

119TH CONGRESS
1ST SESSION

S. 2445

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 SENATE OF THE UNITED STATES

JULY 24, 2025

Mr. MARKEY (for himself, Mr. BLUMENTHAL, and Mr. MERKLEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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 PROGRAMS FOR COMMUNITY MENTAL**
5 **WELLNESS AND RESILIENCE.**

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 PROGRAMS FOR COMMUNITY MENTAL**
10 **WELLNESS AND RESILIENCE.**

11 “(a) GRANTS.—

12 “(1) PLANNING GRANTS.—

13 “(A) AWARDS.—The Secretary, in con-
14 sultation with the Assistant Secretary for Men-
15 tal Health and Substance Use and the Adminis-
16 trator of the Health Resources and Services Ad-
17 ministration, shall award grants to eligible or-
18 ganizations—

19 “(i) to organize a mental wellness and
20 resilience coordinating network;

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

24 “(iii) to prepare an application for a
25 grant under paragraph (2).

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

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

8 “(i) is a nonprofit or community-
9 based entity eligible to be a part of the re-
10 silience coordinating network under sub-
11 section (c); and

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

14 “(2) PROGRAM GRANTS.—

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

21 “(B) AMOUNT.—The amount of a grant
22 under subparagraph (A) shall not exceed
23 \$500,000 each year over a period not to exceed
24 4 years.

25 “(C) RURAL SET ASIDE.—

1 “(i) IN GENERAL.—Of the funds ap-
2 propriated to carry out this section for a
3 fiscal year, 20 percent of such funds shall
4 be reserved to award grants to community
5 mental wellness and resilience programs in
6 rural areas.

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

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

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

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

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

1 “(B) risk factors that undermine such ca-
2 pacity;

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

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

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

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

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

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

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

1 “(C) becoming trauma-informed and learn-
2 ing simple self-administrable mental wellness
3 and resilience skills;

4 “(D) engaging in community activities that
5 strengthen mental wellness and resilience;

6 “(E) partaking in nonclinical group and
7 community-minded prevention and recovery pro-
8 grams; and

9 “(F) other activities to promote mental
10 wellness and resilience and prevent or heal indi-
11 vidual and community traumas.

12 “(c) RESILIENCE COORDINATING NETWORK.—

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

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

19 “(A) Grassroots groups, community-based
20 organizations, neighborhood associations, and
21 volunteer civic organizations.

22 “(B) Elementary and secondary schools,
23 high-needs schools, institutions of higher edu-
24 cation, including community colleges, job-train-

1 ing programs, and other education or training
2 agencies or organizations.

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

5 “(D) Parental, family, and early childhood
6 education programs.

7 “(E) Faith and spirituality organizations.

8 “(F) Senior care organizations.

9 “(G) Climate change mitigation and adap-
10 tation, and environmental conservation, groups
11 and organizations.

12 “(H) Social and environmental justice
13 groups and organizations.

14 “(I) Disaster preparedness and emergency
15 response groups and organizations.

16 “(J) Businesses and business associations.

17 “(K) Organizations involved with commu-
18 nity safety, security, and the justice system.

19 “(L) Social work, mental health, behavioral
20 health, substance use, physical health, public
21 health, and other professional groups, organiza-
22 tions, agencies, and institutions in the human
23 health and social services fields.

24 “(M) The general public, including individ-
25 uals who have experienced adverse mental

1 health or behavioral health conditions who can
2 represent and engage with populations and sec-
3 tors relevant to the community.

4 “(d) TECHNICAL ASSISTANCE.—The Secretary shall
5 provide to eligible organizations and resilience coordi-
6 nating networks, directly or through grants or contracts
7 awarded to public or private entities, technical assistance
8 for purposes of—

9 “(1) developing applications for grants under
10 paragraph (1) or (2) of subsection (a); and

11 “(2) sharing best practices learned from resil-
12 ience coordinating networks.

13 “(e) REPORT.—

14 “(1) SUBMISSION.—Not later than December
15 31, 2030, the Secretary shall submit a report to
16 Congress on the results of the grants under sub-
17 section (a)(1).

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

23 “(f) DEFINITIONS.—In this section:

24 “(1) The term ‘public health approach to men-
25 tal health’ means methods that—

1 “(A) take a population-level approach to
2 promote mental wellness and resilience to pre-
3 vent problems before they emerge, intervene be-
4 fore they become more severe, and heal them
5 when they do appear, not merely treating indi-
6 viduals one at a time after symptoms of pathol-
7 ogy appear; and

8 “(B) address mental health and psycho-
9 social problems by—

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

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

24 “(iii) using the best available evidence
25 to take action and implement strategies

1 that support mental health prevention and
2 recovery efforts.

3 “(2) The term ‘community’ means people,
4 groups, and organizations that reside in or work
5 within a specific geographic area, such as a city,
6 neighborhood, subdivision, or urban, suburban, or
7 rural locale.

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

12 “(4) The term ‘protective factors’ means
13 strengths, skills, resources, and characteristics
14 that—

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

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

19 “(5) The term ‘mental wellness’ means a state
20 of well-being in which an individual experiences posi-
21 tive emotional functioning, pursues self-defined
22 goals, establishes and maintains meaningful relation-
23 ships, and feels a sense of meaning and purpose. At
24 the individual level, well-being is based on funda-
25 mental family, social, cognitive, and emotional skills

1 and supports that help individuals react, cope, and
2 adapt in healthy ways to stress, uncertainty, adver-
3 sity, trauma, and change. At the community level,
4 well-being is influenced by the social, economic, edu-
5 cational, and environmental factors and conditions
6 that either enhance or diminish well-being within the
7 community.

8 “(6) The term ‘psychosocial problem’ means so-
9 cial and environmental structures and processes that
10 adversely effect and influence an individual’s mental
11 state or community health.

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

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

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

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

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—

2 “(1) IN GENERAL.—To carry out this section,
3 there is authorized to be appropriated \$36,000,000
4 for the period of fiscal years 2026 through 2030.

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

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