CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 6570**

66th Legislature

2020 Regular Session

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| Passed by the Senate March 9, 2020Yeas 48 Nays 0**President of the Senate**Passed by the House March 5, 2020Yeas 97 Nays 0**Speaker of the House of Representatives** | CERTIFICATEI, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6570** as passed by the Senate and the House of Representatives on the dates hereon set forth.Secretary |
| Approved  |  |
| **Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**SUBSTITUTE SENATE BILL 6570**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2020 Regular Session

**State of Washington 66th Legislature 2020 Regular Session**

**By** Senate Behavioral Health Subcommittee to Health & Long Term Care (originally sponsored by Senators King, Saldaña, Wagoner, Lovelett, and Wilson, C.)

AN ACT Relating to law enforcement officer mental health and wellness; creating new sections; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  (1) The legislature finds that law enforcement officers respond to and witness some of the most tragic events that happen in our communities. On-the-job stress can have a significant impact on their physical and mental well-being and can accumulate over the course of a career.

(2) Research indicates that law enforcement officers experience key risk factors for suicides, including exposure to trauma, alcohol use, availability of firearms, and the strains of shift work. Compared to the general population, law enforcement officers report much higher rates of depression, posttraumatic stress disorder, and other anxiety-related mental health conditions. These health conditions have a significant impact on the officers and their families.

(3) A 2019 report from the United States department of justice found that, nationally, law enforcement suicides are 28.2 per one hundred thousand for men and 12.2 per one hundred thousand for women. A 2018 report by the Ruderman family foundation found that law enforcement officers are one and one-half times more likely to die by suicide than the general population.

(4) Despite these significant risk factors, there is no central repository of comprehensive data regarding law enforcement officer suicides. As a result, there are no comprehensive tools available to law enforcement agencies to develop effective suicide prevention strategies, or to know whether those strategies are making a difference.

(5) Although Washington state has conducted significant work towards suicide prevention more broadly, there is not a current statewide program that provides comprehensive, evidence-based mental health and suicide prevention resources for law enforcement and their families.

(6) The legislature finds that there is an urgent need to develop resources and interventions specifically targeted at helping law enforcement and their family members manage their behavioral health needs.

NEW SECTION. **Sec.**  (1)(a) The department of health shall convene a task force on law enforcement officer mental health and wellness in Washington state with members as provided in this subsection:

(i) The secretary of health, or the secretary's designee;

(ii) The chief of the Washington state patrol, or the chief's designee;

(iii) The director of the health care authority, or the director's designee;

(iv) The secretary of the department of corrections, or the secretary's designee;

(v) A representative from the University of Washington's forefront suicide prevention program;

(vi) The executive director of the criminal justice training commission, or the director's designee;

(vii) A psychiatrist;

(viii) A representative of local public health;

(ix) One representative each from:

(A) The Washington council of police and sheriffs;

(B) The Washington state fraternal order of police;

(C) The council of metropolitan police and sheriffs;

(D) The Washington state patrol troopers association;

(E) The Washington state patrol lieutenants and captains association;

(F) Tribal law enforcement;

(G) The Washington association of sheriffs and police chiefs;

(H) An association representing community behavioral health agencies;

(I) An association representing mental health providers; and

(J) An association representing substance use disorder treatment providers.

(b) The representative from the department of health shall serve as the chair of the task force.

(c) At a minimum, the task force shall meet quarterly.

(2) The task force shall review the following issues and information:

(a) Data related to the behavioral health status of law enforcement officers, including suicide rates, substance abuse rates, posttraumatic stress disorder, depression, availability of behavioral health services, and utilization of behavioral health services;

(b) Factors unique to the law enforcement community that affect the behavioral health of persons working in law enforcement, including factors affecting suicide rates;

(c) Components that should be addressed in the behavioral health and suicide prevention pilot program established in section 3 of this act, including consideration of components that relate to similar programs funded or partially funded by the bureau of justice assistance and the national institute of justice;

(d) The recommendations of the Washington state department of health's suicide prevention plan and the applicability of the plan's recommendations to law enforcement mental health issues;

(e) The recommendations of the United States department of justice 2019 report to congress on law enforcement mental health and wellness; and

(f) Options to improve the behavioral health status of and reduce prevalent mental health issues and the suicide risk among law enforcement officers and their families.

(3) Staff support for the task force shall be provided by the department of health.

(4) The task force shall report its findings and recommendations to the governor and relevant committees of the legislature by December 1, 2021, including a summary of:

(a) The data to be reviewed described in subsection (2) of this section;

(b) The results of the pilot projects funded by this act and recommendations regarding the continuation of those programs;

(c) The best practices and policies for providing mental health services and preventing law enforcement suicides; and

(d) Recommendations on resources and technical assistance to support law enforcement agencies in preventing law enforcement suicides.

(5) This section expires July 1, 2022.

NEW SECTION. **Sec.**  (1) Subject to the availability of amounts appropriated for this specific purpose not to exceed three hundred thousand dollars per fiscal year, the Washington association of sheriffs and police chiefs shall establish three pilot projects to support behavioral health improvement and suicide prevention efforts for law enforcement officers.

(2) The Washington association of sheriffs and police chiefs shall establish a competitive grant program to award funding for the three pilot projects by September 1, 2020.

(3) Law enforcement associations and agencies are eligible to compete for grant funding.

(4) The following programs and activities are eligible for grant funding:

(a) Public information and wellness promotion campaigns;

(b) Embedded mental health professionals;

(c) Peer support programs;

(d) Resiliency training programs; and

(e) Critical incident stress management programs.

(5) Grantees must provide a report to the association on the results of their program by October 1, 2021. The association must provide the information to the officer mental health and wellness task force established in section 2 of this act, for incorporation in the December 1, 2021, report to the governor and relevant committees of the legislature.

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