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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

# H. R.

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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 prevent and heal mental health, behavioral health, and psychosocial conditions through developmentally 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.

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## IN THE HOUSE OF REPRESENTATIVES

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

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# 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 prevent and heal mental health, behavioral health, and psychosocial conditions through developmentally 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 2023”.

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 317V, as added by section 2201  
10 of the PREVENT Pandemics Act (Public Law–117–328)  
11 the following:

12 **“SEC. 317W. GRANT PROGRAM FOR COMMUNITY MENTAL**  
13 **WELLNESS AND RESILIENCE PROGRAMS.**

14 “(a) GRANTS.—

15 “(1) PLANNING GRANTS.—

16 “(A) AWARDS.—The Secretary, acting  
17 through the Director of the Centers for Disease  
18 Control and Prevention (in this section referred  
19 to as the ‘Secretary’), in consultation with the  
20 Assistant Secretary for Mental Health and Sub-  
21 stance Use and the Administrator of the Health  
22 Resources and Services Administration, shall  
23 award grants to eligible organizations—

24 “(i) to organize a resilience coordi-  
25 nating network;

1 “(ii) to perform assessments of need  
2 with respect to community mental wellness  
3 and resilience; and

4 “(iii) to prepare an application for a  
5 grant under paragraph (2).

6 “(B) AMOUNT.—The amount of a grant  
7 under subparagraph (A), with respect to any el-  
8 igible organization seeking such a grant shall  
9 not exceed \$250,000.

10 “(C) ELIGIBLE ORGANIZATION DE-  
11 FINED.—In this paragraph, the term ‘eligible  
12 organization’ means an organization that—

13 “(i) is a nonprofit or community-  
14 based entity eligible to be a part of the re-  
15 siliience coordinating network (as defined in  
16 subsection (c)); and

17 “(ii) has documented support from at  
18 least 3 other such entities.

19 “(2) PROGRAM GRANTS.—

20 “(A) AWARDS.—The Secretary, acting  
21 through the Director of the Centers for Disease  
22 Control and Prevention, in consultation with  
23 the Assistant Secretary for Mental Health and  
24 Substance Use and the Administrator of the  
25 Health Resources and Services Administration,

1 shall carry out a program of awarding grants to  
2 resilience coordinating networks, on a competi-  
3 tive basis, for the purpose of establishing, oper-  
4 ating, or expanding community mental wellness  
5 and resilience programs.

6 “(B) AMOUNT.—The amount of a grant  
7 under subparagraph (A) shall not exceed  
8 \$500,000 each year over a period not to exceed  
9 four years.

10 “(C) RURAL SET ASIDE.—

11 “(i) IN GENERAL.—Of the funds ap-  
12 propriated to carry out this section for a  
13 fiscal year, 20 percent of such funds shall  
14 be reserved to award grants to community  
15 mental wellness and resilience programs in  
16 rural areas.

17 “(ii) RURAL AREA DESCRIBED.—For  
18 purposes of clause (i), a rural area is a re-  
19 gion outside of an urban or suburban area.

20 “(iii) INCLUSION.—For purposes of  
21 clause (ii), a rural area may include indi-  
22 viduals and organizations from multiple  
23 towns in the county or region involved.

24 “(b) PROGRAM REQUIREMENTS.—A program carried  
25 out using funds awarded under subsection (a)(2) shall

1 take a public health approach to mental health prevention  
2 and promotion, using the best available evidence, to  
3 strengthen the entire community’s psychological and emo-  
4 tional wellness and resilience, including by—

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

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

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

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

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

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

19 “(B) detect, prevent, and heal mental  
20 health, behavioral health, and psychosocial con-  
21 ditions among all adults and youth; and

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

1 opmentally, linguistically, and culturally appropriate  
2 evidence-based, evidence-informed, promising-best,  
3 or indigenous practices for—

4 “(A) engaging residents in building social  
5 connections, including across cultural, geo-  
6 graphic, and economic boundaries;

7 “(B) enhancing local economic, social, and  
8 environmental conditions, including with respect  
9 to the built environment;

10 “(C) becoming trauma-informed and learn-  
11 ing simple self-administrable mental wellness  
12 and resilience skills;

13 “(D) engaging in community activities that  
14 strengthen mental wellness and resilience;

15 “(E) partaking in nonclinical group and  
16 community-minded prevention and recovery pro-  
17 grams; and

18 “(F) other activities to promote mental  
19 wellness and resilience and prevent or heal indi-  
20 vidual and community traumas.

21 “(c) RESILIENCE COORDINATING NETWORK.—

22 “(1) IN GENERAL.—In this section, the term  
23 ‘resilience coordinating network’ means a network  
24 that is composed of 1 or more representatives from  
25 at least 5 of the categories listed in paragraph (2).

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

3           “(A) Grassroots groups, community-based  
4 organizations, neighborhood associations, and  
5 volunteer civic organizations.

6           “(B) Elementary and secondary schools,  
7 high-needs schools, institutions of higher edu-  
8 cation, including community colleges, job-train-  
9 ing programs, and other education or training  
10 agencies or organizations.

11           “(C) Youth serving organizations, such as  
12 youth after-school and summer programs.

13           “(D) Parental, family, and early childhood  
14 education programs.

15           “(E) Faith and spirituality organizations.

16           “(F) Senior care organizations.

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

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

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

24           “(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, public  
6 health, and other professionals, groups, organi-  
7 zations, agencies, and institutions in the human  
8 health and social services fields.

9           “(M) The general public, including individ-  
10 uals who have experienced adverse mental  
11 health or behavioral health conditions who can  
12 represent and engage with populations relevant  
13 to the community.

14       “(d) TECHNICAL ASSISTANCE.—The Secretary shall  
15 provide, directly or through grants to, or contracts with  
16 public or private entities, to eligible organizations and re-  
17 silience coordinating networks technical assistance—

18           “(1) in developing applications for grants under  
19 paragraph (1) or (2) of subsection (a); and

20           “(2) by sharing best practices learned from re-  
21 silience coordinating networks.

22       “(e) REPORT.—

23           “(1) SUBMISSION.—Not later than December  
24 31, 2028, the Secretary shall submit a report to the



1 Congress on the results of the grants under sub-  
2 section (a)(1).

3 “(2) CONTENTS.—Such report shall include a  
4 summary of the best practices used by grantees in  
5 establishing, operating, or expanding community  
6 mental wellness and resilience programs, and the  
7 outputs and outcomes achieved.

8 “(f) DEFINITIONS.—In this section:

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

11 “(A) take a population-level approach to  
12 promote mental wellness and resilience to pre-  
13 vent problems before they emerge, intervene be-  
14 fore they become more severe, and heal them  
15 when they do appear, not merely treating indi-  
16 viduals one at a time after symptoms of pathol-  
17 ogy appear; and

18 “(B) address mental health and psycho-  
19 social problems by—

20 “(i) identifying and strengthening ex-  
21 isting protective factors, and forming new  
22 ones, that buffer people from and enhance  
23 their capacity for psychological, emotional,  
24 and behavioral wellness and resilience for  
25 adversities;

1           “(ii) taking a holistic systems perspec-  
2           tive that recognizes that most mental  
3           health, behavioral health, and psychosocial  
4           conditions result from numerous inter-  
5           related personal, family, social, economic,  
6           and environmental factors that require  
7           multipronged community-based interven-  
8           tions; and

9           “(iii) using the best available evidence  
10          to take action and implement strategies  
11          that support mental health prevention and  
12          recovery efforts.

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

18          “(3) The term ‘community trauma’ means a  
19          traumatic event or events that are shared by a com-  
20          munity and that have lasting adverse effects on the  
21          health and well-being of the community.

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 experiences posi-  
7           tive emotional functioning, pursues self-defined  
8           goals, establishes and maintains meaningful relation-  
9           ships, and feels a sense of meaning and purpose. At  
10          the individual level, well-being is based on funda-  
11          mental social, cognitive, and emotional skills that  
12          help individuals react, cope, and adapt in healthy  
13          ways to stress, uncertainty, adversity, trauma, and  
14          change. At the community level, well-being is influ-  
15          enced by the social, economic, educational, and envi-  
16          ronmental factors and conditions that either enhance  
17          or diminish well-being within the community.

18          “(6) The term ‘psychosocial problem’ refers to  
19          social and environmental structures and processes  
20          that adversely effect and influence an individual’s  
21          mental state.

22          “(7) The term ‘resilience’ means that people de-  
23          velop cognitive, psychological, emotional capabilities  
24          and social connections that enable them to calm  
25          their body, mind, emotions, and behaviors during

1 toxic stresses or traumatic experiences in ways that  
2 enable them to—

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

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

8 “(8) The term ‘toxic stress’ means exposure to  
9 prolonged, severe, and stressful situations with no  
10 period of recovery or support.

11 “(g) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—To carry out this section,  
13 there is authorized to be appropriated \$36,000,000  
14 for the period of fiscal years 2024 through 2028.

15 “(2) LIMITATION.—Of the amount made avail-  
16 able to carry out this section for a fiscal year, not  
17 more than 5 percent of such funds may be used to  
18 carry out subsection (d).”.