



Local Partnerships, National Impact

Year 1 of the Youth Mental Health Corps

A study by WestEd  for the Youth Mental Health Corps

Publishing Information

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Introduction

The Youth Mental Health Corps's Response to America's Youth Mental Health Crisis

Across the United States, millions of young people are struggling under the weight of mental health challenges. In 2023, over 8.3 million young people under the age of 18 reported struggling with anxiety or depression—representing 13% of the youth population, which is up from 9% in 2016.ⁱ

The numbers tell a stark story, but behind each data point is a young person navigating challenges that extend far beyond the school day. Students struggling with mental health are more likely to experience chronic absenteeism, disengagement from learning, and difficulty forming supportive peer relationships. All of these factors increase the likelihood that they will drop out of school.ⁱⁱ

One growing contributor to these challenges is the near universal presence of social media in young people's lives. In 2024, almost half of youth ages 13 to 17 reported being online “almost constantly,” with 95% using at least one social media site.ⁱⁱⁱ This pervasive use has sparked national conversations about both the potential benefits and the potential harms of social media. In 2023, the U.S. Surgeon General issued an advisory highlighting the risks to youth mental health and calling for urgent action from families, schools, policymakers, and technology companies.^{iv}

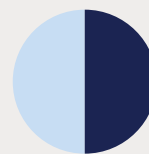
These risks, combined with academic, social, and emotional pressures, fuel an unprecedented demand for mental health services. But the workforce needed to meet that demand is severely limited. More than one third of the

U.S. population lives in a Mental Health Professional Shortage Area, and greater shortages of mental health professionals by 2037 are projected.^v This workforce shortage makes addressing the youth mental health crisis even more challenging for communities and schools across the country.

The Youth Mental Health Corps (YMHC) represents a flexible, dual-purpose approach to this crisis—one that addresses both the urgent need for student support and the long-term imperative of building a stronger behavioral health workforce. Launched in September 2024, the YMHC is a multisector partnership developed by the Schultz Family Foundation and Pinterest in collaboration with AmeriCorps.

The initiative connects middle and high school students with vital mental health resources while also offering young adults (ages 18–24) opportunities to gain practical experience in behavioral health careers. By recruiting and training YMHC members to work as peer and near-peer mental health navigators within schools and community organizations, the initiative provides mental health supports to young people and builds the behavioral health workforce of the future. YMHC members gain on-the-job work experience, receive a stipend, and earn a certificate or postsecondary credential at no cost to start or advance their careers in behavioral health.

The YMHC deployed its first cohort of members in September 2024 to serve schools and communities in Colorado, Michigan, Minnesota, and Texas. Seven additional states are preparing to launch their own YMHC programs in fall 2025: California, Iowa, Maryland, New York, Oregon, Utah, and Virginia. And yet another seven states are developing plans to launch in fall 2026, supported by planning grants: Arkansas, Kentucky, Louisiana, Nevada, New Jersey, Ohio, and Washington. In total, 18 states are now actively partnering in this growing national effort to address mental health through service.



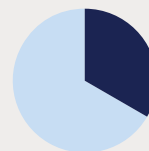
50%

of youth ages 13–17 are
online “almost constantly”



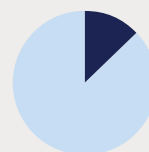
95%

use at least one social
media site



1/3

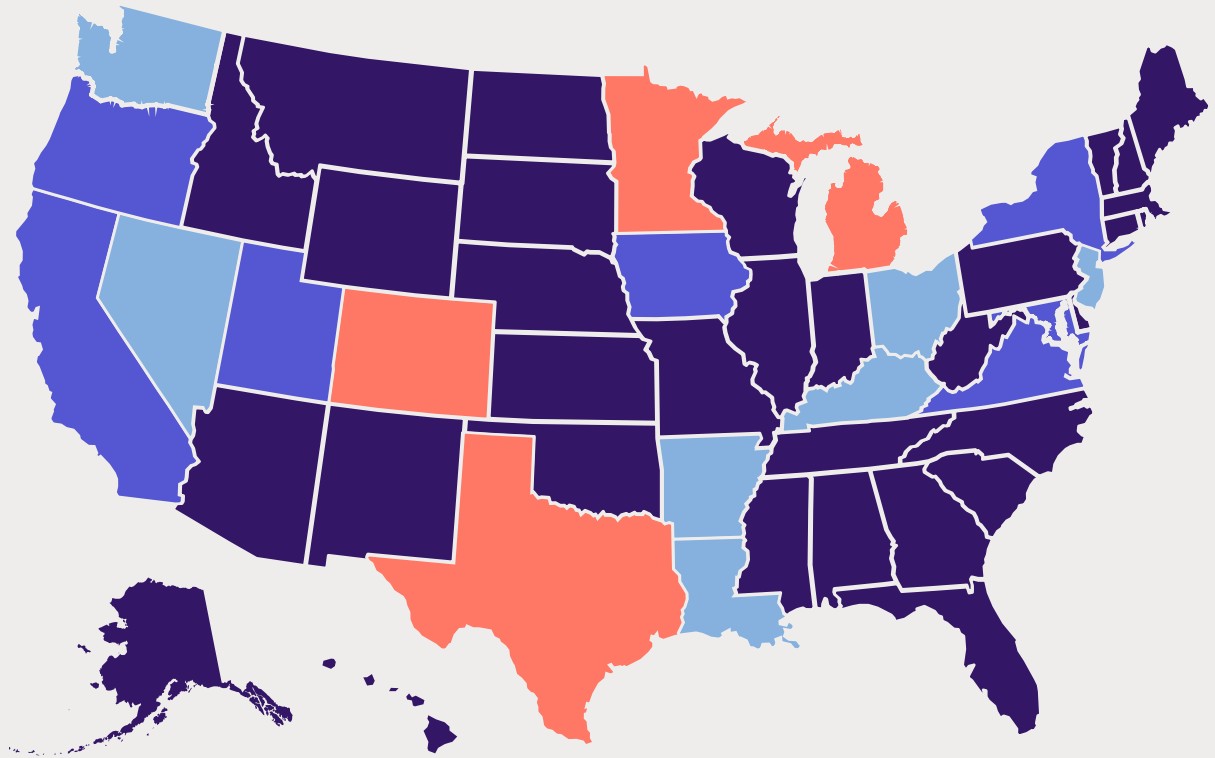
of the U.S. population
lives in a Mental Health
Professional Shortage Area.



13%

of the U.S. youth
population reported
struggling with anxiety and
depression

The YMHC Across the U.S.



First cohort of states:

- ◆ Colorado
- ◆ Michigan
- ◆ Minnesota
- ◆ Texas

YMHC chapters opening fall 2025:

- ◆ California
- ◆ Iowa
- ◆ Maryland
- ◆ New York
- ◆ Oregon
- ◆ Utah
- ◆ Virginia

YMHC chapters opening fall 2026:

- ◆ Arkansas
- ◆ Kentucky
- ◆ Louisiana
- ◆ Nevada
- ◆ New Jersey
- ◆ Ohio
- ◆ Washington

A National Initiative With Local Flexibility

The YMHC model is designed around a fundamental principle: The need for youth mental health support is universal, but the most effective responses are those tailored to local contexts. Rather than prescribing a one-size-fits-all approach, the YMHC provides a flexible framework that states and communities can adapt to their unique circumstances, cultures, and existing systems.

The YMHC works with established nonprofits, schools, community organizations, and healthcare clinics to train YMHC members in providing near-peer mental health and navigation support to youth, placing them in an array of settings to serve students and gain valuable work experience. These near-peer supports do not replace clinicians or licensed providers. Instead, they serve as trusted bridges, helping students feel safe to seek help and facilitating timely referrals to professional care when needed. In doing so, they extend the capacity of strained mental health systems while creating equitable access to early intervention.

In its 1st year, the YMHC deployed 317 members across four states—Colorado, Michigan, Minnesota, and Texas. While many program types exist in each state, this booklet profiles four distinct models to illustrate the YMHC's adaptability. Although these profiles are just a sample of the YMHC's broader reach, they reflect a core truth: Effective youth mental health support meets students in the spaces where they already are, from classrooms and clinics to libraries and after-school programs.

YMHC Training and Support Framework for Members

The YMHC has a framework for training and supporting its members to prepare them for success in their service roles and help advance their personal career goals. All members have access to core elements such as preservice training, site integration, ongoing professional development, career coaching, and credentialing opportunities.

➔ **Preservice Training**

Members participate in intensive training before starting service. This can include training on Youth Mental Health First Aid, trauma-informed care, mandated reporting, cultural competency, Adverse Childhood Experiences education, motivational interviewing, suicide risk screening, and student engagement strategies.

➔ **Site Integration**

Following preservice training, members complete site-based onboarding, which can involve staff shadowing, resource mapping, and alignment with school or community site procedures.

➔ **Ongoing Professional Development**

Throughout their service, members engage in weekly or regular supervision (often from licensed professionals), participate in monthly AmeriCorps or YMHC training cohorts, and receive professional development and skill-building opportunities. Some members concurrently enroll

in certification programs such as the Colorado Community College System Qualified Behavioral Health Certificate or a Community Health Worker certificate through partner organizations.

➔ **Career Coaching**

Members have access to individualized career and personal goal planning through partners like InsideTrack. They also have access to AmeriCorps member and alumni resources.

➔ **Credentialing Opportunities**

In some locations, members can pursue additional credentials, such as a Mental and Behavioral Health Worker Certificate, state certification as a Community Health Worker, or a Certified Peer Support Specialist credential.

In addition to this core training and support, individual programs provide YMHC members with specific supports and program enhancements that reflect local priorities, available resources, and community needs.

Aggregated Impact: Early Signs of a Scalable Model

Though comprehensive evaluation data collection is still underway, early indicators from the YMHC's 1st year suggest that the model is beginning to make a measurable difference across diverse contexts. The following results represent the aggregated impact from the program's initial cohort of 317 members across Colorado, Michigan, Minnesota, and Texas.^{vi}

Statewide Outreach and Engagement



More than 1,687 young adults were reached through recruitment, communication, and other outreach to advance the work of the YMHC in three of the four states.^{vii}



There were 317 YMHC members placed in 15 AmeriCorps programs across 172 service sites.



More than 16,000 community members were served across all four states.^{viii}

System-Level Changes



Schools where YMHC members worked reported reductions in behavioral referrals and improved student attendance.



YMHC members served as effective bridges between students and existing mental health services, which helps reduce barriers to care.



Students began to seek out mental health support proactively – a critical cultural shift that suggests decreased stigma and increased comfort with help-seeking behaviors.



YMHC members helped students reflect on their online experiences, set healthy boundaries, and practice positive digital citizenship, all of which fosters more mindful and responsible social media use.

These early outcomes suggest that the YMHC model is not only addressing immediate student needs but is also showing promise as a model for creating the systemic changes necessary for long-term impact.

Workforce Development



YMHC members had completed more than 130 certifications as of March 2025. Forty-six percent of these YMHC members found their certifications instrumental in securing employment.



Twenty percent of YMHC members secured employment before the end of their service year. Twenty-eight percent of these members were hired directly by their service sites.



Members across all states reported increased clarity about their career paths, and many used their service experience to inform decisions about further education and professional development.

Community Connections



YMHC members facilitated hundreds of referrals to community-based resources, connecting students and families to services ranging from food assistance to mental health counseling.



The program strengthened partnerships between schools and local organizations, creating support networks that are robust for students and families.

Three Themes:

Engine of Engagement, Adaptable Implementation, and Dual Purpose

Three key themes emerged from the YMHC's 1st year of implementation. Each theme offers insights into how the model is making an impact across diverse contexts and how it might be sustained and scaled.

THEME 1

Near-Peer Connections as the Engine for Engagement

The most consistent finding across all YMHC sites is that relationship-centered near-peer support creates uniquely powerful conditions for student engagement. This dynamic—in which YMHC members are young adults (ages 18–24) supporting middle and high school students—creates a relational bridge that students find both accessible and authentic.^{ix} As Myah Wiersema observed in her work at Cherry Health, “Sometimes a white coat isn’t the most comfortable person to open up to. Our Youth Mental Health Corps members are more relatable—they get it on a different level.”

This near-peer approach does not replace clinical services but rather expands the capacity of existing systems. YMHC members serve as triage points and first responders, helping students identify their needs and navigate pathways to appropriate support. At Lake Middle School, one staff member described YMHC member Josiah Sanchez as “the nexus,” or the person that students turn to first who then connects them to deeper resources when needed.

The program’s relationship-centered approach recognizes that academic and behavioral issues are often intertwined. Students struggling with anxiety, depression, or trauma may manifest these challenges through missing school, disengaging, or acting out. By building trust and providing consistent emotional support, YMHC members help students develop the stability and coping skills necessary for academic success.

The power of the near-peer, relationship-based approach is particularly evident in nontraditional settings. For instance, at Strickland Middle School, YMHC member Allison Oropeza’s work in after-school and summer programs helps bridge the gap between academic and behavioral settings. Students who might feel guarded during the school day often open up in the more relaxed atmosphere of after-school programming, where relationships can develop more organically.

The YMHC’s approach also makes a difference during the traditional school day. In one instance at Lake Middle School, a student with a 42% absentee rate became a regular in Josiah’s rotation. After reaching out to the student’s mother and building trust with the family, Josiah worked with school staff to arrange transportation, secured clothing and food support, and referred the family for therapy. The student’s absentee rate dropped, and her engagement began to improve. “Now I’m in weekly contact with her mom,” Josiah explained. “We’re not just talking about school—we’re talking about what the family needs to stay afloat.”

THEME 2

One Model, Many Contexts—Adaptability Makes a Difference

The YMHC’s implementation across diverse settings and states demonstrates the model’s fundamental adaptability. A key driver of this adaptability is the leadership and innovation demonstrated at the state level. Each state designs its own pathway, aligning the model with state requirements and the specific needs of its regions. This state-led approach ensures that every

program is uniquely built and deeply rooted in the communities it serves.

Rather than requiring identical implementation, the program provides a flexible framework that can be tailored to local contexts while maintaining core principles of providing relationship-centered support and supporting workforce development. Partnering with local organizations to tailor the program and address community needs helps build local buy-in and sustainability.

The profiles highlighted in this report illustrate just some of the many ways that YMHC members are serving communities:

- In Colorado, YMHC members work primarily with middle and high school students facing academic and behavioral challenges.
- In Michigan, they serve patients and families navigating healthcare systems.
- In Minnesota, they support students in rural communities with limited access to mental health services.
- In Texas, they focus on students during the critical after-school hours when many mental health challenges surface.

In addition to the services enumerated in these profiles, these states are implementing a wide range of innovative, locally responsive approaches. This adaptability suggests that the YMHC model can be successfully implemented in virtually any community context provided that local partners understand their students' needs and existing support systems.

THEME 3

Dual Bottom Line— Immediate Student Support and Long-Term Workforce Pipeline

Perhaps the most innovative aspect of the YMHC model is its dual focus on immediate student support and long-term workforce development. These focus areas recognize that addressing the youth mental health crisis requires both swift intervention and sustained investment in the systems that will support young people in the future.

The immediate benefits for students are clear: consistent relationship-centered support, improved access to mental health services, and decreased barriers to academic engagement. Students across all sites reported feeling more connected to school and more comfortable seeking help when they need it.

Simultaneously, the program is building a pipeline of diverse, community-connected behavioral health professionals. YMHC members gain hands-on experience in youth development, trauma-informed care, and navigation of the healthcare and education systems while earning stackable credentials that position them for careers in the field. Many members, like Jonah McCauley, credit their YMHC service with helping them discover their professional calling:

“Before I started [my service],
I wasn’t at all sure what I wanted to do.
And now I’m certain I’m going to be a
high school math teacher and that’s
what I want to do.”

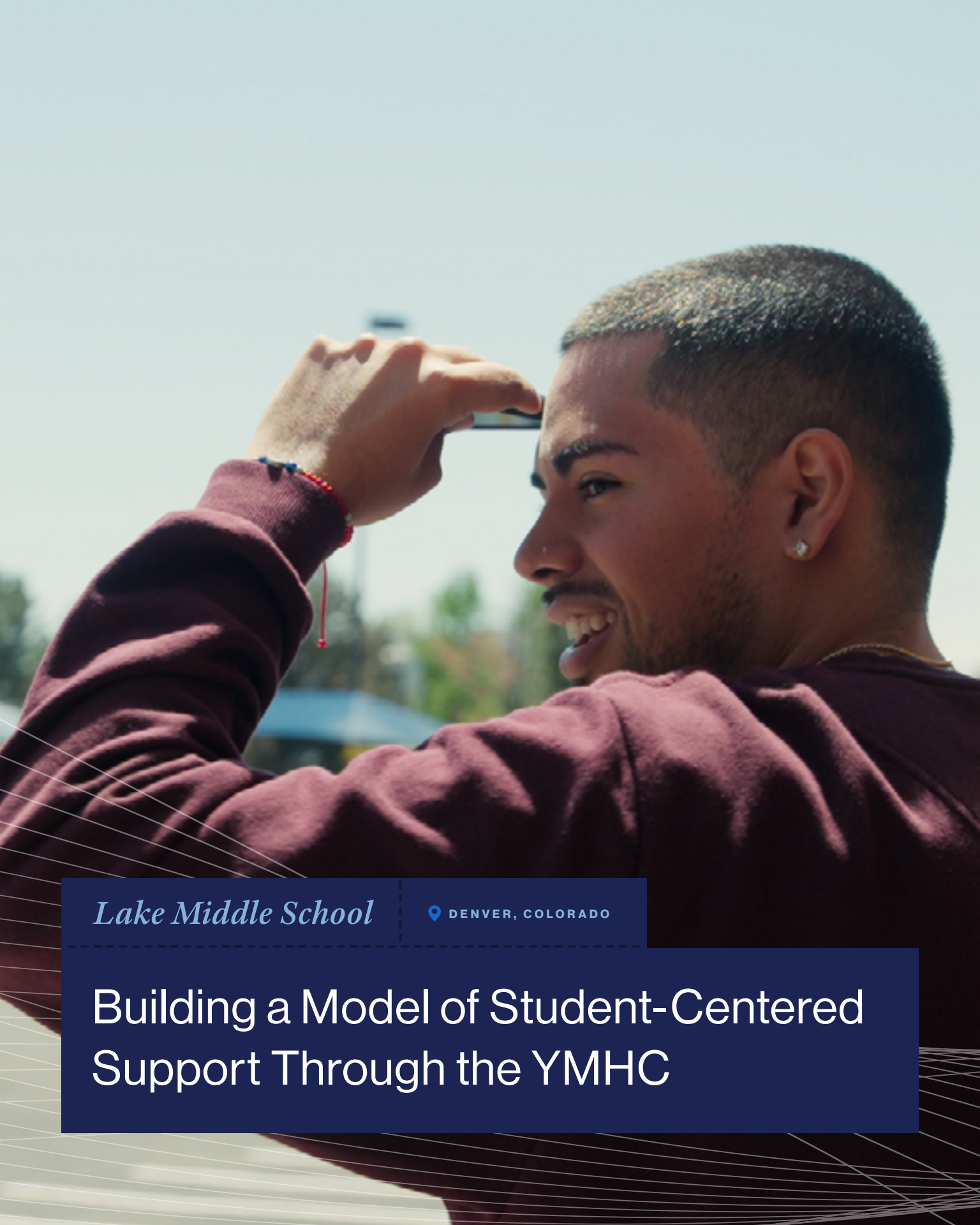
— JONAH MCCAULEY

The workforce development impact extends beyond individual career trajectories. By recruiting members from the communities they serve, the YMHC is helping to diversify the behavioral health workforce and ensure that future professionals understand the cultural and socioeconomic contexts of the students they will support.

“I grew up in this neighborhood,” said YMHC member Josiah Sanchez in Colorado.

The dual bottom line also creates sustainability advantages. Communities investing in YMHC members are not only addressing immediate student needs but also building local capacity for long-term support. Members who complete their service terms have opportunities to remain in their communities, continuing to contribute to youth development through teaching, social work, or other helping service professions.

As the program continues to grow, it offers a promising model for how the United States can address its youth mental health crisis while building the workforce necessary to sustain progress for future generations.



Lake Middle School

📍 DENVER, COLORADO

Building a Model of Student-Centered Support Through the YMHC

Meeting Challenges With Innovation

As one of four states implementing the YMHC initiative, Colorado is expanding its approach to supporting student well-being and strengthening its behavioral workforce pipeline. Across Colorado, more than 140 YMHC members serve their communities at 65 service sites, including Lake Middle School in Denver, Colorado.

Lake Middle School exemplifies dual challenges facing American education: escalating youth mental health needs and insufficient professional resources to address them. Serving 603 students, the Denver school has historically struggled with behavioral issues, chronic absenteeism, and limited mental health support, all of which were intensified by postpandemic student anxiety and social disconnection.

The school's partnership with the YMHC demonstrates how the initiative's three core themes—relationship-centered near-peer support, adaptability to local contexts, and the dual purpose of immediate student support and long-term workforce development—can translate into measurable outcomes in high-need urban contexts.

Relationship-Centered Near-Peer Support as a Bridge to the Community

Lake Middle School's implementation centers on Josiah Sanchez, a 24-year-old YMHC member who embodies the program's relationship-first philosophy. Selected intentionally for his cultural competence and shared community experience, Josiah operates from the principle that authentic relationships drive student engagement and well-being.

♦ *At a Glance:* The YMHC in Colorado

474

young adults reached through YMHC recruitment, communication, and outreach

144

YMHC members deployed across 65 sites*

5

organizations that coordinate local implementation

3,200+

community members served in inaugural year

YMHC program integrated with the state's 5-year behavioral health strategic plan



A Snapshot of Josiah's Experience:

➔ Caseload

18 students with daily rotational check-ins
(4 students per day)

➔ Core Functions

academic support, attendance
intervention, basic needs coordination,
mental health navigation

➔ Integration

participation in attendance teams, student
support meetings, and conflict resolution

Evidence of Relationship Effectiveness

Students actively seek out Josiah during passing periods. As one teacher noted, “They were asking around, trying to find him. He’s doing something that’s winning their trust—that’s leadership.”

Example of Impact

In one semester, more than 50 students received individualized support, behavioral referrals declined, and attendance improved.

Evidence of a Cultural Shift

The near-peer dynamic creates what administrators call a “cultural shift”—students are beginning to seek mental health support proactively rather than waiting for crisis intervention, fundamentally changing help-seeking behavior.

Adaptable Implementation Within the Local Context

Lake Middle School’s YMHC implementation demonstrates the program’s adaptability. Through the school’s partnership with Colorado Youth for a Change (CYC), one of five organizations hosting YMHC members statewide, Lake Middle School has maintained fidelity to the YMHC approach while also responding to Denver’s specific demographic and resource landscape. For instance, CYC used an intentional matching process to pair Josiah with Lake Middle School based on his neighborhood familiarity and cultural competence. Other Denver-area schools are interested in replicating this locally developed matching

“I didn’t know what I wanted to do after college, but the idea of supporting mental health and promoting wellness—that pulled me in.”

— JOSIAH SANCHEZ

process. In addition, YMHC members in Colorado have the opportunity to enroll in the Colorado Community College System’s Qualified Behavioral Health Worker I Certificate program, allowing them to further enhance their skills and advance in their career pathways while serving.

“I know what these kids are going through. I want to be the person I wish I had—someone who shows up.”

— JOSIAH SANCHEZ

Dual Bottom Line—Student Support and Workforce Pipeline

Lake Middle School’s implementation demonstrates the program’s innovative dual-purpose approach of delivering immediate student support and developing future behavioral health professionals.

Immediate Student Impact (Year 1)

- **Behavioral Improvements:** documented reduction in disciplinary referrals
- **Attendance Gains:** improved student attendance rates across YMHC-served populations
- **Service Reach:** individualized support provided to more than 50 students in first semester
- **System Change:** increased proactive help-seeking behavior among students

Professional Development Outcomes

Josiah, a 2022 college graduate who transitioned from retail work, found that his YMHC service provided a structured career pathway. Josiah’s experience illustrates the program’s capacity to attract diverse talent.

Workforce Pipeline Impact

Of 28 CYC members enrolled in coursework, 25 are expected to complete certification, qualifying them for entry-level positions as behavioral health navigators—directly addressing Colorado’s Mental Health Professional Shortage Area designation.

Implications for Scaling and Replicating the YMHC in Urban Schools

Lake Middle School’s implementation shows that the YMHC model can simultaneously address the youth mental health crisis and the workforce shortage through relationship-centered, locally adapted programming in urban, high-need school contexts.

Key Factors for Successfully Replicating the YMHC in Urban Areas

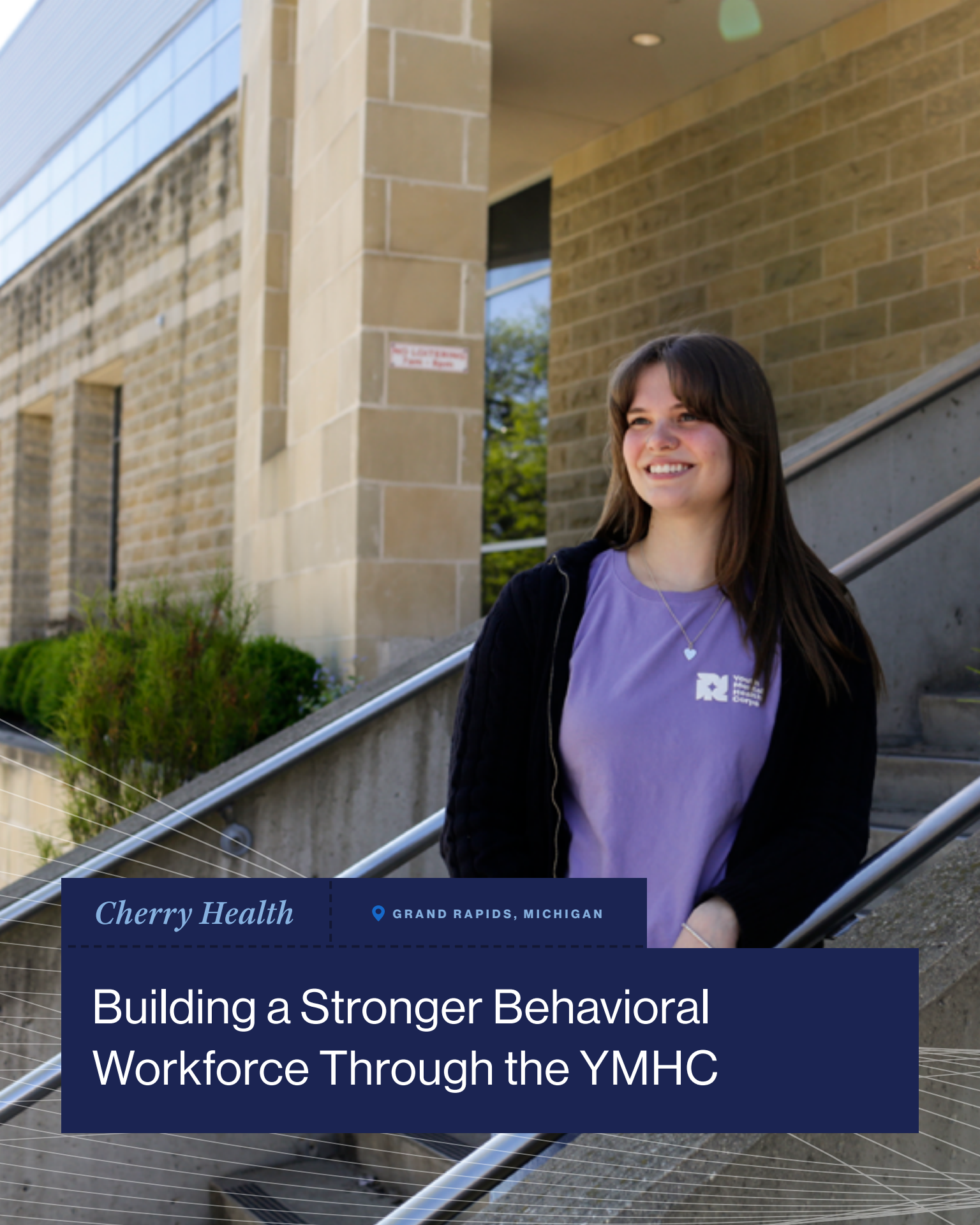
- **Intentional Member–Site Matching:** Members that understand the culture, context, and community of their sites can engage more effectively with students and families.
- **Comprehensive Support Systems for Members:** Training, supervision, and credentialing create conditions for members’ success.
- **Integration of Members Into School Sites:** Embedding members in the operations of their sites rather than treating them as external resources helps them work more effectively.
- **Community Partnership:** Local connections help expand access to resources and better support students.

Scalability Evidence

The Lake Middle School case demonstrates that when relationship-centered near-peer support is implemented with local flexibility, it has a transformative impact on students, schools, and the behavioral health workforce pipeline.

The YMHC’s relationship-centered approach should be particularly effective in culturally diverse, high-need communities where building trust is essential for student engagement.

For more information on Lake Middle School and the YMHC, go to <https://www.wested.org/resource/building-a-model-of-student-centered-support-through-the-youth-mental-health-corps/>.



Cherry Health

📍 GRAND RAPIDS, MICHIGAN

Building a Stronger Behavioral Workforce Through the YMHC

Healthcare Integration Meets Workforce Development

In partnership with the YMHC initiative, Michigan is expanding its approach to supporting student well-being and strengthening its behavioral workforce pipeline. Across Michigan, 56 YMHC members served their communities at 18 service sites, many of which are part of the statewide network of Cherry Health clinics.

Cherry Health exemplifies the intersection of immediate patient care needs and long-term workforce development challenges. As Michigan's largest Federally Qualified Health Center, operating 14 sites that serve underresourced communities, Cherry Health confronts both the youth mental health crisis and the behavioral health workforce shortage daily.

Cherry Health's partnership with the YMHC demonstrates how the initiative's three core themes—relationship-centered near-peer support, adaptability to local contexts, and the dual purpose of student support and workforce development—can operate within integrated care settings to expand capacity and develop future professionals.

Relationship-Centered Near-Peer Support as a Bridge Between Healthcare and Community

Cherry Health's approach centers on building near-peer connections between adolescent patients and young adult YMHC members. Myah Wiersema's role shows how these relationships can help young patients feel more comfortable, which increases their engagement and access to care in an integrated health setting.

Evidence of Near-Peer Effectiveness

The age proximity between YMHC members and adolescent Cherry Health patients creates

◆ *At a Glance:* The YMHC in Michigan

263

young adults contacted through recruitment, communication, and outreach

56

YMHC members enrolled and deployed across 18 service sites that represent 5 organizations

35

YMHC members completed certification pathways

10,800+

community members served in inaugural year

distinctive opportunities to engage with young patients, which resulted in trusted relationships between patients and YMHC members.

Integration of Members With Clinical Teams

Myah participates in interdisciplinary team “huddles,” shadows doctors and therapists, and builds relationships across the healthcare system. Integrating YMHC members into multiple aspects



A Snapshot of Myah's Experience:

➔ **Service Schedule**

3 days per week embedded in interdisciplinary care teams

➔ **Core Function**

"on call" responsive support for behavioral health needs

➔ **Care Coordination**

bridge between patients, families, and clinical providers

➔ **Relationship Building**

relatable presence that reduces barriers in the clinical setting

of Cherry Health's system helps ensure that near-peer support complements rather than competes with clinical care.

Impact on Patient Engagement

Myah's work with patients focuses on identifying and reducing barriers to care, such as transportation limitations, communication challenges, or system navigation difficulties. This results in improved continuity of care.

Adaptable Implementation Within Integrated Care Systems

Cherry Health's implementation demonstrates how the program can be adapted to healthcare-specific contexts while maintaining fidelity to the YMHC approach.

Healthcare-Specific Adaptation

Michigan's YMHC partnership with Wayne State University (WSU) creates stackable certification pathways specifically designed for healthcare settings by incorporating five youth mental health certifications from the WSU Community Health Worker Academy.

Flexible Service Delivery

- **Responsive Scheduling:** YMHC members are available on call throughout clinic hours, allowing for responsive scheduling that meets patient flow.
- **Integration of Multiple Services:** YMHC members support multiple functions within the clinic, including coordination of medical, behavioral health, and other care.
- **Patient-Centered Adaptation:** Services are adapted daily based on patient needs and clinical priorities, ensuring a patient-centered approach.
- **Community–Clinic Bridge:** YMHC members act as a bridge between the clinic and community resources by helping patients access broader support beyond the exam room.

Successful Systems Integration

A Cherry Health worker describes Myah's role as that of "a care coordinator." Her position illustrates how YMHC members can be successfully integrated into existing healthcare workflow activities, such as reengaging patients, identifying barriers, and supporting continuity of care. These functions complement clinical

care and address social determinants of health, including transportation challenges, housing instability, food insecurity, and limited access to mental health services—all of which can hinder a young person’s ability to stay well and engaged.

By connecting patients to community resources and following up on their nonmedical needs, YMHC members like Myah help ensure that care is not only clinically sound but also grounded in the realities of young people’s lives.

Dual Bottom Line—Patient Care and Healthcare Workforce Pipeline

Cherry Health’s implementation demonstrates the YMHC’s capacity to simultaneously improve patient support and develop future healthcare professionals who have integrated care experience and community connections.

Immediate Patient Impact (Year 1—Myah’s Contributions)

- **Follow-Up Connections:** made 281 continuity of care contacts, thereby ensuring that patients scheduled and attended appointments with regularity
- **Warm Handoffs:** connected 21 patients to medical, dental, behavioral, and vision services within Cherry Health
- **Community Resource Referrals:** connected 2 patients with external support and resources, thus extending care and support beyond clinic walls

Professional Development Outcomes

For Myah, being a YMHC member provided her with a structured career development pathway while she completed her bachelor’s degree in social work at Grand Valley State University. As a YMHC member, Myah plays multiple roles—

patient advocate, care navigator, community connector, and aspiring healthcare professional—in helping bridge gaps in care while gaining hands-on experience.

Response to Contemporary Challenges

Myah’s work includes supporting mental health and well-being and addressing contemporary challenges such as the impacts of screen time. Her observation that children become “super dysregulated when their iPad or computer [is] removed” illustrates how YMHC members gain experience in understanding emerging mental health concerns.

Evidence of Career Training and Advancement

Myah’s professional growth reflects the YMHC’s success in developing workforce pipelines: “I was offered two new positions over the summer—one at a therapy clinic and another at a daycare.”

Impact on the Healthcare Workforce Pipeline

Working in Cherry Health’s integrated care setting provides Myah and other YMHC members with comprehensive exposure to healthcare systems, interdisciplinary collaboration, and connections between communities and clinics.

Cherry Health’s YMHC demonstrates that implementing relationship-centered near-peer support within integrated healthcare systems and providing members with intentional professional development results in better support for patients, the teams that care for them, and the behavioral health workforce pipeline overall.

For more information on Cherry Health and the YMHC, go to <https://www.wested.org/resource/building-a-stronger-behavioral-health-workforce-through-the-youth-mental-health-corps/>.



Cloquet Public Schools

📍 CLOQUET, MINNESOTA

Catalyzing Change Through Local Community Action

Addressing Rural Mental Health Through Community Connection

With the YMHC initiative, Minnesota is expanding its approach to supporting student well-being and strengthening its behavioral workforce pipeline. Across Minnesota, 55 YMHC members served their communities at 45 service sites, including throughout the Cloquet Public School system.

Cloquet Public Schools exemplify some of the pressing challenges facing rural American education: persistent youth mental health needs, severe professional workforce shortages, and geographic barriers to accessing care. Located 20 miles south of Lake Superior with a population of 12,500, Cloquet is representative of the 80% of Minnesota counties designated as Mental Health Professional Shortage Areas, where the student-to-counselor ratio reaches 400:1.

The district's partnership with the YMHC demonstrates how the initiative's three core themes—relationship-centered near-peer support, adaptability to local contexts, and the dual purpose of student support and workforce development—can address rural-specific challenges and align with Minnesota's student-centered policy framework.

Relationship-Centered Near-Peer Support as Rural Community Bridge

Cloquet's implementation focuses on relationship building as the foundation for overcoming rural barriers to mental health support. YMHC member Jonah McCauley, operating across five different sites, embodies Minnesota's "listen-first" approach that positions members as trusted connectors.

◆ *At a Glance:* The YMHC in Minnesota

55

YMHC members in total with 45 YMHC members deployed across 45 sites through Minnesota Alliance With Youth and an additional 10 members serving through Recovery Corps

Integration with Minnesota Youth Council's student-centered policy framework

Rural community access and workforce pipeline development emphasized

Evidence of Relationship Effectiveness

Jonah's approach centers on genuine listening and shared interests (particularly mathematics), which creates authentic connections that students actively seek out. His presence transforms school climate through what educators describe as "quiet gestures and meaningful breakthroughs." As one educator noted, "I wish I had a million Jonahs. I wish the world had a million Jonahs—we would be in a much better place."

Training Experience

The trauma-informed training Jonah received as a YMHC member helps him reframe his perspective of student behavior from judgment to empathetic



A Snapshot of Jonah's Experience:

- ➔ **Primary Assignment**
middle school (majority of hours)
- ➔ **Secondary Rotation Sites**
high school, alternative school, public library, restorative justice program
- ➔ **Service Approach**
flexible scheduling based on student needs and site demand
- ➔ **Core Functions**
one-on-one and small group support, academic tutoring, crisis response

inquiry: “What happened to this student that makes them act like this?” This approach enables him to respond with empathy rather than punishment, which builds trust and encourages students to seek help.

Rural-Specific Impact

The program’s multisite model, in which each member works across a rotation of sites, addresses the scarcity of resources in rural settings by

maximizing one member’s impact across diverse settings. This model ensures that members are consistently present where students congregate naturally—from classroom settings to library programming to restorative justice circles.

Adaptable Implementation to the State’s Student-Centered Framework

Cloquet’s implementation illustrates how the YMHC model can adapt to meet rural needs in fulfillment of Minnesota’s student-centered educational priorities. In alignment with the state’s whole-child framework and the Minnesota Youth Council’s focus on youth voice, the program reflects a shared commitment to meeting students where they are—geographically, emotionally, and developmentally.

The YMHC is coordinated through Minnesota Alliance With Youth, which oversees three AmeriCorps programs. These efforts are intentionally designed to elevate student agency, support youth well-being, and reinforce connections between schools and community resources.

In addition to being designed expressly to support students and strengthen connections between communities and schools, the program in Minnesota demonstrates how the YMHC’s design and implementation can be tailored to the demographics of the community, including its rural nature. Minnesota’s program intentionally trains and supports YMHC members to be flexible and adapt to rural community needs.

Rural Adaptation Strategies

- **Geographic Flexibility:** Rotating members across multiple sites maximizes their coverage across dispersed populations.

Addressing Challenges Through After-School Innovation

As one of four states implementing the YMHC initiative, Texas is expanding its approach to supporting student well-being and strengthening its behavioral workforce pipeline. Across Texas, 62 YMHC members served their communities at 42 service sites.

These sites include Strickland Middle School, which serves approximately 800 students (majority Hispanic and Black, 70%+ qualifying for free/reduced-price lunch) in Grades 6–8. The Denton school confronts the dual reality of escalating youth mental health needs and resource constraints common across Texas, where 37% of high school students experience poor mental health and 44% report persistent sadness or hopelessness.

The school's partnership with Communities In Schools of North Texas (CISNT) and the YMHC reflects the YMHC's three core themes—relationship-centered near-peer support, adaptability to local contexts, and the dual purpose of student support and workforce development. Strickland's program operates beyond traditional school hours to reach students when they may be most vulnerable to isolation and disconnection.

Relationship-Centered Near-Peer Support Through After-School Programming

Strickland's implementation centers on Allison Oropeza, a master's student in social work who is completing her fourth AmeriCorps term. She embodies the YMHC's relationship-first philosophy within CISNT's Afterschool Centers on Education and summer programs. Her approach demonstrates how near-peer support creates unique engagement opportunities during critical out-of-school hours.

♦ *At a Glance:* The YMHC in Texas

42

service sites across San Antonio, North Texas, and Central Texas

Partnership with Communities In Schools of North Texas, San Antonio, and Central Texas

62

YMHC members enrolled

58

YMHC members completed certification pathways

"I asked about their day, followed up on things they told me, celebrated their wins. Eventually, they started coming to me on their own—telling me about concerts, sports games, or something that happened in class."

—ALLISON OROPEZA

- **Time Flexibility:** Evening and weekend programming accommodates rural transportation barriers.
- **Cultural Adaptation:** A community-embedded approach recognizes the stigma around seeking mental health support that is sometimes present in rural areas.
- **Resource Integration:** The program partners with existing community programs rather than creating parallel systems.

Community Partnership Success

Rather than imposing external solutions, Cloquet's YMHC represents what community leaders describe as "a relationship-based extension of what the community was already trying to do: Meet young people where they are and walk alongside them as they grow."

Dual Bottom Line—Student Support and Rural Workforce Pipeline

Cloquet's implementation demonstrates the YMHC's capacity to simultaneously address immediate student needs and develop future professionals who understand rural community contexts and challenges.

Immediate Student Impact (Year 1)

- **Service Hours:** more than 620 hours of one-on-one and small group support was provided
- **Student Reach:** more than 24 students received formal support, with informal engagement extending to many more
- **Core Functions:** members supported academic tutoring, stress management, postgraduation planning, and mental health and well-being practices
- **System Navigation:** members facilitated warm handoffs to school counselors, county social workers, and community resources

Training and Professional Development

For Jonah, YMHC service provided structured training, mentorship, and a clearer sense of purpose. After entering the program uncertain about his future, he gained hands-on experience alongside professional development in youth mental health, trauma-informed care, and student engagement. Through training and daily practice, he discovered a deep interest in mathematics education and youth development.

"Before I started my first term as an AmeriCorps Promise Fellow, I wasn't at all sure what I wanted to do," said Jonah. "And now I'm certain I'm going to be a high school math teacher."

Impact on the Rural Workforce Pipeline

Jonah began the program as an uncertain college graduate and became a committed educator pursuing teaching credentials at Bemidji State University. This trajectory demonstrates how the YMHC creates "local pipelines" of passionate professionals.

Evidence of Academic Outcomes

As a YMHC member, Jonah had a dual focus on mental health support and academic tutoring. His efforts have produced measurable results, with one parent reporting that her daughter "went from getting an F in math class to consistently getting A's" after working with him.

The Cloquet program demonstrates that the YMHC model can be successfully adapted to meet the unique challenges of rural communities. Its flexible, community-embedded approach offers a strong foundation for replication in similar rural settings across the country.

For more information on Cloquet Public Schools and the YMHC, go to <https://www.wested.org/resource/students-at-the-center-catalyzing-change-through-local-community-action/>.



Strickland Middle School

📍 DENTON, TEXAS

Providing Near-Peer Support Beyond the School Day

A Snapshot of Allison's Experience:

➔ **Program Capacity**

member interaction with 40–60 students daily (up to 70+ during school year)

➔ **Caseload**

10 students receiving regular individual support, with universal check-ins for all participants

➔ **Core Functions**

academic support, emotional check-ins, group facilitation, conflict resolution, family engagement

➔ **Integration Approach**

placement within established CISNT programming structure

Evidence of Relationship Effectiveness

Allison's consistent daily interactions with students create the foundation for trust building that extends beyond crisis intervention. "I made sure to greet every student every day," she explains. "I asked about their day, followed up on things they told me, celebrated their wins. Eventually, they started coming to me on their own—telling me about concerts, sports games, or something that happened in class."

Relationship Building

A 6th-grade student who attended after-school programming because "he didn't want to be at home" initially presented behavioral issues. Through focusing on relationship building and trauma-informed approaches, Allison helped him develop self-awareness and decision-making

skills, resulting in significantly reduced behavioral incidents and improved self regulation.

Adaptable Implementation Within a Community Partnership Framework

Strickland's YMHC implementation demonstrates the program's adaptability. The middle school integrated the YMHC with CISNT, which has a 32-year history of comprehensive wraparound service delivery. This partnership maintained fidelity to the YMHC's model while responding to the specific needs of extended-day programming and community-based support.

Integration With a Community Partner Organization

CISNT's established infrastructure provided the foundation for placing YMHC members. CISNT's staff were embedded in Strickland's campus community to build relationships, connect families to resources, and coordinate support services. In this partnership, the YMHC model enhanced, rather than replaced, CISNT's existing capacity.

Extended-Day Strategies

- **Flexible Scheduling:** YMHC services are delivered during after-school hours and summer programming, times when students may be most vulnerable and in need of additional support.
- **Integration of Academic and Social Supports:** The program blends tutoring, enrichment activities, and emotional support, creating a holistic environment that meets both academic and mental health needs.
- **Family Engagement:** YMHC members work with families to address stressors in the home environment and help build coping strategies that extend beyond the school setting.

- **Cultural Adaptation:** Program design is tailored to reflect the diverse linguistic and cultural backgrounds of students, ensuring relevance and resonance in every interaction.

Response to Contemporary Challenges

Allison tackles social media impacts on middle schoolers. She says that the kids almost feel like they are under constant surveillance by social media.

Allison is attuned to this and works with students one on one to support safer practices with social media platforms.

Dual Bottom Line—Student Support and Social Work Pipeline

Strickland's implementation demonstrates the YMHC's dual capacity. The program has simultaneously improved student outcomes during critical out-of-school hours and developed future social work professionals with community-based experience.

Immediate Student Impact (Year 1)

- **Behavioral Improvements:** The program achieved a documented reduction in behavioral incidents among students receiving regular support.
- **Language and Interaction Changes:** The program director saw “noticeable difference in just some of the language (i.e., curse words) that students are using when they’re interacting with each other” among students working with YMHC members.
- **Service Reach:** Members engaged with 40–60 students daily through Afterschool Centers on Education programming, with 10 students receiving intensive individual support.
- **Coping Strategies for Students:** Students were equipped with tools for managing home environment stressors and emotional regulation.

Professional Development Outcomes

For Allison, the experience of completing her master's degree in social work while serving as a YMHC member provided a structured career pathway with real-world application. Her trajectory illustrates the program's capacity to develop social work professionals with community-based experience: “It's always been in front of me, but now it's clear. I want mental health to be at the center of the work I do.”

Impact on Workforce Pipeline of Social Workers

Allison's preparation for licensure as a clinical social worker combined with her experience in youth-serving systems through CISNT—part of a national network supporting over 3,400 schools across 27 states—positions her to serve and lead in youth-serving systems nationwide.

Implications for Extended-Day Programming

Strickland's implementation shows how the YMHC model can address youth mental health needs through innovative extended-day programming partnerships.

“It's always been in front of me, but now it's clear. I want mental health to be at the center of the work I do.”

—ALLISON OROPEZA

Key Factors for Replicating the Program in Extended-Day Settings

- **Integration With Community Partners:** Embedding YMHC members within established youth-serving organizations rather than creating parallel systems better leverages existing relationships, trust, and resources.
- **Extended-Day Focus:** Targeting critical out-of-school hours when students may be most vulnerable to isolation and disconnection provides an additional safety net of support and connection.
- **Professional Development Alignment:** Coordinating service experience with graduate education and career preparation requirements enables members to gain academic credit, professional credentials, and practical skills to strengthen their work opportunities.
- **Cultural and Linguistic Responsiveness:** Prioritizing members who can connect authentically with diverse student populations helps foster authentic connections that encourage trust and meaningful engagement.

Replicability

The model's success across all three themes suggests strong potential for replication in communities with established after-school programming infrastructure, particularly where community organizations enhance capacity during extended-day programming.

National Network Advantage

Through CISNT's connection to Communities In Schools' national network, successful practices developed at Strickland can be shared and adapted across more than 3,400 schools nationwide, amplifying their impact and potential to be replicated.

The Strickland profile shows that relationship-centered, near-peer support—when delivered through strong community partnerships and extended-day programming—can have a transformative impact. By combining this approach with intentional professional development, the model supports students and families while also strengthening the future social work workforce. Providing relationship-centered support to students is especially valuable during critical out-of-school hours, when young people may be most vulnerable.

For more information on Strickland Middle School and the YMHC, go to <https://www.wested.org/resource/providing-near-peer-support-beyond-the-school-day/>.

Endnotes

- i The Annie E. Casey Foundation. (2025). *Children and teens with anxiety or depression*. KIDS COUNT Data Center. <https://datacenter.aecf.org/data/tables/11429-children-and-teens-with-anxiety-or-depression>
- ii Centers for Disease Control and Prevention. (2025). *Data and statistics on children's mental health*. <https://www.cdc.gov/children-mental-health/data-research/index.html>
- iii Faverio, M., & Sidoti, O. (2024). *Teens, social media and technology 2024*. Pew Research Center. <https://www.pewresearch.org/internet/2024/12/12/teens-social-media-and-technology-2024/>
- iv U.S. Department of Health and Human Services. (2023). *Social media and youth mental health: The U.S. Surgeon General's Advisory*. <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>
- v Health Resources and Services Administration. (2024). *State of the behavioral health workforce, 2024*. National Center for Health Workforce Analysis. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>
- vi All data in this section come from the Youth Mental Health Corps. (2025). *Aggregated data from grantee progress reports, August 2024–July 2025* [Internal data set].
- vii Texas did not have these data to report.
- viii The data reported for Texas are incomplete; Communities In Schools North Texas did not collect these data.
- ix In instances where YMHC members serve at a peer recovery site, the member age range is 18–29.
- x Of the 144 members, 104 young adults were between the ages of 18–24.

