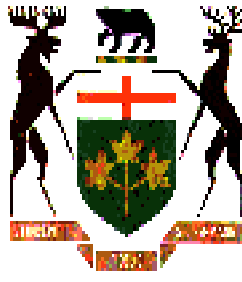


Consent and Capacity Board

Annual Report 2004/2005

(Fiscal Period – April 1, 2004 to March 31, 2005)



July, 2005-07-04

The Honourable George Smitherman
Minister of Health and Long-Term Care
80 Grosvenor Street
10th Floor Hepburn Block
Toronto, ON M7A 2C4

Dear Minister:

Re: Consent and Capacity Board Annual Report

On behalf of the Consent and Capacity Board, it is my pleasure to submit our 2004/2005 Annual Report pursuant to the Management Board of Cabinet Directive on Agency Establishment and Accountability.

Yours sincerely,

The Honourable Douglas H. Carruthers, Q.C.
Chair
Consent and Capacity Board

May 31, 2005

The Honourable George Smitherman
Minister of Health and Long-Term Care
80 Grosvenor Street, 10th Floor
Toronto, ON M7A 2C4

Dear Minister:

The past fiscal year has been a very busy year for this Board. The Board has engaged in extensive consultations with our stakeholders to find ways to improve the delivery of our services. A roundtable meeting was held with the stakeholders and with the assistance of the Business Improvement Office of the Ministry of Health we were able to focus on 4 main areas where we could find improvement. Working groups were struck and they continue to meet in an effort to develop and implement positive changes.

The Board's role is critical to achieving the balancing of the protection of individual liberties and personal autonomy with the protection of the public. Like many administrative tribunals the Board is often the only contact the citizen has with the Justice system.

The Board is unique in its' statutory requirement to commence hearings at a rapid pace that is not known to other tribunals or courts. The functions of the Board are performed within this time structure without compromising the primary duty of the Board to hold hearings in a fair, dignified and professional manner.

The Board undertook an extensive outreach program and was able to speak to physicians, Social Workers and Nurses in all parts of the Province. The goal was to educate these stakeholders on the workings of the Board and to achieve better, more effective presentations and, ultimately, to make more efficient use of the time available. By reducing the length of hearings we will achieve savings.

We have continued to provide ongoing education and training to our members keeping them informed of all developments in the law affecting their work and teaching them how to be more effective and efficient in the conduct of a hearing.

Our Board continues to enjoy the confidence and support of our stakeholders that we are able to meet their needs in the timelines that are mandated by the statute and in a fashion that is fair and even-handed. Our stakeholders know that our members are well trained and understand the issues that they face and are confident that the result achieved is just.

I thank you for the opportunity to have been the Chair of this Board. It is an experience that has been exciting and rewarding.

Yours truly

Theodore Nemetz
Chair and Chief Executive Officer

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Overview of the Board

The CCB is an independent Tribunal with a mandate to adjudicate on matters of capacity, consent, civil committal, substitute decision making and other issues affecting the health care community, the Ministry of Health and Long-Term Care, and other government agencies.

The CCB is responsible for adjudicating on questions of paramount importance to the community, including:

- Public safety – mentally ill people who may be at risk to cause harm to self or other persons as a result of mental disorder;
- Abuse - mentally ill people who may be subject to financial, physical or psychological abuse.

The CCB meets its legislative obligations_ by:

- adjudicating consistently and in a timely fashion;
- issuing high-quality Reasons for Decision;
- creating an environment of respect for the system and the tribunal and those who interact with it.

The work of the CCB is internationally recognized and respected, in part because of these factors.

Over 80 percent of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment. The CCB is an expert tribunal with a lawyer, a psychiatrist, and a public member on each panel considering civil commitment cases.

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

JURISDICTION OF THE BOARD

The CCB is responsible for holding hearings and making decisions on matters in which four elements are paramount:

1. The safety of the individual - incapacitated or mentally ill people can be easily abused physically or psychologically, and can sometimes cause harm to themselves, intentionally or unintentionally;
2. The interests of the community - confinement and/or treatment are sometimes necessary for individuals who are likely at risk to cause harm to self or other persons as a result of mental disorder;
3. Dignity and autonomy of the individual – liberty and the right to choose where one will live, whether to take treatment and if so, the nature of such treatment, and how to manage one's property and finances;
4. 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 capacity 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
- Consideration of a request to amend or terminate the appointment of a representative
- Review of a decision to admit an incapable person to a hospital, psychiatric facility, nursing home or home for the aged for the purpose of treatment
- Consideration of a request from a substitute decision-maker for authority to depart from prior capable wishes
- Review of a substitute decision-maker's compliance with the rules for substitute decision-makers
- Giving directions to parties and substitute decision-makers on issues of treatment, admission to care facilities and personal assistance services

Mental Health Act

- Review of involuntary status (civil committal)
- Review of a Community Treatment Order
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility
- Review of a finding of incapacity to manage property

Substitute Decisions Act

- Review of a finding of incapacity to manage property

Personal Health Information Protection Act

- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information
- Consideration of the appointment of a representative for a person incapable 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

Organization of the Board

The CCB is an independent adjudicative tribunal created under the *Health Care Consent Act* and with jurisdiction under that Act, the *Mental Health Act*, the *Substitute Decisions Act* and the *Personal Health Information Protection Act*. The CCB operates at arm's length from the Ministry of Health and Long Term Care pursuant to a Memorandum of Understanding.

The Consent and Capacity Board has ___ # of members. In addition to the Chair Board members include ___ Lawyers ___ Psychiatrists and ___ Public Members. The members of the Board are appointed by Order-in-Council

The CCB has undergone considerable restructuring in the past two years and has been transformed from having nine semi-autonomous regions to one centralized administration. The impact of this restructuring has modified some aspects in which the CCB does business in the delivery of its services to its constituents.

The *Health Care Consent Act, 1996*, requires that a hearing begin within seven (7) days from the day the CCB receives an application.

The 7-day deadline to schedule a hearing presents a significant logistical challenge that is unique to the CCB. The CCB holds hearings across the province (most reviews are held in psychiatric facilities but capacity hearings may be held in long-term care facilities and private homes) and requires that scheduling staff find members who are available on short notice and coordinate a hearing by juggling the busy schedules of the parties, including the patient, the patient's lawyer, and the hospital psychiatrist.

The CCB's legislation requires that hearings must be promptly scheduled, expeditiously conducted, and decisions rendered immediately. Decisions must be issued within 24 hours of the end of a hearing. Reasons for Decision, when requested, must be prepared within two business days.

MEMBERS OF THE BOARD

Prefix	First Name	Last Name	Date First Appointed	Date Current Term Expires
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Chair

Mr.	Theodore	Nemetz	December 4, 1996	April 30, 2008
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Legal Members

Mr.	Kenneth	Atkinson	April 25, 2001	April 24, 2007
Ms.	Florence	Boody-Hunter	July 31, 2001	November 16, 2007
Ms.	Marianne	Campbell	July 10, 2003	July 9, 2006
Mr.	Philippe	Capelle	May 17, 1999	May 16, 2008
Mr.	Rickland	Carleton	November 21, 2001	November 20, 2007
Mr.	Theodore	Charuk	November 22, 2000	March, 2007
Mr.	Philip	Clap	October 16, 2002	October 15, 2005
Mr.	Roy	Conacher	August 25, 2004	August 24, 2007
Mr.	Leonard	Feigman	November 3, 2004	November 2, 2007
Mr.	Douglas	Ferguson	May 12, 2004	May 11, 2007
Ms.	Marilyn	Field-Marsham	October 2, 2002	October 1, 2005
Mr.	Normand	Forest	December 12, 2001	December 11, 2007
Mr.	Stephen	Fuerth	December 1, 2004	November 30, 2007
Mr.	Wayne	Gay	January 13, 1999	January 12, 2005
Mr.	Guy	Goulard	June 30, 2000	June 29, 2006
Mr.	Brock	Grant	March 23, 2005	March 22, 2008
Mr.	Mark	Handelman	May 13, 1998	May 12, 2007
Mr.	David	Harris	November 21, 2001	November 20, 2004
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2006
Mr.	Albert	Hubbard	July 4, 2001	July 3, 2007
Ms.	Judith	Jacob	April 3, 1995	April 2, 2007
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2007
Ms.	Shayne	Kert	March 24, 2004	March 23, 2007
Ms.	Cheryl	Lafreniere	December 12, 2001	December 11, 2004
Mr.	Doug	Lewis	October 9, 2002	October 10, 2002
Ms.	Karen	Lindsay-Skyner	April 3, 2002	July 20, 2008
Mr.	Frank	McArdle	April 15, 2003	April 14, 2006
Mr.	Michael	McCue	July 8, 1998	July 7, 2004
Mr.	John	McNair	August 24, 1998	August 23, 2004
Mr.	Ian	McTavish	June 1, 1986	April 2, 2007
Ms.	Sandra	Meyrick	March 26, 2003	March 25, 2006
Mr.	Gordon	Michener	October 2, 2002	October 1, 2005
Mr.	Michael	Newman	October 21, 1998	October 20, 2006
Mr.	Alexander	Nicol	October 27, 1999	October 26, 2005
Ms.	Cinnie	Noble	February 21, 2003	February 20, 2006
Mr.	John	O'Flynn	August 25, 2004	August 24, 2007
Mr.	Patrick	O'Neil	May 16, 2001	November 15, 2004
Ms.	Susan	Opler	November 21, 2001	November 20, 2007

Prefix	First Name	Last Name	Date First Appointed	Date Current Term Expires
Ms.	Monica	Philips	September 5, 2000	September 4, 2006
Mr.	David	Ramsbottom	May 17, 1999	May 16, 2008
Mr.	Douglas	Shanks	March 20, 2002	March 19, 2005
Mr.	Rajneesh	Sharda	February 27, 2002	April 5, 2008
Mr.	Bernard	Starkman	February 27, 2002	May 3, 2008
Mr.	Larry	Steady	March 24, 2004	March 23, 2007
Ms.	Colleen	Sylvester	August 25, 2004	August 24, 2007
Ms.	Shirley	Wales	March 23, 2005	March 22, 2008
Mr.	Kenneth	Walker	November 7, 2001	November 6, 2004
Mr.	John	Wilson	November 9, 2000	March 31, 2007
Ms.	Julie	Zamprogna Balles	January 13, 1999	January 12, 2005

Psychiatrists

Dr.	Nural	Alam	January 13, 1999	January 12, 2008
Dr.	Federico	Allodi	February 21, 2001	April 19, 2008
Dr.	Rajiv	Bhatla	November 22, 2000	March 31, 2007
Dr.	Lindley	Bassarath	July 4, 2001	July 3, 2004
Dr.	Ronald	Billings	January 24, 1985	April 2, 2005
Dr.	Donald	Braden	October 6, 1999	October 5, 2005
Dr.	Gary	Chaimowitz	July 4, 2001	July 3, 2007
Dr.	Ranjith	Chandrasena	June 1, 1986	April 2, 2006
Dr.	Peter	Chang	January 13, 1999	January 12, 2005
Dr.	Peter	Cook	July 4, 2001	July 3, 2007
Dr.	Andre	Cote	October 23, 1986	April 2, 2007
Dr.	Isabelle	Cote	June 30, 2000	June 29, 2006
Dr.	Raymond	Denson	January 3, 2003	January 2, 2008
Dr.	Lal	Fernando	June 13, 2001	June 12, 2004
Dr.	Russel	Fleming	June 5, 1996	June 4, 2006
Dr.	Wayne	Furlong	February 16, 2000	February 15, 2006
Dr.	Donald	Galbraith	January 13, 1994	April 2, 2006
Dr.	Joseph	Glaister	May 17, 1999	June 21, 2008
Dr.	Paul	Hoaken	January 22, 1987	April 2, 2007
Dr.	Francis	Jarrett	August 4, 1994	April 2, 2007
Dr.	John	Johnson	July 23, 1993	April 2, 2007
Dr.	Ann	Jones	June 30, 2000	June 29, 2006
Dr.	Peter	Kelly	February 16, 2000	February 15, 2006
Dr.	William	Komer	December 18, 2001	December 17, 2004
Dr.	Eric	MacLeod	June 6, 1968	April 2, 2007
Dr.	William	Maley	February 6, 2002	February 5, 2008
Dr.	Rahul	Manchanda	June 17, 1993	April 2, 2006
Dr.	Kenneth	Martin	February 6, 2002	February 5, 2005
Dr.	Paul	Max	June 30, 2000	June 29, 2006
Dr.	Helen	Meier	June 1, 1986	April 2, 2006
Dr.	Abraham	Miller	January 1, 1979	April 2, 2007
Dr.	John	Nkansah	October 23, 1986	April 2, 2005
Dr.	John	Pelletier	October 2, 2002	October 1, 2005
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2007

Prefix	First Name	Last Name	Date First Appointed	Date Current Term Expires
Dr.	Ralph	Pohlman	June 30, 2000	June 29, 2006
Dr.	Quentin	Rae-Grant	June 5, 1996	June 4, 2006
Dr.	Vivian	Rakoff	August 25, 2004	August 24, 2007
Dr.	Evan	Ralyea	June 5, 1996	June 4, 2006
Dr.	Robert	Sheppard	January 27, 2005	January 26, 2008
Dr.	Gerald	Shugar	July 4, 2001	July 3, 2007
Dr.	Marvin	Silverman	July 11, 1990	April 2, 2007
Dr.	Cameron	Stevenson	June 5, 1996	June 4, 2006
Dr.	William	Surphlis	July 4, 2001	July 3, 2007
Dr.	Michele	Tremblay	November 20, 1992	April 2, 2007
Dr.	James	Wilkes	July 4, 2001	July 3, 2007
Dr.	Leslie	Wright	July 4, 2001	July 3, 2007

Public Members

Mr.	Richard	Aaronson	August 1, 2003	July 31, 2006
Mr.	Kenneth	Abel	June 21, 2000	June 20, 2006
Mr.	Robert	Adams	June 30, 2000	June 29, 2006
Mr.	John	Anderson	July 8, 1998	July 7, 2005
Ms.	Virginia	Ariemma	November 21, 2001	November 20, 2004
Ms.	Dell	Atlin	February 16, 2000	February 15, 2006
Mr.	James	Balfe	December 12, 2001	December 11, 2004
Mr.	Milton	Berger	July 4, 2001	July 20, 2007
Ms.	Lynda	Carpenter	March 24, 2004	March 23, 2007
Ms.	Sharon	Carson	February 16, 2000	February 15, 2006
Mr.	Ram	Chopra	August 25, 2004	August 24, 2007
Ms.	Helen	Cutaia-Mahler	July 10, 2003	July 9, 2006
Ms.	Vivian	Donovan	May 17, 1999	May 16, 2005
Ms.	Dawn	Eccles	December 16, 1998	December 15, 2004
Ms.	Lovie	Ferguson	July 8, 1998	July 7, 2004
Ms.	Shelley	Green	February 27, 2002	February 26, 2005
Ms.	Camille	Guilbault	July 10, 2003	July 9, 2006
Ms.	Beverley	Hodgson	August 21, 2003	August 20, 2006
Mr.	David	Hoff	February 27, 2002	February 26, 2005
Ms.	Judith	James	October 6, 1999	October 5, 2005
Ms.	Fatima	Kapasi	December 16, 1998	December 15, 2004
Ms.	Janice	Laking	July 11, 2001	July 10, 2005
Mr.	Ronald	Lanthier	May 6, 1999	May 5, 2005
Ms.	Irene	Larin	December 16, 1998	December 15, 2006
Mr.	Pierre	Lessard	May 28, 2003	May 27, 2006
Ms.	Jane	Limina	August 24, 1998	August 23, 2005
Ms.	Francis	Lissaman	September 11, 1998	September 10, 2004
Ms.	Melody	Lundstrom	February 8, 1996	February 7, 2005
Ms.	Stephanie	Machel	May 28, 2003	May 27, 2006
Ms.	Judith	Mackenzie	October 6, 1999	October 5, 2005
Ms.	Helen	McCartney-Oostrom	June 30, 2000	June 29, 2006
Ms.	Sandra	Meagher	July 8, 1998	July 7, 2005
Mr.	Agi	Meté	July 10, 2003	July 9, 2006

Prefix	First Name	Last Name	Date First Appointed	Date Current Term Expires
Ms.	Patricia	Muldowney-Brooks	May 17, 1999	May 16, 2005
Mr.	Michael	Omlon	May 6, 1999	May 5, 2005
Mr.	Francois	Ouellette	July 8, 1998	July 7, 2004
Mr.	Takis	Pappas	October 2, 2002	October 1, 2005
Mr.	Panos	Petrides	August 21, 2001	August 20, 2005
Mr.	Paul	Philion	December 18, 2001	December 17, 2007
Ms.	Diane	Pitts	October 6, 1999	October 5, 2005
Mr.	Paul	Ralph	February 6, 2002	February 5, 2005
Ms.	Erin	Rankin Nash	October 21, 1998	October 20, 2004
Ms.	Delia	Reiche	May 17, 1999	May 16, 2005
Ms.	J. Enid	Robins-Holm	July 4, 2001	July 3, 2004
Mr.	Gary	Strang	September 24, 2003	September 23, 2006
Ms.	Elda	Thomas	March 23, 2005	March 22, 2008
Ms.	Luella	Watson	February 16, 2000	February 15, 2006
Mr.	Alan	Wotherspoon	June 1, 1998	June 23, 2004
Ms.	Bonnie	Wright	December 15, 2004	December 14, 2007

Performance Measures and Outcomes

The *Health Care Consent Act, 1996*, sets out three legislated performance measures that that Board must meet:

1. A hearing is to begin within seven (7) days from when the Board receives an application;
2. The Board shall render its decision and provide the party's counsel or agent with a copy of the decision within one day of the hearing;
3. The Board shall issue written reasons for its decision, upon the request of one of the parties to a hearing, within two days of receiving such a request.

Since the Board holds hearings across the province (most reviews are held in psychiatric facilities but capacity hearings may be held in long-term care facilities and private homes). The 7 day deadline to schedule a hearing, which involves the assignment of a hearing panel, synchronizing the schedules of the patients counsel, hospital psychiatrist and other parties required at the hearing, presents a significant logistical challenge that is unique to the CCB.

In respect to the above legislated requirements, the Board has as a general practice met these requirements. However in past, the requirement to produce written reasons within 48 hours of a request has been a challenge. To meet this challenge, the Board has implemented an electronic system for monitoring requests and production of reasons. The Board also endeavours to ensure that Board members with a high number of requests for reasons are relieved of their hearing work until the outstanding reasons have been drafted and released.

In 2004-05 the Board implemented a number of initiatives to improve its business process, such as:

Strategic Planning

The CCB hosted a stakeholder roundtable meeting in September 2004 allowing the Chair, CCB members and senior staff to sit down with key stakeholders to meet and engage in a frank exchange of ideas and concerns about the working of the CCB. The Business Improvement Office of the Ministry of Health and Long-Term Care ("BIO") facilitated the meeting. Following that meeting, BIO met with other stakeholders and members individually and interviewed management and staff.

In February 2005, The Chair submitted to the Minister the Board Business Plan for 2005-06 as required under the Management Board of Cabinet Directive on Agency Establishment and Accountability.

Board Members training Professional Development

The Board members must operate at the highest level of skill and training to ensure that errors do not occur. As such, member training is a priority for the CCB.

The CCB has an intensive in-house training program and protocol whereby new members observe hearings and participate in training panels before being allowed to sit. This is intended to ensure a high level of professional skill on the part of each member. This new member training requires execution and supervision by senior members.

Continued professional development is also required. In October, 2004, the CCB held an annual general meeting of all members dedicated to continued education and training. Members came away from the meeting with a better level of training and understanding of the issues they face.

Training also requires that lawyer members, who chair the hearing panels and are charged with the task of reason writing, produce high-quality reasons. In March 2005 the Board organized a professional development day for lawyer members which included a workshop on reason writing and discussion around significant legal issues.

Outreach

In 2004-05 the CCB instituted an outreach program to train and educate its stakeholders on the operations of the CCB and how to present effectively at hearings. Members make presentations to physicians who appear before the CCB and to hospital staff such as nurses and social workers who are involved as evaluators and assessors for treatment and financial capacity.

It is expected that the program will result in hearings which are shorter, less confrontational and more focussed. This, in turn, will lead to fewer adjournments of hearings at the last minute, better evidence being brought before the CCB and less risk of error based on faulty evidence.

MEMO

Significant Legal Developments and Appeals

The jurisdiction of the Board was changed by the enactment of the *Personal Health Information Protection Act*. The Board lost jurisdiction to hear applications to review a decision to withhold a clinical record under the MHA. The applications for review of a patient's competency to examine/disclose clinical records and to appoint a representative for a patient found incompetent to examine/disclose clinical record were modified. Under PHIPA, the Board has now the authority to

- a. review a finding of incapacity to consent to the collection, use or disclosure of personal health information.
- b. consider the appointment of a representative for a person incapable to consent to the collection, use or disclosure of personal health information.
- c. review a substitute decision maker's compliance with the rules for substitute decision making.

The Board continued to apply the principles set out by *Daugherty v. Stall*.¹ This decision triggered a series of Board cases dealing with the definition of 'patient' in the context of applications to review findings of incapacity to manage property under the *MHA*. Panels confirmed that that to be considered a 'voluntary patient', a person must be in a position to exercise his or her own free will and must have made a capable decision to consent to voluntary status.

Professor Starson had been found incapable to consent to treatment in the past. The past finding had been confirmed by the Board but ultimately overturned by the Supreme Court of Canada. This year, the Board again convened to review a finding of incapacity to consent to treatment of a mental disorder for Professor Starson.² The Board confirmed the certificate of incapacity. The Superior Court of Justice dismissed the appeal the appeal because Starson failed to comply with the procedural steps necessary to complete the appeal.

The Board³ held that a health practitioner cannot make a finding of incapacity when the patient is illegally detained.

On February 21, 2005, the Ontario Divisional Court set aside the decision of the Board.⁴ Which had found that the Board had jurisdiction to determine the constitutional validity of the CTO provisions. The Board also dismissed a further challenge by a different applicant which submitted that the Board had jurisdiction

¹ [\[2002\] O.J. No. 4715](#).

² KI-05-4875.

³ OT-05-4952, OT-05-4953

⁴ Attorney General of Ontario v. Jane Patient et. al., Court File No. 439/04, February 21, 2005.

to grant a remedy under s. 24 of the Charter. The case has been appealed to the Ontario Superior Court of Justice.

The Board has also determined that the MHA only requires that the CTO criteria under the MHA be met. The 'purposes' section which precedes that provision (section 33.1(4)) need not be met.

Also in the context of CTOs, different panels of the Board held that the MHA does not prevent a physician from issuing a Form 1 or 3 as these later can-exist with a CTO. As a result, bringing a person subject to a CTO may not always require the re-issuing of a CTOs.

During the past year, the Board has dealt with a number of cases in which it refused to confirm findings of incapacity concerning admission to a long term facility after finding that the evaluators did not know the legal test for capacity under section 4(1) of the HCCA.

The Schiavo case arising from the US brought renewed attention to the activities of the Board. The Board did not experience an increase of Form Gs (applications to challenge a decision made by a SDM). From April 1, 2004 to March 31, 2005 the Board received 31 Form Gs. From those, 14 dealt with decisions concerning treatment (some of them dealing with end-of-life situations).

The Board continues to make its Reasons for Decisions available on the Canadian Legal Information Institute (CANLII) in addition to Quick Law.

The CCB also initiated the first review of its *Rules of Practices*. Board members have provided comments on proposed amendments. The Board will solicit comments from external stakeholders in the future.

Total Number of Appeals Per Fiscal Year

<u>Year</u>	<u>Fiscal Period</u>	<u>Total</u>
2003	April 1/2003 – March 31/2004	51
2004	April 1/2004 – March 31/2005	40
2005	April 1/2005 – June 28, 2005	15

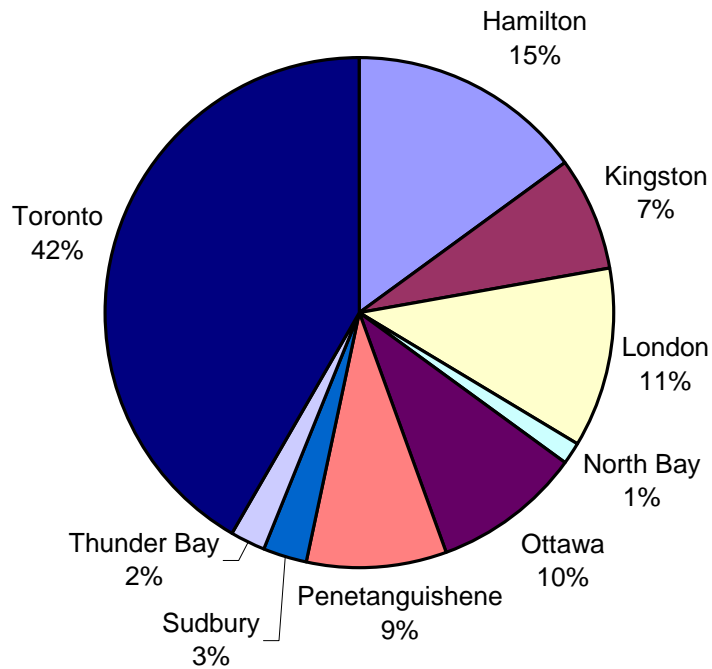
STAFF OF THE BOARD

Prefix	First Name	Last Name	Position
Mr.	Theodore	Nemetz	Chair
Mr.	Joaquin	Zuckerberg	Board Counsel
Mr.	Peter	Hoy	Registrar
Ms.	Lori	Coleman	Deputy Registrar
Ms.	Janet	Martell	Coordinator, Business Operations
Ms.	Margaret	James	Administrative Officer
Ms.	Tanjila	Rahman	Financial Assistant
Mr.	Alan	Bedassee	Secretary
Ms.	Paula	Cabral	Senior Case Coordinator
Ms.	Kareen	Afarian	Case Coordinator
Mr.	Michael	Blakely	Case Coordinator
Ms.	Rosa	Cirillo	Case Coordinator
Ms.	Lorissa	Sciarra	Case Coordinator
Ms.	Amy	Viveiros	Case Coordinator
Ms.	Kathleen	Sullivan	Records Officer
Ms.	Andrea	Ramdeo	Intake/Inquiry Officer

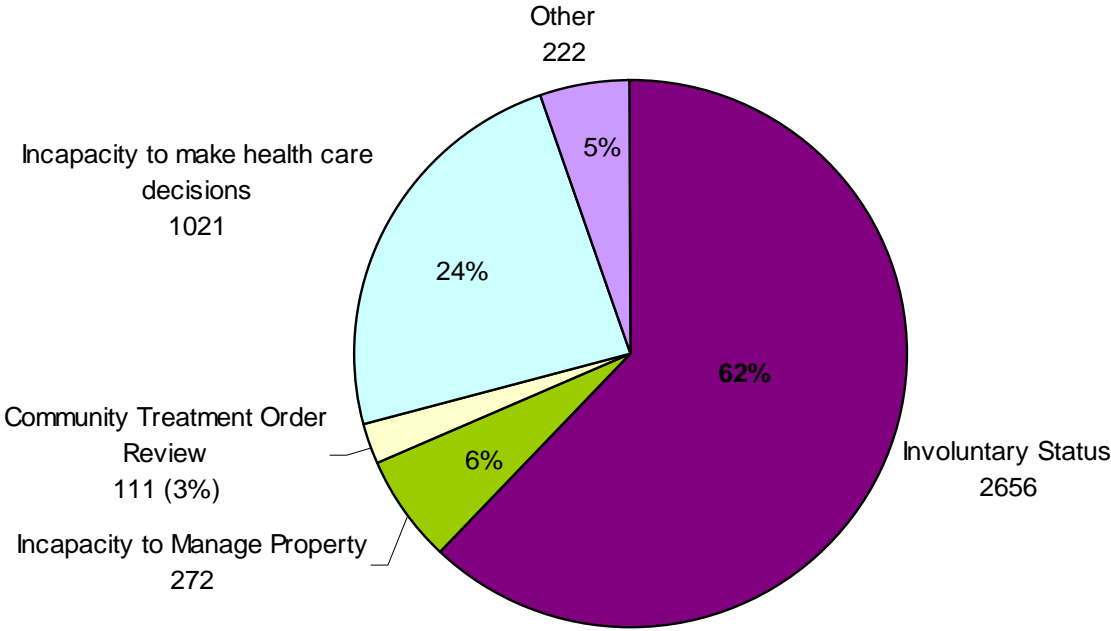
Application and Hearing Totals

2002 / 2003		2003 / 2004		2004 / 2005	
Applications	Hearings	Applications	Hearings	Applications	Hearings
3715	1950	4149	2022	4282	2221
Increase per year		11.7%	3.7%	3.2%	9.8%

Regional Breakdown of Hearings Convened (%)
2004 / 2005 Fiscal Year



Breakdown by Application Type
2004 / 2005 Fiscal Year



Financial Expenditure Report (April 1, 2004 to March 31, 2005)

	<u>Internal</u> <u>Allocation</u>	<u>Actual</u> <u>Expenditures</u>	<u>Surplus</u> <u>(Deficit)</u>
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	553,300	802,493	(\$249,193)
Benefits	66,000	96,491	(\$30,491)
<hr/>			
Subtotal	\$619,300	\$898,984	(\$279,684)
<hr/>			
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	292,100	415,084	(\$122,984)
Services	2,170,800	3,479,074	(\$1,308,274)
Supplies and Equipment	31,300	45,177	(\$13,877)
<hr/>			
Subtotal	\$2,494,200	\$3,939,335	(\$1,445,135)
<hr/>			
TOTAL OPERATING EXPENSES	<u>\$3,113,500</u>	<u>\$4,838,319</u>	<u>(\$1,724,819)</u>