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H.818

Introduced by Representatives Berbeco of Winooski, Andrews of Westford,
Anthony of Barre City, Arsenault of Williston, Black of Essex,
Burke of Brattleboro, Buss of Woodstock, Campbell of St.
Johnsbury, Carpenter of Hyde Park, Christie of Hartford, Cina
of Burlington, Cole of Hartford, Cordes of Lincoln, Dodge of
Essex, Dolan of Essex Junction, Elder of Starksboro, Farlice-
Rubio of Barnet, Goldman of Rockingham, Graning of Jericho,
Headrick of Burlington, Krasnow of South Burlington,
LaBounty of Lyndon, Logan of Burlington, McCann of
Montpelier, McFaun of Barre Town, McGill of Bridport,
Mrowicki of Putney, Pouech of Hinesburg, Priestley of
Bradford, Rachelson of Burlington, Stebbins of Burlington,
Stone of Burlington, Templeman of Brownington, Torre of
Moretown, Troiano of Stannard, Waters Evans of Charlotte, and
Williams of Barre City

Referred to Committee on

Date:

Subject: Health; mental health; climate resilience; pilot

Statement of purpose of bill as introduced: This bill proposes to establish a
mental wellness and climate resilience pilot program.

1 An act relating to establishing a mental wellness and climate resilience pilot
2 program

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

4 Sec. 1. FINDINGS

5 The General Assembly finds that:

6 (1) significant weather events are increasing in Vermont, which research
7 demonstrates can amplify existing anxiety and emotional problems;

8 (2) a review of research on flood victims shows that they not only have
9 higher rates of depression and post-traumatic stress disorder, but also post-
10 flooding consequences that span from economic problems, mourning and
11 behavioral problems in children, increased substance use, domestic violence,
12 and exacerbation of victim’s existing mental health problems;

13 (3) data from 2011 to 2021 shows that the percentage of youth across
14 every racial and ethnic group who felt persistently sad or helpless is increasing;

15 (4) socioeconomically disadvantaged youth are two to three times more
16 likely to develop mental health problems than their peers;

17 (5) throughout 2022, Vermont’s mental health workforce experienced
18 unprecedented rates of turnover and vacancies;

19 (6) in his 2023 advisory, *Our Epidemic of Loneliness and Isolation: The*
20 *U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection*
21 *and Community*, Surgeon General Vivek Murthy called attention “to the
22 importance of social connection for individual health as well as on community-

1 wide metrics of health and well-being, and conversely the significant
2 consequences when social connection is lacking”;

3 (7) evidence suggests that disaster-related interventions, conducted in
4 collaboration with government entities, can reduce distress, enhance well-
5 being, and improve functioning for affected individuals and communities;

6 (8) data suggests that individuals participating in community activism
7 experienced social connection with others, a sense of purpose, effecting
8 change, and self-care and collective care, which while not responsible for
9 positive mental health outcomes, helped to offset the stress, exhaustion, and
10 guilt associated with community activism;

11 (9) studies find the highest prevalence for loneliness and isolation is
12 among individuals with poor physical or mental health, disabilities, financial
13 insecurity, those who live alone, single parents, and younger and older
14 populations; and

15 (10) resilience is essentially an ongoing community learning process
16 that presents an opportunity to include community members previously
17 excluded from decision-making processes.

18 Sec. 2. PILOT; MENTAL WELLNESS AND RESILIENCE

19 COORDINATING BODY

20 (a) As used in this section:

1 (1) “Behavioral health” means the broad area of mental health,
2 substance use disorder, and wellness.

3 (2) “Community” means persons, groups, and organizations that reside
4 or work within a specific geographic area, such as a city, neighborhood, or
5 subdivision, including urban, suburban, or rural locations.

6 (3) “Mental wellness” means a state of well-being in which an
7 individual experiences positive emotional functioning, pursues self-defined
8 goals, establishes and maintains meaningful relationships, and feels a sense of
9 meaning and purpose.

10 (4) “Protective factors” means strengths, skills, resources, and
11 characteristics that are associated with a lower likelihood of negative outcomes
12 or that reduce the impact on individuals with toxic stress or traumatic
13 experience.

14 (5) “Public health approach” means a method that takes a population-
15 level approach that is evidence-based, promising-best, or uses indigenous
16 practices to promote mental wellness and resilience in a manner that prevents
17 problems before they emerge, encourages intervention before problems
18 become more severe, and heals problems when they appear, versus treating
19 individuals one at a time after symptoms of pathology appear.

20 (b) In fiscal year 2025, \$100,000.00 is appropriated from the General Fund
21 to the Department of Mental Health to establish a two-year pilot program that

1 awards a grant to a community-based organization that shall serve as the
2 coordinating body for community-based activities that use a public health
3 approach to strengthen capacity for mental wellness and resilience. These
4 coordinated activities shall aim to prevent and improve mental health and
5 psychosocial challenges within the entire population resulting from a wide
6 range of interrelated social, economic, and environmental stresses and
7 adversities.

8 (c) The Department shall seek applications from community-based
9 organizations to serve as the coordinating body. The successful applicant shall
10 be composed of members listed in subsection (d) of this section and meet the
11 qualifications listed in subsections (e) and (f) of this section.

12 (d) A coordinating body for community-based activities shall contain
13 representatives from at least a majority of the following entities:

14 (1) a grassroots or volunteer civic organization;

15 (2) a public elementary or secondary school, institution of higher
16 learning, community college, job training program, or other public education
17 or training agency or organization;

18 (3) a youth serving organization, such as an afterschool or summer
19 program;

20 (4) a parental, family, or early childhood education program;

21 (5) a faith or spirituality organization;

1 (6) an elder care organization;

2 (7) a climate change mitigation and adaptation organization or an
3 environmental conservation group or organization;

4 (8) a social or environmental justice group or organization;

5 (9) a disaster preparedness or emergency response group or
6 organization;

7 (10) a business or business association;

8 (11) a public library;

9 (12) a law enforcement agency, fire department, or other agency or
10 organization involved with community safety, security, and the justice system;

11 (13) an organization, agency, or institution in the human health and
12 social services fields, such as social work; mental health; behavioral health;
13 substance misuse treatment; recovery, harm reduction, and prevention;
14 housing; domestic violence; physical health; and public health; and

15 (14) members of the general public, including individuals who have
16 experienced adverse mental health conditions who can represent and engage
17 with various populations in the community.

18 (e) An applicant seeking to serve as the coordinating body for community-
19 based activities shall meet the following application and program
20 requirements:

1 (1) submit an application to the Department describing how the
2 coordinating body, if awarded a grant, shall:

3 (A) develop, implement, and continually evaluate and improve its
4 activities; and

5 (B) serve the entire population, including underrepresented and
6 economically disadvantaged communities; and

7 (2) take a public health approach to planning for mental health
8 prevention and promotion, using best available evidence, to detect, prevent,
9 and improve mental health, behavioral health, and psychosocial conditions
10 among all adults, adolescents, and young children by strengthening the entire
11 community's psychological and emotional wellness and resilience, including
12 by:

13 (A) collecting and analyzing qualitative information from community
14 residents, as well as quantitative data to identify:

15 (i) protective factors that enhance and sustain the community's
16 capacity for mental wellness and resilience during adversities; and

17 (ii) risk factors that undermine such capacity;

18 (B) strengthening protective factors and addressing risk factors;

19 (C) building awareness, skills, tools, and leadership in the community;

20 (D) developing, implementing, and continually evaluating and
21 improving a comprehensive strategic plan for carrying out the activities

1 described in subdivisions (A)–(C) of this subdivision (2) that includes utilizing
2 developmentally, linguistically, and culturally appropriate; evidence-based;
3 evidence-informed; and indigenous practices for:

4 (i) engaging residents in building community connections,
5 including across cultural, geographic, and economic boundaries;

6 (ii) enhancing local economic, social, and environmental
7 conditions, including with respect to the built environment; and

8 (iii) becoming trauma- and community-oriented and resilience-
9 informed and learning self-regulation or co-regulation and adversity-based
10 growth, mental wellness, and resilience skills;

11 (E) engaging in community activities that strengthen individual and
12 community mental wellness and resilience;

13 (F) partaking in nonclinical group and community-minded prevention,
14 healing, and recovery programs; and

15 (G) engaging in other activities to promote mental wellness and
16 resilience and prevent or heal individual and community traumas during and
17 after significant stresses, emergencies, and disasters.

18 (f) The coordinating body selected for this pilot program shall focus on
19 utilizing the strategic planning goals listed in subsection (e) of this section,
20 including the following nonclinical activities:

1 (1) identifying a pilot community or communities and area leadership
2 from across multiple sectors and ensuring invitations to participate are
3 representative and inclusive of the community and account for barriers to
4 participation;

5 (2) developing and deploying of a full-day workshop, featuring
6 opportunities for training, networking, and sustainable implementation
7 planning to provide skills and resources for community leadership to take local
8 action and support future efforts around mental well-being and resilience;

9 (3) developing and sharing of pre- and postworkshop readings,
10 resources, and toolkits through an accessible website or learning management
11 platform;

12 (4) performing data collection, including participant and trainer
13 evaluations, program logistics reviews, and workshop observations to support
14 revisions for future efforts;

15 (5) providing a final pilot program evaluation and report to the
16 Department on or before September 1, 2027; and

17 (6) creating a demonstration project or case study that builds on the best
18 emerging global models and that can serve as a model for future efforts in
19 Vermont.

20 (g) The plan of the coordinating body shall include a strategy to provide
21 education, training, and other activities in a manner that regenerates ecological

1 systems and biodiversity and continually reduces and eventually eliminates the
2 use of fossil fuels and release of greenhouse gas emissions.

3 (h) Funds appropriated for this pilot program shall be used to supplement
4 and not supplant other local public funds and private funds expended to
5 provide trauma-related coordination activities.

6 (i) On or before November 1, 2027, the Department shall submit a written
7 report to the House Committees on Health Care and on Human Services and to
8 the Senate Committee on Health and Welfare evaluating the activities
9 conducted pursuant to this section and any recommended future actions.

10 Sec. 3. EFFECTIVE DATE

11 This act shall take effect on July 1, 2024.