

# Consent and Capacity Board

## *Annual Report 2009-2010*

*(Fiscal Period – April 1, 2009 to March 31, 2010)*



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## CHAIR'S MESSAGE

I am very pleased to report on the activities of the Consent and Capacity Board (CCB) for the fiscal year 2009-2010.

The CCB achieved its legislated requirements regarding the scheduling of its hearings, decision release and the issuance of written reasons. During this fiscal, *the Health Care Consent Act* was amended and the requirement to issue written reasons was extended from two to four business days upon receipt of the request. This was a welcome change by our members.

The work of our Standing Committees is ongoing. In 2009-2010, informative education seminars were provided to a number of healthcare providers and organizations including over 20 presentations by the Chair to mental health groups and conferences; a new summary template was developed to assist physicians in preparing for hearings; the performance evaluation of over 60 members was completed; a complaints procedure was implemented and the policy was posted on the CCB's website; a partnership with McMaster was created regarding the development of a CCB education portion; and video-conferencing equipment was purchased and used to convene hearings. The work of each of these committees directly enhances the delivery of services by the CCB to its stakeholders.

The CCB continues to provide all of its members with training and opportunities for information exchange and learning. New members are provided training by senior members, Counsel and administrative staff. As well, the 2009 Annual General Meeting included presentations by guest speakers that provided important insight into real life issues in consent and capacity, participation by members in small working groups, as well as a half-day team building exercise for staff.

The CCB has complied with the government's directive regarding the *Accessibility for Ontarians with Disabilities Act* and has also implemented a Customer Service Standard. All staff has been trained to provide accessible customer service.

Despite the fact that the CCB continues to see an increase in its average number of applications and subsequent number of hearings, costs are being closely monitored and controlled.

The initiatives of the Standing Committees, as well as my involvement in providing several educational presentations to the health care community, improve the high quality of service provided by the CCB.

I would like to take this opportunity to thank the dedicated staff and members of the CCB for their contributions during this fiscal year.

The Honourable Justice Edward F. Ormston  
Chair

## **OVERVIEW AND JURISDICTION OF THE CONSENT AND CAPACITY BOARD**

The Consent and Capacity Board (CCB) is an independent Board 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 meets its legislative obligations by:

- adjudicating consistently and in a timely fashion;
- issuing high-quality Decisions and Reasons for Decision; and
- creating an environment of respect for the system and the CCB and for 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.

### **Jurisdiction of the Consent and Capacity 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; and
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 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;
- Consideration of a request to amend or terminate the appointment of a representative;
- Review of a decision to admit an incapable person to a long term care facility;
- Consideration of a request from a substitute decision-maker for authority to depart from prior capable wishes of an incapable person;
- 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.
- Determination of whether an involuntary patient should be transferred to another psychiatric facility.

*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*

- Determination of whether an individual should be ordered to provide a blood sample.

## **ORGANIZATION OF THE CONSENT AND CAPACITY BOARD**

The CCB is an independent adjudicative Board created under the *Health Care Consent Act* and receives its jurisdiction from that Act,. It adjudicates under the *Health Care Consent Act*, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Protection Act* and the *Mandatory Blood Testing Act*.

Members of the CCB are appointed by Order-in-Council. As of March 31, 2010, the CCB had 134 appointed members. In addition to the Chair, CCB members include 46 Lawyers, 47 Psychiatrists, and 41 Public Members. The CCB has a staff complement of 14 public servants who support the work of the CCB members.

The CCB is an expert tribunal. CCB panels are generally composed by a lawyer, a psychiatrist, and a public member. As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health and Long-Term Care, and receives administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair of the CCB, 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 commence within seven (7) days from the receipt of an application;
2. The CCB must issue its Decision within one day of the conclusion of the hearing; and
3. Upon the request of a party, the CCB must issue written Reasons for its Decision, within four business days of receiving such a request.

The CCB has consistently achieved these legislative requirements. The CCB 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 CCB.

The CCB 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*.

## **STANDING COMMITTEES**

### **Public Education Committee Activities:**

1. In 2008/09 the CCB developed an informative public outreach program to inform healthcare providers, healthcare organizations, and the public at large about the roles and responsibilities of the CCB, its processes, and the associated implications for healthcare professionals and individuals. Additionally the CCB contacted organizations with which it has regular contact to inform them of this public education initiative, and to encourage those organizations to participate. In 2009/10 the CCB provided 67 education seminars on a variety of topics such as mock CCB hearings, capacity assessments and the role of the CCB.
2. CCB Summary templates were created for use by clinicians appearing before the CCB. The templates were designed for to help clinicians organize their evidence and present it to the panel so that the evidence and arguments are clear and the hearing is more efficient. These summaries were recently streamlined and edited to be more user-friendly. The CCB Summary templates cover reviews of involuntary status, treatment capacity, determinations of principles of substitute decision making and community treatment orders. All CCB Summary templates are on the CCB website.
3. Curriculum and program for Regional Board Meetings and the Annual General Meeting were developed.

### **Training and Quality Assurance Committee Activities:**

1. Delivered classroom training for new CCB members.
2. Designed and delivered a Performance Evaluation Program for the assessment of the performance of CCB members and to enhance the quality of adjudication and provide improved accountability. Every CCB member will have a minimum of one performance evaluation during the term of each of his/her Order-in-Council. The CCB adopted a set of standards that were defined by the members, and reflect their view of how their performance should be measured. Approximately half the CCB's membership had received an evaluation by March 31, 2010.
3. Designed a complaints procedure for making a complaint to the CCB about the conduct of a member. Created a mechanism for a complainant to launch a formal complaint with the CCB Chair to investigate alleged misconduct of a CCB member. The policy is accessible on the CCB's website.

4. Created a partnership with McMaster University to contribute to the creation of medical school curriculum pertaining to psychiatric students. Assisted with the development of a CCB education portion for first year students. The aim is to provide improved education for new health practitioners as to their roles and responsibilities and relationship with the CCB.

**Legislation Committee Activities:**

1. Developed a list of proposed amendments to the CCB's legislation and *Rules of Practice*.

**Operations Committee Activities:**

1. Established video conferencing procedures as an option for convening CCB hearings. Initially these hearings are convened in cases where an in-person member cannot be confirmed. The CCB purchased its equipment and completed staff training in December 2009. The first video conference session held in January 2010 was a public education session between the CCB's office in Toronto and the Northern Community Care Access Centres. By March 31, 2010 the CCB had convened two video conference hearings. The CCB anticipates convening video conference hearings at least three to four times per month. Additionally, the CCB intends to use videoconferencing for member training and meetings and public education.

**Board and Bar Committee Activities:**

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

## **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 and training to ensure that the correct decision is made, and proper procedures followed.. .

The CCB has an intensive in-house training program and training protocol whereby new members participate in a two-day classroom training program, provided by experienced senior members and legal counsel. New members also observe a series of hearings and participate in training panels before being assigned to a hearing. Each new member has a mentor assigned to assist with his/her training.

### **Regional Meetings**

The CCB 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.

This year's regional meetings were conducted over a working dinner and were more informal than in the past. A dinner meeting was planned for each region of the province, which created a more relaxed environment to allow for open discussion with the Chair about issues of regional interest, legal precedents and upcoming initiatives. These meetings were very well received by members.

### **Annual General Meeting**

The 2009 Annual General Meeting was designed to provide education and learning opportunities for CCB members. The theme of this year's AGM was the role of the CCB in the health care community and the perspective of the consumer/survivor. CCB members participated in small group exercises to reinforce their knowledge and skill base as adjudicators as well as to submit feedback and ideas regarding future policy development. Other topics and presentations included real-life issues in long-term care, comparison between the CCB jurisdiction and other similar jurisdictions and candid discussion and presentations from mental health consumers/survivors. The feedback obtained from members, guests, speakers and staff indicates that the 2009 Annual General Meeting was effective in achieving its learning objectives and allowed the membership to better appreciate their role in the mental health community. Additionally, staff participated in a half day team building exercise.

## **LEGAL UPDATES**

### **Bill 212**

Bill 212, amended the *Health Care Consent Act*. The amendments extended the time for delivery of reasons for decision from two business days to four business days. This amendment was well received by members as the required deadline to issue reasons for a decision within two business days was, in some cases, very difficult to meet. Additionally, the amendments changed the responsibility of arranging for legal representation for an incapable person from the Public Guardian and Trustee to Legal Aid Ontario.

### **Accessibility for Ontarians with Disabilities Act (AODA)**

The Accessibility for Ontarians with Disabilities Act, Customer Service Standard came into force on January 1, 2010. The regulation's standard requires public sector organizations to provide accessible customer service to persons with disabilities and ensures policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity. The CCB filed its compliance report in January 2010. Staff participated in training which included how to interact and communicate with people with various types of disabilities, with a person who requires a support person, and how to support the use of a service animal or assistive devices

## **HEARINGS AND SCHEDULING**

The scheduling unit maintained the highest standards of customer service while also meeting its legislative requirement to schedule hearings within 7 days.. 2009/10 was a transitional year for the scheduling unit to realign human resource needs and to develop a functional hierarchy. The unit welcomed new team members and began a shift towards increasing efficiency and improving its processes.

## **ADMINISTRATION AND OPERATIONS**

### **Budget**

In 2009/2010, the Consent and Capacity Board received a budget allocation of \$4,800,700.

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

Increases in *per diem* rates for members were implemented in September 2006, October 2007 and most recently in September 2008. These increases have generated a budgetary pressure for the CCB

### **Case Management Database**

The CCB's case management system was introduced in April 2006 and tracks the progress of all the applications before the CCB. 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 current case management system has evolved to a degree which cannot be exceeded. The CCB has commenced its initial review of case management requirements and anticipates implementing a new case management system by 2012.

### **Caseload**

An incorrect calculation in the previous years' statistical reporting resulted in a slight inaccuracy in the CCB's caseload data. In previous years, the CCB reported its caseload based on hearings by application type. This type of reporting slightly inflated the CCB's annual hearing count as some applications are heard together, yet were being counted independently. The most reliable hearing data coincides with the introduction of the CCB's case management system. Hearing-related data prior to April 2006 is unreliable and should not be considered.

Over the last three years the CCB has experienced an average increase of 11% in its hearings and a 5% increase in its applications.

## **APPLICATION AND HEARING TOTALS**

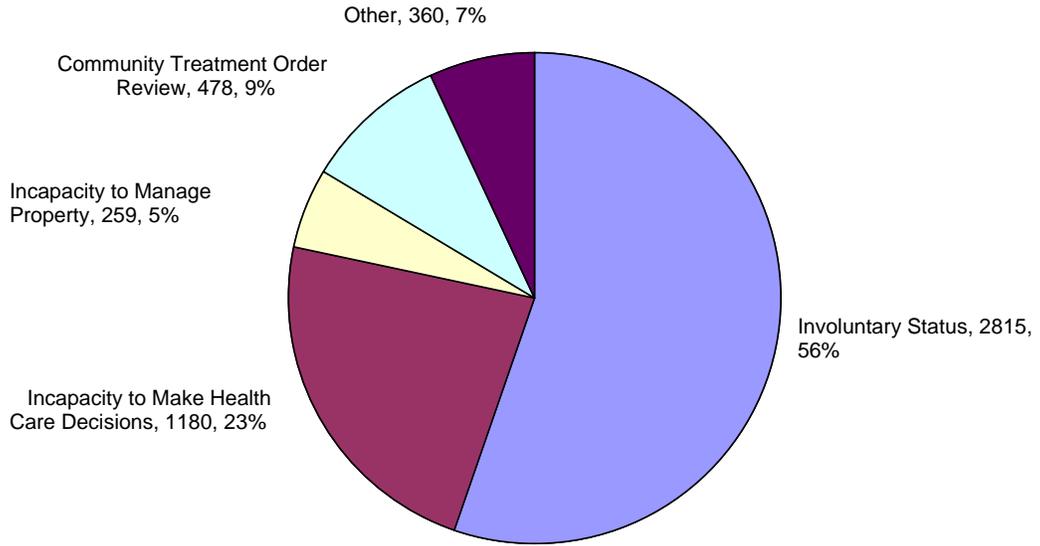
	<b>2006/2007</b>		<b>2007/2008</b>		<b>2008/2009</b>		<b>2009/2010</b>	
	Apps	Hearing	Apps	Hearing	Apps	Hearing	Apps	Hearing
	4476	1998	4504	2051	4705	2212	5092	2365
Increase per year			0.6%	2.7%	4.5%	7.8%	8.2%	6.9%

The increase in applications arises from an across-the-board increase in business. The most significant increases the Board experienced were related to the following applications:

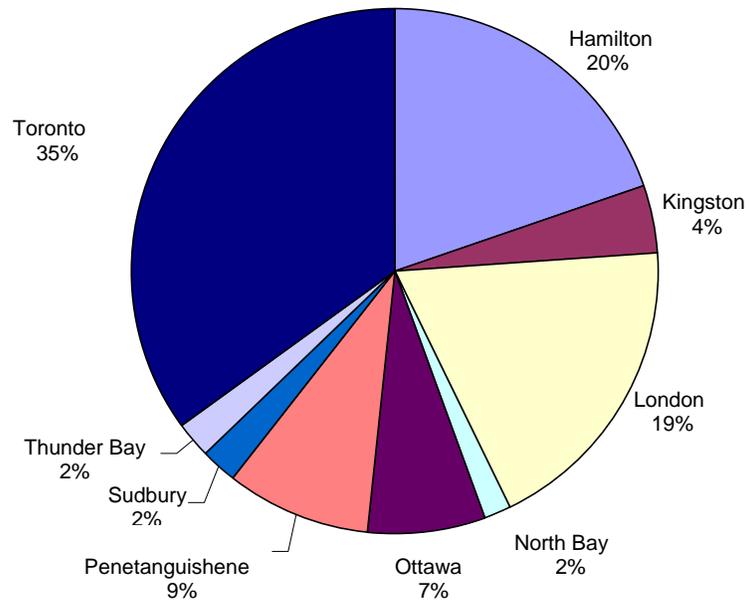
- involuntary status
- treatment incapacity determinations
- community treatment orders

Causes for the increase in numbers may include increasing outreach and education of the public and the CCB's more active role in the health care community. With the creation of education seminars, health practitioners, health care providers and the general public have become more knowledgeable about the CCB's role and services, thus making it more accessible. Additionally, the CCB created tools for health practitioners to use at hearings (the CCB Summary templates) which help to reduce the barrier and stigma of an adversarial judicial process. As a result, the health care community is more comfortable and may be better prepared when participating in the CCB's hearings.

**Breakdown of Application Type  
2009/10 Fiscal Year**



**Regional Breakdown of Hearings Convened (%)  
2009/10 Fiscal Year**



## APPEALS

A party to a proceeding before the CCB has the right to appeal the CCB's decision to Ontario's Superior Court of Justice within seven days after receipt of the CCB's decision. The CCB 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 since April 2004.

<b>Type of Court Dispositions of CCB Appeals 1 April 2009- 31 March 2010</b>	
<b>Abandoned</b>	8
<b>Dismissed</b>	5
<b>Allowed</b>	1
<b>N/A (no info or case not disposed of)</b>	37
<b>Total</b>	<b>51</b>

<b>Total Appeals Received by Year until March 2010</b>	
<b>2004</b>	43
<b>2005</b>	46
<b>2006</b>	53
<b>2007</b>	52
<b>2008</b>	42
<b>2009</b>	51
<b>Total Appeals</b>	<b>287</b>

**CONSENT AND CAPACITY BOARD LIST OF MEMBERS**  
**(AS OF MARCH 31, 2010)**

	<b>First Name</b>	<b>Last Name</b>	<b>First Appointed</b>	<b>Current Term Expires</b>
<b><u>Chair</u></b>				
Justice	Edward	Ormston	June 01, 2006	May 31, 2014
<b><u>Lawyers</u></b>				
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
Ms.	Anne	Freed	April 11, 2006	April 10, 2009
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
Mr.	Bernard	Kelly	January 13, 2010	January 12, 2012
Ms.	Shayne	Kert	March 24, 2004	March 23, 2012
Ms.	Erin	Lainevool	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.	Lora	Patton	September 24, 2009	September 23, 2011
Ms.	Bonnie	Pelletier-Maracle	April 11, 2006	April 10, 2009
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	Steaey	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.	Wayne	Furlong	February 16, 2000	May 16, 2009
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.	Ann	Jones	June 30, 2000	June 29, 2009
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.	Simon	O'Brien	May 02, 2007	May 01, 2009
Dr.	Dr. Paul	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	Pellettier	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, 2014
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
Mr.	Brian	Hamilton	May 30, 2007	May 29, 2009
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2013
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

Ms.	Constance	McKnight	September 18, 2009	September 07, 2011
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.	Eleanor	Plain	June 06, 2007	June 05, 2009
Ms.	Judith	Pousette	August 10, 2006	August 09, 2009
Mr.	David	Simpson	November 18, 2009	November 17, 2011
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, 2014
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, 2010)**

	<b>First Name</b>	<b>Last Name</b>	<b>Position</b>
Justice	Edward	Ormston	Chair
Mr.	Joaquin	Zuckerberg	Board Counsel
Ms.	Lorissa	Sciarra	Registrar & Senior Manager
Ms.	Cheryl	Young	Deputy Registrar
Ms.	Nadia	Ramnarine	Coordinator of Business Operations
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

Ms.	Antonella	Nucci	Case Coordinator
Ms.	Patricia	Godden	Case Coordinator
Ms.	Angela	Moore	Intake/Inquiry Officer
Ms.	Karen	Walker	Case Management Coordinator

**Financial Expenditure Report (April 1, 2009 to March 31, 2010)**

	<u>Internal Allocation</u>	<u>Actual Expenditures</u>	<u>Surplus (Deficit)</u>
<b><u>DIRECT OPERATING EXPENSE</u></b>			
Salaries and Wages	627,300	1,010,391.07	(\$383,091)
Benefits	78,100	130,020.28	(\$51,921)
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<b>Subtotal</b>	<b>\$705,400</b>	<b>\$1,140,411.35</b>	<b>(\$435,012)</b>
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<b><u>OTHER DIRECT OPERATING EXPENSES</u></b>			
Transportation and Communications	314,300	448,686.61	(\$134,387)
Services	3,367,600	3,877,800.88	(\$510,201)
Supplies and Equipment	347,500	46,282.67	\$301,217
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<b>Subtotal</b>	<b>\$4,029,400</b>	<b>4,372,770.16</b>	<b>(\$343,371)</b>
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<b>TOTAL OPERATING EXPENSES</b>	<b><u>\$4,734,800</u></b>	<b><u>\$5,513,181.51</u></b>	<b><u>(\$778,383)</u></b>