AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 2794

OFFERED BY M r . Thompson

Amend section 15 to read as follows:

SEC. 15. DHS SUICIDE PREVENTION AND RESILIENCY FOR LAW ENFORCEMENT.

(a) IN GENERAL.—The Homeland Security Act of 2002 is amended by inserting after section 710 the following new section:

"SEC. 710A. SUICIDE PREVENTION AND RESILIENCY FOR LAW ENFORCEMENT.

''(a) DEPARTMENT COMPONENTS DEFINED.—In this section, the term 'Department components' means the following:

''(1) U.S. Customs and Border Protection.

''(2) U.S. Immigration and Customs Enforcement.

''(3) The Office of the Inspector General of the Department of Homeland Security.

''(4) The United States Secret Service.

''(5) The Transportation Security Administration.

''(6) Any other Department component with law enforcement officers or agents.

''(b) LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS PROGRAM.—

''(1) ESTABLISHMENT.—

''(A) IN GENERAL.—The Secretary shall establish, within the office overseen by the Chief Medical Officer of the Department, the Law Enforcement Mental Health and Wellness Program (in this section referred to as the 'Program').

''(B) PURPOSE.—The purpose of the Program shall be to provide a comprehensive approach to address the mental health and wellness of Department law enforcement officers and agents.

''(C) ADMINISTRATION.—The Secretary, working through the Program, shall—

''(i) establish and maintain policies and standard operating procedures, consistent with best evidence-based practices, that detail the authority, roles, and responsibilities of the Program;

''(ii) conduct data collection and research on mental health, suicides, and, to

the extent possible, attempted suicides, of Department law enforcement officers and agents, in accordance with section 552a of title 5, United States Code (commonly known as the Privacy Act of 1974), section 501 of the Rehabilitation Act of 1973 (29 U.S.C. 791), the Department's directives and policies, and section 2(a) of the Law Enforcement Suicide Data Collection Act (Public Law 116–143);

''(iii) track current trends and leading practices from other governmental and nongovernmental organizations for law enforcement mental health and wellness;

''(iv) evaluate current mental health and resiliency programs within the Department components;

''(v) promote education and training related to mental health, resilience, suicide prevention, stigma, and mental health resources to raise mental health awareness, and provide support to others, inclusive of the needs of supervisors, clinicians, caregivers, peer support members, chaplains,

and those who have been exposed to trauma;

''(vi) establish a Peer-to-Peer Support Program Advisory Council, which shall—

''(I) include at least one licensed clinician and at least one official with requisite and relevant training and experience in peer support from each Department component;

''(II) evaluate component peer support programs;

''(III) identify and address any potential deficiencies, limitations, and gaps;

''(IV) provide for sharing of leading practices or best practices, including internationally recognized peer support standards of care protocols;

''(V) create a peer support network that enables the sharing of trained peer support personnel, chaplains, and other peer-to-peer personnel across Department components; and

''(VI) sustain peer support programs through ongoing funding of an-

nual and refresher training and resources for peer support programing in the workplace to—

''(aa) ensure minimum standards for peer support services; and

''(bb) provide appropriate care for peer support personnel across Department components;

''(vii) assist Department components in developing a program to provide suicide prevention and resiliency support and training for—

''(I) families of Department law enforcement officers and agents; and

''(II) surviving families of officers and agents who have been lost to suicide;

''(viii) work with law enforcement mental health and wellness program officials of Department components (including peer support-trained personnel, agency mental health professionals, chaplains, and, for components with employees having an exclusive representative, the exclusive

representative with respect to such program) to implement new policies, procedures, and programs that may be necessary based on findings from data collection, research, and evaluation efforts; and

''(ix) conduct regular outreach and messaging, across Department components, of available training opportunities and resources.

''(D) CONFIDENTIALITY; LIMITATION.—

''(i) CONFIDENTIALITY.—Activities described in subparagraph (C) may not include the publication of any personally identifiable information.

''(ii) LIMITATION.—Personally identifiable information collected pursuant to subparagraph (C) may not be maintained or used for any purpose other than implementation of this section, unless otherwise permitted under applicable law. Any such personally identifiable information that is so collected, maintained, or used pursuant to this section is subject to applicable public nondisclosure requirements, including

sections 552 and 552a of title 5, United States Code.

''(E) PERSONNEL.—

''(i) MANAGEMENT.—The Workplace Health and Wellness Coordinator of the Department, under the direction of the Chief Medical Officer of the Department, shall be responsible for the ongoing management of the Program.

''(ii) MINIMUM CORE PERSONNEL REQUIREMENTS.—Subject to appropriations, the Secretary shall ensure the Program is staffed with the number of employees the Chief Medical Officer of the Department determines necessary to carry out the duties described in subparagraph (C), including representatives from each Department component and the Office of the Chief Privacy Officer.

''(2) DIRECTIVE.—Not later than 180 days after the date of the enactment of this section, the Chief Medical Officer of the Department shall—

''(A) issue a directive or policy that outlines the roles and responsibilities of the Program; and

''(B) distribute such directive or policy among all Department personnel.

''(c) COORDINATION.—The Chief Medical Officer of the Department shall require the Program to regularly coordinate with the Department components by assigning at least one official from each such component to the Program for the purpose of coordinating with field points of contact who are responsible for carrying out duties within Department mental health and wellness programs.

''(d) DEPARTMENT COMPONENTS.—The Secretary shall require the head of each Department component to prioritize and improve mental health and wellness programs that—

''(1) provide adequate resources for law enforcement mental health, well-being, resilience, and suicide prevention programs and research;

''(2) promote a culture that reduces the stigma of seeking mental health assistance through regular messaging, training, and raising mental health awareness;

''(3) offer several avenues of seeking mental health or counseling assistance, both within the component and through private sources that provide for anonymity and include access to external mental health clinicians;

''(4) review and revise relevant policies of Department components that inadvertently deter personnel from seeking mental health or counseling assistance;

''(5) ensure that such programs include safeguards against adverse action, including automatic referrals for a fitness for duty examination, by such component with respect to any employee solely because such employee self-identifies a need for psychological health counseling or assistance or receives such counseling or assistance;

''(6) implement policies that require in-person or live and interactive virtual suicide awareness and law enforcement resiliency trainings to be provided to law enforcement officers and agents;

''(7) makes such trainings available, as appropriate, to other component personnel—

''(A) upon the commencement of such officers', agents', and other component's personnel's employment;

''(B) on an annual basis during such employment;

''(C) during such officers', agents', or other component's personnel's transition into supervisory roles; and

''(D) if feasible, shortly before such officer, agent, or other component's personnel terminates his or her employment with the Department, if such officer, agent, or other component's personnel elects to participate; and

''(8) include prevention and awareness training opportunities and support services for families of agents, officers, and other component personnel.

''(e) DATA COLLECTION AND EVALUATION.—

''(1) ASSESSMENT OF EFFECTIVENESS OF LAW ENFORCEMENT HEALTH AND WELLNESS PROGRAMS.—The Workplace Health and Wellness Coordinator, under the direction of the Chief Medical Officer of the Department—

''(A) shall—

''(i) develop criteria to assess the effectiveness of law enforcement health and wellness programs carried out by the Department;

''(ii) conduct annual confidential surveys of law enforcement officers and agents within Department components to assist in evaluating the effectiveness of law enforcement health and wellness programs

in accordance with the criteria developed pursuant to clause (i); and

''(iii) ensure that the surveys conducted pursuant to clause (ii)—

''(I) incorporate leading practices in questionnaire and survey design and development; and

''(II) establish a baseline and subsequently measure change over time; and

''(B) may utilize contractor support in carrying out the duties described in subparagraph (A).

''(2) RECOMMENDATIONS.—The Chief Medical Officer of the Department shall provide recommendations to Department components based on the evaluation of programs and the results of the surveys conducted pursuant to paragraph (1).

''(3) INCIDENT REPORTS.—Each Department component shall report to the Workplace Health and Wellness Coordinator incidents of suicide involving law enforcement officers and agents, together with any data relating thereto consistent with data collected under section 2(a) of the Law Enforcement Suicide Data Collection Act (Public Law 116–143).

The Coordinator shall forward such information to the Law Enforcement Officers Suicide Data Collection Program established pursuant to such section.

''(4) CONFIDENTIALITY; LIMITATION.—

''(A) CONFIDENTIALITY.—Activities described in paragraph (1) or reporting described under paragraph (3) may not include the publication of any personally identifiable information.

''(B) LIMITATION.—Personally identifiable information collected pursuant to paragraph (1) may not be maintained or used for any purpose other than implementation of this section, unless otherwise permitted under applicable law. Any such personally identifiable information that is so collected, maintained, or used pursuant to this section is subject to applicable public nondisclosure requirements, including sections 552 and 552a of title 5, United States Code.

''(f) BRIEFING.—Not later than 180 days after the date of the enactment of this section and annually thereafter through fiscal year 2027, the Chief Medical Officer of the Department shall provide to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental

Affairs of the Senate a briefing regarding the implementation of this section.''.

(b) CLERICAL AMENDMENT.—The table of contents in section 1(b) of the Homeland Security Act of 2002 is amended by inserting after the item relating to section 710 the following new item:

''Sec. 710A. Suicide prevention and resiliency for law enforcement.''.