



Consent and Capacity Board

Annual Report 2018-2019

Fiscal Period – April 1, 2018 to March 31, 2019

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Chair's Message

I am pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2018/2019.

Once again the Board faced significant challenges impacting the nature of its work and membership. Application and hearing numbers steadily increased province-wide. The need for more adjudicators to meet the increased hearing demand together with membership losses created significant pressures on a part-time membership model. The Board initiated significant, province-wide membership recruitment across its five disciplines.

Education and training were prioritized to facilitate fair, respectful timely and efficient high-quality hearings. Education programs were held to provide key instruction to support fair, efficient and sensitive hearing practices. The annual education session model which brought all disciplines together from across the province was replaced with less costly regional model with a program designed to address emergent hearing priorities.

Hearing efficiency was supported by a pre hearing practice where complex matters are identified and carefully case managed by a team of experienced senior lawyer members.

The 2017 appointment of two experienced part-time Vice Chairs as full-time continued to provide consistent adjudicative support and leadership to the Board. These newly created positions, along with the part time Vice Chairs from different disciplines and regions of the province furnished support to the Chair in strategic planning and decision making promoting consistent excellence in adjudicative practices.

The CCB continued to meet legislated requirements regarding scheduling hearings within seven days of receipt of an application, releasing decisions by the end of the day following the hearing and issuing written reasons within four business days.

I acknowledge and thank CCB staff for the delivery of efficient, timely and fair customer service to the public, and support for the membership. Staff members work tirelessly to ensure that the Board's mandate and legal requirements are met.

I acknowledge and thank CCB members for the dedication, professionalism, compassion and fairness they demonstrate in the fulfillment of their duties. The decisions they reach have real, serious and lasting effects on the most vulnerable in our society.



Marg Creal. Chair

Mission, Mandate and Jurisdiction

Mission

To provide fair, timely, effective and respectful hearings that balance legal, medical and healthcare 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 of the CCB

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

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; and

- 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; and
- 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 finding 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; and
- 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.

Mandatory Blood Testing Act

- A review of a request, by an 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

Over 92% of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility or the criteria to issue a community treatment order, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment.

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline
- issuing decisions and reasons within the required timelines
- adjudicating consistently and in a timely fashion
- issuing high-quality Decisions and Reasons for Decision, and
- creating an environment of respect for the adjudicative process, the parties and the public.

Organization

The CCB is an independent adjudicative Board created under the *Health Care Consent Act* 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*.

The CCB had 137 members, as of March 31, 2019. In addition to the full-time Chair and two full time Vice Chairs, part-time CCB members include 6 Vice Chairs, 39 Lawyers, 40 Psychiatrists, 4 Physicians, 3 Nurses in the Extended Class and 42 Public members. This is a decrease from a total of 162 members one year prior. Members of the CCB are appointed by Order-in-Council, for a term of one to five years. 15 employees of the Ontario Public Service 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 and Long-Term Care 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 and Long-Term Care.

Performance Measures

Performance measures for the CCB regarding the scheduling of hearings, the issuance of decisions and written reasons are established by the *Health Care Consent Act, 1996*, Section 75 and are as follows:

1. The hearing shall begin within seven days after the day the Board receives the application, unless all parties agree to a postponement.
2. 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.
3. 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,
 - (a) issue written reasons for its decision; and
 - (b) provide a copy of the reasons to each person who received a copy of the decision

The CCB consistently achieves these legislative requirements through its operational performance.

Hearings are conducted at up to 250 venues throughout the province, including hospitals, long-term care facilities and community locations. Due to the nature of the majority of the applications before the CCB, most hearings are held in Schedule 1 psychiatric facilities.

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, issue decisions within one day of the conclusion of the hearing and issue written reasons within four business days when requested within 30 days after the decision.

Given these performance measures, the CCB strives to ensure that its administrative and operational processes are consistent in achieving these goals.

The Board must ensure:

- members receive ongoing educational and training opportunities to maintain their expertise in this highly-specialized adjudicative environment;
- staff is highly trained and engaged and has the resources available to effectively and efficiently schedule hearings;
- informative and accessible information is provided to stakeholders and parties;
- administrative processes support the achievement of the CCB's mandate and deliverables

2018/2019 Accomplishments

Stakeholder Consultation, Outreach and Education

1. In 2018/2019 the CCB met with numerous organizations and participated in discussions of mutual interest. The organizations included the Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, Ministry of Community Safety and Correctional Services, Legal Aid Ontario, and the Psychiatric Patient Advocate Office.
2. The CCB continued to engage with two key stakeholder committees in 2018/2019. The first involves psychiatrists in the Toronto and Southwest Regions that generally represent themselves at CCB hearings. The second includes counsel that represent applicants and physician parties before the CCB. These meetings provide an opportunity to communicate on issues of mutual interest and have proven to be an effective tool for sharing information and gathering feedback.
3. The CCB continued its public information program in response to requests to educate parties to CCB hearings, counsel and stakeholders about the roles and responsibilities of the Board, its processes and associated implications for healthcare professionals and individuals. These presentations are designed to assist persons who appear before the CCB to communicate with Board personnel and effectively prepare for and participate in CCB hearings. This CCB initiative promotes good relations with the Board and high quality hearings. In 2018/2019 10 programs were delivered to stakeholders.

Effective Hearing Management

1. In response to an increasing caseload and with the addition of amendments to the *Mental Health Act* in relation to long-term detention, in 2015/2016 the CCB initiated a case conferencing process to those matters to manage the identification of applications to be brought, legal issues and the parties to the hearing. Since this time the use of case conferences, also referred to as prehearings, was expanded more broadly across the CCB's caseload. In 2018/2019 a total of 604 conferences were convened, up from 327 the year prior. The use of case conferences promotes both the responsible use of resources and enhanced service to parties by ensuring that complex matters proceeding to hearing are well positioned to convene and conclude in an effective and timely fashion.
2. In February 2017 the CCB initiated a new pilot project to ensure the timelier sharing of documents with parties and the Board and to promote the effective use hearing time. This project remained ongoing throughout 2018/2019 and is anticipated to become a regular operating procedure in 2019/2020.

Recruitment, Training, Continuing Education and Quality Assurance

1. In late 2018/2019 the CCB initiated recruitment competitions for Lawyer, Psychiatrist, Physician, Nurse in the Extended Class and Public Members. Recruitment, merit-based interviews and recommendation of new members are conducted in accordance with the requirements of the *Adjudicative Tribunal Accountability Governance and Appointments Act*. Appointments springing from these competitions are expected in early 2019/2020. In 2018/2019 four new members were appointed to the CCB, two physician and two public members. Additionally, one existing member was reappointed as Vice Chair.
2. The CCB conducted its new member training program which includes hearing observation, classroom training and participation on hearing panels with experienced member mentors. In 2018/2019 one classroom training session and two 1:1 distance education sessions were held in which 9 new members were trained and mentored.
3. The CCB continued to assess the performance of members through an enhanced member Performance Evaluation Program (PEP). This Program monitors the quality of adjudication and requires the evaluation of each member once during the term of his/her Order-in-Council appointment. In 2018/2019 the CCB conducted 39 PEP reviews.
4. In addition to PEP reviews the CCB has initiated mechanisms to review each order/ endorsement and set of Reasons released to assess individual education or support needs and systemic needs.
5. In response to the increasing complexity of matters before the CCB, and turnover among more experienced members, the Board expanded and enhanced its in-service training program in 2017/2018 which continued in 2018/2019. Further details on member training programs can be found in the Board Members Training and Professional Development section of this Report.

Scheduling and Administration

1. The CCB relies heavily on videoconferencing to conduct hearings. The Board utilizes the Ontario Telemedicine Network to conduct videoconferences throughout the province. As an OTN member, funded by the Ministry of Health and Long Term Care, there are no additional costs to the Board to conduct a hearing by video. Videoconferencing enhances the Board's ability to provide effective service to parties throughout the province, while supporting the government's priority of fiscal restraint and also reducing the environmental impact of travel. The Board's ability to continue to maintain or expand the use of videoconference depends on the availability and cooperation of health care facilities, health practitioners and OTN throughout the province.

In 2010/2011, the first full calendar year during which the Board was a member of OTN, the CCB scheduled seven hearings in remote communities by videoconference. This represented 0.2% of all hearings that year. In 2018/2019 the Board convened over 1000 hearings, or approximately 20% of all hearings using OTN videoconferencing. CCB staff not only supported videoconference hearings logistically but provided support to members by leading knowledge sharing webinars with respect to the practical and technical aspects of videoconferencing.

2. When an appeal of a CCB decision to the Superior Court of Justice is undertaken by a party the CCB is statutorily obliged to produce a Record of Proceedings and serve it, along with an official transcript of the hearing, to all parties and the Court. Administrative staff are responsible for the physical preparation of appeal records and for arranging service. Administrative staff prepared and issued 55 appeal records in 2018/2019.
3. Administrative staff provided support to member recruitment, training and development through the coordination of the posting of five recruitments, three new member training sessions, 13 in-service training sessions, and eight locally-based all-member sessions in 2018/2019.
4. Finance staff continue to pursue efficiencies which allow them to absorb increased workload resulting from hearing volume and corporate changes. In 2018/2019 changes were made to improve the accuracy and completeness of claims for payment submitted by members. Financial training was delivered to members by webinar, replacing in person sessions. This interactive small-group training resulted in cost savings and proved to be more effective for this subject matter than traditional classroom-based training. These changes helped to improve the efficiency of processing within the financial team and allow staff to continue to provide excellent service to members, while ensuring compliance and accountability with respect to the use of public funds.

Board Members' Training and Professional Development

Member training is a priority for the CCB. CCB members are required to perform at the highest level of skill to ensure that the correct decision is made, and proper procedures are followed.

The CCB has a comprehensive training program for new and existing members which includes a new member education session, a mentoring program, a performance evaluation program and annual training sessions. The extensive training provided to members ensures the CCB has well-trained and qualified adjudicators.

New Member Education

The CCB provided new member training to nine new members in 2018/2019. In person group training consisted of a two-day session to provide an overview of role of the member, and the legislation, rules and policies that are relevant to the work of the CCB, while 1:1 distance-based training was provided when there were insufficient numbers of new appointees at one time to support a full classroom session. New members were also paired with an experienced mentor who participated in training panels with them and provided advice and guidance during the training period.

New Presiding Member Supplemental Training

New Presiding Member Supplemental Training continued in 2018/2019. This training was developed in recognition of increasing hearing complexity, heightened demands on Lawyer members and the significant number of new Lawyer members. This training was provided once in 2018/2019 to three Lawyer members.

New Medical Member Supplemental Training

Due to the success of the supplemental training for new lawyer members, New Medical Member Supplemental Training was implemented in 2018/2019 to provide similar support to new members in the three medical membership categories. This training was provided twice in 2018/2019 to ten Medical members.

Issue Specific Training

Ongoing training on key issues has been provided over the last year, in addition to the supplemental training that was delivered to new presiding Lawyer Members and Medical members. Training was provided to members with respect to Community Treatment Orders, Mandatory Blood Testing, Admission to Long Term Care, End of

Life Matters, and Property Matters. Performance Evaluation Program evaluators also received training. Overall 13 sessions were provided to 125 members in 2018/2019.

All Member Education Session

This year's all member education session took a different form in keeping with the Government's priority of fiscal restraint. In lieu of an all member training session the Board conducted a series of regional education programs in Toronto, Windsor, Hamilton, Kingston and Ottawa focusing on the emergent priorities of the year; ensuring professionalism and the safety and wellbeing of all hearing participants. The Chair travelled with a small team of presenters to the regions to deliver this training locally, with the exception of members from northern Ontario who travelled to Toronto as this was a more effective and efficient means of providing this session to a single group of members from such a large geographic area.

Legal

Background: *Mental Health Act, R.S.O. 1990, c. M.7*

The *Mental Health Act* (MHA) permits renewals of a patient's involuntary status. Upon each renewal, the Act entitles the patient to apply to review their involuntary status before the Consent and Capacity Board (CCB). The *MHA* also requires a mandatory review of a patient's involuntary status after a requisite number of renewals.

The Ontario legislature enacted several significant amendments to the *Mental Health Act* ("MHA" or the "Act") on December 21, 2015 through the passing of the *Mental Health Statute Law Amendment Act, 2015*. The amendments were made in response to the Ontario Court of Appeal's December 23, 2014 decision in *P.S. v. Ontario*, 2014 ONCA 900 (a decision which was noted in the CCB's 2014/2015 Annual Report).

In brief, the Court of Appeal's decision in *P.S. v. Ontario* held that a review of the rights of long stay involuntary patients under the *MHA* must have a process to ensure that their liberty is minimally restricted in light of the potential risk to others: balancing public protection and the protection of detainees' liberty interests. The Court of Appeal's decision was a confirmation of the serious liberty and autonomy rights involved in the rights of long stay involuntary patients. It further served as a clear recognition of the Consent and Capacity Board's critical role in reviewing these applications.

Prior to the enactment of the *Mental Health Statute Law Amendment Act, 2015*, the CCB did not have the statutory power to make orders with respect to a patient's residual liberties, such as security level, privileges on the ward, community access, leaves of absence, or access to vocational, recreational or translation services. As a result of legislature's enactment of the *Mental Health Statute Law Amendment Act, 2015*, the scope of the Board's powers under the *MHA* was expanded to grant broader remedial powers, in order to increase procedural and substantive safeguards for long stay involuntary patients.

Significant Appeal Decision Confirming the CCB's Transfer Powers: *Nixon v. Armstrong*, 2019 ONSC 1417

The Superior Court of Ontario issued a significant decision on March 21, 2019 confirming the CCB's powers to transfer a patient. In this case, the applicant was involuntarily detained (civil detention) at the Waypoint Centre for Mental Health Care's maximum secure unit pursuant to provisions in Ontario's *Mental Health Act*. The applicant applied to the Board for a transfer to North Bay Regional Health Centre, pursuant to Section 41.1(2) of the *MHA*. Section 41.1(2) permits civil patients to seek certain Orders from the Board, when requesting a review of their involuntary detention status (pursuant to Section 39 of the *MHA*), including transfers to other facilities if their civil detention is continued. North Bay Regional Health Centre objected to the proposed transfer at the hearing before the CCB.

The Board carefully considered the application, and the evidence and submissions from all the parties. After its review, the Board ordered the transfer of the applicant to North Bay Regional Health Centre psychiatric facility under its power to order transfers pursuant to the *MHA*. The Board ordered the applicant's transfer to North Bay's forensic program and determined that the *MHA* transfer order provisions did not exclude transfer to a forensic setting, and that the applicant could not be appropriately managed and cared for in North Bay's civil programs.

North Bay Regional Health Centre hospital appealed the CCB's decision to the Superior Court of Justice, primarily on the basis that its internal hospital policy did not allow for the admission of civilly detained patients into "forensic" beds.

The appeal was heard on February 28, 2019 in the Superior Court of Justice in North Bay. The Court's decision is significant in that it is the first appellate jurisprudence on the Board's transfer powers granted through the 2015 *MHA* legislative amendments.

The Court held:

The legislative scheme now provides the Board with the jurisdiction that it lacked before the P.S. v. Ontario case, namely to "supervise the security level, privileges, therapy and treatment of long-term detainees and to craft orders that would ensure an appropriate balance between public protection and the protection of detainees' liberty interests". It would defeat the legislative intent if a Hospital could overcome it by adopting an internal policy. If the legislature had wished to make the consent of the facility a prerequisite to transfer, this could have been done [...]

The Board now has authority to override discretionary Hospital decisions respecting transfer, security levels, privileges, leaves of absence, access to the community, and access to vocational and rehabilitative programming. To restate it succinctly, a designated Schedule 1 psychiatric facility, like North Bay, cannot opt out of the Mental Health Act detention and the Board's review scheme by enacting an internal Hospital policy.

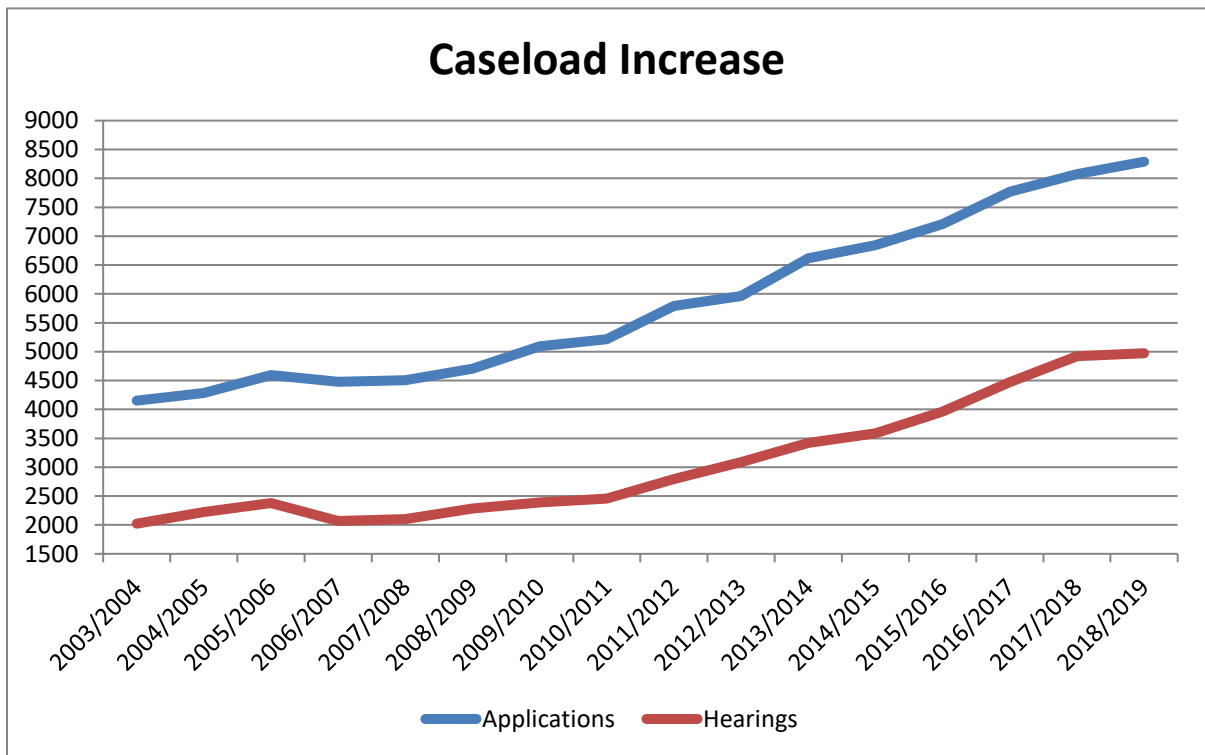
The Court found that the Board carefully considered "the impact of the proposed transfer on North Bay Hospital's ability to manage and provide care....[and] also carefully considered all of the other statutory criteria for transfer." In dismissing the appeal, the Court upheld the Board's decision to transfer as reasonable and upheld the Board's jurisdiction to order patients to be transferred between hospitals.

The Court's decision has not been appealed further.

Case Management

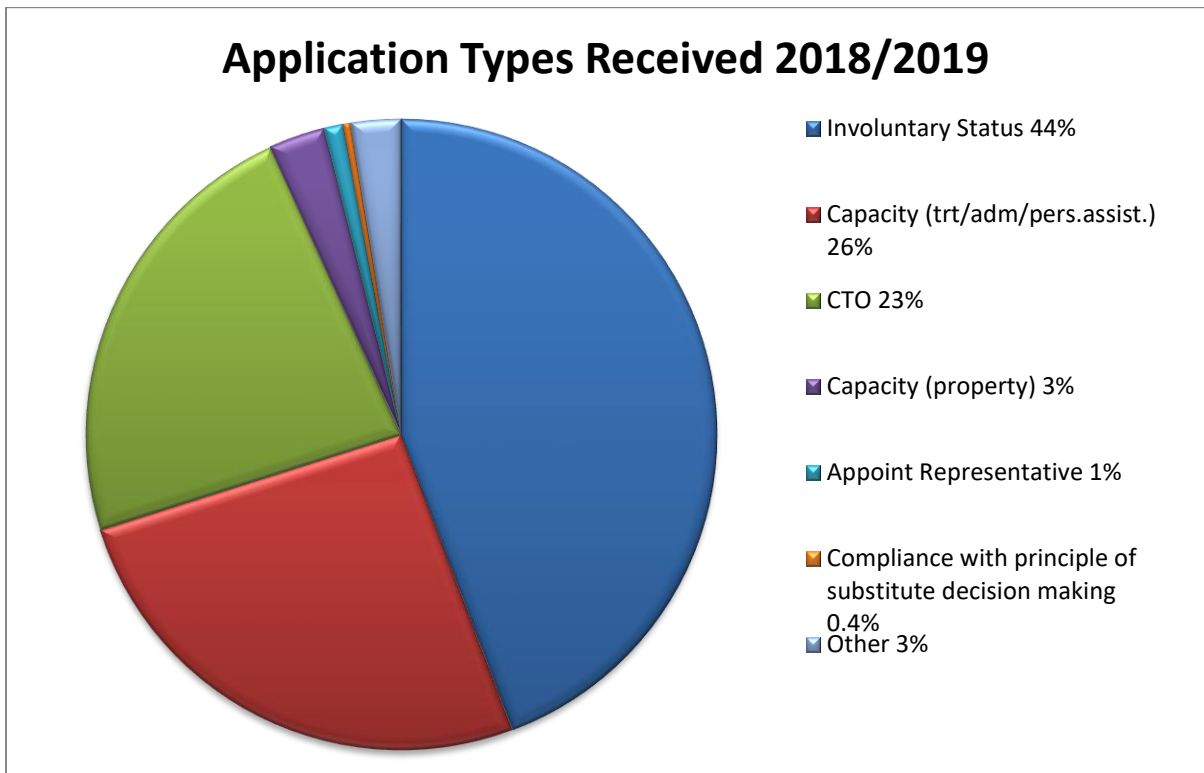
Caseload Increase

The CCB has a legal obligation to accept and process all applications submitted and convene hearings within statutory timelines regardless of increased volumes or other factors. For the 2018/2019 fiscal year application receipts climbed over 8000 and nearly 5000 hearings were convened province-wide. This is a 125% increase in applications and a 155% increase in hearings since centralization.



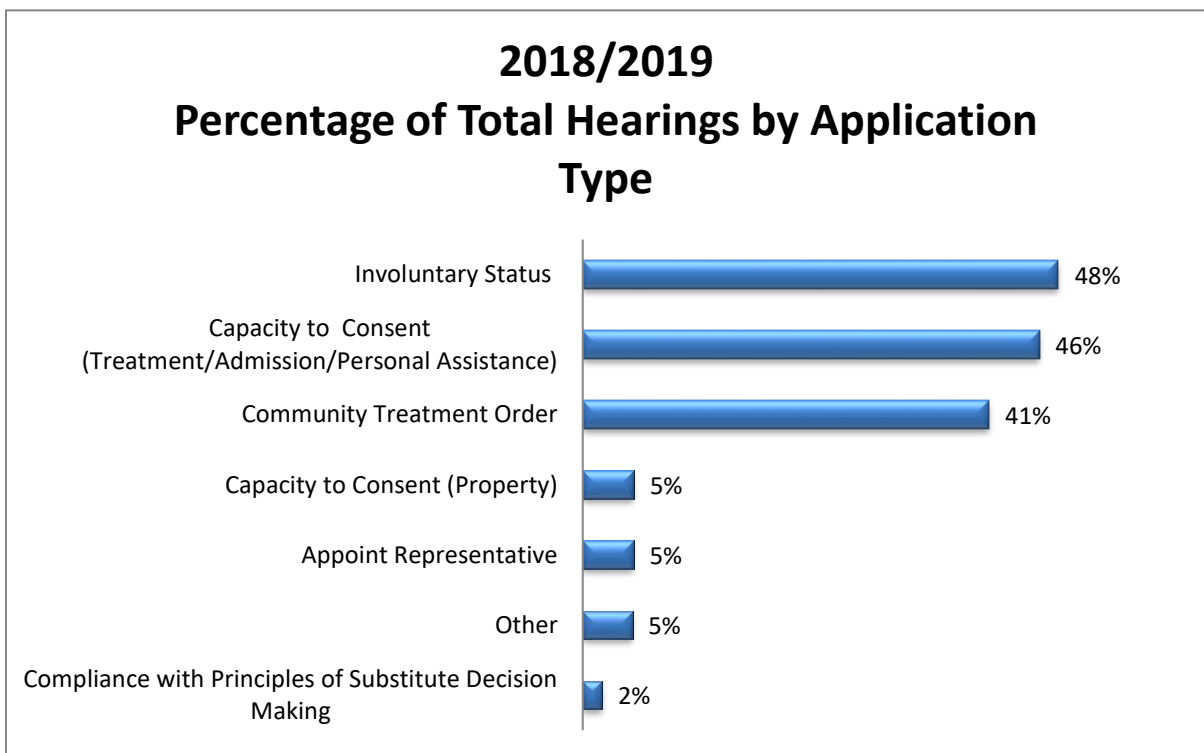
Applications to the Board

In 2018/2019 a total of 8289 applications were received by the CCB. Three types made up the majority of the applications submitted to the CCB. 44% related to a review, 26% related to a review of a finding of incapacity with respect to treatment, admission or personal assistance and 23% related to a review of a Community Treatment Order.



Applications Reviewed at Hearings

In 2018/2019 a total of 4973 hearings were convened by the CCB. The majority of hearings convened involved a review of three types of applications: 48% of all hearings involved an application with respect to involuntary status, 46% involved an application with respect to a finding of incapacity with respect to treatment, admission or personal assistance and 41% involved an application with respect to a Community Treatment Order. Note that the total of all hearings by application type is greater than 100% because more than one application may be reviewed at a single hearing.



Appeals

A party to a proceeding before the CCB has the right to appeal the CCB's decision to the Ontario Superior Court of Justice within seven days of the Board's decision. When parties appeal a decision of the Board, the CCB is obliged to prepare and issue a Record of Proceedings along with a certified copy of the transcript to each party and to the Court.

An average of 55 CCB decisions per year have been appealed from 2003 to 2018, with the exception of the period of 2015 – 2017. During that time the average was over 100 per year. This increase was driven by changes at Legal Aid Ontario that moved to fund all appeals without regard to merit. With more recent adjustments to LAO's approach to appeals, rates of appeals have returned to levels more consistent with the period of 2003 – 2014.

The following are the number of appeals received by the CCB and their outcomes at the Court level. Appeal information is based on calendar year, not fiscal year. Note, appeal outcomes may not correspond to the calendar year the appeal was initially filed, nor the year of the CCB decision.

Year	Withdrawn / Abandoned	Dismissed	Allowed	No Information / Open Cases	Administratively Closed by CCB	Notices of Appeal Received
2003	27	9	2	6	12	56
2004	17	8	1	7	4	37
2005	22	14	3	7	3	49
2006	23	17	0	6	4	50
2007	27	18	0	6	5	56
2008	15	16	1	5	7	44
2009	18	16	3	4	5	46
2010	27	19	1	1	10	58
2011	30	18	4	4	7	63
2012	20	15	2	10	2	49
2013	25	19	1	14	3	62
2014	22	26	4	8	6	66
2015	30	30	6	25	4	95
2016	38	26	2	54	3	123
2017	22	11	3	56	3	95
2018	25	4	0	35	9	73

Finance

The financial unit exercises prudent fiscal controllership by ensuring all member claims and vendor invoices adhere to Board and government guidelines and directives.

Historically, the CCB has experienced annual pressures of approximately \$1 - \$1.5M in most fiscal years since 2000/2001 due primarily to an ongoing increase in caseload, a factor over which the CCB does not have control. For fiscal 2018/2019 the Board's allocation was \$9,082,300. This included \$1,377,500 for Salaries, Wages and Benefits. This better aligned with the operating needs of the Board and served to address a long-time shortfall in Salaries, Wages and Benefits which had continued in recent years despite overall increases to the Board's allocation.

Long term increases in CCB expenditures are outpaced by caseload increases. In the past 10 years actual expenditures increased 51% while hearings before the board have increased 75%. The 2018/2019 total expenditure of \$8,540,718 was a decrease of approximately 6% in spending compared to the previous year, despite year over year increases in both applications and hearings.

Member remuneration is driven by hearing demand and volume. The CCB makes significant efforts to create hearing schedules that are both logistically sound and cost effective with respect to the deployment of adjudicators, while ensuring all legal and procedural obligations are met. Total per diem expenditures for part time appointees 2018/2019 were \$5,329,590 and full time appointee salary and benefits were \$540,361.

The CCB continues to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate. The broad use of videoconference hearings, for example, allows the Board to realize an estimated cost avoidance of between \$1.5 - \$2M annually through decreased per diem, travel and ancillary service provider costs. The vast majority of the CCB's ODOE expenditures are direct hearing-related costs and the Board employs a high level of oversight in processing member and ancillary service provider payments in keeping with the government's priority of fiscal restraint and accountability. The CCB also carefully monitors smaller operational expenses with an eye toward both cost efficiency and operational improvements. For example, a number of issue-specific training sessions for members which had traditionally been conducted in person were transformed to an online format in 2018/2019, reducing per diem costs and eliminating travel expenses. Similarly, changes to the format for annual all-member training resulted in significant savings while still ensuring excellent skills and knowledge development to adjudicators. Other efforts, such as working on lowering telecommunication costs for staff and promoting reductions in the consumption of paper and other office supplies, while small in scale, demonstrate the CCB's ongoing commitment to responsible management of financial resources.

Financial Expenditure Report
April 1, 2018 to March 31, 2019

	Allocation	Actual Expenditures	Surplus (Deficit)
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	1,203,100	1,388,887	(185,787)
Benefits	174,400	178,425	(4,025)
Subtotal	\$1,377,500	\$1,567,312	(\$189,812)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	500,000	383,513	116,487
Services, including Accommodation	7,179,800	6,581,302	598,498
Supplies and Equipment	25,000	8,591	16,409
Subtotal	\$7,704,800	\$6,973,406	\$731,394
TOTAL OPERATING EXPENSES	\$9,082,300	\$8,540,718	\$541,582

Consent and Capacity Board Members

As of March 31, 2019

First Name	Surname	First Appointed	Current Term Expires	
Chair				
Ms.	Marg	Creal	March 11, 2015	March 10, 2020
Vice-Chairs				
Vice-Chair (Full-Time Lawyer Member)				
Mr.	Michael	Newman	September 01, 2017	August 31, 2019
Ms.	Lora	Patton	July 11, 2017	July 10, 2019
Vice-Chair (Part-Time Lawyer Member)				
Ms.	Judith	Jacob	January 24, 2001	April 02, 2020
Ms.	Nina	Lester	April 11, 2018	April 10, 2020
Vice-Chair (Part-Time Psychiatrist Member)				
Dr.	Rajiv	Bhatla	April 04, 2007	March 31, 2020
Vice-Chair (Part-Time Public Member)				
Ms.	Barbara	Laskin	November 29, 2017	November 28, 2019
Mr.	Paul	Phillion	April 13, 2016	December 31, 2019
Mr.	Gary	Strang	January 15, 2016	January 14, 2021
Lawyer Members				
Mr.	Daniel	Ambrosini	June 22, 2016	December 31, 2019
Mr.	Geoffrey	Beasley	May 18, 2016	May 17, 2021
Ms.	Ronda	Bessner	August 13, 2014	August 12, 2019
Ms.	Elisabeth Margaret	Bruckmann	June 20, 2012	June 19, 2022
Ms.	Sally	Bryant	April 18, 2011	April 17, 2021
Ms.	M. Krista	Bulmer	April 15, 2015	April 14, 2020
Mr.	David	Cavanaugh	May 31, 2017	May 30, 2019
Mr.	Frederick	Chenoweth	January 28, 2015	January 27, 2020
Mr.	Brian	Chillman	January 15, 2016	January 14, 2021
Ms.	Suzanne	Clapp	October 30, 2013	December 11, 2019
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2019
Ms.	Diane	Ewer	January 15, 2016	January 14, 2021
Mr.	Ronald	Franklin	December 02, 2015	December 01, 2020
Ms.	Kathleen	Gowanlock	April 15, 2015	April 14, 2020
Mr.	John	Hanbidge	January 15, 2016	January 14, 2021
Ms.	Elizabeth	Harvie	August 17, 2017	August 16, 2019
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2019
Ms.	Loree	Hodgson-Harris	May 18, 2016	December 31, 2019

Ms.	Sonya	Jain	May 10, 2017	May 09, 2019
Mr.	Robert	Karrass	November 04, 2015	November 03, 2020
Ms.	Rekha	Lakra	May 08, 2013	December 31, 2019
Ms.	Joanne	Lau	May 31, 2017	May 30, 2019
Ms.	Delia	Lewis	May 10, 2017	May 09, 2019
Mr.	John	Liddle	January 15, 2016	January 14, 2021
Ms.	Linda	Martschenko	January 15, 2016	January 14, 2021
Mr.	Joseph	Nemet	August 17, 2017	August 16, 2019
Ms.	Brigitte	Pilon	April 26, 2017	April 25, 2019
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2021
Mr.	Timothy	Power	July 11, 2017	July 10, 2019
Mr.	Shashi	Raina	December 09, 2015	December 08, 2020
Mr.	Graham	Reynolds	July 11, 2017	July 10, 2019
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2022
Ms.	Laura	Silver	May 18, 2016	December 31, 2019
Mr.	Ross	Stewart	February 24, 2016	February 23, 2021
Mr.	Glenn	Stuart	November 04, 2015	November 03, 2020
Ms.	Winnie	Tse	December 02, 2015	December 01, 2020
Ms.	Miriam	Vale Peters	May 30, 2016	December 31, 2019
Mr.	Eugene	Williams	January 05, 2006	January 30, 2020
Ms.	Zeenath	Zeath	March 07, 2018	March 06, 2020
Nurse Members				
Ms.	Nicole	Basiaco	May 10, 2017	May 09, 2019
Ms.	Stacey	Bricknell	April 26, 2017	April 25, 2019
Ms.	Kate	Uchendu	May 31, 2017	May 30, 2019
Physician Members				
Dr.	Taylor	Lougheed	December 20, 2016	December 19, 2019
Dr.	Laurie	Wells	May 18, 2017	May 17, 2019
Dr.	Katherine	Whitehead	April 12, 2017	April 11, 2020
Dr.	Wendy	Wilson	April 11, 2018	April 10, 2020
Psychiatrist Members				
Dr.	Yuri	Alatishe	March 19, 2014	March 18, 2020
Dr.	Halszka	Arciszewska	June 17, 2015	June 16, 2020
Dr.	Donald	Braden	October 06, 1999	October 17, 2019
Dr.	Robert	Buckingham	October 09, 2013	December 11, 2019
Dr.	Ranjith	Chandrasena	June 01, 1986	April 03, 2020
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2022
Dr.	Peter	Cook	July 04, 2001	July 03, 2019
Dr.	JoAnn	Corey	August 17, 2017	August 16, 2019

Dr.	Padraig	Darby	June 28, 2017	June 27, 2019
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2022
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2020
Dr.	Alison	Freeland	May 30, 2006	May 29, 2019
Dr.	Donald	Galbraith	January 13, 1994	April 03, 2020
Dr.	Rose	Geist	February 27, 2008	February 26, 2021
Dr.	Balaji	Gopidasan	March 09, 2016	March 08, 2021
Dr.	R. Andrew	Hackett	March 18, 2015	March 17, 2020
Dr.	Karen	Hand	May 04, 2011	May 03, 2021
Dr.	Walter	Hoe	January 15, 2016	January 14, 2021
Dr.	Anita	Johnston	April 11, 2018	April 10, 2020
Dr.	Gary	Kay	September 08, 2015	September 07, 2020
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2022
Dr.	Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2020
Dr.	Paul	Links	September 14, 2016	November 13, 2019
Dr.	Stephen	List	May 03, 2006	May 02, 2019
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2020
Dr.	Robert	McCurley	April 14, 2010	April 13, 2020
Dr.	Rosemary	Meier	June 01, 1986	April 02, 2020
Dr.	Jay	Nathanson	January 29, 2014	January 30, 2020
Dr.	George	Papatheodorou	November 04, 2015	November 03, 2020
Dr.	John	Pelletier	October 02, 2002	December 11, 2019
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2020
Dr.	Martina	Power	April 09, 2014	April 08, 2020
Dr.	Ajmal	Razmy	March 01, 2017	February 28, 2020
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2022
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2020
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2022
Dr.	Varadaraj	Velamoor	May 31, 2017	May 30, 2019
Dr.	Albina	Veltman	July 11, 2017	July 10, 2019
Dr.	Samuel	Waldenberg	February 10, 2016	February 09, 2021
Dr.	Carolyn	Woogh	October 09, 2013	December 11, 2019
Public Members				
Mr.	Larry	Brigham	March 09, 2016	March 08, 2021
Ms.	Kim	Brisson	February 08, 2018	February 07, 2020
Ms.	Pat	Capponi	April 06, 2011	April 05, 2021
Ms.	Kimberly	Cato	August 17, 2017	August 16, 2019
Ms.	Deane	Cornell	June 30, 2016	December 31, 2019
Ms.	Deborah	Cumming	September 14, 2016	November 13, 2019

Mr.	James	Cyr	April 26, 2017	April 25, 2019
Mr.	Dwight	Druick	October 18, 2017	October 17, 2019
Mr.	Maurice	Giroux	July 11, 2017	July 10, 2019
Mr.	Harvey	Gorewicz	September 13, 2017	September 12, 2019
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2021
Ms.	Yvonne	Harris	October 18, 2017	October 17, 2019
Ms.	Janet	Harris	October 19, 2016	December 11, 2019
Ms.	Jill	Herne	September 28, 2016	November 13, 2019
Ms.	Eva	Hodgson	March 07, 2018	March 06, 2020
Ms.	Ileen	Howell	February 17, 2010	February 16, 2020
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2020
Ms.	Yasmin	Khaliq	August 17, 2017	August 16, 2019
Ms.	Gloria	Kovach	February 21, 2019	February 20, 2021
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2020
Ms.	Neasa	Martin	July 11, 2017	July 10, 2019
Mr.	David	McFadden	February 24, 2016	February 23, 2021
Ms.	Jane	Mclsaac	September 14, 2016	November 13, 2019
Ms.	Constance	McKnight	September 08, 2009	September 11, 2019
Mr.	Augustine	Okon	September 28, 2016	November 13, 2019
Ms.	Patricia	Ostapchuk	January 28, 2015	January 27, 2020
Mr.	Andrew	Palmer	July 11, 2017	July 10, 2019
Mr.	Henry	Pateman	November 01, 2017	October 31, 2019
Mr.	Simon	Proops	February 21, 2018	February 20, 2020
Ms.	Susan	Qadeer	October 21, 2015	October 20, 2020
Mr.	Robert	Rainboth	August 17, 2017	August 16, 2019
Ms.	Frances	Rasminsky	September 13, 2017	September 12, 2019
Ms.	Joyce	Rowlands	November 01, 2017	October 31, 2019
Ms.	Trudy	Shecter	July 11, 2017	July 10, 2019
Mr.	Andrew	Skrypniak	February 24, 2016	February 23, 2021
Mr.	John	Trainor	March 07, 2018	March 06, 2020
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2022
Ms.	Claudia	von Zweck	August 17, 2017	August 16, 2019
Ms.	Arpana	Vora	April 11, 2018	April 10, 2020
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2019
Ms.	Mary	Ward	June 28, 2017	June 27, 2019
Mr.	Anthony	Warr	December 05, 2012	December 04, 2022

Members Reappointed in 2018/2019 using ATAGAA Waivers

First Name		Surname	First or Previous Appointment Date	Appointed by Waiver	Appointment Expiry
Vice-Chair (Part-Time Lawyer Member)					
Mr.	Paul	DeVillers	June 08, 2016	June 08, 2018	December 31, 2018
Ms.	Carolyn	Jones	June 22, 2016	June 22, 2018	December 31, 2018
Vice-Chair (Part-Time Public Member)					
Mr.	Earl	Campbell	July 17, 2013	July 17, 2018	December 31, 2018
Ms.	Patricia	Muldowney-Brooks	June 30, 2016	June 30, 2018	December 31, 2018
Mr.	Paul	Phillion	December 18, 2001	April 13, 2018	December 31, 2018
Mr.	Paul	Phillion	April 13, 2018	January 01, 2019	December 31, 2019
Lawyer Members					
Mr.	Daniel	Ambrosini	June 22, 2016	June 22, 2018	December 31, 2018
Mr.	Daniel	Ambrosini	June 22, 2018	January 01, 2019	December 31, 2019
Mr.	Geoffrey	Beasley	May 18, 2016	May 18, 2018	May 17, 2021
Ms.	Loree	Hodgson-Harris	May 18, 2016	May 18, 2018	December 31, 2018
Ms.	Loree	Hodgson-Harris	May 18, 2018	January 01, 2019	December 31, 2019
Ms.	Rekha	Lakra	May 08, 2013	May 08, 2018	December 31, 2018
Ms.	Rekha	Lakra	May 08, 2018	January 01, 2019	December 31, 2019
Ms.	Laura	Silver	May 18, 2016	May 18, 2018	December 31, 2018
Ms.	Laura	Silver	May 18, 2018	January 01, 2019	December 31, 2019
Ms.	Miriam	Vale Peters	May 30, 2016	May 30, 2018	December 31, 2018
Ms.	Miriam	Vale Peters	May 30, 2018	January 01, 2019	December 31, 2019
Ms.	Suzanne	Clapp	October 30, 2013	December 12, 2018	December 11, 2019
Mr.	Eugene	Williams	January 05, 2006	January 31, 2019	January 30, 2020
Physician Members					
Dr.	Taylor	Lougheed	December 20, 2016	December 20, 2018	December 19, 2019
Psychiatrist Members					
Dr.	Robert	Buckingham	October 09, 2013	December 12, 2018	December 11, 2019
Dr.	Paul	Links	September 14, 2016	November 14, 2018	November 13, 2019
Dr.	John	Pelletier	October 02, 2002	December 12, 2018	December 11, 2019
Dr.	Carolyn	Woogh	October 09, 2013	December 12, 2018	December 11, 2019
Dr.	Jay	Nathanson	January 29, 2014	January 31, 2019	January 30, 2020
Dr.	Ajmal	Razmy	March 01, 2017	March 01, 2019	February 28, 2020
Dr.	Yuri	Alatishe	March 19, 2014	March 19, 2019	March 18, 2020
Public Members					
Ms.	Natasha	Bronfman	May 04, 2016	May 04, 2018	December 31, 2018
Ms.	Deane	Cornell	June 30, 2016	June 30, 2018	December 31, 2018

Ms.	Deane	Cornell	June 30, 2018	January 01, 2019	December 31, 2019
Ms.	Andrea	Geddes Poole	June 08, 2016	June 08, 2018	December 31, 2018
Ms.	Deborah	Cumming	September 14, 2016	November 14, 2018	November 13, 2019
Ms.	Janet	Harris	October 19, 2016	December 12, 2018	December 11, 2019
Ms.	Jill	Herne	September 28, 2016	November 14, 2018	November 13, 2019
Ms.	Jane	Mclsaac	September 14, 2016	November 14, 2018	November 13, 2019
Mr.	Augustine	Okon	September 28, 2016	November 14, 2018	November 13, 2019