

SENATE BILL REPORT

SB 6553

As Reported by Senate Committee On:
Behavioral Health Subcommittee to Health & Long Term Care, January 31, 2020
Health & Long Term Care

Title: An act relating to facilitating access to appropriate mental health treatment for victims of gun violence.

Brief Description: Facilitating treatment for gun violence victims.

Sponsors: Senators Frockt, Dhingra, Keiser, Lias, Van De Wege, Cleveland, Darneille, Das, Hasegawa, Kuderer, Lovelett, Saldaña, Salomon and Wilson, C.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 1/24/20, 1/31/20 [DP-WM].

Brief Summary of Bill

- Creates a statewide helpline, counseling, and referrals service for victims of gun violence, their families and friends, and professionals.
- Commissions a best practice guide for therapy for gun violence victims that must be posted online and shared around the state.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt and O'Ban.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

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This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background: Gun violence claimed 39,773 lives in the United States in 2017, the most recent year for which data is available from the U.S. Centers for Disease Control and Prevention. This total includes 23,854 suicides and 11,208 homicides, with 786 deaths by other causes, and is the highest firearm death total since 1968. The rate of gun deaths in the United States is higher than in other high-income countries and was 12 per 100,000 in 2017.

Harborview Medical Center in Seattle is the only level one trauma center in the state of Washington. Among the many services Harborview offers is the Center for Sexual Assault and Traumatic Stress, which provides 24/7 care for sexual assault and access to medical forensic consultation. The Center provides psychosocial treatments for children, families, and adults affected by child maltreatment, sexual assault, crime, and other traumas. The Center provides brief case consultation to the public and professionals on the topics of sexual assault, child maltreatment, and trauma. Harborview Medical Center is owned by King County, governed by a county-appointed board of trustees, and managed under contract by the University of Washington (UW).

Summary of Bill: The Department of Commerce must contract with Harborview Medical Center to provide a statewide helpline, counseling, and referral service for:

- victims, friends, and family members impacted by gun violence; and
- the community professionals, legal practitioners, health providers, and others who engage with them.

The service must include the opportunity for brief clinical encounters, problem solving, and referral to the best statewide resources available to meet their needs. The service must be conversant and establish relationships with providers across the state who are trained in evidence-based trauma therapy.

The UW Department of Psychiatry and Behavioral Sciences must develop a best practice guide for therapy for gun violence victims. The guide must summarize the state of the knowledge and provide recommendations that are meaningful for different constituencies. The guide must be made available online and disseminated to appropriate entities such as medical examiners, prosecuting attorneys, level one and two trauma centers, and victim support organizations. UW must collaborate with the Harborview Center for Sexual Assault and Traumatic Stress in developing this guide.

Appropriation: None.

Fiscal Note: Requested on January 22, 2020.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Behavioral Health Subcommittee to Health & Long Term Care): PRO: As I meet victims and survivors of gunshot violence, I always notice a degree of emptiness. The trauma changes your life forever even if you are not the one who was injured or killed. There is not much rigorous help designed for people in this space. We want to make it easier for people to find help and to train therapists and

counselors in best practices. I hope we can all agree that helping victims, bystanders, and their families is a problem we need to work on. I witnessed a fatal shooting in Las Vegas when the crowd was sprayed with bullets. Nothing can prepare you for the chaos. I felt a bullet whiz past my hair. 58 people were killed and more than 500 injured. The nightmare continues more than two years later, trying to find counselors, make up for lost time at work, and figure out how to pay for medical bills. Some counselors would either not accept new patients or not accept my insurance. I started a clinical trial for PTSD only to find it was geared towards childhood trauma and sexual assault victims. Now I am on my sixth therapist. I have lost friends and my relationship and I feel like I have a bullet in my head and my heart. Trauma related to gun violence has long-lasting effects. Physical wounds can heal faster than invisible ones. Roughly 40,000 people die from a gunshot wound every year but about 100,000 experience a gunshot and survive. There is effective treatment available, but most do not get that treatment. Obstacles include stigma and poor access. Sometimes the wrong treatment is provided. This bill will support a group of experts to say what is the best treatment and how we can propagate that knowledge. It would help us at Harborview be more effective at healing mental as well as physical wounds.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):
PRO: Senator David Frockt, Prime Sponsor; Jürgen Unützer, UW Medicine; Emily Cantrell, citizen.

Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care): No one.