

Consent and Capacity Board

Annual Report 2008/2009

(Fiscal Period – April 1, 2008 to March 31, 2009)



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OVERVIEW AND JURISDICTION OF THE CONSENT AND CAPACITY BOARD

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

The Consent and Capacity Board 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, and
- Abuse - mentally ill people or others who may be subject to financial, physical or psychological abuse.

The Consent and Capacity Board meets its legislative obligations by:

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

The work of Ontario's Consent and Capacity Board is internationally recognized and respected, in part because of these factors.

Over 80 percent of applications to the Consent and Capacity Board 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.

Jurisdiction of the Consent and Capacity Board

The Board 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; and
4. The right of a person to have treatment when required.

The Board'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-making, and
- 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 (i.e., 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, and
- 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, and
- Review of a substitute decision-maker's compliance with the rules for substitute decision-making.

Mandatory Blood Testing Act

- If an individual has come into contact with another person's bodily fluid, the individual can apply to the Medical Officer of Health to have a blood sample of the other person analyzed for HIV, Hepatitis B & C.
- If the Medical Officer of Health cannot obtain a voluntary blood sample or cannot locate the individual the Medical Officer of Health shall refer the application to the Board.
- The Board will decide whether the individual should be ordered to provide a blood sample.

ORGANIZATION OF THE CONSENT AND CAPACITY BOARD

The Board 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*, the *Personal Health Information Protection Act* and the *Mandatory Blood Testing Act*.

Members of the Consent and Capacity Board are appointed by Order-in-Council. In 2008/2009, the Board had 151 appointed members. In addition to the Chair, Board members include 51 Lawyers, 54 Psychiatrists, and 46 Public Members. In 2008/09, there were 16 new appointees to the Board, and 34 re-appointments of existing Board members. The Board has a staff complement of 16 public servants and a fee-for-service legal counsel who support the work of the Board members.

The Consent and Capacity Board is an expert tribunal. A lawyer, a psychiatrist, and a public member sit on panels considering cases involving the deprivation of an individual's liberty. As a quasi-judicial body, the Board maintains an arm's length relationship with the Ministry of Health and Long-Term Care, and receives administrative services and support through the Corporate and Direct Services Division. The Board functions under statutory requirements and a Memorandum of Understanding between the Chair of the Consent and Capacity Board, and the Minister and Deputy Minister of Health.

PERFORMANCE MEASURES

The *Health Care Consent Act, 1996*, sets out three legislated performance measures for the CCB:

1. A hearing is to begin within seven (7) days from the receipt of an application by the Board;
2. The Board must issue its Decision within one day of the end of the hearing, and
3. Upon the request of a party, the Board must issue written Reasons for its Decision, within two business days of receiving such a request.

The Board has consistently achieved these legislative requirements. The Board holds hearings across the province. Most hearings are held in psychiatric facilities, but hearings to review an individual's capacity to make their own treatment decisions or to manage their assets, etc. may be held in long-term care facilities, private homes, or any other venue. The seven-day deadline to schedule a hearing, which involves the assignment of a hearing panel, synchronizing the schedules of the applicant's counsel, health care practitioner and other parties required at the hearing, presents a significant logistical challenge that is unique to the Consent and Capacity Board.

Also very challenging is the time requirement for delivery of Reasons for Decision (i.e., two business days). To ensure that high-quality Reasons for Decision are delivered in a timely manner, the Board has implemented an electronic system for monitoring requests. This past year, the Board has also created a reasons writing template to assist presiding members. This new template creates a guideline to help focus arguments, clarify the issues and streamline the process to ensure high-quality and timely Reasons for Decision.

The Board also endeavours to ensure that Board members with a high number of requests for Reasons for Decision are relieved of their hearing work until the outstanding Reasons for Decision have been released.

The Board submits an Annual Business Plan to the Minister of Health and Long-Term Care as required under the *Management Board of Cabinet Directive on Agency Establishment and Accountability*.

PROGRESS

STANDING COMMITTEES

Standing Committees established in February 2007 by the Strategic Planning Advisor Committee of the Board continue to enhance the operation of the Board in 2008-09 as noted in the following achievements.

Public Education Committee

1. Developed and implemented criteria and a process for delivering public education activities. Standard power point presentations were created that focus on CCB related topics. Any interested health-care provider can contact the Board to request an education session. A roster of board members has been trained and is scheduled to provide the requested education session.
2. Developed a CCB Summary template for use by clinicians appearing before the Board. The CCB Summary was designed for clinicians to help organize their evidence and present it to the panel so that the evidence and arguments are clear and the hearing is more efficient. CCB summaries for involuntary status, treatment capacity and end-of-life issues have been created and are accessible on the Board's website.
3. Developed the curriculum and program for Regional Board Meetings and the Annual General Meeting.

Training and Quality Assurance Committee

1. Delivered classroom training for new Board members.
2. Developed a Performance Evaluation Program for the assessment of the performance of Board members and to ensure the consistent application of Board *Rules of Practice*. Program to be implemented in 2009-10 fiscal year.
3. Developed a complaints procedure for making a complaint to the CCB about the conduct of a member. Will be implemented in the 2009-10 fiscal year.
4. Implemented a pilot project to assess a procedural change regarding the introduction of an Inquiry model at hearings. In December 2008 the Chair requested a number of lawyers in the GTA to participate in a pilot project to determine whether the Board should adopt this new procedure.

Legislation Committee

1. Developed a list of proposed amendments to the Board's legislation

and *Rules of Practice*.

Operations Committee

1. Developed single-point contacts and positive working relationships with hospitals and institutions throughout the province.
2. Improved the data collection and assessment process to reinforce the capacity of the Board to evaluate its performance.
3. Established video conferencing as a standard operating practice for Board hearings. Received approval to purchase video conference equipment to convene hearings in cases where an in-person member cannot be confirmed. Additionally the Board intends to use videoconferencing for member training and meetings and public education. The Board will commence video conference hearings in 2009-2010.

Board and Bar Committee

1. Established and maintained on-going positive relationships with legal stakeholder groups to address issues of mutual interest by holding quarterly meetings at the Board's office.

BOARD MEMBERS' TRAINING AND PROFESSIONAL DEVELOPMENT

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 Board.

The Board has an intensive in-house training program and training protocol whereby new members participate in a two-day classroom training program, taught by more experienced senior members. New members also observe a series of hearings and participate in training panels before being allowed to sit on hearing panels.

The development of the Performance Evaluation Program will ensure the maintenance of the CCB's standards and uniformity of its practices throughout the province, maintain public confidence in the performance of the CCB and its individual members and ensure that all CCB members have acquired and maintained the skills necessary for their role.

Regional Meetings

The Board held a series of cross sector Regional Meetings (i.e., sessions involving Lawyers, Psychiatrists, and Public members) to provide an opportunity for information exchange and learning. These Regional Meetings were planned by local Board members, and addressed a broad range of administrative,

legislative, and operational learning objectives. This year's regional meetings focused on un-biased communication with diverse audiences. Lawyer members were provided with a session that included tips for writing better reasons and psychiatrist and public members were provided with a workshop focused on questioning skills and weighing evidence.

Annual General Meeting

The 2008 Annual General Meeting was designed to provide education and learning opportunities for Board members. The theme of this year's AGM was decision makers and social context. Board member participated in small group exercises to reinforce their knowledge and skill base as adjudicators dealing with sensitive social issues. The feedback obtained from Board members, guests, speakers and staff indicates that the 2008 Annual General Meeting was effective in achieving its learning objectives.

Appointments/Reappointments

The CCB implemented a new process for recruiting/interviewing, tracking, and recommending the appointment and/or reappointment of Board members. All potential new board members are interviewed by the chair or an experienced board member. Potential lawyer members are provided a case study to write and prepare reasons for decision. Based on the interview process the Board may recommend an OIC appointment. The new process ensures that the Board recruits and maintains a high-quality calibre of members.

HEARINGS AND SCHEDULING

The Board received approval to purchase video conference equipment. Initially video conference hearings will be conducted in cases where an in-person member cannot be confirmed or in cases where there is an outbreak in the facility or for administrative issues such as a party having difficulty obtaining a retainer. Eventually the Board will conduct video conference hearings for mandatory hearing such as Community Treatment Order reviews or for contentious hearings under the *Mandatory Blood Testing Act*. The Board anticipates convening Board member training and stakeholder outreach and training via video conference.

ADMINISTRATION AND OPERATIONS

Budget

In 2008/2009, the Consent and Capacity Board received a budget allocation of \$4,800,700.

The Board will continue to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate. The Board anticipates realizing a financial savings due to reduced member travel costs as a result of video conference hearings.

The increase in per diem rates which was undertaken in September 2006, October 2007 and most recently in September 2008 has generated a budgetary pressure for the Board.

Case Management Database

The Board's Case Management System was introduced in April 2006 and tracks the progress of all the applications before the Board. The system has helped streamline the scheduling process and produces high-quality statistics and reports to assist with policy development, to create public outreach programs, and to manage and monitor workflow and financial trends.

At this time, the Case Management System has evolved to a degree which cannot be exceeded. The Board has commenced its initial review of case management requirements and anticipates purchasing a new case management system by 2012.

Caseload

Prior to April 2006, the Board reported its caseload based on hearings by application type. This type of reporting slightly inflated the Board's annual hearing count as some applications are heard in tandem, yet were being counted independently. This caused a slight skewing of the Board's caseload data. Reliable hearing data was achieved with the April 2006 introduction of the Board's case management system

Over the last 3 years the Board has experienced an average increase of 11% in hearings and 5% increase in applications.

APPLICATION AND HEARING TOTALS

	2004/2005		2005/2006		2006/2007		2007/2008		2008/2009	
	Apps	Hearing	Apps	Hearing	Apps	Hearing	Apps	Hearing	Apps	Hearing
	4282	unreliable data	4595	unreliable data	4476	1998	4504	2051	4705	2212
Increase per year			7.3%		-2.6%		0.6%	2.7%	4.5%	7.8%

The majority of the increase in applications arises from an increase in Mandatory Community Treatment Order (Form 48) applications and applications to Review the Compliance of a Substitute Decision Maker regarding treatment decisions (Form G).

The Board experienced a 102% increase in Form 48 applications and a 47% increase in Form G applications between the 2006 – 2009 fiscal years.

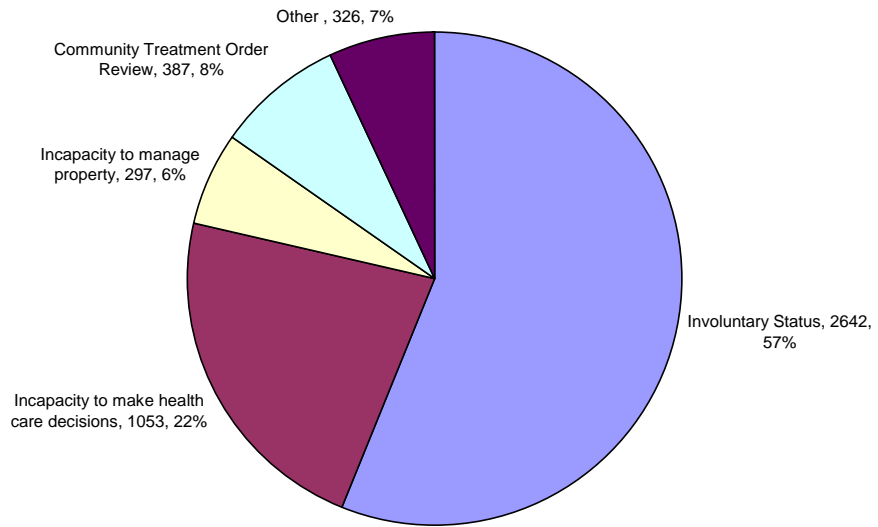
Likely causes for the increase in Form 48 applications stems from the legislation being fairly recent (2000) and the medical community becoming more comfortable and familiar utilizing Community Treatment Orders.

Factors that may contribute to the increase in Form G applications are an aging population, therefore advanced health care decisions are required and an increase in physicians' confidence submitting an application and presenting a hearing.

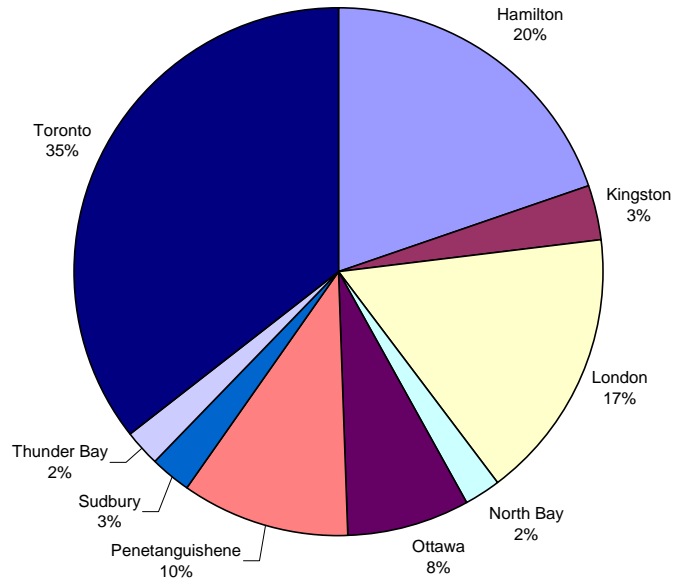
The Board anticipates a constant flow if not a steady increase in these two types of applications over the next few years. In preparation the Board may need to focus on training and re-education for membership regarding the legislation. The Board has already created a mock hearing video regarding a Form G Application. Additionally the Board is working on creating a CCB summary focusing on presenting at a Form 48 hearing. The Form 48 CCB summary is expected to be completed in March 2010.

The increase in these types of applications re-enforces the importance of the Board's role in the health care community and re-iterates the high-profile nature of the Board's cases.

Breakdown of Application Type 2008/2009 Fiscal Year



**Regional Breakdown of Hearings Convened (%)
2008/2009 Fiscal Year**



APPEALS

A party to a proceeding before the CCB may appeal the Board's decision to Ontario's Superior Court of Justice within seven days after receipt of the Board's decision. The Board is responsible for creating the record of appeal and ordering the transcripts for the hearing in question. These documents are then served on the parties and filed with the court. The following are the number of appeals and outcomes of the Board's decision since April 2004.

<u>Type of Court Dispositions of CCB Appeals 1 April 2008 - 31 March 2009</u>	
*Abandoned	5
Dismissed	5
Allowed	0
N/A (no info or case not disposed)	32
<i>Total</i>	42

<u>Total Appeals Received by Year until March 2009</u>	
2004	43
2005	46
2006	53
2007	52
2008	42
<i>Total Appeals</i>	236

*Abandoned includes: Discontinued/ Withdrawn/ no court file no.

CONSENT AND CAPACITY BOARD
LIST OF MEMBERS
(AS OF MARCH 31, 2009)

Prefix	First Name	Last Name	Date First Appointed	Date Current Term Expires
<u>Chair</u>				
Justice	Edward	Ormston	June 01, 2006	May 31, 2014
<u>Lawyer</u>				
Mr.	Joseph	Baker	December 15, 2005	December 14, 2013
Ms.	June	Bell	September 06, 2006	September 05, 2011
Ms.	Rose-Gabrielle	Birba	June 28, 2006	June 27, 2014
Ms.	Mary Jane	Campigotto	May 02, 2007	May 01, 2012
Mr.	Philippe	Capelle	May 17, 1999	May 16, 2013
Ms.	Elsy	Chakkalakal	April 04, 2007	April 03, 2012
Mr.	Theodore	Charuk	November 22, 2000	March 31, 2012
Mr.	Philip	Clay	October 16, 2002	October 25, 2013
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2013
Mr.	Douglas	Coo	April 11, 2006	April 10, 2011
Mr.	Paul	DeVillers	March 29, 2006	March 28, 2014
Mr.	Normand	Forest	December 12, 2001	December 12, 2012
Mr.	Brock	Grant	March 23, 2005	April 15, 2010
Mr.	Ms. Nathalie	Gregson	June 20, 2007	June 19, 2011
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2014
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2012
Ms.	Judith	Jacob	April 03, 1995	April 02, 2012
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2012
Ms.	Shayne	Kert	March 24, 2004	March 23, 2012
Ms.	Erin	Lainevooll	June 20, 2007	June 19, 2011
Mr.	Roger	Leclair	February 21, 2007	February 20, 2012
Mr.	Patrick	LeSage	March 21, 2007	March 20, 2010
Ms.	Nina	Lester	June 17, 2009	June 16, 2011
Ms.	Susan	Lightstone	February 21, 2007	February 20, 2012
Ms.	Karen	Lindsay-Skynner	April 03, 2002	July 20, 2013
Mr.	Ian	McTavish	June 01, 1986	April 02, 2010
Ms.	Sandra	Meyrick	March 26, 2003	March 25, 2010
Mr.	Patrick	Murphy	October 26, 2005	October 25, 2013
Mr.	Michael	Newman	October 21, 1998	April 01, 2010
Ms.	Susan	Opler	November 21, 2001	November 20, 2012
Ms.	Judith	Pascoe	May 04, 2005	May 03, 2013
Ms.	Judith	Potter	October 26, 2005	October 25, 2013
Ms.	Jill	Presser	March 29, 2006	March 28, 2014

Mr.	David	Ramsbottom	May 17, 1999	May 16, 2010
Ms.	Holly	Rasky	June 06, 2007	June 05, 2012
Mr.	Roger	Rowe	November 10, 2005	November 09, 2013
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2013
Mr.	Larry	Steady	March 24, 2004	March 23, 2012
Ms.	Colleen	Sylvester	August 25, 2004	August 24, 2012
Mr.	Bradley	Teplitsky	March 25, 2009	March 24, 2011
Ms.	Shirley	Wales	March 23, 2005	March 22, 2013
Mr.	Eugene	Williams	January 05, 2006	January 04, 2014

Psychiatrist

Dr.	Nural	Alam	January 13, 1999	January 12, 2013
Dr.	Federico	Allodi	February 21, 2001	April 22, 2013
Dr.	Rajiv	Bhatla	November 22, 2000	March 31, 2010
Dr.	Dominique	Bourget	June 22, 2006	June 21, 2014
Dr.	Donald	Braden	October 06, 1999	October 17, 2013
Dr.	John	Bradford	June 06, 2007	June 05, 2012
Dr.	Gary	Chaimowitz	July 04, 2001	July 03, 2012
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2014
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2012
Dr.	Peter	Cook	July 04, 2001	July 03, 2012
Dr.	Andre	Cote	October 23, 1986	April 02, 2012
Dr.	Isabelle	Cote	June 30, 2000	June 29, 2014
Dr.	Raymond	Denson	January 03, 2003	January 02, 2013
Dr.	Jack	Ellis	August 10, 2006	August 09, 2014
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2012
Dr.	Russel	Fleming	June 05, 1996	June 04, 2014
Dr.	Alison	Freeland	May 30, 2006	May 29, 2014
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2014
Dr.	Rose	Geist	February 27, 2008	February 26, 2010
Dr.	Joseph	Glaister	May 17, 1999	June 21, 2013
Dr.	Tom	Hastings	December 06, 2006	December 05, 2011
Dr.	John	Johnson	July 23, 1993	April 02, 2012
Dr.	William	Komer	December 18, 2001	December 17, 2012
Dr.	Stephen	List	May 03, 2006	May 02, 2014
Dr.	Eric	MacLeod	June 06, 1968	April 02, 2012
Dr.	William	Maley	February 06, 2002	February 05, 2013
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2014
Dr.	Dr. Paul Max	Max	June 30, 2000	August 09, 2014
Dr.	Helen	Meier	June 01, 1986	April 02, 2014
Dr.	Derek	Pallandi	November 15, 2006	November 14, 2011
Dr.	John	Pelletier	October 02, 2002	November 01, 2013
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2012
Dr.	Quentin	Rae-Grant	June 05, 1996	June 04, 2010
Dr.	Vivian	Rakoff	August 25, 2004	August 24, 2012
Dr.	Jonathan	Rootenberg	May 16, 2007	May 15, 2012
Dr.	Edward	Rotstein	June 06, 2007	June 05, 2012

Dr.	Gerald	Shugar	July 04, 2001	July 03, 2012
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2012
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2012
Dr.	William	Surphlis	July 04, 2001	July 03, 2012
Dr.	Michele	Tremblay	November 20, 1992	April 02, 2012
Dr.	James	Wilkes	July 04, 2001	July 03, 2012
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2012
Dr.	Leslie	Wright	July 04, 2001	July 03, 2012

Public Member

Mr.	Richard	Aaronson	August 01, 2003	July 31, 2014
Mr.	Robert	Adams	June 30, 2000	August 09, 2009
Ms.	Susan	Agranove	April 11, 2006	April 10, 2014
Mr.	David	Boothby	November 29, 2006	November 28, 2011
Mr.	Earl	Campbell	December 07, 2005	December 06, 2013
Ms.	Lois	Champion	August 12, 2008	August 11, 2010
Mr.	Ram	Chopra	August 25, 2004	August 24, 2012
Ms.	Joanna	Cutaia-Beales	February 10, 2006	February 09, 2014
Ms.	Shirley Ann	Dunn	February 03, 2006	March 03, 2013
Ms.	Dawn	Eccles	May 17, 2006	May 16, 2010
Mr.	Scott	Gale	November 10, 2005	November 09, 2013
Ms.	Beverly	Hodgson	February 27, 2008	February 26, 2010
Ms.	Connie	Holmes	August 10, 2006	August 09, 2014
Ms.	Janice	Laking	July 11, 2001	October 04, 2012
Ms.	Heather	Lareau	April 26, 2006	April 25, 2014
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2014
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2013
Ms.	Linda	Leong	November 17, 2005	November 16, 2013
Mr.	Pierre	Lessard	May 28, 2003	May 01, 2014
Ms.	Nechita	Lim-King	March 07, 2007	March 06, 2012
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2012
Mr.	George	Maroosis	July 05, 2007	July 04, 2011
Ms.	Joy	Martin	March 01, 2006	February 28, 2014
Mr.	Donald	McLeod	February 27, 2008	February 26, 2010
Ms.	Teresa	Michienzi	February 10, 2006	February 09, 2014
Ms.	Patricia	Muldowney-Brooks	February 03, 2006	February 02, 2014
Mr.	Takis	Pappas	October 02, 2002	October 25, 2013
Mr.	Panos	Petrides	April 11, 2006	June 19, 2011
Mr.	Paul	Philion	December 18, 2001	December 17, 2012
Ms.	Judith	Pousette	August 10, 2006	August 09, 2009
Ms.	Lorraine	Steadman	February 03, 2006	February 02, 2014
Ms.	Jane	Stone	March 07, 2007	March 06, 2012
Mr.	Gary	Strang	September 24, 2003	September 23, 2009
Ms.	Elda	Thomas	March 23, 2005	March 22, 2013
Ms.	Joanne	Turner	September 06, 2006	September 05, 2011
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2013
Ms.	Joy	Wendling	April 16, 2008	April 15, 2010

STAFF OF THE CONSENT AND CAPACITY BOARD
(AS OF MARCH 31, 2009)

Prefix	First Name	Last Name	Position
Justice	Edward	Ormston	Chair
Mr.	Joaquin	Zuckerberg	Board Counsel
Ms.	Lorissa	Sciarra	Registrar & Senior Manager
Ms.	Margaret	James	Administrative Officer
Ms.	Saskia	Mulders	Financial Assistant
Ms.	Manal	Hanna	Secretary
Mr.	Michael	Blakely	Case Coordinator
Ms.	Rosa	Cirillo	Case Coordinator
Ms.	Paula	Cabral	Case Coordinator
Mr.	Bryan	Browne	Case Coordinator
Ms.	Angela	Moore	Case Coordinator
Ms.	Ruth	Reynolds	Case Management Coordinator
Ms.	Vanessa	Knox	Intake/Inquiry Officer

Financial Expenditure Report (April 1, 2008 to March 31, 2009)

	<u>Internal Allocation</u>	<u>Actual Expenditures</u>	<u>Surplus (Deficit)</u>
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	627,300	846,831	(\$219,531)
Benefits	78,100	104,103	(\$26,003)
Subtotal	\$705,400	\$950,934	(\$245,534)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	314,300	518,801	(\$204,501)
Services (Including Accommodation)	3,433,500	4,175,809	(\$742,308)
Supplies and Equipment	347,500	30,578	\$316,922
Subtotal	\$4,095,300	\$4,725,188	(\$629,887)
TOTAL OPERATING EXPENSES	\$4,800,700	\$5,676,122	(\$875,421)