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(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. _____

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to promote mental wellness and resilience and heal mental health, behavioral health, and psychosocial problems through age and culturally appropriate community programs, and award grants for the purpose of establishing, operating, or expanding community-based mental wellness and resilience programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. TONKO introduced the following bill; which was referred to the Committee
on _____

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to promote mental wellness and resilience and heal mental health, behavioral health, and psychosocial problems through age and culturally appropriate community programs, and award grants for the purpose of establishing, operating, or expanding community-based mental wellness and resilience programs, 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 “Community Mental
5 Wellness and Resilience Act of 2022”.

6 **SEC. 2. GRANT PROGRAM FOR COMMUNITY MENTAL**
7 **WELLNESS AND RESILIENCE PROGRAMS.**

8 Title III of the Public Health Service Act is amended
9 by inserting after section 317U (42 U.S.C. 247b–23) the
10 following:

11 **“SEC. 317V. GRANT PROGRAM FOR COMMUNITY WELLNESS**
12 **AND RESILIENCE PROGRAMS.**

13 “(a) GRANTS.—

14 “(1) PROGRAM GRANTS.—

15 “(A) AWARDS.—The Secretary, acting
16 through the Director of the Centers for Disease
17 Control and Prevention, in coordination with
18 the Assistant Secretary for Mental Health and
19 Substance Use and the Administrator of the
20 Health Resources and Services Administration,
21 shall carry out a program of awarding grants to
22 eligible entities, on a competitive basis, for the
23 purpose of establishing, operating, or expanding
24 community mental wellness and resilience pro-
25 grams.

1 “(B) AMOUNT.—The amount of a grant
2 under subparagraph (A) shall not exceed
3 \$4,000,000.

4 “(2) PLANNING GRANTS.—

5 “(A) AWARDS.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, in coordination with
8 the Assistant Secretary for Mental Health and
9 Substance Use and the Administrator of the
10 Health Resources and Services Administration,
11 shall award grants to entities—

12 “(i) to organize a consortium that
13 meets the requirements of subsection (c);

14 “(ii) to perform assessments of need
15 with respect to community mental wellness
16 and resilience; and

17 “(iii) to prepare an application for a
18 grant under paragraph (1).

19 “(B) AMOUNT.—The amount of a grant
20 under subparagraph (A), with respect to any
21 consortium to be organized for applying for a
22 grant under paragraph (1), shall not exceed
23 \$15,000.

24 “(b) PROGRAM REQUIREMENTS.—A community men-
25 tal wellness and resilience program funded pursuant to a

1 grant under subsection (a)(1) shall take a public health
2 approach to mental health to strengthen the entire com-
3 munity’s psychological and emotional wellness and resil-
4 ience, including by—

5 “(1) collecting and analyzing information from
6 residents as well as quantitative data to identify—

7 “(A) protective factors that enhance and
8 sustain the community’s capacity for mental
9 wellness and resilience; and

10 “(B) risk factors that undermine such ca-
11 pacity;

12 “(2) strengthening such protective factors and
13 addressing such risk factors;

14 “(3) building awareness, skills, tools, and lead-
15 ership in the community to—

16 “(A) facilitate using a public health ap-
17 proach to mental health; and

18 “(B) heal mental health and psychosocial
19 problems among all adults and youth; and

20 “(4) developing, implementing, and continually
21 evaluating and improving a comprehensive strategic
22 plan for carrying out the activities described in para-
23 graphs (1), (2) and (3) that includes—

24 “(A) evidence-based or promising best
25 practices for—

1 “(i) enhancing local economic and en-
2 vironmental conditions, including with re-
3 spect to the built environment;

4 “(ii) becoming trauma-informed and
5 learning simple self-administrable mental
6 wellness and resilience skills;

7 “(iii) engaging in community activities
8 that strengthen mental wellness and resil-
9 ience;

10 “(iv) partaking in nonclinical group
11 and community-minded recovery and heal-
12 ing programs; and

13 “(v) other activities to promote men-
14 tal wellness and resilience and heal indi-
15 vidual and community traumas; and

16 “(B) age-appropriate and culturally appro-
17 priate methods to engage people in building so-
18 cial connections.

19 “(c) ELIGIBLE ENTITIES.—

20 “(1) IN GENERAL.—To be eligible to receive a
21 grant under subsection (a)(1), an applicant shall be
22 a consortium of entities including 1 or more rep-
23 resentatives from at least 7 of the categories listed
24 in paragraph (2).

1 “(2) CATEGORIES.—The categories listed in
2 this paragraph are the following:

3 “(A) Grassroots groups, neighborhood as-
4 sociations, and volunteer civic organizations.

5 “(B) Elementary and secondary schools,
6 institutions of higher education including com-
7 munity colleges, job-training programs, and
8 other education or training agencies or organi-
9 zations.

10 “(C) Youth after-school and summer pro-
11 grams.

12 “(D) Family and early childhood education
13 programs.

14 “(E) Faith and spirituality organizations.

15 “(F) Senior care organizations.

16 “(G) Climate change mitigation and adap-
17 tation, and environmental conservation, groups
18 and organizations.

19 “(H) Social and environmental justice
20 groups and organizations.

21 “(I) Disaster preparedness and response
22 groups and organizations.

23 “(J) Businesses and business associations.

1 “(K) Police, fire, and other agencies and
2 organizations involved with community safety,
3 security, and the justice system.

4 “(L) Social work, mental health, behavioral
5 health, substance use, physical health, and pub-
6 lic health professionals; public health agencies
7 and institutions; and mental health, behavioral
8 health, social work, and other professionals,
9 groups, organizations, agencies, and institutions
10 in the health and human services fields.

11 “(M) The general public, including individ-
12 uals who have experienced mental health or
13 psychosocial problems who can represent and
14 engage with populations relevant to the commu-
15 nity.

16 “(d) PRIORITY.—In awarding a grant under sub-
17 section (a)(1) or (a)(2), the Secretary shall give priority
18 to applicants proposing to carry out a community mental
19 wellness and resilience program that uses a public health
20 approach to mental health to develop, implement, and con-
21 tinually evaluate and improve age and culturally appro-
22 priate education, skills training, and other services that
23 use a strength-based approach to enhance the capacity for
24 mental wellness and resilience for all types of toxic

1 stresses and traumas among all adults and youth in the
2 community.

3 “(e) REPORT.—

4 “(1) SUBMISSION.—Not later than the end of
5 calendar year 2028, the Secretary shall submit a re-
6 port to the Congress on the results of the grants
7 under subsection (a)(1).

8 “(2) CONTENTS.—Such report shall include a
9 summary of the best practices used by grantees in
10 establishing, operating, or expanding community
11 mental wellness and resilience programs.

12 “(f) DEFINITIONS.—In this section:

13 “(1) The term ‘public health approach to men-
14 tal health’ refers to methods that—

15 “(A) take a population-level approach to
16 promote mental wellness and resilience to pre-
17 vent problems before they emerge and heal
18 them when they do appear, not merely treating
19 individuals one at a time after symptoms of pa-
20 thology appear; and

21 “(B) address mental health and psycho-
22 social problems by—

23 “(i) identifying and strengthening ex-
24 isting protective factors, and forming new
25 ones, that buffer people from and enhance

1 their capacity for psychological and emo-
2 tional resilience; and

3 “(ii) taking a holistic systems perspec-
4 tive that recognizes that most mental
5 health and psychosocial problems result
6 from numerous interrelated personal, fam-
7 ily, social, economic, and environmental
8 factors that require multipronged commu-
9 nity-based interventions.

10 “(2) The term ‘community’ means people,
11 groups, and organizations that reside in or work
12 within a specific geographic area, such as a city,
13 neighborhood, subdivision, urban, suburban, or rural
14 locale.

15 “(3) The term ‘community trauma’ means a
16 blow to the basic fabric of social life that damages
17 the bonds attaching people together, impairs their
18 prevailing sense of community, undermines their
19 fundamental sense of safety, justice, equity, and se-
20 curity, and heightens individual and collective fears
21 and feelings of vulnerability.

22 “(4) The term ‘protective factors’ means
23 strengths, skills, resources, and characteristics
24 that—

1 “(A) are associated with a lower likelihood
2 of negative outcomes of adversities; or

3 “(B) reduce the impact on people of toxic
4 stresses or a traumatic experience.

5 “(5) The term ‘mental wellness’ means a state
6 of well-being in which an individual can—

7 “(A) realize their own potential;

8 “(B) constructively cope with the stresses
9 of life;

10 “(C) work productively and fruitfully; and

11 “(D) make a contribution to their commu-
12 nity.

13 “(6) The term ‘psychosocial problem’ refers to
14 how an individual’s mental health or behavioral
15 health problem disturbs others such as children,
16 families, communities, or society.

17 “(7) The term ‘resilience’ means that people de-
18 velop cognitive, psychological, emotional capabilities
19 and social connections that enable them to calm
20 their body, mind, emotions, and behaviors during
21 toxic stresses or traumatic experiences in ways that
22 enable them to—

23 “(A) respond without negative con-
24 sequences for themselves or others; and

1 “(B) use the experiences as catalysts to de-
2 velop a constructive new sense of meaning, pur-
3 pose, and hope.

4 “(8) The term ‘toxic stress’ means exposure to
5 a persistent overwhelming traumatic and stressful
6 situations.

7 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section, there is authorized to be appro-
9 priated \$30,000,000 for the period of fiscal years 2024
10 through 2028.”.

**Organizational Endorsers of the
Tonko/Fitzpatrick Bi-Partisan Community Mental Wellness and Resilience Act**

National Organizations
International Transformational Resilience Coalition
National Association of State Mental Health Program Directors
American Psychiatric Association
American Psychological Association
National Alliance on Mental Illness (NAMI)
The National Association of Social Workers (NASW)
American Public Health Association
American Academy of Social Work and Social Welfare
National Council for Mental Wellbeing
Mental Health America
The Kennedy Forum
Health Care Without Harm
Climate Psychology Alliance North America
American Lung Association
The Trauma Resource Institute
Climate Psychiatry Alliance
International OCD Foundation
National Prevention Science Coalition to Improve Lives
Climate Mental Health Network
Anxiety and Depression Association of America
Children's Environmental Health Network
ecoAmerica
The Jed Foundation
National Association for Children's Behavioral Health
Climate Resilience Fund
The Alliance of Nurses for Healthy Environments
ABCD Therapy & Consulting LLC
Resiliency 2023
Campaign for Trauma-Informed Policy and Practice

Children's Home Society of America
GreenFaith
Yale Center on Climate Change and Health
Factor 10 Inc.
Post Carbon Institute
Physicians Against Red Meat
Prevention Institute
American Association on Health and Disability
Lakeshore Foundation
Start Early
Clinical Social Work Association
Good Grief Network
Multi-Level, Regional, State, and Local Organizations
SAF-TESO
Finger Lakes Community Schools
Rural Health Network of SCNY
Resilience Climbing
Oregon Metro
United Way of the Columbia Willamette
Vermont Climate & Health Alliance
Michigan Clinicians for Climate Action
NH Healthcare Workers for Climate Action
Physicians for Social Responsibility Maine
Able-Differently
Climate Health Now
Trauma Informed Oregon
Texas Physicians for Social Responsibility
New Jersey Education Association
Familias en Acción
New York State Association of County Health Officials (NYSACHO)
Insight Medical Group LLC
Dr. Jennifer Gordon, Ph.D., P.C.

Climate Action Net
Seneca County Community Schools
True Nature Counseling
Whatcom Family & Community Network
Root Down Psychotherapy
One Shared Spirit Recovery Community
Community Resilience Initiative
350 Eugene
Resilient Communities Utah
Oluremi's Longhouse
Columbia Resilience
The Summit Counseling Center
New Leaf Counseling, LLC
Pride Center of the Capital Region
Peace4Tarpon
Holistic Healing & Resilience
Glenn County Office of Education
Rural Opportunity Institute
Reaching Resiliency
Medley Meadows Musical Farm
Organic Intelligence
NEATLabs
The Resilient Activist
Thinkwell, LLC.
The Resiliency Initiative
Metta Foundation and Insight Dialogue Community
Aloka Vihara Forest Monastery
One Shared Spirit Recovery Community
Susanne Moser Research & Consulting & The Adaptive Mind Project
Neighborhood Resilience Project
SF Physicians for Social Responsibility
The Resilience Group
Collective Resilience

Trauma & Resilience Initiative Inc.
KL BRI
Sabater Laboratory for Psychological Innovations Inc.
Children's Mental Health Network
Beaver Hollow
Our Climate Education Fund
The Blueford Group
BasicNeeds US
UCLA Mindful Awareness Research Center
United Steelworkers Local Union 3657
18th Street Arts Center
Alliance for Positive Health
EcoInfluencer Academy
Visible Hands Collaborative
SabaterLAB Foundation

From: Bob Doppelt <bob@trig-cli.org>
Sent: Wednesday, October 19, 2022 11:23 AM
To: Bob Doppelt <bob@trig-cli.org>
Subject: News Release: Over 100 orgs. endorse bi-partisan Community Mental Wellness & Resilience Act!

To: Organizational Endorsers of the Community Mental Wellness and Resilience Act.

My apologies if you have already seen this.

Your organization endorsed the bi-partisan "Community Mental Wellness and Resilience Act" that was introduced yesterday in Congress by Reps. Paul Tonko and Brian Fitzpatrick. We thank you for endorsing the legislation and wanted you to see the ITRC media release sent out today about it. Please feel free to pass this on to your colleagues and partners.

Bob Doppelt
ITRC Coordinator



FOR IMMEDIATE RELEASE

October 19, 2022
Contact: Bob Doppelt
Coordinator at:
cli.org

ITRC
bob@trig-

Over 100 Organizations Endorse the Introduction of the Tonko/Fitzpatrick Bi-Partisan

“Community Mental Wellness and Resilience Act”

The International Transformational Resilience Coalition (ITRC)* and over 100 other national, regional, state, and local mental health, human services, education, faith, and other organizations today strongly endorsed the bi-partisan “Community Mental Wellness and Resilience Act” (CMWRA) introduced in Congress by Representatives Paul Tonko (D-NY) and Brian Fitzpatrick (R-PA).

The legislation has garnered support from Representative Kathy Castor (D-FL), who is an original cosponsor, as well as national organizations including the: *American Psychiatric*

Association, American Psychological Association, National Alliance on Mental Health, National Association of Social Workers, American Public Health Association, Mental Health America, National Association of State Mental Health Program Directors, Children's Environmental Health Network, the Anxiety and Depression Association of America, National Council for Mental Wellbeing, Alliance of Nurses for Healthy Environments, American Lung Association; Campaign for Trauma-Informed Policy and Practice, EcoAmerica, American Association on Health and Disability, The Kennedy Forum, Health Care Without Harm, and many others.

Many regional organizations such as *United Way of the Columbia Willamette in Oregon*, state groups like the *New York State Association of County Health Officials (NYSACHO)*, and numerous local organizations such as *Resilient Communities Utah*, the *Community Resilience Initiative in Walla Walla WA*, and *Neighborhood Resilience Project in Pittsburgh PA* also endorsed the legislation. [Click here for a complete list of the organizations that endorse the CMWRA](#)

Comment from Congressman Paul Tonko:

"In 2021 alone, more than 1 in 5 American adults experienced a diagnosed mental illness," Congressman Tonko said. "And with more than 40 percent of Americans living in a county impacted by a major natural disaster last year, it is increasingly clear that worsening severe weather patterns are contributing to this crisis. Natural disasters bring significant upheaval and real trauma to our communities, and it is time for Congress to take action to empower those communities to respond to this growing challenge. I'm proud to lead the way on this resilience building legislation that will help address our nation's mental health crisis through grants and partnerships with local, community-based initiatives. I'll continue to work to deliver science-based, evidence-informed solutions that benefit communities across our region and our nation."

Comment from Congressman Brian Fitzpatrick:

"In 2021, more than forty percent of Americans lived in a county that was impacted by a natural disaster," said Congressman Fitzpatrick. "As a result, the number of individuals who experienced a mental health problem often outweighed those with physical injuries. That is why I am proud to introduce this bipartisan legislation alongside my colleague, Representative Tonko, to expand our nation's mental health care services on a local level."

Comment from Bob Doppelt, Coordinator of the International Transformational Resilience Coalition (ITRC).

"The Community Mental Wellness and Resilience Act is an urgently needed new policy," said Bob Doppelt, Coordinator of the International Transformational Resilience Coalition (ITRC). "We sincerely thank Representatives Tonko and Fitzpatrick for seeing the need and taking the initiative to begin to expand the way our nation addresses mental health and psychosocial problems by introducing legislation that will support community-based initiatives that use a public health approach to build the capacity of all residents for mental wellness and resilience all types of adversities."

Comments from Other National Organizational Leaders

"The American Psychiatric Association strongly supports the Community Mental Wellness and Resilience Act and commends Representatives Tonko and Fitzpatrick for their leadership in introducing it. This forward-thinking proposal would authorize grants focused on strategies to

enhance the ability of communities to confront the mental health impacts of acute and long-term disruptions from natural disasters, as well as other public health impacts of climate change. APA strongly supports this effort to foster resilience and mental wellness in communities across the nation," said APA CEO and Medical Director Saul Levin, M.D., M.P.A.

"The National Association of Social Workers sends our sincerest thanks to Representatives Tonko and Fitzpatrick for introducing the Community Mental Wellness and Resilience Act," said Angelo McClain, PhD, LICSW, Chief Executive Officer, NASW. "Social workers are on the front line helping individuals and families that experience the accelerating stresses and traumas generated by climate change and other adversities. We know that building robust social connections and forming mutual support networks in neighborhoods and communities are key to preventing and healing the mental health problems that can result from these difficulties. For this reason the NASW strongly supports this legislation because it will fund community-based efforts to build psychological and emotional resilience."

"Mental health impacts need to be considered and amplified when having discussions regarding losses and damages associated with climate change," said Katie Huffling, Executive Director, Alliance of Nurses for Healthy Environments. "Nurses understand the importance of the proactive and holistic approach that is the foundation of the Community Mental Wellness and Resilience Act. The rapidly worsening climate crisis requires multidisciplinary solutions along with input from and consideration for communities most impacted- the elderly, low income communities, individuals with comorbidities."

"While there is increasing focus on building more resilient physical infrastructure, we've not paid nearly enough attention to the psychological consequences of the rising natural disasters and other adversities we face," said Dr. David Shern, Senior Associate, Department of Mental Health Bloomberg School of Public Health, Senior Public Health Advisor at National Association of State Mental Health Program Directors, and former President/CEO of Mental Health America. "It is critical that these population health issues be addressed systematically and quickly. Fortunately, we have tools to address this challenge, but need policies to implement them. The Community Mental Wellness and Resilience Act is one of the essential policies."

"The Community Mental Wellness and Resiliency Act is essential to create the infrastructure throughout the United States needed to prepare our citizens for the array of mental health challenges that follow climate events," said Elaine Miller-Karas, Co-Founder and Director of Innovation at the Trauma Resource Institute. "Our organization works in the U.S. and we have seen a systemic lack of preparedness to respond to the mental health challenges people face before, during, and after these devastating events. This policy is urgently needed to support coordinated community-based initiatives and should be embraced as a national priority."

"How do we build strong, resilient communities?" asks Becky Turner, Director of Community Engagement for the Community Resilience Initiative in Walla Walla, WA. "We follow the science, and we put our focus on weaving trauma-informed and resilience-based practices into the very fabric of our community. Data confirms that the use of resilience-based practices can help communities overcome adversity and related health outcomes. Following the COVID-19 pandemic, we have renewed urgency to pass the 'Community Mental Wellness and Resilience Act,' to ensure all communities have access to this life-saving and revelatory framework."

"America's current approach to disasters is too reactionary, providing support after a traumatic event," said Jesse Kohler, Executive Director of the Campaign for Trauma-Informed Policy and Practice (CTIPP). "This legislation will build community partnerships to help them prepare for

disasters. Strong communities heal faster and reduce the mental health consequences that can ripple through the community. We thank Representatives Tonko and Fitzpatrick for their leadership."

ITRC Coordinator Bob Doppelt concluded by stating, "Given the remarkable number of national, regional, state, and local organizations that endorsed the CMWRA, it is evident that people nationwide see the need to expand the way we address mental health issues to emphasize community-based initiatives that use a public health population-level approach to prevent and heal mental health and psychosocial problems."

* The International Transformational Resilience Coalition (ITRC) is a network of mental health, social services, disaster management, faith, environmental, social justice, education and other professions working to establish methods to prevent and heal the mental health and psychosocial problems generated by the climate emergency and other adversities. Website: <http://www.theresourceinnovationgroup.org/>

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Overview of the "Community Mental Wellness and Resilience Act"

[Click here to read the Community Mental Wellness and Resilience Act](#)

This urgently needed new policy will, for the first time, authorize the Centers for Disease Control and Prevention (CDC) to fund and support community-based initiatives nationwide that use a public health approach to enhance their entire population's capacity for mental wellness and resilience to prevent and heal climate change-generated and other mental health and psychosocial problems.

This is needed because mental health problems are at epidemic levels today. Even before the COVID-19 pandemic mental health problems were rising nationwide. According to Mental Health America, last year almost 20 percent of adults, or nearly 50 million Americans, experienced a diagnosed mental illness and 5 percent had a severe mental illness. About 8 percent had a substance use disorder, 10 percent experienced an alcohol disorder, and over 11 million adults reported serious thoughts of suicide. In addition, a 2022 CDC survey found that overall, 37 percent of students at public and private high schools reported poor mental health, including stress, anxiety, and depression. A poll by the American Psychiatric Association last year found that 53 percent of adults with children under 18 said they are concerned about the mental state of their children.

The historic storms, floods, wildfires, heatwaves, droughts, and other disasters generated by the accelerating climate emergency are aggravating these problems and creating new ones. In 2021 more than 40 percent of Americans lived in a county that was impacted by a major natural disaster. Disasters can traumatize 20-40 percent of those who are directly impacted, 10-20 percent of disaster response workers, and 5-10 percent of the general population who are not directly affected but know someone who is or view the events from afar. Consequently, the number of people who experience a mental health problem as a result of a disaster often outweigh those with physical injuries by 40 to 1.

Community traumas are also increasing. This means an overwhelmingly stressful event or series

of events, such as wildfires, floods, or mass shootings that traumatize most people residing in a specific neighborhood, town, or city.

Our mental health, human services, and disaster mental health systems cannot assist all of the people who experience mental health problems today, and this gap will only grow over time. In addition, many people will not engage in treatment due to high costs, fears of being stigmatized, injustices embedded in the mental health system, and other reasons.

To reduce today's epidemic of mental health problems, and prevent future ones, the Community Mental Wellness and Resilience Act will:

- Authorize CDC to establish a grant program to expand existing community-based initiatives and form new ones that use a public health approach to enhance population-level capacity to prevent and heal mental health problems generated by persistent disasters and toxic stresses.
- Appropriate \$30,000,000 for fiscal years 2023 through 2027 to fund small planning grants of up to \$15,000 to help community initiatives get organized, and larger program grants of up to \$4 million to support and help expand existing community wellness and resilience initiatives.
- The community-based initiatives funded by this program will involve a wide and diverse network of grass-roots and neighborhood leaders, and non-profit, private, and public organizations.
- The community initiatives will develop their own age and culturally appropriate strategies to engage all adults and youth in enhancing and sustaining mental wellness and resilience, with high-risk individuals and those with symptoms of pathology given special attention as part of the larger community effort.
- The strategies will use evidence-based, evidence-informed, promising, and/or indigenous practices to engage residents in strengthening existing protective factors, and forming additional ones, to help all adults and youth push back against traumatic stressors, maintain mental wellness, and rapidly recover when they are impacted by toxic stresses or disasters.
- Individualized mental health treatment will support the community-based wellness and resilience building activities and assist people who still cannot function, or are at risk of harming themselves or others.

In sum, the Community Mental Wellness and Resilience Act provides a much needed expansion of our nation's approach to preventing and healing mental health problems by supporting community-based initiatives.

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Bob Doppelt
Coordinator
International Transformational Resilience Coalition (ITRC)

My new book *Preventing and Healing Climate Traumas: A Guide for Building Resilience and Hope in Communities* will be available in early 2023 (released by Taylor and Francis/Routledge Publishing)

My book *Transformational Resilience: How Building Human Resilience for Climate Disruption Can Safeguard Society and Increase Wellbeing*, as well as my other books are available at many bookstores, online booksellers, and by going to the Taylor and Francis/Routledge Publishing website.

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Eugene, Oregon 97405
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Website: www.theresourceinnovationgroup.org

From: Bob Doppelt <bob@trig-cli.org>
Sent: Wednesday, October 12, 2022 1:50 PM
To: clarkeross10@comcast.net
Subject: Re: Would AAHD endorse the Community Mental Wellness & Resilience Act?

Clarke--Thank you very much! Bob

On Wed, Oct 12, 2022 at 8:21 AM <clarkeross10@comcast.net> wrote:

Hi Bob: I successfully completed the Goggle sign-on portal for list of supporters:

American Association on Health and Disability

And

Lakeshore Foundation

Thank you for your work and outreach.

Sincerely,

Clarke

E. Clarke Ross, D.P.A.

AAHD Public Policy Director

Lakeshore Fd Washington Representative

American Association on Health and Disability (AAHD) (www.aahd.us)

Lakeshore Foundation (www.lakeshore.org)

From: Bob Doppelt <bob@trig-cli.org>

Sent: Wednesday, October 12, 2022 8:44 AM

To: clarkeross10@comcast.net

Subject: Would AAHD endorse the Community Mental Wellness & Resilience Act?