

1 H.817

2 Introduced by Representatives Berbeco of Winooski, Bos-Lun of Westminster,

3 Holcombe of Norwich, and McFaun of Barre Town

4 Referred to Committee on

5 Date:

6 Subject: Health; mental health; education; peer supports; literacy

7 Statement of purpose of bill as introduced: This bill proposes a mental health
8 and substance use disorder literacy curriculum for schools. This bill further
9 proposes to establish a pilot peer-to-peer mental health support program in
10 schools.

11 ~~An act relating to mental health support and substance use disorder~~
12 ~~prevention in schools.~~

*An act relating to mental health literacy and peer-to-peer supports in
schools*

13 It is hereby enacted by the General Assembly of the State of Vermont:

~~*** Mental Health and Substance Misuse Literacy ***~~

14 Sec. 1. 16 V.S.A. § 914 is added to read:

15 § 914. MENTAL HEALTH AND SUBSTANCE MISUSE LITERACY

16 (a) Each supervisory union or school district shall select a curriculum to

17 increase awareness about mental health and substance misuse challenges

1 facing youth throughout the State. Each selected curriculum shall include

2 information on:

3 (1) the connection and importance of mental health to an individual's
4 physical health and overall well-being;

5 (2) resources and tools for maintaining mental wellness, including
6 evidence-based practices used to overcome mental health and substance misuse
7 challenges;

8 (3) signs and symptoms of common mental health and substance misuse
9 challenges and strategies for responding to those signs and symptoms;

10 (4) the prevalence of mental health and substance misuse challenges
11 across all populations;

12 (5) common mental health and substance misuse conditions and
13 evidence-based treatments for common conditions; and

14 (6) how to seek assistance or support for a mental health or substance
15 misuse challenge in school and the community at large.

16 (b) The Department of Mental Health shall post guidance for identifying
17 evidence-informed curricula and best practices that supervisory unions and
18 school districts may use in selecting a curriculum pursuant to this section.

19 (c) Each supervisory union or school district shall make its selected
20 curriculum available to parents and guardians and shall share the curriculum

21 with any organizations serving youth in the community.

~~*** Peer-to-Peer Mental Health Support in Schools ***~~

Sec. 2. PEER-TO-PEER MENTAL HEALTH SUPPORT PROGRAM

(a) It is the intent of the General Assembly to:

(1) define best practices and develop statewide standards for youth peer-to-peer support programs; and

(2) strengthen protective factors among Vermont youth and prevent future mental health challenges and substance misuse.

(b) The Department of Mental Health shall establish a four-year pilot program for the distribution of grants that fund peer-to-peer mental health support programs in public and approved independent schools. Peer-to-peer mental health support programs shall enable students to provide and receive peer support and coaching from other students in relation to mental health challenges. Each program shall have the oversight of a certified peer support provider and guidance from a school-based mental health service provider.

(c) The Department shall:

(1) execute a subcontract for youth outreach;

(2) host at least two listening sessions to engage children and youth;

(3) convene an advisory board to inform the design of the peer-to-peer pilot program established by this section.

1 ~~(4) develop a request for proposals on or before January 1, 2027, to~~
2 identify secondary schools in Vermont for participation in the peer-to-peer
3 pilot program established by this section; and

4 (5) accept grant applications for the peer-to-peer program established by
5 this section on a rolling basis beginning on February 1, 2027.

6 (d) In awarding grants pursuant to this section, the Department shall give
7 priority to applications submitted by a public or an approved independent
8 school that:

9 (1) propose using the grant for a peer-to-peer mental health program
10 with a suicide prevention component; or

11 (2) are located in an area of the State that has had high rates of suicide
12 or has experienced a recent traumatic event.

13 (e) School employees assisting with a peer-to-peer mental health support
14 program that is awarded a grant pursuant to this section shall receive training
15 in the following:

16 (1) empathetic listening;

17 (2) enhancing protective mental health factors;

18 (3) recognizing and appropriately responding to risk factors and
19 warning signs associated with mental health and substance misuse challenges,
20 including co-occurring challenges,

1 ~~(4) connecting students with professional mental health services and~~
2 ~~recovery supports, as necessary; and~~

3 ~~(5) any other areas included in the National Model Standards for Peer~~
4 ~~Support Certification of the Substance Abuse and Mental Health Services~~
5 ~~Administration.~~

6 ~~(f) On or before January 1, 2030, the Department of Mental Health, in~~
7 ~~collaboration with the Agency of Education, shall submit a report to the House~~
8 ~~Committee on Health Care and to the Senate Committee on Health and~~
9 ~~Welfare evaluating the efficacy of the program, including:~~

10 ~~(1) student participation in the program;~~

11 ~~(2) the efficacy of the training provided to participating certified peer~~
12 ~~support specialists and school employees assisting with the program;~~

13 ~~(3) the percentage of students participating in the program who reported~~
14 ~~improved mental health outcomes; and~~

15 ~~(4) the number of participating students connected with professional~~
16 ~~mental health services due to program participation.~~

17 * * * Effective Date * * *

18 Sec. 3. EFFECTIVE DATE

19 ~~This act shall take effect on July 1, 2026.~~

Sec. 1. 18 V.S.A. § 7209 is added to read:

§ 7209. MENTAL HEALTH LITERACY AND PEER SUPPORT

INITIATIVES

(a) Purpose. This section aims to strengthen protective factors among Vermont's youth, increase mental health literacy within school communities, and expand access to developmentally appropriate peer-to-peer initiatives that promote early identification of mental health challenges.

(b) Mental health literacy training.

(1) To the extent funds are available, a public school may apply to the Department of Mental Health or designee for a grant to provide mental health literacy training to educators and other school personnel. Mental health literacy training shall include topics related to working with youth in an educational setting, such as:

(A) information about mental health conditions and symptoms;

(B) understanding common youth mental health and substance use challenges;

(C) reducing stigma and promoting supportive school environments;

(D) strengthening protective factors and help-seeking behaviors;

(E) recognizing risk factors and warning signs;

(F) responding to students with empathy and appropriate boundaries;

(G) information about mental health treatments; and

(H) accessing mental health resources or services throughout the State.

(2) This section shall not be construed to require the adoption of a specific curriculum or instructional content.

(c) Peer-to-peer mental health support.

(1) A school, afterschool program, or youth mentoring agency may establish a peer-to-peer mental health program that:

(A) provides structured opportunities for student peer connection in a supervised school or afterschool setting;

(B) is overseen by an adult, who is not required to be a licensed, certified, or rostered mental health professional under title 26; and

(C) emphasizes school and community-based resources and how to access professional services when additional support is needed.

(2) The Department of Mental Health shall provide oversight and guidance to any school, afterschool program, or youth mentoring agency seeking to establish or maintain a peer-to-peer mental health program pursuant to this subsection, including qualifications of the adult overseeing the peer-to-peer mental health support program.

(3) A peer-to-peer program established pursuant to this subsection shall be supportive and nonclinical. It shall not replace mental health services

provided by a mental health professional licensed, certified, or rostered pursuant to title 26.

(d)(1) Developmentally appropriate guidance. For any mental health literacy or peer-to-peer support programs established pursuant to this section, the Department of Mental Health shall develop age-appropriate guidance:

(A) for elementary school-aged youth, that emphasizes social and emotional development, peer connection, and strengthening protective factors; and

(B) for middle and high school-aged youth, that emphasizes protective factors, reducing stigma, and supporting students in recognizing and appropriately responding to risk factors and warning signs associated with mental health and substance use challenges, including co-occurring challenges.

(2) As used in this subsection, “guidance” means defining and disseminating best practices in a written format.

(e) Reporting. Annually, on or before January 15, the Department of Mental Health shall submit a written report to the House Committee on Health Care and to the Senate Committee on Health and Welfare evaluating the effectiveness of programming established pursuant to this section, including aggregated information on:

(1) the number of schools, afterschool programs, and youth mentoring agencies requesting and receiving the Department's support;

(2) the number of students, educators, and school personnel participating in programming pursuant to this section; and

(3) findings and recommendations regarding mental health literacy and peer-to-peer programming.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2026.