

# **"THE RESILIENCE FOR ALL ACT"**

## **A Model Bill for Adaptation and Use by any National/Federal, State/Provincial, and County/City/Community Government**

To Enhance and Sustain the Entire Populations Capacity for Mental Wellness and Resilience for Climate Change and Other Emergencies and Toxic Stresses

### SECTION 1 - SHORT TITLE

This policy shall be cited as the "Resilience for All Act" also known as the "RFA Act."

### SECTION 2. STATEMENT OF FINDINGS

The \_\_\_\_\_ (name of national/state/provincial/city government) finds the following:

- Mental health and psychosocial problems are a significant and rising problem in \_\_\_\_\_ (name of place).
- Even before the Covid-19 pandemic a majority of the people needing mental health assistance were unable to receive it, and during the pandemic due to increased demand and insufficient number of personnel only about a quarter of the people requiring help were able to obtain it.
- Unless the \_\_\_\_\_ (name of nation/state/province/city) approach to mental health is expanded, widespread personal mental health problems will occur including severe depression, anxiety, post traumatic stress disorder (PTSD), complicated grief, suicidality, hopelessness, and more.
- Unless the \_\_\_\_\_ (name of nation/state/province/city) approach to mental health is expanded, psychosocial problems will also accelerate including relationship breakdowns, spousal abuse, child abuse and neglect (and Adverse Childhood Experiences), racial and other types of systemic oppressions, as well as crime, violence, and more
- Left unaddressed, the combination of rising mental health and psychosocial problems will threaten the health, safety, security, and wellbeing of all residents.
- Left unaddressed, rising mental health and psychosocial problems will aggravate existing and produce new physical health problems such as high blood pressure, heart disease, diabetes, obesity, and more, which will increase the demands on and costs of health care;
- Left unaddressed, rising mental health and psychosocial problems will reduce worker productivity, increase employee absenteeism and turn over rates, and in other ways hinder the workforce and economy;

- Left unaddressed, rising mental health and psychosocial problems will cause people to retreat into a self-protective survival mode that leaves them uninterested or unsupportive of actions that can reduce social, economic, or environmental problems to manageable levels.
- While they will remain very important, single-personal clinical treatment and direct human service programs assist people only after symptoms of pathology appear, help only a small number of people, and do not build the skills, strengths, resources, hope, and other "protective factors" that buffer people from and allow them to counter the forces that produce mental health and psychosocial problems.
- These factors require expanding the way we address mental health by using a public health and prevention science approach to proactively enhance factors in communities that can prevent and heal mental health and psychosocial problems among the entire population;
- Using a public health and prevention science approach to enhance the capacity of community members to actively engage in preventing and healing mental health and psychosocial problems will significantly reduce the need for government support, and the costs of health care, family support, and other government services;
- Using a public health and prevention science approach to establish community-based, age and culturally-tailored, population-level psychological and emotional wellness and resilience building initiatives throughout the \_\_\_\_\_ (name of nation/state/province/city) will help prevent and heal mental health and psychosocial problems generated by many types of human-caused emergencies such as community and school violence and social isolation, as well as natural disasters such as the Covid-19 pandemic, wildfires, storms, heatwaves, droughts, floods, tsunamis, earthquakes, and more.

### SECTION 3. TRAUMA PREVENTION, HEALING, AND RESILIENCE COORDINATING BODIES IN COMMUNITIES.

“(a) Grants.—

“(1) IN GENERAL.— The \_\_\_\_\_ (title of director of agency/department) that oversees the \_\_\_\_\_ (name of agency/department that will oversee the program), from amounts appropriated to comply with this section, shall award grants on a competitive basis to state/provincial, county, city, or nonprofit private entities to enable such entities to act as bodies to coordinate activities among a wide and diverse network of individuals, organizations, and agencies in a community to use a public health and prevention science approach to work together prevent and heal mental health and psychosocial problems among the entire population.

“(2) MAXIMUM AMOUNT.—The \_\_\_\_\_ (name of agency/department that will oversee the program), shall award such grants in amounts of not more than \_\_\_\_\_ (amount appropriated).

“(3) DURATION.—The Secretary shall award such grants for periods of \_\_\_\_\_ (number of years), and may renew the grants after review of results.

“(b) Eligible Entities.—

“(1) IN GENERAL.—To be eligible to receive a grant under this section, applicants shall demonstrate through descriptions in their grant applications how the entity shall include representatives from many or all of the categories described in paragraph (2).

“(2) COMPOSITION.—The categories referred to in paragraph (1) are—

“(A) governmental agencies, such as mental health, public health, human services, or child welfare agencies, that assist children, adolescents, or adults, including older adults;

“(B) non-profit or private for-profit mental health and physical health care clinics, hospitals, or other health care institutions;

“(C) law enforcement, judicial employees, and other representatives from the local criminal justice system;

“(D) educational agencies or organizations, which may include Head Start and Early Head Start, other pre-school organizations, elementary schools, high schools, junior colleges, universities, and adult professional development and training agencies and organizations;

“(E) community-based human services, social services, civic, or faith organizations, engaged in activities that prevent or heal the effects of past or ongoing violence, addiction, racism, social inequalities, injustices, or other human-caused traumas, that work with or represent first responders and disaster management professionals, those engaged in racial, social, and environmental justice, environmental conservation, climate change mitigation or adaptation, or those that provide food, water, shelter and other essential services during or after emergencies, disasters, or toxic stresses;

“(F) the general public, including individuals representing diverse groups such as low-income populations and black or indigenous people of color, and individuals who are trained in the prevention and healing of individual or collective traumas.

“(3) QUALIFICATIONS.—In order for an entity to be eligible to receive the grant under this section, the representatives included in the entity shall have people involved with professional training and/or expertise concerning a public health and prevention science based approach addressing mental health and psychosocial problems as well as evidence-based, evidence-informed, or promising best practices to prevent and heal those problems among children, families, and adults, as well as a plan for training additional community members in these principles and practices.

“(c) Application.—To be eligible to receive a grant under this section, an entity shall submit an application to the \_\_\_\_\_ (name of managing department of agency) at such time, in such manner, and containing such information as the \_\_\_\_\_ (name of managing department of agency) may require, including information describing how the resilience coordinating body funded under the grant will;

“(1) develop, implement, and continually evaluate and improve its activities;

“(2) serve the entire population including underrepresented and economically disadvantaged people and black indigenous people of color;

“(3) continue its activities after the end of the grant period for a period of not less than 4 years;

“(4) accomplish its goals while continually reducing and eventually eliminating greenhouse gas emissions resulting from its activities as described in Section (g) of this Act.

“(d) Priority.—In awarding grants under this section, the \_\_\_\_\_ (name of managing department of agency) shall give priority to entities proposing to serve communities that have in the past, are currently, or are likely in the near future to experience high rates of mental health or psychosocial problems, including from historic, intergenerational, or ongoing racism, discrimination, poverty, and other forms of human-caused adversities, or environmentally-generated adversities resulting from hurricanes, tornados, wind, rain or snow events, wildfires, heat waves, droughts, floods, sea level rise, storm surges, or other acute disasters, and disruptions to ecological, social, or economic systems the community relies on for food, water, energy, shelter, jobs, incomes, safety, health, or other basic needs.

“(e) Rural Set Aside.—The \_\_\_\_\_ (name of managing department of agency) shall reserve \_\_\_\_\_ (name percentage) of the funds appropriated to carry out this grant program to award grants to entities in rural agencies delineated as regions that lie outside of an urban area. In these rural areas the resilience coordinating body may include individuals and organizations from a number of towns in the region.

“(f) Use of Funds.—An entity that receives a grant under this section to act as a coordinating body shall use the grant funds—

“(1) to bring together a wide and diverse network of community members who provide or use services in, or have expertise concerning the ability to diagnose, prevent, or heal mental health and psychosocial problems and their consequences for individual mental health and community well-being (including the capacity to identify and enhance age and culturally-appropriate individual, group, and community skills, strengths, resources, and other protective factors that can enhance resilience among the entire population);

“(2) to collect and analyze data to identify: the specific challenges, risk factors, and needs of the community and all of the individuals and populations within it; skills, strengths,

resources, capabilities, and other protective factors that can be used by individuals, families, groups, and organizations in the community to remain healthy and resilient before, during, and after adversities; challenges and barriers to applying protective factors to enhance health, wellness, and resiliency; and economic and social factors, including factors concerning availability of and access to services, that interact with efforts to enhance health and resiliency;

“(3) to build awareness, skills, tools, and leadership among members of the community related to implementing a public health and prevention science approach that uses evidence-based, evidence-informed, or promising best practices to prevent and heal mental health and psychosocial problems and their consequences for individual, group, organizational, and community well-being; and

“(4) to develop, implement, and continually evaluate and improve a comprehensive, integrated, and holistic strategic plan that includes program vision, goals, objectives, performance metrics and evaluation tools, and methods for coordination among a wide and diverse set of organizations and individuals in the community to achieve the goals described above using a public health and prevention science approach; and

“(5) to utilize the following approaches, or others determined to be feasible by the coordinating body, one at a time, or in sequence to enhance the capacity for health, wellness, and resilience among the entire population for existing and future adversities:

"(1): engaging individuals, groups, and organizations of all types in the community in efforts to integrate into their operations principles and practices that prevent and heal mental health and psychosocial problems and build the capacity for resilience for all types of adversities among their employees, members, customers, clients, and stakeholders (often called building group and organizational resilience)";

"(2): engaging individuals, groups, and organizations of all types in the community in efforts to help all children, families, and adults understand how trauma and toxic stress can naturally affect their body, mind, emotions, and behaviors, and how they can enhance their capacity for psychological and emotional self-regulation and adversity-based growth by utilizing personal and community skills, strengths, resources, and other protective factors and resilience skills (often called helping individuals become trauma-informed and use r resilience-focused skills)";

"(3): engaging individuals, groups and organizations of all types in the community in efforts to help all individuals learn how to repair existing or build and strengthen new social supports that can provide healthy and safe emotional connection, support, and practical assistance when needed, and how to connect their personal social support network with other similar ones throughout the community (often called building bonding, bridging, and linking social support networks)";

"(4): engaging individuals, groups, and organizations of all types in the community in efforts to help all community members learn how to enhance wellness and resilience where they reside by sharing contact information with neighbors, regularly checking on them, and assisting those in need during emergencies, disasters, or periods of toxic stress (often called organizing mutual aid neighborhood resilience hubs or pods)";

"(5): helping organizations of all types in the community focused on affordable housing, job training and creation, accessible and affordable health care, racial, social and environmental justice, environmental conservation, climate change, and other community services integrate their activities into the work of the coordinating body (often called building community cohesion)";

"(6): helping organizations of all types in the community engaged in emergency response, or that provide food, water, power, shelter, transport, and other essential services during emergencies and disasters, integrate their activities into the work of the resilience coordinating body (often called integrated disaster preparedness and response)";

“(g) Fossil Free and Carbon Neutral Program Implementation.— Included in the plan of the resilience coordinating body will be a strategy to provide their education, training, and other services in ways that continually reduce and eventually eliminate the use of fossil fuels, degradation of natural ecosystems, and generation and release of greenhouse gas emissions.

“(h) \_\_\_\_\_ (name of agency or department) Office of Mental Wellness and Resilience to Oversee Grant Program and Provide Technical Assistance and Regional Coordination.— acting through the \_\_\_\_\_ (name of agency or department), the \_\_\_\_\_ (name of department) shall establish an Office of Mental (or Psychological and Emotional) Wellness and Resilience to oversee the grant program. The office shall provide education, training, and other technical assistance opportunities for individuals that desire to organize, facilitate, or in other ways participate in a Resilience Coordinating Body in their community as described in this Act. The technical assistance services shall also include mechanisms to bring together representatives of Coordinating Bodies located in throughout the nation to share their vision, goals, strategies, tools, performance metrics and results, engage in joint problem-solving, and in other ways continually learn from each other and coordinate their activities.

“(i) Supplement Not Supplant.—Amounts made available under this section shall be used to supplement and not supplant other local public funds and private funds expended to provide trauma-related coordination activities.

“(j) Evaluation.—At the end of the period for which grants are awarded under this section, the \_\_\_\_\_ (name of agency or department) shall conduct an evaluation of the activities carried out under each grant under this section. In conducting the evaluation, the Secretary shall assess the outcomes of the grant activities carried out by each grant recipient.

“(k) Reports From Grant Recipients.—A local entity that receives a grant under this section shall submit a report to the \_\_\_\_\_ (name of agency or department) no later than 1 year after the date of receipt of the funds containing information of how the grant funds were used, activities implemented during the year, evaluation of results, and any other information as requested by the Secretary.

“(l) Annual Report to \_\_\_\_\_ (name of body enacting the policy).—No later than 2 years after the first grant is awarded under this section, and annually thereafter, the Secretary shall submit to the \_\_\_\_\_ (name of committee), and make available to the public, a report on activities and results under this section.

“(m) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section \_\_\_\_\_ (total funds appropriated) for the period of fiscal years \_\_\_\_\_ (name year) through \_\_\_\_\_ (name year) of which not more than \_\_\_\_\_ (total funds) may be used by the Secretary for reports and technical assistance.

## SECTION 4. DEFINITIONS.

In this Act the term:

- Individual trauma means extraordinary stressful emotional and psychological acute blows or persistent stresses that break through one's defenses so suddenly or with such brute force that they shatter an individual's sense of safety and security, making them feel numb, or disconnected, or unable to trust others, or helpless, or hopeless.
- Collective trauma means a blow to the basic fabric of social life that damages the bonds attaching people together, impairs their prevailing sense of community, undermines their fundamental sense of safety and security, and heightens individual and collective fears and feelings of vulnerability. Collective trauma transforms the way people perceive the world and understand their relationship between their group and others in a community or society.
- (Note: individual and collective traumas feed on themselves and can be devastating for individuals, group, and entire societies. The combination can lead to distorted perceptions and sense of the truth. It can so resurface and intensify unresolved past traumas like historic racism and economic inequalities. And it can produce dangerous polarization among people. These dynamics can lead to individual, group, and structural violence, and the breakdown of social cohesion and the inability to see or respond adequately in a timely way to problems).
- (Note: Individual trauma can also serve as a powerful catalyst for people to find constructive new sources of meaning and direction in life, and collective trauma can also serve as a catalyst for the development of group cohesion that is bolstered by the feeling of shared fate and destiny).
- Toxic stress means exposure to a persistent overwhelming stressful situations

- Resilience means that people develop psychological, emotional, and behavioral capabilities that allow them to calm their body, mind, and emotions during acute crises and persistent overwhelming stresses, move on from the incidents without long-term negative consequences for themselves or others, and use the experiences as catalysts to develop constructive new sources or meaning, purpose, and realistic hope.
- Risk factors are characteristics or forces that increase the likelihood of mental health or psychosocial problems. Protective factors are characteristics that buffer people from and lower the likelihood of mental health or psychosocial problems resulting from acute or chronic adversities.