

HOUSE BILL REPORT

SSB 6570

As Reported by House Committee On: Health Care & Wellness

Title: An act relating to law enforcement officer mental health and wellness.

Brief Description: Concerning law enforcement officer mental health and wellness.

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

Brief History:

Committee Activity:

Health Care & Wellness: 2/27/20 [DPA].

Brief Summary of Substitute Bill (As Amended by Committee)

- Establishes a task force on law enforcement officer mental health and wellness.
- Authorizes pilot projects to support behavioral health improvement and suicide prevention efforts for law enforcement officers.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 14 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Chambers, Chopp, Davis, DeBolt, Harris, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

Staff: Jim Morishima (786-7191).

Background:

The federal Law Enforcement Mental Health and Wellness Act of 2017 requires the United States Department of Justice to study and make recommendations on law enforcement mental health, including recommendations on:

- mental health practices and services that could be adopted by law enforcement agencies;

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- resources to educate mental health providers about the culture of law enforcement agencies and evidence-based therapies for mental health issues common to law enforcement officers; and
- the effectiveness of crisis hotlines and annual mental health checks for law enforcement officers.

The resulting report from the United States Department of Justice made a variety of recommendations, including:

- a public service campaign regarding law enforcement officer mental health;
- resources for community-based clinicians who interact with law enforcement officers and their families to help them understand the unique risks facing their clients and resources available to the first responder community;
- embedding mental health professionals in law enforcement agencies;
- model policies to reduce suicide;
- expansion and evaluation of crisis lines for law enforcement officers, including a national crisis line;
- research on the efficacy of mental health checks and ways to establish remote or regional mental health check programs;
- expanding and improving peer support programs;
- resiliency training programs, including preventive interventions to manage stress; and
- making resources available to civilian staff.

Summary of Amended Bill:

Law Enforcement Behavioral Health and Suicide Prevention Pilot Projects.

Subject to appropriated amounts (not to exceed \$300,000 per fiscal year), the Washington Association of Sheriffs and Police Chiefs (WASPC) must establish three pilot projects to support behavioral health improvement and suicide prevention efforts for law enforcement officers. Law enforcement associations and agencies are eligible to compete for grant funding beginning September 1, 2020. Activities eligible for grant funding include public information and wellness promotion campaigns, embedded mental health professionals, peer support programs, resiliency training programs, and critical incident stress management programs. Grantees must submit a report on the results of their programs by October 1, 2021.

Task Force on Law Enforcement Mental Health and Wellness.

The Department of Health (DOH) must convene a Task Force on Law Enforcement Mental Health and Wellness (Task Force) consisting of the following members:

- the Secretary of Health or his or her designee;
- the Chief of the Washington State Patrol or his or her designee;
- the Director of the Health Care Authority or his or her designee;
- the Secretary of the Department of Corrections or his or her designee;
- a representative from the University of Washington's Forefront Suicide Prevention Center of Excellence;

- the Executive Director of the Criminal Justice Training Commission or his or her designee;
- a psychiatrist;
- a representative of local public health;
- a representative from the Washington Council of Police and Sheriffs;
- a representative of the Washington State Fraternal Order of Police;
- a representative of the Council of Metropolitan Police and Sheriffs;
- a representative of the Washington State Patrol Troopers Association;
- a representative of the Washington State Patrol Lieutenants and Captains Association;
- a representative of Tribal law enforcement;
- a representative of the WASPC;
- a representative of an association representing community behavioral health agencies;
- a representative of an association representing mental health providers; and
- a representative of an association representing substance use disorder treatment providers.

The Task Force must meet at least quarterly and must review the following:

- data related to the behavioral health status of law enforcement officers, including suicide rates, substance abuse rates, post-traumatic stress disorder, depression, availability of behavioral health services, and utilization of behavioral health services;
- factors unique to the law enforcement community that affect the behavioral health of persons working in law enforcement, including factors affecting suicide rates;
- components that should be addressed in the pilot projects established by the WASPC, 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;
- the recommendations of the DOH's Suicide Prevention Plan (Plan) and the applicability of the Plan's recommendations to law enforcement mental health issues;
- the recommendations of the United States Department of Justice's 2019 report to Congress on law enforcement mental health and wellness; and
- 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.

The Task Force must report its findings to the Governor and the relevant committees of the Legislature by December 1, 2021. The report must include:

- data examined by the Task Force;
- the results of the pilot projects and recommendations for continuing the projects;
- best practices and policies for providing mental health services and preventing law enforcement suicides; and
- recommendations on resources and technical assistance to support law enforcement agencies in preventing law enforcement suicides.

Amended Bill Compared to Substitute Bill:

The amended bill adds the Director of the Health Care Authority or his or her designee to the Task Force on Law Enforcement Mental Health and Wellness.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill continues the good work the state has already done for first responders. The Task Force on Law Enforcement Mental Health and Wellness (Task Force) will help gather data on the unique needs of law enforcement officers and how to better support their mental health. Law enforcement officers face unique stressors and often witness traumatic events. When law enforcement officers witness a tragedy, they can sometimes be treated insensitively, when they should be given professional help. The stigma of mental health remains, which leads to suffering and compromised lives. Law enforcement officers have higher rates of suicides. The state should do whatever it can to support law enforcement officers and their families. This bill will help address mental health issues, offer solutions, and remove stigma. This bill will make us a leader in supporting law enforcement. Families should be added to the Task Force.

(Opposed) None.

Persons Testifying: Teresa Taylor, Washington Council of Police and Sheriffs; James McMahan, Washington Association of Sheriffs and Police Chiefs; Seth Dawson, Washington State Psychiatric Association and Washington Association for Substance Abuse and Violence Prevention; Michael Transue, Washington Fraternal Order of Police; and Catherine Johnston.

Persons Signed In To Testify But Not Testifying: None.