



California  
Children's  
Trust

# Youth Supporting Youth

Expanding Peer-to-Peer Programs in Schools to  
Address the Growing Youth Mental Health Crisis



**FEBRUARY 2022**

## Introduction

There is national consensus that our country is facing a youth mental health crisis. Declared by the [American Academy of Pediatrics, AACAP, and CHA](#) in October 2021, with the U.S. Surgeon General shortly thereafter issuing an [advisory](#) to respond to the public health emergency, the evidence is impossible to ignore. The pandemic has been an exacerbating factor, but even before COVID the data showed youth approaching a mental health crisis—more than one in three U.S. high school students in 2019 reported they had experienced persistent feelings of sadness or hopelessness in the past year, a 40% increase from a decade earlier, according to the Centers for Disease Control and Prevention.<sup>1</sup>

Traditional medical model interventions alone are not the answer. Young people require increased investment and new practices including peer-to-peer (P2P), mutual aid, and social model support as essential elements of effective mental health practices. Reimagining mental health as a support for healthy development rather than a response to pathology requires a reimagining of who is eligible to receive and provide support for social and emotional needs.

The doors to non-traditional mental health support are finally opening in California. With unprecedented funding focused on the behavioral health and wellness of our state's most vulnerable youth, we have the opportunity to raise up non-traditional approaches that draw on the wisdom and experience of youth and an expanding roster of eligible providers. The implementation of [Senate Bill \(SB\) 803](#) beginning in July 2022, although restricted to individuals ages 18 and older, will provide a test lab for peer-to-peer mental health services under Medi-Cal.

In this brief, California Children's Trust (CCT) builds a case for expanding P2P programs to younger populations (ages 14–17), and examines the implementation of SB 803 as it lays the foundation for this new provider class in California.

## Big Picture

- Formal peer support programs have over 80 years of proven results.
- There are state and national models that have demonstrated efficacy and could be scaled.
- Traditional medical care alone did not address young people's mental health needs before the pandemic, and the post-pandemic mental health crisis requires reimagining how youth are reached and supported to heal and thrive.
- P2P in schools is a multi-benefit solution to the youth mental health crisis because it addresses the broken medical model, focuses on prevention, enables culturally responsive support, mitigates the provider shortage, and offers a workforce development pipeline for youth.
- The implementation of SB 803, beginning in July 2022, will be a good learning lab for how to expand P2P into younger populations.
- We need to challenge concerns that P2P is only appropriate for ages 18 and over and advocate for expansion programs that reach younger groups who are already informally practicing peer support to address their unique mental health needs.
- New financing opportunities in both health and education sectors offer promise to scale and sustain P2P programs and the professional adult allies required to support them.

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<sup>1</sup> <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>

# SB 803 Lays the Groundwork for Peer-to-Peer in California

**A**cknowledging that traditional medical interventions have fallen short in mitigating the growing mental health crisis, in September 2020 California passed SB 803 and joined 48 other states—with Georgia leading the way in 1999—in formally taking action on the proven results and benefits of peer support services.

CCT strongly supports SB 803 and the expansion of Medi-Cal covered P2P in California. Therefore, it is important to highlight opportunities to improve the SB 803 implementation plan to help ensure its long-term success—and the future success of expanding into high schools, middle schools, and elementary schools across the state. CCT presented a framework for evaluating provider class expansion, including P2P. The [SB 803 Implementation Snapshot](#) on page 13 of this issue brief offers recommendations for improving SB 803 based on CCT’s framework.

By opening the door for Medi-Cal covered nonmedical interventions, SB 803 increases the opportunity for preventive and culturally responsive mental health services to some of California’s most vulnerable populations while also addressing the state’s growing mental health provider shortage. To fully engage the potential of P2P in response to the youth mental health crisis, CCT calls on all child and youth serving advocates to pursue the future expansion of P2P to youth ages 14–17.

## WHAT IS PEER-TO-PEER SUPPORT?

P2P is an evidence-based practice that has its roots in one of the most well known peer support programs, Alcoholics Anonymous, launched over 80 years ago. Although peer support workers do not duplicate or replace the roles of therapists, case managers, or other members of a treatment team, by sharing their own lived experience and practical guidance, they do offer a level of acceptance, understanding, and validation not found in many other professional relationships. This mutuality between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support workers engage in a wide range of activities including:

- ✔ Advocating for people in recovery
- ✔ Sharing resources and building skills
- ✔ Building community and relationships
- ✔ Leading recovery groups
- ✔ Mentoring and setting goals

Research shows that P2P support has several positive benefits including increased self-esteem and confidence, a heightened sense of control in bringing about life changes, and feelings of greater hope and inspiration. These positive outcomes are shown to help decrease substance use and depression as well as psychotic symptoms, and reduce hospital admission rates.

[Mental Health America](#) tracked extensive evidence showing the positive outcomes of P2P support with highlights including:

- ✔ Up to a 79% reduction in hospital admission year-over-year.
- ✔ An average 90% decrease in acute inpatient days per month.
- ✔ Significant savings due to decreased system utilization, and a greater than two-times return on investment in peer support services.

# The Importance of Peer-to-Peer Support for Youth Ages 14–17

## WHY NOW?

The national consensus is clear—the impact of the pandemic and persistent and unchecked racial inequity have taken an unprecedented toll on the mental health of our country’s children and youth.

There were already signs of a youth mental health crisis before COVID. Over the past decade, California children ages 10–14 experienced a 151% increase in inpatient visits for suicide, suicidal ideation, and self-injury.<sup>2</sup> Behavioral health emergency room utilization for youth at Rady Children’s Hospital in San Diego increased 1,746% between 2011 and 2019. UCSF Benioff Children’s Hospital Oakland reported double the number of youth suicide attempts in the fall of 2020 than in 2019.

Under-resourced and underrepresented groups have been disproportionately impacted by the mental health crisis. The suicide rate among Black youth is twice that of their white peers.<sup>3</sup> Transgender and gender-diverse children and adolescents have also been disproportionately affected by mental health challenges during the pandemic relative to cisgender youth, with 63% of transgender youth surveyed reporting unmet needs for mental health and substance use during the early part of the COVID pandemic.<sup>4</sup>

Additionally, socioeconomically disadvantaged children and adolescents—for instance, those growing up in poverty—are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status.<sup>5</sup>

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“Peer-to-peer programs are a great resource for young people, especially for those who feel scared to approach an adult for help. For many of us, there is a barrier that can be felt between us and someone from a different generation.”

—Helen, High School Student and Youth Mental Health Advocate

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## PEER-TO-PEER ADDRESSES UNIQUE GAPS IN THE YOUTH MENTAL HEALTH SYSTEM

California ranks in the lowest 10% of states for providing critical early behavioral, social, and developmental screenings, and 44th in the nation in access to mental health services for children—further evidence that children and youth across California are not getting the mental health support they need.

Partnering with schools is key to any scalable solution to address the youth mental health crisis. P2P in schools acknowledges the importance of social influence and peer attachments in the adolescent years, and taps the evidence that young people more commonly turn to informal sources of support, including friends, for psychological needs. This may subsequently lead young people to be more inclined to seek a similar-aged peer for issues around their mental health and wellbeing.<sup>6</sup>

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2 [Annual Report on Health Care for Children and Youth in the United States](#): National Estimates of Cost, Utilization and Expenditures for Children With Mental Health Conditions, November 2014

3 <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952>

4 <https://psycnet.apa.org/record/2021-12684-001>

5 <https://pubmed.ncbi.nlm.nih.gov/23746605/>

6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8049263/>

Additionally, P2P in schools addresses the following barriers to reaching and supporting the mental health needs of young people.

### Access and Utilization

Adolescents historically have the lowest rate of primary care utilization of any demographic, and according to the American Academy of Pediatrics, there was a 58% decrease in pediatric visits due to COVID.<sup>7</sup>

P2P programs meet youth where they are—in schools. In addition to being a natural resource for connecting with peers, schools provide a trusted and safe environment and minimize transportation barriers. Research shows that reaching children and youth in schools promises the support they need to succeed:

- Students who receive mental health services on campus report greater connection to school and more caring relationships with adults at school.<sup>8</sup>
- Mental health treatment in schools is associated with increased access for students of color—who might otherwise go without any treatment.<sup>9</sup>
- Students who receive mental health services on campus have lower suspension rates and get along better with peers than students who have mental health needs and do not receive school-based treatment.<sup>10</sup>

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“Peer to peer programs are crucial for students because support is most effective when coming from someone who’s experienced something similar and understands, even if just a little bit more, what you’re feeling.”

—Eshika, High School Student and Youth Mental Health Advocate

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### Cultural Sensitivity and Relevance

National research shows that only 9% of Black youth who had major depressive episodes received treatment, compared to 22% of their white peers.<sup>11</sup> A number of factors keep Black youth from seeking and/or receiving mental health support through the medical system. “The field looks at the same types of behaviors in white and African American children but diagnoses them differently,” says Alfiere Breland-Noble, PhD, founder and board president of the [African American Knowledge Optimized for Mindfully-Healthy Adolescents Project](#). This has led to psychological factors—including mistrust of the mental health-care system, doubt about the effectiveness of medical treatment, and shame around help-seeking.

LGBTQ+ youth have similar experiences. Nearly half of transgender and nonbinary youth surveyed in the [2020 Trevor Project report](#) stated that they did not receive the mental health care they wanted because of concerns about the LGBTQ+ competency of potential providers.

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7 <https://ccf.georgetown.edu/wp-content/uploads/2021/07/Kids-and-Vaccines-v4.pdf>

8 Susan Stone et al., “[The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets](#),” [Journal of Adolescent Health](#). Published online July 10, 2013

9 Snowden, L. R., & Yamada, A. (2005). [Cultural differences in access to care](#). [Annual Review of Clinical Psychology](#)

10 Strolin-Goltzman, J. [The Relationship between School-Based Health Centers and the Learning Environment](#). [Journal of School Health](#)

11 <https://www.apa.org/news/apa/2020/black-youth-suicide>

## Provider Shortages

COVID exacerbated California’s already stretched youth mental health provider network. Although the 2022 Mental Health America [State of Mental Health in America](#) report ranks California 12th in Mental Health Workforce Availability with a 270-to-1 ratio of individuals in need of services versus available providers—from primary care physicians to in-school mental health support—access is limited and wait times can stretch for months.

The provider shortage impacts traditional mental health support in schools as well, and California is far behind the country in the number of School-Based Health Centers (SBHCs) that fill the primary care and mental health gaps for students, especially those who rely on Medi-Cal, two-thirds of whom are Black or Latinx.

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“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

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### STUDENT-TO-STAFF RATIOS

	Recommended	National	California
<b>Counselor</b>	250-to-1	444-to-1	626-to-1
<b>Nurse</b>	750-to-1	936-to-1	2,410-to-1
<b>Psychologist</b>	700-to-1	1,526-to-1	1,041-to-1
<b>Social Worker</b>	259-to-1	2,106-to-1	7,308-to-1

Source: California Department of Education, CALPADS2020, USDOE CRCD2021

Although P2P is not a replacement for medical professionals, it can provide the immediate access to support, personal connection, and well-informed resources needed to help youth better manage their stress and mental health concerns, and connect to additional support if needed.

An added benefit is that P2P, even in younger age groups, is a workforce development opportunity as youth peers are trained in skills that could set them on a path as future mental health providers.

P2P programs, especially when offered in schools, help fill the mental health support gaps that exist in the traditional medical model and that have contributed to the current youth mental health crisis. By removing barriers to accessing support and improving connection through a trusted student-to-student relationship, P2P programs enable youth to proactively manage their stress and mental health so they feel more in control of their own well-being.





## Peer-to-Peer: Getting Started

California's leadership responded boldly in 2021 to the increasing children's mental health crisis with investments to center schools as essential partners in reaching and healing children and youth. Multiple funding streams will be available for planning and/or implementing new school-based mental health programs, potentially opening the door for rapid expansion of high school P2P programs.

### FUNDING A PEER-TO-PEER PROGRAM

#### What Does It Cost?

As with any new school-based program, cost is often one of the biggest concerns. There are three primary costs associated with P2P programs in schools: 1) a clinically informed adult ally who can provide program oversight, 2) a train-the-trainer program to ensure sustainability and fidelity, and 3) student stipends and operational costs.

Program oversight is often built into the job description of a school counselor or social worker and generally accounts for a maximum of 20% of their work time. The role is eligible for a federal match against Medi-Cal in school-based settings ([Local Education Agency School-Based Medi-Cal Administrative Activities](#)) or via Mental Health Plan funding streams ([Mental Health Medi-Cal Administrative Activities](#) or [Mental Health Services Act](#)).

Train-the-trainer programs vary in size and cost, but based on a program currently running P2P in California high schools, it costs \$185,000 to implement a train-the-trainer program across 30 schools with one lead trainer per school. That's approximately \$6,000 per school to establish a lead trainer in the school who can continue to roll out the training and grow the P2P program.

#### How to Pay for It

Several new and upcoming California and federal funding streams hold promise for funding school-based P2P programs, including:



## California Funding Opportunities

- The [Children & Youth Behavioral Health Initiative](#) (CYBHI) is an extensive commitment to new policies and unprecedented investment to initiate systems change that can reach and heal our children and youth. This unprecedented investment in children and youth mental health and wellness offers several potential opportunities to increase P2P in high schools across the state:
  - \$400 Million: The [Student Behavioral Health Incentive Program \(SBHIP\)](#) is a first-ever opportunity for Medi-Cal Managed Care Plans to partner with schools to expand the reach and impact of mental health services for students. Expanding the workforce through peer support programs is one of the [14 Targeted Interventions](#) supported by SBHIP funding.
  - \$550 Million: Competitive grants to fund partnerships, capacity, and infrastructure in support of school-linked behavioral health services.
  - \$352 Million: Competitive grants to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth, including those at school sites. In the design of this program, an essential function of every behavioral health counselor or coach needs to be the oversight of high school peer programs and the youth who provide peer support.
- \$3 Billion [Community Schools Initiative](#). In July 2021, California passed a historic investment in the California Community Schools Partnership Program (CCSPP).

The grant funding is intended to provide resources for every high-poverty school in California to become a community school by 2026. The investments **include funding for youth-based behavioral health**, expanded learning, universal transitional kindergarten, increased staffing in high-need schools, and professional learning for educators.

- \$600 Million in [After School Education and Safety \(ASES\)](#) funding. The purpose of the ASES Program is to create incentives for establishing locally-driven expanded learning programs, including after-school programs that partner with public schools and communities to provide academic and literacy support, and safe, constructive alternatives for youth.
- School district partnerships with state and local sources can also be used, including Mental Health Services Act (MHSA), Master Tobacco Settlement Dollars, Prop 64, local sales and use taxes, and [the many local revenue sources donated to children's services](#).

## Federal Funding Opportunities

Multiple federal stimulus funding sources are combined to create the [Behavioral Health Response and Rescue Project](#) (BHRRP), DHCS's response to heightened behavioral health needs as a result of COVID-19. The funding is focused on expanding access to behavioral health care and increasing health equity for vulnerable populations. P2P could align with funding for two specific areas of 2022 funding: 1) Youth and Adolescent Treatment Set-Aside, and 2) Early Intervention Services.



# Promising Peer-to-Peer Programs for Youth Ages 14–17

## ESSENTIAL ELEMENTS OF STRONG SCHOOL-BASED P2P PROGRAMS

CCT examined several best-practice programs and consulted with numerous youth leaders working to advance peer support in their schools, and found the following common elements of successful programs:

- A long-term commitment from a clinically informed adult ally with strong relationship skills
- Carefully developed and continuously updated curriculum that is co-constructed with youth and usually includes youth surveys, demographic information on students and school community, data on youth mental health prevalence and system design, and co-development of new curriculum responsive to young people’s priorities
- Fair compensation for youth
- Ongoing community building on youth development principles
- Inclusion of social justice principles that embrace and center racism and poverty as key drivers of social and emotional challenges for youth
- Regular opportunities for training, including specific cultivation of community resources and referrals
- Strategic alliances in school administrative leadership and teaching staff



## PROGRAMS AND INITIATIVES TO WATCH AND LEARN FROM

P2P efforts in high schools remain relatively informal in structure and are often spearheaded by youth who have experienced the challenges of understanding and managing their own mental health conditions and school stress with limited support from someone who really “gets them.” Mostly youth-initiated and -led, these initiatives span a continuum of P2P support from school-based campaigns to raise awareness and reduce stigma related to youth mental health, to trainings that enable students to better manage their own mental health and support friends, to school-contracted and funded programs with counselor oversight and formal peer support roles.

The following promising initiatives are examples of this program continuum:

## NATIONAL

### ADOLESCENT PEER SUPPORT LEAGUE (APSL)

- ✓ Founded by a teen and based in Maryland with a national reach.
- ✓ Provides a train-the-trainer approach to assisting schools in operationalizing their P2P programs.
- ✓ Typically partners with the school’s counselors and other support staff, and ensures that they are prepared to oversee the program and train their students to be peer supporters according to the APSL curriculum.
- ✓ Provides a data tracking tool to monitor and report P2P results. APSL member schools pay an annual membership fee, which is designed to cover program support throughout the year.

[www.adolescentpeersupport.org](http://www.adolescentpeersupport.org)

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“I founded APSL as a junior in high school, after observing the immense academic stress my peers and I were under and feeling that there was limited mental health support within our school. I soon began seeing peer support as a promising way through which students could support one another in a structured manner. I envisioned a growing network of formal high school peer support programs in which schools and students are trained in peer support, and soon after—in April 2017—APSL was born.”

—Dawn Bunch, Founder and Chairperson,  
Adolescent Peer Support League

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### NAMI ON CAMPUS

- ✓ National reach with clubs running in California high schools.
- ✓ Student-led clubs that educate their communities about the importance of mental health and wellness.
- ✓ The clubs are open to all students whether they live with a mental health condition, are supporting a family member or friend, or have a general interest in mental health.
- ✓ Student Leaders are empowered with toolkits, materials, templates, and resources to make running the club a fun and educational process.
- ✓ Students can also connect with clubs across the state through statewide training and workshops to improve their mental health advocacy skills.

[www.namica.org/nami-on-campus](http://www.namica.org/nami-on-campus)

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“Our NAMI on Campus club has really helped me understand that I am not alone and that others really do care!”

—Student club participant

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### SOURCES OF STRENGTH

- ✓ An evidence-based program to build socioecological-protective influences across the entire student population to reduce the likelihood that vulnerable middle school and high school students will become suicidal.
- ✓ Focuses on changing the norms and behaviors of students through youth opinion leaders who are trained by certified trainers, and supported by adult advisors, in preparing and conducting suicide prevention-messaging activities.
- ✓ Activities are designed to change unhealthy norms around seeking help from adults and to encourage students to connect suicidal friends with a trusted adult.

[www.strengthinourvoices.org](http://www.strengthinourvoices.org)

## CALIFORNIA

### GAREY HIGH SCHOOL IN POMONA

- ✓ The Peer Counseling program is a group of highly trained students who are on the front lines providing social emotional support by way of active listening, understanding, empathetic encouragement, prevention, intervention, and referral services to their peers in a systematic and well thought out way.
- ✓ One-third of the school's 1,800 students used the Peer Counseling Center in 2019, before the pandemic substantially increased demand.
- ✓ Students who need help come to the program through referrals from teachers, counselors, or by just walking into the office for help.

[www.nea.org/advocating-for-change/new-from-nea/peer-programs-helping-schools-tackle-student-depression-anxiety](http://www.nea.org/advocating-for-change/new-from-nea/peer-programs-helping-schools-tackle-student-depression-anxiety)

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“This year has been incredibly busy with student walk-ins and referrals. All of the events that happened during COVID have begun to pour out of our students. Adding the stress of school and returning to a large campus after not having been on school grounds for a year and a half has pushed many students to their breaking points. Our peer counselors have assisted students who needed to find a safe place to vent, cry, take a timeout, and ask for help. I’m not sure where our students would be without this program in existence.”

—Gavin Santillan, M.Ed., Peer Counseling Advisor, Garey High School

### SACRAMENTO CITY UNIFIED SCHOOL DISTRICT (SCUSD)

Implementation from September 2021 through June 2023

#### MindOneSix

- ✓ Engages middle and high school students to become ambassadors for mental wellness on their campuses and in the larger community.
- ✓ Students complete 20 hours of mental wellness literacy training.
- ✓ Students complete a 20-hour service project focused on promoting mental health and wellness.
- ✓ A program of the [Youth & Family Collective](#), MindOneSix is being implemented in collaboration with community-based organizations between September 2021 and June 2023.

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“The program gave me hope and taught me many ways to support friends in need of mental wellness guidance. It gave me experience and was like a trial for me to see if I could work in this profession.”

—MindOneSix student participant

#### All. Voices. United.

- ✓ A youth mental wellness effort being piloted at four high school campuses.
- ✓ Focused on outreach and support to youth of color and LGBTQ youth.
- ✓ Inspires and develops youth leaders to foster connection and drive policy and practice change using a Healing-Centered Engagement approach.
- ✓ Implemented in partnership with [PRO Youth and Families](#) and [Youth Forward](#) with near-peer mentors on each site three times per week.

[www.scusd.edu/sites/main/files/file-attachments/12.1a\\_item\\_2.pdf](http://www.scusd.edu/sites/main/files/file-attachments/12.1a_item_2.pdf)

# What's Next

**A**lthough COVID intensified the youth mental health crisis, it also brought it out of the shadows and into the public spotlight—lifting stigma, increasing resources, and opening doors to approaches that youth have long been saying are better aligned with their needs.

School-based P2P programs are one of the most promising approaches because they reach youth where they are, offer support from a starting point of relationship and connection, and reduce reliance on an overburdened and understaffed mental health provider system.

California Children's Trust will continue to advocate for CYBHI and Community Schools funding to be allocated for the rapid and sustained expansion of P2P in high schools to address the serious and ongoing youth mental health crisis.

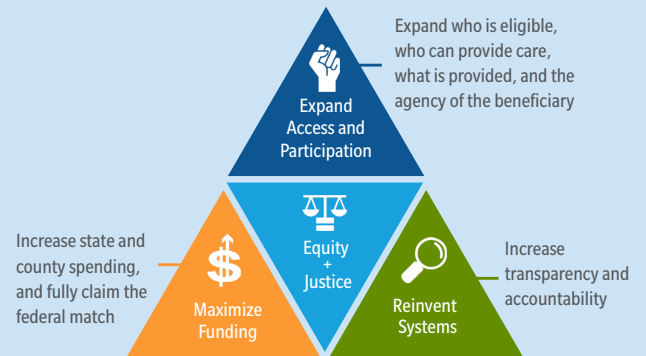


**California Children's Trust**

The California Children's Trust (CCT) 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. CCT regularly presents its Framework for Solutions and policy recommendations in statewide and national forums.

### CCT FRAMEWORK FOR SOLUTIONS



## IMPLEMENTATION SNAPSHOT:

# The Success of SB 803 Can Bring Peer-to-Peer to a Broader Youth Audience

SB 803 signals progress, and yet there remain several other opportunities for the state to improve the implementation and expansion of P2P and its use as a tool for greater equity within the mental health provider class. CCT offers feedback on the implementation of SB 803 to help ensure its success and better pave the way for expansion to youth ages 14–17. CCT presented a framework for provider class expansion, summarized here. Based on this framework, CCT offers the following observations and recommendations relating to the implementation of SB 803:

### PROVIDER EXPANSION GUIDELINES

<b>Scope</b>	What can the provider do, in what setting, under what supervision and articulation, and what codes will they bill? Are community defined and culturally concordant practices specifically named and included?
<b>Credentialing</b>	Who is responsible for curriculum development, certifying the content and quality of the training, defining the core competencies, and certifying attainment?
<b>Paneling</b>	How does the new class sign up with the payor? What is the required process and documentation?
<b>Payor</b>	Who pays claims—the Medi-Cal Managed Care Organization or Mental Health Plan? Under what authority and what process?
<b>Rates</b>	What is the time, frequency, duration, and reimbursement level of all eligible services? Does it reflect a living wage?

### Scope

Certification qualifications mandate that P2P providers must be a minimum of 18 years of age and hold a high school diploma or equivalent. This denies a high-need/risk population of youth ages 14–17 from receiving a formalized and proven intervention at a time in their lives when they may be most in need of connection with a peer for mental health support. Approximately 75% of mental illness manifests between the ages of 10 and 24, yet this group also has one of the lowest rates of primary care utilization of any demographic group, making early warning signs difficult to detect and address.

### Recommendation

- Apply learnings from the first year of implementation of SB 803, in addition to qualitative and quantitative outcomes from national P2P programs serving youth ages 14–17, to expand California’s P2P certification and services to ages 14+.

### Credentialing

Variation in county certification programs could impede expansion of the provider class and transferable certification from county to county. The County Behavioral Health Directors’ Association (CBHDA) established CalMHSA as the entity that will represent counties for the implementation of a state-approved Medi-Cal Peer Support Specialist Certification Program to support consistency statewide. Although DHCS encourages counties to work with CalMHSA for their certification programs, counties may develop their own program as long as it ensures certified peers meet the stated qualifications.

### Recommendations

- Pilot certification programs in a small group of counties that cover a range of demographics—size, rural vs urban, etc.—to establish a set of tested programs that can be adopted by other counties to get closer to a standard program.
- Enable peer specialists who meet the qualifications stated by DHCS to provide P2P support services in any California county, not just the county in which they were certified.

## Payor

California’s county-administered system may slow adoption of P2P. As a county-administered state, counties must provide the non-federal share to participate in the P2P program. The practice of billing these services to Medi-Cal is not common in county Mental Health Plans, and there is no current viable pathway in Managed Care Plans. As of November 19, 2021, the deadline for counties to submit the certification plan documents, 51 counties had submitted an intent to participate.

## Recommendation

- Provide technical assistance to smaller counties to develop plans that meet the required guidelines, and share “best in class” plans across counties as examples of what works.
- Dedicate growth in 2011 realignment funds as new non-federal share to counties willing to adopt and scale P2P programs.
- Partner with the Mental Health Services Oversight & Accountability Commission (MHSOAC) to promote P2P strategies in county innovation plans.
- Provide sample contract templates to Medi-Cal Managed Care Plans (MCPs) for P2P care coordination models and clarify rate setting guidelines for MCPs so they know how expenditures on P2P programs will be quantified in future rate setting negotiations.

## Rates

DHCS is not authorized to set a pay scale for peer support specialists, and therefore counties are responsible for setting rates of pay for county-employed peer support specialists. Additionally, some Medi-Cal peer support specialists may be employed by independent organizations or facilities that may or may not be comparable to county pay scales. The resulting inconsistency of pay rates across counties, and amongst agencies and CBOs within counties, has the potential to foster turnover of P2P workers and disrupt peer support relationships. And, with no oversight of pay rates, P2P services are likely to be undervalued compared to those delivered by traditional mental health providers, resulting in lower wages and slower growth in the P2P workforce.

## Recommendations

- Although DHCS is not legally authorized to set pay rates, it can recommend a wage scale based on experience, certification attainment, and other relevant criteria.
- Longer term, improved data collection on P2P program outcomes, linked to levels of P2P provider skills and experience, can be used by counties to set pay rates.

The California Children’s Trust looks forward to the implementation of SB 803 beginning in July 2022, and will continue to lift up learnings that can help advance P2P in high schools and look for opportunities to expand Medi-Cal coverage of P2P to youth ages 14–17.



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