

PTSD Rand Study Issues

As a commissioner on the California Health and Safety and Workers' Compensation Commission, (CHSWC), I was deeply disappointed in the results of the Rand study on Post Traumatic Stress Disorders (PTSD) among first responders. There were some observations that properly acknowledged problems and I appreciate that. **However, for the cost of a quarter of a million dollars for a statewide study that only interviewed 13 people, the clear lack of appropriate depth for a study of this importance was disturbing.**

The study which was conducted in response to a request from Assemblymember Daly fell far short of the intent based on the queries he put forward. Citing the 12 questions was helpful in the responses given so that one could refer to the initial charge of the study. Unfortunately, members of the Commission did not have an opportunity to review the RFP, nor suggest edits that might have clarified the intent. Hopefully in the future, that process will be enhanced to allow for input.

Below, please find my concerns with the study results which do not reflect all the problems but puts forward key points to give a sense of how the study could have been more reflective of the issues that impact first responders in dealing with PTSD.

- The 12 questions listed for the class of workers includes, *but are not limited to FF & PO*, since the first question asks for a comparison of experiences to be analyzed. Therefore, the limitations that Rand set should have been expanded to cover the varied categories of first responders such as EMTs, etc.
- Ques 2 sought info on suicide, but it was not measured, why not? Suggestion was made to have further study since they could not provide an original analysis by occupation. But even against old data, new info gleaned from this study could deepen the understanding of more recent cases that can be traced to PTSD.
- Question 3 actually states that the contractor should analyze the denial rates but could not do so based on the existing data: wasn't it their job to create more data on this issue? Is it possible to find ways to capture those denial rates? And if not, why not?
- In reviewing who was in the Technical Advisory Group, no specific appropriate named union representatives for the classifications were included. So, while the claim is that the TAG represented the breadth and depth needed for the study, no worker representatives were included specifically. To claim that the stakeholders were represented is misleading since the composition of the advisory group didn't include direct representation of those impacted. (note that CHSWC purposely includes both labor and management on the commission to

provide a balanced perspective.) Just using referrals by mental health providers who treated individuals limits access to those within that category, and does not include those who sought other avenues of treatment; whether due to denial or lack of faith in the system.

- The study acknowledges that first responders lack faith in the WC system. So why use only mental health providers within the system with a survey that states to workers that “their district is working with Rand to conduct the study” when that may not be true and does not reflect the lack of confidence for privacy concerns? Clearly, there needed to be outreach beyond the system which could have been attained through the organizations that represent front line first responders and that was not pursued. Given that there were “hard no’s” to the request for interviews, it is clear that other avenues to access first responders needed to be sought, but Rand did not seek the obvious avenue through the unions or associations that represent these workers. Thus, the resulting conclusions that the PTSD for these people is not higher than other occupations is completely skewed by lack of dept of the study.
- If there are any stats available for the study post 2019, they were not included. That would be useful, especially if they included a broader population of first responders that were not interviewed through their representative organizations. Larger samples clearly would have provided a much deeper and broader analysis
- Rand stated that the assessment of not doing a deeper analysis of different traumatic exposures is due to a different design, however the statement that such as study is now “much better situated after our in-depth exploratory study” is not quite accurate. They limited context to departmental characteristics of filing claims. Again, it was done within the departments and not externally which would have given a much deeper pool for analysis.
- The denial of claims for actives doesn’t consider that many non-actives are suffering the results of PTSD. (The reason that cancer is not denied as often is the result of legislation passed years ago stating the presumption of cancer due to carcinogenic exposure, particularly among firefighters who responded to unknown burning debris.) So, for those who are on disability, permanent or temporary, those statistics are not captured.
- It was good for Rand to acknowledge that more first responders’ interviews would deepen understanding of the issue of direct care versus the use of Work Comp system. They should have done so. 13 people does not make for an adequate statewide study!
- Rand acknowledges that they did not conduct a survey meant to produce estimates that would be statistically representative of the population of first responders in CA. Wasn’t that part of the charge of the study?

- The question raised by Commissioner Bouma about the time frame between denials and reversals was not captured in the scope of the study. However, in q's 5 and 10, the issue was at least raised about denied claims which could have helped to inform the outcomes of reversals and their impact on workers who seek them.
- In response to Commissioner Bouma's question re: the statutory requirement for a determination of compensability, the response the "timelines of initial denials of the claim process were not specified in the scope of this study" begs one of the questions of why the study was needed in the first place.
- Rand also states that the incompleteness of data from some public agencies poses a barrier to policy analysis and research on how well the workers' compensation is serving first responders. What did Rand do to access incomplete data?
- Did Rand attempt to seek out culturally competent providers to get their perspective on how first responders?
- Rand claims qualitative vs quantitative. Doesn't one serve the other?
- First responders are not only from various categories, but the difference between rural and urban, paid versus volunteer, classifications within the scope of work ~ all are significant in understanding how PTSD is acknowledged and treated. Rand didn't do enough of an investigation to see how these differences impact their analysis.
- If Rand had gone outside the system, spoken with the representative organizations (and not just management within districts) and had interviewed those using their own insurance for rehab, substance abuse treatment, or other needs, their analysis could have gone a long way to address the questions that Assemblymember Daly raised in his request to CHSWC for the study.
- Of a major additional concern, is that Rand has published this study on their website as if it is the result of a claimed in-depth study, with no sense of the issues that even they admit undermine the strength of their analysis, such as only 13 responders interviewed. People who use this study as a comprehensive evaluation would be misled in that assumption and might make decisions or policy that is not appropriate to the workforce that was the subject of this study.