

# OFFICER WELLNESS PROGRAMS IN WASHINGTON STATE

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## HOUSE BILL 2926 ASSESSMENT AND RECOMMENDATIONS

2022



Washington State Criminal Justice Training Commission – HB 2926  
Mandated Report

**TABLE OF CONTENTS**

|           |  |    |
|-----------|--|----|
| Section 1 | Executive Summary _____                                  | 2  |
| Section 2 | WSCJTC – Officer Wellness Program _____                  | 6  |
| Section 3 | Washington State Officer Wellness Network List _____     | 9  |
| Section 4 | WSCJTC – Officer Wellness Training/Resource Library ____ | 11 |
| Section 5 | Integrated Psychology Services Program _____             | 14 |
| Section 6 | SIGMA Tactical Wellness _____                            | 29 |
| Section 7 | Conclusion _____   | 33 |

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

**SECTION 1**

**EXECUTIVE SUMMARY**

**INTRODUCTION**

[House Bill 2926](#) was signed into legislation in April 2020 mandating the Washington State Criminal Justice Training Commission (WSCJTC) to take a two-phase approach to provide a written proposal to expand Critical Incident Stress Management (CISM) program and resource access to Washington State law enforcement entities.<sup>1</sup> This proposal will address HB 2926 as it specifically relates to expanding access to CISM programs, training, and resources. However, this proposal will also identify concerns and avoidable risks associated with CISM as it exists today and provide alternative approaches to enhance the emotional and mental health needs of officers while mitigating agency liability.

**PROBLEM STATEMENT**

For the purpose of this proposal, the term ‘officer’ will include peace officers, limited-authority officers, corrections officers, and communications dispatch officers. The WSCJTC does not have a permanent officer wellness program to assist the wellness needs of agencies across the state. The responsibilities and roles of today’s officers have evolved over many decades making their jobs significantly more challenging. Present day officers are responding to increased violent crimes; civil unrest, demonstrations and protest; increased hostile encounters with persons experiencing homelessness, substance abuse, and mental health challenges; active shooter incidents especially those where children are; terrorist plots and acts; increased media and public scrutiny; and many more challenges routinely faced. Research has clearly documented that this evolution of responsibilities has and continues to impact the emotional, mental, and physical health of officers.

The knowledge, skills, and abilities of these officers who took an oath to protect and serve communities are directly influenced by the officers’ response to quality training and the officers’ state of being. The training that officers apply to various incidents during their daily work shifts is fairly consistent; however, the impact incidents have on

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<sup>1</sup> Refer to [HB 2926](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

officers' state of being is irregular. Through a clearer understanding, increased accessibility, and strategic delivery of officer wellness programs and services, officers can better navigate their way through the emotional and mental stressors that are triggered by adverse job-related incidents thus enhancing their quality of mental, emotional, and physical existence.

#### MANDATED ANALYSIS

[Phase One](#) was completed and submitted to the legislators in June 2021.<sup>2</sup> Phase One required an inventory and assessment of CISM related programs offered to law enforcement entities statewide. Phase One and further research revealed the following:

1. Inconsistent views among agencies statewide regarding what constitute a critical incident.
2. Inconsistent understanding among agencies statewide regarding the purpose and application of CISM.
3. Although surveyed agencies identified Peer Support Services as the most preferred stress management tool, the survey revealed less than half of Washington State's 39 counties have access to Peer Support resources.
4. Agencies that responded to the survey revealed less than 25 percent of their personnel demonstrates interest to access stress management resources. This lack of interest is likely a result of the perceived stigma that exist when officers self-reveal emotional and mental stress challenges.<sup>3</sup>
5. The main barriers that hinder accessibility to CISM related programs involves a lack of education and awareness of available programs and resources; limited time if at all for officers to participate in programs due to staffing challenges; lack of agency funds to consider resources and training; and limited resources in underserved regions across the state.
6. Peer Support Teams statewide are highly committed to contribute to officer wellness needs. However, agencies acknowledged less than half the staff serving on Peer Support Teams received formal trauma training to confidently help address the stress needs of personnel.

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<sup>2</sup> Refer to HB 2926 - [Phase One Report](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

7. It is estimated that 19 percent of law enforcement professionals nationwide are likely to experience some level of Post-Traumatic Stress Disorder (PTSD) (Ellen Kirschman Ph.D. – Psychology Today 2017). In 2019, Line of Duty Deaths (LODD) decreased while officer suicides increased which resulted in more officer suicides than LODD.
8. Although stress management resources are being used, significantly more than 60 percent of Washington State agencies that responded to the survey revealed they have no strategies to measure the effectiveness of the stress management efforts applied. One of the most effective tools to measure successes and failures are data driven surveys. However, only nine percent of the surveyed agencies acknowledged they administer self-assessment surveys to determine resource effectiveness. In short, agencies rarely evaluate stress management program effectiveness.

#### MANDATED PROPOSALS

Phase Two report of HB 2926 mandate is due to the legislators by July 1, 2022. Phase Two requires the WSCJTC to propose recommendations to expand statewide law enforcement entities' access to CISM programs and resources. The following strategies are proposed for legislator consideration, in which some were implemented prior to completing this proposal:

1. The WSCJTC created a Washington State Officer Wellness Network List.
2. Obtain funding to create and manage an Officer Wellness Training and Resource Library [for the WSCJTC website](#).<sup>4</sup>
3. The WSCJTC provided agencies statewide a category list to help characterize Critical Incidents.
4. Obtain [option one](#) or [option two](#) funding to provide statewide agencies stress management alternatives opposed to using CISM/CISD methods to address officer emotional and mental health needs.<sup>5</sup>

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<sup>4</sup> Refer to the [WSCJTC - Officer Wellness Program Costs](#)

<sup>5</sup> Refer to the [Integrated Psychology Services Network/Development Program Costs](#)

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

5. Obtain funding to deploy an annual preventive screening strategy to detect early stages of acute coronary artery disease in law enforcement officers statewide.
6. Obtain funding to create a permanent WSCJTC – Officer Wellness Program to provide direct support to Eastern and Western Washington agencies.<sup>6</sup>

| <b>PROPOSAL STRATEGIES</b>  | <b>ESTIMATED COSTS</b>  |
|---|---|
| WSCJTC – Officer Wellness Program   | \$720,521   |
| WSCJTC – Officer Wellness Training and Resource Library   | <i>Covered in WSCJTC - Officer Wellness Program Costs</i>   |
| Integrated Psychology Services Program:<br>1. OPTION ONE<br>1. OPTION TWO   | 1. \$6,412,794 - \$7,268,794<br><br>1. \$692,794  |
| SIGMA Tactical Wellness Services:<br>1. Commissioned/Certified Officers<br>2. Corrections Officers<br>3. Communications Dispatch Officers<br>4. Limited Commissioned Officers | 1. \$8,029,000<br>2. \$1,757,800<br>3. \$799,000<br>4. \$262,670<br><br><b>Combined Total Is \$10,848,470</b> |

The following sections in this report will present details to support the proposed strategies identified above.

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<sup>6</sup> Refer to the [WSCJTC - Officer Wellness Program Costs](#)

## SECTION 2

### WSCJTC - Officer Wellness Program

#### PROBLEM STATEMENT

The funding for the WSCJTC - CISM Program expires on July 1, 2022. Centralized management oversight will not exist beyond the expiration date. To continue efforts to expand statewide law enforcement agencies' access to CISM and other officer wellness training and resources funding will need to be provided. This report will present outreach initiative proposals that will require development, management, and monitoring. The outreach proposals discussed later include an Officer Wellness Training and Resource Library, Integrated Psychology Services Program, and SIGMA Tactical Wellness services. Successful implementation and positive outcomes for the proposals are not achievable without a proper staffing model.

#### PROPOSED SOLUTION

The WSCJTC is requesting legislative funding to create a permanent WSCJTC – Officer Wellness Program to continue the efforts of expanding statewide agencies' access to quality officer wellness training and resources. If legislators approve one or more of the proposed solutions described above, the WSCJTC will create a team to develop, manage, and monitor the approved proposal(s).<sup>7</sup> The staffing model needed consists of the following fulltime positions:

- **Program Manager** – Provide program oversight. This position will also work in direct collaboration with a Lead Licensed and Certified Mental Health Provider to ensure the success of a proposed statewide Integrated Psychology Services Program discussed later and ensure quality assurance is achieved for officer wellness training offered by private companies through the WSCJT.
- **Two Liaison Staff Members** – A liaison staff member will be physically assigned to eastern and western Washington to be a direct link to help agencies address their specific officer wellness training needs. These

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<sup>7</sup> Refer to the [WSCJTC - Officer Wellness Program Costs](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

liaisons will be very instrumental to ensure the training delivered by private companies is quality and consistent with WSCJTC standards and best practices.

- **Administrative Assistant** – Provide administrative assistance for the program manager and liaison staff members. Process private training company requests, track and monitor training offered through a WSCJTC – Officer Wellness Training and Resource Library discussed later, schedule random audits of approved training, and process Public Disclosure requests.
- **Lead Licensed and Certified Mental Health Provider** – Contracted as the subject-matter-expert to validate training materials and credentials of private companies requesting to provide wellness training through the WSCJTC. Additionally, this provider will directly collaborate with the program manager to establish and oversee an Integrated Psychology Services Program presented later in this report.

#### DELIVERABLE(S)

If legislative funding is approved, the creation of permanent WSCJTC – Officer Wellness Program will accomplish the following to ensure success of the proposed solutions identified in this report:

1. The unit will collectively provide the following functions:
  - Maintain a Washington State Officer Wellness Network List to ensure statewide agency lines of communication remain intact regarding officer wellness topics.
  - Establish and manage a WSCJTC - Officer Wellness Training and Resource Library. This effort will include validating and assessing the credentials, history/reputation, training material, and content delivery of private companies desiring to provide officer wellness training through the WSCJTC website. This team will also be responsible for random audits of all private company training offered in the library to ensure quality assurance. Finally, this team will process public disclosure requests related to training provided through the library.
2. Two WSCJTC liaison staff member will be adequately trained and physically assigned, one on both sides of the state, to readily address regional agencies'

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

questions and concerns involving officer wellness, directly assist agencies' efforts to coordinate officer wellness training, and provide guidance to agencies regarding general wellness resource and response needs.

3. The WSCJTC Officer Wellness Program Manager will provide mission oversight to achieve the deliverables associated with each legislatively funded/approved proposal presented later in this report. The manager will be a liaison to agency directors and work closely with a Lead Certified and Licensed Mental Health Professional to oversee an Integrated Psychology Services Program described later.

## SECTION 3

### Washington State Officer Wellness Network List

#### PROBLEM STATEMENT

Although the WSCJTC does not have a permanent officer wellness program, many law enforcement agencies in Washington State are applying exceptional efforts to identify and tap into opportunities to address the emotional and mental health needs of their officers. However, there are several agencies in regional pockets across the state that struggled to meet the mental health needs of their officers. This is particularly evident in some agencies that are not closely connected to other agencies. There are many other factors that contribute to the challenge of meeting the mental health needs of officers that include but not limited to private resources not being easily accessible if at all in or near agencies' jurisdictions; a lack of awareness to what training and other resources exists; the severity and frequency of critical incidents that can easily overwhelm agencies' ability to think beyond the investigative responsibilities; inability to use existing internal resources to effectively apply emotional and mental health support to officers in need; and the most common hindrance to most statewide agencies which involves insufficient funding for long-term impactful assistance.

#### ACTIVATED SOLUTION

As indicated above, some agencies in the state have impressive and robust officer emotional and mental health programs. There is a wealth of historical knowledge and lessons learned among these agencies that will address many of the challenges identified. The key is how to share those successes and lessons learned statewide.

The WSCJTC created a [Washington State Officer Wellness Network List \(WSOWNL\)](#) to encourage increased communications and collaboration amongst law enforcement entities statewide.<sup>8</sup> In support of this effort, more than 88 percent of the law enforcement agencies statewide assigned an officer wellness representative to this network list. The WSCJTC will continue messaging the importance of this resource-sharing opportunity to encourage 100 percent participation. The participating agencies were assigned to [individual regions across the state](#) to strengthen relationships to

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<sup>8</sup> Refer to the [Washington State Officer Wellness Network List](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

address region specific officer wellness challenges.<sup>9</sup> As these agencies become more adjusted to regional collaboration, the goal is that these relationships will extend across regional borders. This statewide network list will be maintained by the WSCJTC which will also serve as a reliable communication vehicle for the WSCJTC to readily engage agencies statewide regarding officer wellness.

#### DELIVERABLE(S)

Agencies on the WSOWNL are already making effective and efficient use of the network list to increase agency connectivity within and outside their regions.

- Awareness of free and non-free officer wellness training is being messaged across regional borders.
- Regional agencies are partnering to identify, host, and encourage maximum participation to reduce costs associated with non-free wellness training.
- Agencies within regions are collaborating to offer and/or share wellness resources.
- Agencies are sharing best-practices and ideas across regional borders to initiate and improve officer emotional and mental health initiatives.
- Underserved agencies are becoming more connected with other agencies to address their officer wellness needs.

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<sup>9</sup> Refer to the [Washington State Law Enforcement Agency Regional Map](#)

## SECTION 4

### WSCJTC - Officer Wellness Training and Resource Library

#### PROBLEM STATEMENT

The WSCJTC is requesting legislative funding to create a website-based WSCJTC – Officer Wellness Training and Resource Library (OWTRL) which will require oversight by a permanent WSCJTC – Officer Wellness Program.<sup>10</sup> There is no centralized location for agencies to readily access information about officer wellness training and/or resources. Agencies use the following, not all inclusive, methods to obtain officer wellness training:

- Agencies research the internet with the hopes to identify training to address specific needs.
- Agencies rely on random training invitations from other agencies and officer wellness focused state organizations.
- Agencies are randomly contacted by private companies to provide officer wellness training. Agencies rely on PowerPoint officer wellness training presentations created by other agencies and organizations.

Unfortunately, the training opportunities mentioned, if not most, have not been properly vetted for quality content and delivery. Training provided through some private companies lack thorough research and/or are merely a collection of various PowerPoint slides taken from a variety of other training presentations and then recommunicated inaccurately. Some of these private company instructors teach from personal biases and without sensitivity which have on occasions offended audience participants. Research conducted through WSCJTC resources recently revealed that a private company soliciting to provide officer wellness training through the WSCJTC was a fraud. The level of credentialing presented was false, history provided to validate the company’s reputation was significantly embellished, it is strongly believed the company may have operated under previous names for unknown reasons, and the company is directly linked to websites that are not consistent with the values of the WSCJTC or law enforcement profession. Unfortunately, the WSCJTC does not have a divisional program

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<sup>10</sup> Refer to the [WSCJTC - Officer Wellness Program Costs](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

to assess wellness training offered to Washington State agencies by private companies. Agencies are therefore left on their own to choose training with hopes that it is beneficial instead of damaging to their officers

#### PROPOSED SOLUTION

The WSCJTC is requesting funding to create, post, and manage a WSCJTC - Officer Wellness Training and Resource Library on the agency's website to expand statewide agencies' access to quality training and resources. All training and resources approved for the library will be evaluated for quality assurance before posting on the OWTRL. The WSCJTC will contract true-subject-matter experts, Mental Health Providers who are Licensed and Certified Psychologists, to assess and verify the training content and credentials presented by private companies desiring to post their services in the OWTRL. Approved companies will be required to enter a written agreement with the WSCJTC to ensure all future revisions to training posted on the OWTRL are vetted by the WSCJTC. The WSCJTC will conduct annual audits of all OWTRL training to ensure revisions are promptly reported and vetted.

This process can be address through a permeant WSCJTC – Officer Wellness Program presented earlier in this report.

#### DELIVERABLE(S)

If legislatively funded, the agreement between private training companies and the WSCJTC will ultimately help to mitigate company misrepresentation, validate training content, and confirm training delivery is aligned with WSCJTC standards. Additionally, the OWTRL will assist agencies' efforts to be good stewards of agency funds by avoiding non effective and potentially damaging training. This OWTRL strategy will not prevent agencies from continued use of non WSCJTC vetted vendor training services.

# Washington State Criminal Justice Training Commission – HB 2926

## Mandated Report

### Example of the training catalogue currently on the WSCJTC website.

ABOUT ▾
TRAINING & EDUCATION ▾
CERTIFICATION ▾
LETCSA ▾
RESOURCES ▾

🔍

Training & Education

WSCJTC holds a variety of courses for those in the law enforcement, corrections, public safety and the criminal justice field. Many of these courses have prerequisites that must be met, and may only be open to certain individuals. Click any course below for more information on availability and requirements.

**Disclaimer:** *The courses labeled as WSCJTC are fully supported by Washington State Criminal Justice Training Commission, all registration, curriculum, and instructors are managed by Commission. Courses labeled with Vendor are being advertised as a courtesy to the stakeholder agency hosting the course. WSCJTC has not evaluated the content or presentation for these courses – these listings are merely a convenience to our stakeholders and should not be interpreted as an endorsement by WSCJTC.*

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SHOW ALL

| Class  | #    | Date      | Location   | Type   |
|--|------|-----------|--|--------|
| 21ST CENTURY POLICE LEADERSHIP (21 CPL)                | 4250 | 6/7/2022  | Virtual  | WSCJTC |
| 21ST CENTURY SERGEANTS ACADEMY                         |      | 8/22/2022 | Bremerton- Olympic College<br>(Building 4, room 129)   | Vendor |
| ADVANCED POLICE MOTORCYCLE TRAINING                    |      | 7/8/2022  | WSP Training Facility                                  | Vendor |
| ADVANCED ROADSIDE IMPAIRED DRIVING ENFORCEMENT (ARIDE) |      |           | Various Dates and Locations (see<br>attached postings) | Vendor |
| ANIMAL CONTROL OFFICER ACADEMY                         | 2390 | 9/12/2022 | WSCJTC   | WSCJTC |

## SECTION 5

### Integrated Psychology Services Program

#### PROBLEM STATEMENT

Critical incidents are highly stressful and likely to be traumatizing to first responders. Dialog between the current WSCJTC - CISM Program Manager and agencies revealed inconsistent understanding of what constitutes a critical incident. [Dr. Neil Kirkpatrick, a local Mental Health Professional and Licensed Psychologist](#) contracted for this report, was consulted to create the following category list for critical incidents:

#### Critical Incident Categories

1. Suicide of colleague
2. Line of Duty Death (LODD)
3. Serious Line of Duty Injury
4. Disaster/multiple casualty incident
5. Police Shooting
6. Events involving children
7. Prolonged incidents
8. Personally threatening incidents
9. Excessive media attention
10. Any event capable of causing emotional distress

Critical incidents are a small fraction of the overall stressors that officers experience during daily patrols. Researchers have identified such stressors as unique dangers, stressors from peers and the public, community and media scrutiny, and monotony.<sup>11</sup> It has been determined that these stressors are contributors to deficits in cognitive abilities, burnout, psychological distress, emotional exhaustion, and development of psychological disorders. Unfortunately, these high frequency incidents that are not categorized as critical incidents are not addressed with interventions.

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<sup>11</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

A 2020 systemic review and metanalysis by Shabeer Syed, which included over 272,000 police personnel from 24 countries, revealed that psychological disorders demonstrated by police officers more than doubled the rate of civilians.<sup>12</sup> The psychological disorder percentage rates for these officers were 14.6 for depression, 14.2 for PTSD, 9.6 for general anxiety disorder, 8.5 for suicidal ideation, 5 for alcohol dependence, and 25.7 for hazardous drinking. A recent sample of 152 officers in Texas revealed self-reported disorder percentage rates at 45 for significant sleep disturbances, 32.9 for depression, and 12.9 for PTSD. Only 17.9 percent of the officers sought out mental health related treatment and only 1.4 percent of the officers actually participated in mental health treatment.

Officers are often directly or indirectly impacted by a variety of negative incidents associated with their jobs. Approximately 43 percent of Washington State law enforcement agencies responded to a [Phase Two Survey that reported the following incident experiences within the last 25 years](#):<sup>13</sup>

| <b>INCIDENTS</b>   | <b><u>Combined Agency Experienced Incident Percentages</u></b> | <b>REGION(S) MOSTLY IMPACTED</b>                               |
|--|--|--|
| Officer Suicide  | 19   | Northeast, North Puget Sound, South Puget Sound, Southwest     |
| Officer on-duty medical related death                                    | 15   | South Central, Southwest, South Puget Sound, North Puget Sound |
| Officer off-duty medical related death                                   | 29   | North Puget Sound  |
| Officer death by suspect   | 11   | South Central, Southwest, North Puget Sound                    |
| Officer hospitalized and/or on sick leave resulting from suspect assault | 58   | Southwest, Northwest, North Central, North Puget Sound         |

<sup>12</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

<sup>13</sup> Refer to [Phase Two Survey Responses](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

|   |    |  |
|---|----|--|
| Officer medically assigned or retired resulting from suspect assault  | 48 | Northeast, Northwest                             |
| Officer on-duty accidental death                                      | 14 | Northeast  |
| Officer off-duty accidental death                                     | 16 | South Puget Sound, North Puget Sound             |
| Officer Involved Shooting   | 72 | Southwest, Northwest, South Puget Sound          |
| Response to in progress active shooter incident                       | 55 | Northeast, Northwest, Southwest, Peninsula/Coast |
| In custody death  | 41 | North Puget Sound, Northeast, Peninsula/Coast    |
| Investigated officers for suspicion of alcohol and/or substance abuse | 61 | North Puget Sound                                |
| Officers enrolled in alcohol and/or substance abuse                   | 44 | North Puget Sound, South Puget Sound             |
| Investigated officers for Domestic Violence                           | 59 | North Puget Sound, Northeast                     |

Department psychologists play a critical role in helping to build and maintain healthy law enforcement agencies. These psychologists are exceptionally vital in the hiring process to assist agencies' efforts to identify applicants who demonstrate the emotional and mental health capacity to develop the skills, knowledge, and abilities to effectively do the job. Moreover, these department psychologists are a huge resource to help address the trauma and emotional needs of agency personnel.

Although some officers will consult department psychologist regarding on and off duty related stressors, many are reluctant to reveal their emotional struggles to anyone directly tied to the agency because of perceived stigma and Public Disclosure processes. Stigma is a reality that hinders officers' willingness to self-expose emotional and mental health challenges. Some officers perceive they will be labeled as weak; fear job reclassifications, reassignments, or termination; fear loss of promotional opportunities; and other unfavorable consequences if they seek help.

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

CISM/CISD are among many methods used to address the mental and emotional health needs of officers experiencing trauma resulting from job related incidents, many which are critical in nature. After consulting Dr. Neil Kirkpatrick, the WSCJTC learned that several researchers share his opinion that the use of CISM/CISD may actually increase risk to officers' emotional and mental health which subsequently increases liability to the agencies.<sup>14</sup> Dr. Kirkpatrick provided three challenges affiliated with CISD:

1. Community mental health professionals are routinely the lead for CISDs. Most of these mental health professionals are not well known to the officers which contributes to two challenges:
  - Officers fear their responses will be negatively judged by the mental health provider.
  - Officers do not trust that their responses will not be used in a fitness for duty evaluation process.
2. The law enforcement culture is not one wherein emotional expressivity, especially for any emotions beyond anger, is normalized or encouraged. Officers expressing negative emotions in front of their peers is highly contrary to their social norms.
3. Officers fear openly admitting feelings of sadness, guilt, anger, or other negative emotions may be used as evidence against them in a criminal or civil suit because of their legal culpability.

CISM was introduced by Jeffery Mitchell, PHD in the early 1980s and has been widely adopted by first responder organizations nationwide as an approach to enhance the psychological wellness for first responders.<sup>15</sup> Many believe CISM addresses the emotional needs of first responders; is endorsed by scientific agencies and government bodies; practical to deploy and embraced by frontline first responders; and decreases liability to agencies as an approach to provide officers opportunities to manage stress.

According to many researchers identified in Dr. Kirkpatrick's report, CISM does not fulfill the expectations mentioned above and may in fact be harmful to first responders.<sup>16</sup> While CISM is still widely disseminated to first responder organizations, many global

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<sup>14</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

<sup>15</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

<sup>16</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

governmental and non-governmental agencies recommend that CISM interventions not be used. These organizations include but not limited to the World Health Organization, American Red Cross, National Institute of Mental Health, United Kingdom’s National Institute for Health and Care Excellence, Harvard University, University of Rochester, a 2005 NATO-Russia workshop on response to terrorism, and the InterAgency Board.

On the contrary to the research presented above, positive articles supporting the use of CISM/CISD do exist. However, many if not all these articles published have direct links to Mitchell, one of the authors of the CISM manual.

#### PROPOSED SOLUTION

The WSCJTC is requesting legislative funding to provide CISM/CISD method alternatives through an Integrated Psychology Services Program. Further collaboration between Dr. Kirkpatrick and the WSCJTC resulted in recommending to agencies a **voluntary alternative** method, over the CISM/CISD methods, to address the emotional and mental health needs of officers. Mental health treatment, provided by qualified practitioners is an effective method to mitigate mental health symptoms. At least three law enforcement organizations; the Los Angeles Police Department (LAPD), Calgary Police Department (CPD) in Alberta Canada, and the Tacoma Police Department (TPD) have successfully established highly utilized programs delivering psychological treatment to their officers.<sup>17</sup> These programs consist of seven strategies identified below:

1. **Rapport Building** – Agency hired psychologists initiates and maintains visible presence and relationship building with officers which is accomplished through semi-regular attendance of work shift rollcalls, observation rides with officers, and consulting detectives and administrators about specific cases where psychological insight would be of value. Officers take advantage of these informal interactional opportunities to schedule therapy sessions when needed.
2. **Psychotherapy** - The single most important function of a department psychologist is to provide mental health support and psychological treatment to agencies’ sworn officers. This evidence-based psychotherapeutic intervention is provided to officers at off-site locations.

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<sup>17</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

CPD provides this service to family members independence of sworn officers. However, extending the services creates challenges where therapist availability in decreased and terminating treatment in the event of divorce or officer separation from service occurs. To address these issues, CPD limits officers to 212 sessions annually unless additional sessions are requested by the therapist.

LAPD and TPD limit these services to sworn officers and staff. However, couples and family therapy are offered if the officer is directly participating. There is no limit to the number of sessions offered.

Officers are understandably concerned that the very act of seeking treatment may be used against them either administratively or in legal proceedings. Since 2016, licensed psychologists in the state of Washington have enjoyed the same level of confidentiality as attorney-client privilege ([RCW 18.83.110](#)).<sup>18</sup> This means that not only what is discussed in treatment sessions is held confidential but the very fact of an officer's participation in receiving services is also held confidential. Masters level therapists are also given a high level of privilege communication by law ([RCW 5.60.060](#)).<sup>19</sup> However, whether RCW 5.60.060 is equivalent to the

level of confidentiality granted to psychologists is a legal question. Even after reeducating officers of this confidentiality privilege, some officers may still be reluctant to seek assistance from staff directly tied to their agencies. Therefore, providing the officers opportunities to seek support from external resources and at offsite locations will likely reduce stigma and increase participation in emotional and mental health services when needed.

3. **Education** – Embedded psychologists provides focused officer wellness and mental health training at work shift rollcalls, other agency sponsored training sessions, at police academies, and for specialized groups such as SWAT and homicide investigations units. CPD expanded their services to

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<sup>18</sup> Refer to [RCW 18.83.110](#)

<sup>19</sup> Refer to [RCW 5.60.060](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

include a nutritionist and nurse to address nutrition and physical wellness. All three departments provide a vetting process to ensure outside trainers are competent in their topic areas.

4. **Peer Support Supervision** – Psychologists train and provide clinical oversight to department peer support teams. LAPD psychologists also provide clinical supervision to a small cadre of peer support officers who are also drug and alcohol counselors. CPD psychologists provides both administrative and clinical oversight to a small cadre of dedicated peer support officers. The TPD psychologist provides training, clinical consultation, and some degree of supervision on a more informal basis to the peer support cadre.
5. **Consultation** – Specialized unit assigned psychologists provides services tailored to the specific operational functions such as but not limited to:
  - Evaluate prospective interventions to improve officer wellness.
  - Assess outside trainers to ensure competence and credentialing.
  - Offer insight regarding policy change impacts on morale.
  - Provide leadership coaching for newly promoted supervisors and administrators.
  - Consultation and advise is offered to specialty units such as homeless outreach teams, Missing and Exploited Children Task Force, sex crimes units, etc.
6. **SWAT Crisis Negotiation Team Assistance** – An on-call psychologist responds as a consultant to SWAT operations involving barricaded subject(s) and/or hostage negotiations. These psychologists do not serve as negotiators but can provide assessments regarding subject(s) moods and behaviors, negotiation strategy recommendations, monitoring the stress of the team and the subject(s), and consultation to command staff regarding variables and progress of negotiations.
7. **Health Checks**: CPD has a program where officers are strongly encouraged to submit to an “annual mental health checkup” with their mental health

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

provider(s). In at least one other department examined, the agency contracted an outside psychologist to provide annual mandated check-ins with detectives of the agency’s sex crimes unit. This mandate was initially met with resistance; however, the detectives quickly embraced the service after their initial visit with the psychologist. This resulted in a high percentage of the detectives continuing multiple sessions to address stress and trauma challenges.

The integrated department psychology services offered through these departments examined resulted in the following percentage rates of officers receiving psychological treatment in 2020: 7 for LAPD, 5.6 for CPD, and 19.5 for TPD, as opposed to the 1.4 percent of the examined Texas officers that received treatment, which was discussed near the beginning of Section 5. Upper management for these programs described a significant year-by-year decrease in mental health stigmatization and utilization of department psychologists have become more normalized within the department.

**Considerations to establish Integrated Department Psychology Services:**

- 1) **Psychologists to Officer Ratio:** There is no hard data or body of research to determine the optimal psychologist to officer ratio. Anecdotally, amongst the three department programs examined in the current discussion, the psychologist to officer ratio is as follows:

| <b>Agencies Examined</b>             | <b>Psychologist to Officer Ratio</b> |
|--------------------------------------|--------------------------------------|
| <i>Tacoma Police Department</i>      | <i>1: 400</i>                        |
| <i>Calgary Police Department</i>     | <i>1: 500</i>                        |
| <i>Los Angeles Police Department</i> | <i>1: 670</i>                        |

LAPD and CPD report themselves as being understaffed and currently in the process of hiring more providers. According to TPD, their program is at or slightly over capacity. Based on this data, a ratio of one full-time psychologist per 350 officers appear to be a reasonable ratio in Washington State. There

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

are nearly 13,580 officers in the state of Washington. If we use the 350 officers to one psychologist ratio, 39 psychologists may be needed to services agencies across the state.<sup>20</sup> Some agencies may have programs similar to the Integrated Psychology Services Program presented. Therefore, the number of psychologists identified above may be less than 39. It is important to note that attracting 39 psychologists to the program may be challenging depending on the pay offered.

- 2) **Employee Versus Contractor:** Department psychologists may be either salaried employees or external contractors. CPD and LAPD use salaried employees to provide integrated psychological services while the TPD uses an independent contractor. A department psychologist as an independent contractor contributes to the appearance of greater separation from the agencies' administration while maintaining the same level of confidentiality privileges and ability to serve essential functions. This model helps to mitigate officer stigma. Agencies with more than one thousand officers, requiring multiple department psychologists, will be better served by adopting a model where salaried psychologists are used, but located at offsite office space. This salaried model will allow for greater continuity during staff turnover, accommodate collaboration and coordination between the department psychologists, and be more cost-effective for departments long-term.
  
- 3) **Office Location:** It is critical that psychologists are seen as integrate members of the agencies without jeopardizing the appearance of some level of separation. Psychologists from the departments examined earlier explained their officers are less apt to visit their department psychologists if the officers run the risk of accessing the office in view of other department staff. Therefore, it is highly recommended that integrated psychological services maintain offices that are geographically separate from the agencies they serve.
  
- 4) **Recruiting and Hiring:** To be successful, a department psychologist must be competent and qualified in three distinct areas.

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<sup>20</sup> Refer to the [Integrated Psychology Program Costs](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

- First, they must have the strength of conviction, interpersonal expertise, and temperament to integrate with and successfully navigate law enforcement culture.
- Second, they must possess a high degree of professionalism and professional integrity that will allow them to effectively manage relationships with other support providers (e.g., therapist, trainer, consultant, etc.).
- Third, they must be competent subject-matter-experts to deliver evidence-based psychological assessment and treatment; evaluate prospective programs and department level interventions based on the current body of scientific evidence; develop and deliver accurate and engaging trainings involving psychological topics relevant to law enforcement officers; and deliver accurate consultation in applying psychological principles to a variety of programs and topics.

While law enforcement officers are likely capable to evaluate prospective candidates in terms of social expertise and temperament, they do not possess the knowledge, skills, and abilities to assess the quality of training and professional competencies of psychologist candidates. Additionally, while law enforcement officers can describe attributes and outcomes desired from department psychologists, they will not be able to give detailed descriptions of the actual workflow, tasks, and challenges from the perspective of a department psychologist. To achieve success law enforcement agencies are encouraged to seek the aid of established psychologists for assistance with recruitment of prospective department psychologists. Ideally, agencies will contract with psychologists currently involved in integrated psychological service programs described in this report. Enlisting the aid of identified expert psychologists at nearby universities or in the local community can also serve as an option.

### Three Models of an Integrated Psychology Service

Washington State has over 10,000 fully certified officers spread throughout more than 240 law enforcement agencies. The size of these agencies ranges from fewer than 10

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

officers to over 1,300 officers. Some single agencies, such as the Washington State Patrol, have large number numbers of officers that are greatly geographically spread across the state. As a result of this wide disparity in size, location, and mission there is no one-size-fits-all approach to structure an integrated psychology service. Three models for structuring an integrated psychology service are presented below. These models are not intended to be exhaustive, rather they are intended to illustrate different ways in which an integrated psychology service could be structured to meet the needs of different agencies.

- 1) **Agency Psychological Services Unit** – The Los Angeles Police Department’s Behavioral Science Services exemplified agency specific integrated psychology services. The department hired a psychologist serving as the clinical director to recruit (in collaboration with LAPD), administratively oversee, and clinically supervise a team of department psychologists. In this scenario, the psychologists are salaried employees, and their offices are located separate from the police department. Administratively, the clinical director would report to the agency director or deputy director. This model is most appropriate for larger departments with 600 or more officers requiring at least a full-time clinical director and multiple part-time department psychologists.
  
- 2) **“Metro” Contracted Psychology Services** – There are many geographical areas within the state of Washington where smaller law enforcement agencies exist and contracting psychology services would be more efficient and cost-effective.

| <b>AGENCIES</b>                      | <b>NUMBER OF OFFICERS</b>                |
|--------------------------------------|--|
| Yelm Police Department               | 15                                       |
| Shelton Police Department            | 19                                       |
| Tumwater Police Department           | 33                                       |
| Lacey Police Department              | 40                                       |
| Olympia Police Department            | 67                                       |
| Thurston County Sheriff’s Department | 98 Officers and 107 Corrections Deputies |
| <b>TOTAL</b>                         | <b>379</b>                               |

Example

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

In the example above, it would be more effective and efficient to have a single full-time psychologist, or two part-time psychologists in the same office to service the agencies. If the six agencies were to enter into an agreement with each other, like what exists to co-fund shared K-9 programs, a single contract could be implemented and administered.

Similarly, Washington State Patrol detachments spread throughout the state, or County Sheriff regional divisions spread throughout larger counties, may significantly find value to participate in this shared cost and resource idea with established agencies in nearby geographical areas.

- 3) **Solo Contractor/Salaried** – For agencies with 250-400 officers, a single department psychologist may fulfill the functions of an integrated psychology service. This psychologist may be either salaried or contracted. This provides advantages of simplicity for contracting/hiring; officers may more quickly become accustomed to a single recognizable individual; and the need for support staff may be significantly mitigated.

Statewide oversight for the methods identified above can be accomplished through the creation of the WSCJTC – Officer Wellness Program presented earlier in this report. This integrated psychology services program does not intend to replace existing department psychologists who are vital to agencies' hiring processes, fit for duty evaluations, and a host of other agencies' needs. These functions will not be the focus of the psychologists assigned to the Integrated Psychology Services Program. Additionally, the existing department psychologists are welcome to become team members of this Integrated Psychology Services Program.

According to Dr. Kirkpatrick, although single session and quality-of-life interventions are lower cost, lower logistical demands, and practicality of implementation, these interventions do not address the real complex mental health needs of the officers. In contrast, an integrated psychological service requires a much greater initial and ongoing investment in terms of time, resources, and personnel. An integrated psychological service has been proven to be an effective method to meet the acute and ongoing mental health needs of officers.

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

“Law enforcement agencies in Washington State, which are already undergoing a staffing crisis of academic epidemic proportions, are unlikely to be able to take on the challenge of establishing an integrated psychology service even if the model were presented to them.”<sup>21</sup> Therefore, Dr. Kirkpatrick provides two options below to support officers’ access to integrated psychology services, a state-funded Integrated Psychology Network, and an Integrated Psychology Services Development Team.

#### **OPTION ONE – Integrated Psychology Services Network**

An Integrated Psychology Services Network (IPSN) would be an ongoing program funded by the state and administered through the WSCJTC. Within this model, an IPSN team would be established and consist of a Licensed Psychologist Program Director, an Administrative Assistant, and two Liaisons.<sup>22</sup> This team will conduct a comprehensive survey of each geographical region to determine the size of each agency within that region, the current utilization of various contracted and salaried psychologists and masters level providers, and what combination model of Integrated Psychology Services would best meet the needs of the agencies. The IPSN team would then implement a recruitment outreach initiative to hire qualified providers and who would be assigned to regional agencies. As the IPSN become staffed and established, the IPSN team will provide ongoing supervision administration of the network including but not limited to ongoing clinical supervision, ongoing administrative oversight, recruiting and hiring, and budgetary oversight. It is estimated to take two to four years to develop, establish, and fully staff the IPSN.

Agencies will have access to multiple providers in and near their regions to elicit adequate support during times of crisis. The most significant disadvantage of the IPSN may involve officer and agency distrust in the program because the program is affiliated with the WSCJTC, an outside and a state agency. However, consistent, and constant interaction between the providers and officers may help to overcome the distrust tied to being an outsider employed by the state.

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<sup>21</sup> Refer to the [report submitted by Dr. Neil Kirkpatrick](#)

<sup>22</sup> Refer to the [Integrated Psychology Services Network Costs](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

#### **OPTION TWO - Integrated Psychology Service Development Team**

An alternate model for disseminating and supporting the development of integrated psychology services within law enforcement agencies would be through the creation of an Integrated Psychology Services Development (IPSD) team and supporting grants. Similar to the IPSN model presented above, the IPSD model would require the state to fund the WSCJTC to form a team consisting of a Licensed Psychologist Program Director, an Administrative Assistant, and two Liaisons to conduct the comprehensive region focused survey described in the IPSN model.<sup>23</sup> This team would initiate contact with and educate regional agencies regarding the integrated psychology services which includes the Agency Psychological Services Unit, “Metro” Contracted Psychology Service, and the Solo Contractor/Salaried Psychology method. The IPSN team will help interested agencies establish an integrated psychology service which will include recruiting qualified providers, write policies, and establish suitable office space as needed. This team will also provide guidance regarding provider contracts.

Dr. Kirkpatrick recommends a gradual state costs reduction process to help agencies standup integrated psychology services.<sup>24</sup> The state would fully fund costs the first year; fund 50 percent the second year, and 25 percent the third year. The goal of this funding structure is to encourage agencies to establish integrated psychology services while overcoming the initial institutional skepticism without the burden of the initial startup costs. Based on the results and feedback from agencies with established integrated psychology services, once the services become an established part of participating agencies, the effectiveness of the services will encourage the agencies to assume all associated costs to continue the services.

The second role of the IPSD team would be to provide initial support, training, and consultation for providers within the integrated psychology services. Eventually, the IPSD’s work to establish statewide Integrated Psychology Services will be completed. This team may be disbanded or reduced to a part-time consultation contract to assist agencies requests to hire replacement providers and/or alter structure of their programs.

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<sup>23</sup> Refer to the [Integrated Psychology Services Development Costs](#)

<sup>24</sup> Refer to the [Integrated Psychology Services Development Costs](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

This model comes with several advantages. First, while the initial expense would be similar it would diminish over time as local municipalities would assume funding responsibilities for the programs. Second and most importantly, the “ownership” of the integrated psychology services would rest with the hosting agencies. This would allow the respective programs to serve one of the most essential functions of truly integrating with the agencies and avoid the additional challenge of the providers being viewed as outsiders due to direct affiliation with the state. The disadvantages of this model are likely to be a somewhat slower rate of dissemination and less resilience to department psychologist turnover in the future.

#### DELIVERABLE(S)

If legislatively funded, the WSCJTC will seek to obtain an interagency agreement with a Washington State university to develop and initiate a data tracking system, gather data, develop a comparison baseline, analyze the data, and produce a report to determine project effectiveness. The goals include but not limited to:

- Overcome the stigma and increase officer participation in emotional and mental health services when needed.
- Decrease non-therapy related officer sick leave use.
- Decrease citizen complaints involving officer interaction(s).
- Decrease complaints involving excessive use of force.
- Reduce officer caused patrol car collisions.
- Improve positive officer contribution to performance evaluations.
- Increase agency morale.

## SECTION 6

### SIGMA Tactical Wellness

#### PROBLEM STATEMENT

Heart disease is a common health condition [and one of the top killers of active and retired law enforcement officers](#).<sup>25</sup> Life expectancy for law enforcement officers is more than 20 years less than the general public. The average age for heart attacks for law enforcement officers is 46 compared to the upper 60s for the non-law enforcement workforce. Police officers also suffer from obesity, diabetes, and hypertension at rates much higher than their civilian counterparts. National statistics shows that the obesity rate for police officers is 48 percent which is 20 percent higher than what is observed in the civilian sector. Less than 3 percent of heart attacks are fatal. However, these incidents are significant contributors to officer disabilities. A survey of approximately 43 percent of Washington State law enforcement agencies revealed 15 percent of the responding agencies had officer on-duty medical related deaths and 29 percent had off-duty medical related deaths.<sup>26</sup> Most known contributing factors to the stressors that contribute to early death for law enforcement officer consists of but not limited to the following:

- Various types of pressures and stresses related to the job:
  - The responsibilities for officers have significantly evolved over the decades. Present day officers are responding to increased violent crimes; civil unrest, demonstrations and protest; increased hostile encounters with persons experiencing homelessness, substance abuse, and mental health challenges; active shooter incidents especially those where children are; terrorist plots and acts; increased media and public scrutiny; and many more challenges routinely faced.

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<sup>25</sup> Refer to the [SIGMA Tactical Wellness informational material](#) provided by Dr. Benjamin Stone

<sup>26</sup> Refer to [Phase Two Survey Responses](#)

## Washington State Criminal Justice Training Commission – HB 2926

### Mandated Report

- Chronic exposure to high Amplitude Catatonia Release:
  - Repetitive exposure to stress inducers. Officers often experience incredible adrenaline dump as they go from near complete boredom to sheer terror at the snap of a finger.
  - Shift work and interruption circadian rhythm, a biological process recurring on a 24-hour cycle, which contributes to interrupted sleep causing sleep deprivation.
- Substance abuse which includes drugs, alcohol, and tobacco products.
- Poor eating habits (fast foods).

Early detection and treatment of coronary artery disease can result in fewer officer deaths and debilitating health conditions impacting the quality of life for officers and their families.

#### PROPOSED SOLUTION

The WSCJTC is requesting legislative funding to contract SIGMA Tactical Wellness to provide a preventive screening process to detect early stages of heart disease in law enforcement officers. This SIGMA process will require oversight by the WSCJTC – Officer Wellness Program presented earlier in this report.

Dr. Benjamin Stone and Dr. Jonathan Sheinberg started a process called SIGMA Tactical Wellness to provide an opportunity to help officers improve their health and longevity.<sup>27</sup> SIGMA was developed in 2017 as a preventive screening strategy to detect early stages of acute coronary artery disease in law enforcement officers.

SIGMA has worked with Olympians and law enforcement agencies across the nation. SIGMA evaluated more than 3,800 asymptomatic police officers and found that the frequency of pre-clinical coronary artery disease exceeded 60 percent of the tested population. During a SIGMA conducted study on a law enforcement agency in Northern

Colorado, 77 percent of 296 officers screened tested positive for three forms of metabolic diseases which included hypertension, hyperlipidemia, and diabetes – controlled and uncontrolled. According to Dr. Stone, this high-percentage test rate is

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<sup>27</sup> Refer to the [SIGMA Tactical Wellness informational material](#) provided by Dr. Benjamin Stone

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

very uncommon for the civilian sector. It is important to note that standard risk analysis (most found in current insurance -based wellness programs) does not identify individuals who are at increased risk. Standard risk analysis only identified individuals with high cholesterol, not those who have already begun to develop plaque which contributes to coronary artery disease. This often results in these diseases being mislabeled, misunderstood, and misdiagnosed.

The SIGMA Tactical Wellness experience consists of a six-step process:

1. Administer an on-site blood draw by qualified SIGMA phlebotomists.
2. Each officer will participate in a carotid ultrasound, which will be performed on-site and analyzed in real time. This test is used as a surrogate for coronary calcium scoring measures of carotid wall thickness to expose potential plaque development.
3. Review of patients’ vitals and preparation for an EKG.
4. Administer a stationary bicycle exercise test.
5. Provide recommendations for exercise and nutritional strategies.
6. Provide professional consultation review of all lab test data, EKG interpretation, and evaluation of CCS. [An evaluation report](#) is provided to each agency to illustrate the overall evaluation results specific to the individual agency’s officers.<sup>28</sup>

The cost to conduct the SIGMA screening process is \$799 per officer. Total costs for officers in the state of Washington are broken down into the following categories:

| OFFICER CLASS              | NUMBER OF OFFICERS | SIGMA COSTS |
|----------------------------|--------------------|-------------|
| Commissioned/Certified     | 10,050             | \$8,029,000 |
| Corrections                | 2,200              | \$1,757,800 |
| Communications/Dispatchers | 1,000              | \$799,000   |
| Limited Commissioned       | 330                | \$262,670   |

If funding or a grant is approved by legislators for this screening process, SIGMA can develop a response plan and be onsite with screening teams and equipment within a 90-day notice. Based on the 13,580 officers, SIGMA suggests providing the service over a three-year period to officers statewide at 1/3 intervals. This 1/3 interval plan will

<sup>28</sup> Refer to the sample [SIGMA Aggregate Data Report](#)

## Washington State Criminal Justice Training Commission – HB 2926 Mandated Report

ensure newly hired officers are screened as well. SIGMA recommend officers submit to this screening process every 36-months.

The WSCJTC requests legislators to fund initial SIGMA screening for all officers over the first three years. Afterwards, it will be at the discretion of the agencies or individual officer(s) discretion to pay for additional screenings per SIGMA recommendation.

The SIGMA screening teams will do the work, educate, enlighten, and recalibrate officers in their careers and health to produce better performers, resiliency, health, and increase overall wellness.

### DELIVERABLE(S)

If legislatively funded, early coronary disease detection through SIGMA Tactical Wellness can prevent catastrophic illness and loss of life. The goal of this proposal is to strategically apply legislative funding to increase officers' awareness to their current health and medical conditioning. Officers with concerning results will be educated and provided the opportunity to seek earlier treatment without delay and before obvious symptoms occur. Early detection and treatment may also decrease sick leave usage, mitigate Labor & Industry claims, and avoid preventable emotional strain on families. The long-range goal is to help officers address unanticipated medical challenges early on so they can enjoy their careers and life after retirement.

Washington State Criminal Justice Training Commission – HB 2926  
Mandated Report

## SECTION 7

### Conclusion

The programs and costs proposed in the chart below will expand and offer consistent access to quality officer wellness training and resources to all law enforcement entities statewide.

| PROGRAM PROPOSALS  | ESTIMATED COSTS   |
|--|---|
| WSCJTC – Officer Wellness Program  | \$720,521 *   |
| WSCJTC – Officer Wellness Training and Resource Library  | <i>* Covered in WSCJTC - Officer Wellness Program Costs</i>   |
| Integrated Psychology Services Program:<br>2. OPTION ONE<br>3. OPTION TWO  | 2. \$6,412,794 - \$7,268,794<br><br>3. \$692,794  |
| SIGM Tactical Wellness Services:<br>1. Commissioned/Certified Officers<br>2. Corrections Officers<br>3. Communications Dispatch Officers<br>4. Limited Commissioned Officers | 1. \$8,029,000<br>2. \$1,757,800<br>3. \$799,000<br>4. \$262,670<br><br><b>Combined Total Is \$10,848,470</b> |

Officers and law enforcement agencies across the state of Washington are very appreciative to the elected officials who have and continue to support their efforts with advanced equipment to do their jobs safely and effectively. HB 2926 is another demonstration of the elected officials’ willingness to further help officers do their jobs as the bill focuses on moving the needle to improve emotional, mental, and physical

**Washington State Criminal Justice Training Commission – HB 2926**  
**Mandated Report**

health needs. With the deliverables aforementioned, officers will receive the proper tools to take care of themselves and their communities more effectively.

The WSCJTC is requesting legislative consideration to fully fund or provide grants to initiate the program proposals above to achieve the deliverables designed to enhance officer wellness and improve community service.