118TH CONGRESS
*1st Session*
HOUSE OF REPRESENTATIVES
REPORT
118–237

# DHS SUICIDE PREVENTION AND RESILIENCY FOR LAW ENFORCEMENT ACT

OCTOBER 2, 2023.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. GREEN of Tennessee, from the Committee on Homeland Security, submitted the following

# R E P O R T

[To accompany H.R. 2577]

[Including cost estimate of the Congressional Budget Office]

The Committee on Homeland Security, to whom was referred the bill (H.R. 2577) to amend the Homeland Security Act of 2002 to establish the Law Enforcement Mental Health and Wellness Program, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all that follows after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "DHS Suicide Prevention and Resiliency for Law Enforcement Act".

**SEC. 2. 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, care-givers, 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 annual 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, service animals, and any other appropriate, data-driven resources that improve mental health;

"(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 or disciplinary action, including retaliation or 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.".

## PURPOSE AND SUMMARY

The purpose of H.R. 2577, the "DHS Suicide Prevention and Resiliency for Law Enforcement Act," is to amend the Homeland Security Act of 2002 (Pub. L. 107–296) to establish a mental health and wellness program for the Department of Homeland Security (DHS) law enforcement workforce. The program will provide mental health and wellness services to all DHS components with law enforcement officers or agents.

H.R. 2577 requires DHS to collect data and conduct research on mental health, suicides, and attempted suicides of DHS law enforcement personnel while ensuring privacy and confidentiality. Additionally, DHS must promote education and training related to law enforcement mental health, well-being, resilience, and suicide prevention; establish a Peer-to-Peer Support Program Advisory Council to examine DHS component peer support programs; ensure DHS components develop a program to provide suicide prevention and resiliency support and training for families of DHS law enforcement personnel and surviving families of DHS law enforcement personnel who have been lost to suicide; and take certain steps to develop a culture within DHS components that reduces the stigma of seeking mental health assistance through regular messaging and mental health training.

## BACKGROUND AND NEED FOR LEGISLATION

In 2007, U.S. Customs and Border Protection (CBP) began tracking the number of suicides within its law enforcement workforce. From 2007 to 2022, CBP lost 149 people to suicide—one of the highest rates among law enforcement agencies.[1] In 2022 alone, CBP reported 15 suicides among its law enforcement workforce, which is nearly double the number of suicides reported in 2020.[2]

In February 2020, the Government Accountability Office (GAO) published a review that focused on workforce issues specifically within the DHS Federal Air Marshal Service (FAMS).[3] The issues FAMS faced were centered on health issues, quality of life concerns, and stressful work schedules, which GAO found to be contributing factors to low morale and poor health among the FAMS workforce.[4] Additionally, in January 2021, GAO published a review of employee morale at DHS, which found that employee morale was below average when compared to the rest of the Federal Government.[5] GAO found that while DHS had taken some steps to improve employee morale, more could be done to support the DHS workforce, including for law enforcement officers and agents.[6] With a record number of DHS law enforcement personnel lost to suicide in recent years and employee morale troublingly low, DHS officers

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[1] Press Release, *Congressmen Gonzales, Cuellar Introduce Bipartisan Bill to Prevent CBP Suicides*, (Dec. 15, 2022), https://gonzales.house.gov/2022/12/congressmen-gonzales-cuellar-introduce-bipartisan-bill-prevent-cbp-suicides-0?src=link.

[2] Joe Davidson, *Lawmakers, union and DHS fight suicide jump in customs agency*, The Washington Post, (Mar. 3, 2023), https://www.washingtonpost.com/politics/2023/03/03/cbp-suicides-bennie-thompson-funding/.

[3] U.S. Gov't Accountability Office, GAO–20–125, Aviation Security: Federal Air Marshal Service Has Taken Steps to Address Workforce Issues, but Additional Actions Needed, (Feb. 12, 2020).

[4] *Id.*

[5] U.S. Gov't Accountability Office, GAO–21–204, DHS Employee Morale: Some Improvements Made, but Additional Actions Needed to Strengthen Employee Engagement, (Jan. 12, 2021).

[6] *Id.*

and agents need access to a mental health and wellness program in conjunction with their workplace health insurance program.

## HEARINGS

No hearings were specifically held on H.R. 2577. However, the Committee held the following hearing in the 118th Congress that informed the Committee on the challenges, stress, and potential trauma associated with the work of law enforcement personnel.

On Tuesday, May 16, 2023, the Subcommittee on Counterterrorism, Law Enforcement, and Intelligence and the Subcommittee on Emergency Management and Technology held a hearing entitled, "Protecting the Homeland: An Examination of Federal Efforts to Support State and Local Law Enforcement." The Subcommittee received testimony from Michael Gerke, Chief of Police, Odessa, Texas; Don Barnes, Sheriff, Orange County, California; Michael Cox, Commissioner, Boston, Massachusetts; and Rafael Mangual, Fellow, Manhattan Institute.

## COMMITTEE CONSIDERATION

The Committee met on Wednesday, July 12, 2023, a quorum being present, to consider H.R. 2577 and ordered the measure to be favorably reported to the House, as amended, by voice vote.

## COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the recorded votes on the motion to report legislation and amendments thereto.

No recorded votes were requested during consideration of H.R. 2577.

## COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII, the Committee advises that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X, are incorporated in the descriptive portions of this report.

## CONGRESSIONAL BUDGET OFFICE ESTIMATE, NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

With respect to the requirements of clause 3(c) of rule XIII and section 308(a) of the Congressional Budget Act of 1974, and with respect to the requirements of clause 3(c)(3) of rule XIII and section 402 of the Congressional Budget Act of 1974, the Committee adopts as its own the estimate of any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures contained in the cost estimate prepared by the Director of the Congressional Budget Office.

**H.R. 2577, DHS Suicide Prevention and Resiliency for Law Enforcement Act**
As ordered reported by the House Committee on Homeland Security on July 12, 2023

| By Fiscal Year, Millions of Dollars | 2023 | 2023-2028 | 2023-2033 |
|---|---|---|---|
| Direct Spending (Outlays) | 0 | 0 | 0 |
| Revenues | 0 | 0 | 0 |
| Increase or Decrease (-) in the Deficit | 0 | 0 | 0 |
| Spending Subject to Appropriation (Outlays) | 0 | 2 | not estimated |

| | | | |
|---|---|---|---|
| Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2034? | No | Statutory pay-as-you-go procedures apply? | No |
| | | **Mandate Effects** | |
| Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2034? | No | Contains intergovernmental mandate? | No |
| | | Contains private-sector mandate? | No |

H.R. 2577 would require the Department of Homeland Security (DHS) to create a mental health and wellness program for its law enforcement personnel. The program would help the agency to coordinate and oversee efforts to address mental health issues across DHS's component units, including providing outreach and training, conducting research, and sharing best practices across existing peer support programs. The bill also would require DHS to brief the Congress annually on the program's activities.

Based on information from DHS, CBO expects that the department carries out most of the activities required by the bill. CBO expects that DHS would need the equivalent of one or two employees each year to fully implement the bill's requirements. On that basis, CBO estimates that implementing H.R. 2577 would cost less than $500,000 each year and $2 million over the 2024–2028 period. Any spending would be subject to the availability of appropriated funds.

On June 27, 2023, CBO transmitted a cost estimate for S. 1137, the DHS Suicide Prevention and Resiliency for Law Enforcement Act, as ordered reported by the Senate Committee on Homeland Security and Governmental Affairs on May 17, 2023. The two bills are similar, and CBO's estimates of their budgetary effects are the same.

The CBO staff contact for this estimate is Jeremy Crimm. The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

PHILLIP L. SWAGEL,
*Director, Congressional Budget Office.*

## FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act of 1995.

## DUPLICATIVE FEDERAL PROGRAMS

Pursuant to clause 3(c) of rule XIII, the Committee finds that H.R. 2577 does not contain any provision that establishes or reauthorizes a program known to be duplicative of another Federal program.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the objective of H.R. 2577 is to establish a Mental Health and Wellness Program within the Department of Homeland Security to provide mental health and wellness services, guidance, and resources to DHS law enforcement officers and agents.

## CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with rule XXI, this bill, as reported, contains no congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

## ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act (5 U.S.C. § 1004) were created by this legislation.

## APPLICABILITY TO THE LEGISLATIVE BRANCH

The Committee finds that H.R. 2577 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1. Short title*

This section states that the Act may be cited as the "DHS Suicide Prevention and Resiliency for Law Enforcement Act".

*Section 2. DHS suicide prevention and resiliency for law enforcement*

Subsection (a) defines DHS components as U.S. Customs and Border Protection, U.S. Immigration and Customs Enforcement, the DHS Office of the Inspector General, the U.S. Secret Service, the Transportation Security Administration, and any other component with law enforcement officers or agents.

Subsection (b) establishes a Law Enforcement Mental Health and Wellness Program within the DHS Office of the Chief Medical Officer. This subsection further requires the DHS Secretary, working through the program, to establish and maintain mental health and wellness policies and procedures; conduct data collection and research on mental health, suicides, and attempted suicides of DHS law enforcement officers and agents; track trends and best practices from other government and non-governmental organizations; promote education and training related to mental health, resilience, suicide prevention, and stigma; establish a Peer-to-Peer Sup-

port Program Advisory Council to evaluate DHS component peer support programs; and for other purposes.

Subsection (c) requires the DHS Chief Medical Officer to coordinate with other DHS components by assigning one individual per component responsibilities for carrying out duties related to the Mental Health and Wellness Program.

Subsection (d) requires the head of each DHS component to prioritize and improve mental health programs to ensure law enforcement personnel have access to mental health, well-being, and suicide prevention services. Additionally, the head of each DHS component must take certain steps to promote a culture that reduces the stigma of seeking mental health resources; promote mental health counseling assistance; and ensure DHS component policies are not inadvertently deterring law enforcement officers and agents from seeking mental health resources or counseling.

Subsection (e) requires an evaluation to determine the effectiveness of the Law Enforcement Health and Wellness Program to be conducted by a workplace health and wellness coordinator, under the direction of the DHS Chief Medical Officer. This subsection further requires the coordinator to develop criteria to assess the effectiveness of the program and conduct annual confidential surveys of law enforcement officers and agents within DHS components to assist in the evaluation. The Chief Medical Officer is required to submit recommendations to DHS components based on the evaluation of programs and the results of the surveys. Lastly, this subsection requires each DHS component to report to the workplace health and wellness coordinator incidents of suicide involving law enforcement officers and agents and ensure confidentiality of any personally identifiable information collected.

Subsection (f) requires the DHS Chief Medical Officer to provide a briefing no later than 180 days after the date of enactment of this Act, and annually thereafter through fiscal year 2027, to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate regarding the implementation of this Act.

## CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

## HOMELAND SECURITY ACT OF 2002

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) SHORT TITLE.—This Act may be cited as the "Homeland Security Act of 2002".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

* * * * * * *

TITLE VII—MANAGEMENT

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

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# TITLE VII—MANAGEMENT

* * * * * * *

***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 men-*

*tal health resources to raise mental health awareness, and provide support to others, inclusive of the needs of supervisors, clinicians, care-givers, 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 annual 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, service animals, and any other appropriate, data-driven resources that improve mental health;*

*(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 or disciplinary action, including retaliation or 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 for-*

*ward 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.*

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