

Consent and Capacity Board

Business Plan 2022-2025

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Introduction

The Consent and Capacity Board (CCB) is an independent adjudicative Board created under the *Health Care Consent Act* with jurisdiction under six Acts including the *Health Care Consent Act*, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Protection Act*, the *Child, Youth and Family Services Act*, and the *Mandatory Blood Testing Act*.

The CCB has 137 members as of December 31, 2021, consistent with the 133 members the previous year. In addition to the full-time Chair and two full time Vice Chairs, part-time CCB members include 1 Vice Chair Lawyers, 1 Vice Chair Psychiatrist, 3 Vice Chair Public Member, 43 Lawyers, 30 Psychiatrists, 10 Physicians, 9 Nurses in the Extended Class and 37 Public members. Members of the Board are appointed by Order-in-Council, for a term of one to five years. 14 full time permanent public servant positions support the work of the CCB and its members. Staff, including administrative, scheduling and legal staff, are responsible for functions such as: scheduling hearings, creating appeal records, managing hardcopy files, financial payment and processing, executive support to the Chair, coordinating member recommendations and appointments, organizing staff and member training, liaising with stakeholders, answering public inquiries, providing hearing support to panels, strategic planning, providing legal advice to the Chair and the Board, monitoring and ensuring compliance with legislation and government directives and policies.

As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health (the Ministry) while receiving administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health.

The CCB makes decisions with potentially serious consequences for individuals and for the community, such as detention in a psychiatric facility. The CCB adjudicates matters where both the medical and legal systems are engaged to provide treatment and protect individual rights. In addition, the CCB's legislation requires that it hold a hearing within seven days of the receipt of an application. A decision must be issued within one day of the conclusion of the hearing and written reasons are issued within four business days when requested within 30 days after the day a hearing concludes.

Given these performance measures, the CCB strives to ensure that its administrative and operational processes are consistent in achieving these goals, and that its members receive ongoing educational and training opportunities to maintain their expertise in this highly specialized adjudicative environment.

The priorities set out in the CCB business plan were developed after careful and thorough consideration of the Board's mandate and obligations as an agency serving the citizens of the Province of Ontario.

Mission, Mandate and Jurisdiction

Mission

To provide fair, timely, effective and respectful hearings that balance legal and medical considerations while protecting individual rights and ensuring the safety of the community.

Mandate

The CCB is an independent administrative tribunal with a mandate to adjudicate on matters of capacity, consent, civil committal, substitute decision making, disclosure of personal health information and mandatory blood testing.

Jurisdiction

The CCB is responsible for holding hearings and for making decisions on matters in which the least restrictive, least onerous and least intrusive decisions are made to:

- 1) maintain the safety of the individual
- 2) protect the safety of the community
- 3) maintain the dignity and autonomy of the individual
- 4) preserve the right of a person to have treatment when required.

The CCB's authority to hold hearings arises under the following legislation:

Health Care Consent Act

- Review of a finding of incapacity to consent to treatment, admission to a care facility or a personal assistance service
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service
- Giving directions on issues of treatment, admission to care facilities and personal assistance services

- Consideration of a request for authority to depart from prior capable wishes of an incapable person
- Review of a decision to consent to an admission to a hospital, psychiatric facility or other health facility for the purposes of receiving treatment
- Review of a substitute decision-maker's compliance with the rules for substitute decision-making
- Consideration of a request to amend or terminate the appointment of a representative

Mental Health Act

- Review of involuntary status for a patient subject to a certificate of involuntary status, renewal of involuntary status or continuation of involuntary status
- Consideration of a request to order, vary or cancel specific conditions for an involuntary patient
- Review of a finding of incapacity to manage property
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility
- Review of a Community Treatment Order

Substitute Decisions Act

- Review of a finding of incapacity to manage property

Personal Health Information Protection Act

- Review of a determination of incapacity to consent to the collection, use or disclosure of personal health information
- Review of a substitute decision maker's compliance with the rules for substitute decision-making
- Consideration of the appointment of a representative to consent to the collection, use or disclosure of personal health information on behalf of an incapable person
- Consideration of a request to amend or terminate the appointment of a representative

Child, Youth and Family Services Act

- Review of a determination of incapacity to consent to the collection, use or disclosure of personal information
- Review of a substitute decision maker's compliance with the rules for substitute decision-making
- Consideration of the appointment of a representative to consent to the collection, use or disclosure of personal health information on behalf of an incapable person
- Consideration of a request to amend or terminate the appointment of a representative

Mandatory Blood Testing Act

- Review of a request, by an eligible individual who has allegedly come into contact with another person's bodily fluid, for an order that a blood sample of the other person be provided and analyzed for specific blood borne pathogens

Performance Measures

Statutory Performance

Performance measures for the CCB regarding the scheduling of hearings and the issuance of decisions and written reasons are established by the *Health Care Consent Act* and are as follows:

1. The Board shall promptly set a time and place for the hearing.
2. The hearing shall begin within seven days after the day the Board receives the application unless all parties agree to a postponement.
3. The Board shall render its decision and provide a copy of the decision to each party, or the person who represented the party, within one day after the day the hearing ends.
4. If within 30 days after the day the hearing ends, the Board receives a request from any of the parties for reasons for its decision, the Board shall, within four business days after the day the request is received, issue written reasons for its decision; and provide a copy of the reasons to each person who received a copy of the decision
5. Where a decision of the Board is appealed, the Board shall promptly serve the parties and the Court with the record of proceedings before the Board, including a transcript.

Operational Performance

The CCB moves exceptionally quickly to adjudicate matters at the intersection of the medical and legal systems and makes decisions on issues with serious consequences for individuals and for the community, such as civil detention, decisions regarding health care or loss of control of personal financial resources. Decisions of the Board have implications for both the wellbeing and rights of individuals. Hearings are convened at up to 250 venues throughout the province, including hospitals, long-term care facilities and community locations, with most hearings taking place within schedule 1 psychiatric facilities. Adjudicators are part time appointees, most of whom have other professional obligations, and Board staffing resources are very lean relative to caseload. Given the

environmental considerations and operational constraints within which the Board operates, the CCB must strive to ensure that its adjudicative and operational processes are clearly focussed on achievement of its statutory performance measures.

Compliant statutory performance is dependant upon excellent operational performance including the following requirements:

- Engage in high quality, merit-based recruitment of new members and reappointment recommendations of existing members
- Provide excellent initial training and onboarding to new members
- Provide efficient and effective ongoing educational opportunities for members to develop and maintain specialized expertise
- Provide effective mentorship and peer review for members
- Provide high quality initial training, onboarding and ongoing training and development opportunities for staff to ensure they are skilled, knowledgeable, and engaged
- Make use of technology to support hearing operations
- Provide clear, informative, and accessible information to stakeholders and the public
- Engage with stakeholders and government with respect to the delivery of the Board's services
- Maintain administrative processes which are designed to support the achievement of the Board's mandate
- Use public funds in a responsible fashion
- Conduct hearings which are both fair and efficient
- Create an environment of respect for the adjudicative process, the parties, and the public
- Engage in ongoing review of the Board's operations, through a lens of continuous improvement

Strengths, Challenges and Recent Progress

Strengths

Efficient and Effective Operations

For the past decade the Board has embraced a culture of continuous improvement and has implemented significant modernizations including effective case management, resource utilization and digitalization to permit the ongoing achievement of a challenging mandate amidst an ever-increasing demand for its services.

The Board has a streamlined process for scheduling and convening hearings and as a result the CCB consistently schedules and holds all hearings within the legislated timeframe (i.e., seven calendar days from receipt of an application) despite significant increases in caseloads.

A centralized pre-booking system, in place for CCB members in the Toronto and South West areas for many years and recently expanded across the province, ensures the daily availability of adjudicators for hearings and supports compliance with the CCB's legislated timeframes.

The Board has, for a number of years, convened a significant number of hearings by videoconference. Historically videoconferencing has allowed the Board to minimize travel expenses, maximize the daily schedules of adjudicators and ancillary service providers, convene geographically diverse panels, support hearings in remote locations and ensure safety during inclement weather while ensuring parties' rights to a hearing and all legislated timelines continue to be met. While the Board has pivoted to a teleconference format during the pandemic period, it is anticipated that post-pandemic a digital first approach will remain, with a primary reliance on videoconferencing once again replacing teleconferencing.

Dedicated Staff

The Board is fortunate to have a small but highly dedicated compliment of public servants staffing its operation. Although most positions have been forced to absorb exponential increases in workload, the individuals working for the Board remain committed to the important work of the Board and embrace the need to provide excellent service to a highly vulnerable stakeholder group. Without the flexibility, dedication and

determination of the staff the Board would not have been successful in continuing to meet its mandate.

Expert Membership

The CCB is considered an expert Tribunal and its members are at the forefront of this expertise, providing high quality adjudication on a range of important issues at a critical intersection of health and the law.

The recruitment and training program for new and existing members includes a merit-based competition process, a new member education session including a mock hearing component, a mentoring program, mandatory education sessions, supplemental training and support on topics of interest and importance to adjudicators and technology support, most of which is peer-led. The Board also has a member performance evaluation plan which applies objective performance standards and includes peer evaluation. The extensive educational and developmental support provided to members ensures the Board has knowledgeable, well trained and qualified adjudicators with in-depth subject matter expertise. The Board reviews, revises and creates training programs and supports on a regular basis to ensure that the needs of members are met, and resources reflect current statutory obligations and general best practices. In recent years most training has been provided digitally and this practice was extended to all training during the pandemic period. While this format has some limitations, a digital first approach is anticipated to continue post-pandemic.

High Quality Adjudication

CCB hearings are undertaken in a fair, professional and courteous manner and with respect to the principles of procedural fairness. Decisions with respect to applications are made in an objective and unbiased fashion with due regard for the individual facts of each case and legislated requirements.

Nimbleness

The exceptionally tight legislated timelines to which the Board is subject, combined with lean resourcing and part time membership have resulted in the Board evolving into an organization which is able to recognize and adapt quickly to changing circumstances. At both the organizational and case level the Board's nimbleness allows it to make rapid changes and accommodations to ensure an important and challenging mandate is always met.

Stakeholder engagement

The Board is committed to engaging with groups and individuals in the stakeholder community through formal consultation, a Board and Bar committee, a Psychiatrist Stakeholder Committee, and responsiveness to individual feedback. Additionally, from time to time, the Board delivers information sharing programs for professional stakeholders which provides an understanding of the Board's processes with the goal of facilitating fair, effective and efficient hearings.

Challenges

Staffing

The Board staffing model is largely unchanged since the consolidation of multiple independent regional operations in about 2003 to a single centralized agency, while the caseload is projected to reach an increase of 200% by the end of 2021-2022. Additionally, increases in the scope and complexity of matters before the Board and the use of digital hearing formats has resulted in the need for higher levels of hearing support. While the Board has implemented many operational improvements to mitigate these impacts, there is notable capacity pressure on the existing staff group across all business functions. The risk to the mandate is clear but as an agency which operates primarily within the realm of mental health, the Board is also concerned about the impact of these pressures on the well being of its staff. The Board is cognizant of the challenges this presents in effective recruitment, retention and health and wellness of staff, succession planning, and continued ability to consistently meet its mandate in the long term.

Membership

The Board has historically faced significant membership challenges which have been amplified in recent years. Recruiting members, particularly in the professional categories, who possess not only the skills but the interest, availability and willingness to adjudicate within the unique environment of the Board has always been challenging. The Board is also significantly affected by the ten-year limit on member appointments resulting in the loss of many experienced members.

Delays, rejections, and a general lack of predictability around reappointments of existing members have left the Board facing a cyclical talent deficit and the need to continually recruit and hastily train new members in an attempt to rapidly fill unexpected holes in the roster of adjudicators. Gaps of even a single day in reappointments of lawyer

members have resulted in less flexibility in assigning panels and increased costs as continuous membership for the previous two years is a legislated requirement for assignment to sit as a single member panel. As a result, members who had previously been able to sit alone may now be required to sit with two or four additional members, or a new individual not eligible to sit alone may have been appointed in their place. The replacement of experienced members with new appointees has created an increased need for costly training activities and larger panels and has placed increased pressure on the limited number of highly experienced adjudicators remaining with the Board to manage complex and sensitive matters and provide mentoring to new members. Overall the Board's ability to respond nimbly to urgent needs and to case manage has been compromised by the loss of experience.

As the composition of the Board has evolved, individual availability for hearings has generally declined. This is largely due to the departure of long serving members with significant time available to devote to Board activities, and the addition of new members with active and busy careers and other demands on their time. This problem is magnified by increasing caseload pressures and legislative changes which broaden the jurisdiction of the Board and underscore the need for effective and efficient management of hearings. These circumstances contribute to a cycle of diminishing availability. That is, as hearing schedules become more demanding, members become less able or willing to commit, resulting in a need for those that remain to work harder. This can threaten the ability of the Board to effectively meet its mandate.

The uncertainty of the reappointment process and the precarious nature of part time appointments has resulted in skilled and experienced professional members choosing to leave the Board or to scale back their commitment to the Board. Not only does this have an operational, adjudicative and financial impact on the Board but it also impacts the Board's reputation in professional communities and affects the Board's ability to recruit and retain high quality future candidates. As with the issues impacting staff, the Board believes as an agency working primarily within the realm of mental health, demonstrating a commitment to the wellbeing of its adjudicators is key.

Changes to legislated mandate

The Board adjudicates hearings under the *Mandatory Blood Testing Act* which was amended in 2019. The amendments include changes to timelines associated with bringing forward an application, and for the CCB to convene a hearing and issue a decision and order. Additionally, under the amended legislation the MBTA processes at Public Health and the CCB will change to a concurrent process from a consecutive one. The

change to a concurrent process will result in an immediate increase in MBTA matters coming before the Board. While the volume of this increase is unclear, it is anticipated to be upwards of 150%. The expansion of the application window from seven days from an incident to thirty is expected to result in further increases, however there is no data on which to create a meaningful estimate of the impact. Volume increases resulting from this change will need to be closely monitored particularly in relation to the impact they have on Board resources. The in-force date is currently anticipated to be July 2022.

The board has been anticipating the possibility of new powers with respect to the *Long Term Care Home Act* and the *Retirement Homes Act* for some time. Should the Board's jurisdiction be extended under these, or other Acts, it would bring with it an increase in both caseload and the complexity of the work of the Board.

Increasing Caseload

Demand for hearings before the Board has never been higher. Year over year growth is exponential and the Board has no expectation of a reduction in volume in the years ahead. While average annual increases vary, the overall increase has been significant, with convened hearings in 2021 – 2022 expected to be approaching triple the volume at centralization in about 2002 – 2003. The Board has no influence over the number of applications received and is statutorily required to accept all applications and meet all legislated timelines without regard for caseload volumes. Further compounding the annual exponential growth in the Board's caseload was the significant increase in demand for hearings during the pandemic. Hearings increased 20% year-over-year in 2020-2021 and are on track to increase a further 15% in 2021-2022.

Progress

Membership

The Board continues to recruit new members through a merit-based competitive process, and to mentor, train and educate new members and existing members using a peer led approach. In this way the Board maximizes the return on investment in training and facilitates the sharing of expert knowledge and the transfer of legal, institutional, operational and adjudicative skills and knowledge from established members to new recruits. The development of new programs based on emerging needs has enhanced the Board's ability to successfully pivot during the pandemic. The CCB continues to focus efforts on member education through ongoing professional development opportunities which include a focus on developing technological expertise among the membership.

Beginning in 2015 a focus was placed on ongoing recruitment and appointments in order to build a continuous membership replenishment model in response to a high volume of members expiring concurrently which resulted from earlier recruitment strategies under other leadership. Since 2018 much of that work has been undone due to changes in appointment practices and the issue of concurrent expirations has again arisen, however the efforts of the Board to overcome this continue.

Staffing and Operations

In consultation with stakeholders, members and staff, the Board regularly reviews and revises procedures and practices to address challenges and provide fair, effective and efficient hearings and high-quality adjudication.

The Board has undertaken both incremental and broad workflow improvements to modernize, digitize and streamline operational workflows in order to mitigate the impacts of workload increases in the face of exceptionally lean resources. These efforts have served to preserve the achievement of the Board's mandate, albeit with some reduction in customer service, while making best efforts to simultaneously support staff and promote engagement.

The Board has repatriated the assignment of panels for hearings to the Office of the Chair in keeping with the Health Care Consent Act which stipulates that the Chair shall assign panels. This has created efficiencies within the scheduling unit in the Board office, and enhanced hearing operations by providing better oversight of panel composition.

Under the guidance of the offices of the Chair and the Registrar, the Board has worked to foster collaborative relationships between the member leadership team, the staff leadership team, the general membership and the staff with a goal of promoting engagement, understanding, competency and operational excellence.

The Board worked closely with the Ministry to identify and address disparities in workload and staffing allocations in early 2021 which resulted in the temporary addition of three positions to the Board's complement. The Board is continuing to work with the Ministry to assess and address staffing needs beyond the expiry of these temporary resources.

Legislative amendments

The Board has highlighted key obstacles in achieving the new timelines in the amended *Mandatory Blood Testing Act*, now anticipated to come into force in July 2022, as well as

opportunities for service enhancements through the use of digital tools and materials. The Board continues to work both internally and with Ministry partners to ensure it is prepared to implement the amendments when they come into force.

Pandemic Response

The Board's pre-existing nimbleness, integration of digital processes and tools and previous investments in technology positioned it well to pivot to a fully digital operation quickly and successfully as of March 16, 2020. The Board quickly modified internal and external practices in order to maintain a full hearing schedule and achievement of its challenging and important mandate.

Since that time the Board has continued to enhance its pandemic-era operations by beginning a transition towards a video-first environment, from a primarily teleconference model; implementing enhanced document management tools and processes; taking advantage of opportunities to streamline and reshape administrative processes in a digital-only environment; providing extensive peer-led technical training and support to members; and using internal and external stakeholder committee discussions to ensure broad perspectives and best practices are considered as the Board continues to evolve.

The Board sees significant opportunities in the pandemic-modified operations and anticipates leveraging and expanding upon these updates to modernize and enhance service in the post-pandemic period. The ongoing shift to the broad use of video for hearings, where it can be fairly accessed by all parties, is an early step in the development of a more modern post-pandemic operating plan.

Strategic Direction

The CCB has established the following strategic goals and performance targets for the three-year period of this Plan to ensure that it meets its legislated mandate and mission.

The CCB will strive to ensure that it will:

1. Support its hearings through modern and efficient administrative and operational processes.
2. Conduct fair, efficient and transparent hearings in an atmosphere of respect and dignity for all parties.
3. Provide clear internal and external communication including: providing accurate and useful information via our public facing website; engaging in productive and collaborative discussion with our stakeholders; and providing relevant, timely and effective communication; and when appropriate, education for stakeholders to promote effective efficient hearings; and education and training for members and staff.
4. Have skilled CCB members available to conduct hearings in all parts of Ontario, through effective recruitment, initial training, mentoring, on-going education, evaluation and the provision of appropriate resources and supports.
5. Further develop an adjudicative leadership team to support the Chair's initiatives relating to excellence in adjudication practices and member education

Priority Initiatives

The Board has developed the following initiatives and strategies to assist in meeting its strategic goals.

Operational Planning

1. Continuously review member resources and operational processes to maximize efficiencies, ensuring a fair process in a climate of fiscal restraint and identify and implement modern solutions which meet the needs of the Board, members, stakeholders, parties and government.
2. Work with the Ministry to assess options and implement solutions to staff resourcing issues

Member Recruitment, Training and On-going Quality Assurance

1. Stabilize the membership of the Board by:
 - a) continuing to follow a rigorous merit-based process for recruiting and recommending appointments of new members
 - b) engaging in continuous recruitment in an effort to re-establish the staggered expiration schedule of members which was eroded during a period of significant non-reappointment of existing members
 - c) rigorously advocating for the reappointment of skilled and experienced members to ensure the Board maintains the ability to both adjudicate in a fair and timely manner and ensure effective training, mentoring and transfer of knowledge to new members.
2. Continue to develop, deliver and support high-quality new member training and mentoring programs for new appointees.
3. Develop, deliver and support specific new in-service training in response to environmental changes and evolving member needs.

4. Develop and implement member training specifically related to legislative amendments and legal developments.
5. Continue to develop and deliver professional education programs for members of all types to reinforce and enhance their role as a CCB member, and to promote effective and efficient hearings.
6. Support Member Performance Evaluations by strengthening the method of evaluation and where necessary providing learning recommendations for members.
7. Promote and support a digital-first mind-set among members including by providing training to build digital competencies.
8. Continue to develop and implement improved member scheduling, now managed by the office of the Chair, with a focus on limiting daily and weekly hearing assignments to enhance member satisfaction and commitment and to maximize the quality of both hearings and written reasons
9. Build, maintain and support a leadership team of senior members that includes full-time Vice chairs to lead projects such as member recruitment and training, ongoing education, technical expertise enhancement, regional support, application and hearing case conferencing, and stakeholder outreach
10. Work with the Ministry to ensure its recognition of the unique demands on the Board's membership and seek opportunities to address the issues the Board and its members face.

Legislation

1. Continuously ensure the Board is compliant with current procedural, governance, accountability and appointments requirements under the *Statutory Powers Procedures Act*, *Adjudicative Tribunals Accountability, Governance and Appointments Act*, and any other Act which to which the Board is subject.
2. Develop and implement operational updates in response to amendments made to the *Mandatory Blood Testing Act*.

3. Develop and implement operational policies and procedures in response to future legislative amendments as may occur within the three-year span of this plan.

Operations, Administration and Scheduling

1. Continue to design and implement continuous improvements to the Board's processes and procedures to ensure the effective scheduling of hearings, incorporating feedback from members and stakeholders, to ensure effective delivery of the Board's mandate in the face of continually increasing caseloads.
2. Continue to promote and pursue a digital-first approach to all aspects of the work of the Board.
3. Expand the implementation of a videoconference-based hearing model on an effective and accessible platform which can become the preferred hearing method in the post-pandemic period.
4. In cooperation with the Ministry, pursue the procurement or development of an enhanced Case Management System which incorporates secure document exchange for parties and adjudicators and other digital-first tools in addition to meeting the scheduling, case management, caseload analysis and reporting requirements of the Board.
5. Upgrade forms and documents which are within the control of the Board to better support digital processes and enhance service delivery.
6. Identify and pursue specific opportunities for improvement within the operations for scheduling, supporting and convening hearings in response to Form 48 applications under the Health Care Consent Act, which make up an increasingly large proportion of the Board's caseload.
7. Continue to pursue and maintain positive working relationships with hospitals and facilities throughout the province to aid in the efficient scheduling and convening of hearings.
8. Pursue opportunities to introduce efficiencies in backend operations, in particular with respect to financial processing and appeal record preparation.

Diversity, Inclusion and Anti-racism

1. Ensure that recruitment, hiring / appointment, training, retention and promotion of staff and members is conducted in a fair, transparent and accountable manner that is consistent with the principles of diversity, inclusion and anti-racism.
2. Support, promote and follow all government laws, directives, and policies with respect to diversity, inclusion and anti-racism.
3. Engage with internal and external stakeholders to identify and address systemic barriers and procedural biases.
4. Encourage dialogue among staff and members on issues of diversity, inclusion and anti-racism.
5. Review internal and public facing documents and tools through an inclusion lens.
6. Provide and support education, knowledge sharing and training opportunities for members and staff with respect to diversity, inclusion and anti-racism.

Stakeholders

1. Continue to meet with individuals and groups in the stakeholder community to discuss areas for improvement to maintain a productive and positive relationship.
2. Provide information programs to professional stakeholder groups, upon request, to enhance and promote fair, effective and efficient hearings.

Finances

Past Allocation and Expenditure

The CCB receives its annual funding allocation through the Administration Vote item (1401) of the Corporate Services Division of the Ministry.

Fiscal Year	Allocation*	Actual Expenditures*
2010-2011	\$4,800,700	\$5,382,517
2011-2012	\$4,800,700	\$5,827,941
2012-2013	\$4,800,700	\$5,791,301
2013-2014	\$4,800,700	\$6,415,552
2014-2015	\$4,800,700	\$6,134,121
2015-2016	\$6,710,700	\$6,535,918
2016-2017	\$6,710,700	\$7,820,746
2017-2018	\$6,421,600***	\$9,047,127
2018-2019	\$9,082,300	\$8,540,718
2019-2020	\$8,576,900	\$8,478,113
2020-2021	\$8,411,400**	\$8,764,327**

*Total Allocation and Expenditure including accommodation.

**As of 2020-2021 accommodation is no longer included in the allocation provided to the Board by the Ministry and is no longer paid for from the Board's allocation

***Includes 5% constraint target imposed for 2017-2018

As noted in the chart above, the budgetary allocation provided to the CCB prior to 2018-2019 was typically less than the actual expenditures required to address its legislated mandate. In 2018-2019 an increase was made in the allocation better aligning it with previous actual expenditures.

The ongoing increase in caseload, along with an overall increase in costs beyond the control of the Board, such as per diem rates and reimbursement rates in the Travel Meal and Hospitality Directive has driven annual budgetary pressures for the CCB.

Although actual expenditures continue to increase, they are outpaced over time by the increase in caseload. Since 2010-2011 actual expenditures increased 63% however the number of hearings increased 160%. 2020-2021 expenditures were significantly

influenced by a year-over-year caseload and hearing increase that was four times the annual increase in 2019-2020 and 20 times the increase in 2018-2019.

The CCB engages in continuous review of all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate while ensuring ongoing achievement of its mandate and excellent service to its stakeholders and the citizens of Ontario. The CCB is committed to working with the Ministry to ensure accountability, transparency and compliance in all financial matters.

Proposed Operating Expenditures

The following chart proposes an increase in operating expenditures over the next three fiscal years due to expanded jurisdictions, an anticipated increase in caseload and its management and anticipated wage increases, based on FY 2021-22 Q3 in-quarter estimates. Note these are broad estimates which are subject to change depending on final annual caseload numbers and wage trends. All numbers are rounded to the nearest \$1000.

Fiscal Year	2021-2022 (estimates)	2022-2023 (*)	2023-2024 (**)	2024-2025 (**)
Salary and Wages	1,482,000	1,561,000	1,541,000	1,572,000
Employee Benefits	216,000	234,000	231,000	235,000
Transportation and Communications	141,000	150,000	157,000	165,000
Services	7,830,000	8,456,000	8,878,000	9,322,000
Supplies and Equipment	40,000	200,000	45,000	50,000
Total forecasted Board expenditures	9,709,000	10,601,000	10,852,000	11,344,000

* Includes consideration for standard increases to expenses and caseload including ongoing anticipated elevations in caseload increases, an allowance for possible required modifications to support a safe return to the workplace post-pandemic, the addition of temporary positions to the ongoing allocation, a transitional membership leadership period, and a partial payment toward potential procurement or development of a new case management system

** Includes consideration for standard increases to expenses and caseload

Staffing Overview

Board staff are employees of the Ontario Public Service. The Board currently has 14 allocated staff positions, including two management positions and 12 positions represented by collective bargaining agents.

The Board also has a full time Chair and two full time Vice Chairs who are Order In Council appointees (paid via Salary and Wages allocation) and a full time Counsel who is represented by a collective bargaining agent and is an employee of the Ministry of the Attorney General (paid via ODOE).

The Board's management consists of two Management FTEs: A Registrar/Senior Manager and a Deputy Registrar.

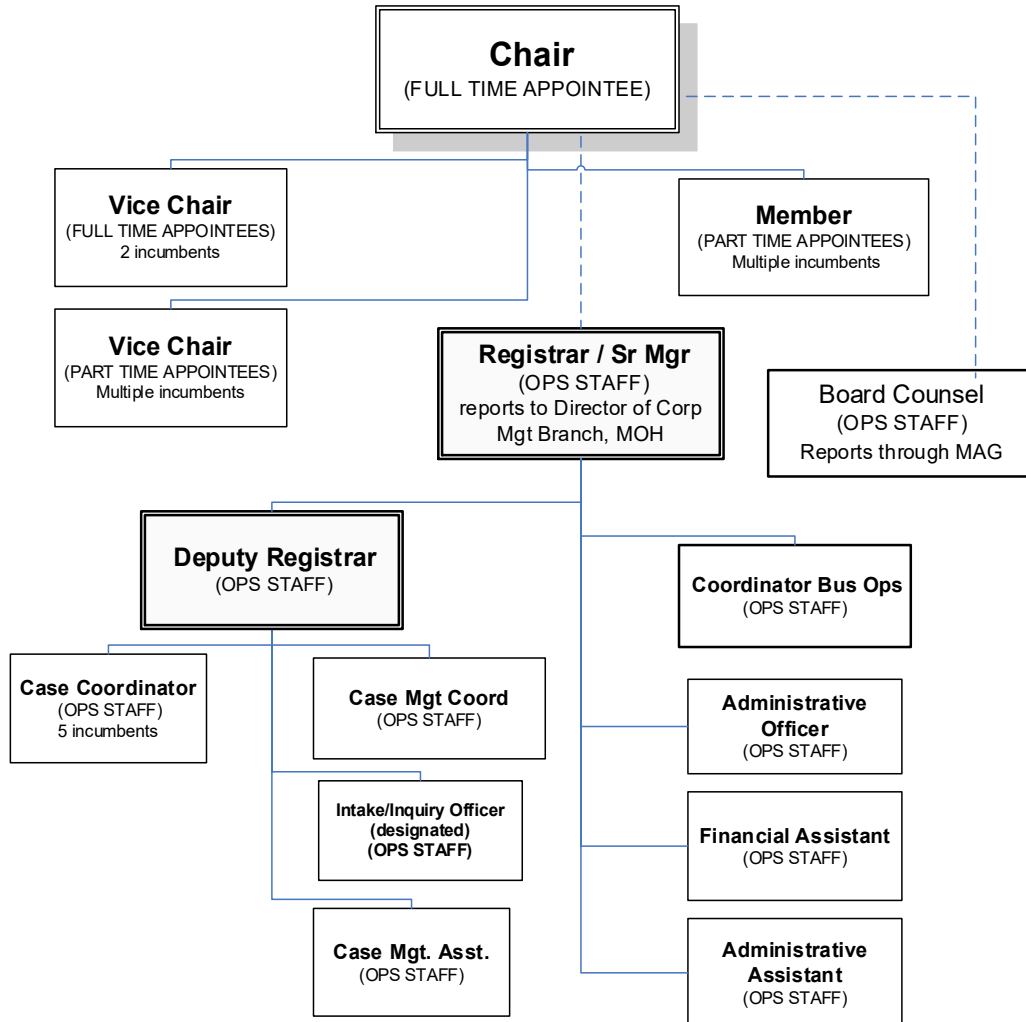
The Administrative Unit consists of four represented FTEs: a Coordinator of Business Operations, an Administrative Officer, a Financial Assistant and an Administrative Assistant.

The Scheduling Unit consists of eight represented FTEs: a Case Management Coordinator, five Case Coordinators, a Case Management Assistant and a designated bilingual Intake & Inquiry Officer.

The Board also has three temporary represented positions not reflected in its allocation including a Case Coordinator, a Case Management Assistant and an Administrative & Financial Assistant.

Strengths, challenges, progress and planning with respect to staffing are addressed earlier in this Plan.

Organizational Chart of Allocated Positions and Members



Caseload Overview

Caseload

Applications to the Board, and by extension hearings convened by the Board, are driven entirely by external factors outside the control of the Board. The mandate of the Board, coupled with legislated requirements, require the Board to accept all applications received and convene hearings within seven calendar days pursuant to statutory requirements regardless of volume of caseload.

Since the consolidation of the Board from a regional operation to a centralized operation in approximately 2002-2003 applications have increased by 170% and hearings by 226% as of the end of fiscal 2020-2021. While the annual increase varies from year to year, the overall trend remains consistently upward. Prior to 2020-2021 single year over year increases reached as high as 11% for applications and 14% for hearings. 2020-2021 brought increases of a scale previously unseen in the history of the Board.

	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21
Applications	5215	5794	5962	6615	6834	7209	7770	8076	8289	8661	9917
Increase	2%	11%	3%	11%	3%	5%	8%	4%	3%	4%	15%
Hearings	2456	2794	3090	3418	3586	3964	4474	4922	4973	5213	6366
Increase	3%	14%	11%	11%	5%	11%	13%	10%	1%	5%	22%

As of the end of Q3 for 2021-2022, the Board is projecting approximately a 10% increase in applications and hearings over 2020-2021. While this represents some relief from the increases of the previous year it is still above average and the impacts on Board operations are compounded by the exponential nature of the year-over-year growth. At this time higher than typical increases are anticipated for 2022-2023, while more standard increases are anticipated for 2023-2024 and beyond.

Most applications to the Board are one of three types. In 2020-2021 43% of applications to the CCB were to review of involuntary status, 27% were to review of a finding of incapacity with respect to treatment, admission or personal assistance and 25% were to review of a Community Treatment Order. As in previous years, CTO applications continue to gradually increase as a percentage of overall applications. These applications are anticipated to become the second most common application within two to four years.

Note that involuntary status and Community Treatment Order hearings require three or five member panels including a lawyer, a medical member and a public member, while capacity hearings require only a senior lawyer member. As a result, the shift to a higher volume of CTO matters may have membership and financial implications for the Board in comparison to capacity matters.

Consent and Capacity Board Members

As of December 31, 2021

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
CHAIR			
Marg	Creal	March 11, 2015	March 10, 2025
FULL TIME VICE CHAIR (LAWYER)			
Michael	Newman	September 01, 2017	August 31, 2022
Lora	Patton	July 11, 2017	July 10, 2022
PART TIME VICE CHAIR (Lawyer)			
Nina	Lester	June 17, 2009	April 10, 2023
PART TIME VICE CHAIR (PSYCHIATRIST)			
Rajiv	Bhatla	November 22, 2000	April 23, 2023
PART TIME VICE CHAIR (PUBLIC)			
Gary	Strang	September 24, 2003	January 14, 2024
Timothy	Vaillancourt	August 26, 2021	August 25, 2023
Anthony	Warr	August 26, 2021	August 25, 2023
LAWYER MEMBER			
Daniel	Ambrosini	June 22, 2016	December 31, 2022
Jane	Anweiler	October 31, 2019	October 30, 2024
Geoffrey	Beasley	May 18, 2016	May 17, 2026
Jean	Bedard	September 16, 2021	September 15, 2023
Ronda	Bessner	August 13, 2014	August 15, 2024
Elisabeth	Bruckmann	June 20, 2012	June 19, 2022
Jane	Bullbrook	November 28, 2019	November 27, 2024
David	Cavanaugh	May 31, 2017	August 15, 2022
Frederick	Chenoweth	January 28, 2015	January 27, 2025
Brian	Chillman	January 15, 2016	January 14, 2026
Suzanne	Clapp	October 30, 2013	December 11, 2024
Diane	Ewer	January 15, 2016	January 14, 2026
Chantal	Desloges	October 07, 2021	October 06, 2023
Curt	Flanagan	March 25, 2020	March 24, 2025
R. Gail	Goodman	November 21, 2019	November 20, 2024
John	Hanbidge	January 15, 2016	January 14, 2026
Mark	Handelman	August 29, 2019	August 28, 2024
Elizabeth	Harvie	August 17, 2017	September 25, 2022
Susan	Heakes	November 21, 2019	November 20, 2024
Loree	Hodgson-Harris	May 18, 2016	December 31, 2022
Rekha	Lakra	May 08, 2013	December 31, 2024

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Lynn Marie	Landry	April 24, 2020	April 23, 2022
John	Liddle	January 15, 2016	January 14, 2026
Leonard	Lyn	October 17, 2019	October 16, 2024
Linda	Martschenko	January 15, 2016	January 14, 2026
Leslie	Maunder	September 16, 2021	September 15, 2023
Thomas	Merrifield	October 31, 2019	October 30, 2024
Patrick	Murphy	August 29, 2019	August 28, 2024
Joseph	Nemet	August 17, 2017	September 12, 2022
Brigitte	Pilon	April 26, 2017	December 9, 2024
Elizabeth	Quinlan	June 11, 2020	June 10, 2022
Shashi	Raina	December 09, 2015	December 08, 2025
Blair	Roblin	November 28, 2019	November 27, 2024
Lonny	Rosen	July 18, 2012	July 17, 2022
Laura	Silver	May 18, 2016	December 31, 2022
Robert	Spence	November 20, 2021	November 19, 2023
Philip	Squire	October 07, 2021	October 06, 2023
Ross	Stewart	February 24, 2016	February 23, 2026
James	Sweetlove	September 29, 2021	September 28, 2023
Katherine	Tomaszewski	November 28, 2019	November 27, 2024
Myrna	Tulandi	April 24, 2020	April 23, 2022
Eugene	Williams	January 05, 2006	January 30, 2023
Zeenath	Zeath	March 07, 2018	March 11, 2023
NURSE IN THE EXTENDED CLASS MEMBER			
Donna	Andrade	August 29, 2019	August 28, 2024
Danielle	Drouin	October 17, 2019	October 16, 2024
Julie	Earle	October 17, 2019	October 16, 2024
Kimberley	Kirkpatrick	October 17, 2019	October 16, 2024
Julie	Lossing	October 25, 2019	October 24, 2024
Christena	McDonald	July 08, 2021	July 07, 2023
Mary	Smith	May 07, 2020	May 06, 2022
Kate	Uchendu	May 31, 2017	July 25, 2022
Mary	Woodman	August 29, 2019	August 28, 2024
PHYSICIAN MEMBER			
Francis	Bakewell	May 28, 2020	May 27, 2022
Partha	Datta	April 24, 2020	April 23, 2022
Patricia	Doyle	October 17, 2019	October 16, 2024
Rae	Lake	April 02, 2020	April 01, 2025
Dimitri	Louvish	May 28, 2020	May 27, 2022

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Nathalie	Ranger	August 29, 2019	August 28, 2024
Jennifer	Sarjeant	August 29, 2019	August 28, 2024
Rami	Shoucri	August 29, 2019	August 28, 2024
Erica	Weinberg	July 08, 2021	July 07, 2023
Katherine	Whitehead	April 12, 2017	April 11, 2023
PSYCHIATRIST MEMBER			
Yuri	Alatishe	March 19, 2014	March 18, 2023
Ramprasad	Bismil	May 28, 2020	May 27, 2022
Donald	Braden	October 06, 1999	October 17, 2024
Shelley	Brook	August 29, 2019	August 28, 2024
Robert	Buckingham	October 09, 2013	December 11, 2022
Ranjith	Chandrasena	June 01, 1986	April 8 2023
Yoland	Charbonneau	August 23, 1993	April 02, 2022
Peter	Cook	July 04, 2001	July 25, 2024
JoAnn	Corey	August 17, 2017	September 12, 2022
Rachel	Erstling	July 08, 2021	July 07, 2023
Joseph	Ferencz	January 15, 2007	January 14, 2023
Donald	Galbraith	January 13, 1994	April 08, 2023
Karen	Hand	May 04, 2011	May 03, 2026
Susan	Johnston	April 24, 2020	April 23, 2022
Gary	Kay	September 08, 2015	September 07, 2025
Catherine	Krasnik	August 01, 2012	July 31, 2022
Suzanne	Legault	July 08, 2021	July 07, 2023
Paul	Links	September 14, 2016	November 13, 2022
Stephen	List	May 03, 2006	July 25, 2024
Natasja	Menezes	August 29, 2019	August 28, 2024
Kumar	Naidu	July 08, 2021	July 07, 2023
Jay	Nathanson	January 29, 2014	January 30, 2023
George	Papatheodorou	November 04, 2015	December 9, 2025
John	Pellettier	October 02, 2002	December 11, 2022
Martina	Power	April 09, 2014	April 08, 2024
Gerald	Shugar	July 04, 2001	July 03, 2022
Varadaraj	Velamoor	May 31, 2017	July 25, 2022
Albina	Veltman	July 11, 2017	July 25, 2022
Andrea	Waddell	April 24, 2020	April 23, 2022
Carolyn	Woogh	October 09, 2013	December 11, 2022
PUBLIC MEMBER			
Hilary	Alexander	December 20, 2019	December 19, 2024

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Marilyn	Beaton	October 17, 2019	October 16, 2024
Kim	Brisson	February 08, 2018	February 26, 2023
Kimberly	Cato	August 17, 2017	September 12, 2022
Joyce	Curry	October 07, 2021	October 06, 2023
Catherine	Danbrook	October 17, 2019	October 16, 2024
Jennifer	Decaria	October 17, 2019	October 16, 2024
Lesley	Donald	October 07, 2021	October 06, 2023
Stephen	Duggan	October 17, 2019	October 16, 2024
Martin	Forget	March 12, 2020	March 11, 2025
Donna	Giles	November 18, 2021	November 17, 2023
Maurice	Giroux	July 11, 2017	September 25, 2022
Sabnavis	Gopikrishna	January 07, 2021	January 06, 2023
Harvey	Gorewicz	February 14, 2020	February 13, 2025
Julie	Handsor	October 31, 2019	October 30, 2024
Janet	Harris	October 19, 2016	December 11, 2022
Yvonne	Harris	October 18, 2017	October 17, 2022
Amir	Henry	October 07, 2021	October 06, 2023
Jill	Herne	September 28, 2016	November 13, 2022
Slavo	Johnson	April 14, 2010	May 12, 2023
Darlene	Kindiak	October 17, 2019	October 16, 2024
Renee	Ladouceur Beauchamp	October 25, 2019	October 24, 2024
David	Langlois	October 17, 2019	October 16, 2024
Charles	Matheson	October 31, 2019	October 30, 2024
David	McFadden	February 24, 2016	April 28, 2026
Vala	Monestime Belter	October 07, 2021	October 06, 2023
Deborah	Morrish	October 07, 2021	October 06, 2023
Sheila	Neuburger	October 31, 2019	October 30, 2024
Barbara	Nytko	October 31, 2019	October 30, 2024
Simon	Proops	February 21, 2018	February 20, 2023
Robert	Rainboth	August 17, 2017	September 12, 2022
Frances	Rasminsky	September 13, 2017	September 12, 2022
Anne-Sophie	Ribeyre	October 25, 2019	October 24, 2024
Carol	Schofield	March 25, 2020	March 24, 2025
Debra	Tackaberry	March 25, 2020	March 24, 2025
Dolkar	Tulotsang	October 17, 2019	October 16, 2024
Francesca	Vivona	October 31, 2019	October 30, 2024