
TESTIMONY

Testimony To: Senate Committee on Health and Welfare

Respectfully Submitted by: Safe and Healthy Schools Division, Vermont Agency of Education

Subject: H.817: Mental Health Literacy and Peer Support Initiatives

Date: April 29, 2026

Thank you for the opportunity to provide testimony on H.817. The Agency of Education recognizes that student mental health is one of the most urgent and complex challenges facing Vermont schools today. Across the state, educators are navigating increasing rates of student anxiety, depression, trauma, and substance misuse—conditions that directly impact students' ability to attend, engage, and succeed in school. These challenges are not peripheral to education; they are foundational to student success.

We appreciate the intent of this bill to strengthen mental health literacy and expand student supports. However, we are concerned that H.817, as currently written, adds new and potentially fragmented initiatives without addressing the underlying need for a coherent, aligned, and sustainable statewide system of support. At a time when schools are already managing multiple, and sometimes competing, expectations, this approach risks increasing confusion, exacerbating inequities, and diverting limited capacity away from high-impact, integrated strategies.

Recommendations

The Agency of Education strongly supports the goals of improving mental health literacy and increasing protective factors for Vermont youth. However, we believe H.817, as currently structured, is **not the most effective path to achieving those goals**. Rather than establishing new statutory programs that may operate in parallel to existing efforts, we recommend prioritizing the development of a unified, statewide framework that aligns education and mental health systems, clarifies expectations for schools, and ensures equitable access to high-quality supports.

We respectfully urge the Committee to consider revising the bill to focus on statewide guidance, alignment, and capacity-building, led jointly by the Agency of Education and Department of Mental Health, and to strengthen provisions related to peer-to-peer programming to ensure appropriate clinical oversight or



clearly define these initiatives as non-clinical supports. This approach will better position Vermont to build a sustainable system that meets the scale and urgency of student mental health needs. In lieu of the new provisions established by H.817, we urge the committee to consider the alternative of directing DMH, in consult with AOE, VDH, and DCF to complete a comprehensive report of existing programs and resources which support school mental health with recommendations for potential policy improvements due December 31, 2026.

Current State-Level Support and Engagement for School Mental Health

In response to the growing impact of student mental health challenges on school engagement and learning, the Agency of Education established the Safe and Healthy Schools Division in 2025 to strengthen and coordinate statewide efforts. Through this work, the Agency has identified a critical gap: while there is strong commitment across state agencies and partners, efforts remain fragmented, often resulting in competing priorities, inefficient use of resources, and confusion for schools about where to focus.

To address this, AOE has convened a Safe and Healthy Schools Steering Committee, bringing together education leaders, professional organizations, and state and community partners to establish shared goals, identify barriers, and align supports. This work is grounded in the recognition that improving student mental health outcomes requires a coordinated, cross-agency approach, not the addition of new, disconnected initiatives.

School mental health policy and implementation are co-managed by the Agency of Education and the Department of Mental Health (DMH), combining clinical expertise with system-level integration. AOE supports mental health literacy as a foundational competency for educators; however, we also recognize that schools vary widely in their capacity to access training, staffing, and resources. **Existing grant-funded approaches often require significant administrative effort, limiting participation and contributing to inequities across districts.**

AOE is also supportive of student-centered and peer-led initiatives, **but emphasizes that programs addressing mental health must be implemented with appropriate expertise and safeguards.** As written, H.817 allows peer-to-peer mental health programs to operate without required clinical oversight, which creates potential risk for students and places responsibility on individuals who may not be equipped to respond to complex mental health needs. **We recommend either requiring qualified clinical oversight or clearly defining these programs as non-clinical peer connection and support.**



Currently, there is no unified system guiding how schools access and integrate mental health supports. In partnership with DMH, AOE is actively addressing this through Project AWARE, a federal initiative designed to build a coordinated, sustainable framework that integrates education and mental health systems. This work focuses on early identification, aligned systems of support, improved data-sharing, and long-term sustainability of the workforce and funding structures needed to support students effectively.

To further this effort, AOE has established a School Mental Health and SEL Program Manager position to lead statewide alignment, inventory existing resources, and define core competencies and training expectations for schools. This role is essential to ensuring that mental health supports are coherent, accessible, and scalable across all districts.

At the same time, multiple interagency groups and initiatives, including prevention-focused and school health collaborative, are engaged in related work. While these efforts reflect strong statewide commitment, they also underscore the need for alignment and coordination to ensure that schools receive clear, consistent guidance and support.

