



SUCCESSFUL APPROACHES TO EMPLOYING INDIVIDUALS WITH LIVED EXPERIENCE IN THE CRIMINAL JUSTICE AND BEHAVIORAL HEALTH FIELDS

Summary of Survey and Interviews

September 2021

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EXECUTIVE SUMMARY

The Council on Criminal Justice and Behavioral Health (CCJBH) contracted with the California State University, Sacramento (CSUS), to determine how best to engage statewide public outreach efforts surrounding individuals with lived experience (LE) in the behavioral health and criminal justice systems. The CSUS LE project design is a multi-phased approach that began in 2019 and is an iterative process upon which CCJBH continues to build. CSUS's outreach efforts focus on identifying issues and potential efforts that are needed to support individuals with LE and their networks. Stakeholder input has been captured and documented by CSUS and analyzed by CCJBH to formulate recommendations.

The initial phase of engagement culminated in CCJBH establishing regional stakeholder advocacy contracts that support local community-based organizations, each of which are implementing unique projects that include individuals with LE to help reduce justice involvement of individuals with behavioral health needs. In fall 2020, CSUS and CCJBH built upon that work by initiating a second phase of the project (Phase II), gathering input on how to effectively advance the employment of individuals with LE in the criminal justice and behavioral health fields, all of which is summarized in this report.

As part of Phase II, an online survey was administered to CCJBH's listserv, which includes approximately 1,000 stakeholders representing diverse populations across California (e.g., behavioral health and criminal justice system partners, advocates, other individuals interested in CCJBH's efforts). Key informant interviews (KIIs) were also conducted by CSUS staff to identify key themes, current hiring practices, and effective strategies for hiring individuals with LE in the criminal justice and behavioral health fields. A total of 154 stakeholders responded to the online survey and, from these respondents, the CSUS team selected 10 individuals for targeted KIIs.

Results from the online survey indicated that, out of nine possible strategies used to support employees with LE, stakeholders reported that stigma training, mentoring, and educational opportunities were the top three most commonly used practices, all of which were also rated highly in terms of effectiveness. Using a specific classification for LE was ranked fourth in terms of its use, but was identified as being most effective. Finally, while career pathways for employees with LE was seventh out of the nine strategies in terms of how often it was used, it was fourth in terms of effectiveness.

KIIs resulted in the identification of several current practices, including hiring (e.g., including people with LE on hiring panels, individuals with LE must have additional core competencies and meet other job-related requirements), retention practices (e.g., competitive salaries, ongoing training), and career pathways (e.g., onramp to employment, access to leadership programs, and succession planning). The KIIs also resulted in identification of the following barriers to employing individuals with LE:

- ✓ Background checks and security clearance (as an issue of technical policy, as well as culture)
- ✓ Equal Employment Opportunity laws and disclosure issues
- ✓ Lack of funding

- ✓ Adequate and fair compensation
- ✓ Stigma and lack of recognition of the value of peer support
- ✓ Lack of peer support specialist certification
- ✓ Degree requirements for advancement within an organization
- ✓ Insufficient support and mentorship

Results obtained from the online survey and KIIs indicate that there is a need for additional work to be done in order to be able to address the challenges identified, including:

- Developing a standardized definition of the terms “LE” and “recovery” within the population of individuals with behavioral health needs who are justice involved so that it may be used consistently across multiple employment sectors (even beyond behavioral health and criminal justice).
- Continuing to learn from research, system partners, and stakeholders about the practices most commonly used and deemed to be most effective to support employed individuals with LE, and develop relevant fact sheets for dissemination to system partners and stakeholders.
- Continuing to learn about the barriers to employment for individuals with LE, including strategies and solutions to address them.
- Gathering input from organizations that currently do not employ individuals with LE to learn why this practice has not yet been implemented, as well as what steps are necessary to do so.

This report will serve as a resource document and a basis for further CCJBH projects and potential system partner and stakeholder engagement activities.

BACKGROUND

In preparation for the development of a Request for Proposals (RFP) to disburse Mental Health Service Act (MHSA) funding for regional stakeholder advocacy contracts, the Council on Criminal Justice and Behavioral Health (CCJBH) contracted with the California State University, Sacramento (CSUS), College of Continuing Education, to provide information-gathering, targeted research, and public engagement services relevant to individuals with lived experience (LE)¹ in the behavioral health and criminal justice systems. The CSUS LE project design uses a multi-phased approach that began in 2019 and is an iterative process upon which CCJBH continues to build, analyzing information gathered and formulating recommendations. For the first phase (Phase I) of the project, CSUS supported CCJBH in a statewide public outreach effort in fall 2019 to identify issues and potential efforts needed to support individuals with LE, their families, and support networks. Outreach efforts included targeted interviews, regional convenings, and listening sessions.² A key issue identified during this stakeholder engagement process was the importance of incorporating LE perspectives into the behavioral health and criminal justice fields and workplaces.

To learn more, in the fall of 2020, CCJBH and CSUS embarked on a second phase of the LE project (Phase II), focusing particularly on the integration of individuals with LE into the behavioral health and criminal justice workforces. CSUS, with support from CCJBH, conducted an online survey and a series of key informant interviews (KIIs) to assess if and how promising practices in hiring LE staff are being implemented in the behavioral health and criminal justice systems. This summary report documents the input and comments from both the online survey and the KIIs.

STATEWIDE SURVEY METHODOLOGY

In collaboration with CCJBH staff, CSUS developed a 10-question online survey. The first five questions gathered demographic information on the participant — name, organization represented, organizational role/title, geography within the State (region(s) or statewide), and what field they represented (behavioral health, criminal justice, or both). The remaining questions asked the survey participant about current practices used by their organization to encourage and support employment of people with LE. The online survey was open from September 29, 2020, to October 7, 2020, and was disseminated using CCJBH's listserv, which represents diverse behavioral health and criminal justice stakeholder perspectives across

¹ Throughout this report, the term LE is used broadly to represent individuals, family members, support people, and community members who have been impacted by or engaged directly/indirectly with the criminal justice system, the behavioral health system, or both.

² This stakeholder engagement process informed the development of a RFP to disburse MHSA funding for regional stakeholder advocacy contracts to support local community based organizations to implement unique projects that include individuals with LE to help reduce justice system involvement for individuals with behavioral health needs. The listening sessions focused on gathering input and listening to the stories of individuals with LE while the regional convenings focused on gathering input from service providers, with participants from county behavioral health departments, community-based organizations, law enforcement departments, criminal justice partners, and others.

California (e.g., system partners, advocates, other individuals interested in CCJBH’s efforts). The full survey is found in Appendix A.

To learn more about the implementation of effective strategies to employ individuals with LE, CSUS conducted KIIs. CSUS and CCJBH sent targeted KII invitations to survey respondents who identified themselves as being representatives from behavioral health and/or criminal justice organizations and who identified themselves as having experience hiring individuals with LE. CSUS conducted ten one-hour Zoom/phone interviews in December 2020 using a consistent set of prompts to guide the conversation (see Appendix C for interview questions). During these interviews, participants were asked questions that identified their region and fields of practice, current practices that promote the employment of individuals with LE, evaluation of current practices, and long-term implications and outcomes.

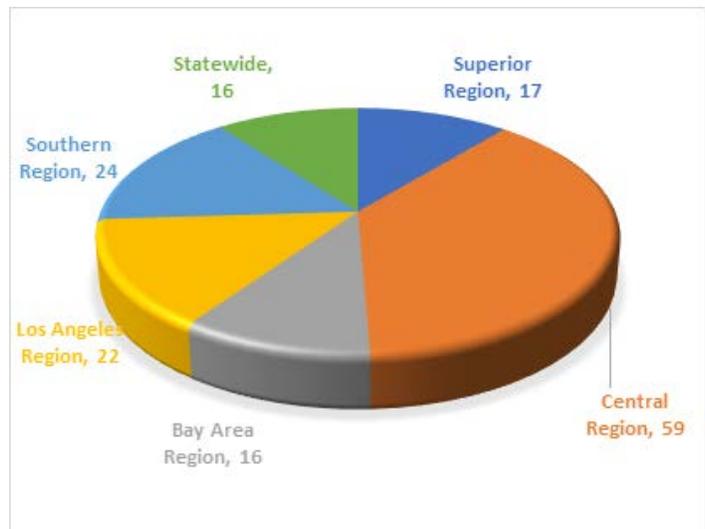
RESULTS: ONLINE SURVEY

Out of the approximately 1,000 individuals who received the email invitation to complete the online survey via CCJBH’s listserv,³ a total of 254 submitted responses. Of these, 154 (61 percent) provided responses to all or most of the questions while 100 (39 percent) shared answers only to demographic questions, regions and fields of practice represented (i.e., participant demographics).

Regions and Fields of Practice Represented

While the survey did not aim to gather input from a representative sample, survey respondents did represent a broad range of perspectives. Of the 154 respondents who completed the survey, 47 percent represented organizations that work in both the behavioral health and criminal justice systems, 49 percent represented behavioral health organizations, and about 4 percent represented criminal justice system organizations. As shown in Figure 1, survey respondents represented each of the five State regions, with the Central region having the highest representation, and some reported that they worked statewide.

Figure 1. Survey Participation by Region



³ CCJBH has estimated that there are approximately 1,000 individuals who have opted-in to be part of the CCJBH listserv.

Current Practices Used to Encourage and Support Employment of People with LE

Results of the responses to each of the questions posed are as follows:

How do you define LE for hiring/employing purposes?

Different organizations define LE in different ways. CCJBH conducted a qualitative analysis to further understand how respondents defined LE in the workplace for hiring and employment purposes. A total of 154 open-ended responses were analyzed and coded for emerging themes. The following provides a breakdown of the results:

- ✓ 42 percent defined LE as having first-hand experience with behavioral health and/or the criminal justice system (some respondents added that individuals would also be working toward or maintaining recovery and engaging in their own services).
- ✓ 20 percent defined LE as having first-hand experience with behavioral health.
- ✓ 9 percent defined LE as having first-hand experience with the criminal justice system, whether that be a history of arrest or incarceration.
- ✓ 6 percent defined LE as a combination of first-hand experience and/or having second-hand experience, such as having a close family member, being a caregiver, or having a partner who has experience with the behavioral health and/or criminal justice systems.
- ✓ 6 percent defined LE as having a close family member, partner, or being a caregiver for someone who has a behavioral health diagnosis.
- ✓ 17 percent provided “other” information that pertained more to job duties/requirements rather than LE.

In addition, survey respondents (and interviewees, as noted in the next section) affirmed that having staff and management with LE enhanced their organizations’ work and impact by helping them better support their clientele.

Does your organization employ people with LE? If so, in what capacity(s) do they serve?

Of the 154 respondents who answered all or most questions, all but 6 stated that their organization hires individuals with LE.⁴ Respondents also shared additional details about the capacities in which individuals with LE work within their organizations. Examples include providing direct services to clients, management or administrative positions (e.g., program coordinators, office assistants), and peer support roles (e.g., substance use disorder counselors and community health workers).

⁴ The responses from these six individuals were included in the survey analyses despite the fact that they did not indicate that their organizations hire individuals with lived experience as they may be interested in hiring people with LE, but don’t at the moment, or perhaps they do not specifically hire for LE, but do employ individuals with LE.

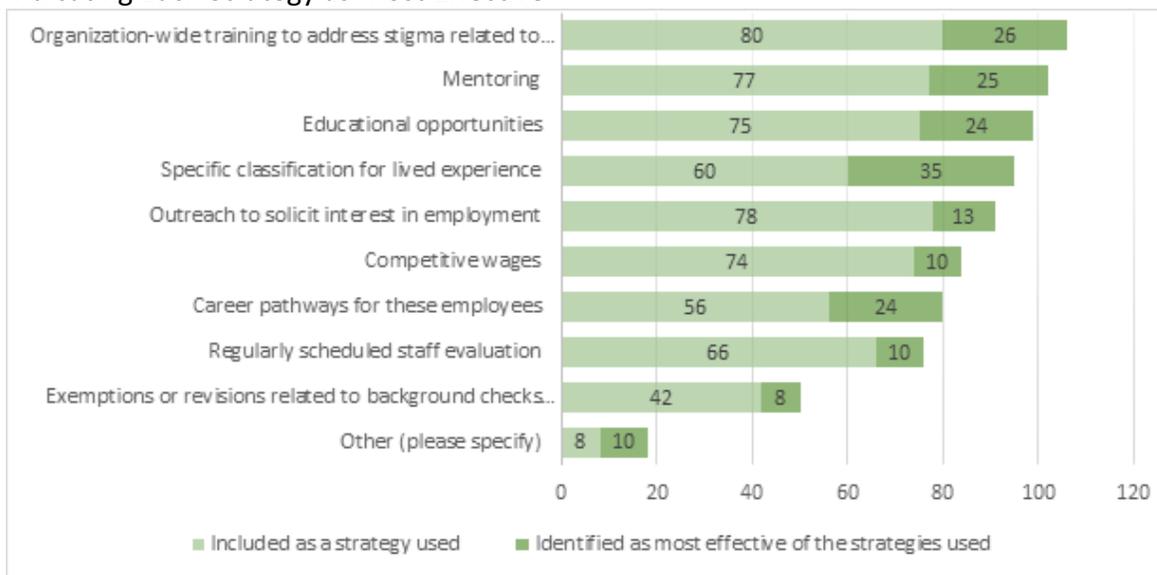
How does your organization encourage and support employment of people with LE and, of these, which is/are most effective?

Respondents were able to identify multiple strategies they use to encourage and support employment of people with LE, including which are most effective. Figure 2 shows the number of respondents whose organizations adopted each of the various approaches, with the light green color in the bar chart indicating the number of respondents who reported using each strategy and the dark green color indicating the number of respondents who indicated the strategy as being the most effective. As shown, the top three most reported strategies, include:

- ✓ Organization-wide training to address stigma related to LE
- ✓ Mentoring
- ✓ Educational opportunities

These were also among the top five identified as being the most effective. Although using a specific classification for LE was the fourth most reported strategy overall, it was identified as the top strategy in terms of effectiveness. Career pathways for employees with LE was seventh out of the nine strategies in terms of how often it was used, yet it was fourth in terms of effectiveness. That said, there is still a relatively high utilization of career pathways.

Figure 1. Number of Organizations Employing Each Strategy and Number of Organizations Indicating Each Strategy as Most Effective



With regard to those who marked “other” (18 respondents), the following were additional identified strategies:

- Advocacy
- Providing training and information about rights and laws
- Honoring and valuing LE
- Celebrating success stories
- Having a large proportion of staff with LE, and
- Technical assistance related to integrating individuals with LE within the care team.

RESULTS: KEY INFORMANT INTERVIEWS

The KIIs sought to expand on the survey results in order to identify key themes, current hiring practices, and advance efforts for hiring individuals with LE in the criminal justice and behavioral health fields. Responses collected from the KIIs were compiled and analyzed for the following emerging themes: perspectives represented, definition of LE, organizational benefits, current practices, challenges, and evaluation and future vision associated with the employment of individuals with LE.

Perspectives Represented

All interviewees represented organizations that hire individuals with LE and, as such, their feedback supports the importance of leveraging the LE workforce. CCJBH staff invited all four regional LE contractors to participate in KIIs.⁵ The remaining KIIs were conducted with organizations that were randomly selected from the listserv based on whether they represented the behavioral health or criminal justice system, submitted the online survey, and hired individuals with LE.

Defining LE for Employment

Interviewee definitions of LE ranged from those who only have direct personal experience of the system in question (e.g., only those who themselves have used the public mental health system) to anyone who has been a part of a community impacted by those systems (e.g., someone who grew up in a community where many members were involved in the criminal justice system). Almost all interviewees reiterated that LE is a broad category that can refer to individuals, families, and support systems that have been connected with or impacted by the behavioral health and/or criminal justice system(s), and the definition of the term depends on the context in which it is being used. Several organizations said they are working to formalize LE hiring policies that align with their respective definitions of LE. Similarly, respondents shared that individuals with LE work provide direct services to clients,

⁵ CCJBH’s regional contractors include Cal Voices, Los Angeles Regional Reentry Program, Transitions Clinic Network and Anti-Recidivism Coalition.

management positions (e.g., program coordinators, office assistants), and peer support roles (e.g., substance use disorder counselors and community health workers).

In addition, recovery is viewed and leveraged as a key component of LE by all of the represented organizations as it provides an important opportunity to role model the road towards progress. Behavioral health and criminal justice organizations, however, shared different definitions for what recovery means for employment and retention, as follows:

Behavioral Health Organizations

- One organization using the Substance Abuse and Mental Health Services Administration definition stated that recovery is an ongoing process and journey of making progress toward self-defined goals. It does not mean that a person no longer needs any treatment or support.
- Several organizations recognized that recovery is an important part of LE for employment because the focus is on sharing how they got to the path of recovery, not dwelling only on the challenges faced.
- Several organizations highlighted that it is important for successful peers/staff to have acquired effective self-care practices and be comfortable in talking about their experiences.

Criminal Justice Organizations:

- One organization indicated that in the criminal justice context, the process may be best referred to as “rehabilitation” rather than “recovery.”
- Several organizations stated that recovery is a process that promotes a structural perspective and insight into the reasons that led to criminal justice involvement. This understanding can then lead an individual to be able to relate their experiences to the organization’s work and dedication to the community.
- One organization recognizes that recovery/rehabilitation includes the ability to take care of one’s own needs and having had time to process their own experiences.

Several organizations pointed out that recovery/rehabilitation may be defined differently depending on the type of job sought (e.g., for non-entry-level jobs, such as a community health worker, recovery includes demonstrating successful reintegration, including having employment experience; strict requirements for sworn officers).

Benefits of Hiring Individuals with LE

Interviewees communicated that the stories of individuals with LE about their paths to recovery, navigation of the criminal justice and/or behavioral health systems, and advocacy for themselves and their loved ones, make them well-suited to empathize and assist others in similar situations. Many interviewees reported that having staff and management with LE

enhances the organizations' work and impact by helping the behavioral health and criminal justice systems to better support their clientele. Some reported that such benefits include:

- Serving clients more effectively by empathizing with their experiences and having a first-hand understanding of the system.
- Motivating and gaining the trust of their clients by using their story to help others, sharing their path to recovery and how they have advocated for themselves.
- Supporting and expanding the implementation of recovery-oriented solutions, support, and advocacy including educating decision-makers about their experiences and needs.

Current Employment Practices

To promote LE perspectives in the behavioral health and criminal justice systems, interviewees shared practices related to three categories: 1) hiring and onboarding, 2) retention, and 3) supporting career pathways, as necessary. Below is a summary of all practices identified throughout the interviews in these three categories, as well as a discussion on how these perspectives are integrated into organizational ranks.

Hiring Practices

1. Actively advocate and outreach in the community and with policy-makers to advance the interests of individuals with LE in the workplace.
2. Develop formal policies for hiring individuals with LE.⁶
3. Include people with LE, and who otherwise reflect the diversity of the individuals served, on recruitment and hiring panels.
4. Recognize that, while LE is necessary, it is not sufficient. Applicants must have other core competencies and meet other requirements (e.g., provide support, empathy, advocate for clients, diverse cultural backgrounds, communication skills). Core competencies may be developed through training and by recruiting individuals who themselves have received the provided services.
5. Align the provider's experience to the individuals and communities that they are serving. For example, a staff person supporting clients in the public mental health system (PMHS) should have also relied on and be familiar with navigating the same PMHS. Similarly, someone who works with family members is considered to have LE if they have a family member who has been involved in

⁶ Almost all interviewees pointed to background check laws, fair hiring practices, and Americans with Disability Act requirements that prevent them from formally including "LE" in their job descriptions and applications. Several of the organizations that serve criminal justice-involved populations include "LE" in their application process as part of their background check requirements. Organizations that do not include "LE" in their job descriptions or applications often address it in the interview process instead, by asking job applicants on how their life experiences connect to the job and the clients served. For example, one interviewee shared that during job interviews, applicants are asked to share what makes them uniquely qualified to assist other people to navigate mental health challenges or substance use addiction and find wellness and recovery.

that system, but such a person would not be considered to have LE for positions that serve people who themselves have mental and behavioral health challenges.

6. Remove barriers or appeal denials to employment based on background checks, rather than trying to remedy unequal treatment of people with LE by making LE a requirement.
7. Continue to address stigma and educate individuals at all levels of the organization about the value and roles of people with LE. Educate the Human Resources staff on appropriate interview practices.
8. Provide training and support to potential employers of individuals with LE to promote a positive experience throughout the hiring and employment process for both the employer and employee.
9. Deliberately and strategically outreach, educate, and engage for early recruitment beginning in high school.
10. Establish, when applicable, contractual obligations that require employment of people with LE.

Retention Practices

1. Provide onboarding training to ensure that new hires are prepared for the work, as well as ongoing training that focuses on available opportunities to help staff gain the qualifications they need to succeed and advance in the organization. As appropriate, consider training opportunities related to other aspects of an individual's life in addition to their work skills. To ensure that training is accessible to staff, training should be funded by the employing organization.
2. Demonstrate to staff that their work is valuable and supports the organization's mission.
3. Provide benefits such as competitive living salaries, flexible schedules, paid time off, and health and behavioral health services. Identify the benefits that are appropriate to the individual rather than following strict policies across the board (e.g., full time vs. part time work).
4. Provide ongoing support and mentorship in addition to "traditional" supervision.
5. Continue to address stigma related to LE and work to diversify management. Train supervisors and managers to ensure that they understand the peer role and how to supervise and evaluate peers.
6. Empower employees to take risks, grow, and provide opportunities to be part of organization's decision-making process.
7. Provide promotional opportunities.

Career Pathways Practices

1. Provide workforce and peer support training curriculum and opportunities to prepare individuals to enter the workplace. Create an onramp to employment by providing volunteer positions and training programs as means for recruitment to allow individuals to get the experience necessary to meet the qualifications of peer support roles that are not entry-level.
2. Remove systemic barriers to advancement, such as degree requirements for moving up within an organization.
3. Provide leadership programs and succession plans that are open to all staff.

Integration of LE Throughout an Organization's Ranks

In response to the question regarding how LE is integrated throughout an organization, several organizations explained that LE is specific to defined roles such as Peer Support Specialists, recovery coaches, and Community Health Workers, while several other organizations identified LE throughout their ranks from entry level to supervisory, management, and overseeing Boards. The latter response was more prevalent in behavioral health system organizations. In the criminal justice system, it is possible to hire individuals with LE into "non-sworn" positions (clerical, program staff, support staff, restorative justice facilitators, recovery coaches, mental health clinical staff, community partners), but law enforcement has more restrictions (e.g., felony conviction is disqualifying, as individuals need to be able to carry a firearm in public).

Interviewees identified several practices that are used by their organizations to cultivate a culture that values LE. These practices include the following:

- 1) Ensure that staff at all levels understand the value and roles of people with LE through training (especially for supervisors).
- 2) Include LE perspectives in all decision-making.
- 3) Encourage reciprocity partnerships that pair people to learn from each other and recognize that individuals contribute in different ways to advance the mission of the organization.
- 4) Employ people with LE at all levels of an organization, including leadership positions, and establish career advancement pathways.
- 5) Empower individuals with LE to be part of advocacy for policymaking.

Challenges to Hiring Individuals with LE

Although all organizations indicated that they are actively promoting the hiring of individuals with LE, they identified several challenges in the process, as outlined below.

- **Background checks and security clearance:** Several organizations identified background checks as an important barrier. In some contexts, these can be appealed, but even then, the additional time and resources the appeal takes become barriers in themselves.

Hiring approvals and security clearances both present barriers in custody settings, though a lot of progress is being made in prisons to overcome these obstacles.

Opportunities to address this challenge include legislative changes and relying on individual discretion to make the final call to hire someone despite results of background check. Several interviewees reiterated that it would be helpful to have a peer on the HR review committee that reviews the background checks to support evaluating candidates based on who they are now.

- Perceived Equal Employment Opportunity (EEO) laws and disclosure issues: Participants expressed concern that some organizations do not explicitly identify LE as hiring criteria and part of the formal application process due to concerns about discrimination under EEO Laws. In some cases, organizations do not make LE a formal requirement, but instead ask how it will influence the work that the candidate will do. Other organizations do not ask directly about LE at all during the hiring process, allowing candidates to self-disclose if they choose to.
- Lack of Funding: One interviewee shared that funders of nonprofit organizations do not necessarily value peer support. Several interviews shared that they experience Medi-Cal reimbursement challenges. Staff with LE are often put into positions that are not peer-specific, like Mental Health Associates, because they are unable to bill for federal funds in the existing peer positions, making it difficult to create long-term positions. A different interviewee shared that they can bill for peer support.
- Adequate and fair compensation: One interviewee identified low wages due to county-set salaries as a barrier to recruiting qualified peer support.
- Degree requirements for advancement within an organization. Degree requirements can create a systemic barrier that can prevent individuals with LE from advancing within an organization. There is a need for workforce and peer support training curriculum and opportunities to prepare individuals with LE to enter the workplace, creating an onramp to employment and gaining the experience necessary to meet qualifications for non-entry level peer support roles. Similarly, there is a need for leadership programs and succession plans that are open to all staff.
- Insufficient support and mentorship. There is a need for ongoing support and training in addition to “traditional” supervision. Similarly, it is important to empower individuals with LE to take risks, grow, and provide opportunities to be part of an organization’s decision-making process.
- Stigma and lack of recognition of the value of peer support: Several interviewees identified implicit stigma against peers as an ongoing challenge. Similarly, several interviewees added that, related to stigma, there are potential misconceptions regarding the role of peer support, which may lead to inappropriate hiring and support of staff with LE. These misconceptions can manifest as a paternalistic relationship between providers and peers, or treating peers as charity and tokenized job placements rather than valuing their contribution. An interviewee recounted how misunderstanding and undervaluing the roles of individuals with LE can prevent them from contributing

meaningfully to their teams. For example, a peer may not have access to clients' electronic health records in the same way as other team members in order to understand their client's needs more holistically.

- Lack of peer support specialist certification: Without a certification, core competencies, roles, and training needs remain undefined. One interviewee identified Senate Bill 803, Mental Health Services Peer Support Specialist Certification, as an important step to define these and support individuals with LE.

Evaluation and Long-Term Vision

Most interviewees acknowledged that their organizations do not formally evaluate and track success related to hiring individuals with LE. Several organizations determine their success in terms of staff retention.

Interviewees shared their vision and hopes for the employment of people with LE:

- Better LE representation in the fields:
 - More peers in the behavioral health and criminal justice fields.
 - More people with disclosed LE in leadership positions.
 - Require every jail to have a peer support specialist.
- Ongoing support for people with LE once hired, with a recovery perspective and including professional development.
- Deliberate early recruitment from diverse communities, including sharing about qualifications that can move people into the career track.
- Treat people with LE equally to others. Remove barriers to hiring people with LE broadly rather than creating specific LE positions. Hire them because they are best for the job and let them share their story as they see fit to connect with others.
- Measure an organizations' success by their investment in people with LE. People with LE are diverse and that should be reflected in their positions. Demonstrate a commitment to LE at entry level, employing people with LE in appropriate positions from entry level to leadership and providing pathways to move up.
- Mentorship for everyone, with a management structure separate from a community structure (e.g., a supervisor is not a mentor, but both are needed).
- Build trust so that LE can be self-disclosed.
- Other organizations start to see the successes of programs/organizations that integrate LE staff and learn from their successes.

DISCUSSION

The definitions of LE and recovery are different across behavioral health and criminal justice system organizations. As such, it is important to develop a common definition that encompasses the diverse experiences of individuals with LE across sectors. Having a shared definition for LE can allow for employers to use “common language” to understand the characteristics and core competencies that individuals possess and the unique perspective they bring to the workforce.

Although respondents and interviewees shared the importance of employing people with LE, many organizations do not have a formalized policy for hiring individuals with LE. That said, there were key areas of agreement across stakeholders, such as:

- ✓ The importance of recovery for employing people with LE,
- ✓ The need to address stigma and demonstrate value at all levels of organizations and systems,
- ✓ The need for candidates to meet requirements and competencies beyond their LE,
- ✓ The importance of deliberate and strategic recruitment, ensuring that hiring panels and all levels of decision-making reflect the diversity of the individuals served, and
- ✓ The need to establish formal policies for hiring people with LE.

Along with these common themes, there were also some significant differences among the responses. Generally, these differences were related to whether the organization focused on behavioral health, criminal justice, or both. For example, behavioral health organizations often conceptualize recovery as an ongoing process that may still include receiving treatment, whereas a much stricter definition was used within the criminal justice system to comply with requirements for sworn officers. Also, while some criminal justice-related organizations indicated that they employ people with LE throughout their organizations, including in the highest positions, it is more common for behavioral health organizations to do so. This is likely due to strict requirements related to background checks in some contexts. In the interviews, such contexts were often within the criminal justice system, though the difference may be related to the positions being within the system (e.g., State and county positions) versus adjacent to the system (e.g., community-based organizations that support people in the system), with the former being more strongly tied to strict procedures. It is important to note that there was significant variation among organizations, on both the criminal justice and behavioral health side.

LIMITATIONS

Limitations to the online survey and KIIs include selection bias, a gap in representation of subject matter experts, and lack of sufficient participation from organizations that do not employ individuals with LE.

There could be a potential selection bias in the responses collected in the online survey and KIIs since a convenience sampling methodology was used, leveraging the CCJBH listserv as the predominant method of outreach for participants. With regard to representation, CCJBH does

not currently track the demographic composition of their listserv, so the sample may or may not have included individuals with the subject matter expertise necessary to provide accurate responses pertaining to LE employment. In addition, it is important to learn from organizations about the reasons that have prevented them from hiring individuals with LE in order to expand the integration of individuals with LE into the workforce; however, the perspectives of organizations that do not hire individuals with LE were not captured for this project.

CONCLUSION

The Phase II portion of CSUS/CCJBH's LE project yielded additional information from which to continue building a knowledge base on current and emerging practices in hiring and retaining individuals with LE in the behavioral health and criminal justice systems, as well as identifying significant barriers that prevent implementation of these practices. Given the limitations of the Phase II methodology, the findings that resulted from the online survey and KIIs should be considered to be preliminary, and may continue to be refined through additional system partner and stakeholder conversations. In particular, CCJBH could focus on the following topics:

- Development of a standardized definition of the terms "LE" and "recovery" within the population of individuals with behavioral health needs who are involved in the criminal justice system so that it may be used consistently across multiple employment sectors (even beyond behavioral health and criminal justice).
- Gathering input from organizations that currently do not employ individuals with LE to learn why this practice has not yet been implemented, as well as what steps are necessary to do so.
- Continuing to learn from research, system partners and stakeholders about the practices most commonly used to support employed individuals with LE, and deemed to be most effective, and develop relevant fact sheets for dissemination to system partners and stakeholders.
- Continuing to learn about the barriers identified to employment for individuals with LE, including strategies and solutions to address them.

This report will serve as a resource document and a basis for further CCJBH projects and potential system partner and stakeholder engagement activities.

APPENDIX A. STAKEHOLDER SURVEY QUESTIONS

Approaches to Employing Personnel with Lived Experience

Stakeholder Survey

Introduction to the survey: In 2019, the Council on Criminal Justice and Behavioral Health (CCJBH) conducted a community engagement process as part of a Request for Proposal (RFP) development process to fund stakeholder advocacy contracts for the reduction in involvement between individuals with mental illness and the criminal justice system. A key finding from the engagement process, as identified by multiple stakeholders throughout the state, highlights the importance of building organizational capacity that is enhanced by the personal lived experience of staff. We are now gathering information to further inform how this practice can be operationalized and how the value of lived experience can be integrated into organizational culture. We may contact you regarding participating in a follow-up interview.

Survey questions:

I. Perspective represented

- Name [open ended]
- Organization [open ended]
- Role/ Title [open ended]
- Geography [CalMHA regions]
 - Superior region
 - Central region
 - Bay Area region
 - Los Angeles region
 - Southern region
 - Statewide
- Does your work relate to criminal justice, behavioral health, or both? [provide options]

II. Current practices to promote employment of individuals with lived experience

1. How do you define lived experience for hiring/ employing purposes? [open ended]
2. Does your organization employ people with lived experience? [yes/no]
 - a. If you answered 'yes' above, in what capacity(s) do they serve? [open ended]
3. How does your organization encourage and support employment of people with lived experience? [provide options and open ended]
 - a. Please identify all strategies that your organization utilizes (select all that apply)

- i. Specific classification for lived experience
- ii. Outreach to solicit interest in employment
- iii. Regularly scheduled staff evaluation
- iv. Mentoring
- v. Educational opportunities
- vi. Career pathways for these employees
- vii. Exemptions or revisions related to background checks for those with criminal justice lived experience
- viii. Organization wide training to address stigma related to lived experience
- ix. other
- x. Explain [open ended]

b. Which strategy is most effective in your organization? (select all that apply)

- i. Specific classification for lived experience
- ii. Outreach to solicit interest in employment
- iii. Regularly scheduled staff evaluation
- iv. Mentoring
- v. Educational opportunities
- vi. Career pathways for these employees
- vii. Exemptions or revisions related to background checks for those with criminal justice lived experience
- viii. Organization wide training to address stigma related to lived experience
- ix. Other
- x. Explain [open ended]

4. Please tell us a bit more about the strategy you identified as most effective above. [open ended]

5. How does your organization build a culture in which lived experience perspectives are respected and valued? [open ended]

III. Survey Follow Up

6. Would you be willing to take part in an interview responding to additional questions about what you have shared above? [yes/no]

7. Do you authorize CCJBH to use quotes from the text you shared above in our materials? [yes/no]

APPENDIX B. STAKEHOLDER INTERVIEW QUESTIONS

Approaches to Employing Personnel with Lived Experience

Stakeholder Interviews

Policy Brief Goal: Draft a policy brief that highlights promising practices in employing and retaining personnel with lived experience in the criminal justice and behavioral health systems.

Interview Goal: Use current experiences in the field to inform the policy brief description and recommendations. Help identify opportunities as well as current challenges to overcome in further employment of personnel with lived experience.

Perspectives Represented: Current CCJBH contractors and others identified through a survey. Specifically, identify interviewees who represent unique experiences that can broaden the knowledge base for the policy brief.

Interview questions:

1. Perspective represented: Please tell us about the primary mission of your organization and your role in supporting this mission.
2. Lived experience definition:
 - a. How does your organization define lived experience when serving your community (externally) and internally with your staff?
 - b. In what capacities do those with lived experience serve in your organization?
3. Current practices:
 - a. What are your current hiring practices of individuals with lived experience and how are they integrated/institutionalized/operationalized in your organization?
 - b. What are some of the barriers that you have faced and have you addressed them?
 - c. What challenges have you not been able to overcome?
4. Evaluation and future vision:
 1. How do you evaluate the impact of your hiring practices?
 2. What is your long-term vision and hopes to support the hiring of individuals with lived experience?