



California  
Children's  
Trust



The Los Angeles Trust  
for Children's Health



# PEER POWER

Harnessing workforce dollars to scale  
youth peer support and transform schools



*This report was written by Gabrielle Tilley and Chris Anthony from The Los Angeles Trust for Children's Health and Alex Briscoe from California Children's Trust.*



The California Children's Trust (The Trust) is a statewide initiative to reinvent our state's approach to children's social, emotional, and developmental health. We work to transform the administration, delivery, and financing of child-serving systems to ensure that they are equity driven and accountable for improved outcomes. The Trust regularly presents its Framework for Solutions and policy recommendations in statewide and national forums. For more information, visit [www.cachildrenstrust.org](http://www.cachildrenstrust.org).



The Los Angeles Trust for Children's Health is an independent nonprofit agency bridging health and education to achieve student wellness. The L.A. Trust focuses on student health issues, including expanding healthcare access, mental health, substance use prevention, oral health, sexual and reproductive health, data insight, policy and advocacy, and student engagement. Learn more at [thelatrust.org](http://thelatrust.org).



# Introduction

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**W**e are in a potent moment of possibility. People-powered social justice movements are being met with political will to reimagine how we support youth mental health. California is investing billions into initiatives that aim to transform health and education systems so that young people, regardless of circumstances, can develop into thriving adults. This comes at a time when youth mental health is in crisis. Rates of anxiety, depression, and suicide among adolescents ages 10–24 are on the rise, and growing at a disproportionately high rate among youth from under-resourced and marginalized communities. Meanwhile, the behavioral health system, as currently designed, is unable to meet youth needs. From 2019–2020, 60% of youth with major depression did not receive any mental health treatment.<sup>1</sup> Schools are increasingly being recognized as central to solving the youth mental health crisis, as indicated by unprecedented investment in school-based service delivery systems. Although welcome, most public investments are one-time in nature, forcing schools to imagine and implement new systems of care quickly and without promise of ongoing funding.

This brief describes how to leverage ongoing education investments to sustain the foundation of a thriving behavioral health ecosystem: youth peer support. If given the tools and training, middle and high-school-aged youth can support their peers in ways that traditional providers cannot. While one-time funds can seed new peer-to-peer (P2P) programs, schools need a reliable, ongoing funding mechanism to implement P2P at scale. We elevate the skill-building, work-based learning aspects of P2P and demonstrate how ongoing investments in career preparation, workforce, and expanded learning can sustain school-based programs. The benefits of this strategy are threefold: support youth mental health, create economic opportunity for young people, and cultivate a more responsive and culturally concordant behavioral health workforce. By leveraging this opportunity to bring peer support to scale, we can meet the moment and do right by California’s youth.



<sup>1</sup> Mental Health America (2023). 9th Annual [State of Mental Health in America](#).

## GAPS IN THE BEHAVIORAL HEALTHCARE SYSTEM

The behavioral healthcare system is rigid in how and to whom it provides care, which limits its responsiveness to the unique and diverse needs of young people. The few traditional services that are available are functionally inaccessible due to the shortage of providers.<sup>2</sup> And a lack of diversity among providers means available services may not be appropriate or effective for Black, Indigenous, and people of color (BIPOC) and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) young adults. White people make up 38% of California’s population but represent 59% of its licensed mental health providers.<sup>3</sup> Further, nearly half of the transgender and nonbinary youth surveyed by the Trevor Project in 2020 stated that they did not receive the mental health care they wanted because of concerns about the LGBTQ+ competency of potential providers.<sup>4</sup>

Youth further identify an over-reliance on clinical mental health modalities as a consistent barrier to getting the help they need.<sup>5</sup> Young people want access to non-traditional and non-clinical services, including art, animal and music therapies, recreational activities, peer support, and indigenous and cultural healing practices.<sup>6</sup> The behavioral healthcare system at large is beginning to recognize the value of alternative approaches. Still, there is no existing funding mechanism that can sustain youth peer support programs long-term.



<sup>2</sup> HCAI (2023). [Map of Mental Health Professional Shortage Areas](#) (HPSA).

<sup>3</sup> HCAI (2022). [Race/Ethnicity Trends in Health Workforce for California](#).

<sup>4</sup> The Trevor Project (2020). [National Survey on LGBTQ Youth Mental Health](#).

<sup>5</sup> California Pan-Ethnic Health Network (2021). [A Right to Heal: Mental Health in Diverse Communities](#).

<sup>6</sup> The Hope, Healing and Health Collective (2022). [Youth-Centered Strategies for Hope, Healing, and Health](#); The Los Angeles County Youth Commission (2022). [Helping Center Youth Voices in Mental Health](#); ACLU SoCal (2022). [State of Student Mental Wellness California Report](#).

# The Moment

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**T**he COVID-19 pandemic devastated low-income and communities of color, deepening long-standing inequities that keep young people from reaching their full potential. The experience served as a wake-up call for policymakers, resulting in three years of significant investment in public health, education, and workforce development. Taken together, these investments present a single opportunity to transform how we do healthcare by putting consumers in the driver's seat.

## BEHAVIORAL HEALTH

### [The Children and Youth Behavioral Health Initiative \(CYBHI\)](#)

**\$4.7 billion**

Aims to transform behavioral healthcare into a thriving ecosystem of support for Californians aged 25 and under.

## EDUCATION & CAREER PATHWAYS

### [The California Community Schools Partnership Program \(CCSPP\)](#)

**\$4.1 billion**

Aims to transform how we do education by using a whole-child approach and shared leadership strategies to build racially just, relationship-centered schools.

### [Expanded Learning Opportunities Program \(ELO-P\)](#)

**\$4.4 billion annually (ongoing)**

Provides ongoing funding for afterschool and summer school enrichment programs for transitional kindergarten through sixth grade.

## YOUTH WORKFORCE DEVELOPMENT

In the area of K-12 education, from 2021–23, California invested over \$850 million to launch Regional K-16 Education Collaboratives, the Golden State Pathways Program, College and Career Access Pathways Grants, and increased funding for career technical education. These investments will help create streamlined pathways from high school to postsecondary education and into the workforce, with an emphasis on high-wage, high-skill, high-growth areas, including technology, healthcare, education, and climate-related fields.<sup>7</sup>

## NEW PROVIDER CLASSES

California is adding three new provider classes to serve Medi-Cal enrollees, who represent approximately one-third of the state's population—and half of all children. Peer Support Specialists, Community Health Workers, and Wellness Coaches will help fill the provider gap with caring individuals who better reflect the population they serve.

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<sup>7</sup> For a detailed explanation new education/workforce funding, See UNITE-LA's [California K-16 State Investments Crosswalk](#).

# The Opportunity

## VISION FOR CULTURALLY CENTERED, COMMUNITY-DRIVEN CARE

Inspired by reproductive justice, disability justice, and Black liberation movements, we believe community-based, collective care is foundational to a thriving, healthy society.<sup>8</sup> Caring for ourselves and our communities allows us not only to survive but also to thrive. That's why utilizing peer support is foundational to a thriving behavioral health ecosystem. Young people help each other navigate challenges with or without training. School-based P2P provides students with the language and tools they need to heal themselves and others. In supporting their peers, participants gain a sense of power and agency to effect positive change.

Young people who find power in their racial, cultural, or gender identities, or experiences with trauma, addiction, and hardship through P2P can more easily see themselves in roles traditionally held by white, middle-class professionals. By scaling this kind of training and career exposure, schools can propel students into a wide range of careers in the health sector that is in desperate need of diversity and lived experience. P2P makes culturally centered, community-driven care possible.

## PEER SUPPORT FOR STUDENT WELLNESS

Peer support is based on the premise that people feel more comfortable discussing personal issues with someone who can relate to their experience. P2P corrects the power imbalance that a patient or young person might feel with a clinician or adult. Because peers share circumstances and experiences, they are often regarded as a more credible and non-judgmental source of information. Trained peers do not provide counseling but rather build connections and share coping strategies and problem-solving skills.

- ⦿ *For more on peer support, see our other brief: [Youth Supporting Youth](#).*
- ⦿ *For tips on implementing P2P in school settings, see pages 102–110 of [The California Partnership for the Future of Learning's Community Schools Toolkit](#).*

*“Imagine if in ten years individuals currently using Medi-Cal are holding jobs and delivering services with the Medi-Cal system, and as a result every child and youth who relies on Medi-Cal can easily and quickly feel supported by someone who shares their cultural identity and has walked a similar life path.”*

**—Nghia Do, High School Student, CCY and CMHACY Board Member, Founder of Youth Minds Alliance.**

## School-based PEER SUPPORT *Through peer support, youth can heal and be healed.*

### ROLE

- » Listen and validate
- » Develop problem-solving skills
- » Share resources
- » Navigate to services
- » Build community and relationships

### BENEFITS

- » Increased self-esteem and confidence
- » Heightened sense of control
- » Greater feelings of hope and inspiration
- » Improved school climate
- » Sense of belonging
- » Reduce stigma
- » Increased health-seeking behaviors
- » Build protective factors

<sup>8</sup> [Healing Justice Lineages: Dreaming at the Crossroads of Liberation, Collective Care, and Safety](#).



# Leveraging Workforce Investments to Bring Peer Support to Scale

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**H**ealing communities with the highest needs must come from within. Now, with the creation of new provider classes, we have the opportunity to bring economic justice to the work of peer support. In addition to one-time funding from the CYBHI and CCSP, schools and community partners can utilize the following **ongoing** investments to fund P2P programs in middle and high school settings: The Workforce Innovation and Opportunity Act (WIOA), expanded learning, and college and career pathways, including Career Technical Education (CTE) and Dual Enrollment. Depending on population and capacity, schools can implement a P2P model using one or a combination of these sources.

*“Peer counseling is the sand that fills the cracks, so students don’t slip through while waiting for professional therapy.”*

—Sheila Balk, Pomona High School  
Peer Resources Advisor



# WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

## SOURCE

U.S. Department of Labor

## TARGET POPULATION

Youth aged 14-24 who face barriers to staying in school or finding stable employment.

## PURPOSE

Provide youth pathways to careers through training, work-placed learning opportunities, and paid work experience.

## IMPORTANT CONSIDERATIONS

- » Out-of-school youth are the target population.
- » A waiver allows California to enroll more in-school youth, as long as they are in foster care, justice-involved, or experiencing homelessness.



## HOW P2P FITS IN

The waiver creates flexibility that allows schools to operate a WIOA-funded peer support program in high school settings. The program would be a partnership, where a school or an expanded learning provider conducts the training and work experience while a workforce provider offers the [comprehensive supports](#) that WIOA requires. WIOA can be supplemented with local grants and administered by workforce development boards.

We did not encounter a school utilizing WIOA for peer support, but existing P2P models can be adapted to fit the criteria. [Mentoring at Madison Park Academy](#) demonstrates how a student's role as a year-long mentor to specific students could satisfy the work experience requirement. Ideally, participation results in employment or credentialing, like the [Catalyst for Wellness in Community Apprenticeship \(CWC\)](#) Program, which will set participants up to earn their associate degree and become certified Wellness Coaches. The Catalyst Center is exploring how to adapt CWC into a pre-apprenticeship program for high-school-aged youth.



# COLLEGE AND CAREER PATHWAYS (CTE & DUAL ENROLLMENT)

## SOURCE

U.S. and CA Departments of Education

## TARGET POPULATION

High school students

## PURPOSE

Allows students to make progress towards their high school diploma while also gaining training and work experience or college credit.

## IMPORTANT CONSIDERATIONS

- » Hiring and retaining CTE and dual enrollment teachers is a challenge.
- » Requires partnership between districts, colleges/universities, and employers.

## HOW P2P FITS IN

Class-based P2P models are well-suited to running as CTE classes. Peer support competencies fit the standards of California’s Health Science and Medical Technology pathway. P2P classes that result in credentialing or employment will be favorable once the state begins tracking CTE outcomes on the California Dashboard College and Career Assessment. The Medi-Cal Peer Support Specialist Certificate could be one of those outcomes. See the [behavioral-mental health educator toolkit](#) for detailed guidance on establishing new CTE courses.

Dual Enrollment holds great promise for building pathways into the new Wellness Coach role. The California Department of Health Care Access and Information (HCAI) is currently working with California Community Colleges and California State Universities to open Wellness Coach training programs in the Fall of 2024. Schools can partner with local institutions of higher education to establish Dual Enrollment classes that meet the prerequisites for certification.



## EXAMPLE

Teacher and CARE Center Counselor Michael Gray has taught peer mentoring since 1992, beginning at Long Beach Polytechnic High School in 1997. In 2017-18, the district stopped funding his position. To save CARE Center programming and services, Mr. Gray earned a CTE Credential. “This allowed me to keep the CARE Center open, continue teaching peer mentors, and add even more content for my students, the school, and Long Beach,” said Michael. Today, peer mentoring is part of Long Beach Polytechnic’s Medical Academy. Mr. Gray teaches Social Work and Community Health Advocacy as the introductory course and Developing Future Mental Health Professionals as the capstone.

*“An assembly here, a counseling group there, a good teacher here, a classroom presentation, these are helpful but not effective. We have to create a greater emotional attachment to a new way of doing things than the current emotional attachment to status quo.”*

—Michael Gray, School Counselor, Long Beach Polytechnic

🔗 See Program Links and [Resources](#) for more information.

## EXPANDED LEARNING

### SOURCE

U.S. Department of Education (21st Century), and The California Department of Education (After School Education and Safety (ASES) program and ELO-P)

### TARGET POPULATION

TK–12th grade

### PURPOSE

Engage pupils in enrichment, play, nutrition, and other developmentally appropriate activities before school, after school, and during summer or intersession.

### IMPORTANT CONSIDERATIONS

- » Difficult to manage multiple funding streams for single programs.
- » Insufficient funding for high school programs.
- » Limited technical assistance.

### HOW P2P FITS IN

California’s Expanded Learning programs are **perfectly positioned** for cross-sector collaboration that advances the vision of whole child health and wellness. With experiential learning and community building taking place outside regular school hours, students have space to practice peer support in a welcoming environment. The expanded learning context suits a range of P2P models that can be adapted to fit school needs.

### EXAMPLE

Hiram Johnson High School utilized 21st Century ASSETS to operate the Health Ambassadors program. Formally part of the **Health and Medical Science** pathway, the program trained high school students to become champions for change in their communities by mentoring elementary and middle school students on nutrition and health topics.

The **Los Angeles Trust for Children’s Health** is in the process of innovating its Student Advisory Board program as a pre-pathway to the Medical Peer Support Specialist role by aligning its curriculum to state **standards**. Although not currently funded by expanded learning dollars, the program is akin to a year-long internship that operates outside of class time training students to offer their peers support, resources, and navigation to services.



# New Provider Classes Enable Accessible Career Paths

These earlier points of entry into the healthcare sector are the gateway to a culturally concordant workforce.

## NEW PROVIDER CLASSES

	PEER SUPPORT SPECIALIST	COMMUNITY HEALTH WORKER (CHW)	WELLNESS COACH (I & II)
<b>QUALIFICATIONS</b>	Personal experience with substance use disorders or a mental health challenge, high school diploma or equivalent degree, complete training requirements, and pass the certification examination.  See <a href="#">details</a> .	Lived experience, demonstrate minimum qualifications through certificate or work experience pathways.  See <a href="#">details</a> .	Wellness Coach I: Associate’s Degree with relevant coursework.  Wellness Coach II: Bachelor’s Degree with relevant coursework.  See <a href="#">details</a> .
<b>SCOPE</b>	Individual and group skill-building education, resource navigation, and advocacy.	Health outreach, education, and referrals to basic and preventive health and social services.	Non-clinical individual and group support to youth aged 0-25 in school and community-based settings.
<b>LIMITATIONS</b>	Must be 18+; and no youth specialization.	No standardized certification, compensation below the industry average, must be 18+ for Medi-Cal reimbursement.	Requires college coursework, must be 18+, still in development
<b>ORIGIN</b>	<a href="#">SB-803</a>	<a href="#">2021 CA State Budget</a> and <a href="#">AB 2697</a>	<a href="#">CYBHI</a>

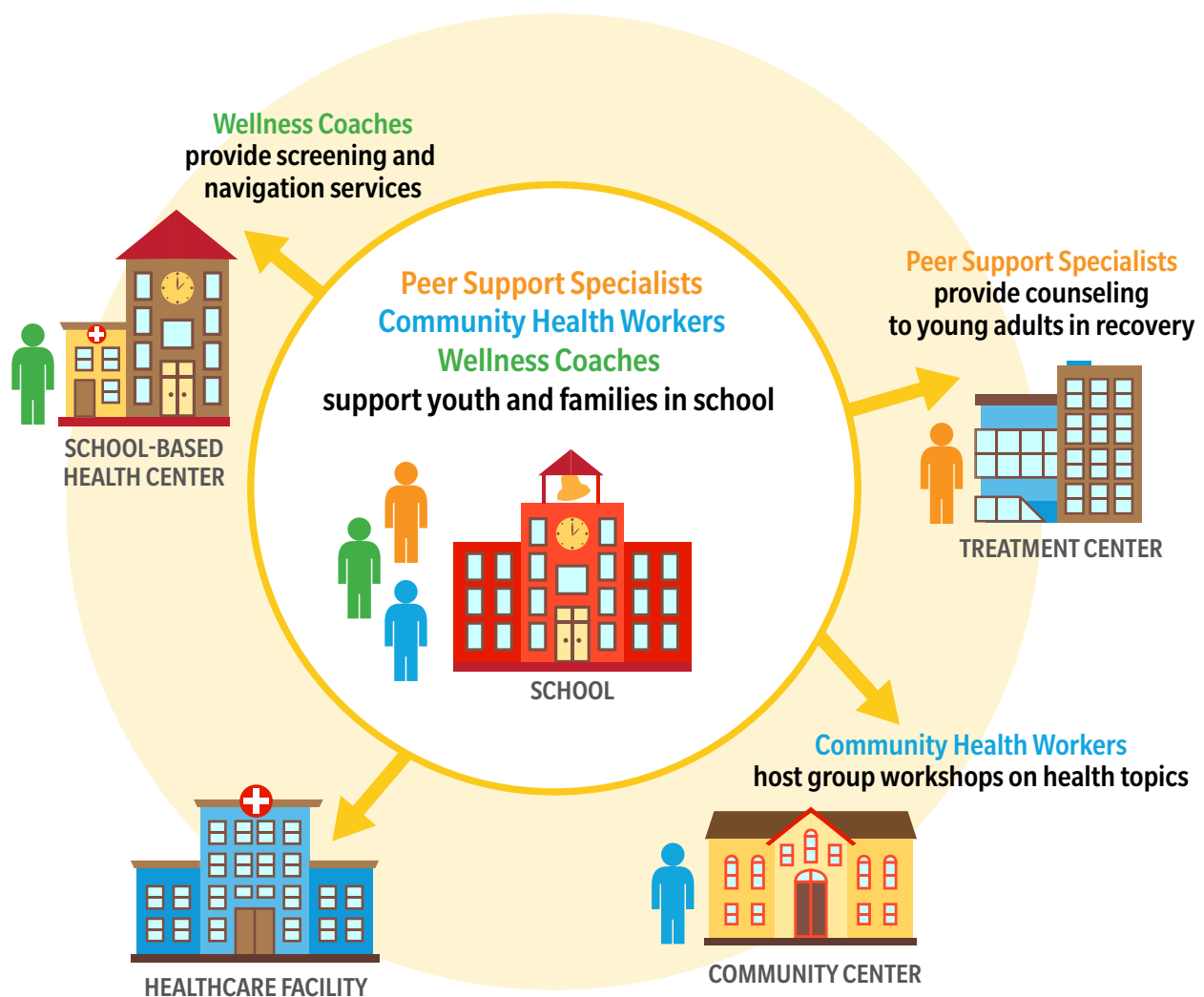




# Building Community-based Systems of Care

The growing Medi-Cal provider class allows us to reimagine how we support youth mental health in school and community-based settings. For example, [Jarupa Unified School District](#) employs certified Peer Support Specialists to host wellness groups with students. Loyola Marymount University and South Bay Workforce Board operate a Peer Support Specialist training program with [youth specialization](#) and are working with local districts to place program graduates in schools. CHWs have a long history of working in [schools](#) and community settings and are especially effective at engaging youth and adults in intergenerational health education. Wellness Coaches will have the same ability to reach young people where they spend time and hold trusting relationships.

This can be a turning point in the youth mental health crisis. We know peer-to-peer and culturally concordant care is effective and necessary. We have the resources to grow the model and the workforce. Schools can help bring P2P to scale by viewing it as a learning as well as mental health support. Existing and ongoing funding sources that prepare students for graduation, college, and career can fund peer support programs. Meeting the moment requires collaboration and creativity to harness young people's power to heal and change the face of behavioral healthcare.



# Recommendations

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## SCHOOLS CAN...

1

### LEVERAGE FUNDING

through the all-payer fee schedule to expand the use of providers with lived experience and nonclinical supports in school. Seek workforce grants and assistance through HCAI. Integrate P2P with school health and climate initiatives, including restorative practices, school-based health centers, and student and family engagement

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2

### COLLABORATE

with workforce investment boards and their new waiver authority, and CTE to explore designing peer-to-peer classes that meet the Health Science and Medical Technology Pathway standards.

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3

### CONNECT

with workforce investment boards, career service providers, community-based organizations, boards of education, parents/caregivers, and students to design programs.

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4

### INCENTIVIZE

broad and diverse participation by providing stipends for P2P participants and lowering barriers to engagement.

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## ADVOCATES CAN...

1

### MAKE THE CASE

Require pay parity for CTE teachers. Certify youth ages 16–18 as Medi-Cal Peer Support Specialists.

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2

### THINK LOCALLY

Mine your local safety net landscape for violence prevention and youth development funding sources that could be applied to workforce programs.

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