units of lubricant	Approximately 55,000 client visits to TPH sexual health clinics annually	Partner with 45 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS; 300 training sessions will be offered. Assist 33,000 Ontario callers through the AIDS and Sexual Health Info Line.	Partner with 45 community agencies to deliver harm reduction education and training to drug users and community agencies, including Toronto Police and EMS; 300 training sessions will be offered. Assist 33,000 Ontario callers through the AIDS and Sexual Health Info Line.
		Actual				

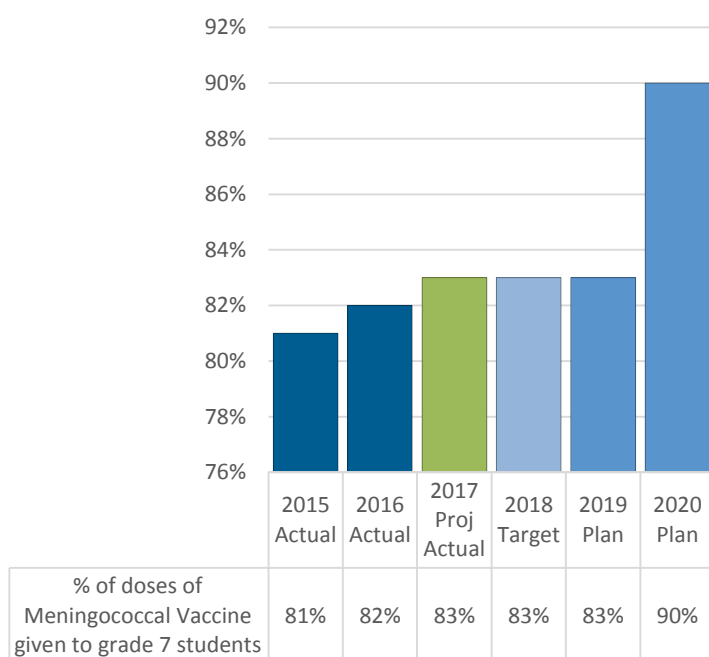
Type	Sub-Type	Status	2015	2016	2017	2018
Disease Prevention		Approved	-Maintain 24/7 availability. Respond to approximately 34,000 cases (100%) of reportable, communicable diseases. -Implement targeted communication with health care providers in the community to alert them to urgent or emerging public health issues, including distribution of information on the behalf of the Ministry of Health and Long-Term Care upon request. Information distributed to approximately 2,900 health care providers and institutions. -Approximately 10 surveillance alerts issued by TPH annually to approximately 7,000 physicians. Approximately 30 Early Aberrant reporting System (EARS) alerts followed up by TPH epidemiology team, with approximately 8-10 EARS alerts requiring follow up by communicable disease programs.	Approximately 77,000 notifications of infectious diseases received, assessed and reviewed annually	Service Levels (SLs) still being provided and tracked even though they not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they not be reported out for 2018. This information can be provided upon request.
		Approved	-Inspect 3,000 (100%) critical and semi-critical personal services settings. Respond to all infection prevention and control complaints in settings where services are provided by regulated health professionals. -Investigate and manage approximately 300 disease outbreaks annually. -Complete policy and procedures for all 76 (100%) reportable diseases and reviewed every 5 years at a minimum and more frequently when required			
		Actual				
	Tuberculosis Education	Approved	-Provide TB education presentations and develop educational resources for populations at risk for developing TB, health care professionals and community agencies including for approximately: 500 newcomers; 300 health care professionals; and 500 persons at their school/university/college or workplace.; -Hold a minimum of 30 education sessions for agencies offering services to homeless/under housed persons. -Provide PHN liaison services at each of 4 (100%) TB Clinics and 3 (100%) Correctional Facilities located in Toronto in order to work collaboratively to prevent and control TB.	Approximately 280 new TB cases provided comprehensive case management services	Provide TB education sessions and develop educational resources for populations at risk for developing TB including: 600 newcomers. Provide TB education to 300 Health Care providers focusing on reporting requirements, TB screening, optimal treatment of active TB clients and latent TB infection clients. Provide TB educational sessions to 200 people who are homeless/under housed and 400 homeless Service Providers.	Provide TB education sessions and develop educational resources for populations at risk for developing TB including: 600 newcomers. Provide TB information for 300 Health Care providers focusing on reporting requirements, TB screening, optimal treatment of active TB clients and latent TB infection clients. Provide TB education through multiple strategies to 200 people who are homeless/under housed and 400 homeless Service Providers.
		Actual				
		Approved	-Conduct periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH as related to the changes in the ISPA -Support public information and increase knowledge through periodic media releases and response to media inquiries. -Provide education and information to 2000 Health Care Providers that store publicly funded vaccine (incl. pharmacies) regarding Vaccine Storage and Handling practices -Send immunization promotional materials reflecting the changes to the immunization schedule to Day Nursery operators and to the parents of children enrolled in Day Nurseries	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
Health Protection	Personal service settings inspections	Approved	-Inspect over 90% of 3,000 critical and semi-critical personal services settings.; -Conduct one annual infection prevention and control inspection in all 1,065 licensed child care facilities.; -Maintain TPH PSS inspection disclosure website.	Service Level Reviewed and Discontinued	Inspect 3,600 critical and semi-critical personal services settings.	Inspect 3,800 critical and semi-critical personal services settings.
		Actual				
	Vaccine storage inspection	Approved	-Inspect 2000 Health Care Providers offices annually to assess for cold-chain compliance; and investigate approximately 200 cold-chain failures annually. -Respond to 100% reported adverse events	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Inspect 2000 fridges in health care premises (including physicians' offices, pharmacies, hospitals, community health centres, long term care facilities etc.) to ensure that all publicly-funded vaccines are properly refrigerated, safe	Inspect 2,100 fridges in health care premises (including physicians' offices, pharmacies, hospitals, community health centres, long term care facilities etc.) to ensure that all publicly-funded vaccines are properly refrigerated, safe and effective.
		Actual				
Disease Prevention / Health Protection	Animal bite response	Approved	- maintain 24/7 availability to receive and respond to 100% (avg 2300/year) animal bites to humans, submit 100% (avg 50/year) specimens, and deliver 100% (avg. >350/year) post exposure prophylaxis - communicate with partners re: reporting obligations for suspected rabies exposures and where to obtain further information - maintain rabies contingency plan	Approximately 2,500 animal bite reports responded to	Respond to 100% (2,500) of animal bite reports.	Respond to 100% (2,500) of animal bite reports.
		Actual				
	Sexual Health Clinics	Approved	-Accommodate 55,000 client visits to sexual health clinics annually; wait times for new clients for clinic services 2-3 weeks . -Track and investigate over 13,000 confirmed cases of Chlamydia, gonorrhea, syphilis and HIV. -Provide Provincially funded medication for treatment for reportable STI treatment to all (100%)requesting community physicians. -Send 150 anonymous e-cards from inSPOT website and host 700 site visitors	Approximately 55,000 client visits to TPH sexual health clinics annually	Serve 60,000 clients at sexual health clinics.	Serve 60,000 clients at sexual health clinics.
		Actual				
	Tuberculosis treatment & follow up	Approved	-Investigate 100% of suspect TB cases and provide comprehensive TB case management for 100% of active TB cases (approximately 280 new cases annually) until treatment completion (approximately 6 months to 2 years). Greater than 95% of active TB cases will annually complete appropriate and adequate treatment according to the Canadian TB Standards. A minimum of 85% of eligible clients will be placed on directly observed therapy (DOT).; -Provide follow-up of approximately 2,000 persons/year identified as contacts of active TB cases. -Assess and follow-up approximately 1,200 newcomers (annually) to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada. -Provide free TB medications to 100% of clients with active TB disease (approximately 280 per year) and 100% of clients with latent TB infection who are referred for TB preventative treatment by their community health care provider (approximately 1200 clients per year).	Approximately 280 new TB new cases provided comprehensive case management services	Greater than 95% of Active TB cases will complete adequate treatment according to the Canadian TB Standards. Provide follow-up for 1500 Torontonians identified as contacts of infectious TB cases to identify secondary cases early and identify individuals who have been infected with TB in order to offer preventative medications. Assess and follow up on 1,200 newcomers to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada.	Greater than 95% of Active TB cases will complete adequate treatment according to the Canadian TB Standards. Provide follow-up for 1500 Torontonians identified as contacts of infectious TB cases to identify secondary cases early and identify individuals who have been infected with TB in order to offer preventative medications. Assess and follow up on 1,200 newcomers to Toronto who are placed on TB Medical Surveillance by Citizenship and Immigration Canada.
		Actual				

Type	Sub-Type	Status	2015	2016	2017	2018
Partnership Funding	Toronto Urban Health Fund	Approved	-With 1.9 million dollars, fund 48 community organizations (AIDS and substance abuse programs) and assist 32 agencies with evaluation skills.	Approximately 55,000 client visits to TPH sexual health clinics annually	Fund 30 community organizations to prevent transmission of HIV and assist 30 agencies with evaluation skills.	Fund 30 community organizations to prevent transmission of HIV and assist 30 agencies with evaluation skills.
		Actual				
Health Promotion and Policy Development		Approved	-Conduct periodic campaigns to promote immunization, including targeted campaigns to school aged children who receive vaccines through TPH as related to the changes in the ISPA -Support public information and increase knowledge through periodic media releases and response to media inquiries. -Provide education and information to 2000 Health Care Providers that store publicly funded vaccine (incl. pharmacies) regarding Vaccine Storage and Handling practices -Send immunization promotional materials reflecting the changes to the immunization schedule to Day Nursery operators and to the parents of children enrolled in Day Nurseries	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2017. This information can be provided upon request.	Service Levels (SLs) still being provided and tracked even though they will not be reported out for 2018. This information can be provided upon request.
		Actual				
Disease Prevention	Immunization clinics Immunization information centre	Approved	-Provide approximately 80,000 vaccinations for Hepatitis B, Meningococcal, and HPV to grade 7&8; -Provide approximately 10,000 vaccination for the seasonal flu program -Organize and deliver 1,500 immunization clinics (flu, school immunizations, homeless shelters, and school-aged children who are under vaccinated) annually. -Outbreak contingency plan in place. Utilize outbreak response policy and procedure to guide deployment of staff. Developing additional guiding documents on mass immunization clinic response.	Approximately 80,000 vaccinations provided for Hepatitis B, Meningococcal and HPV to grades 7&8	Organize and deliver 1,000 immunization clinics (flu, school immunization, homeless shelters, and school-aged children who are under vaccinated). Answer 50,000 phone calls at the Immunization Information Centre.	Organize and deliver 1,000 immunization clinics (flu, school immunization, homeless shelters, and school-aged children who are under vaccinated). Answer 50,000 phone calls at the Immunization Information Centre.
		Actual				

Except for the annual volume changes (bolded in the chart above), the 2018 Service Levels are consistent with the approved 2017 Service Levels for Infectious Diseases.

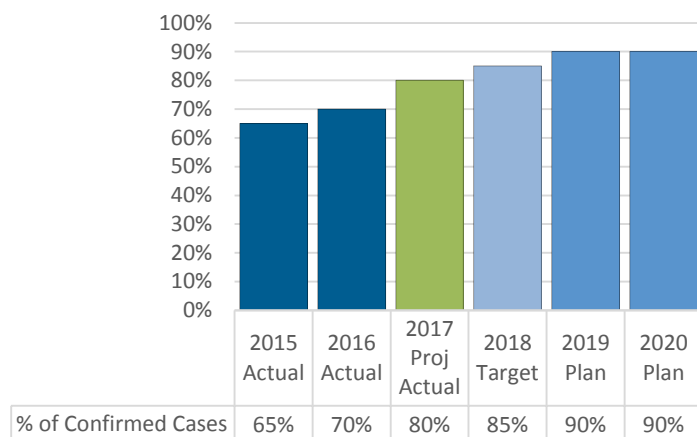
Service Performance Measures

% of Doses of Meningococcal Vaccine given to grade 7 Students at TPH School Clinics



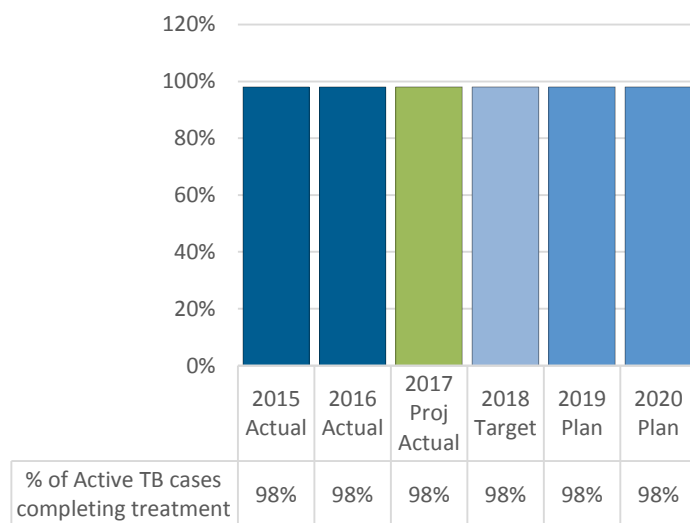
- TPH provides meningococcal vaccine to grade 7 students every year.
- The vaccine, Menactra®, is only available through public health units and protects against meningococcal disease, a rare but serious and potentially fatal disease.
- Each student needs one dose to be fully protected.
- The percentage of meningococcal vaccine given to grade 7 students at TPH school clinics is expected to remain at the 2017 projected levels for 2018 and 2019.
- With improved tracking of the immunization status of every pupil attending school as a result of Immunization of School Pupils Act (ISPA) the percentage of students reached will increase to 90% in 2020.

% of Confirmed Gonorrhea Cases who received Recommended Treatment



- The chart shows percentage of confirmed gonorrhea cases who received treatment, to reduce the spread of drug resistance.
- TPH works with the treating physician to ensure that cases of gonorrhea receive the appropriate treatment to prevent further cases of antibiotic resistant gonorrhea.
- TPH is anticipating an annual increase of 5% of confirmed gonorrhea cases who receive treatment reaching 90% in 2019. 2020 level is expected to remain stable at 2019 level.

% of Active TB cases Completing Adequate Treatment according to the Canadian TB Standards



- TPH strives to ensure that 100% of active TB cases complete adequate treatment.
- TPH is anticipating a target of 98% after taking into consideration small number of cases wherein TB Specialists decide to shorten the TB treatment and monitor the client due to other health conditions.

Table 6
2018 Preliminary Service Budget by Activity

(\$000s)	2017	2018 Preliminary Operating Budget							Incremental Change					
	Approved Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2017 Budget	% Change	New/Enhanced	Prelim Budget	2018 Prelim Budget vs. 2017 Budget		2019 Plan		2020 Plan	
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%
GROSS EXP.														
Infectious Diseases	64,211.0	64,332.5	(24.7)	64,307.8	96.8	0.2%		64,307.8	96.8	0.2%	1,164.0	1.8%	34.8	0.1%
Total Gross Exp.	64,211.0	64,332.5	(24.7)	64,307.8	96.8	0.2%		64,307.8	96.8	0.2%	1,164.0	1.8%	34.8	0.1%
REVENUE														
Infectious Diseases	50,334.4	50,364.6	(18.6)	50,346.0	11.7	0.0%		50,346.0	11.7	0.0%	961.1	1.9%	(98.2)	(0.2%)
Total Revenues	50,334.4	50,364.6	(18.6)	50,346.0	11.7	0.0%		50,346.0	11.7	0.0%	961.1	1.9%	(98.2)	(0.2%)
NET EXP.														
Infectious Diseases	13,876.6	13,967.9	(6.2)	13,961.7	85.1	0.6%		13,961.7	85.1	0.6%	202.9	1.5%	133.0	0.9%
Total Net Exp.	13,876.6	13,967.9	(6.2)	13,961.7	85.1	0.6%		13,961.7	85.1	0.6%	202.9	1.5%	133.0	0.9%
Approved Positions	516.4	514.5	(0.3)	514.2	(2.2)	(0.4%)		514.2	(2.2)	(0.4%)	(3.4)	(0.7%)	(4.1)	(0.8%)

The **Infectious Diseases** service prevents and controls the spread of communicable disease in the City of Toronto. The program conducts disease surveillance, provides immunizations, health education and counselling, clinical services, inspection services and responds to reports of communicable diseases and outbreaks in the community and institutions.

The Infectious Diseases service's 2018 Preliminary Operating Budget of \$64.308 million gross and \$13.962 million net is \$0.085 million or 0.6% over the 2017 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing contractual inflationary increases for the Sexual Health Clinics and Toronto Urban Health Fund services. The increased contribution to fleet reserve for the vehicles replacement as well as the annualized impacts from the cost-shared programs added in 2017 (Immunization of Schools Pupils Act, Health Hazard, Food Safety and Overdose Response Prevention) will create a further pressure of \$0.077 million.
- In order to offset these pressures, the 2018 Preliminary Operating Budget includes efficiency savings from various initiatives totalling \$0.024 million.

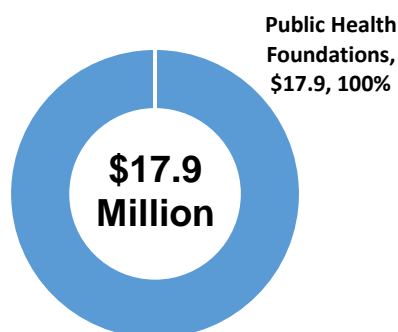
Public Health Foundations



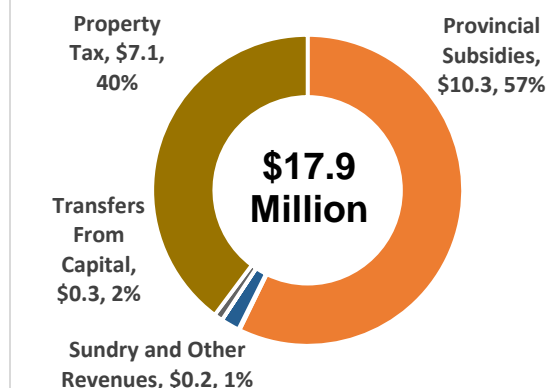
What We Do

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

2018 Service Budget by Activity (\$Ms)



2018 Service by Funding Source (\$Ms)



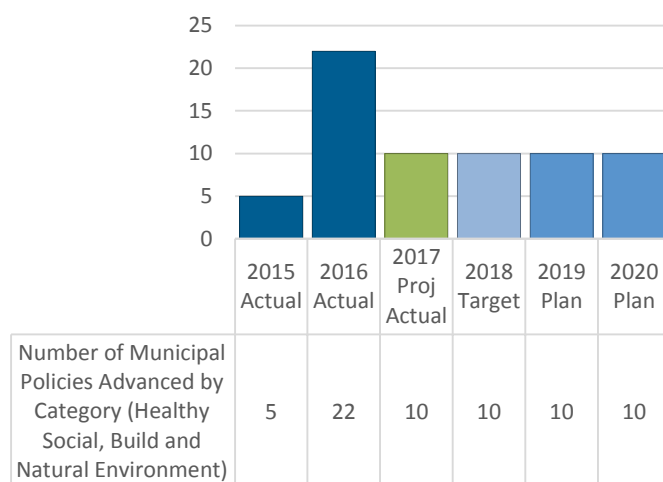
2018 Service Levels Public Health Foundations

Type	Sub-Type	Status	2015	2016	2017	2018
Population Health Assessment	Surveillance indicators	Approved	New in 2016	Approximately 48 surveillance indicators monitored and posted on web	Assess, update and report data for 50 surveillance indicators that monitor the health of Toronto's population. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations. Conduct surveillance of community emergency planning & preparedness.	Assess, update and report data for 50 surveillance indicators that monitor the health of Toronto's population. Conduct systematic and routine analysis of surveillance information, including monitoring of trends over time, emerging trends, and priority populations. Conduct surveillance of community emergency planning & preparedness.
		Actual				

Overall, the 2018 Service Levels are consistent with the approved 2017 Service Levels for Public Health Foundations.

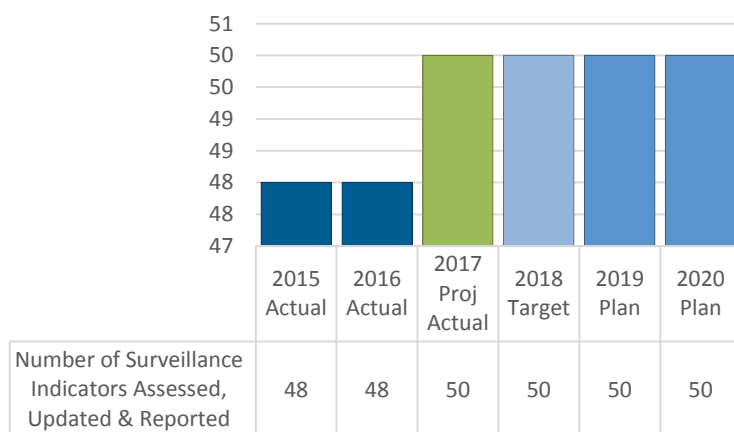
Service Performance Measure

Number of Municipal Policies Advanced by Category (Healthy Social, Build and Natural Environment)



- TPH will undertake research and engage, collaborate, and consult with City divisions and other stakeholders to advance municipal policy to ensure that they support healthy social and natural environments.
- For 2016, there were a large number of policy issues reported to the Board of Health, including a number of unanticipated ones.
- TPH is anticipating a target of 10 policies to be advanced in 2018 and future years based on the past experience.

Number of Surveillance Indicators Assessed, Updated & Reported



- Indicator data are generally analyzed by time, geography and subpopulations to identify trends and inequities.
- Indicators are updated and monitored regularly by epidemiology staff who facilitate knowledge translation and integration into service design and policy development.
- TPH is anticipating that 50 surveillance indicators will be assessed, updated and reported.

Table 6
2018 Preliminary Service Budget by Activity

(\$000s)	2017	2018 Preliminary Operating Budget										Incremental Change			
	Approved Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2017 Budget	% Change	New/Enhanced	Prelim Budget	2018 Prelim Budget vs. 2017 Budget			2019 Plan	2020 Plan		
		\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%
GROSS EXP.															
Public Health Found.	17,417.5	17,993.8	(69.9)	17,923.9	506.4	2.9%		17,923.9	506.4	2.9%	381.8	2.1%	428.3	2.3%	
Total Gross Exp.	17,417.5	17,993.8	(69.9)	17,923.9	506.4	2.9%		17,923.9	506.4	2.9%	381.8	2.1%	428.3	2.3%	
REVENUE															
Public Health Found.	10,312.0	10,842.8	(52.5)	10,790.4	478.4	4.6%		10,790.4	478.4	4.6%	180.9	1.7%	237.4	2.2%	
Total Revenues	10,312.0	10,842.8	(52.5)	10,790.4	478.4	4.6%		10,790.4	478.4	4.6%	180.9	1.7%	237.4	2.1%	
NET EXP.															
Public Health Found.	7,105.5	7,151.0	(17.5)	7,133.5	28.0	0.4%		7,133.5	28.0	0.4%	200.9	2.8%	190.9	2.6%	
Total Net Exp.	7,105.5	7,151.0	(17.5)	7,133.5	28.0	0.4%		7,133.5	28.0	0.4%	200.9	2.8%	190.9	2.5%	
Approved Positions	98.7	118.8	(0.8)	118.0	19.4	19.6%		118.0	19.4	19.6%	(0.6)	(0.5%)	0.9	0.8%	

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

The Public Health Foundations service's 2018 Preliminary Operating Budget of \$17.924 million gross and \$7.134 million net is \$0.028 million or 0.4% over the 2017 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is impacted by the costs transferred between services resulting from budget realignment to reflect actual costs of services provided.
- In order to offset these pressures, the 2018 Preliminary Operating Budget includes efficiency savings from various initiatives totaling \$0.018 million.



Part 3

Issues for Discussion

Issues Impacting the 2018 Budget

Toronto Public Health 2018 Operating Budget Request

- City Council at its meeting on May 24, 2017 considered the report EX25.18: "2018 Budget Process - Budget Directions and Schedule" and requested all Agencies to submit their respective Board-approved 2018 Operating Budget and 2018 – 2027 Capital Budget and Plan requests no later than October 1, 2017.
- In the same meeting, City Council directed all City Programs and Agencies to provide their 2018 Net Operating Budget equal to the 2017 Approved Net Operating Budget.
- The Board of Health (BOH) Budget Committee at its meeting of September 20, 2017 recommended TPH's 2018 Operating Budget Request of \$251.263 million gross and \$63.831 million net, which is \$3.004 million or 4.9% above the 2017 Approved Net Budget to the Budget Committee for its consideration during the Budget process. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HU13.1>
 - The BOH Recommended Base Budget of \$247.394 million gross and \$60.758 million net excluding new and enhanced priorities results in a 0% increase from 2017 Approved Operating Budget.
 - The BOH recommended budget includes funding for 7 new and enhanced priorities totaling \$3.869 million gross and \$3.004 million net.
- The 2018 Preliminary Operating Budget for TPH is \$247.120 million gross and \$60.806 million net or 0% over the 2017 Budget. It is lower than the BOH Recommended Operating Budget of \$251.263 million gross and \$63.831 million net by \$3.024, highlighted in the table below.
 - The 2018 Preliminary Base Operating Budget is \$247.764 million gross and \$60.996 million net, which is lower by \$0.020 million than the BOH Recommended Base Operating Budget of \$248.138 million gross and \$61.016 million net due to an adjustment made to salaries and benefits projections following a detailed review of budgeted expenditures.
 - Further, the 2018 BOH Recommended Operating Budget included 7 new and enhanced service priorities of \$3.869 million gross and \$3.004 million net. The 2018 Preliminary Operating Budget includes 1 new service priority, Adult Ontario Works Dental, for \$0.101 million gross and \$0 net, fully funded by the Province. The remaining 6 new and enhanced initiatives are not included in the 2018 Preliminary Operating Budget. Please refer to the next section.

Description (\$000s)	BOH BC Recommended on September 20, 2017			2018 Preliminary Operating Budget			Preliminary Budget versus BOH BC Recommended			Comments
	Position	Gross	Net	Position	Gross	Net	Position	Gross	Net	
	#	\$	\$	#	\$	\$	#	\$	\$	
2017 Approved Budget	1,837.96	245,071.4	60,796.9	1,838.08	245,071.35	60,796.89	0.1	(0.0)	(0.0)	Correction to position count.
In Year Adjustments	17.78	1,695.7	30.0	17.78	1,424.90	30.00	-	(270.8)	0.0	Additional in-year adjustments, mainly reduction of funding for Healthy Apartment Neighbourhoods and increase for Toronto Overdose Actions Plan.
2017 Adjusted Approved Budget	1,855.74	246,767.0	60,826.9	1,855.9	246,496.3	60,826.9	0.1	(270.7)	(0.0)	
Base Changes:										
Base Expenditure Changes										
<i>Impact of Capital Changes</i>	9.9	639.7	-	6.9	208.7	-	(3.1)	(431.0)	-	Reduction in capital positions as a result of capital projects review. No net impact.
<i>Salary and Benefit Changes</i>	(3.0)	469.9	69.8	(3.0)	343.3	49.5	-	(126.6)	(20.3)	Adjustment to salaries and benefits projections.
<i>Economic Factors (Utilities, Rent and Inflationary Increases for Sexual Health Clinics, Dental Street Youth & Low Income Adults)</i>		114.6	29.4		114.6	29.4	-	-	-	
<i>Interdivisional Charges and Recoveries</i>		20.6	6.1		20.6	6.1	-	-	-	
<i>Annualization, Changes to 100% Funded Programs</i>		112.0	90.5		566.1	90.3	-	454.1	(0.2)	Reversal of Cooling Centres annualized impact, Food Works Newcomer Settlement Award, Healthy Apartment Neighbourhoods and reduction to 100% provincially funded Programs.
Base Revenue Changes							-	-	-	
<i>User Fees</i>		14.2	(6.4)		14.2	(6.4)	-	(0.0)	0.0	
Base Savings				-	-	-	-	-	-	
Sub-Total	6.9	1,371.0	189.4	3.9	1,267.5	168.9	(3.1)	(103.5)	(20.5)	
2018 Recommended Base Budget	1,862.6	248,138.0	61,016.3	1,859.7	247,763.7	60,995.8	(2.9)	(374.3)	(20.5)	
			0.3%							
Service Changes:										
Service Efficiencies										
<i>Line by Line Review</i>		(221.4)	(58.7)		(221.4)	(58.7)	-	-	-	
<i>Operational and Support Efficiencies1</i>	(0.9)	(95.5)	(23.9)	(0.9)	(95.5)	(23.9)	-	-	-	
<i>Operational and Support Efficiencies2</i>	(3.0)	(307.1)	(76.8)	(2.0)	(188.6)	(47.2)	1.0	118.5	29.7	
<i>Operational and Support Efficiencies3</i>	(1.0)	(95.3)	(23.8)	(2.0)	(213.8)	(53.4)	(1.0)	(118.5)	(29.6)	
	(4.9)	(719.3)	(183.2)	(4.9)	(719.3)	(183.2)	-	0.0	0.0	
Minor Service Change										
<i>Ambassador Program Funding Reduction</i>	-	(25.0)	(6.3)	-	(25.0)	(6.3)	-	-	-	
		(25.0)	(6.3)	-	(25.0)	(6.3)	-	-	-	
Sub-Total Service Changes	(4.9)	(744.3)	(189.5)	(4.9)	(744.3)	(189.5)	-	0.0	0.0	
2018 Budget to be Considered	1,857.7	247,393.7	60,826.8	1,854.8	247,019.4	60,806.3	(2.9)	(374.3)	(20.5)	
Change over 2017 Budget			0.0%			0.0%				
New/ Enhanced:										
<i>Immunization of School Pupils Act (ISPA)</i>	9.0	530.3	132.6				(9.0)	(530.3)	(132.6)	These new/enhanced priorities are not included in the Preliminary budget but are part of the list of new/enhanced requests.
<i>Toronto Urban Health Fund - Year 4</i>		150.0	37.5				-	(150.0)	(37.5)	
<i>Toronto Urban Health Fund 15% Budget Enhancement</i>		339.1	84.8				-	(339.1)	(84.8)	
<i>Student Nutrition Program (SNP) - Strengthen Current Program</i>		1,681.4	1,681.4				-	(1,681.4)	(1,681.4)	
<i>SNP Program - Expansion</i>		442.8	442.8				-	(442.8)	(442.8)	
<i>SNP Program - Expansion to Independent Schools</i>		624.8	624.8				-	(624.8)	(624.8)	
<i>Adult Ontario Works Dental</i>	1.0	100.5	-	1.0	100.5	-	-	-	-	
Sub-Total New/ Enhanced	10.0	3,868.9	3,003.9	1.0	100.5	-	(9.0)	(3,768.4)	(3,003.9)	
2018 Operating Budget to be Considered	1,867.7	251,262.6	63,830.7	1,855.8	247,119.9	60,806.3	(11.9)	(4,142.7)	(3,024.4)	
Change over 2017 Budget			4.9%			0.0%				

Issues Referred to the 2018 Operating Budget Process

New & Enhanced Not Included in the 2018 Preliminary Operating Budget

- Toronto Public Health submitted 6 new and enhanced service priorities as noted in the table below, which require additional funding of \$ 3.768 million gross and \$3.004 million net and 9 new permanent positions.

Description (\$000s)	New and Enhanced								Total New and Enhanced			Incremental Change			
	Chronic Diseases & Injuries		Family Health		Infectious Diseases		Public Health Foundations		\$	\$	Position	2019 Plan		2020 Plan	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	#	Net	Pos.	Net	Pos.
Enhanced Services Priorities															
Referred to Budget Process - Poverty Reduction (Original Plan)															
Student Nutrition Program (SNP) - Expansion	146.1	146.1	146.1	146.1			150.5	150.5	442.8	442.8					
Student Nutrition Program (SNP) - Strengthen Current Program	554.9	554.9	554.9	554.9			571.7	571.7	1,681.4	1,681.4					
Toronto Urban Health Fund Enhancement (Year 4)	75.0	18.8	37.5	9.4	37.5	9.4			150.0	37.5		37.5			
Referred to Budget Process - Poverty Reduction (New to Plan)															
Toronto Urban Health Fund - 15% Budget Enhancement	169.5	42.4	84.8	21.2	84.8	21.2			339.1	84.8					
Referred to Budget Process:															
Student Nutrition Program (SNP) - Expansion to Indep Schools	206.2	206.2	206.2	206.2			212.4	212.4	624.8	624.8					
ISPA (Immunization of School Pupils Act)					530.3	132.6			530.3	132.6	9.0	65.5			
Sub-Total Referred to Budget Process	1,151.7	968.3	1,029.4	937.7	652.6	163.1	934.6	934.6	3,768.4	3,003.8	9.0	103.0			
Total Enhanced Services	1,151.7	968.3	1,029.4	937.7	652.6	163.1	934.6	934.6	3,768.4	3,003.8	9.0	103.0			
Total New / Enhanced Services (Not Included)	1,151.7	968.3	1,029.4	937.7	652.6	163.1	934.6	934.6	3,768.4	3,003.8	9.0	103.0			

Student Nutrition Program (SNP)

Student Nutrition Program Expansion – (\$0.443 million gross & \$0.443 million net):

- This service enhancement will extend municipal core funding to 20 publically funded schools serving higher needs communities (reaching almost 7,000 additional students), bringing the total number of students reached with municipal funding to up to 205,000 children and youth in 2018.

Student Nutrition Strengthen Current Program – (\$1.681 million gross & \$1.681 million net):

- This enhanced service request will be directed to currently-funded student nutrition programs, resulting in programs having a greater ability to increase the purchase of nutritious food.

Student Nutrition Program Overview

- As part of the 2015 Budget, the original 5-year (2012-2017) plan to gradually increase municipal investment to Student Nutrition Program was reset and extended by one year to conclude in 2018.
- On September 26, 2016, BOH Budget Committee considered the report titled "*Student Nutrition Program: 2017 Budget Request and Program Update*" which provided an update of the municipal enhancements to SNP during the first three years of the revised 6-Year Plan (2012-2018) and the proposed increases in 2016-2018 to achieve the municipal investment target of 20% by 2018. Link: <http://www.toronto.ca/legdocs/mmis/2016/hu/bgrd/backgroundfile-96162.pdf>
- On September 20, 2017, the Board of Health referred the report HU13.1, "Toronto Public Health 2018 Operating Budget Request" to the 2018 Budget process and in so doing recommended:
 - An increase of \$2.124 million gross and net reflecting the final year of funding for the expansion and stabilization of the Student Nutrition Program in Toronto.
 - The Board did not recommend any inflationary increases to the cost of food for 2018.
- Currently, the City's investment in Student Nutrition Program is \$12.236 million or 17% of the total Program cost in 2017 as demonstrated in Table 1 below.
 - An addition of \$2.124 million in 2018 would increase the City's contribution to \$14.360 million or 20% as envisioned in the 6-year expansion plan that will conclude in 2018.

- Student nutrition programs also raise funds from third party contributions, including parental contributions, local fundraising, and corporate donations.

Table 1**Summary of Proposed 2018 Increased Municipal Investment in Student Nutrition Program**

Description	2012	2017*	2018 Projected Target	Change 2018 vs 2017
Municipal funding	\$3,819,580	\$12,235,979	\$14,360,141	\$2,124,162
Number of students reached	135,880	197,785	205,000	7,215
Number of sites	435	600	620	20
Number of programs	649	802	820	18
Municipal contribution rate	9%	17%	20%	3%
Municipal contribution per morning meal per school day per elementary student	\$0.09	\$0.21	\$0.24	\$0.03
Overall Program Budgets of Local SNPs		\$67,977,663	\$71,800,705	\$3,823,042

*preliminary numbers and may be adjusted after the late applications and appeals process ends Dec 31, 2017.

- The 2018 requested increase of \$2.124 million will fund the following:
 - An increase of \$1.681 million to be allocated to existing student nutrition programs to increase the City's investment rate from 17% in 2017 to 20% in 2018 of total program costs or \$0.24 per elementary student per morning meal each school day, providing a stronger funding base for existing programs.
 - An expansion component for 2018 of \$0.443 million which will extend municipal funding for 20 more student nutrition programs in publicly funded schools which currently do not receive municipal funding, reaching approximately 7,000 additional students.
 - The requested 2018 enhanced funding would conclude of the 6-year expansion of the Student Nutrition Program endorsed by the BOH in "Student Nutrition Program: 2016 Operating Budget Request and Municipal Funding Plan to 2018" report adopted on October 26, 2015 to increase City's investment to 20%.
- The 2018 Preliminary Operating Budget for Toronto Public Health does not include a funding increase for inflationary cost of food. Adjustments are based on the annual Nutritious Food Basket survey, which indicates minimal change for 2018.

Toronto Urban Health Fund (TUHF) Enhancement – Year 4 (\$0.150 million gross and \$0.038 million net):

- In 2014, Toronto Public Health proposed a five year plan for TUHF enhancement requesting an increase of \$750,000 for the program through annual increments of \$150,000 per year over five years starting in 2015 to address HIV prevention, harm reduction and youth resiliency.
- The increments of \$150,000 were approved in 2015, 2016 and 2017. A fourth increment of \$150,000 in 2018 would continue to enhance the TUHF funding envelope, alleviate increasing funding pressures, and support TUHF in meeting its strategic objectives.
 - The enhancement will contribute to strengthening local community response in the youth and Indigenous sectors to address HIV incidence rates and illicit substance use rates.

Toronto Urban Health Fund (TUHF) – 15% Enhancement (\$0.339 million gross and \$0.084 million net):

- This enhancement of \$0.339 million gross and \$0.084 million net is 15% above the 5-year plan implemented in 2015 to increase funding by \$0.750 million with annual increments of \$0.150 million to address HIV prevention, harm reduction and youth resiliency. Based on most recently completed funding allocation process concluded in May 2017, TUHF could not fund 17 projects due to a funding shortfall of \$900,219.
- The enhancement will contribute to strengthening local community response to address HIV incidence rates and illicit substance use rates within the Black community. HIV rates among Black youth and women continue to represent a high proportion of cases in Toronto.

Student Nutrition Program Expansion to Independent Schools (\$0.625 million gross and net)

- This enhancement would build upon the municipal funding plan approved by the Board of Health in 2016 to enable gradual expansion into independent schools serving higher need communities in Toronto, which meet program eligibility criteria.
 - On April 25, 2016, the Board of Health requested that the Medical Officer of Health develop a needs-based strategy to provide student nutrition program municipal funds to independent schools that meet approved criteria.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL11.12>
 - An assessment method similar to that used to assess public schools, which links student postal code to neighbourhood household income, has been recommended to the Board of Health in a September 11, 2017 report by the Medical Officer of Health and approved by the Board on September 20, 2017.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL21.4>
 - On September 20, 2017, the Board of Health approved the report HU13.1, "Toronto Public Health 2018 Operating Budget Request" and in doing so approved the gradual extension of municipal funding to Student Nutrition Program in independent private schools at an additional cost of \$0.625 million gross and net. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL21.4>
- The 2018 enhancement request of \$0.625 million gross and net is for the following:
 - \$0.015 million to complete the assessment of need through contract with Statistics Canada for socio-demographic data and analysis.
 - \$0.040 million in community capacity building support for new sites to support program success and municipal oversight of grants; and
 - \$0.570 million is to fund program grants that would be directed toward the purchase of healthy food by eligible programs at a municipal contribution rate equal to other municipally funded programs.

Immunization of School Pupils Act (ISPA) – (\$0.530 million gross & \$0.133 million net):

- Public health units are required to annually assess and maintain records of the immunization status of every pupil attending school under the Immunization of School Pupils Act (ISPA). They must be immunized against 9 diseases (meningococcal, varicella, pertussis, measles, mumps, rubella, diphtheria, tetanus and polio).
- TPH is currently not meeting the minimum provincial requirements under OPHA and ISPA. This enhancement will enable TPH to meet the Ministry's increased requirements under OPHA and ISPA that:
 - In 2013 added 3 new diseases comprising 9 additional vaccine doses and the addition of private schools for ISPA assessment; and

- Implemented a new, more complex provincial data system, Panorama, to enter student vaccine information and assess compliance.
- The submitted funding of \$0.530 million gross and \$0.133 million net will allow for additional staffing resources of 5 Support Assistant B, 1 Supervisor Vaccine position and 3 Register Practical Nurses to work with students, respond to parent and health care provider inquiries to ensure compliance with the ISPA, and enter data into the provincial immunization system.

Student Nutrition Program (SNP) Governance

The City recognizes the importance of a renewed governance model for the Student Nutrition Toronto, the collaborative partnership which oversees government funded student nutrition programs operating in Toronto.

- On October 26, 2015, the Board of Health considered a report HL7.1 "*Student Nutrition Program Update*" that described the process undertaken by the partnership to review its governance with recommendations aimed at strategic direction, building capacity to support future program growth and improved fundraising, while building upon the existing strengths of the program.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL7.1>
- On May 3-5, 2016, City Council directed the City Manager to collaborate with the Medical Officer of Health to develop a new governance model. The City Manager provided an update on the City's progress to Toronto City Council on July 12-15, 2016 (CC20.3, "*Report from the City Manager on Student Nutrition Program: Governance Update*").
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.CC20.3>
- On December 5, 2016 and May 17, 2016, the Board of Health received progress updates highlighted in the key points below:
<http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-98771.pdf>
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL19.7>
- Student Nutrition Toronto has renewed its governance model and has established the Student Nutrition Toronto Strategic Council to provide strategic vision and recommendations. Since this is a new governance structure, the role, membership and functions of the Council will be re-assessed in 2019 at which time member organizations will review the effectiveness of the model and their continued participation.
 - The Strategic Council is comprised of: the Chairs of the Board of Directors of the Toronto Foundation for Student Success (TFSS), the Angel Foundation for Learning (AFL), FoodShare Toronto; the Directors of Education from the Toronto District School Board, Toronto Catholic District School Board, and the Conseil scolaire Viamonde; Senior Advisor from the Toronto Foundation; the Medical Officer of Health and the City of Toronto Deputy City Manager (or designate) for Cluster "A".

Cooling Centers

- During the 2017 budget process, City Council requested the Medical Officer of Health, in consultation with the Executive Director, Social Development, Finance and Administration, the Director, Office of Emergency Management and the General Manager, Employment and Social Services, to conduct a review of the summer cooling centers in time for the 2018 Budget process.
 - In 2017, Council approved \$0.070 million gross and \$0.018 million net to be funded from Tax Stabilization Reserve for the summer cooling centres for a total of \$0 net.

- Funding of \$0.018 million from Tax Stabilization Reserve will continue in 2018 for the operation of summer cooling centres.
- The review of the summer cooling centres is currently underway, although there have been challenges due to the relatively cooler summer temperatures to date. A report back to the Board of Health is planned for Q1 - 2018.

Organizational Review

- During the 2017 budget process, City Council requested the Medical Officer of Health to conduct a review of the operating budget and staffing in preparation for the 2018 Operating Budget process to identify opportunities for additional savings and to assess organization design for appropriate management span of control in Toronto Public Health.
 - TPH is finalizing the scope of work for the organization review including management span of control. The time line for completion of the review will be six months from the vendor selection. The RFP was issued in October 2017 and is pending award.
 - The 2018 Preliminary Operating Budget for TPH includes service efficiencies of \$0.077 million net arising from staff realignment. Please refer to the Confidential Attachment I.



Appendices

Appendix 1

2017 Service Performance

Key Service Accomplishments

In 2017, Toronto Public Health accomplished the following:

- ✓ Worked with Environment and Energy Division and other partners on TransformTO, a low-carbon pathway to achieve the City's greenhouse gas reduction target for 2050 and collaborated to identify actions to reduce exposures to Traffic- Related Air Pollution among more vulnerable populations.
- ✓ Successfully defended the Hookah by-law in collaboration with Municipal Licensing and Standards.
- ✓ Established an interim Supervised Injection Service site, received a Health Canada Exemption and provincial funding for 3 permanent sites.
- ✓ Developed the Toronto Overdose Action Plan: Prevention and Response, a comprehensive overdose prevention and response strategy.
- ✓ Ensured the new "Apartment Buildings" bylaw now requires landlords of apartment buildings to post in the lobby the location of nearby, air-conditioned public spaces where residents can cool down during summer extreme heat.
- ✓ Supported 563 school communities to provide 34,588,616 meals during the 2016/2017 school year to 183,982 children and youth, with municipal funding for student nutrition programs.
- ✓ Plan to:
 - Respond to approximately 41,000 cases and contacts of reportable/communicable diseases and to 350 outbreaks of communicable diseases.
 - Reach 25,338 children, youth, and post-secondary students with Healthy Schools and Substance Misuse Prevention services to promote substance misuse prevention and mental health promotion.
 - Complete 68,000 screens (including hearing, developmental, communications, nutrition, prenatal, postpartum depression and parenting screens) to identify individuals at risk for adverse birth outcomes and/or to identify children at risk for adverse/or decreased child development outcomes

Appendix 2

2018 Preliminary Operating Budget by Expenditure Category

Program Summary by Expenditure Category

Category of Expense (\$000's)	2015 Actual	2016 Actual	2017 Budget	2017 Projected Actual *	2018 Preliminary Budget	2018 Change from 2017 Approved Budget		Plan	
	\$	\$	\$	\$	\$	\$	%	2019	2020
Salaries And Benefits	179,796.5	176,352.5	183,610.7	178,644.8	184,378.3	767.5	0.4%	187,850.7	189,591.5
Materials & Supplies	3,637.2	3,793.2	4,241.8	4,230.7	3,666.9	(574.9)	(13.6%)	3,666.9	3,666.9
Equipment	1,009.1	1,018.9	1,124.8	864.5	1,188.1	63.3	5.6%	1,188.1	1,188.1
Service And Rent	40,737.7	27,358.5	29,072.8	28,651.6	29,342.2	269.4	0.9%	29,294.7	29,381.3
Contribution To Reserves/Reserve Funds	1,487.5	1,289.4	1,319.4	1,360.9	1,369.4	50.0	3.8%	1,369.4	1,369.4
Other Expenditures	8,551.8	10,345.8	12,415.3	13,731.5	12,415.3			12,856.3	13,310.5
Inter-Divisional Charges	16,969.6	15,517.9	14,711.4	15,112.6	14,759.7	48.3	0.3%	14,673.0	14,675.7
Total Gross Expenditures	252,189.4	235,676.4	246,496.2	241,235.8	247,119.9	623.7	0.3%	250,899.1	253,183.5
Inter-Divisional Recoveries	10,480.0	2,185.1	1,631.9	1,667.3	1,631.9			1,631.9	1,631.9
Provincial Subsidies	178,376.7	170,350.9	178,626.3	173,330.7	178,495.5	(130.7)	(0.1%)	181,103.5	182,656.1
Federal Subsidies	367.1	84.4	412.7	384.8	923.9	511.2	123.8%	925.5	926.0
User Fees & Donations	1,106.4	1,142.2	990.9	1,020.5	1,010.5	19.6	2.0%	1,033.6	1,056.7
Transfers From Capital	3,104.8	2,371.8	1,847.4	1,672.6	2,083.0	235.6	12.8%	2,104.0	1,839.0
Contribution From Reserves/Reserve Funds	168.5	109.0	50.9	50.9	17.5	(33.4)	(65.6%)		
Sundry and Other Revenues	1,685.3	2,740.4	2,109.2	2,795.8	2,151.2	42.0	2.0%	2,109.1	2,113.5
Total Revenues	195,295.0	178,989.3	185,669.3	180,922.6	186,313.6	644.3	0.3%	188,907.6	190,223.2
Total Net Expenditures	56,894.4	56,687.1	60,826.9	60,313.2	60,806.3	(20.6)	(0.0%)	61,991.5	62,960.4
Approved Positions	1,769.4	1,714.0	1,855.9	1,773.0	1,856.0	0.1	0.0%	1,849.9	1,849.9

* Based on the 9-month Operating Variance Report

The 2017 projected favourable net variance of \$0.514 million is mainly attributable to under-spending in salaries and benefits due to retirements, short term leaves and unfilled positions.

For additional information regarding the 2017 Q3 operating variances and year-end projections, please refer to the attached link for the report entitled "Operating Variance Report for the Nine-Month Period Ended September 30, 2017" considered by City Council at its meeting on November 27, 2017.

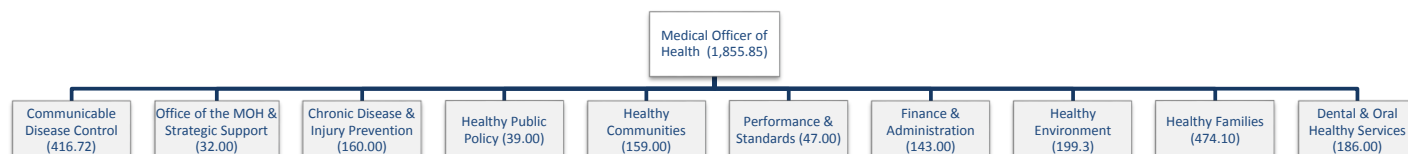
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.BU37.2>

Impact of 2017 Operating Variance on the 2018 Preliminary Operating Budget

- The under expenditures in salaries and benefits will have no impact on the 2018 Preliminary Operating Budget as vacant positions are expected to be filled by the end of 2017.

Appendix 3

2018 Organization Chart



2018 Total Complement

	Category	Senior Management	Management with Direct Reports	Management without Direct Reports/Exempt Professional & Clerical	Union	Total
Operating	Permanent	11.0	178.8	53.0	1,569.1	1,811.9
	Temporary		1.0		19.0	20.0
	Total Operating	11.0	179.8	53.0	1,588.1	1,831.9
Capital	Permanent					
	Temporary		2.0	4.0	18.0	24.0
	Total Capital		2.0	4.0	18.0	24.0
Grand Total		11.0	181.8	57.0	1,606.1	1,855.9

Appendix 4

Summary of 2018 Service Changes

2018 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster Program - Toronto Public Health	Adjustments				2019 Plan Net Change	2020 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
2018 Preliminary Base Budget Before Service Changes:			247,542.3	186,605.3	60,937.0	1,859.71	1,207.9	968.8
14566		Realignment of Program Resources						
51	No Impact	Description: The 2018 Budget includes operational and efficiency savings of \$0.096 million gross and \$0.024 million net. Please refer to the Confidential Attachment 1 under separate cover. Service Level Impact: There is no service level as a result of this change. Equity Statement: There is no equity impact for this proposal. Service: Chronic Diseases & Injuries Preliminary Service Changes: (25.9) (19.4) (6.5) (0.18) 0.0 0.0 Service: Emergency Preparedness Preliminary Service Changes: (1.6) (1.2) (0.4) (0.01) 0.0 0.0 Service: Environmental Health Preliminary Service Changes: (20.7) (15.5) (5.2) (0.11) 0.0 0.0 Service: Family Health Preliminary Service Changes: (16.8) (12.6) (4.2) (0.22) 0.0 0.0 Service: Infectious Diseases Preliminary Service Changes: (20.7) (15.6) (5.2) (0.28) 0.0 0.0 Service: Public Health Foundations Preliminary Service Changes: (9.8) (7.3) (2.4) (0.06) 0.0 0.0 Total Preliminary Service Changes: (95.5) (71.7) (23.9) (0.86) 0.0 0.0						

2018 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster Program - Toronto Public Health	Adjustments				2019 Plan Net Change	2020 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
14567		Management Positions Realignment						
51	No Impact	Description: The 2018 Budget includes operational and efficiency savings of \$0.189 million gross and \$0.047 million net. Please refer to the Confidential Attachment 1 under separate cover. Service Level Impact: There is no service level impact as a result of this change. Equity Statement: There is no equity impact for this proposal. Service: Chronic Diseases & Injuries Preliminary Service Changes: (54.2) (40.6) (13.5) (0.50) (4.7) 0.0 Service: Emergency Preparedness Preliminary Service Changes: (16.0) (12.0) (4.0) (0.20) (1.4) 0.0 Service: Family Health Preliminary Service Changes: (54.2) (40.6) (13.5) (0.50) (4.7) 0.0 Service: Infectious Diseases Preliminary Service Changes: (4.0) (3.0) (1.0) (0.05) (0.3) 0.0 Service: Public Health Foundations Preliminary Service Changes: (60.2) (45.1) (15.0) (0.75) (5.2) 0.0 Total Preliminary Service Changes: (188.6) (141.5) (47.2) (2.00) (16.4) 0.0						
14568		Operational and Support Efficiencies						
51	No Impact	Description:						

2018 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster	Adjustments				2019 Plan Net Change	2020 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
		Program - Toronto Public Health						
<p>The 2018 Budget includes operational and efficiency savings of \$0.214 million gross and \$0.053 million net. Please refer to the Confidential Attachment 1 under separate cover.</p> <p>Service Level Impact:</p> <p>These services are available from alternate agencies in the City.</p> <p>Equity Statement:</p> <p>There is no equity impact for this proposal.</p> <p>Service: Chronic Diseases & Injuries</p> <p>Preliminary Service Changes: (128.3) (96.2) (32.1) (1.20) 0.0 0.0</p> <p>Service: Family Health</p> <p>Preliminary Service Changes: (85.5) (64.1) (21.4) (0.80) 0.0 0.0</p> <p>Total Preliminary Service Changes: (213.8) (160.3) (53.4) (2.00) 0.0 0.0</p>								

14570	Ambassador Program Funding Reduction							
59	Negative	<p>Description:</p> <p>The 2018 Preliminary Operating Budget includes savings of \$0.025 million gross and \$006 million net as a result of discontinuation of partnership with Children's Aid Society of Toronto (CAST) for the Ambassador Program managed by Pape Adolescent Resource Centre (PARC). The Ambassador Program supports 10-15 youth annually to obtain high school credits while supporting them in learning life-skills and sharing their stories to help prevent younger youth from engaging in risk behaviour. THP has been a partner by contributing \$0.050 million in total of which \$0.030 million is towards the Program Coordinator's salary, \$0.010 million toward student travel (TTC tokens and passes), and \$0.010 million towards student honoraria.</p> <p>Service Level Impact:</p> <p>This program is not mandated according to the Ontario Public Health Standards and will have minimal impact on the service level. To minimize the impact to the program, the funding agreement will end at the end of school year, June 28, 2018 with savings for 2018 Budget of \$0.006 million net and ongoing savings of \$0.012 million in subsequent years relative to the 2017 levels.</p> <p>Equity Statement:</p> <p>This proposal will have a negative impact on youth from equity-seeking and vulnerable groups, who are the primary participants of this program. It will decrease access to education and training and these students' opportunities to complete their high school diploma.</p>						

2018 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Agencies - Cluster	Adjustments				2019 Plan Net Change	2020 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
		Program - Toronto Public Health						
		Service: Chronic Diseases & Injuries						
		Preliminary Service Changes:	(15.0)	(11.3)	(3.8)	0.00	(3.8)	0.0
		Service: Family Health						
		Preliminary Service Changes:	(10.0)	(7.5)	(2.5)	0.00	(2.5)	0.0
		Total Preliminary Service Changes:	(25.0)	(18.8)	(6.3)	0.00	(6.3)	0.0
Summary:								
		Total Preliminary Service Changes:	(522.9)	(392.2)	(130.7)	(4.86)	(22.6)	0.0
		Total Preliminary Base Budget:	247,019.4	186,213.1	60,806.3	1,854.85	1,185.2	968.8

Appendix 5

Summary of 2018 New / Enhanced Service Priorities

2018 Operating Budget - Preliminary New and Enhanced Services Summary by Service (\$000's)

Form ID		Agencies - Cluster	Adjustments				2019 Plan Net Change	2020 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
15045		Adult Ontario Works Dental						
74	Positive	Description:						

The 2018 Preliminary Operating Budget includes a new service priority for \$0.101 million gross and \$0 net to provide increased access to dental services to about 1200 Ontario Works recipients annually. Through this initiative, a permanent Dental Hygienist position will be added to triage and prepare the clients prior to the dentist visit, thereby allowing more clients to be served and treated. The additional revenue generated through increased productivity will provide funding for the position on an ongoing basis with no impact on the base.

Service Level Impact:

Since Toronto Public Health has increased access to dental care for vulnerable and marginalized adults on Ontario Works to treat urgent and emergency conditions in 2016, these clients have accessed dental care in the city's dental clinics. The addition of 1 Dental Hygienist will increase access to about 1200 Ontario Works adult clients a year.

Equity Statement:

This proposal will have a positive impact on persons with low-income in receipt of Ontario Works. Access to much needed health services, specifically dental care, will be increased. Additionally, this proposal may decrease stigma and discrimination, and increase the impacted residents' sense of self, self esteem and employability. Further, this proposal may increase access to other City services as it creates an opportunity for City staff to assist this population to navigate other health and City services.

Service: Family Health

Preliminary New / Enhanced Services:	100.5	100.5	0.0	1.00	0.0	0.0
Total Preliminary New / Enhanced Services:	100.5	100.5	0.0	1.00	0.0	0.0

Summary:

Total Preliminary New / Enhanced Services:	100.5	100.5	0.0	1.00	0.0	0.0
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Category:

71 - Operating Impact of New Capital Projects 74 - New Services
72 - Enhanced Services-Service Expansion 75 - New Revenues

Appendix 6

Inflows/Outflows to/from Reserves & Reserve Funds

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2017 *	Withdrawals (-) / Contributions (+)		
			2018	2019	2020
		\$	\$	\$	\$
Projected Beginning Balance		238.7	238.7	344.0	449.3
Vehicle Reserve - Public Health	XQ1101				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			105.3	105.3	105.3
Total Reserve / Reserve Fund Draws / Contributions		238.7	344.0	449.3	554.6
Balance at Year-End		238.7	344.0	449.3	554.6

* Based on 9-month 2017 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund	Projected Balance as of \$	Withdrawals (-) / Contributions (+)		
			2018	2019	2020
		\$	\$	\$	\$
Projected Beginning Balance		8,552.9	8,552.9	9,319.5	10,086.1
Vehicle Reserve - IT Sustainment	XQ1508				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			766.6	766.6	766.6
Total Reserve / Reserve Fund Draws / Contributions		8,552.9	9,319.5	10,086.1	10,852.7
Balance at Year-End		8,552.9	9,319.5	10,086.1	10,852.7

* Based on 9-month 2017 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund	Projected Balance as of \$	Withdrawals (-) / Contributions (+)		
			2018	2019	2020
		\$	\$	\$	\$
Projected Beginning Balance		40,414.0	40,414.0	40,396.5	40,396.5
Tax Rate Stabilization Reserve	XQ0703				
<i>Proposed Withdrawals (-)</i>			(17.5)		
<i>Contributions (+)</i>					
Total Reserve / Reserve Fund Draws / Contributions		40,414.0	40,396.5	40,396.5	40,396.5
Balance at Year-End		40,414.0	40,396.5	40,396.5	40,396.5

* Based on 9-month 2017 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2017 \$	Withdrawals (-) / Contributions (+)		
			2018 \$	2019 \$	2020 \$
Projected Beginning Balance		25,981.0	25,981.0	26,478.5	26,976.0
Insurance Reserve	XR1010				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			497.5	497.5	497.5
Total Reserve / Reserve Fund Draws / Contributions		25,981.0	26,478.5	26,976.0	27,473.5
Balance at Year-End		25,981.0	26,478.5	26,976.0	27,473.5

* Based on 9-month 2017 Reserve Fund Variance Report

Appendix 7a

User Fees Adjusted for Inflation and Other

Rate Description	Service	Fee Category	Fee Basis	2017	2018			2019	2020
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
Inspecting properties, conducting file search and issuing reports	Property sales inspections and reports	Full Cost Recovery	Per Request	\$170.64	\$3.62		\$174.26	\$178.23	\$182.22
Inspecting premises, conducting file search and issuing a report	Business Licence	Full Cost Recovery	Per Application	\$170.64	\$3.62		\$174.26	\$178.23	\$182.22
Processing a license application, includes inspection and providing report	Liquor License Applications	Full Cost Recovery	Per Request	\$170.64	\$3.62		\$174.26	\$178.23	\$182.22
Inspecting a mobile cart for license purposes	Mobile Carts	Full Cost Recovery	Per Request	\$170.64	\$3.62		\$174.26	\$178.23	\$182.22
Covers the cost of food handler training	Food Handler - Training	Full Cost Recovery	Per Person	\$44.52	\$0.94		\$45.46	\$46.50	\$47.54
Covers the cost of examination testing and issuing of food handler certificate	Food Handler - Certification and Certificate	Full Cost Recovery	Per Certification	\$52.60	\$1.12		\$53.72	\$54.94	\$56.17
Covers the cost of issuing a TPH certificate	Food Handler - TPH Certification for those who successfully completed an accredited program	Full Cost Recovery	Per Request	\$20.00	\$0.42		\$20.42	\$20.89	\$21.36
To cover the cost of material to produce the Food Handler Safety Manual	Food Handler - Training Manual	Full Cost Recovery	Per Request	\$25.00	\$0.53		\$25.53	\$26.11	\$26.69
Covers the cost of processing the wallet card with a photo	Food Handler - Wallet Identification Card	Full Cost Recovery	Per Request	\$5.68	\$0.12		\$5.80	\$5.93	\$6.06
To cover the cost of reviewing and accrediting programs	Food Handler - Accreditation of a food handler training and certification program	Full Cost Recovery	Per Request	\$1,034.17	\$21.92		\$1,056.09	\$1,080.17	\$1,104.37
Cost for PHI to review documentation and clerk to prepare letter of approval.	Body Shipment Letter	Full Cost Recovery	Per Request	\$28.43	\$0.60		\$29.03	\$29.69	\$30.36
Cost for PHI to review documentation and clerk to prepare letter of approval.	Disinterment Letter	Full Cost Recovery	Per Request	\$28.43	\$0.60		\$29.03	\$29.69	\$30.36
Assessment Report/Remediation Plan Review fee	Marijuana Grow Operations	Full Cost Recovery	Per Report/Plan Review	\$579.38	\$12.28		\$591.66	\$605.15	\$618.71
Peer review of professional environmental remediation assessments of properties used for illegal growing of Marijuana.	Marijuana Grow Operations	Full Cost Recovery	Per Request	\$289.68	\$6.14		\$295.82	\$302.56	\$309.34
Inspection and Enforcement Fee	Inspection and Enforcement Fee	Full Cost Recovery	Per Property	\$579.38	\$12.28		\$591.66	\$605.15	\$618.71
Court/Tribunal Attendance Fee	Court / Tribunal Attendance Fee	Full Cost Recovery	Per Property	\$579.38	\$12.28		\$591.66	\$605.15	\$618.71
Inspecting properties when owners apply for a lodging house licence in the former municipality of Etobicoke	New Lodging House Licence (former Etobicoke)	Full Cost Recovery	Per Application	\$449.35	\$9.53		\$458.88	\$469.34	\$479.85
Inspecting properties when owners of lodging houses seek a renewal of the Lodging House Licence in the former municipality of Etobicoke	Lodging House Licence Renewal (former Etobicoke)	Full Cost Recovery	Per Application	\$257.10	\$5.45		\$262.55	\$268.54	\$274.56
Covers the cost of administration and materials to reissue certificate	Food Handler - Replacement Certificate	Full Cost Recovery	Per Request	\$20.00	\$0.42		\$20.42	\$20.89	\$21.36
To cover the cost of material to produce the Food Handler Safety manual plus S&H	Food Handler - Training Manual by Mail	Full Cost Recovery	Per Request	\$35.00	\$0.74		\$35.74	\$36.55	\$37.37
Food safety review and certification program	Food Safety	Full Cost Recovery	Per Request	\$816.45	\$17.31		\$833.76	\$852.77	\$871.87