

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 817
3 entitled “An act relating to mental health support and substance use disorder
4 prevention in schools” respectfully reports that it has considered the same and
5 recommends that the bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

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

8 § 7209. MENTAL HEALTH LITERACY AND PEER SUPPORT

9 INITIATIVES

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

14 (b) Mental health literacy training.

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

- 1 (A) information about mental health conditions and symptoms;
- 2 (B) understanding common youth mental health and substance use
- 3 challenges;
- 4 (C) reducing stigma and promoting supportive school environments;
- 5 (D) strengthening protective factors and help-seeking behaviors;
- 6 (E) recognizing risk factors and warning signs;
- 7 (F) responding to students with empathy and appropriate boundaries;
- 8 (G) information about mental health treatments; and
- 9 (H) accessing mental health resources or services throughout the
- 10 State.

11 (2) This section shall not be construed to require the adoption of a

12 specific curriculum or instructional content.

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

14 (1) A school may establish a peer-to-peer mental health program that:

15 (A) provides structured opportunities for student peer connection in a

16 supervised school setting;

17 (B) is overseen by a designated educator or school personnel

18 member, who is not required to be a licensed, certified, or rostered mental

19 health professional under title 26; and

20 (C) emphasizes school and community-based resources and how to

21 access professional services when additional support is needed.

1 (2) The Department of Mental Health shall provide oversight and
2 guidance to any school seeking to establish or maintain a peer-to-peer mental
3 health program pursuant to this subsection.

4 (3) A peer-to-peer program established pursuant to this subsection shall
5 be supportive and nonclinical. It shall not replace mental health services
6 provided by a mental health professional licensed, certified, or rostered
7 pursuant to title 26.

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

11 (1) in an elementary school setting, emphasizes social and emotional
12 development, peer connection, and strengthening protective factors; and

13 (2) in a middle and high school setting, emphasizes protective factors,
14 reducing stigma, and supporting students in recognizing and appropriately
15 responding to risk factors and warning signs associated with mental health and
16 substance use challenges, including co-occurring challenges.

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

and that after passage the title of the bill be amended to read: “An act relating to mental health literacy and peer-to-peer supports in schools”

FOR THE COMMITTEE