

Evaluation of California's PTSD Presumption Law

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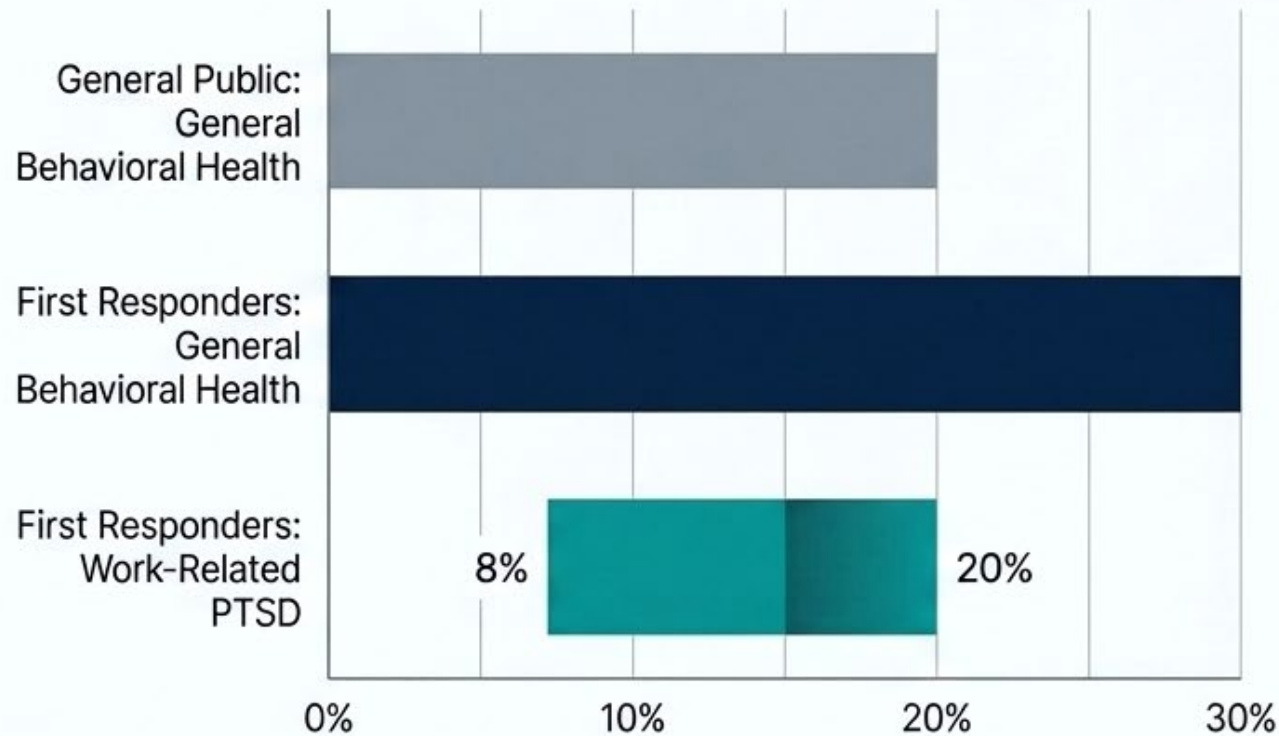
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The Escalating Behavioral Health Crisis Among First Responders

Comparative Prevalence Chart



Clinical and epidemiological evidence establishes a disproportionate trauma burden among first responders and rescue workers.

Core Drivers of the Crisis

High Cumulative Trauma Exposure

Constant occupational exposure to actual or perceived life-threatening traumas, severe injury, and death over the span of a career.

Acute Suicide Risk

Disproportionate rates of suicidal ideation and attempts compared to the general workforce.

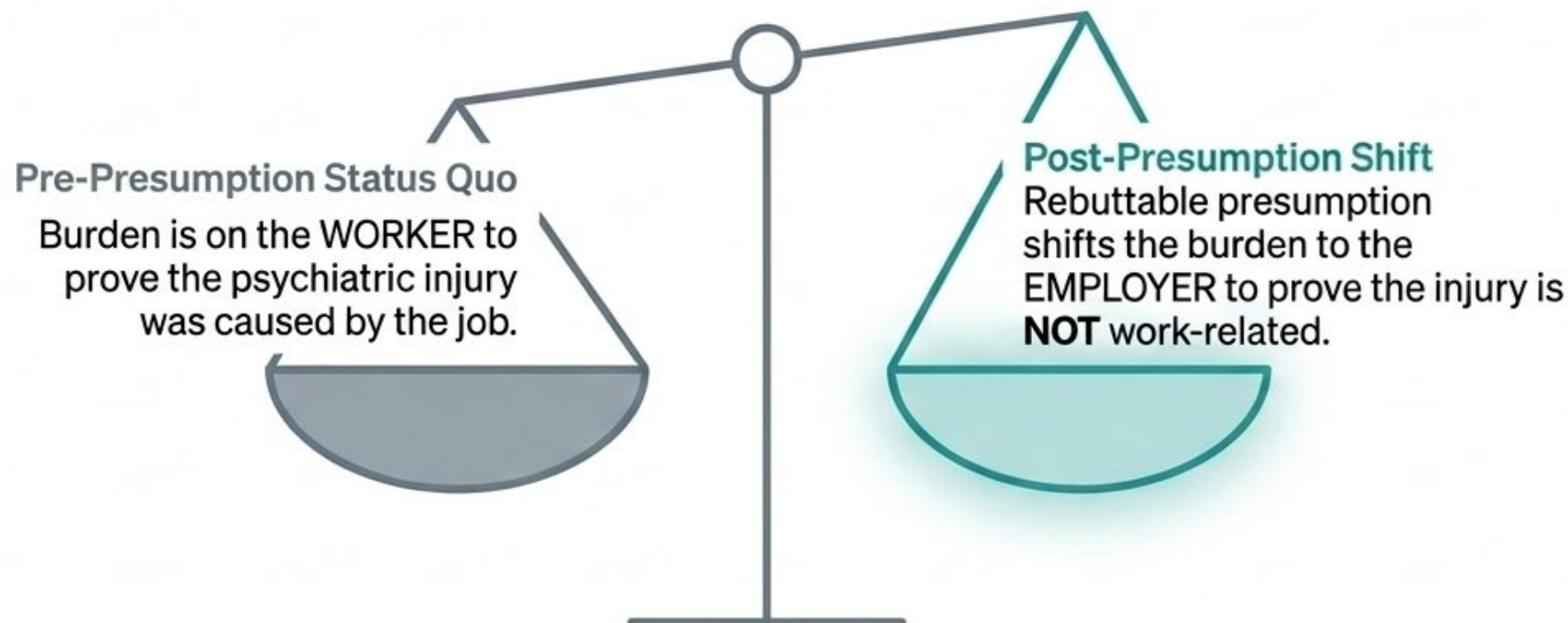
Institutional Barriers to Care

Profound cultural stigmas combined with adversarial administrative systems that actively discourage early care-seeking.

The Legislative Remedy: California's PTSD Presumption Law

Labor Code § 3212.15 (SB 542 & SB 623)

Critical Gap: 911 dispatchers and telecommunicators remain explicitly excluded from this statutory presumption.



Expected Impacts of Statutory Presumptions



Reduced Adversarial Friction

Lower initial denial rates and a measurable reduction in the adversarial legal friction that causes immense stress for traumatized workers.



Expedited Care Access

Faster routing to early, evidence-based mental health care, actively circumventing the traditional 90-day investigation delay period.



Projected Claim Volume Increases

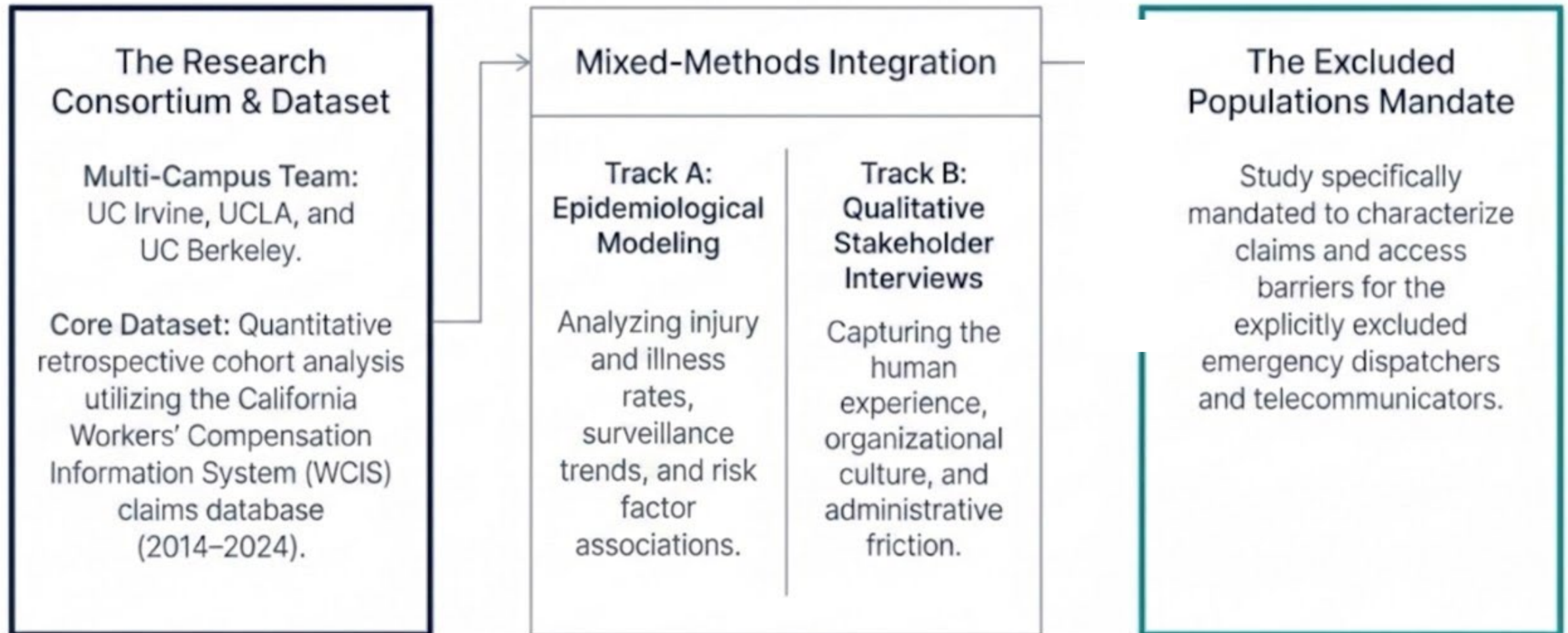
An increase in overall claim volume due to reduced stigma and an accessible filing process.



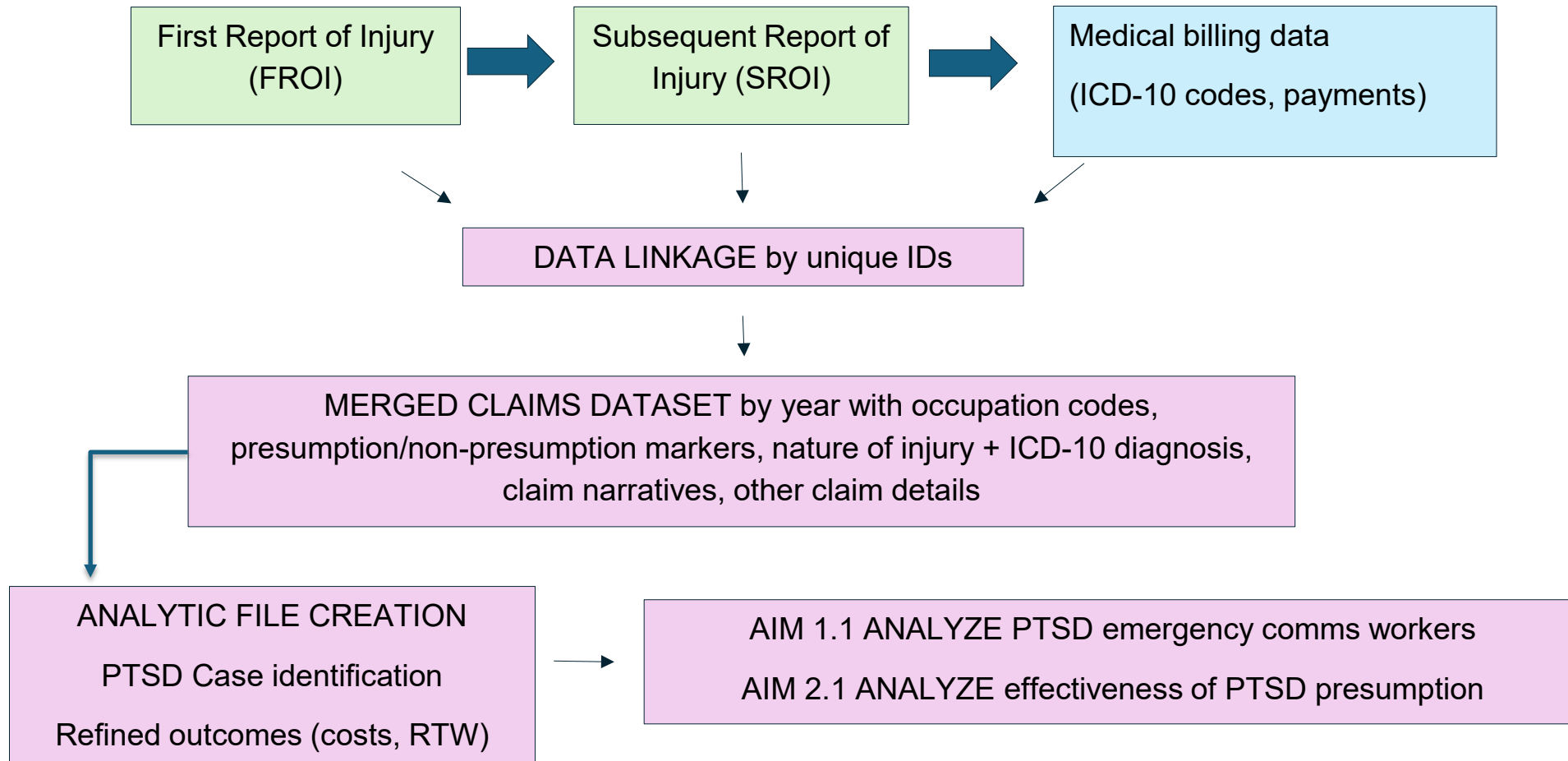
Improved Recovery Outcomes

Faster symptom mitigation leading to improved recovery trajectories and faster, more sustainable return-to-work rates.

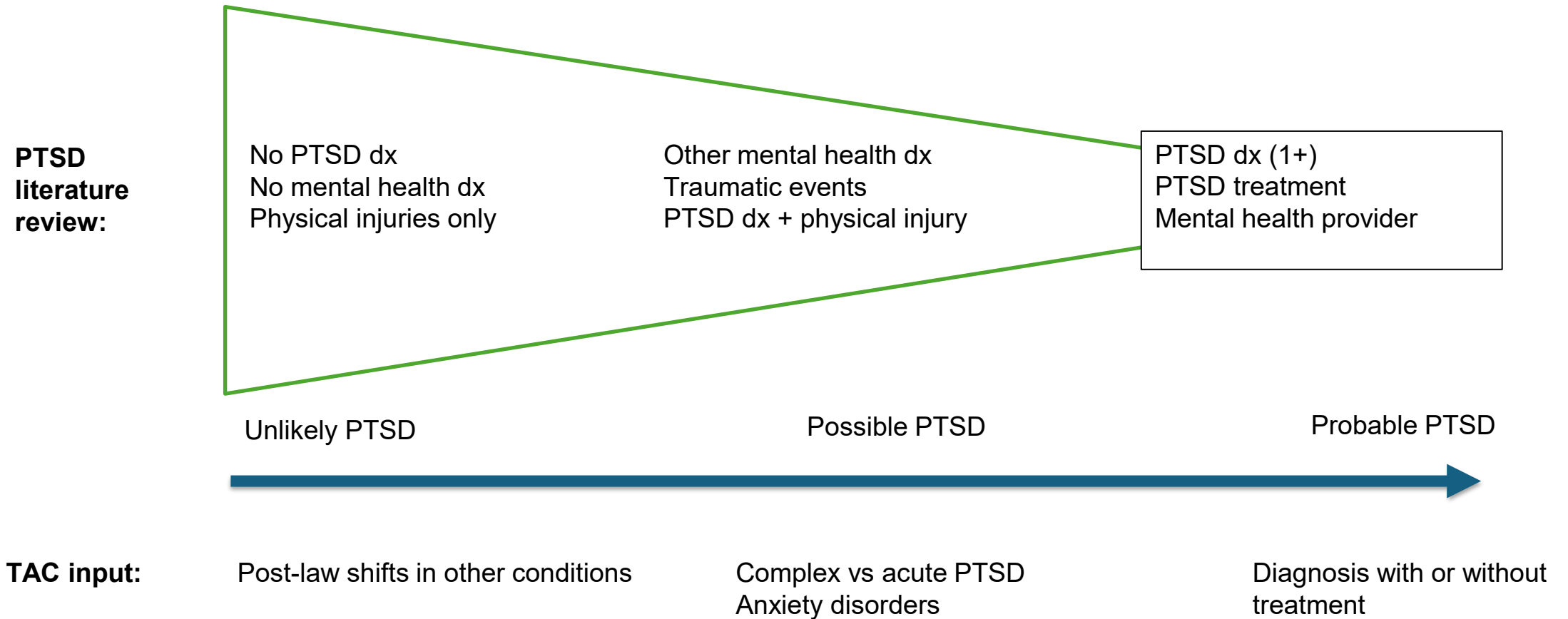
Study Design & Scope: CHSWC / Multi-Campus Evaluation



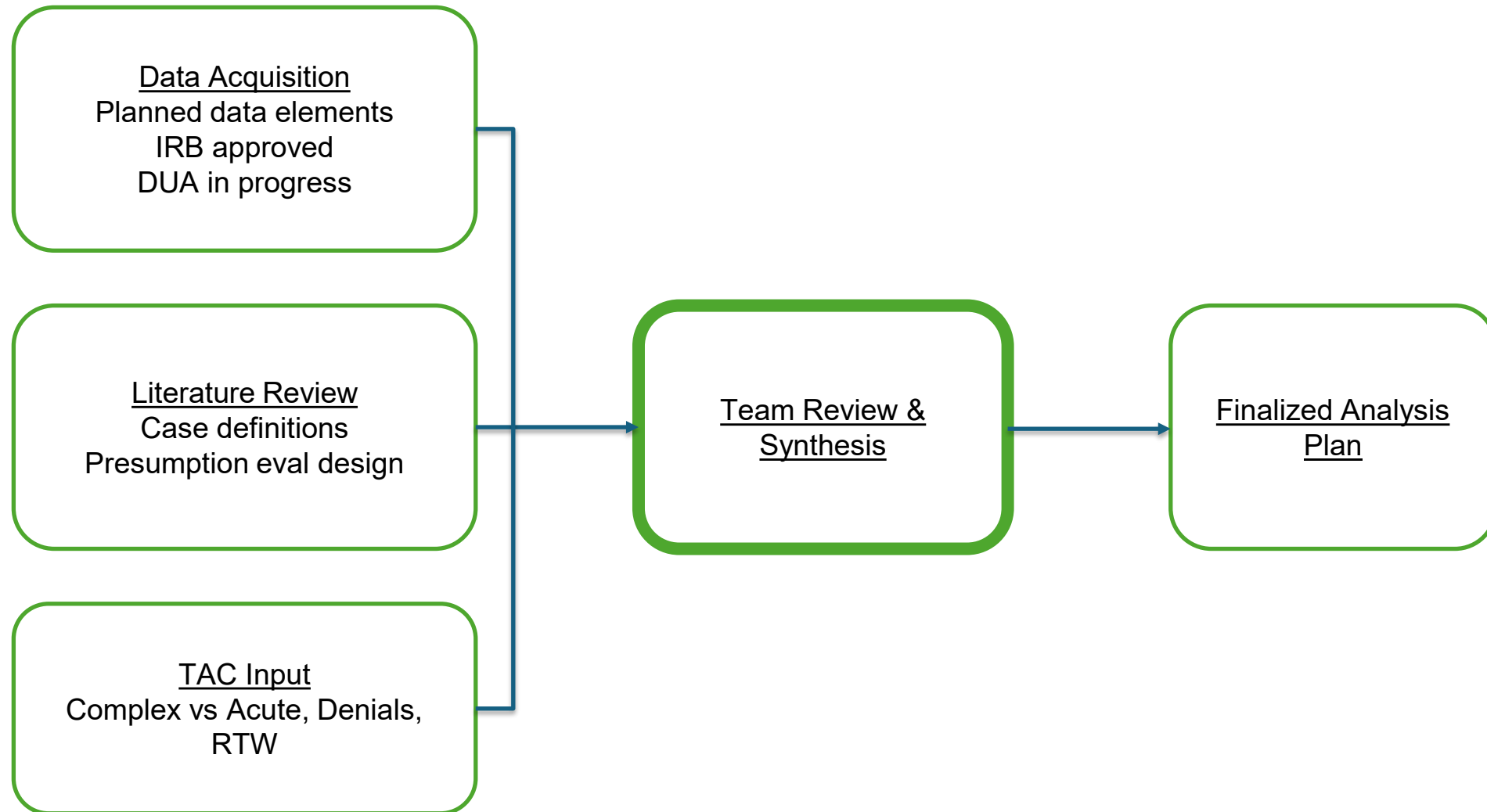
Plan to Analyze Workers' Compensation Data



Case Ascertainment Strategy



Next Step: Team Review



Qualitative Research Goals

Through in-depth interviews, we aim to:

- 1) Identify the **extent to which the presumption either facilitates access or addresses barriers** to accessing workers' compensation and seeking appropriate, effective PTSD care.
- 2) Assess related factors, such as:
 - **workers' awareness** of workers' compensation benefits and the presumption
 - **patient satisfaction** with care and process
 - workers' perceptions of **process improvements** such as timeliness and reduction in administrative burdens
 - the extent to which **presumption influences organizational culture** around mental health.

Who will we interview?

1. Union representatives (7 - 8)
2. Department chiefs or commanders (Management) (7 - 8)
3. Claims administrators (3 - 5)
4. Mental health providers through workers' compensation insurance (3 - 5)
5. Employee Assistance Program counselors (3 - 5)
6. Legal representatives (applicants' / defense' attorneys, judges) (3 - 5)

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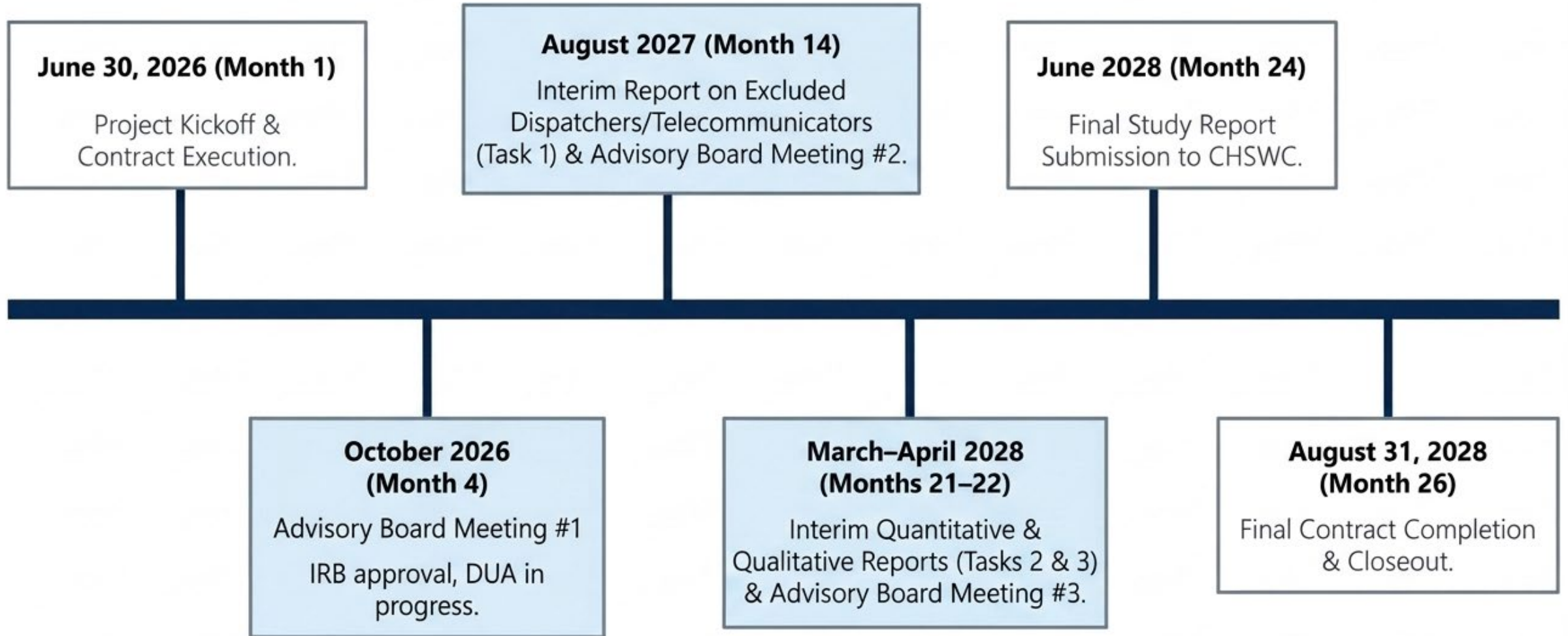
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7. **First-responders (peace officers, firefighters, dispatchers) (25-30)**

Advisory Committee Additional Suggestions

- Denied versus accepted
- Look at public sector risk pools rather than 3rd party administrators
- Consider levels of government: municipal/county/state
- Ombudsperson
- Collectively bargained WC manager in a city ADR
- Self-insured cities
- Geographic reach: urban v rural for types of incidents (and treatment access)
- Culturally competent providers for first-responders
- Peer-support teams

The 26-month evaluation is driven by precise reporting milestones and advisory board touchpoints.

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Questions?

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THANK YOU