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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To amend the Public Health Service Act to direct the Secretary of Health and Human Services 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.

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 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 2025”.

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 (42 U.S.C. 247b–24) the
10 following:

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

13 “(a) GRANTS.—

14 “(1) PLANNING GRANTS.—

15 “(A) AWARDS.—The Secretary shall award
16 grants to eligible organizations—

17 “(i) to organize a mental wellness and
18 resilience coordinating network;

19 “(ii) to perform assessments of need
20 with respect to community mental wellness
21 and resilience; and

22 “(iii) to prepare an application for a
23 grant under paragraph (2).

24 “(B) AMOUNT.—The amount of a grant
25 under subparagraph (A), with respect to any el-

1 eligible organization seeking such a grant shall
2 not exceed \$250,000.

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

6 “(i) is a nonprofit or community-
7 based entity eligible to be a part of the re-
8 silience coordinating network (as defined in
9 subsection (c)); and

10 “(ii) has documented support from at
11 least 3 other such entities.

12 “(2) PROGRAM GRANTS.—

13 “(A) AWARDS.—The Secretary shall carry
14 out a program of awarding grants to mental
15 wellness and resilience coordinating networks,
16 on a competitive basis, for the purpose of estab-
17 lishing, operating, or expanding community
18 mental wellness and resilience programs.

19 “(B) AMOUNT.—The amount of a grant
20 under subparagraph (A) shall not exceed
21 \$500,000 each year over a period not to exceed
22 four years.

23 “(C) RURAL SET ASIDE.—

24 “(i) IN GENERAL.—Of the funds ap-
25 propriated to carry out this section for a

1 fiscal year, 20 percent of such funds shall
2 be reserved to award grants to community
3 mental wellness and resilience programs in
4 rural areas.

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

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

12 “(b) PROGRAM REQUIREMENTS.—A program carried
13 out using funds awarded under subsection (a)(2) shall
14 take a public health approach to mental health prevention
15 and promotion, using the best available evidence, to
16 strengthen the entire community’s psychological and emo-
17 tional wellness and resilience, including by—

18 “(1) collecting and analyzing information from
19 residents of the community as well as quantitative
20 data to identify—

21 “(A) protective factors that enhance and
22 sustain the community’s capacity for mental
23 wellness and resilience; and

24 “(B) risk factors that undermine such ca-
25 pacity;

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

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

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

7 “(B) detect, prevent, and heal mental
8 health, behavioral health, and psychosocial con-
9 ditions among all adults and youth; and

10 “(4) developing, implementing, and continually
11 evaluating and improving a comprehensive strategic
12 plan for carrying out the activities described in para-
13 graphs (1), (2) and (3) that includes utilizing devel-
14 opmentally, linguistically, and culturally appropriate
15 evidence-based, evidence-informed, promising-best,
16 or indigenous practices for—

17 “(A) engaging residents in building social
18 connections, including across cultural, geo-
19 graphic, and economic boundaries;

20 “(B) enhancing local economic, social, and
21 environmental conditions, including with respect
22 to the built environment;

23 “(C) becoming trauma-informed and learn-
24 ing simple self-administrable mental wellness
25 and resilience skills;

1 “(D) engaging in community activities that
2 strengthen mental wellness and resilience;

3 “(E) partaking in nonclinical group and
4 community-minded prevention and recovery pro-
5 grams; and

6 “(F) other activities to promote mental
7 wellness and resilience and prevent or heal indi-
8 vidual and community traumas.

9 “(c) RESILIENCE COORDINATING NETWORK.—

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

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

16 “(A) Grassroots groups, community-based
17 organizations, neighborhood associations, and
18 volunteer civic organizations.

19 “(B) Elementary and secondary schools,
20 high-needs schools, institutions of higher edu-
21 cation, including community colleges, job-train-
22 ing programs, and other education or training
23 agencies or organizations.

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

1 “(D) Parental, family, and early childhood
2 education programs.

3 “(E) Faith and spirituality organizations.

4 “(F) Senior care organizations.

5 “(G) Climate change mitigation and adap-
6 tation, and environmental conservation, groups
7 and organizations.

8 “(H) Social and environmental justice
9 groups and organizations.

10 “(I) Disaster preparedness and emergency
11 response groups and organizations.

12 “(J) Businesses and business associations.

13 “(K) Police, fire, and other agencies and
14 organizations involved with community safety,
15 security, and the justice system.

16 “(L) Social work, mental health, behavioral
17 health, substance use, physical health, public
18 health, and other professionals, groups, organi-
19 zations, agencies, and institutions in the human
20 health and social services fields.

21 “(M) The general public, including individ-
22 uals who have experienced adverse mental
23 health or behavioral health conditions who can
24 represent and engage with populations and sec-
25 tors relevant to the community.

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

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

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

9 “(e) REPORT.—

10 “(1) SUBMISSION.—Not later than December
11 31, 2030, the Secretary shall submit a report to the
12 Congress on the results of the grants under sub-
13 section (a)(1).

14 “(2) CONTENTS.—Such report shall include a
15 summary of the best practices used by grantees in
16 establishing, operating, or expanding community
17 mental wellness and resilience programs, and the
18 outputs and outcomes achieved.

19 “(f) DEFINITIONS.—In this section:

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

22 “(A) take a population-level approach to
23 promote mental wellness and resilience to pre-
24 vent problems before they emerge, intervene be-
25 fore they become more severe, and heal them

1 when they do appear, not merely treating indi-
2 viduals one at a time after symptoms of pathol-
3 ogy appear; and

4 “(B) address mental health and psycho-
5 social problems by—

6 “(i) identifying and strengthening ex-
7 isting protective factors, and forming new
8 ones, that buffer people from and enhance
9 their capacity for psychological, emotional,
10 and behavioral wellness and resilience for
11 adversities;

12 “(ii) taking a holistic systems perspec-
13 tive that recognizes that most mental
14 health, behavioral health, and psychosocial
15 conditions result from numerous inter-
16 related personal, family, social, economic,
17 and environmental factors that require
18 multipronged community-based interven-
19 tions; and

20 “(iii) using the best available evidence
21 to take action and implement strategies
22 that support mental health prevention and
23 recovery efforts.

24 “(2) The term ‘community’ means people,
25 groups, and organizations that reside in or work

1 within a specific geographic area, such as a city,
2 neighborhood, subdivision, or urban, suburban, or
3 rural locale.

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

8 “(4) The term ‘protective factors’ means
9 strengths, skills, resources, and characteristics
10 that—

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

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

15 “(5) The term ‘mental wellness’ means a state
16 of well-being in which an individual experiences posi-
17 tive emotional functioning, pursues self-defined
18 goals, establishes and maintains meaningful relation-
19 ships, and feels a sense of meaning and purpose. At
20 the individual level, well-being is based on funda-
21 mental family, social, cognitive, and emotional skills
22 and supports that help individuals react, cope, and
23 adapt in healthy ways to stress, uncertainty, adver-
24 sity, trauma, and change. At the community level,
25 well-being is influenced by the social, economic, edu-

1 cational, and environmental factors and conditions
2 that either enhance or diminish well-being within the
3 community.

4 “(6) The term ‘psychosocial problem’ refers to
5 social and environmental structures and processes
6 that adversely effect and influence an individual’s
7 mental state or community health.

8 “(7) The term ‘resilience’ means that people de-
9 velop cognitive, psychological, emotional, and behav-
10 ioral capabilities and social connections that enable
11 them to calm their body, mind, emotions, and behav-
12 iors during toxic stresses or traumatic experiences in
13 ways that enable them to—

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

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

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

22 “(g) AUTHORIZATION OF APPROPRIATIONS.—

23 “(1) IN GENERAL.—To carry out this section,
24 there is authorized to be appropriated \$36,000,000
25 for the period of fiscal years 2025 through 2029.

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