

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill No.  
3 817 entitled “An act relating to mental health literacy and peer-to-peer supports  
4 in schools” respectfully reports that it has considered the same and  
5 recommends that the Senate propose to the House that the bill be amended by  
6 striking out all after the enacting clause and inserting in lieu thereof the  
7 following:

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

9 § 7209. MENTAL HEALTH LITERACY AND PEER SUPPORT

10 INITIATIVES

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

15 (b) Mental health literacy training.

16 (1) To the extent funds are available, a public school may apply to the  
17 Department of Mental Health or designee for a grant to provide mental health  
18 literacy training to educators and other school personnel. The Department of  
19 Mental Health or designee shall select grantees in collaboration with the  
20 Agency of Education. Mental health literacy training shall include topics  
21 related to working with youths 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 **specific** instructional content.

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

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

16           (A) provides structured opportunities for student peer connection in a  
17 supervised school or after-school setting;

18           (B) is overseen by an adult, who is not required to be a licensed,  
19 certified, or rostered mental 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, in collaboration with the Agency  
2 of Education, shall provide guidance to any school, after-school program, or  
3 youth mentoring agency seeking to establish or maintain a peer-to-peer mental  
4 health program pursuant to this subsection, including the qualifications of the  
5 adult overseeing the peer-to-peer mental health support program.

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

10          (d) Developmentally appropriate guidance.

11           (1) For any mental health literacy or peer-to-peer support programs  
12 established pursuant to this section, the Department of Mental Health, in  
13 collaboration with the Agency of Education, shall develop age-appropriate  
14 guidance:

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

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

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

3           (e) Reporting. Annually, on or before January 15, the Department of  
4           Mental Health, in collaboration with the Agency of Education, shall submit a  
5           written report to the House Committee on Health Care and to the Senate  
6           Committee on Health and Welfare evaluating the effectiveness of  
7           programming established pursuant to this section, including aggregated  
8           information on:

9           (1) the number of schools, after-school programs, and youth mentoring  
10           agencies requesting and receiving the Department’s support;

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

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

15           **Sec. 2. FUNDING; MENTAL HEALTH LITERACY AND PEER SUPPORT**

16           **INITIATIVES**

17           As part of its fiscal year 2028 presentation, the Department of Mental  
18           Health, in collaboration with the Agency of Education, shall explore potential  
19           funding sources for the programming established in 18 V.S.A. § 7209,  
20           including whether any existing special funds are appropriate sources of  
21           funding, and provide recommendations to the House Committees on

1 Appropriations and on Health Care and to the Senate Committees on

2 Appropriations and on Health and Welfare.

3 Sec. 3. EFFECTIVE DATE

4 This act shall take effect on July 1, 2027.

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10 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE