

119TH CONGRESS
1ST SESSION

H. R. 4744

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

JULY 23, 2025

Mr. TONKO (for himself, Mr. FITZPATRICK, Mr. BACON, and Ms. CASTOR of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Community Mental
3 Wellness and Resilience Act of 2025”.

4 **SEC. 2. GRANT PROGRAM FOR COMMUNITY MENTAL**
5 **WELLNESS AND RESILIENCE PROGRAMS.**

6 Title III of the Public Health Service Act is amended
7 by inserting after section 317V (42 U.S.C. 247b–24) the
8 following:

9 **“SEC. 317W. GRANT PROGRAM FOR COMMUNITY MENTAL**
10 **WELLNESS AND RESILIENCE PROGRAMS.**

11 “(a) GRANTS.—

12 “(1) PLANNING GRANTS.—

13 “(A) AWARDS.—The Secretary shall award
14 grants to eligible organizations—

15 “(i) to organize a mental wellness and
16 resilience coordinating network;

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

20 “(iii) to prepare an application for a
21 grant under paragraph (2).

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

“(C) ELIGIBLE ORGANIZATION DEFINED.—In this paragraph, the term ‘eligible organization’ means an organization that—

“(i) is a nonprofit or community-based entity eligible to be a part of the resilience coordinating network (as defined in subsection (c)); and

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

“(2) PROGRAM GRANTS.—

“(A) AWARDS.—The Secretary shall carry out a program of awarding grants to mental wellness and resilience coordinating networks, on a competitive basis, for the purpose of establishing, operating, or expanding community mental wellness and resilience programs.

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

“(C) RURAL SET ASIDE.—

“(i) IN GENERAL.—Of the funds appropriated to carry out this section for a fiscal year, 20 percent of such funds shall be reserved to award grants to community

1 mental wellness and resilience programs in
2 rural areas.

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

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

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

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

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

22 “(B) risk factors that undermine such ca-
23 pacity;

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

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

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

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

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

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

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

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

24 “(D) engaging in community activities that
25 strengthen mental wellness and resilience;

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

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

7 “(c) RESILIENCE COORDINATING NETWORK.—

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

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

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

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

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

24 “(D) Parental, family, and early childhood
25 education programs.

1 “(E) Faith and spirituality organizations.

2 “(F) Senior care organizations.

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

6 “(H) Social and environmental justice
7 groups and organizations.

8 “(I) Disaster preparedness and emergency
9 response groups and organizations.

10 “(J) Businesses and business associations.

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

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

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

24 “(d) TECHNICAL ASSISTANCE.—The Secretary shall
25 provide, directly or through grants to, or contracts with

1 public or private entities, to eligible organizations and re-
 2 silience coordinating networks technical assistance—

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

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

7 “(e) REPORT.—

8 “(1) SUBMISSION.—Not later than December
 9 31, 2030, the Secretary shall submit a report to the
 10 Congress on the results of the grants under sub-
 11 section (a)(1).

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

17 “(f) DEFINITIONS.—In this section:

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

20 “(A) take a population-level approach to
 21 promote mental wellness and resilience to pre-
 22 vent problems before they emerge, intervene be-
 23 fore they become more severe, and heal them
 24 when they do appear, not merely treating indi-

1 viduals one at a time after symptoms of pathol-
2 ogy appear; and

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

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

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

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

23 “(2) The term ‘community’ means people,
24 groups, and organizations that reside in or work
25 within a specific geographic area, such as a city,

1 neighborhood, subdivision, or urban, suburban, or
2 rural locale.

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

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

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

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

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

1 that either enhance or diminish well-being within the
2 community.

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

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

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

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

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

21 “(g) AUTHORIZATION OF APPROPRIATIONS.—

22 “(1) IN GENERAL.—To carry out this section,
23 there is authorized to be appropriated \$36,000,000
24 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).”.

○