

# *Trailblazing the Future of Youth Peer Support*

A YOUTH-DRIVEN POLICY GUIDE

MENTAL HEALTH AMERICA'S  
**YOUTH POLICY  
ACCELERATOR**

**MHA**  
Mental Health America

## Acknowledgments

Founded in 1909, Mental Health America (MHA) is the nation's leading national nonprofit dedicated to the promotion of mental health, well-being, and illness prevention. Our work is informed, designed, and led by the lived experience of those most affected. MHA's mission is to advance the mental health and well-being of all people living in the U.S. through public education, research, advocacy, public policy, and direct service.

**This report is informed by the work and leadership of Mental Health America's inaugural Youth Policy**

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## Executive Summary

Youth peer support creates connections between young people with shared identities and mental health experiences, offering mutual support and empowerment. Programs and services range from broad community-centered initiatives to specialized one-on-one support from certified youth peer support specialists. Crucially, peer support stands on its own as a unique and essential mental health resource for young people, fostering recovery journeys and enhancing holistic well-being alongside or independently of clinical services.

This paper and findings are driven by members of Mental Health America's inaugural Youth Policy Accelerator (YPA). The YPA is a national leadership program designed to support young adults with the skills, connections, and opportunities to advance mental health policy change. In addition to lived and professional expertise, this report was informed by a national survey of individuals working in youth peer support. It outlines policy recommendations to ensure all young people across the United States have access to peer support when and where they need it.

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## Key Recommendations

### 1. Expand Access

Expand access to youth peer support programs and services, including school-based programs, youth warmlines, and crisis response services, to meet young people where they are.

### 3. Increase Funding

Increase funding pathways and opportunities for youth peer support programs alongside community outreach and education.

### 5. Incorporate Youth Leadership

Elevate and integrate youth peer support leaders across all decision-making bodies, including agency leadership, and as part of grant design, review, and selection.

### 2. Support Research

Fund research to document the impact of youth peer support across settings, populations, and program types.

### 4. Sustain the Workforce

Prioritize the sustainability and diversity of the youth peer support workforce by investing in training, supervision, and living wages.

## Introduction

Youth peer support is a growing part of the conversation and strategy to ensure all young people have access to timely, relevant, and responsive mental health support wherever and whenever they need it. This report, co-authored by Mental Health America's (MHA) Youth Policy Accelerator (YPA) members, highlights the importance of youth peer support and offers key recommendations for policy change driven by the group's expertise and a YPA-led survey of more than 350 people working in youth peer support.

This report is designed for federal policymakers, advocates, peer support organizations, and young people. It provides youth- and community-driven insight into current gaps in youth peer support. It also provides concrete actions leaders can take to help build a world where all young people have access to supportive relationships and peer support resources.

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## Background

*” Youth peer support creates connections between young people with shared identities and mental health experiences. Building upon a shared understanding and respect, they have the opportunity to mutually support and uplift each other.”*

Youth peer support programs and services use strategies such as providing hope through modeling well-being, strategically sharing personal stories to empower others, affirming the aspirations of their peers, normalizing and destigmatizing experiences, and building strong relationships to establish social connectedness.<sup>2</sup> Youth peer support is not a replacement for clinical services; rather, it represents a unique and critical opportunity to extend a bridge of empathy, connection, and support to young people from those they often turn to the most— their peers.<sup>3</sup>

Youth peer support demonstrates remarkably positive outcomes for youth. Peer support is linked to increased self-esteem, improvements in self-care and overall wellness, and an increased sense of hope and self-determination. It is also linked to decreased substance use, reduced hospital admissions, and reductions in depression.<sup>4</sup> Youth peer support can be especially important for young people whose needs are not being met by mental health and other youth-serving systems, including those who have experienced harm from systems, do not see themselves represented in the mental health workforce, or do not have access to culturally responsive mental health resources.<sup>5</sup> Surveys have shown that young people want peer support and that youth from BIPOC and LGBTQ+ communities are

more likely to want peer support compared to their counterparts.<sup>6</sup>

Overall, youth peer support empowers young people to actively take care of their mental health and meaningfully engage with mental health services and community resources. Through connections with caring peers and supportive communities, it equips youth and young adults with tools for their well-being. This approach can help reduce barriers to accessing services, lower costs, minimize life disruptions, and decrease the potential harms associated with more intensive system involvement.<sup>7</sup>

## **A Full Continuum of Youth Peer Support**

In practice, there is a broad continuum of peer support strategies.<sup>8</sup> The most expansive of these strategies aims to educate all youth on how to listen, provide emotional support to others, support a peer in crisis, or seek help themselves. More formal peer-to-peer and peer support programs and initiatives may include school-based mental health clubs, identity-affirming spaces and culturally relevant spaces (e.g., Gender and Sexuality Alliances (GSA), [Integrative Wellness Pop-Up Barber Shops](#)) and mental health supports embedded within community organizations like sports clubs. Integrating peer support into these spaces makes resources more responsive to how young people naturally engage, building upon trusting relationships and shared cultural norms. It can also reduce stigma by weaving these conversations into everyday life and using language that resonates within each specific community. Equally important are virtual peer support options, which offer a kind, helping hand through text or messaging platforms. Virtual options are especially important for young people who prefer not to disclose personal matters to people they know or who feel more comfortable remaining anonymous.

At the most specialized level, certified youth peer support specialists are trained and certified to offer direct support to young people with mental health concerns. These specialists may work within community mental health systems, inpatient settings, crisis response centers, the juvenile legal system, or community-based organizations. Each type of program plays a distinct role in communities and should prioritize youth leadership at every stage of policy and program design and implementation.

**Table 1.** Rationale and examples of the youth peer support continuum modified from content in MHA's Report, *Youth and Young Adult Peer Support Expanding Community-Driven Mental Health Resources*.

	<b>RATIONALE</b>	<b>EXAMPLES</b>
<p><b>LEVEL 1</b> Train all young people to support their peers</p>	<ul style="list-style-type: none"> <li>• Young people turn to their friends when they are struggling, but they may not know how to respond</li> <li>• Support from friends can help mental health and reduce isolation</li> <li>• Ensuring all young people have an understanding of mental health can change the culture</li> </ul>	<ul style="list-style-type: none"> <li>• <u>A.S.K.</u></li> <li>• Mental health curriculum or training in schools (e.g., <u>Youth Aware of Mental Health</u>)</li> </ul>
<p><b>LEVEL 2</b> Offer peer support programs where young people spend their time</p>	<ul style="list-style-type: none"> <li>• Virtual and anonymous programs can help young people share things they are struggling with while feeling safe and affirmed</li> <li>• These programs can make wellness part of someone's daily life and routine</li> <li>• Embedding peer support into spaces where young people spend their time, like athletics and arts, can feel more relevant to their lives and their community norms and values</li> </ul>	<ul style="list-style-type: none"> <li>• Student peer support clubs</li> <li>• Warmlines, including text</li> <li>• Identity-affirming and culturally relevant spaces (e.g., <u>Integrative Wellness Pop-Up Barber Shop</u>)</li> <li>• Support apps</li> <li>• Mental health programs in other school or community organizations</li> </ul>
<p><b>LEVEL 3</b> Embed youth peer specialists into all youth-serving systems</p>	<ul style="list-style-type: none"> <li>• Young people may not relate to traditional providers and are often not represented among the workforce, particularly BIPOC and LGBTQ+ youth</li> <li>• Some young people are untrusting of systems and clinical services, especially those who have experienced or witnessed harm– peers can help build trust to navigate resources that feel relevant.</li> <li>• Services can often be directive or involuntary, leaving young people feeling ignored and unable to advocate for their needs– peers can provide self-advocacy tools and ensure young people understand mental health and community resources</li> <li>• Young people often do not have spaces to spend their time when they are struggling or to focus on their mental health– peers in drop-in centers can create trusted and fun spaces</li> <li>• There are often large gaps between asking for help and getting connected to support (e.g., a teen may show up to an emergency department in distress and only receive a long list of numbers for outpatient providers with no other support)– youth peer specialists can provide support in navigating community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• College Campuses</li> <li>• Youth drop-in centers</li> <li>• Community re-entry from the juvenile justice system</li> <li>• Mobile crisis response</li> <li>• Inpatient mental health or substance use services</li> <li>• Emergency departments and crisis centers</li> <li>• First-episode psychosis programs</li> </ul>

## **Mental Health America's Youth Policy Accelerator**

This report is co-authored by Mental Health America's Youth Policy Accelerator (YPA) members and MHA staff. YPA is an annual program that equips young leaders nationwide with the skills, relationships, and opportunities to advance youth peer support via federal policy. From October 2023 to June 2024, ten leaders in our inaugural YPA cohort engaged in extensive training, hosted town halls, authored articles, met with legislators, presented at events, launched a national youth peer support coalition, and conducted original policy research. Throughout the program, the YPA witnessed a growing interest in youth priorities and how to expand access to youth peer-to-peer programs and youth peer specialist services at all levels, including from legislators and administrators.

You can learn more about the YPA [here](#).

## **Survey**

In November 2023, during the first-of-its-kind National Youth Peer Support Action Summit, co-hosted by MHA and Doors to Wellbeing, the YPA launched a national survey to document the priorities of those working in youth peer support. The survey was promoted throughout the month to MHA's national networks and partner organizations. Among the 379 responses, we received insights from those in a range of roles in youth peer support, including youth, youth peer specialists, adult peer specialists, program directors, and administrators. This broad representation provided a comprehensive range of perspectives, which have informed our advocacy work and the recommendations in this report.

Tables, including demographic information, are included at the end of the report. Individuals interested in additional analysis can contact MHA's youth team through our [youth leadership website](#). While the YPA team and report co-authors represent a wide range of identities and experiences, our survey sample was limited in racial and gender diversity as well as age. It is unclear whether this reflects the current state of the peer specialist workforce or the specific language used within the field of peer support. To address these gaps, federal advocacy should prioritize the collection of detailed workforce data specific to peer support specialists. Additionally, further research is needed to assess and improve diversity within youth peer support programs and initiatives.



## Recommendations

The YPA recognizes and affirms the importance and effectiveness of youth peer support. Thus, we have developed evidence-based and informed recommendations to build and promote systems of youth peer support nationwide. In addition to the recommendations and survey results, we provide examples of legislative and administrative progress and advocacy—much of which was directly influenced by the YPA.

### **1** Expand access to youth peer support programs and services, including school-based programs, youth warmlines, and crisis response services, to meet young people where they are.

Young people seek peer support in familiar environments where they already spend their time, such as in schools, online, or via phone. Offering resources in these spaces is particularly crucial for young people from diverse communities with limited access to mental health resources, including rural youth, those from low socio-economic backgrounds, and those who face barriers due to systemic harm or a lack of cultural responsiveness and representation in existing services.

Moreover, with many young people entering services during crises—often through emergency departments, crisis centers, or school reporting—connecting to a young person who has been there can be life-changing at a time that often includes the worst days of someone's life.

Across the country, some states have already taken action to increase awareness of and attention to peer-to-peer programs, particularly in high schools. For example, the Wisconsin Department of Children's Mental Health offers [a statewide dashboard](#) on peer-to-peer programs in high schools, including the program type, and the California Department of Health Care Services is currently funding [a \\$10 million pilot initiative](#) for peer-to-peer programs in high schools.<sup>9,10</sup>

According to our survey, a significant percentage of respondents reported difficulty finding youth peer support programs in their area (21%) with many unsure if youth-specific resources existed (19%). By implementing school-based programs, youth warmlines, and crisis response services, we can provide essential support to prevent mental health crises and promote overall well-being without forcing young people to go without support or find these resources by chance.

## LEGISLATIVE AND ADVOCACY MILESTONES

The Supporting All Students Act (S. 3525), introduced by U.S. Senators Bob Casey and Sherrod Brown in the 118th Congress, would provide funding to establish a peer-to-peer support line integrated with the 988 national suicide prevention lifeline.

The Peer-to-Peer Mental Health Support Act (S.3453), introduced by U.S. Senators John Hickenlooper and Lisa Murkowski in the 118th Congress, would establish a grant program to fund peer-to-peer programs in high schools. It was passed out of the Senate Health, Education, Labor, and Pensions (HELP) Committee as a provision within the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

The Promoting Effective and Empowering Recovery Services (PEERS) in Medicare Act of 2023 would expand Medicare coverage of certified peer support specialist services to additional settings, including community health centers and rural health clinics. For young adults, this would provide services to those dually eligible for Medicaid and Medicare due to disability and can help drive coverage of certified peer specialists in commercial insurance.

In 2024, the Center for Medicaid and CHIP Services (CMCS) released a document clarifying peer support policy and named the importance of peer support for youth and in schools.

U.S. Senators Laphonza Butler and Lisa Murkowski introduced the Prevention Services for Youth Act (S.4811) in the 118th Congress that directs the Department of Health and Human Services to include how states can increase access to evidence-based youth peer support services through Medicaid programs in its recommendations on prevention services for youth.

## RECOMMENDATIONS

**The Centers for Medicaid and CHIP Services** should provide guidance for coverage and billing of peer support services in schools.

**Congress** should authorize and fund SAMHSA to establish a national network that links existing peer support warmlines under one number, including warmlines designed by and for youth and young adults.<sup>11</sup>

# 2

## **Fund research to document the impact of youth peer support across settings, populations, and program types.**

Research is vital to document the impact and effectiveness of peer support and peer-to-peer programs across different settings, program types, and populations. Because it is a newer resource, leaders, including policymakers, administrators, mental health providers, and school personnel, may be unsure about investing in youth peer support or lack clarity on implementation. Youth peer supporters and employers may also want more guidance on what works best. Investing in research on the efficacy of youth peer support programs can help address unfamiliarity and concern about these programs as well as guide new and existing initiatives. Survey respondents also noted the importance of research with 49% strongly agreeing that research would assist them in their work and 42% stating that the impact of peer support programs is not well understood in their communities.

Prioritizing research can provide the necessary evidence to validate and promote the benefits of peer support, enhance current youth peer programs, and demonstrate the need to scale up youth peer support programs across states more broadly. Federal agencies have already shown interest in and prioritized youth peer support research. For example, in 2024, the National Institute of Mental Health hosted a [two-day meeting](#) specifically focused on advancing research for peer support in suicide prevention, including youth peer support programs and services. In the same year, SAMHSA's Office of Recovery held a [Recovery Research Technical Expert Panel](#) with a call for research on youth peer support in the resulting recommendations.

### **LEGISLATIVE AND ADVOCACY MILESTONES**

The [Strengthening Supports for Youth Act \(S. 4812\)](#), introduced by U.S. Senators Laphonza Butler and Lisa Murkowski in the 118th Congress, would direct the National Academy of Medicine to study the effectiveness of youth peer support.

In the 118th Congress, both the House and the Senate Departments of Labor, Health and Human Services, and Education, and Related Agencies Fiscal Year [2025 Appropriations Bills](#) report language encouraged the National Institute of Mental Health to prioritize research on youth peer support and promote youth voice in setting its research priorities in accompanied report language.

## RECOMMENDATIONS

**The National Institute of Mental Health** should prioritize funding research on youth peer support and services within its portfolio.

**Congress** should provide additional funding for youth research, including research on youth peer support.

**The Assistant Secretary of Planning and Evaluation in the US Department of Health and Human Services** should collect data on youth peer support services' use and impact on mental health outcomes.

# 3

## **Increase funding for youth peer support programs alongside community outreach and education.**

Funding is a critical challenge for youth peer support programs, with many relying heavily on government grants. A significant percentage of survey respondents (36%) of these programs depend on government funding as their primary source, yet 57% of those involved in youth peer support report difficulty securing necessary funds. This funding shortfall limits their ability to meet the growing demand for youth care and threatens long-term sustainability. At the state level, youth peer support is being elevated as part of statewide youth mental health strategies. For example, the National Governors Association's [Strengthening Youth Mental Health: A Governor's Playbook](#) included funding youth peer support programs and services as a key opportunity for state youth mental health policy strategies. Increasing state, federal, and local grant opportunities can help ensure programs are feasible and implemented.

Even when programs receive existing funding, it is often allocated to basic operations rather than expanding services or increasing public awareness. This limitation can hinder programs' ability to extend their reach and impact, especially when community awareness is low.



*For example, only 23% of survey participants strongly agreed or agreed that peer support was well-understood in their community.*

To foster greater investment and community support, youth peer support programs need dedicated funding for outreach to partners, community leaders, and young people.

## LEGISLATIVE AND ADVOCACY MILESTONES

The Early Minds Act (H.R.7808), introduced by U.S. Representatives August Pfluger, Kathy Castor, John Joyce, and John Sarbanes in the 118th Congress, would allow states to use up to five percent of Mental Health Block Grants for early intervention and prevention services that could include peer-led outreach and education as well as peer-to-peer programs and initiatives.

## RECOMMENDATIONS

**SAMHSA** should encourage grantees to fund youth peer-to-peer programs within general grant programs, where peer support is a potential use of the funds. This would be especially helpful in school programs, and SAMHSA can partner with agencies like the Department of Education when necessary.

**Congress** should pass legislation that allows the state Mental Health Block Grants to include a set-aside or allowable use of services for mental health promotion and prevention that prioritizes youth peer programs and services.

# 4

### **Prioritize the sustainability and diversity of the youth peer support workforce by investing in training, supervision, and living wages.**

Expanding the youth peer support workforce is now a high priority for both state and federal mental health agencies, as well as community-based organizations. In recent years, community leaders, policymakers, and practitioners have increasingly advocated for growing the number of youth peer support providers due to their value, especially during the current mental health workforce shortage.

Youth peers offer support for those who may not want or need clinical care or who feel better supported by someone they can closely relate to. At the same time, youth peers can be supplementary support for youth receiving clinical services and work alongside clinical teams. While some may fear increasing youth peer support will create an additional burden by adding to the work of already strained providers, particularly in schools, peer support can instead alleviate some of the pressure. For example, Youthline, a youth peer support line, has about 200 youth peer supporters. Thanks to training and proper supervision, they resolve over 95 percent of nearly 25,000 annual calls, texts, and chats from 50 states

without clinical intervention. With effective training for both youth peers and youth peer supervisors, youth peers gain the skills to provide high-quality support and connect young people with clinical or crisis services when needed.

In addition to increasing access to existing training, both youth and the adults who work with them may also benefit from more formal standards for training and certification. Building on the National Model Standards for Peer Certification created by SAMHSA, youth-specific recommendations can further distinguish the role of youth peer supporters. This will help ensure youth peers can maintain their distinct roles and contribute to the growing understanding of youth peer support as an important resource and service.

As states create and expand credential offerings, it's crucial to elevate and center the voices and experiences of those on the ground. Their insights should guide the decision-making process. Current youth peer support workers frequently cite job instability, limited career advancement, unlivable wages, and inadequate supervision as the biggest barriers to creating a thriving workforce.<sup>12</sup> These factors can make it difficult to work as a youth peer supporter even for those who enjoy and want to stay in these roles. Survey respondents also noted a current shortage of youth peer specialist availability (46%) and high turnover rates (28%). To address these challenges, policymakers must make significant investments in workforce development programs and increase reimbursement match rates for youth peer support services.<sup>13</sup> Further, decision-makers should prioritize increasing workforce diversity within development programs, to address the current lack of representation in the behavioral health workforce. This is especially important as younger generations, like Generation Alpha, are becoming increasingly diverse, with less than half identifying as non-Hispanic white.<sup>14</sup>

## LEGISLATIVE AND ADVOCACY MILESTONES

The 2024 clarifying document from the [Center for Medicaid and CHIP Services \(CMCS\)](#) encouraged states to ensure that peer specialists are paid a living wage and stated that certified peer specialists can supervise peer specialists.

In 2024, AmeriCorps, with philanthropic support, launched the [Youth Mental Health Corps](#), an initiative that creates pathways to peer support work for young people.

In the 118th Congress, the House and Senate included in their Labor, Health and Human Services, Education and Related Agencies Appropriations Acts for Fiscal Year 2025 increases by \$1 million and \$14 million, respectively, to the peer specialist workforce development programs at the Health Resources and Services Administration (HRSA), including for youth peer specialists.

In the President's Budget for Fiscal Year 2025, a \$10 million increase was provided to create a youth peer specialist workforce training program at HRSA.

## RECOMMENDATIONS

**The Health Resources and Services Administration (HRSA)** should prioritize youth peer support specialist training and supervision within its behavioral health workforce development programs like the Behavioral Health Workforce Education and Training- Children, Adolescents, and Young Adults (BHWET-CAY) Program for Professionals.<sup>15</sup>

**Congress** should significantly increase funding for youth peer support and activities offered by HRSA's workforce development programs with a particular focus on initiatives that increase diversity within the mental health workforce, including race, ethnicity, disability, and gender.

**Congress** should increase reimbursement match rates for youth peer support services to ensure a living wage that acknowledges the value that youth peer specialists provide. This includes increasing the Medicaid match for youth behavioral health or all behavioral health services.

**CMS** should review youth peer support reimbursement rates, as documented in the Peer Recovery Center for Excellence's 2024 report, Medicaid Reimbursement for Peer Support Services: A Detailed Analysis of Rates, Processes, and Procedures. For states paying significantly below the median rates from similar states, CMS should determine how they arrived at their current rate and ensure reasonable rates for youth peer services.<sup>16</sup>

**SAMHSA** should create standards for certified youth peer support specialists, including standards specific to crisis and schools, similar to those published for the National Model Standards for Peer Support Certification.<sup>17</sup>



# 5

## **Include youth peer support leaders across all decision-making bodies, including agency leadership, and as part of grant design, review, and selection.**

Youth peer support leaders bring unique insights and lived experiences essential for effective policy development and program implementation.

*” Involving youth peer supporters in policy and funding decision-making can bridge knowledge gaps, foster better understanding, and create more effective and sustainable youth support initiatives.*

For instance, 69% of respondents noted a lack of community understanding of peer support, while 45% of respondents indicated that community organizations, systems, or employers do not understand youth peer support. Survey data also indicated that 30% of respondents considered a lack of support from decision-makers as a significant barrier. Including youth peer leaders in leadership roles ensures that decisions align with peer support principles and that resources are directed toward initiatives that young people genuinely want.

Beyond amplifying youth voices, integrating youth peer leadership at all levels—from grant criteria and priorities to strategy development and evaluation—ensures that decisions are grounded in youth priorities. This approach helps address potential challenges proactively and leads to better investment in and understanding of youth peer support.

### **LEGISLATIVE AND ADVOCACY MILESTONES**

In 2024, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Fiscal Year 2025 Appropriations Bill encourages the National Institute of Mental Health to promote youth voice in setting its research priorities in accompanying report language, especially related to youth peer support.

SAMHSA’s National Advisory Council currently includes two young adult leaders.



## RECOMMENDATIONS

**Establish Youth Advisory Boards within all relevant agencies** to provide continuous input and feedback on policies and programs. Ensure these boards are diverse and inclusive, representing a wide range of youth experiences, including those from marginalized communities.

**Engage youth leaders for consultation at every stage of policy development** through regular focus groups, surveys, and town hall meetings, and develop mechanisms to ensure youth feedback is gathered and acted upon in policy decisions.

**Actively hire youth leaders with peer support experience for decision-making and grant review panels.** For participating youth, provide comprehensive training and ongoing support to these youth leaders for effective participation in the review process.

## Conclusion

Youth peer support is an effective, relational, non-clinical method of mutual engagement between young people with shared identities and mental health experiences. Nationwide, action is needed to expand youth peer support to prevent harm, promote well-being and belonging, and expand hope among the youth population. By investing in programs, research, community education, and workforce sustainability in partnership with youth peer leaders, we can create systems, collaborations, and programs that are more effective and meet the diverse and evolving needs of young people throughout the country.

## MHA's 2023-2024 Youth Policy Accelerator

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<sup>14</sup> Howard, C. and Reinert, M. (2024). Youth Mental Health Data in the Context of OMB SPD 15.

<https://dataequitycoalition.com/wp-content/uploads/2024/04/Youth-Mental-Health-Data-In-the-Context-of-OMB-SPD-15-April-2024.pdf>

<sup>15</sup> Health Resources & Services Administration. (2023). Behavioral Health Workforce Education and Training- Children, Adolescents, and Young Adults (BHWET-CAY) Program for Professionals

<https://www.hrsa.gov/grants/find-funding/HRSA-23-131>

<sup>16</sup> Peer Recovery Center of Excellence. (2024). Medicaid Reimbursement for Peer Support Services: A

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<sup>17</sup> Substance Abuse and Mental Health Services Administration, (2023) National Model Standards for Peer Support Certification. Publication No. PEP23-10-01-001.

<https://store.samhsa.gov/sites/default/files/pep23-10-01-001.pdf>

## Tables

<b>What barriers do you face when operating your peer-to-peer support program?</b> <i>(Select all that apply) 105 responses</i>		
<b>Community doesn't understand or know about peer support</b>	72	69%
<b>Not enough funding</b>	67	64%
<b>Not enough peer specialists or peer supporters available</b>	48	46%
<b>Peer wages are too low or reimbursement rates are too low</b>	48	46%
<b>Community organizations, systems, or other employers do not understand youth peer support</b>	47	45%
<b>Lack of community members using our services</b>	37	35%
<b>Lack of support from decision-makers in the community</b>	32	30%
<b>Not enough training</b>	31	30%
<b>Lack of diversity among peer supporters</b>	30	29%
<b>High turnover</b>	29	28%
<b>Low-quality training</b>	16	15%
<b>Worried about potential liability</b>	15	14%
<b>Discrimination within the peer support program or systems</b>	15	14%
<b>Other:</b>	6	6%

**Which of the following, if implemented, would benefit the peer-to-peer support program that you operate?**

<b>More funding</b>	92	84%
<b>More outreach to community members</b>	77	71%
<b>More training for adults and people who work with youth peer supporters</b>	77	71%
<b>More research about the impact of peer support</b>	70	64%
<b>More training for peer supporters</b>	67	61%
<b>More peer supporters</b>	63	58%
<b>Better quality training for peer supporters</b>	56	51%
<b>Other:</b>	4	4%

**What would improve the quality of the peer-to-peer support programs you received?**

(N=194)

<b>More affordable/free peer support programs and services</b>	102	53%
<b>More/closer locations to access peer support</b>	95	49%
<b>More peer supporters</b>	89	46%
<b>More peer support focused on youth</b>	86	44%
<b>More diversity among peer supporters</b>	73	38%
<b>I don't know</b>	25	13%

<b>What has prevented you from using peer support programs?</b> (253)		
<b>None of the above</b>	104	41%
<b>I can't find peer support programs in my area</b>	52	21%
<b>I didn't know peer support programs existed</b>	47	19%
<b>I do not feel that I need peer-to-peer support services</b>	32	13%
<b>There is a lack of diversity among peer supporters</b>	28	11%
<b>Other: _____</b>	27	11%
<b>I can't access peer support programs in my area (e.g., due to lack of transportation)</b>	24	9%
<b>I can't afford to receive peer support</b>	19	8%
<b>I'm not sure that peer support works</b>	12	5%
<b>I have felt discriminated against by peer supporters/peer support programs</b>	9	4%
<b>My family does not support me using peer support</b>	8	3%

<b>Research about the efficacy of peer support would help me conduct the work I do.</b>		
<b>Strongly Agree</b>	60	49%
<b>Agree</b>	43	35%
<b>Neutral</b>	11	9%
<b>Disagree</b>	2	2%
<b>Strongly Disagree</b>	7	6%
<b>TOTAL</b>	<b>123</b>	<b>100%</b>

<b>Peer-to-peer support programs and their impacts are well-understood in my community.</b>		
<b>Strongly Agree</b>	9	7%
<b>Agree</b>	20	16%
<b>Neutral</b>	31	24%
<b>Disagree</b>	53	42%
<b>Strongly Disagree</b>	14	11%
<b>TOTAL</b>	<b>127</b>	<b>100%</b>

<b>I can easily acquire the funding I need to operate my peer-to-peer program.</b>		
<b>Strongly Agree</b>	6	6%
<b>Agree</b>	14	14%
<b>Neutral</b>	24	24%
<b>Disagree</b>	34	34%
<b>Strongly Disagree</b>	23	23%
<b>TOTAL</b>	<b>101</b>	<b>100%</b>



<b>What is the primary source of funding for your peer-to-peer support program?</b>		
<b>Government grants</b>	59	36%
<b>Foundation grants</b>	35	21%
<b>Volunteer-run/no funding</b>	22	13%
<b>Community donations/crowdfunding</b>	19	12%
<b>Insurance reimbursement</b>	9	6%
<b>Corporate donations</b>	6	4%
<b>Other:</b>	13	8%
<b>TOTAL</b>	<b>163</b>	<b>100%</b>

<b>Gender</b>		
<b>Female</b>	294	81%
<b>Male</b>	57	16%
<b>Non-binary/Non-conforming</b>	13	4%
<b>Prefer not to say</b>	3	1%
<b>Other</b>	1	0%
<b>TOTAL</b>	<b>365</b>	<b>100%</b>

<b>Age</b>		
<b>17 or younger</b>	9	2%
<b>18-20</b>	10	3%
<b>21-25</b>	24	7%
<b>26-29</b>	27	7%
<b>30-39</b>	66	18%
<b>40+</b>	230	63%
<b>TOTAL</b>	<b>236</b>	<b>100%</b>

<b>Race/Ethnicity</b>		
<b>White (Non-Hispanic)</b>	249	69%
<b>Black/African-American</b>	48	13%
<b>Hispanic/Latine</b>	38	11%
<b>Asian/Pacific Islander</b>	29	8%
<b>Native American/Alaska Native</b>	10	3%
<b>Middle Eastern/North African (MENA)</b>	1	0%
<b>TOTAL</b>	<b>359</b>	<b>100%</b>

<b>Which groups do you identify with?</b>		
<b>Neurodivergent</b>	73	35%
<b>Low-income</b>	72	34%
<b>LGBTQ+</b>	64	30%
<b>Disabled/Person with a disability</b>	64	30%
<b>Student</b>	64	30%
<b>Immigrant</b>	15	7%
<b>Transgender</b>	12	6%
<b>Veteran</b>	10	5%
<b>TOTAL</b>	<b>211</b>	<b>100%</b>