Advancing Person-centered Care:

Peer Support in Schizophrenia Care in Certified Community Behavioral Health Clinics

March 2026

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EXECUTIVE SUMMARY

Despite the complex needs of people living with schizophrenia, care ecosystems remain fragmented. The resulting gaps contribute to poor continuity of treatment and support, increased isolation and reduced quality of life.

To help address current gaps in schizophrenia care, this white paper examines the positive impact and integration of peer support services in schizophrenia care in the United States. Peer support programs are nonclinical, recovery-oriented interventions where people use their own experiences to provide emotional and practical support to individuals facing similar challenges (Gray & Sisto, 2024). These nonclinical professionals are known as peer support workers (PSWs), peer support specialists or peer support professionals.

This white paper draws on peer-reviewed publications and interviews with Certified Community Behavioral Health Clinics (CCBHCs) that have successfully implemented peer support programs. It reviews the background of peer support, analyzes current implementation and growth, identifies key challenges and solutions, and offers actionable recommendations and a call to action.

The Role and Value of Peer Support in Schizophrenia Care

Improving outcomes for people with schizophrenia requires more holistic strategies to build a supportive, connected care ecosystem that promotes long-term recovery. Evidence and real-world experiences explored in this white paper demonstrate that peer support programs improve engagement, retention and clinical outcomes.

Recommendations and a Call to Action

Despite growing recognition of its value, peer support in schizophrenia care remains underutilized and inconsistently integrated, leaving people living with schizophrenia often facing obstacles such as fragmented care and limited access. To address these challenges, key steps must be taken to ensure the effectiveness of peer support programs, standardize expectations and scale for broader access across the country. These steps include:

- Define clear roles and responsibilities for PSWs, integrating them into clinical workflows as a core element of holistic care.

- Invest in training, supervision and fair compensation to strengthen the peer workforce.

- Make peer support services visible and accessible through proactive outreach and streamlined referral pathways.

- Supplement role-appropriate metrics with qualitative narratives to track outcomes and guide continuous improvement.

- Advocate for policy reform, improved Medicaid reimbursement practices and sustainable funding to ensure program stability and scalability.

Patients, families, health care leaders and policymakers all have a role to play in advancing these priorities. By working together, we can bridge gaps in care and ensure that peer support becomes a consistent, evidence-based standard that supports a connected care ecosystem and helps improve the overall quality of life for people living with schizophrenia.

INTRODUCTION AND BACKGROUND

Unmet Needs in Schizophrenia Care in the United States

Schizophrenia, a chronic, severe mental illness, affects approximately 2.8 million people in the United States (National Institute of Mental Health, n.d.). Common symptoms include hallucinations, delusions and negative symptoms such as flat affect, avolition and social withdrawal, all of which can severely impact daily functioning and engagement in treatment. Many people living with schizophrenia face recurring hospitalizations and crisis situations that can lead to homelessness, exposure to violence, substance use and significant disruptions in daily life. These challenges can lead to difficulty maintaining employment or increased social isolation (National Alliance on Mental Illness Minnesota, 2018). Despite decades of clinical innovation, people living with schizophrenia continue to face significant impediments to fair care.

Underlying obstacles for people living with schizophrenia like stigma and geographic isolation often disrupt access to care, continuity of treatment and availability of social support. The resulting isolation exacerbates symptoms and can reduce quality of life (Ahad et al., 2023).

In many places, psychiatric services, primary care and social support are fragmented. Outside of formal inpatient treatment settings, there is limited support for individuals and caregivers. Without support in the community, the burden of living with schizophrenia can be overwhelming, and there are few options other than readmission into inpatient care (Obegu et al., 2025).

Across the country, many people struggle to access timely, context-aware mental health care. Location, social and environmental factors can affect how easy it is to find care that is timely and respectful of their background. In communities with fewer medical resources, people often face challenges like long wait times, an insufficient number of providers and confusing care systems. These problems are exacerbated by stigma around mental illness and a lack of trust in the health care system — especially among groups that have long been medically underserved. Fear of being judged or treated unfairly can stop people from getting help, staying on treatment or reaching out for support (Ahad, et al., 2023). There is a significant need for solutions to help bridge these gaps in care to ensure fair access to care for all people living with schizophrenia.

The Value of Community-based Care and Certified Community Behavioral Health Clinics

Certified Community Behavioral Health Clinics (CCBHCs) are federally supported or state-certified clinics established to expand access to comprehensive, person-centered mental health and substance use care (National Council for Mental Wellbeing, 2024). These clinics serve people regardless of their ability to pay, and offer integrated services including primary care coordination, crisis response and peer support programs, which connect people with a trained professional who has similar personal experience. CCBHCs drive efforts to address imbalances by targeting social and geographic factors that affect health (National Council for Mental Wellbeing, 2024). To meet the unique needs of their communities, CCBHCs collaborate with schools, hospitals, law enforcement, housing providers and other local organizations. By embedding themselves in communities and leveraging partnerships and services, CCBHCs have

significantly increased access to care, with 68% of clinics reporting growth in the number of children and youth served, 59% of clinics reporting growth in the number of uninsured individuals served and 55% of clinics reporting increases in the number of those without prior outpatient care served (National Council for Mental Wellbeing, 2024). Additionally, CCBHCs have been shown to expand service capacity, reduce wait times and improve outcomes for populations with unmet medical needs across the U.S. (National Council for Mental Wellbeing, 2024).

CCBHCs demonstrate measurable effectiveness in population health. Among CCBHCs that currently track and analyze client emergency department (ED) and hospital utilization, 47% reported a decrease in ED visits, while 37% said ED use remained stable, even as their caseloads increased (National Council for Mental Wellbeing, 2024). These outcomes highlight the model's success in diverting people from high-intensity care settings and ensuring more appropriate, community-based interventions.

CCBHCs represent a transformative model in behavioral health care, redefining how care is delivered to all. Their ability to integrate services, respond rapidly to community needs, deliver peer support services and reduce reliance on emergency and inpatient care underscores their value as a scalable and sustainable solution to the mental health crisis, including for people living with schizophrenia (National Council for Mental Wellbeing, 2024).

The Role and Value of Peer Support Programs in Mental Health Care

Peer support programs are nonclinical, recovery-oriented interventions where people use their own experiences to provide emotional and practical support to individuals facing similar challenges (Gray & Sisto, 2024). These nonclinical professionals are known as peer support workers (PSWs), peer support specialists or peer support professionals. Peer support is grounded in mutuality, empathy and shared understanding and hope, creating a safe and empowering space for dialogue, trust and personal growth (Gray & Sisto, 2024). In the context of schizophrenia, peer support encourages recovery by reducing isolation, fostering hope and bridging gaps in traditional care through meaningful human connection (Gray & Sisto, 2024).

People receiving peer support have described it as more helpful than previous hospital experiences, noting that PSWs listened, shared relatable experiences and offered practical help. By building this relationship, PSWs have supported individuals with understanding the role of medication in recovery, advocating with their psychiatric provider and self-care, and assisting with discharge, goal planning and skills development (Gray & Sisto, 2024). A 2024 meta-analysis found that peer support interventions significantly improved outcomes in people living with schizophrenia (Jambawo et al., 2024). These findings position peer support as an effective psychosocial intervention that bolsters clinical and personal recovery.

Families, caregivers and health systems may also benefit from PSWs, who help with nonclinical needs like accompanying individuals to appointments, offering emotional support and helping with communication, including de-escalating potentially challenging situations. Peer support programs foster a more inclusive and compassionate care environment, which may lead to improved communication, reduced caregiver burden and increased confidence in navigating recovery (Gray & Sisto, 2024).

Peer support programs are already a vital part of the CCBHC model, helping to bridge critical gaps in schizophrenia care by addressing isolation, fragmented services and helping people feel seen, heard and supported. Expanding these programs can further strengthen CCBHCs' ability to meet the emotional and practical needs of people living with schizophrenia.

The 10 Principles and Values of Peer Support

Mutuality: Connection based on mutual understanding and empathy.

Reciprocity: Both parties give and gain in a peer support relationship. People take turns and give and take.

Nondirective: Interaction and dialogue are guided by the person with mental health problems. PSWs support people to find their own solutions.

Recovery-focused: Inspiring hope, giving back control and identifying opportunities.

Trauma-informed: Understanding that trauma needs to be recognized, dealt with and that it can impact people differently.

Strengths-based: Helping people to identify their strengths and build on them.

Welcoming: Of people from all communities and backgrounds.

Progressive: Focusing on the progressive steps through recovery.

Safe: Ensuring that all parties have feelings of safety and a safe environment.

Fair access: Making sure that peer support is accessible to all.

(adapted from Gray & Sisto, 2024)

PROBLEM STATEMENT

The Problem: Fragmented Care and Missed Opportunities in Schizophrenia Support

Despite the complex needs of people living with schizophrenia, care ecosystems remain fragmented. Individuals often encounter disjointed services, limited coordination between providers and missed opportunities for early intervention. These gaps contribute to poor continuity of care and increased isolation and can impact quality of life for people living with schizophrenia.

The Need: A Connected and Holistic Program of Support

Improving outcomes for people living with schizophrenia requires more holistic strategies to build a supportive, connected care ecosystem that promotes long-term recovery. Peer support programs delivered by individuals with lived experience offer an evidence-based approach to bridging gaps in care. These programs foster trust, reduce isolation and support recovery through shared understanding and practical guidance. However, access to peer support remains inconsistent across the country. Identifying and addressing factors that impede implementation is essential to expanding these services, strengthening community connections and enabling more fair, person-centered care for people living with schizophrenia.

SITUATION ANALYSIS

This section outlines the current landscape of peer support in schizophrenia care across the U.S., highlighting progress as well as persistent challenges. Drawing on interviews, policy reviews and program data, it examines regional differences, workforce sustainability, clinical integration, cultural dynamics and funding constraints. The goal is to identify points within the system that can limit the effectiveness and reach of peer support services, while spotlighting promising practices that can inform future improvements.

Regional and Institutional Variability

Peer support in schizophrenia care continues to expand nationwide. Today, 48 states and the District of Columbia, have formal programs to train and certify mental health PSWs, and more than 40 state Medicaid plans reimburse peer support services (Policy Center for Maternal Mental Health, 2024a).

Still, adoption of peer support is not uniform (Policy Center for Maternal Mental Health, 2024b). States and care teams vary in their approaches to involving PSWs in recovery care for people living with schizophrenia. Some have fully integrated PSWs as essential members of care teams, while others are in earlier stages of implementation, offering pilots or limited programs and assessing their impact. Regions with limited funding or without strong institutional support from clinics responsible for implementing programs may face challenges in establishing peer support services, which can result in unequal access (Policy Center for Maternal Mental Health, 2024a). Inconsistent training

and certification standards between states, along with regulations such as nontransferable certifications and strict background check requirements, can present challenges to expanding peer support programs and workforce mobility across states. This means many people with schizophrenia lack access to the benefits of peer support, and access can depend heavily on geography rather than individual need.

To reduce these differences, national and state initiatives are focusing on certification standards, funding and care organization leadership support. For example, the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2023 National Model Standards for Peer Support Certification provides guidance to align training and credentialing requirements and promote reciprocity among state programs, so high-quality peer services can be available more uniformly across the country (Substance Abuse and Mental Health Services Administration, 2023). Effective peer support programs have emphasized the value of sharing best practices and leveraging policy tools, such as grant programs and Medicaid waivers, as effective strategies to support broader adoption of peer support services, particularly in regions where implementation is still emerging. Sustained commitments at policy and care organizational levels are critical so that access to peer support is determined by need and recovery goals, not by location.

Workforce Sustainability and Role Clarity

PSWs play a vital role in care teams supporting people living with schizophrenia. However, turnover rates for PSWs have historically been high, with many not staying in the role long-term — around 40% of the workforce leaves the profession after certification (Ostrow et al., 2025). Their lived experience fosters trust and connection with individuals, but it can also bring unique challenges that require thoughtful organizational support, such as clarifying the PSW role within a clinical team, ensuring fair compensation and maintaining professional boundaries. By proactively addressing challenges and other factors, organizations can foster greater workforce retention and professional growth.

The PSW role is inherently demanding. PSWs may manage caseloads of up to 100 individuals in fast-paced environments, often for wages as low as $12/hour (Daniels et al., 2016). When compensation does not fully reflect the demands of the role or support systems are limited, PSWs may face challenges in maintaining long-term engagement and may leave the profession (Gray & Sisto, 2024). In the same vein, performance metrics can also be difficult to align with the realities of peer support, as outcomes are often influenced by factors beyond a PSW's control, such as referral volume or client engagement. These variables can create uncertainty around how success and career progression are measured. Clear leadership and reporting structures can help PSWs feel more engaged and supported. Programs that prioritize reasonable caseloads, supportive supervision, ongoing professional development and fair pay are better positioned to sustain a competent and motivated workforce.

PSWs often navigate emotionally complex situations, especially when their personal experiences intersect with professional responsibilities, which can make maintaining boundaries challenging. Because peer support work is deeply personal, it can lead to stress or emotional strain and drive burnout if organizational support and boundaries are not in place. Support structures such as well-defined roles and practice scope and consistent and supportive supervision can help PSWs manage "scope creep" and boundaries more effectively, though the differences in training and supervision across regions may vary greatly.

To support PSWs effectively, programs can take several steps:

- Defining roles clearly and offering tailored, trauma-informed training helps build confidence and resilience.

- Supervision by a professional trained in peer services and ethics and regular check-ins provide space for reflection and support.

- Standardizing certification requirements, while remaining flexible to individual backgrounds, can improve consistency and access.

- Adjusting performance metrics to reflect the nature of peer support work ensures fair evaluation.

A well-defined structure within PSW teams fosters growth and professional respect. Transparent reporting lines, ongoing training and shared lived experiences also contribute to an organizational culture of value and belonging. Programs that invest in role clarity and staff support consistently report stronger retention and more consistent care for the people being served (Ramesh et al., 2023; Cooper et al., 2024).

Integration With Clinical Teams

Clinicians who are unfamiliar with the role of PSWs may have reservations about how their contributions can complement clinical care, and that can lead to underutilization. Clearly defining the PSW role and highlighting their work as mentors, navigators and group facilitators has led to success in many clinics. PSWs' responsibilities may include accompanying individuals to appointments, co-leading recovery groups and participating in care planning meetings to ensure their lived experience insights inform treatment decisions. In the most successful peer support programs, PSWs are fully integrated and recognized as essential members of the multidisciplinary team. Joint training sessions where clinicians learn about recovery-oriented approaches and PSWs become familiar with clinical protocols can support closer integration and foster a shared understanding of recovery principles, including hope, empowerment and mutuality. When PSWs are fully integrated, teams often adopt a more person-centered culture of care (Cooper et al., 2024).

Successful implementation frameworks and communication of the PSW role in clinics have shown increases in utilization of peer support services. Studies also show that adding peer support improves hope and self-efficacy and empowers individuals with schizophrenia to manage their condition without worsening symptoms or increasing hospitalization rates (Jambawo et al., 2024). Experiencing these benefits firsthand has helped shift perspectives, turning initial skepticism into genuine support for the PSW role.

Elevating Peer Voice To Shape Organizational Culture

Organizational culture fundamentally determines the success of peer support programs and PSWs' ability to impact care. Studies show that when leadership champions peer support programs, PSWs integrate effectively and contribute to improved care outcomes for people living with schizophrenia (Ramesh et al., 2023; Reeves et al., 2024). Conversely, when organizational culture is rigid or heavily clinician-centered, it may inadvertently overlook PSWs and reduce the impact of their contributions (Reeves et al., 2024). Elevating PSW voices through formal roles is a proven way to transform culture. For example, adding PSWs to advisory councils or boards brings their experiences to strategic decision-making, making services more empathetic and responsive (Ramesh et al., 2023).

Cross-training programs led by peer educators have been shown to shift traditional providers' attitudes and help clinical staff develop a more collaborative, recovery-focused approach that values lived experience (Reeves et al., 2024). This leads to a virtuous cycle: As clinical staff consult PSWs on service improvements, PSWs feel valued and empowered, further boosting morale. Case studies explored in this white paper have documented performance improvement initiatives that show improvements in care administration and access. Early data show personal recovery gains, such as increased patient hope and self-management skills, in settings that partner with PSWs, underscoring that an inclusive peer-informed culture is ethically sound and effective (Høgh et al., 2023). In sum, training staff in shared respect and elevating PSW contributions at all levels builds an organization that is trustworthy, has high morale and is recovery-focused, with PSWs and clinical professionals jointly helping drive better outcomes for people living with schizophrenia.

Policy and Funding Constraints

Despite clear evidence of their benefits, peer support programs face significant policy and funding challenges that can limit access for people living with schizophrenia. Medicaid, the largest payer for mental health care, now covers peer support in most states, but reimbursement rates for peer services are frequently low compared to other mental health services. Medicaid peer support reimbursement can be as low as $6 per 15-minute unit in some states, which often does not cover the full cost of providing comprehensive peer support services. Many critical activities that PSWs perform, such as outreach to engage individuals, helping clients navigate housing or employment and supporting family members, are not billable under current rules (Policy Center for Maternal Mental Health, 2024a). These funding gaps mean providers often recoup only a fraction of the cost of employing PSWs. Organizations operating with limited financial flexibility may be cautious about investing in peer support programs, even when they recognize the qualitative benefits these programs can offer. CCBHCs are designed to secure funding for comprehensive services (including PSWs) via a prospective payment system, partially addressing these issues; however, this is not entirely sufficient (National Council for Mental Wellbeing, 2024).

Policy reforms are needed to fully integrate peer support into the broader health care system. The following case studies highlight the need for higher reimbursement rates and an expansion of billable activities to adequately cover the full scope of peer support work. In the meantime, many peer support programs are forced to seek multiple funding sources, from grants and local subsidies, and rely on the dedication of organizations that see beyond immediate financial returns. Long-term sustainability will require embedding peer support into standard health care financing. Given its positive impact on engagement, recovery and satisfaction, investing in peer support aligns with the human-centered and economic goals of health care systems.

CASE STUDIES IN PEER SUPPORT IMPLEMENTATION

This section presents two case studies from Texas, one from a large CCBHC and one from a CCBHC with multiple locations across the state. Both case studies illustrate how thoughtful planning and organizational commitment can enhance the impact of peer support for people living with schizophrenia. These examples highlight practical strategies, lessons learned and promising outcomes that may guide other behavioral health systems seeking to expand recovery-oriented services.

A Large CCBHC Builds a PSW Workforce Through Organizational Readiness

Background and challenges

A large CCBHC in San Antonio was eager to launch its peer support initiative, but clinical staff were often unsure how to collaborate with PSWs, and referral rates remained low. Given the unfamiliarity of the role, PSWs were often assigned ancillary administrative tasks, which reduced their ability to contribute meaningfully to recovery care. These early challenges revealed an opportunity to reimagine the role of peer support and build a more intentional framework.

Implementation strategy

In 2023, recognizing the need for greater structure and support for PSWs, the CCBHC launched a comprehensive initiative to strengthen its peer support program. A dedicated peer services department was established, led by a certified peer manager, which provided clear reporting lines and fostered a shared team identity across the PSWs. A co-supervision model paired peer supervisors with clinical program leads to support both clinical integration and peer-specific needs. PSWs' role descriptions were revised to emphasize mentoring, group facilitation and recovery support. These changes, which were communicated across the organization, shifted the role of PSWs from serving as a catch-all resource to providing a focused scope of essential, clearly defined contributions within the care team. With this, PSWs were empowered to integrate more effectively into care teams and clients' care programs, ultimately expanding the role.

Staff engagement and training

To reinforce the revised structure and identity for PSWs, the organization implemented mandatory collaborative training sessions for all staff. By training together on documentation, safety and recovery principles, clinicians and PSWs gained a deeper respect and understanding for each other's roles. Joint sessions emphasized recovery-oriented principles such as mutuality, client choice and the unique value of lived experience. As a result, clinicians began involving PSWs more actively in care planning and outreach, further integrating PSWs into the fabric of the care team. Additionally, the CCBHC updated intake processes, encouraging PSWs to make contact with individuals as early as possible to establish a relationship and trust from the beginning of the encounter with the CCBHC. These changes improved engagement and eased transitions into care.

Supportive infrastructure

Retaining PSWs is important for continuity and access to care for people living with schizophrenia. Recognizing opportunities to strengthen peer support services and streamline Medicaid billing, the organization updated its electronic health record (EHR) system to enable PSWs to document their services directly. Medicaid reimbursement remained modest, but the CCBHC leadership recognized the value PSWs bring to client care and committed to covering costs beyond what was billable.

To further support professional growth, the organization introduced a career ladder that opened pathways to senior and supervisory roles. This strategy, combined with aligning PSW salaries with those of case managers, improved retention among PSWs.

Additionally, the organization launched a PSW onboarding academy, offering new hires comprehensive training in documentation, ethics, trauma-informed care and program-specific workflows. Making this investment in professional development ensured a smoother integration into clinical teams and empowered PSWs to contribute confidently from Day 1, which improved integration and enhanced access and availability of peer support services.

PSW community and supervision

As part of its efforts to retain talented PSWs, the CCBHC fostered a strong sense of community and belonging. Biweekly group supervision sessions provided space for reflection, peer-to-peer support and shared learning. They also helped PSWs manage emotional challenges and reinforced a culture of safety and belonging. Supervisors who had served as PSWs offered mentorship tailored to the realities of peer support work.

Supervision was structured around person-centered principles, including monthly individual check-ins and accountability sessions. These formats supported goal development, ethics check-ins and performance management. PSWs were held to the same expectations as other team members, with guidance from agency policies and certification ethics codes.

Hiring and onboarding practices

To continue growing its PSW workforce, the organization refined its screening and interviewing protocols to better assess candidates' readiness and appropriateness for PSW roles. Candidates were evaluated on their ability to use lived experience professionally, their storytelling skills and their "why" for wanting to do peer support work. Interviewers were trained to avoid asking stigmatizing or overly personal questions, focusing instead on recovery-oriented language and readiness for growth.

Onboarding included dedicated PSW introductions and goal-setting sessions to foster team integration. Core and supplemental trainings were delivered within the first 60 days, with ongoing mentorship and quarterly training for all PSW staff to support skill development.

Ethical considerations and lessons learned

Understanding the importance of ongoing commitment to transparency and following best practice for the sustainability of PSW teams, the organization emphasized ethical conduct by aligning with the official Texas Certification Board Code of Ethics as part of the PSW certification process. This included self-determination, respectful documentation and appropriate sharing of lived experience. Supervisors were able to address concerns such as oversharing, loss of objectivity and use of stigmatizing language through structured feedback and expectation realignment.

Key lessons emerged from this approach, including the importance of open communication, mentorship across all levels, timely resolution of concerns and cultivation of a safe learning environment. These practices supported individual growth and opened doors for advocacy and career advancement within the PSW workforce.

Positive Observations and Outcomes

Within 18 months of making systemic changes in support of its PSWs, the San Antonio CCBHC observed*:

- Increased peer service utilization and 20% increase in client retention.
- PSWs delivering over 1,200 service hours monthly.
- Significantly reduced turnover among PSWs.
- Greater inclusion of PSWs in care planning and team meetings.
- Stronger engagement during intake, with clients who met a PSW more likely to remain in treatment.

Metrics reported from interviews with CCBHC peer support leadership.

This CCBHC's experience illustrates that with leadership support, clear structure and a culture of respect, peer support can become a vital part of behavioral health care.

Geographically Dispersed CCBHC Spreads Peer Support Across a Rural Behavioral Health Network

Background and challenges

When a forward-thinking CCBHC serving 19 rural counties in Central Texas wanted to implement peer support, the team embraced creativity and perseverance, tailoring approaches to each community's unique needs. PSWs often traveled long distances, requiring careful coordination to ensure consistent client support. Medicaid reimbursement covered only half of clinical services, but the program sustained high-quality offerings by blending funding sources and leveraging strong internal backing. The CCBHC's leadership team was committed, viewing early challenges as opportunities to innovate and expand access and ultimately build a resilient peer support network that strengthened care across the region.

Implementation strategy

To address the varied engagement across its service area, the CCBHC appointed a peer support program coordinator to lead integration efforts across all county clinics. Staff sentiment and workflow bottlenecks were assessed through one-on-one conversations and a continuous feedback loop with PSWs and supervisors. Key improvements included:

- **Structured supervision model:** PSWs received centralized mentorship and regular training, ensuring role clarity and consistent support.

- **Referral redesign:** A collaborative and consent-based warm hand-off protocol was established that required agreement from the individual seeking care and clinician-led introductions to PSWs at the point of intake.

- **Education and buy-in:** Leadership at the CCBHC actively promoted the peer support program during meetings and trainings, while PSWs shared personal recovery stories to build trust and reduce stigma.

- **Client outreach:** Clinics made materials about peer support available, expanding access and normalizing peer support.

Infrastructure, supervision and evaluation

The CCBHC implemented a structured supervision model to support PSWs across clinics. Each PSW was embedded in a local clinic to facilitate client engagement and team integration, while receiving mentorship from a centralized peer coordinator. This dual arrangement maintained the distinct PSW role and promoted collaboration with clinical staff. Supervision occurred through regular video-based meetings that included biweekly team check-ins focused on ethics, documentation and PSW role clarity. These sessions provided consistent support and reinforced the purpose of the peer support program. Quarterly in-person meetings offered additional training and team-building opportunities. Training was tailored to individual learning styles and covered core topics such as confidentiality, note writing and clinic navigation.

Because the PSW role is unique, previous performance metrics to evaluate success or development often relied on factors outside the PSW's control, such as referral rates. Accordingly, job descriptions and performance evaluation metrics were revised to better reflect and evaluate PSW impact and improve clarity for career advancement. PSWs often served as the first point of contact for clients, contributing to a reported 98% continuation rate in treatment plans following PSW engagement.

This infrastructure model aligns with best practices in peer support, emphasizing role clarity, individualized training and consistent supervision as key factors in workforce sustainability and program effectiveness.

Community engagement and visibility

The organization implemented targeted strategies to increase awareness and accessibility of peer support services. Recognizing that stigma and lack of understanding can limit engagement, the organization developed community-facing materials that described the PSW role in clear, relatable language. These materials included QR codes for self-referral and bulletin board materials that educated clients on the value of peer support and how to access it.

PSWs also took active roles in outreach efforts, participating in local events and advisory committees to build trust. Presentations at staff meetings and direct outreach emails from newly placed PSWs introduced their availability and offered support across aspects of care such as scheduling and attending appointments, de-escalating potentially challenging situations, accompanying individuals on leave from the clinic and check-ins with clients. These efforts were particularly important in clinics where peer support was underutilized, because they helped to clarify the PSW role and encourage referrals.

By investing in visibility and education, the organization strengthened the integration of peer support into clinical and community settings. These initiatives aligned with broader goals of fostering recovery-oriented care and ensuring that peer services are recognized as essential components of behavioral health systems.

Positive Observations and Outcomes

Within one year of making system-wide changes, the geographically dispersed CCBHC reported*:

- Higher client engagement and satisfaction.

- Growth in workforce from three to 15 PSWs.

- Strong PSW morale and sense of empowerment.

- Opened doors to deploy peer support in additional programs, such as youth and justice services.

- Increased visibility and legitimacy of peer support across the organization.

Metrics reported from interviews with CCBHC peer support leadership.

In addition, staff anecdotally reported that PSWs contributed to program development and helped shape services to be more trauma-informed and client-centered. Staff reported improved collaboration and greater appreciation for the PSW perspective and role.

This CCBHC's experience shows that even in resource-constrained settings, peer support can thrive when organizations invest in readiness, flexibility and ongoing learning.

Key Takeaways

Both case studies illustrate how organizational readiness and openness can elevate the importance of peer support in recovery-oriented care. From their experiences, three key takeaways are evident:

- **Organizational readiness and adaptability transform peer support:** Strong leadership and clear structure (thorough training and a culture prepared for change combined with flexibility to tailored approaches), can elevate peer support from peripheral service to a central part of the care team.

- **Investing in PSW development yields results:** Organizations that develop and prioritize the development of their PSW workforce through training, professional development, fair compensation and mentorship see tangible benefits such as higher engagement, lower staff turnover and a more recovery-focused culture.

- **Visibility and education build buy-in and improve perceptions:** Promoting the value of peer support through organizational endorsement, sharing PSW success stories and educating staff and people served by peers helps reduce stigma, build trust and position peer support as a strategic part of care for individuals living with schizophrenia.

Peer support is not just a complementary service. It is a strategic investment in person-centered care that can positively impact the life of an individual living with schizophrenia. These case studies demonstrate that with thoughtful planning and sustained commitment, peer support can become a cornerstone of effective behavioral health systems.

RECOMMENDATIONS

In the two case studies, strong workforce preparation, well-defined program infrastructure, integration into multidisciplinary care teams, proactive engagement, policy and funding strategies stand out as common contributors contributing to peer support program success. In this section, we explore these themes as opportunities for care organizations to take practical steps for implementing and scaling peer support as a standard component of care for people living with schizophrenia.

Establish Program Infrastructure and Define Roles

Both case studies showed that role clarity and organizational, structural and financial readiness are essential for establishing an effective peer support program; when this was lacking, PSWs were underutilized and their full potential was consequently untapped. To address this, one CCBHC defined core PSW functions as recovery support, mentoring and group facilitation, which distinguished the role from administrative tasks. Another program embedded PSWs into structured workflows, including care planning and case documentation, updating EHR systems so PSWs could record services directly.

These changes signaled structural and financial commitments from clinic leadership, reduced ambiguity, and positioned PSWs as valued team members, leading to higher utilization and more consistent peer support services.

Recommended Actions

- ■ Define PSW responsibilities explicitly, standardize documentation and enable PSW notes in the EHR.

- ■ Educate clinical team members on the role of PSWs in a holistic care model.

- ■ Include PSWs in planning discussions.

- ■ Assign a program lead who will oversee PSW hiring and supervision, and help educate other staff members about the PSW team.

Integrate PSWs Into Care Teams

Integration marked a turning point for both programs, moving peer support from an add-on service to a core element of care. Jointly training clinicians and PSWs built shared understanding, clarified roles and underscored the value of lived experiences. Sessions reinforced common principles such as recovery orientation and trauma-informed care, aligning clinical and peer perspectives. Collaborative and consent-based warm hand-off protocols introduced PSWs to clients early in the care process (often at intake), which built trust from the outset, improved engagement and reduced missed appointments. Together, these practices increased referrals to peer support and strengthened collaboration across the team, creating a more cohesive, recovery-focused environment.

Recommended Actions

■ Include PSWs in care planning meetings, case conferences and use warm handoffs so PSWs meet clients early.

■ Use co-supervisors or clinical liaisons to align perspectives.

■ Integrate PSWs into advisory and improvement forums to bring lived experience and community perspectives into decision.

Bolster the Peer Workforce

Programs that invested in peers through structured training and supervision achieved stronger retention and team cohesion. In the case study about the CCBHC out of San Antonio, they launched a PSW onboarding academy that included dedicated training sessions, a career ladder, and regular group and individual supervision to support career development. They also used biweekly check-ins, quarterly training and career mentorship to reinforce skills and boundaries. These strategies improved collaboration, reduced turnover and expanded the PSW workforce in both CCBHCs, resulting in higher engagement, more consistent care and measurable gains in outcomes for the individuals being served.

Recommended Actions

■ Provide training on recovery principles, trauma-informed practice, ethics and case documentation.

■ Build supervision and mentorship models that support skill development and emotional resilience.

■ Outline explicit and measurable career development objectives to promote career growth for PSWs.

Prioritize Outreach and Ease of Access

Effective outreach is key to raising awareness and reducing barriers. Both case studies showed that visibility and simplicity drive participation in peer support care. Programs using clear, stigma-free materials in clinics and community settings improved referrals and retention by explaining the unique role of the PSW in plain language and highlighting benefits. One program added QR codes for quick self-referral for peer support services, reducing steps to enrollment. Another used early, personalized PSW contacts to build trust and minimize missed appointments. These strategies worked best when paired with internal champions who promoted referrals within clinical teams.

Recommended Actions

▪ Develop clear, accessible materials for clinics and the community that take into account the languages spoken there.

▪ Use practical tools, such as ads and QR codes for self-referral, to facilitate patient interactions and reduce steps between interest and engagement.

▪ Identify internal champions within care organizations to promote referrals and ensure early, personalized contact from PSWs to build trust and reduce missed appointments.

Measure What Matters

Programs that systematically monitored engagement and retention were better positioned to demonstrate value and secure ongoing resources. In the case studies, monitoring went beyond quantitative metrics to include qualitative feedback from PSWs and individuals receiving care, which highlighted the distinct contributions of peer support to recovery. Both programs relied on structured supervision sessions, regular performance reviews and team check-ins to track progress against defined goals. These mechanisms created a feedback loop that informed training needs, guided workflow adjustments and supported advocacy for additional funding. By combining quantitative metrics with narrative evidence, programs were able to present a compelling case for sustaining and expanding peer support services. Programs should explore using additional metrics, such as time to first contact, engagement continuation, hope and empowerment scales and qualitative narratives, that capture the nuanced impact of peer support work.

Recommended Actions

▪ Track engagement, retention and functional outcomes, such as emergency care utilization, time to first contact and engagement continuation, alongside patient-reported measures like hope and empowerment scales and qualitative narratives.

▪ Where feasible, review these measures by relevant population groups or locations to understand whether access and outcomes are equitable.

▪ Combine quantitative data with narratives to guide improvement.

Funding Support

Sustainability of peer support programs depends on consistent funding and organizational support; however, there's no current standardized funding pathway in place to do that.

In both case studies, the organizations maintained their peer support services through blended funding, combining Medicaid reimbursement with internal investments and grants. Their success was driven by strong leadership buy-

in, which helped bridge reimbursement gaps and maintain program stability. However, this level of support is not universal, leading to imbalances in care and limited access in some areas. As policy mechanisms continue to develop, organizations should collect data to demonstrate program effectiveness. For example, one of the CCBHCs integrated PSW documentation into its EHR to maximize billing and track nonbillable activities, strengthening the case for ongoing internal support.

To ensure long-term continuity and fairness, organizations should advocate for the creation of a standardized funding path for peer support. Until such mechanisms are established, sustainability will rely on leadership commitment, creative use of multiple funding sources and ongoing infrastructure investment.

Recommended Actions

- Advocate for changes in national and state policy and funding mechanisms to improve sustainability of peer support services.

- Engage in knowledge-sharing across organizations to find creative funding mechanisms while public policy positions mature.

- Ensure leadership engagement by setting clear organizational commitments and regularly reviewing program impact and sustainability.

Policy Reforms

A key challenge for peer support programs is the lack of standardization in funding and certification requirements. The case studies show that inconsistent policies across states, such as varying certification standards and background check procedures, limit workforce mobility and contribute to imbalances in care. These differences mean that qualified PSWs may face delays or obstacles when moving between organizations or regions and funding mechanisms can vary widely, affecting program stability and access. Aligning certification and background check policies at state and national levels would help organizations recruit and retain talent more efficiently, while standardized funding approaches would reduce gaps in access to critical peer support.

Recommended Actions

- Advocate for aligned certification, modernized background check policies, and improved reimbursement rate.

- Promote the development of national reciprocity agreements for PSW certification, allowing peer workers to transfer credentials seamlessly across states and organizations.

- Encourage the creation of standardized onboarding and training modules that can be recognized across agencies, reducing delays and ensuring consistent quality in peer support delivery.

CONCLUSIONS AND A CALL TO ACTION

Despite growing recognition of its value, peer support in schizophrenia care remains underutilized and inconsistently integrated. As a result, people living with schizophrenia often face fragmented care, limited access to support, reduced recovery opportunities and broad impediments to care. This reflects wider challenges in workforce development, care coordination and access.

However, when programs invest in training, clearly define roles, embed PSWs within multidisciplinary care teams and prioritize outreach, peer support becomes a trusted and essential part of holistic care. It fills service gaps, fosters hope and empowerment and improves overall treatment effectiveness.

To achieve lasting progress, stakeholders must focus on building a skilled and supported workforce, establishing clear structures for integration, expanding outreach and access and rigorously measuring impact. Policy and funding frameworks must also evolve to ensure long-term stability. By advancing these priorities, peer support can become a consistent, evidence-based standard that strengthens recovery and improves outcomes for people living with schizophrenia.

The path forward depends on coordinated action by all stakeholders:

- **Health care leaders** must invest in workforce development, infrastructure and integration strategies while fostering organizational cultures that value lived experience. They should advocate within their organization and with relevant policymakers for policy reform to improve implementation and access of peer support services.

- **PSW programs** can champion peer support with health care leaders and policymakers through individual success stories and data for policy changes to enhance peer support service access and sustainability. They can also maintain high standards of practice, mentor new PSWs and contribute insights to policy and program design.

- **Policymakers** should work to align certification standards, modernize outdated background check policies, update and improve Medicaid reimbursement rates and policies to better cover peer support services, and broaden other funding mechanisms to establish a more stable and sustainable foundation for peer support services.

- **Individuals and families** can play a powerful role by reaching out to care organization leaders and policy makers to advocate for including peer support options within care teams. By sharing their experiences and the impact of peer support, they can influence decision makers and help shape service offerings. Those who have benefited from peer support are uniquely positioned to join the workforce themselves, expanding capacity and bringing valuable lived experience to others in need.

Integrating and scaling effective peer support programs is critical for improving access, ensuring continuity and delivering better outcomes for people living with schizophrenia. By implementing these strategies, stakeholders can transform systems into connected networks of care that are fair, effective and person-centered.

ACKNOWLEDGMENTS

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