STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0014
(916) 319-2014
FAX (916) 319-2114

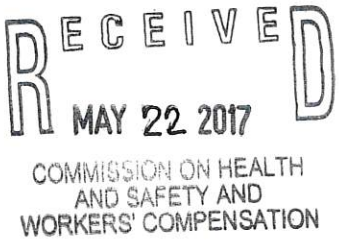
DISTRICT OFFICE
2151 SALVIO STREET
CONCORD, CA 94520
(925) 521-1511
FAX (925) 602-1536

Assembly
California Legislature

TIMOTHY S. GRAYSON
ASSEMBLYMEMBER, FOURTEENTH DISTRICT

COMMITTEES
BANKING AND FINANCE
BUSINESS AND PROFESSIONS
JOBS, ECONOMIC DEVELOPMENT, AND THE ECONOMY
LOCAL GOVERNMENT
RULES

May 17, 2017



Mr. Eduardo Enz, Executive Officer
Commission on Health and Safety and Worker's Compensation
1515 Clay Street, 17th Floor
Oakland, CA 94612

RE: CHSWC Research Request –First Responder Behavioral Health.

Dear Mr. Enz:

As the author of Assembly Bill 1116, to provide confidential peer support and crisis referral services for California's emergency service personnel, I write to respectfully request that the Commission on Health and Safety and Workers' Compensation (CHSWC) gather data and conduct a study on an issue of utmost importance to first responders in California: occupational behavioral health.

Emergency response personnel are called on regularly to respond to fires, stabbings, gun battles and shootings, domestic violence, automobile accidents, airplane crashes, mudslides and earthquakes. They witness young children dying and the anguish of grieving families. In short, our first responders confront the horrors of life, and bear witness to the pain of death.

It is because of their work that public safety personnel sometimes suffer quietly on the inside. All too often, they try to bury the wrenching emotional impact of these traumatic experiences. They try to let go of these events, but sometimes, the events will not let go of them.

Traumatic calls and the overall psychological and emotional stressors associated with public safety are often not discussed by first responders. This lack of post-traumatic incident discussion is historically due to stigmas and an overall concern that "opening up" about acute job stress may result in an adverse job action.

For firefighters in particular, national studies indicate that one out of every five suffers post-traumatic stress disorder (PTSD) – roughly the same rate that is seen in the military. And, we know that firefighters are four times as likely to take their own lives as they are to lose their lives in a fire or other traumatic event. For firefighters, in particular, the nature, frequency and unpredictability of their emergency response work environment can take an overwhelming toll. The psychological and emotional stress of a fire service career can follow a firefighter long after their 24 hour or 48 hour shift is over. For some, the trauma endured can be crushing and can manifest itself in various ways – from PTSD and substance abuse or other addictions to tragically, even suicide.

The aforementioned damaging effects are directly related to the specific injury of PTSD to which I ask CHSWC to gather data and conduct a study. Included in the study should be a comparison of behavioral health of public safety workers in contrast to non-public safety occupations – both preventative services available through an employer's wellness or injury prevention programs as well as actual claims

experience related to PTSD. For example, it would be helpful to know whether such preventative behavioral health services are available and how often public safety personnel actually avail themselves of those services. And, if related claims are being filed, what sort of treatment are public safety workers receiving under the workers' compensation system?

Some additional questions that may offer guidance in formulating the appropriate scope of the study are as follows:

- Does the Medical Treatment Utilization Schedule (MTUS) offer the appropriate guidance for workers' compensation doctors that sufficiently allows for streamlined delivery of medical treatment for behavioral health disorders, such as PTSD?
- What statistics are available on the number or frequency of denials of treatment requests related to a PTSD injury claim?
- What statistics are available on the number or frequency of accepted versus denied workers' compensation claims related to PTSD?
- What specific treatments are requested and how often are those treatment requests subjected to utilization review (UR) by a physician?

Additionally, with respect to public agency employers that have established illness and injury prevention programs that provide first responders with *confidential* peer support or other post-traumatic stress intervention, it would be helpful to understand how effective those peer support services are to our state's first responders following a traumatic event. And, if such support is not currently made available by public agency employers, how are California's first responders ultimately coping with post-incident traumatic stress or accessing services to combat the effects of PTSD? Indeed, how you or I cope with one traumatic event may differ significantly from somebody whose 30-year career encompasses the response to hundreds of traumatic events.

If California's first responders had chosen a different career path, they would not endure the everyday psychological and emotional stressors associated with their existing job. But, because of their passion for the public service, many suffer in silence. Therefore, it is up to us as policy makers to gather the necessary data and conduct the research needed to effectively provide those who are sworn to protect us with the support they need when they need it most.

For the safety of our first responders, I respectfully urge CHSWC to gather data and conduct a study in the manner outlined above and appreciate, in advance, your consideration of this important request. Please feel free to contact Shannon McKinley on my staff at (916) 319-2014 should you have any questions or need additional information.

Sincerely,

Tim Grayson
Assemblymember
District 14

cc: Christine Baker, Director, Department of Industrial Relations
David Lanier, Secretary, Labor & Workforce Development Agency