

SENATE BILL REPORT

SB 6570

As of February 12, 2020

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

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

Sponsors: Senators King, Saldaña, Wagoner, Lovelett and Wilson, C.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care:
2/06/20, 2/07/20 [DPS-WM].

Ways & Means: 2/10/20.

Brief Summary of First Substitute Bill

- Establishes a Law Enforcement Officer Health and Wellness Task Force to be convened by the Department of Health.
- Requires the Washington Association of Sheriffs and Police Chiefs to award grants for three pilot projects to support behavioral health improvement and suicide prevention for law enforcement officers.

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

Majority Report: That Substitute Senate Bill No. 6570 be substituted therefor, and the substitute bill 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 WAYS & MEANS

Staff: Travis Sugarman (786-7446)

Background: The Law Enforcement Mental Health and Wellness Act is a federal act passed by Congress in 2017. One outcome of this act was two reports to Congress by the

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Department of Justice that were released in 2019: the *Law Enforcement Mental Health and Wellness Act: Report to Congress*, which contains 22 recommendations, and *Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies*. Recommendations from the report include utilization of crisis hotlines, mental health checks, peer services, and resiliency training programs.

Summary of Bill (First Substitute): The Department of Health (DOH) must convene a task force on law enforcement officer health and wellness. Members of the task force must include:

- the secretary of DOH or their designee;
- chief of the Washington State Patrol or their designee;
- the secretary of the Department of Corrections or their designee;
- a representative of Forefront Suicide Prevention Program at the University of Washington;
- the executive director of the Criminal Justice Training Commission or their designee;
- a psychiatrist;
- a representative of local public health;
- a representative of the Washington Association of Sheriffs and Police Chiefs (WASPC);
- a representative of the Washington State Fraternal Order of the Police;
- a representative of the Council of Metropolitan Police and Sheriffs;
- a representative of the Washington State Troopers Association;
- a representative of the Washington State Patrol Lieutenants and Captains Association;
- a representative of tribal law enforcement;
- an association representing community behavioral health agencies;
- an association representing mental health providers; and
- an association representing substance use disorder treatment providers.

A representative of DOH must chair the task force, which shall at a minimum meet quarterly. The task force must review specified sources of data, recommendations, and options to improve the behavioral health status of law enforcement officers and reduce the prevalence of mental health disorder and suicide risk. The task force must report recommendations to the Governor and Legislature by December 1, 2021.

Subject to funding, WASPC must establish three pilot projects to support behavioral health improvement and suicide prevention efforts for law enforcement officers. The projects must be awarded by competitive grant to law enforcement associations or agencies for one of the following programs and activities:

- public information and wellness promotion campaign;
- embedded mental health professionals;
- peer support programs;
- resiliency training programs; and
- critical incident stress management programs.

EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute): The members of the task force are expanded to include a psychiatrist and a representative of local public health.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Available.

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 on Original Bill (Behavioral Health Subcommittee to Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: We had a group that wanted a specialty license plate to benefit mental health and suicide prevention for police officers. This is a better approach. Everyone needs to be at the table. This is a small bill with a big impact if we do it right. Thank you for recognizing PTSD and cardiac conditions as presumed injuries for law enforcement officers. The career of law enforcement has unique stressors that can shorten an officer's life span and career trajectory. I like taking a comprehensive approach to look at law enforcer wellness, because this is a complex problem with more than one answer. Trauma and stress impact every aspect of an officer's life and their family. We are developing wellness units and peer support, but we are behind the military in recognizing these problems and need much more. We need to be proactive. Employee assistance programs are not designed for law enforcement specifically. Officers suffer in silence until it gets to a breaking point. This will give officers permission to ask for help. We need to do this on a statewide scale. Please add a psychiatrist to the task force. My brother suffered without counseling after being involved in a fatal shooting. These are memories that do not leave. They accumulate and are toxic. Anything we can do to support police officers in the jobs they perform for us we should do.

OTHER: There is ample data supporting the prevalence of law enforcement mental health issues. Creating a task force is not necessary. Appropriating the funds for pilot programs is the right approach. Please invest in programs and not in the task force.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care): PRO: Senator Curtis King, Prime Sponsor; Seth Dawson, Washington State Psychiatric Association, Washington Association for Substance Abuse and Violence Prevention; Teresa Taylor, Washington Council of Police and Sheriffs; Jeremy Wade, Seattle Police Department Peer Support; Renee Maher, Council of Metropolitan Police and Sheriffs.

OTHER: Michael Transue, Washington Fraternal Order of Police.

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

Staff Summary of Public Testimony on First Substitute (Ways & Means): PRO: This bill continues the good work you have done in the past. Officer health and wellness is a unique challenge. There is a patchwork of programs across the state, but there is no single effort that has been an effective solution. One training does not help everyone. We need to keep the task force in the bill to look at the right and comprehensive way to do this. This needs a comprehensive statewide effort.

OTHER: There is ample data supporting the prevalence of law enforcement mental health issues. Creating a task force is not necessary. Appropriating the funds for pilot programs is the right approach. Please invest in programs and not in the task force.

Persons Testifying (Ways & Means): PRO: Jeff DeVere, Washington Council of Police and Sheriffs.

OTHER: Michael Transue, Washington Fraternal Order of Police.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.