

State Youth Peer Support Policy Toolkit

FAQs and a Field Guide for Leaders,
Funders, and Advocates



About Mental Health America

Mental Health America is the nation's leading national nonprofit dedicated to the promotion of mental health, well-being, and prevention. Our work is informed, designed, and led by the lived experience of those most affected.

Since 1909, Mental Health America has fundamentally changed the landscape of mental health promotion and prevention. We work nationally and in communities to advance our mission through education, direct services, research, policy, and advocacy. We remain rooted in our legacy of lived experience, which powers our relentless pursuit of the mental health and well-being of all.

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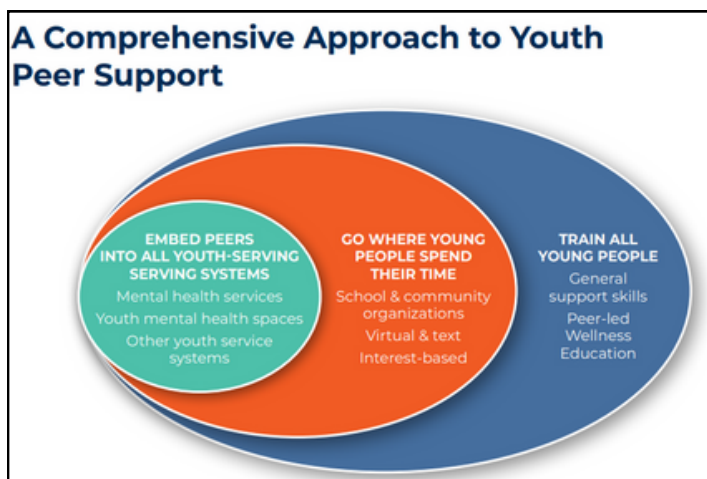
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Background

Today's young people face a unique moment, reporting high rates of mental health distress and isolation alongside rapid changes in the world around them. Technology and tech-enabled support, including social media, mental health apps, and, increasingly, AI companions, have created unprecedented exposure to mental health information and conversations, with complex impacts on youth's mental health, access to reliable information, and sense of connection. At the same time, youth seeking traditional mental health services face significant barriers to accessing support, including long waitlists, high costs, and persistent stigma.

With evolving technology, growing isolation, and limited mental health resources, youth peer programs and services can fill gaps in mental health support by meeting young people where they naturally turn for help: their peers.



Unlike AI chatbots or clinical interventions, peer support offers immediate, low-barrier access to authentic human connection, understanding, and support. Peer initiatives, ranging from general training on supporting others to school-based clubs to formal Medicaid-billable youth peer specialist services, can improve youth mental health by building connections, teaching wellness skills, providing navigation support, increasing agency, and offering hope.

Additionally, these initiatives have been shown to expand access to limited support, engage young people as mental health providers and partners, and reduce negative outcomes for those receiving support, including mental health crises.

The growing body of evidence and demand for youth peer programs have increased investment in these initiatives, with states and communities often investing in one specific approach (i.e., offering all students peer-to-peer support basics or investing in training for youth peer specialists) when they take action. While each type of program plays an important role and may reach different youth based on their needs, youth peer programs have a role to play across all levels of support inside and outside of formal services.

As decision-makers and leaders continue to work to meet the mental health needs of young people, the inclusion of youth peer programs across the continuum of mental health programs and services can quickly expand current resources, begin to transform communities, and build a stronger workforce for the future.

Toolkit overview

States play a key role in advancing youth peer support services and peer-to-peer programs, from providing funding for training to developing certification standards. As states continue to expand and explore the role of youth peer support in addressing youth mental health, this toolkit aims to provide insight into what is happening across the country by including information on the common concerns of decision-makers and documenting state policies and practices.

The two-part toolkit includes:

- **Youth peer support FAQs:** what funders, systems, and advocates need to know
- **A state youth peer support field guide:** an overview of what states are doing and how
 - **Program models:** Explores how states are approaching four different models of youth peer support to meet a range of youth mental health needs, including school-based peer-to-peer mental health education, crisis support, ongoing virtual and in-person support, and integration across youth-serving systems.
 - **Funding mechanisms:** Identifies how states are paying for and sustaining youth peer support programs and services, including Medicaid, federal grants, state block grants, general funds, and specific taxes.
 - **Certification, training, and supervision:** Provides examples of how states are investing in training, certification, supervision, and technical assistance to support youth, adults, and systems in effective implementation, as well as resources on addressing liability and ethical considerations.
 - **Statewide youth mental health strategy and workforce development:** Demonstrates how states are integrating youth and youth peer programs within mental health workforce development, youth mental health policymaking, and statewide convenings to build leadership capacity.

This toolkit can be used by advocates, state decision makers, and policy leaders to evaluate existing efforts, adapt effective models from other states, and develop long-term strategies for the mental health field.

We hope the information and examples included can help states ensure that youth and young adults have access to these life-changing resources and are empowered as leaders in their personal well-being, communities, organizations, and state systems.

Youth peer support FAQs

What funders, systems, and advocates need to know

While the concept of peer support is not new, youth peer programs and services are relatively new and growing in the mental health field. As such, leaders, advocates, and decision-makers often have similar questions to help them better understand, advocate for, and implement these initiatives.

Below are answers to some of the most common questions in youth peer support, including:

- What is youth peer support?
- What is the history of youth peer support?
- What are the different types of youth peer support programs and services?
- Is youth peer support evidence-based?
- How old are youth peer supporters?
- Why do young people want peer support?
- Does youth peer support offer something that other services don't, or is it just a workaround for broken, under-resourced systems?
- Is youth peer support safe for youth peer supporters?
- How can I address possible liability or ethical issues relevant to youth peer support?
- Are youth peer supporters paid or volunteers?
- How can I gain parental or guardian support for youth peer support programs and services, especially for minors?
- How can adults and youth partner meaningfully to advance youth peer support?

You can find more in-depth information and examples of how states are taking action across each area in our state peer support field guide.

What is youth peer support?

In youth peer support programs and services, trained young people give and receive support based on shared experiences and identities, including age, specific mental health experience, and system involvement, like the child welfare or the juvenile legal system. Since peer relationships and inclusion are so important at this life stage, they provide an opportunity to offer connections to other young people who understand youth culture and, often, come from the same communities as those they support.

As opposed to adult peer specialist services within mental health systems or other common peer models like those used in diabetes, youth peer programs are largely focused on building connection based on age and life stage, with other components based on the specific program. For example, a peer-to-peer program in a high school may focus on general stressors and challenges common to teens, while a youth peer specialist working as part of a first episode psychosis program can provide connection around navigating the shared experience of psychosis as a young adult dealing with similar systems and considerations.

The specific roles and tasks of youth and young adults depend on the model.

What are the different types of youth peer support programs and services?

Youth peer programs and services vary in their formality, roles, and connections to mental health, schools, juvenile justice, and foster care systems. Generally speaking, youth peer programs and models typically fall within one of the following categories, but may overlap depending on the initiative.

- **Informal youth peer support:** These can include initiatives that provide general training on how to support other young people or spaces like mental health advisory councils or drop-in centers where youth provide mental health support to one another in an unstructured way. Informal youth peer support typically provides limited to no training and instead leverages natural supports and relationships.
- **Formal youth peer programs:** Formal youth peer programs may include school-based peer-to-peer mental health clubs, sports-based mental health promotion initiatives, or teen-to-teen crisis textlines. Youth in formal youth peer programs often receive training and support from adults or young adults with roles that may include facilitating support groups, teaching wellness skills, and providing crisis support, including referrals to additional resources when needed.
- **Youth peer specialist services:** Youth peer specialist services typically include young adults who obtain formal training and certification via a state-determined process and may provide standalone support or work as part of systems or teams, such as mobile crisis outreach teams. In addition to providing emotional support and understanding, youth peer support specialists also often support youth in other areas, including goal setting, systems navigation, self-advocacy, and modeling hope.

What is the history of youth peer support?

While people often turn to those with similar experience during times of distress, the first documented instance of peer support within mental health systems and settings was in France in 1748, where Jean Baptiste Pussin, a psychiatric hospital superintendent, began hiring former patients as he found they were more effective, engaging, and compassionate. Within the US, the peer support movement goes back to the 1960s and has grown and evolved outside and inside of formal systems and services. The youth peer support movement reflects the history of peer support as well as the growing consensus around the importance of non-clinicians in promoting mental health and well-being, including as peer support specialists. You can learn more about the history of youth peer support in the US in [this brief](#) developed by YouthMove, a leading voice in youth peer support.

Is youth peer support evidence-based?

Reviews of the published literature on youth peer support have found that it can reduce depression, anxiety, body image concerns, and disordered eating behaviors while increasing self-efficacy, social support, hope, and engagement in mental health services. There is particularly compelling evidence for youth peer support models in suicide prevention, with one systematic review finding that school-based models focused on training students reduced suicidal behaviors while those focused on adults, like teachers, did not. School-based peer-to-peer models, like Sources of Strength and Youth Aware of Mental Health, have been shown to reduce suicide attempts and demonstrate promise in reducing deaths by suicide.

While more research is needed, limited evidence and challenges in study design are common in community-driven approaches like peer support, which have historically not been prioritized or supported by research institutions and funders. That said, growing interest and investment in the field are reflected in the increase in published research on youth peer support since 2020, with an emphasis on the need for further research to support effective training and model fidelity, including organizational support and supervision.

How old are youth peer supporters?

Age ranges vary depending on the program, state, and service provided. States and programs may also differentiate between age requirements for peer supporters and those receiving support. For example, certification may require youth peers to be at least 18 years old, while allowing them to provide peer services to those as young as 14. Generally speaking, formal youth peer programs are often provided by youth in the same age range (i.e., high school students to high school students), and youth peer services typically serve teens and young adults with certified peers, often between 18 and 30 years old.

Why do young people want peer support?

Youth peer support is a unique and critical resource that meets young people where they are, grounded in shared experience of life stage and youth culture. Peers offer connection, understanding, hope, and support toward each other's goals. Youth peer support is inherently strengths-based and empowering as it reimagines mental health care to focus on what young people *can* do rather than what's wrong with them, something youth often report feeling when struggling. It creates opportunities for community-level change by training young people to support one another and building cultures of mutual aid and understanding. For many youth, having "someone who just gets it" and someone who shares their age, experience, or identity can be transformative in ways that traditional adult-led services cannot replace.

Young people are more likely to turn to their peers during times of distress than to adults or formal services, making peer programs a natural place for support. Additionally, youth peer support can be particularly powerful for young people not represented within the current mental health workforce or whose communities lack culturally responsive resources. By recruiting peer supporters from the communities they serve, these programs ensure that support is relevant, accessible, and reflective of youth experiences.

Surveys of college students, teens, and young adults have shown that access to youth peer support is a major priority among young people, and they are often leading the way in increasing access to youth peer support in their communities and through policy.

Is youth peer support safe for youth peer supporters?

Studies have shown that youth peer support can have a positive impact on the young person providing peer support, including increasing their sense of purpose, belonging, and personal growth. Surveys of youth working in more formal peer support roles have shown high role satisfaction with limited negative impacts, including among youth peers working in crisis support.

Just as in all helping roles, youth may feel overwhelmed by providing ongoing emotional support or discussing certain topics, including suicide. However, young people are already having these conversations with peers in all areas of their lives, but without the training that could help them be more impactful in offering support, maintaining boundaries, and navigating pathways to additional help or resources. General peer support training can help support all young people in navigating mental health conversations.

Within formal peer programs and peer specialist services, training and supervision for youth working in peer support can help prevent these negative impacts and aid young people in maintaining boundaries and supporting their own mental health when dealing with distress or overwhelm. Formal peer programs typically provide processes for responding to crises with ongoing support for the youth peer supporters. For example, YouthLine, a teen-to-teen crisis support line, operates a separate helpline specifically for volunteers who may experience distress during or after their shifts, ensuring peer supporters have immediate access to professional support when needed. Additionally, formal peer support specialist roles typically have supervision requirements by their state and/or employer.

Within formal peer support specialist roles, negative impacts often stem from a lack of role clarity, inadequate supervision, and insufficient organizational preparedness and readiness, as well as low wages and limited career advancement opportunities.

Does youth peer support offer something that other services don't, or is it just a workaround for broken, under-resourced systems?

Youth peer support is not a clinical service, but it may be used as a complement or alternative, depending on the individual's desires and needs. For example, some youth may benefit from having someone to talk to and learning new coping skills without requiring clinical services. Others may not trust services or systems and may rely on peers for emotional and systems navigation support. In a mental health landscape marked by provider shortages and long wait times, youth peer support fills critical gaps, offering immediate connection and ongoing support between therapy sessions, during transitions in care, or when clinical services aren't accessible or desired. For many youth navigating mental health challenges alone or without feeling like they have a safe space to get connected, peer support provides essential continuity and connection that prevents isolation and crisis escalation.

For youth whose families are balancing multiple jobs or cannot be home after school, school-based peer support may be one of the only accessible support systems. Youth experiencing housing insecurity or homelessness, as well as those who are not connected to education, employment, or trade school, may also rely on youth peer support as part of, or their sole, support system. Afterschool programs, drop-in centers, and community-based spaces with peer support programs can serve as a critical protective factor during unstructured time, offering safe spaces for connection and care.

Peer support is especially essential in under-resourced schools, including Title I schools and rural areas, where students may not have access to comprehensive mental health staff. In these settings, mental health support is often assigned to roles like college counselors, leaving significant unmet needs. Youth peer models can expand access, meet cultural needs, and serve as an equitable solution when staffing and resources are limited. Additionally, by recruiting youth peer supporters from the communities in which they live, resources can be more responsive to each community and better serve a variety of youth.

How can I address possible liability and ethical concerns when advocating for or implementing youth peer support programs and services?

Adults and allies may be concerned about potential legal liability in instances of negative events and harm to the youth providing or receiving peer support. States and providers address liability issues using training, formal processes, and insurance when and where necessary. Comprehensive training and processes can ensure youth have the skills and tools to provide support, care for themselves, and connect others to resources like crisis services when necessary. Supervision and clear processes for handling sensitive information and situations can increase confidence and ensure youth peers have ongoing oversight, coaching, and feedback. For schools, non-profit organizations, and private companies that offer peer programs or services, it may also be necessary to include these initiatives as part of insurance.

It is also important to note that youth peer supporters typically report positive impacts on their well-being, with negative consequences more related to training and organizational practices, as noted in the discussion of safety for youth peer supporters.

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What are the different types of youth peer support programs and services?

Parents may be concerned about the usefulness or safety of youth peer support models. Common questions raised by parents include:

- **“Why should I trust my child’s well-being to another young person rather than a trained adult?”** First, it is critical to note that young people are already having these conversations, but often have no training or support for what to do. Within youth peer programs, youth peer supporters work alongside, not instead of, trained adults. Peer support can extend access to support and, when relevant, complement professional services by providing a relatable connection and understanding that adults cannot replicate. Youth peer supporters receive extensive training in their specific roles and are supervised by qualified professionals. They are trained to recognize when situations require adult or additional support, depending on the type of program, and have clear protocols for connecting peers to clinical or crisis resources.
- **“It’s normal for kids to feel emotional at this age – why the need for programs like this?”** Youth peer support programs are beneficial regardless of whether or not a young person is struggling with their mental health. First, everyone has mental health and can benefit from the positive coping skills and improved social connectedness offered through these programs. Second, youth peer models teach youth how to respond to others in distress, identify warning signs in themselves and others, and navigate the process of seeking help. In these instances, youth peer resources serve as a means to intervene early, helping to address concerns before they escalate into crises. Finally, while emotional ups and downs are normal, nearly 1 in 5 children ages 3 to 17 (21%) have been diagnosed with a mental, emotional, or behavioral health condition, and suicide is the second leading cause of death among individuals between the ages of 10 and 14. For youth who are dealing with more intense mental health concerns, youth peer models can reduce stigma at the community level and improve outcomes when offered as formal youth peer services.
- **“Will this program label my child or expose them to negative influences?”** Youth peer support programs focus on strengths and resilience rather than deficits or diagnoses. Many programs are designed as universal prevention or mental health promotion, meaning all students can participate and benefit regardless of their mental health status. In contrast to these concerns, peer support programs expose young people to positive influences, as they have been shown to reduce stigma, increase help-seeking, and enhance protective mental health factors, such as social connectedness. Peer programs and services are particularly important for youth who are already struggling or engaging in services, as having a trained person who understands and has been through a similar experience can be a lifeline and source of hope during what is often an incredibly isolating time. Since young people are already connecting to peers and online spaces around their mental health, youth peer programs can meet the need for understanding and connection from those trained to provide healthy support instead of online spaces or communities that may encourage more harmful behaviors or provide inaccurate information.

Are youth peer supporters paid or volunteers?

Youth peer supporters may be paid or unpaid, depending on the program. For more informal peer programs and clubs, offering service hours, paid stipends, or leadership recognition can increase youth engagement and reduce barriers to participation. In some districts, service hours are directly tied to scholarship eligibility or graduation, making them a powerful tool to incentivize and recognize student contributions.

While some roles may not be paid, youth peer specialists should be paid to reflect the unique and important value they contribute to those they support. Similar to adult peer support, youth peer support should not be viewed as a lower cost alternative but as a distinct and important resource with fair wages to ensure youth can sustainably work in peer roles.

How can programs ensure effective recruitment for youth peer support roles?

Effective youth peer support programs require diverse representation that reflects the communities youth serve. When recruitment favors only high-achieving, well-connected students, it risks overlooking youth from varied backgrounds who bring essential perspectives and community ties. Programs should use targeted outreach to diverse student groups and community organizations, not just teacher referrals or sign-ups. For example, [Sources of Strength](#) uses a social network model to ensure student leaders represent social groups and connections throughout the school.

Programs should also offer multiple application formats, like writing or video, to support different communication styles. Training should be flexible, with compensation or support to reduce barriers like work, family, or transportation. Partnerships with organizations serving youth from rural areas, varied economic backgrounds, and different life experiences can expand outreach. Current peer supporters can also identify and encourage participants from their own networks, helping programs build teams that truly reflect and connect with the full community.

How can adults and youth partner meaningfully to advance youth peer support?

Youth leadership and [intergenerational collaboration](#) are essential to the effective and sustainable implementation of youth peer programs. Advancing youth peer support requires not just listening to young people, but creating spaces where they are engaged in design, decision-making, and long-term strategy. Adults can support this by establishing clear, compensated leadership roles, involving youth in governance and evaluation, and ensuring that youth perspectives directly shape programs and policy. Adults can also serve as champions within decision-making spaces and can collaborate with youth to ensure programs and policies prioritize immediate needs and long-term development and well-being. Sustained partnership also means embedding youth voice into the structures and systems responsible for delivering and scaling support.

State youth peer support field guide

An overview of what states are doing and how

State policy plays an essential role in advancing youth peer support initiatives across systems and settings. While approaches and priorities vary, a growing number of states are investing in these resources as part of available mental health services and supports.

This section highlights how different states are implementing youth peer support initiatives. It includes:

- **Program models**, including school-based peer-to-peer mental health education (Ohio, Montana), crisis support (Oregon, Washington), virtual and in-person ongoing community-based support (Tennessee, Maine), and systems-integrated roles (Hawaii, Arizona)
- **Funding mechanisms**, including Medicaid (Maine, Michigan, Wyoming), federal grants (West Virginia), mental health block grant funds (Ohio, Nebraska), state general funds (California, Massachusetts), and state-specific tax revenue (Illinois)
- **Training, certification, and supervision**, including addressing liability and ethical concerns, certification requirements (Georgia, Missouri, Connecticut), supervision (Kentucky, New Mexico), and implementation support (North Carolina, Texas)
- **Statewide workforce development and youth mental health strategy**, including workforce development pipelines (New York), policy leadership (Washington, Tennessee), and strategic planning and convening (Texas, Wisconsin).

Each component includes an overview with specific state policies, including policy histories, implementation approaches, and impact along with a checklist that can be used to examine strengths and opportunities within across states

Advocates, policymakers, and system leaders can use this field guide to evaluate their current efforts and adapt, build, or replicate strategies from other states based on their local context and needs.

Youth peer support program models

Youth peer support programs use the power of shared identity and relatability to meet a wide range of youth mental health needs. These models can vary widely, from offering universal wellness skills and early support to serving youth in crisis or transitioning to adulthood.

Youth peer support categories and approaches

In youth mental health, youth peer programs may include one or more of the following categories:

- **Informal youth peer support:** These can include initiatives that provide general training on how to support other young people or spaces like mental health advisory councils or drop-in centers where youth provide mental health support to one another in an unstructured way. Informal youth peer support typically provides limited to no training and instead leverages natural supports and relationships.
- **Formal youth peer programs:** Formal youth peer programs may include school-based peer-to-peer mental health clubs, sports-based mental health promotion initiatives, or teen-to-teen crisis textlines. Youth in formal youth peer programs often receive training and support from adults or young adults with roles that may include facilitating support groups, teaching wellness skills, and providing crisis support, including referrals to additional resources when needed.
- **Youth peer specialist services:** Youth peer specialist services typically include young adults who obtain formal training and certification via a state-determined process and may provide standalone support or work as part of systems or teams, such as mobile crisis outreach teams. In addition to providing emotional support and understanding, youth peer support specialists also often support youth in other areas, including goal setting, systems navigation, self-advocacy, and modeling hope.

Programs are offered across a range of youth-serving spaces to meet the needs of different populations, including schools, community-based organizations, social services, and extracurriculars. Many programs also leverage social media, online or text-based support, or apps as part of programs or as the sole program offering to meet youth where they are most comfortable.

By offering multiple entry points across this continuum, states can more efficiently support youth well-being, extend support to youth who may not need clinical services, and engage youth early to prevent long-term challenges, such as high utilization of emergency departments, school drop-out, and disconnection from work or education.

This makes youth peer support an essential investment, given increased rates of mental health distress, utilization of crisis services, and emergency department boarding of youth experiencing mental health-specific emergencies faced by young people and their families. Specific to youth crisis response, the Substance Abuse and Mental Health Services Administration's "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" also recommends including youth peer support as part of crisis response models as a strategy to meet youth and family needs and keep them in the community, limiting the use of costly, disruptive, and potentially traumatic interventions.

While this section includes four more common approaches (school-based education, crisis support, community support, and systems-integrated roles), it is non-exhaustive, and many programs span more than one category.

Program model categories & state examples

School-based peer-to-peer mental health education

Ohio: Sources of Strength (trained student peers)

Program:	<u>National school-based</u> , strengths-based suicide prevention that provides a specific curriculum to train youth peer leaders and adult advisors focused on supporting youth leaders to have one-on-one conversations and create mental health messaging campaigns and resources.
Population served:	Middle and high school students
Peer provider age:	Middle and high school students
Evidence:	A study including 20 schools found a 29% reduction in suicide attempts in schools that implemented Sources of Strength (<u>Wymen et al, 2025</u>), with additional studies showing reduction in suicide deaths and increases in adult connectedness, school engagement, and openness to referring friends in distress to resources and seeking help (<u>Sources of Strength, 2025</u>).
Training	<u>Training</u> for student leaders (5 to 6 hours) and adult advisors (3 to 6 hours) is provided by local or national trainers, with options for train-the-trainer training as well as ongoing meetings to support student leaders.
Funding:	The Ohio Department of Mental Health and Addiction Services provides funding for most <u>program and training costs</u> as part of an effort to expand Sources of Strength in the 2024-25 school year, with additional funding from the CARES Act and American Rescue Plan Act.
State role:	Implementation for Sources of Strength Ohio is supported by a partnership between the Ohio Department of Mental Health and Addiction Services, the Ohio Suicide Prevention Foundation, and PreventionFIRST!, a statewide nonprofit.
Policy tool:	The Safety and Violence Education Students Act (<u>HB 123</u>) requires schools to provide <u>evidence-based training</u> to address school safety, including suicide prevention

Montana: Youth Aware of Mental Health (facilitated training and peer-to-peer conversation)

Program:	<u>A five-session program that includes role-play activities where students learn about mental health with a focus on empowering participating youth to drive discussion, including sharing their experiences and perspectives on different scenarios.</u>
Population served:	<u>High school students</u> , particularly in rural communities
Peer provider age:	High school students help drive peer-to-peer discussion of content with one another, supported by trained adult facilitators who are often <u>near-age young adults</u> .
Evidence:	A study including 11,000 teens in Europe found Youth Aware of Mental Health reduced suicide attempts and ideation (<u>Wasserman et al, 2015</u>), and a U.S.-focused study found it reduced stigma and improved mental health literacy (<u>Lindow et al, 2020</u>).
Training	<u>Training and facilitation</u> are offered through Montana State University (MSU) Center for Research on Rural Education and MSU Extension, which uses the Youth Aware of Mental Health evidence-based curriculum.
Funding:	A three-year grant from the <u>National Institute of Food and Agriculture</u> provided funding to prioritize Youth Aware of Mental Health for Montana's rural and tribal communities, and the state offers <u>community suicide prevention grants</u> that can be used.
State role:	Youth Aware of Mental Health is included as one of the state-approved suicide prevention resources and is listed in the 2025 <u>statewide suicide prevention plan</u> .
Policy tool:	Passed in 2007, the <u>Montana code (SB 478)</u> requires a state-level suicide prevention program, which includes community suicide prevention grants that can be used to fund Youth Aware of Mental Health. Additionally, the <u>Montana Suicide Awareness and Prevention Training Act (HB 381)</u> requires the state to provide support and technical assistance to schools to make state-approved suicide awareness and prevention training available.

Crisis support

Oregon: YouthLine

(trained peers)

Program:	Volunteer youth peer-to-peer crisis line that includes options for support via text, phone, online chat, and email that serves youth in Oregon as well as across the country.
Population served:	10 to 24
Peer provider age:	15 to 24
Evidence:	Over 50% engagement with proactive outreach to youth posting suicidal thoughts or related content on social media (Leets et al, 2025), and, overall, youth peers report high job satisfaction and minimal negative impact (Glenn et al, 2024).
Training	Volunteers receive a two-hour orientation with more than 65 hours of training and shadowing with supervision from a master's-level clinician.
Funding:	YouthLine receives funding from the Oregon Health Authority, donations, foundation support, federal grants, and county funding. This also funds their mini-grant program for schools implementing suicide prevention and mental health interventions.
State role:	The Oregon Department of Education recognizes YouthLine as a state resource for school-based suicide prevention and mental health support, as well as part of Oregon's 988 crisis response system infrastructure.
Policy tool:	Adi's Act requires Oregon schools to develop Suicide Prevention, Intervention, and Postvention Plans. YouthLine supports districts in meeting this requirement .

Washington: Mobile Crisis Response Teams

(state-certified peer support specialists)

Program:	Youth mobile crisis teams co-led by clinicians and certified peers
Population served:	13 to 17
Peer provider age:	18+
Impact:	Dedicated youth-focused Mobile Response and Stabilization Services (MRSS) teams have expanded from four to 15 teams, increasing coverage from five to 21 Washington counties . These teams provide developmentally appropriate services from initial crisis response through stabilization.
Training	State peer support certification includes 80 hours of hybrid training and completion of a state exam. To be employed as a peer crisis responder, an additional 40-hour Crisis Awareness and Communication in Peer Services (CACPS) training is required. Youth mobile crisis response teams have also been supported with training from the University of Washington CoLab for Community and Behavioral Health Policy .
Funding:	Washington has utilized both state and federal funding, including funds from the American Rescue Plan Act (ARPA) , to support the expansion of mobile crisis teams via establishment grants, enhanced rates for endorsed teams, and additional earned performance payments.
State role:	Washington State Health Care Authority (HCA) oversees mobile crisis response through Behavioral Health Administrative Service Organizations (BH-ASOs) , with state requirements for response times, training, staffing, and transportation standards.
Policy tool:	State-mandated, publicly funded program established through HB 1477 (Crisis Call Center Hubs and Crisis Services Act) in 2021, enhanced by HB 1811 in 2025.

Virtual and in-person ongoing community-based support

Tennessee: Healthy Transitions

(state-certified peer specialists and informal peer support)

Program:	<u>State-led</u> initiative that provides youth and young adults (16 to 25) with mental health services, care coordination, peer support, and supported employment and education, and includes informal peer support and leadership opportunities via <u>youth and young adult leadership councils</u> .
Population served:	16 to 25
Peer provider age:	18 to 30 (<u>Certified Young Adult Peer Support Specialist-CYAPSS</u>)
Impact:	Builds on a <u>previous Healthy Transitions grant</u> that was used to create the CYAPSS and statewide youth leadership council, with demonstrated <u>positive impact</u> on participating youth across overall health, daily functioning, and distress.
Training	<u>State certification</u> requires completion of a five-day, 40-hour training, 75 hours of supervised volunteer or work experience, three references, and ongoing continuing education to maintain certification
Funding:	A five-year discretionary \$5 million <u>SAMHSA Healthy Transitions grant</u> , which builds on a <u>previous Healthy Transitions grant</u> that was used to create the CYAPSS and statewide youth leadership council.
State role:	Led by the Tennessee Department of Mental Health and Substance Abuse Services in partnership with local agencies and youth organizations.
Policy tool:	State-led implementation of a federal grant that includes the integration of youth peers and expands the CYAPSS initiative.

Maine: Youth Peer Support Statewide Network (YPSSN)

(state-certified peer specialists)

Program:	Statewide virtual and in-person support for teens and young adults, which includes 1:1 support, group sessions, drop-in sessions and spaces, and advocacy opportunities.
Population served:	14 to 26
Peer provider age:	18 to 26
Impact:	Serves <u>approximately 450</u> youth per year, and <u>100%</u> of participants reported being satisfied with the services.
Training	Peer specialists are required to complete an eight-day <u>Intentional Peer Support</u> training.
Funding:	Two-year <u>\$1.5 million contract</u> with two-year renewal periods until 2030.
State role:	<u>Selects and contracts</u> with an agency to implement the YPSSN through a request for proposals (RFP) process.
Policy tool:	Funding designated by the Department of Health and Human Services and administered to the organization selected through the formal RFP process.

Systems-integrated roles

Hawaii: EPIC 'Ohana Youth Partners

(state-certified peer support specialists)

Program:	Peer support initiatives across youth-serving systems, such as child welfare and the juvenile legal system, that support youth and young adults to transition to higher education, employment, and independent living.
Population served:	12 to 26 (depending on specific focus area)
Peer provider age:	18 to 27
Training	Includes training on the <u>wraparound services model</u> , training with partner agencies, assessment tool training (CANS), facilitation training, data collection and information systems training, cultural awareness, child welfare law, human trafficking prevention, youth engagement, communication and collaboration training, and community resource building.
Funding:	After an initial <u>Title IV-E demonstration project</u> with the Hawaii Department of Human Services – Child Welfare Services Branch, EPIC 'Ohana was awarded a contract in 2020 to continue and expand the Family Wrap Hawai'i program with Youth Partner support. The Youth Partner program has since branched outside of the Wrap program to serve youth across multiple systems, including child welfare, foster care, juvenile justice, and mental health services. This work has been supported by state agencies as well as private funders like the Casey Family Foundation and the Kosasa Foundation.
State role:	EPIC 'Ohana is recognized as an official state partner in the child welfare system and participates in the state's <u>Malama Ohana Working Group</u> (established by <u>Act 86</u>) to reform Child Welfare Services.
Policy tool:	Through the <u>Family First Prevention Services Act</u> , Hawaii leveraged <u>federal Title IV-E funding</u> for innovative interventions for children in the state's child welfare system. This included EPIC 'Ohana's implementation of <u>Family Wrap Hawai'i</u> with Youth Partner support.

Arizona: Diverse Ability Incorporated Peer-Based, Person-Centered Planning

(trained peers)

Program:	Trained peer leaders support youth with disabilities to identify their strengths and goals and to create plans to achieve them as they transition to adulthood.
Population served:	14 to 22 years old with a documented disability
Peer provider age:	18 to 29
Training	<u>The Arizona Youth Engagement Academy (AZYEA)</u> , training to develop skills and practical experience in delivering mentoring, training, and support to other youth, facilitated by program alumni.
Funding:	<u>Funding sources</u> include the Arizona Department of Education's Exceptional Student Services and the Rehabilitation Administration's Vocational Rehabilitation Services.
State role:	Supports the initiative through the Arizona Department of Education's Exceptional Student Services <u>Special Projects Unit</u> .
Policy tool:	An amendment <u>was submitted and approved</u> within the <u>Arizona State Plan for Independent Living (SPIL)</u> to support youth leadership initiatives for transition-age youth.

Recommendation:

Collaborate with youth to review current investments and fill gaps in youth peer programs.

State leaders should collaborate with young people and other stakeholders to identify strengths in community resources and select models that fill gaps in what is available for youth.

State checklist on youth peer support models

Use this checklist to assess how your state is incorporating youth peer support models.

Currently, my state:

- ☐ Funds or supports school-based peer mental health education in K-12 or college.
- ☐ Offers youth-run or youth-staffed crisis services.
- ☐ Provides community-based or virtual peer support programs.
- ☐ Includes youth peer specialists in systems like child welfare, the juvenile legal system, mental health, and education.
- ☐ Integrates youth priorities and community-specific needs.

Funding youth peer programs and services

Alongside support from philanthropy, youth peer initiatives often rely on state and federal funds and may blend funding resources depending on the program model. Potential funding sources include Medicaid, federal grant funding, Mental Health Block Grants, and state general funds.

Medicaid State Plan Amendments and waivers

At the most formal end, many states fund youth peer support services through Medicaid, and states have been encouraged to expand access to youth peer support using Medicaid dollars, as noted in [a 2024 FAQ](#) published by the Center for Medicaid and CHIP Services. As of 2022, [18 states](#) allow reimbursement for youth peer support services under Medicaid, which requires peer supporters to have formal certification to bill for services.

While [eleven states](#) include youth peer services as part of their State Plan Amendments, others utilize waivers, such as the 1915(b) waiver, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, and relationships with managed care entities. Coverage may include individual youth peer support services or offer youth peer support as part of other treatment models, like first episode psychosis programs. Leaders can access more detailed examples of how different states are including youth peer support services within State Plan Amendments [here](#). Additionally, Michigan's Association for Children's Mental Health [Youth Peer Support Supervisor/Administrator Manual](#) is a comprehensive resource that includes billing codes, which state leaders can use to implement youth peer services.

Federal grant funding

Other federal funding sources, such as the Garrett Lee Smith Suicide Prevention Grants and Project AWARE grants, may cover direct peer support, workforce development, or related costs, and may or may not require certification. Other grants, such as those provided by the [Health Services and Resources Administration](#), focus specifically on certified peer support specialists workforce development.

State funds and alternative funding streams

Additionally, states may choose to include youth peer-to-peer initiatives, youth peer services, and workforce development using Mental Health Block Grant (MHBG) dollars or may designate specific general funds to cover the cost of youth peer initiatives, including in schools or via chatlines. Others, like Illinois and Oregon, use money tied to specific tax revenue, including adult use of cannabis and tobacco, to fund peer initiatives directly or as part of overall mental health funding.

Reimbursement rates and implementation support

Across all initiatives, states should ensure that reimbursement rates offer fair wages. [Low pay](#) remains a major source of job dissatisfaction and makes peer support work financially unviable or unsustainable for youth peer supporters. As part of comprehensive investment, states should ensure that funds can cover costs, such as training and supervision, that enable employers to implement peer services with fidelity, and that funding is accessible to youth-run and peer-run organizations.

Youth peer support funding strategies and state examples

Medicaid-funded youth peer support services

Maine	State Plan Amendment (behavioral health homes only)
Setting:	Youth peer support is covered only within <u>Behavioral Health Homes</u> (BHH).
Population served:	14 to 26
Coverage	Not available as a standalone service.
Policy tool:	<u>State Plan Amendment</u>

Michigan	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit (face-to-face youth peer services)
Setting:	<u>1:1 or group-based peer support</u> , face-to-face only
Population served:	High school age to 26 (no minimum age)
Peer provider age:	18 to 25
Coverage:	Billed by community mental health centers or contracted partners and reimbursed under EPSDT
Policy tool:	<u>Standard Medicaid benefit</u>

Wyoming	1915(b) Waiver (wraparound peer services)
Setting:	High fidelity wraparound for youth with complex needs
Population served:	4 to 20-year-olds identified as needing more comprehensive support to stay in the community
Peer provider age:	18 to 26
Coverage:	Medicaid-funded via <u>1915(b) and (c) waivers</u>
Policy tool:	Waiver-based service model with <u>managed care organization</u>

Federally funded youth peer programs

West Virginia	SAMHSA State Opioid Response Grant
Setting:	College campuses (8 schools statewide)
Population served:	College students
Coverage	Over <u>3,000 individual sessions + 7,000 group sessions</u>
Policy tool:	<u>SAMHSA State Opioid Response (SOR) grant to the WV Collegiate Recovery Network and Marshall University Research Corporation</u>

Mental Health Block Grant (MHBG) support

Ohio	SAMHSA Block Grant 2024–25 plan
Goal:	Broad expansion of youth peer support throughout <u>youth mental health services</u> .
Peer provider age:	18 to 30 (Certified Youth Peer Supporter)
Coverage	Allocated \$21.5 million to expand wellness and recovery supports across the state, which includes expanding access to youth peer support.
Policy tool:	SAMHSA Block Grant

Nebraska	SAMHSA Block Grant American Recovery Plan Act (ARPA) supplement
Goal:	Establish or expand school-based peer-to-peer suicide prevention models.
Population served:	Middle and high school students
Peer provider age:	Middle and high school students
Coverage:	Hope Squad or Sources of Strength
Policy tool:	<u>Mental Health Block Grant, COVID supplemental funding, and ARPA supplemental funding</u>

State general fund investments

California	Peer-to-Peer Schools Pilots
Program:	School-based peer-to-peer support programs in up to 8 high schools
Population served:	High school students
Peer provider age:	High school students
Funding:	<u>\$10 million in general fund investment</u>
Policy tool:	One-time direct appropriation as part of the Children and Youth Behavioral Health Initiative in the state's 2022-23 state budget, with \$8 million in funding administered to selected pilot schools through a partnership between the <u>California Children's Partnership</u> and the California Department of Health Care Services.

Massachusetts	Hey Sam Youth Text Line
Program:	Anonymous youth-led peer text support line, <u>Hey Sam</u> , which has served more than 4,000 youth through over 7,000 conversations
Population served:	Under 24
Peer provider age:	15 to 24
Funding:	Initially funded by \$400,000 in 2022, Massachusetts provided \$1 million to fund <u>Hey Sam</u> , a youth peer-to-peer anonymous text support line offered through <u>Samaritans</u> .
Impact	In its first year of operation, Hey Sam had a <u>100% success rate</u> in de-escalating conversations at imminent risk of suicide. Peer supporters have responded to more than 1,400 texts and have spent over 1,200 hours talking with young people who are struggling.
Policy tool:	Massachusetts Department of Public Health initiative funds suicide prevention services like Hey Sam <u>via annual budget earmarks</u> .

State-specific tax revenue

Illinois	Adult-Use Cannabis Tax Revenue
Program:	The <u>Certified Recovery Support Specialist (CRSS) Success</u> program provides funding to post-secondary educational institutions to support individuals with lived experience to earn peer support certification, and also provides a <u>need-based scholarship fund</u> for those who are not participating in the program but are still pursuing certification.
Population served:	Students enrolled at 11 colleges across the state, which may include young adults or non-traditional age students.
Peer provider age:	High school students
Funding:	<u>\$4 million grant from adult-use cannabis tax revenue</u>
Policy tool:	The <u>Cannabis Regulation and Tax Act (HB 1438)</u> requires that 20% of tax revenue be designated to the Illinois Department of Human Services to create or expand programs to improve access to mental health and substance use supports.

Recommendation:

Invest in comprehensive youth peer support ecosystems by utilizing available federal, state, and local funding resources.

States should utilize the full spectrum of potential funding sources for youth peer support, including Medicaid, federal grants, state funds, Mental Health Block Grant dollars, and philanthropic partnerships.

State checklist on funding youth peer support

Use this checklist to assess how your state is using available funding and investing resources into youth peer models.

Currently, my state:

- ☐ Utilizes Medicaid, including State Plan Amendments, waivers, or managed care entities to pay for youth peer services.
- ☐ Ensures reimbursement rates provide living wages.
- ☐ Funds youth-led or peer-run initiatives.
- ☐ Provides funds for youth peer support via education and health systems.
- ☐ Includes the costs of training, supervision, and evaluation.
- ☐ Prioritizes non-clinical and youth-led spaces, not just traditional providers or systems.

Training, certification, and supervision for youth peers

As with any other program, effective training and supervision are key to implementation, model fidelity, and success. Youth peer training should be youth-friendly and provide clear guidance on boundaries, scope, and what is and is not within the role of the youth peer.

Certification requirements and youth specific needs

While not all programs require certification, state-level certification is required to bill Medicaid, and organizations may choose to require it even if they are not billing Medicaid. Each state oversees its certification requirements, including state-approved training and a code of ethics, with some opting to require an exam, practice hours, and continuing education. Concepts typically covered in youth peer support training include strategic storytelling, active listening, and boundary-setting. For certification purposes, states often rely on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Core Competencies for Peer Workers. They may also use SAMHSA's National Model Standards for Peer Support Certification, which do not provide specific standards for youth peer support.

Not every state that funds youth peer services requires youth-specific training or certification. Among those that do, Georgia offers a fully youth-focused certification and training, while others, like Missouri, require youth to obtain the standard state peer certification before completing youth-specific training and certification. Additionally, as noted in the National Model Standards for Peer Support Certification,

states should consider the unique value that involvement with the criminal and juvenile legal system may bring to youth peer support, particularly those serving in diversion or reintegration programs, and ensure certification processes do not unnecessarily limit the ability of justice-involved youth to provide peer services.

Challenges of adult-centered approaches

Youth peers and youth peer advocates have identified the need for youth-focused training and certification, particularly given the unique needs of youth and young adults. Concerns include ensuring the training itself is youth-centered and accessible. For example, young people often have more complex schedules due to their life stage and balancing demands such as work and school; therefore, a 5-day consecutive training may not meet their needs. Additionally, youth peer supporters often face challenges and concerns not addressed in adult peer training and certification. For example, privacy laws may be different for minors relative to adults, social media is more central to the lives of youth versus adults, and young people are often navigating complex life transitions and systems navigation. Some states provide additional training specific to these needs, such as New York State's training on social media navigation and digital wellness for members of the state's Youth Mental Health Corps.

State supervision models and requirements

Within youth peer services, supervision and organizational preparedness are critical to program success. States like Kentucky require supervisor training as specified in state statute, while others, such as New Mexico, provide free access to required youth peer supervisor training as part of state billing requirements. While some states require youth peer supporters to be supervised by licensed mental health professionals, supervision by experienced peer support specialists can offer deeper alignment with the peer role, including self-advocacy, boundary-setting, and role drift, and is often preferred. Adequate supervision is crucial for the well-being of both youth peers and those they support, as youth peer supporters often report being pushed into clinical or administrative roles and tasks, particularly when organizations are starting new programs or first employing peers.

Organizational readiness

In schools or other community-based settings, youth peer training should be tailored to the specific model, whether that is peer-led mental health education, outreach, or text-based support. Adult allies, such as school counselors or nonprofit staff, should receive complimentary training to understand the peer role within the model and support youth in role fidelity and decision-making.

Organizations should also ensure they are prepared to integrate youth peer supporters by evaluating and adapting their culture to ensure it is recovery-oriented and supportive of youth peers, who often face an additional barrier due to age-based bias, even in well-meaning environments.

For leaders of school-based peer-to-peer programs, resources like The California School-Based Health Alliance's School-Based Peer-to-Peer Resource Hub include comprehensive resources on all components of understanding and implementing programs. For programs offering youth peer support or working with youth peer specialists, organizations such as Youth Move National, PeerTAC, the Research and Training Center (RTC) for Pathways to Positive Futures, and UMass Chan's Transitions to Adulthood Center for Research can provide assistance, tools, and implementation guidance.

Liability and ethical considerations

Adults are often concerned about potential legal liability in youth peer support programs, including consent, privacy, and potential harm to youth peers or those they are supporting, particularly for those under 18. Generally speaking, organizations are advised to ensure adequate training for youth peers and youth peer supervisors, clearly define scope of work for youth peers, create formal processes that include pathways to action in cases of mental health crises, include initiatives within insurance when relevant, align initiatives with existing legal requirements, including those for liability for those in volunteer roles, and provide ongoing communication and documentation about the role of peers, particularly their distinction from clinical services.

In addition to liability concerns, adults may be concerned about the mental health impacts of providing youth peer support. Studies have shown that youth peers report high job satisfaction with limited negative impacts, including in crisis support roles. Positive effects include improved mental health and an increased sense of meaning and purpose. Negative experiences, often caused by issues such as inadequate supervision or lack of role clarity, can be addressed with training and role clarification for peer supporters and adults.

Promoting well-being for youth peer supporters includes ensuring young people are equipped with the skills to respond to potential crises, organizational and programmatic cultures promote positive mental health, and supervisors and adult allies understand how to provide support with a clear understanding of the role of youth peers and youth-centered practices. For example, this may be the first job a youth peer specialist has, or a young person may face added stress by being the only youth peer in an organization or program. Leaders should take care to understand the unique life stages of the youth they are working with and ensure they are creating environments where young people can take care of their own well-being while supporting others.

Liability and ethical considerations (con't)

- **Liability in schools:** The Georgia Appleseed Center for Law and Justice's brief on addressing liability in school-based peer-to-peer programs.
- **Ethical standards for school counselors supporting youth peer support programs:** The American School Counselors' Association's Ethical Standards includes standards for supporting peer support programs under section A8.
- **Implementation of youth peer-to-peer programs in schools:** The California School-Based Health Alliance's School-Based Peer-to-Peer Resource Hub offers comprehensive resources, including planning and implementation tools, sample documents, and webinars.
- **Code of ethics for youth peer supporters:**
 - Youth MOVE National's youth peer providers' Code of Ethics.
 - New York State's Youth Peer Advocate Code of Ethics.
- **Code of ethics for youth peer supporters:**
 - Michigan's Association for Children's Mental Health Youth Peer Support Supervisor/Administrator Manual provides comprehensive checklists and information for administrators, organizations, supervisors, and youth peers.
 - SAMHSA's guide to Providing Youth and Young Adult Peer Support through Medicaid, including administrative guidelines.
- **Employing and supervising youth peer supporters**
 - Youth MOVE National's Recruiting and Retaining Youth Peer Support Specialists Implementation Guide.
 - Bridging the Gap Peer Kit for Agencies Employing Young Adults in Peer Roles, which offers a model for effective supervision of youth peers.
 - UMass Chan's Transitions to Adulthood Center for Research's toolkit on effectively employing young adult peer providers.

Youth peer support certification, supervision, and training state examples

Youth peer training and certification requirements

Georgia	Certified Peer Specialist – Youth (CPS-Y)
Focus:	Youth-specific certification pathway
Population served:	While age ranges vary for youth in specific models of care, like Coordinated Specialty Care for First Episode Psychosis (16 to 30), individual and group-based peer support services offered by those with the CPS-Y certification are targeted toward individuals <u>20 and younger</u> .
Peer provider age:	18 to 26
Requirements:	5-day training and exam aligned with the state's analysis of certified peer specialists' <u>curricula</u> , as well as ongoing continuing education, including ethics training.
Credential:	CPS-Y certification recognized by the state
Certifying body:	<u>Georgia Department of Behavioral Health and Developmental Disabilities</u> (DBHDD)
Policy tool:	DBHDD created <u>the policy</u> that defines training and certification requirements for peer specialists in the states, including <u>service definitions and requirements</u> .

Missouri	Youth Peer Specialist (YPS)
Focus:	Youth-specific training, exam, and certification for those who have already earned the state peer support certification.
Population served:	<u>13 to 25</u>
Peer provider age:	18 to 26
Requirements:	Obtain <u>Certified Peer Specialist</u> (CPS) certification, including training (5 days) and exam, followed by completing the Youth Peer Specialist (YPS) module training (2 days) and exam, with continuing education, including ethics training, to <u>maintain certification</u> .
Credential:	YPS certification recognized by the state
Certifying body:	<u>Missouri Credentialing Board</u>
Policy tool:	After piloting the YPS with a system of care grant, a state-issued <u>administrative action</u> created the YPS certification in 2020 for individuals who have already completed the CPS certification, and requires the YPS certification for anyone providing peer support to minors.

Connecticut	State creation of a school-based peer-to-peer program
Resource:	Development of a middle and high school peer-to-peer mental health support program.
Purpose:	Ensure student peer-to-peer programs reflect evidence and best practices, including ensuring adequate training for students and adult supporters.
Funding:	While the act did not include ongoing funding, the <u>state allocated</u> \$150,000 to fund training for students and \$50,000 for a resource guide in 2023.
Lead:	The Child Health and Development Institute created a peer-to-peer mental health program, called <u>Students Supporting Students</u> , with training and technical assistance for adult advisors and students in <u>pilot schools</u> .
Policy tool:	<u>Public Act 22-47</u> required the Department of Children and Families and the Department of Education to develop a peer-to-peer mental health support program for middle and high school students, including training.

Youth peer support supervision

Kentucky	Required youth peer support supervisor training
Structure:	"Youth Peer Support 101" training required for supervisors from the approved mental health professionals list.
Peer provider age:	18 to 35
Supervision requirements:	Documented face-to-face weekly supervision during a peer supporter's first year of work, with monthly supervision after completing the first year.
Approved supervisor types:	State statute provides a list of professionals able to provide supervision, which does not include peer specialists.
Policy tool:	<u>State statute (908 KAR 2:240)</u> outlines requirements, including training topics.

New Mexico	State-developed youth peer support supervisor training
Format:	<u>Required 9-hour virtual training for supervisors of youth peers</u> at no cost to supervisors.
Population served:	14 to 26
Peer provider age:	18 to 35
Approved supervisor types:	To bill Medicaid, a youth peer specialist's supervisor or their supervisor's supervisor is <u>required to be a licensed clinician</u> .
Lead:	<u>Center of Innovation for Behavioral Health and Wellbeing</u> as part of a partnership with the state of New Mexico to implement a system of care, which includes a dedicated youth peer support program.
Policy tool:	Funding from the New Mexico Children, Youth, and Families Department.

Technical assistance and implementation support

North Carolina	NC Youth & Family Voices Amplified
Resource:	<u>Technical assistance and training hub</u> providing free support for youth, family members, and state agencies.
Purpose:	Expand <u>youth and family advocacy and peer support resources</u> across the state, specifically focused on the <u>System of Care framework</u> .
Funding:	\$4 million from NC's North Carolina Department of Health and Human Services (DHHS) in 2024.
Lead:	<u>NC Youth and Family Voices Amplified</u> within the UNC Greensboro Center for Youth, Family & Community Partnerships.
Policy tool:	Funding is part of the state's <u>\$835 million</u> investment in transforming behavioral health resources and services, championed by the Governor and approved by the state General Assembly.

Texas	Youth peer systems development within the statewide Texas System of Care Initiative
Resource:	Training, readiness tools, and strategic planning for advancing <u>youth peer support programs and services</u> .
Purpose:	Help scale youth peer programs as part of a <u>broader investment</u> in improving mental health resources for children, youth, and families in Texas.
Funding:	A <u>four-year</u> \$11.5 million SAMHSA System of Care grant.
Lead:	The Texas System of Care Initiative is operated under the Texas Health & Human Services Commission (HHSC).
Policy tool:	The initiative is part of the state's ongoing investment in <u>System of Care implementation via TxSOC</u> .

Recommendation:

Strengthen youth-specific training, certification, supervision, and technical assistance to ensure effective implementation of youth peer services and programs.

States should establish clear, developmentally appropriate training pathways for youth peer support roles, including certification. To ensure services are implemented with model fidelity, states should invest in training for supervisors, including peer support specialists, and provide technical assistance to nonprofits, systems, and schools that are implementing youth peer models.

State checklist on youth peer support training, certification, and supervision

Use this checklist to assess how your state is investing in adequate training and implementation support for youth peer services and programs.

Currently, my state:

- ☐ Offers youth-specific peer support training or certification.
- ☐ Offers standardized training guidelines or curriculum that emphasize positive youth development, boundaries, and trauma-informed support.
- ☐ Requires or offers training for youth peer supervisors and adult allies.
- ☐ Reduces barriers to entry, like offering virtual training or addressing juvenile legal system involvement that may prevent youth from working in peer roles.
- ☐ Provides technical assistance to ensure effective implementation.

Youth and youth peer support in workforce development and mental health strategy

With widespread shortages of mental health support, youth peer support programs and initiatives have an important role in addressing youth mental health in the short and long term. These roles may reflect workforce development, such as training and certification, or engagement strategies, including leadership or advisory roles.

Expanding access and meeting youth where they are

Within workforce development, youth peer programs can quickly expand the availability of mental health support, helping to ensure the workforce aligns with the needs and experiences of the populations it serves. As noted in the National Governors Association's "[Strengthening Youth Mental Health: A Governor's Playbook](#)," youth peer programs are not just a means to expand support but also meet youth where they often turn to their friends or look to other teens or young adults for support.

Building long-term career pathways

In the long term, youth peer initiatives offer early exposure to mental health roles, inspiring young people to pursue careers in the mental health field. Long-term considerations are especially important in peer support, where a [lack of career pathways or opportunities](#) is a well-documented contributor to job dissatisfaction. Leaders should ensure that there are clear career pathways within their youth peer support initiatives, including pathways to continue working as a peer specialist or in related roles, such as training, management, or organizational leadership.

Investing in scalable models

A growing number of states are investing in models with the dual goals of expanding resources and developing the workforce. For example, the [Youth Mental Health Corps](#) is partnering with states across the country using an approach that includes both short- and long-term impacts. While

career pathways vary by state, the Youth Mental Health Corps provides immediate support through community programs, offering access to mental health credentials, including peer support and work experience. Since starting with four state partners in 2024, the initiative has added 13 more state partners in 2025, with ongoing opportunities to expand.

Elevating youth engagement in policymaking

Additionally, some states are prioritizing [youth peer engagement](#) in mental health policymaking. These initiatives may include roles on [advisory boards](#), paid liaison roles to share youth perspectives with state leaders, and statewide convenings of youth peers. By engaging youth as partners in service delivery and systems design, states can ensure they are utilizing resources in ways that reflect youth experiences and leveraging the growing interest in mental health advocacy and activism to drive long-term systems and workforce transformation. This engagement can also ensure youth peer models are understood and integrated into decision-making processes, as many prioritize and reconsider their approaches to youth mental health.

Strategies for youth engagement

Across both approaches, youth should be offered fair compensation, professional support, and opportunities for advancement. Leaders should also prepare adults and systems for effective youth engagement and inclusion to ensure young people can fully participate and avoid the harms often caused by systems. States should consider best practices in youth engagement, including those outlined in the National Governors Association's guide on incorporating [youth voices in mental health policymaking](#).

Youth mental health workforce and leadership opportunities with state examples

Workforce development and capacity building

New York

Youth peer support and mental health workforce development

New York State has a combination of initiatives that support youth to work as peers, designed to expand access to peer support and grow the overall mental health workforce.

Junior Youth Peer Advocate Training Program

Focus:	Trains high school students to facilitate support groups within their schools as Junior Youth Peer Advocates (JYPA) with supervision from selected adults.
Credential	Completion of training is required to work in a JYPA role, but it is not connected to a formal credential or certification.
Training:	Families Together NYS offers the required five-week training, which includes youth peer support and group facilitation.
Population served:	High school students
Peer provider age:	High school students
Funding	Funding for school districts across the state is provided in collaboration with the New York State (NYS) Boards of Cooperative Educational Services and the New York State Education Department.
Lead and partners:	Families Together NYS provides training and implementation support.
Policy tool:	New York's Office of Mental Health and Office of Children and Family Services conducted a statewide Youth Mental Health Listening Tour and presented their findings in a report to Gov. Kathy Hochul – including recommendations for increased youth peer-to-peer supports in schools. The governor went on to establish the Recover from COVID School Program Grants to support mental health.

Youth Peer Support Specialist to Adult Peer Support Specialist Certification

Focus:	YPA Credentials automatically expire on a person's 31st birthday and cannot be renewed. However, certified youth peers can use the New York Peer Specialist Certification Board's certification pathway to obtain a provisional adult certification to continue to work in peer support. Once they have received (at a minimum) provisional certification, they have the opportunity to complete additional courses for a specialization designation , such as Peer Support for Justice-Involved Individuals or Peer Support for Individuals in Crisis.
Credential	Youth Peer Advocate credential (YPA-P), Certified Peer Specialist (CPS) certification
Peer provider age:	18 to 30 (Youth Peer Advocate), 18+ (Certified Peer Specialist)
Funding	The New York Peer Specialist Certification Board , which oversees peer certification in the state, is funded by the NYS Office of Mental Health.
Lead and partners:	Families Together NYS, Academy of Peer Services
Policy tool:	In 2022, the New York State Office of Mental Health submitted a State Plan Amendment to CMS to update the Medicaid State Plan for additional flexibility in service delivery . The updated regulations allow Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) programs to hire and bill for services delivered by OMH-certified peers . To support the inclusion of peer support services within these programs, OMH also funded the creation of the Peer Support Services Technical Assistance Center (PeerTAC) – led by the NYU McSilver Institute and the Academy of Peer Services at Rutgers, in partnership with Families Together in New York State and Youth Power.

Youth Mental Health Corps' Youth Peer Support Certification and College Credit

Focus:	The New York Youth Mental Health Corps (YMHC) supports young adults to provide community-based peer support with the opportunity to earn the state youth peer support certification (Youth Peer Advocate credential), which also counts as 12 credits toward behavioral health degrees completed at State University of New York (SUNY) affiliated colleges.
Credential	YMHC Member, Youth Peer Advocate Provisional Credential (YPA-P), Youth Peer Advocate Professional Credential (YPA-P)
Training:	State <u>YPA training and credential</u> with additional <u>YMHC training</u> , including social media and digital wellness.
Population served:	Primarily 14 to 21
Peer provider age:	18 to 29 for YMHC members and 18 to 30 for YPA credential
Funding	National initiative supported by AmeriCorps, the Schultz Family Foundation, Pinterest, and America Forward; New York State-based organizations that want to employ members apply for federal <u>AmeriCorps funding</u> .
Lead and partners:	The NY YMHC is part of a nationwide initiative partnering with states across the country, in New York it is a collaboration with NYS Office of Mental Health, Department of Labor's Deputy Commissioner for Workforce Development, SUNY Empire State University, NYS Office of Children and Family Services, Office of Mental Health (OMH), and Families Together in NYS.
Policy tool:	A public-private partnership combining federal workforce development, state agencies, educational institutions, community-based organizations, and philanthropy.

Youth Peer Support Specialist Workforce Expansion Initiative

Focus:	Expand the youth and family peer support workforce via <u>grants to "peer support champion organizations"</u> to conduct outreach in partnership with grassroots organizations and offer stipends to those pursuing youth or family peer support credentials.
Credential	<u>Youth Peer Advocate Provisional Credential (YPA-P), Youth Peer Advocate Professional Credential (YPA-C)</u> .
Training:	YPAs in New York State follow <u>six steps</u> to earn the credential: YPA-P requires the completion of Level 1 online self-paced training; to earn the YPA-C, an individual must complete Level 2 online self-paced training, virtual live training, coaching calls, alongside 600 hours of paid or volunteer experience, and ongoing maintenance of the certification, including continuing education. Both credentials require letters of recommendation and adherence to a code of ethics.
Population served:	<u>Primarily 14 to 21</u>
Peer provider age:	18 to 30
Funding	A <u>one-time, \$2.75 million investment in grant funding</u> to a minimum of 10 organizations across the state, administered via the NYS OMH to begin in 2025.
Lead and partners:	NYS OMH, selected peer support champion organizations with grassroots collaborators
Policy tool:	As a part of the NYS System of Care <u>High Fidelity Wraparound initiative</u> , the New York Office of Mental Health procures <u>Youth and Family Peer Advocate Workforce Expansion grants</u> to support the growth of the peer workforce through outreach, education, and recruitment for credentialing.

Youth leadership in state policy and planning

Washington	<u>Statewide Youth Network</u>
Focus:	Support youth peer specialists to advocate for better mental health policy, expand the youth peer support workforce, and ensure agencies and organizations integrate youth voice and peer support, with support from a state youth liaison.
Population served:	13 to 35
Peer provider age:	18 to 35
Funding	Funded through the state Mental Health Block Grant
Lead and partners:	<u>SPARK Peer Learning Center</u>
Policy tool:	After several years of convening youth leaders and advocates, leadership within the Washington State Health Care Authority allocated funding from the state's Mental Health Block Grant to fund an external entity to manage the network starting in 2023.

Tennessee	<u>Young Adult Leadership Council</u>
Focus:	Monthly meetings for youth and young adults with lived experience of mental health, substance use, and/or involvement in systems, including foster care and juvenile legal systems, focused on leadership development, connection, and informing state initiatives.
Population served:	16 to 30
Peer provider age:	16 to 30
Funding	Led by the Tennessee Department of Mental Health and Substance Abuse Services in partnership with local agencies and youth organizations
Lead and partners:	A five-year discretionary \$5 million <u>SAMHSA Healthy Transitions grant</u> , which builds on a <u>previous Healthy Transitions grant</u> that was used to create the CYAPSS and statewide youth leadership council.
Policy tool:	State-led implementation of a federal grant.

Statewide convenings and strategic planning

Texas	<u>Youth Peer Support Recommendations</u>
Focus:	Convened a <u>roundtable</u> of youth peer leaders, agency leaders, and leaders from community-based organizations to create youth peer support policy and practice recommendations, which informed <u>state activities</u> .
Population served:	Youth (under 18), Transition-Age Youth (16 to 24)
Funding	Part of a statewide initiative using state-designated funding through the Texas Health and Human Services Commission and a SAMHSA System of Care grant.
Lead and partners:	Texas Health and Human Services Commission's statewide <u>Texas System of Care</u> initiative partnered with the Alliance for Recovery and Treatment in Texas.
Policy tool:	The initiative is part of the state's ongoing investment in <u>System of Care implementation via TxSOC</u> .

Wisconsin	<u>Mental Wellness Student Leadership Summits</u>
Focus:	Convene youth leaders and program advisors from high school-based peer-to-peer mental health programs.
Population served:	High school students to high school students from more than 300 clubs across the state.
Funding	Supported by existing agency resources, with OCMH requesting <u>additional funding</u> support for student-led suicide prevention in the 2025-27 state budget.
Lead and partners:	Wisconsin Office of Children's Mental Health (OCMH) and school-based models, including Hope Squad, Sources of Strength, REDgen, and Raise Your Voice.
Policy tool:	Offered as part of OCMH's annual activities to include youth voice in statewide mental health decision-making and to strengthen youth leadership capacity.

Recommendation:

Partner with youth to expand the workforce and improve statewide youth mental health strategy.

State leaders should work with young people and aligned partners, including community-based organizations and philanthropy, to expand current resources, develop career pathways, and ensure systems reflect the priorities and experiences of youth in a rapidly changing world.

State checklist on youth and youth peers in workforce development and mental health strategy

Use this checklist to assess how your state is leveraging peer support and youth leadership to expand support and improve mental health services and systems.

Currently, my state:

- ☐ Connects youth peer roles to career pathways or credentialing opportunities.
- ☐ Offers entry points into mental health careers for youth with personal experience of mental health, substance use, or other systems involvement.
- ☐ Ensures youth and youth peers receive adequate, accessible training and fair wages.
- ☐ Engages youth in policy making, systems improvement, and evaluation.
- ☐ Provides youth-specific training and leadership development with compensation for youth and young adults.
- ☐ Reflects community needs and experiences in workforce development and systems planning.

Conclusion

States are increasingly investing in youth peer support programs and services to meet the mental health needs of young people, and youth are often leading the charge. As an evidence-based approach that builds connectedness, improves mental health, and reduces suicide, these models have a key role to play in any strategy to advance youth well-being. In a rapidly changing and increasingly online world, state leaders must collaborate with young people to ensure they are investing in resources that meet their needs and empowering them as change agents.

To extend access to support now, expand community understanding of mental health, and build more mentally healthy futures, advocates and leaders should work to advance youth peer services and programs wherever and whenever young people want them.