



REPORT TO THE POLICE SERVICE BOARD

Author: A/Manager Patterson

Date of Report: 9/23/2024

Type of Report: Public

Title: Influences on Staff Deployment

RECOMMENDATION

That the Board receives the following report for information.

EXECUTIVE SUMMARY

This report is provided bi-annually to the Board to provide comprehensive insight into the factors impacting the current staffing numbers and the Service's fulsome benefit and wellness programming response.

DISCUSSION

The purpose of this report is to inform on the influences affecting the Service's current staffing levels and acknowledge the wellness programming created to address these influences. The report provides data and analysis of the staffing numbers and costs, as well as the participation and utilization of the wellness programming. The Service continues to prioritize the membership's overall wellbeing through proactive connections, learning, and resources. The Wellness Unit is committed to continuously improve the experience for members as it relates to their wellness through the evaluation of their programs. The purpose of the wellness programming is to build strategies that promote resiliency and other mental health resources that will contribute to problem reduction or even prevention, as indicated in the Minister of Health report on Chronic Disease in Canada.¹

The Health and Wellness Unit analyzes accommodation and absence information to effectively report on the number of members who are unable to be fully deployed. Being fully deployed means you are able to complete the full function of your assigned regular position. Within Appendix A, all members who are not fully-deployable or absent from work are identified in one of the six categories. These categories are defined within Appendix D.

There are 164 sworn members and 61 civilian members who are not fully deployable. On a positive note, of those not fully deployable, 50% (81) of the sworn members and 61% (37) of the civilian members are performing work in some capacity. The number of members who are returning to work in some capacity continues to increase due to the collaborative efforts of the

¹ Chronic Diseases in Canada. Minister of Health. 1999. Volume 20, No. 3.
<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=e5caba12c7cfab4eae8284fc4aa977d6a2e43fe2#page=16>

Wellness unit, the leadership team and the members themselves. The introduction of the Reintegration program, explained in more detail later in this report, has been instrumental in supporting members with their return to work experience, specifically those returning from occupational stress injuries. Since January 2024, there have been 55 members who have returned to work, which has increased by 12% since this time last year. There has been significant growth in the number of members returning to work who have occupational stress injuries. Since January 2024, of the 55 members who have returned to work, 44% (24) had occupational stress injuries. Last June 2023, only 6 of the members who returned to work had occupational stress injuries. Indexing our current numbers for 2024 would suggest that we may see a record number of rehabilitated members back to work.

Compared to the last report in January 2024, the total number of members not fully deployable has increased by 5% (11) overall, or, 4% (7) for sworn members and 7% (4) for civilian members. Analyzing this data further provides that the reason for the increase in both sworn and civilian members has been primarily due to an isolated occupational stress incident. Approximately 81% of sworn members not actively at work are receiving WSIB benefits. The other 19% are on a non-occupational leave utilizing their sick time or long term disability benefits. The civilian members who are unable to perform work in any capacity has actually decreased by 1 member since January 2024. 58% of the civilian members not actively at work are receiving WSIB benefits, with the majority of these members having occupational stress injuries.

Reviewing the comparative data of other police services, it is clear that WSIB claims are having a similar impact to their staffing levels. As demonstrated in Appendix C, Durham Regional Police is comparable to similar police services: Niagara, Halton, Peel, Toronto, Ottawa and York. The Durham Regional Police is ranked the second lowest when calculating the average cost per WSIB claim, utilizing the WSIB data. Comparing the number of WSIB lost time claims with the other comparable services, the Durham Regional Police ranks lowest for the number of lost time claims. This illustrates that the Service is managing WSIB costs and lost time claims effectively. This is due to the concerted efforts of the membership, leadership, Finance and Wellness.

Mental health continues to be the leading factor impacting our members and the rest of the country, “in 2018, an estimated 5.3 million Canadians reported they needed help for their mental health.”² Our membership’s mental wellness continues to be the leading cause of member absence from work. 96% of the members absent from work who are currently receiving WSIB benefits, have occupational stress injuries and 57% of the members absent from work who are currently receiving Long Term Disability (LTD) benefits are mental health related.

Our members have comprehensive unlimited psychological coverage offered through group benefits that has been proven to be useful to allow unencumbered financial support to receive treatment in a time where barriers to care are high. Members utilizing the benefits illustrates that members are actively improving, or maintaining their mental health. This is demonstrated through the ongoing utilization of psychological benefits, since January 2024 to July 2024 the membership has invoiced \$1.7 million. This utilization has been consistent over time and in collaboration with our other programs has proven to impact member wellbeing.

² Moroz, N., Moroz, I., D’Angelo, M. Mental health services in Canada: Barriers and cost-effective solutions to increase access. Sage Journals. Volume 33, Issue 6. <https://journals.sagepub.com/doi/full/10.1177/0840470420933911>. Retrieved August 20, 2024.

The submitted WSIB and LTD costs combined for January to August 2024 are \$8.8 million, as shown in Appendix B. The LTD costs have decreased significantly which is indicative of the decrease in the number of claims. It is important to note that LTD costs make up 5% of the total combined costs. The WSIB costs for January to August 2024 are \$8.3 million, this is only \$1.4 million away from the total WSIB costs for the year of 2023. The total 2024 costs are on track to be higher than 2023 despite the rehabilitation efforts of the Service. Of note, there were claims from 2023 that were not decided on or invoiced until 2024 with high loss of earnings costs. Recently, Finance and Wellness have strategized to negate the consistently increasing interest costs charged by WSIB. Already this year the Service has experienced an almost 50% reduction in WSIB interest costs.

Table E demonstrates the WSIB costs that have been continuously increasing since the inception of the Presumptive Post Traumatic Stress Disorder legislation. The payroll team has been leading a project in consultation with wellness, to make concerted efforts to ensure members receive their contract entitled pay for those in receipt of WSIB benefits. The Service has also commissioned a consultant to assist with managing the more complex claims. Through the concerted efforts of the consultant and the Wellness Team, there has been significant cost mitigation due to partial loss of earning decisions, return to work and/or the member deciding to retire or resign. When the member is receiving partial loss of earnings, this means they have found suitable alternate employment. This is important not only for cost management, but for the member. As WSIB states in their Better at Work study, “returning to some form of productive work improves clinical outcomes.”³ The study also includes that, “work is generally good for physical and mental health, and promotes well-being,” and, “it is also a key factor in a person’s self-worth and identity.”⁴

WELLNESS PROGRAMMING

Having robust wellness programming allows members access to a variety of health supports to meet their wellness needs. Table I provides a snapshot of the utilization and measures relating to our Health Programs and Initiatives. The purpose of the promotion of our wellness program is to establish conditions that will foster resilience and support, and lead to positive states such as satisfaction and happiness, as referenced in the Chronic Diseases in Canada report.⁵

Our programs are well utilized; however, it is important that these programs are evaluated to determine their overall efficacy and if improvements or changes should be made. Good intended programs, if not evaluated, may not lead to better outcomes and could have impacts not originally anticipated.⁶ Based on the results of the proposed budget cases for 2024, the Wellness Unit is hoping to have all of the DRPS specific programs evaluated.

³ “Better at work”. WSIB. <https://www.wsib.ca/en/better-work>. Retrieved April 23, 2024.

⁴ “Better at work”. WSIB. <https://www.wsib.ca/en/better-work>. Retrieved April 23, 2024.

⁵ Chronic Diseases in Canada. Minister of Health. 1999. Volume 20, No. 3.

<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=e5caba12c7cfab4eae8284fc4aa977d6a2e43fe2#page=16>. Retrieved August 20, 2024.

⁶ Henry, G., Lipsey, M., Rossi, P. Evaluation a systemic approach. Sage. 2019. Pg.4.

https://books.google.ca/books?hl=en&lr=&id=eDZ2DwAAQBAJ&oi=fnd&pg=PP1&dq=if+dont+evaluate+efficacy+of+programs&ots=yoC-GHx4oR&sig=vg1Zqpbddb_wXjz0R-lDrkGys#v=onepage&q=if%20dont%20evaluate%20efficacy%20of%20programs&f=false. Retrieved April 24, 2024.

The Service has engaged in a partnership with a distinguished researcher, Dr. Rose Ricciardelli, to conduct comprehensive research on the wellness programming offered by the Service. The research will provide an understanding of the effectiveness of the current programs and highlight recommendations for positive change. Through the work with Dr. Rose Ricciardelli, the Wellness Unit has initiated a working relationship with the Mental Health Secretariat to consult and offer support on mental wellbeing initiatives.

Our Healthy Apples program evaluation has been completed and initial results indicate that participants are enthusiastic about the program which is proven to be effective in increasing member wellness. Participants are more likely to have a better understanding of their mental health and seek preventative measures. It was identified that further changes could be made to the physical component of the program, enhancements to the incentive would engage more participation, and simplifying the administration of the program would improve access to the program. It is proven that the positive effects of our programming can have a direct impact on the physical and mental health of our members, like encouraging preventive interventions so that health risks can be identified early and do not manifest into further chronic conditions.⁷

Highlights for 2024

The Service has implemented a Reintegration Program. Reintegration is a program available to all sworn and civilian members to support a smooth transition back to work through a collaborative and goal driven process. Reintegration can be for members who are off work and with the assistance of this program could return to work. It could also be for members who are working modified duties who with the assistance of this program could return to regular duties. Reintegration could also be for members who are currently having an issue or concern with an aspect of their job or skillsets and require further assistance from this program to stay engaged and productive at work. A Reintegration program can assist with shifting towards de-stigmatizing PTSD, members in the program feel more supported which helps their recovery, and the program is individualized and tailored to their needs which aids their return to work.⁸

Since implementation of Reintegration at the end of 2023, with one dedicated resource and the collaborative efforts of the rest of the Wellness Unit and the ETC, 16 members have actively participated in the program. 68% (11) of these members had an occupational injury versus 32% with a non-occupational injury. 38% (6) of these members have returned to work and 25% (4) are actively engaged in the program to return to work in the near future. The program helped prevent a member from going off work and has helped others enhance their skillsets so they may elevate their productivity at work.

The Service has initiated an Early Intervention Program aimed at providing support, resources, and information proactively before someone experiences an injury or illness. Currently, members of our Wellness Unit reach out to impacted members following traumatic incidents, difficult calls, stressful situations, or as requested. This program provides the social support and wellness that has a casual impact on someone's ability to manage their mental wellness or recover from a

⁷ Workplace wellness programs study. Rand Health Quarterly. 2013 Summer; 3(2): 7. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4945172/>. Retrieved April 24, 2024.

⁸ Martin-Doto, C., Handley, K.D., Carleton, R.N., Kamkar, K., Mackoff, R., MacMillan-Devlin, J., Shields, N. Reintegration programs: innovations and future directions. CACP Psychological Services Committee. Pg. 2.

mental injury or illness.⁹ The program is in its infancy and can be expanded in the future to include other aspects like attendance, performance, complaints, etc. Currently the program has connected 355 times with members. A majority of these connections were following traumatic incidents, 3 incidents affecting 10+ members and 10 incidents affecting less than 10 members. As we dedicate more resources to the program, more structure, consistency, tracking and reporting measures will be possible.

The Divisional Psychological Services Program utilization has continued in its growth with a total of 515 interactions since inception in November 2022. Since January of 2024 to date there have been 205 interactions, as demonstrated in Infograph A. The clinicians have provided 20 defuse sessions following a traumatic call as requested. They have attended 206 parades on various platoons and supported members on a one-on-one basis 252 times, providing information, resources or guidance. They provide ongoing support, guidance and expertise to leadership and are consulted by the Wellness Unit for their opinions and recommendations.

The Service is committed to proactively providing a safe and healthy working environment for all of its members. In order to evaluate the Health and Safety Programs of the Service, the Wellness Unit is conducting a comprehensive audit. The focus of the audit will be to identify the strengths and areas requiring improvement in the health and safety program. Our goal is to ensure members continue to foster a relationship that encourages compliance and safe behaviours within the organization. The audit is in progress and on track to be completed by year end 2024. Initial meetings with the divisional leadership and the Joint Health and Safety representatives have commenced and a number of the location audits have been scheduled.

SUMMARY

The Wellness Unit is focused on continuously improving the health, safety and wellness programming and experiences felt by the membership. The evaluation of wellness programs and the health and safety audit will provide the unit with the needed data and analysis to make informed changes that meet the needs of the Service. The Unit has continued to navigate the challenges of WSIB and member absenteeism that is felt by comparable police services. Through the implementation of new programs and supportively managing members absences, the unit has felt growth and success. With further investment and dedicated resources these programs could produce excellent results.

⁹ Chronic Diseases in Canada. Minister of Health. 1999. Volume 20, No. 3. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=e5caba12c7cfab4eae8284fc4aa977d6a2e43fe2#page=16>. Retrieved August 20, 2024.

Appendix A: Not Fully Deployable Data

Sworn Data

Number of Sworn Members Off By Category

Year	2016		2017		2018		2019		2020		2021		2022		2023		2024	
Period	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Aug
Permanent Accommodation	35	34	32	34	32	32	35	42	42	41	41	37	36	36	28	29	30	33
Temporary Accommodation	9	6	15	15	17	15	22	16	23	15	15	18	24	18	24	19	28	27
WSIB Off Work	5	3	10	11	12	20	17	17	15	16	32	34	37	38	43	42	60	67
WSIB Temporary Accommodation	5	9	4	6	11	10	8	18	21	12	11	15	15	15	29	28	20	21
Long Term Disability	3	4	5	5	6	4	6	8	10	11	8	8	7	8	11	12	10	11
Non-Occupational Short Term Off Sick	3	6	5	6	8	5	3	6	9	9	6	7	10	2	8	8	9	5

Please Note: the categories “Maternity/Paternity” and “Suspension” have been removed from the number of members non-deployable.

Civilian Data

Number of Civilian Members Off by Category

Year	2016		2017		2018		2019		2020		2021		2022		2023		2024	
Period	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Jun	Jan	Aug
Permanent Accommodation	17	16	21	20	22	22	23	25	26	22	21	18	19	21	20	19	18	20
Temporary Accommodation	6	7	4	3	4	7	7	8	7	8	10	8	4	6	13	13	10	11
WSIB Off Work	0	2	3	4	7	9	9	10	11	10	16	14	13	14	17	17	16	14
WSIB Temporary Accommodation	1	1	1	1	5	2	5	4	4	6	7	8	7	6	2	1	4	6
Long Term Disability	2	2	2	2	3	5	7	8	10	10	8	7	5	5	7	6	6	6
Non-Occupational Short Term Off Sick	1	7	3	5	4	5	6	4	3	2	8	3	7	4	4	6	3	4

Please Note: the categories “Maternity/Paternity” and “Suspension” have been removed from the number of members non-deployable.

Appendix B: Not Fully Deployable Costs

WSIB Costs

Time Period	WSIB Other Costs*	WSIB Salary Cost** (including Top Up)	Total Cost Paid by Service
Jan-Jul 2024	\$2,335,755.54	\$6,007,920.33	\$8,343,675.77
2023	\$2,826,194.67	\$6,884,483.75	\$9,710,678.42
2022	\$2,546,816.45	\$5,916,373.26	\$9,459,255.72
2021	\$2,102,202.45	\$4,638,192.59	\$6,740,395.04
2020	\$1,968,966.84	\$3,500,677.29	\$5,469,644.13
2019	\$1,828,508.29	\$2,757,281.53	\$4,585,789.82
2018	\$1,739,757.73	\$2,537,828.44	\$4,277,586.17
2017	\$1,006,687.46	\$1,573,834.58	\$2,580,522.04
2016	\$729,933.59	\$804,334.53	\$1,534,268.13

***WSIB Other Costs** include costs associated with vocational rehab, health care, compensation, pension, physician fees, and administration fees.

****WSIB Salary Costs** includes the cost of the members' salaries who are off work due to a WSIB approved claim.

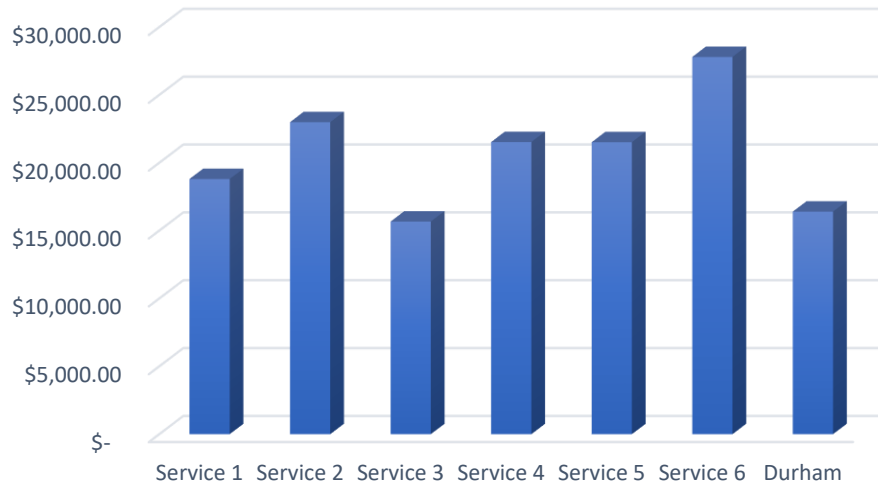
LTD Costs

Time Period	Long Term Disability Premium Cost
January 1 to April 30, 2024	\$453,693*
January 1 to December 31, 2023	\$1,177,266
January 1 to December 31, 2022	\$1,372,857
January 1 to December 31, 2021	\$2,335,338
January 1 to December 31, 2020	\$1,609,303
August 2019 – July 2020	\$1,526,095
August 2018 – July 2019	\$1,695,453
August 2017 – July 2018	\$1,763,433
August 2016 – July 2017	\$2,474,418
August 2015 – July 2016	\$1,360,165

*The decrease in the cost of LTD can be attributed to a decrease in the number of claims. A few claims initially approved and paid by LTD were later approved by WSIB. WSIB is the first payor.

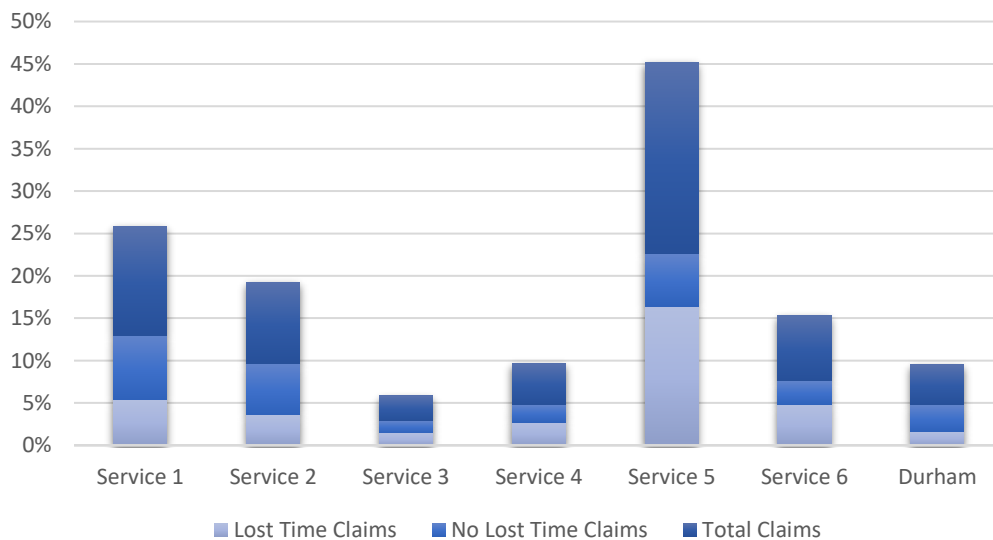
Appendix C: WSIB Comparator Data¹⁰

Cost per WSIB Claim Utilizing WSIB Data January 1 to June 30, 2024*



*the figures provided above are based on WSIB's data sets that are not inclusive of all actual costs paid by the Services for WSIB claims

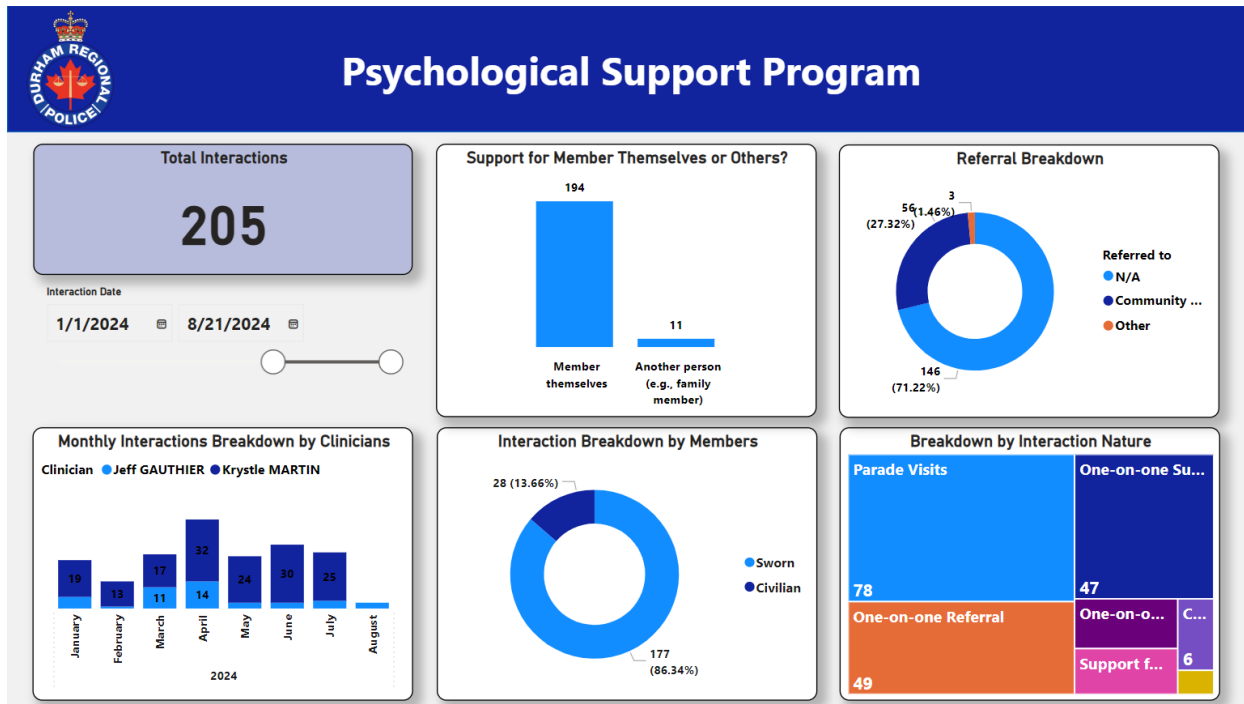
Percentage of Members with WSIB Claims Utilizing WSIB Data January 1 to June 30, 2024*



*the figures provided above are based on WSIB's data sets that are not inclusive of all actual costs paid by the Services for WSIB claims

¹⁰ Healthy and Safety Statistics. WSIB Safety Check. Retrieved on August 20, 2024:
<https://safetycheck.onlineservices.wsib.on.ca/safetycheck/explore/search?lang=en>.

Infograph A Psychological Support Program – January – August 2024



**Table I
DRPS Health Programs and Initiatives for Members**

#	Programs and Initiatives	Users / Attendees				
		2020	2021	2022	2023	August 2024
1	DRPSupport Mental Health App	Launched January 2021	Relaunched December 2021	Updated App December 2022	Updated App May 2023	
2	Before Operational Stress Training provided by Wayfound and paid by a government grant program offered through the Canadian Institute for Public Safety Research and Treatment			243 completed; offered to all members		
3	On site fitness facilities	8				
4	Maple Benefit Program that allows members to connect with Canadian doctors for online medical care from a smartphone, tablet or computer 24 hours a day, 7 days a week	617 consults	1809 consults	3297 consults	4721 consults *80% of members are enrolled and over 1000 dependents have registered	5917 consults *over 80% of members are enrolled and over 1000 dependents have registered
5	Mental Health Awareness Program for New Recruits	49	49	62	61	36
6	DRPSupport Peer Support Program	19 peer supporters	19 peer supporters	50 peer supporters	50 peer supporters	50 peer supporters
	Early Intervention Program					355 connections made
	Reintegration					16 members in the program
	Safeguard Program	ICE, E-Crimes, and Major Crime (specific jobs)				
	Healthy Apples Self-Care Program	303 registered	481 registered	519 registered	508 registered	331 registered
	Fulsome psychological process for hiring constables and communications 9-1-1	Each candidate tested and interviewed				
	Unlimited psychological services through Canada Life benefits that has been expanded to include psychotherapist, social worker, and occupational therapists when related to mental health support and treatment	\$1.1 million	\$2.2 million	\$2.4 million	\$2.8 million	\$1.7 million
	Members of the Wellness Unit Participation in Provincial Operational Stress Injury Working Group (OSIWG)	Quarterly Meetings				

Partnering new recruits with Peer Supporters or previous new recruits upon hire to provide support	49	49	62	61	36
Partnership with Wounded Warriors Canada	Member and Service driven				
Fitness Pin Testing	45	63	177	151	105
Internal Health and Wellness website and Insider TV	Available 24/7				
Family Recruit Night where new members and their families are introduced to the various health and wellness programs available to members and their families	Four times a year				
Psychological Services Support within Divisions (Partnership with mental health professionals)		Direct support to 3 Units	Expanded program; hired additional consultant	Created Dashboard metrics	Developing guidance notes
Members of the Wellness Unit Participation in SOLGEN - First Anti-Stigma Advisory Table		Attending and participating in ongoing meetings			
Members of the Wellness Unit Participation in SOLGEN – Team Ontario Reintegration Program		Attending and participating in ongoing meetings			

Appendix D

Table Definitions

1. **Permanent Accommodations:** members with medical (or other restrictions that are not expected to recover to the point of being fully deployable).
2. **Temporary Accommodation:** members with medical (or other) restrictions that are expected to recover and become fully deployable.
3. **WSIB Off Work:** members off work with a work place injury.
4. **WSIB Temp Accommodation:** members temporarily accommodated as a result of a work place injury.
5. **Long Term Disability:** a member currently on long term disability, and counted within actual strength.
6. **Non-Occupational Short term Off Sick:** members currently off sick as a result of an illness or injury that is non-work related.

Report Approval Details

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This report and all of its attachments were approved and signed as outlined below:

Stan MacLellan



Peter MOREIRA