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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To amend the Homeland Security Act of 2002 to establish the Law
Enforcement Mental Health and Wellness Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. THOMPSON of Mississippi introduced the following bill; which was referred
to the Committee on _____

A BILL

To amend the Homeland Security Act of 2002 to establish
the Law Enforcement Mental Health and Wellness Pro-
gram, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “DHS Suicide Preven-
5 tion and Resiliency for Law Enforcement Act”.

1 **SEC. 2. DHS SUICIDE PREVENTION AND RESILIENCY FOR**
2 **LAW ENFORCEMENT.**

3 (a) IN GENERAL.—The Homeland Security Act of
4 2002 is amended by inserting after section 710 the fol-
5 lowing new section:

6 **“SEC. 710A. SUICIDE PREVENTION AND RESILIENCY FOR**
7 **LAW ENFORCEMENT.**

8 “(a) DEPARTMENT COMPONENTS DEFINED.—In this
9 section, the term ‘Department components’ means the fol-
10 lowing:

11 “(1) U.S. Customs and Border Protection.

12 “(2) U.S. Immigration and Customs Enforce-
13 ment.

14 “(3) The Office of the Inspector General of the
15 Department of Homeland Security.

16 “(4) The United States Secret Service.

17 “(5) The Transportation Security Administra-
18 tion.

19 “(6) Any other Department component with law
20 enforcement officers or agents.

21 “(b) LAW ENFORCEMENT MENTAL HEALTH AND
22 WELLNESS PROGRAM.—

23 “(1) ESTABLISHMENT.—

24 “(A) IN GENERAL.—The Secretary shall
25 establish, within the office overseen by the
26 Chief Medical Officer of the Department, the

1 Law Enforcement Mental Health and Wellness
2 Program (in this section referred to as the
3 ‘Program’) to provide a comprehensive ap-
4 proach to address the mental health and
5 wellness of Department law enforcement offi-
6 cers and agents.

7 “(B) ADMINISTRATION.—The Secretary,
8 working through the Program, shall carry out
9 the following:

10 “(i) Establish policies and standard
11 operating procedures, consistent with best
12 evidence-based practices, that detail the
13 authority, roles, and responsibilities of the
14 Program.

15 “(ii) Conduct data collection and re-
16 search on mental health, suicides, and, to
17 the extent possible, attempted suicides, of
18 Department law enforcement officers and
19 agents, in accordance with section 552a of
20 title 5, United States Code (commonly
21 known as the Privacy Act of 1974), section
22 501 of the Rehabilitation Act of 1973 (29
23 U.S.C. 791), the Department’s directives
24 and policies, and section 2(a) of the Law

1 Enforcement Suicide Data Collection Act
2 (Public Law 116–143).

3 “(iii) Track current trends and lead-
4 ing practices from other governmental and
5 nongovernmental organizations for law en-
6 forcement mental health and wellness.

7 “(iv) Evaluate current mental health
8 and resiliency programs within the Depart-
9 ment components.

10 “(v) Promote education and training
11 related to mental health, resilience, suicide
12 prevention, stigma, and mental health re-
13 sources to—

14 “(I) raise mental health aware-
15 ness; and

16 “(II) support to supervisors, cli-
17 nicians, care-givers, peer support
18 members, chaplains, and other indi-
19 viduals.

20 “(vi) Establish a Peer-to-Peer Sup-
21 port Program Advisory Council, which
22 shall—

23 “(I) include at least one licensed
24 clinician and at least one official with
25 requisite and relevant training and ex-

1 perience in peer support from each
2 Department component;

3 “(II) evaluate Department com-
4 ponent peer support programs;

5 “(III) identify and address any
6 potential deficiencies, limitations, and
7 gaps;

8 “(IV) provide for sharing of lead-
9 ing practices or best practices, includ-
10 ing internationally recognized peer
11 support standards of care protocols;

12 “(V) establish a peer support
13 network that enables the sharing of
14 trained peer support personnel, chap-
15 lains, and other peer-to-peer personnel
16 across Department components; and

17 “(VI) sustain peer support pro-
18 grams through ongoing funding of an-
19 nual and refresher training and re-
20 sources for peer support programing
21 in the workplace to—

22 “(aa) ensure minimum
23 standards for peer support serv-
24 ices; and

1 “(bb) provide appropriate
2 care for peer support personnel
3 across Department components.

4 “(vii) Assist Department components
5 in developing a program to provide suicide
6 prevention and resiliency support and
7 training for the following:

8 “(I) Families of Department law
9 enforcement officers and agents.

10 “(II) Surviving families of such
11 officers and agents who have been lost
12 to suicide.

13 “(viii) Work with law enforcement
14 mental health and wellness program offi-
15 cials of Department components (including
16 peer support-trained personnel, agency
17 mental health professionals, chaplains,
18 and, for components with employees having
19 an exclusive representative, the exclusive
20 representative with respect to such pro-
21 gram) to implement new policies, proce-
22 dures, and programs that may be nec-
23 essary based on findings from data collec-
24 tion, research, and evaluation efforts.

1 “(ix) Conduct regular outreach and
2 messaging, across Department compo-
3 nents, of available training opportunities
4 and resources.

5 “(C) CONFIDENTIALITY; LIMITATION.—

6 “(i) CONFIDENTIALITY.—Activities
7 described in subparagraph (C) may not in-
8 clude the publication of any personally
9 identifiable information.

10 “(ii) LIMITATION.—Personally identi-
11 fiable information collected pursuant to
12 subparagraph (C) may not be maintained
13 or used for any purpose other than imple-
14 mentation of this section, unless otherwise
15 permitted under applicable law. Any such
16 personally identifiable information that is
17 so collected, maintained, or used pursuant
18 to this section is subject to applicable pub-
19 lic nondisclosure requirements, including
20 sections 552 and 552a of title 5, United
21 States Code.

22 “(D) PERSONNEL.—

23 “(i) MANAGEMENT.—The Workplace
24 Health and Wellness Coordinator of the
25 Department, under the direction of the

1 Chief Medical Officer of the Department,
2 shall be responsible for the ongoing man-
3 agement of the Program.

4 “(ii) MINIMUM CORE PERSONNEL RE-
5 QUIREMENTS.—Subject to appropriations,
6 the Secretary shall ensure the Program is
7 staffed with the number of employees the
8 Chief Medical Officer of the Department
9 determines necessary to carry out the du-
10 ties described in subparagraph (C), includ-
11 ing representatives from each Department
12 component and the Office of the Chief Pri-
13 vacy Officer.

14 “(2) DIRECTIVE.—Not later than 180 days
15 after the date of the enactment of this section, the
16 Chief Medical Officer of the Department shall carry
17 out the following:

18 “(A) Issue a directive or policy that out-
19 lines the roles and responsibilities of the Pro-
20 gram.

21 “(B) Distribute such directive or policy
22 among Department components.

23 “(c) COORDINATION.—The Chief Medical Officer of
24 the Department shall require the Program to regularly co-
25 ordinate with the Department components by assigning at

1 least one official from each such component to the Pro-
2 gram for the purpose of coordinating with field points of
3 contact who are responsible for carrying out duties within
4 Department mental health and wellness programs.

5 “(d) DEPARTMENT COMPONENTS.—The Secretary
6 shall require the head of each Department component to
7 prioritize and improve mental health and wellness pro-
8 grams that—

9 “(1) provide adequate resources for law enforce-
10 ment mental health, well-being, resilience, and sui-
11 cide prevention programs and research;

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

16 “(3) offer several avenues of seeking mental
17 health or counseling assistance, both within each
18 such component and through private sources that
19 provide for anonymity and include access to external
20 mental health clinicians, service animals, and any
21 other appropriate, data-driven resources that im-
22 prove mental health;

23 “(4) review and revise relevant policies of De-
24 partment components that inadvertently deter De-

1 partment law enforcement officers and agents from
2 seeking mental health or counseling assistance;

3 “(5) ensure such programs include safeguards
4 against adverse or disciplinary action, including re-
5 taliation or automatic referrals for a fitness for duty
6 examination, by each such component with respect
7 to any Department law enforcement officer or agent
8 solely because such officer or agent self-identifies a
9 need for psychological health counseling or assist-
10 ance or receives such counseling or assistance;

11 “(6) implement policies that require in-person
12 or live and interactive virtual suicide awareness and
13 law enforcement resiliency trainings to be provided
14 to Department law enforcement officers and agents;

15 “(7) make such trainings available—

16 “(A) upon the commencement of the em-
17 ployment of such Department law enforcement
18 officers and agents

19 “(B) on an annual basis during such em-
20 ployment;

21 “(C) during the transition into supervisory
22 roles; and

23 “(D) if feasible, shortly before termination
24 of such employment if such officers and agents
25 elect to participate in such trainings; and

1 “(8) include prevention and awareness training
2 opportunities and support services for families of
3 Department law enforcement officers and agents, as
4 well as other Department personnel.

5 “(e) DATA COLLECTION AND EVALUATION.—

6 “(1) ASSESSMENT OF EFFECTIVENESS OF LAW
7 ENFORCEMENT HEALTH AND WELLNESS PRO-
8 GRAMS.—The Workplace Health and Wellness Coor-
9 dinator, under the direction of the Chief Medical Of-
10 ficer of the Department—

11 “(A) shall—

12 “(i) develop criteria to assess the ef-
13 fectiveness of law enforcement health and
14 wellness programs carried out by the De-
15 partment;

16 “(ii) conduct annual confidential sur-
17 veys of Department law enforcement offi-
18 cers and agents to assist in evaluating the
19 effectiveness of such programs; and

20 “(iii) ensure that the surveys con-
21 ducted pursuant to clause (ii)—

22 “(I) incorporate leading practices
23 in questionnaire and survey design
24 and development; and

1 “(II) establish a baseline and
2 subsequently measure change over
3 time; and

4 “(B) may utilize contractor support in car-
5 rying out the duties described in subparagraph
6 (A).

7 “(2) RECOMMENDATIONS.—The Chief Medical
8 Officer of the Department shall provide rec-
9 ommendations to Department components based on
10 the assessment of law enforcement health and
11 wellness programs carried out by the Department
12 and the results of the surveys conducted pursuant to
13 paragraph (1).

14 “(3) INCIDENT REPORTS.—Each Department
15 component shall report to the Workplace Health and
16 Wellness Coordinator incidents of suicide involving
17 Department law enforcement officers and agents, to-
18 gether with any data relating thereto consistent with
19 data collected under section 2(a) of the Law En-
20 forcement Suicide Data Collection Act (Public Law
21 116–143). The Coordinator shall forward such infor-
22 mation to the Law Enforcement Officers Suicide
23 Data Collection Program established pursuant to
24 such section.

25 “(4) CONFIDENTIALITY; LIMITATION.—

1 “(A) CONFIDENTIALITY.—Activities de-
2 scribed in paragraph (1) or reporting described
3 under paragraph (3) may not include the publi-
4 cation of any personally identifiable informa-
5 tion.

6 “(B) LIMITATION.—Personally identifiable
7 information collected pursuant to paragraph (1)
8 may not be maintained or used for any purpose
9 other than implementation of this section, un-
10 less otherwise permitted under applicable law.
11 Any such personally identifiable information
12 that is so collected, maintained, or used pursu-
13 ant to this section is subject to applicable public
14 nondisclosure requirements, including sections
15 552 and 552a of title 5, United States Code.

16 “(f) BRIEFING.—Not later than 180 days after the
17 date of the enactment of this section and annually there-
18 after through fiscal year 2027, the Chief Medical Officer
19 of the Department shall provide to the Committee on
20 Homeland Security of the House of Representatives and
21 the Committee on Homeland Security and Governmental
22 Affairs of the Senate a briefing regarding the implementa-
23 tion of this section.”.

24 (b) CLERICAL AMENDMENT.—The table of contents
25 in section 1(b) of the Homeland Security Act of 2002 is

1 amended by inserting after the item relating to section

2 710 the following new item:

“Sec. 710A. Suicide prevention and resiliency for law enforcement.”.