

# HIRING PEOPLE WITH LIVED AND LIVING EXPERIENCE

*Within Local and State Health Departments*



NATIONAL  
COUNCIL  
*for Mental*  
Wellbeing

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## Glossary of abbreviations

ABBREVIATION	MEANING
<b>ASPE</b>	Assistant Secretary for Planning and Evaluation
<b>BIPOC</b>	Black, Indigenous, and People of Color
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>HR</b>	Human Resources
<b>PWID</b>	People Who Inject Drugs
<b>PWLLE</b>	People with Lived and Living Experience
<b>PWUD</b>	People Who Use Drugs
<b>PSS</b>	Peer Support Services
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SDOH</b>	Social Determinants of Health
<b>SUD</b>	Substance Use Disorder
<b>SSP</b>	Syringe Services Program
<b>WOTC</b>	Work Opportunity Tax Credit



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## Overview and methodology

The National Council for Mental Wellbeing, with support from the Centers for Disease Control and Prevention (CDC), conducted an environmental scan and a series of key informant interviews to identify ways in which health departments can meaningfully involve people with lived and living experience (PWLLE) in overdose surveillance and prevention. These information-gathering activities identified a range of recommendations and strategies, which are summarized in this and other tools as a package of actionable suggestions and resources for health department staff.

To inform these tools, National Council project staff conducted a mixed methods review, including key informant interviews, a literature review and an environmental scan. Manuscripts were reviewed if their content applied to ensuring the inclusion of PWLLE in the context of health departments' overdose surveillance and prevention efforts. Due to the limited availability of peer-reviewed literature related to this subject in the U.S., international research was included, as well. Web-based content was also gathered, including webinars, educational videos, implementation guides and reports.

Between January 2023 and March 2024, project staff conducted key informant interviews with 26 employees of 17 health departments, public health agencies, universities and harm reduction organizations that engage in overdose surveillance and prevention efforts. Represented organizations and departments are located in 15 states: Alabama, Arizona, Colorado, Georgia, Illinois, Kansas, Kentucky, Michigan, Minnesota, Nevada, New Mexico, New York, North Carolina, Washington and Wisconsin. To facilitate the interviews, staff developed a semi-structured interview guide. Interviews took place using Zoom videoconferencing software and were approximately one hour in duration. Interviews were recorded and transcribed with the consent of the participants. A \$75 electronic gift card was provided to each key informant who completed the interview.

### ***Intentionally including PWLLE: A series of tools and resources***

- [1. Overview: Ensuring the Inclusion of People with Lived and Living Experience in Health Departments' Overdose Surveillance and Prevention Efforts](#)**
- [2. Hiring People with Lived and Living Experience within Local and State Health Departments](#)**
- [3. Engaging People with Lived and Living Experience in Overdose Data Collection, Interpretation and Dissemination](#)**
- [4. Meaningfully Partnering with Harm Reduction Organizations and Other Community-based Organizations that Serve People Who Use Drugs](#)**
- [5. Annotated Resource List](#)**

## Background

### Hiring people with lived and living experience (PWLLE)

of substance use is an important consideration when developing overdose prevention and response programs. People who use drugs (PWUD) and people with histories of drug use have significant expertise in overdose prevention and historically have been at the forefront of innovative and effective solutions for preventing harms associated with drug use, such as layperson naloxone administration and syringe service programs. In addition, hiring PWLLE helps to build community trust and buy-in and addresses health inequities. Like the “invisible boundary” between those who use(d) substances and those who do not have a history of substance use, there is also often a distinction made

between those who have a history of substance use and are in recovery (i.e., people with lived experience) and those who are actively using or who have a recurrence of use (i.e., people with living experience), often with associated stigma (Patel et al., 2024). While harm reduction organizations have been more open to hiring PWUD, it has been less common in state and local health departments. For this reason, the subset of PWLLE who currently use substances can face increased discrimination or stigma compared to those who have a history of substance use. The fear, and experience, of negative attitudes could compel PWLLE to conceal current use or experiences that potential coworkers and employers might deem “less acceptable” (Balian & White, 2010). It is also possible that health departments may already have PWLLE on staff who have not shared their substance use or recovery experiences or history. While the barriers to hiring PWUD are not a new topic, federal agencies have begun to set the precedent of supporting the inclusion of peers, peer support services (PSS) and PWLLE.



### *SAMHSA policy on the inclusion of people with lived experience*

This federal **policy**, effected in May 2023, recognizes the benefits of meaningfully including PWLLE and recommends areas for inclusion, such as grants and contracts, data and evaluation, evidence-based practice development and policy formulation.



The Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) have stated that including PWLLE is critical to addressing mental health and substance use challenges. CDC, CMS, SAMHSA, ASPE and other federal agencies are laying the groundwork for health departments to adopt similar policies for the inclusion of PWLLE in all activities, including data and evaluation, human resources, grants/contracts, policy formulation and advisory councils (Smith, 2007; SAMHSA, 2023b; SAMHSA, 2023c). In November 2023, the Biden-Harris administration announced the [Recovery-ready Workplace Resource Hub](#) (RRW Hub) to support state, local, and tribal governments, public and private organizations and businesses, unions, and trade associations in strengthening their workforces and adopting recovery-ready workforce practices and policies (White House, 2023). At least 17 states have their own local versions of recovery-ready or recovery-friendly workplace toolkits, initiatives and programs (Recovery-ready Workplace Interagency Workgroup, 2023a).



### Recovery-ready Workplace toolkit

This [toolkit](#) from the Recovery-ready Workplace Interagency Workgroup provides public and private sector employers with guidance and resources (e.g., assessment/implementation checklists) to support recovery-ready workplaces.



## Roles for PWLLE

Roles for PWLLE tend to exist along a continuum of inclusion, responsibility, power and authority (Skelton-Wilson et al., 2021). For certain roles, PWLLE are hired specifically because of their relevant experience as a requirement for the position, while other times their background is not a requirement but brings relevant and welcomed experience to the role (Skelton-Wilson et al., 2021). PWLLE are hired as storytellers, advisors, consultants, direct staff, experts and direct service providers (Skelton-Wilson et al., 2021). Designing the role in collaboration with PWLLE can guard against common barriers to engaging and incorporating PWLLE in health departments (100 Million Healthier Lives, 2020).

ROLE	DESCRIPTION/RESPONSIBILITIES
<b>Storyteller</b>	<ul style="list-style-type: none"> <li>■ Share lived experience via listening sessions and focus groups.</li> <li>■ Support strategic health communication campaigns.</li> </ul>
<b>Advisor</b>	<ul style="list-style-type: none"> <li>■ Make recommendations for funding allocation, program planning, etc. as members of committees and boards.</li> </ul>
<b>Consultant &amp; subject matter expert</b>	<ul style="list-style-type: none"> <li>■ Inform program design and implementation.</li> <li>■ Inform policy and practice improvement.</li> <li>■ Provide training and technical assistance.</li> <li>■ Develop materials.</li> <li>■ Contextualize research and program evaluation findings.</li> </ul>
<b>Department staff</b>	<ul style="list-style-type: none"> <li>■ Staff at all agency levels/divisions (training, grant management, project coordination, mentoring, etc.).</li> </ul>
<b>Direct service provider</b>	<ul style="list-style-type: none"> <li>■ Peer support specialist.</li> <li>■ Other treatment and recovery services.</li> </ul>

PWLLE have been leading overdose prevention and harm reduction efforts for years and are the experts in this field. As the people most impacted by the overdose crisis, PWLLE have the expertise to not only alert health departments to ways of improving their efforts to combat the overdose epidemic, but they also have ideas on how to dismantle problems and barriers that stand in the way of those efforts. By hiring PWLLE, health departments can increase the impact of their work.



## Peer support services

Another method of engaging PWLLE is through PSS, which formalizes and creates specialized roles for PWLLE. In PSS, PWLLE provide peer-delivered mentoring, education and nonclinical services focused on supporting a person's individualized recovery process related to substance use (Ashford et al., 2021; Reif et al., 2014; SAMHSA, 2017; White, 2010). PSS first began to take a major role in addressing the dual substance use disorder (SUD) and mental health crises in the early 2000s (New York State Office of Alcoholism and Substance Abuse Services [NYS OASAS], 2018). As a result, much of the literature on hiring PWLLE to date has focused on hiring PWLLE in the role of peer support workers, who are PWLLE of substance use who have completed specialized training to provide support to other PWUD or people with SUDs seeking recovery assistance. Several health departments and nonprofit organizations across the country have released toolkits and guidance documents for hiring and supporting PWLLE (NYS OASAS, 2018; Wells, 2014). Although they focus on hiring PWLLE in peer support or recovery roles, mostly in clinical or community-based settings, many of the lessons learned are applicable to hiring PWLLE in health departments.



### Peer support toolkit

This [interactive PDF](#), written by the City of Philadelphia, presents four modules on integrating peers into your workforce: preparing the organizational culture, recruiting and hiring peer staff, service delivery, and supervision and retention.



## Intentionally recruit and interview PWLLE

The outreach, recruitment and interview processes are opportunities to broadcast the health department's values, ensuring that everyone understands that this workplace values harm reduction and people's life experiences. Harm reduction, in the context of substance use, refers to a set of public health strategies and principles centered on reducing the negative outcomes associated with drug use. Most importantly, harm reduction practices "meet people where they are" (National Harm Reduction Coalition, 2020). Job postings and descriptions can clearly state that lived and living experience is seen as an asset to the job, making it known that the health department is committed to creating a safe and supportive work environment for PWLLE.



***"I remember in my last position with King County, I was afraid to talk about my lived experience and my experience with my family. My boss, who was the director of the department, said, 'Why are you so afraid to talk about this stuff? This is one of the reasons why I hired you, because of who you are. Let that be known because that's part of your story.' And so, that created an environment that gave me permission, verbally saying it was OK."***

— Brad Finegood, Strategic Advisor, Public Health – Seattle & King County

### Planning the hiring process

Before you begin the hiring process, it is critical to educate human resources (HR) staff about the benefits and importance of hiring PWLLE within the health department. HR staff can be some of the first people that candidates meet with and can set the tone early on. They also have the power to exclude candidates from moving on to the interview stage. HR engagement is a crucial part of supporting PWLLE throughout their employment. Consider meeting with HR at the beginning of the hiring process to achieve their buy-in, field any potential concerns and identify solutions to make the process smoother.



***Toolkit for employing individuals with lived experience within the public mental health workforce***

While this **toolkit** specifically targets PWLLE with mental health diagnoses, it features many relevant printable tools, including job description checklists, job classification tools and sample job announcements. It was created by a collaborative of California-based mental health organizations.

Two states, Illinois and New York, both offer eligible employers tax credits for employing PWLLE (Recovery-ready Workplace Interagency Workgroup, 2023a). There is also a federal Work Opportunity Tax Credit (WOTC) available to employers who hire people “who have consistently faced barriers to employment” and are a member of a WOTC targeted group (this includes people with felony convictions but, importantly, not people in recovery) (Recovery-ready Workplace Interagency Workgroup, 2023b). Some teams have been successful in pushing their local or state government and health departments to adjust or rethink HR policies by emphasizing their commitment to diversity, equity and inclusion.



***“We are saying all this about equity, about inclusivity, about diversity, but we’re not actually living up to our own ideals because we are automatically cutting out all these people.”***

*— Andrés Guerrero, Overdose Prevention Unit Manager, Colorado Department of Public Health and Environment*

Negotiating with and educating HR on the value of hiring PWLLE is a process, and it is not unusual for it to take several years. Continue to meet with HR on an ongoing basis to maintain a positive relationship and maintain momentum. Establishing a recruitment team that actively includes HR and collaboratively decides who to hire is one way of creating and maintaining this positive relationship.



***“We worked really hard to create a multidisciplinary recruitment team that meets weekly, because we’re always hiring, to review incoming resumes and then the whole team participates in the hiring process. So, we have people from every level of the team. So, we have wellness advocates, we have supervisors, we have administrative staff, because we all work with these folks.”***

*— Angela Jeffers, Senior Director of Harm Reduction Initiatives, New York City Department of Health and Mental Hygiene (NYC DOHMH)*

Health departments may want to reflect on previous initiatives in which they or other organizations have engaged PWLLE, to assess what worked and what may need improvement (Forde et al., 2022). They also may want to meet with HR to write job descriptions that fit within their departmental guidelines while emphasizing the desire to hire PWLLE.



***“I spent a while talking to our HR about what language I’m allowed to put in there regarding lived experience, whether or not something shows up on a criminal background check, what I’m able to waive and not waive, what my options are there. Because I think the goal really is that you want someone with lived experience at the decision-making table.”***

— Rita Seith, Opioids and Emerging Drugs Unit Manager, Michigan Department of Health and Human Services

For many government agencies, civil service titles form the minimum education and work requirements, and they also set the compensation structure. Identifying civil service titles that are flexible enough to accommodate PWLLE with minimal education or work experience, while also paying a fair salary that values the person’s lived experience, may be one of the biggest challenges to hiring PWLLE inside health departments. Minimizing or eliminating barriers for PWLLE to enter the job seeking process or “get in the door” is one of the most concrete steps a health department can take, and often the most arduous and lengthy. In addition to civil service titles, these barriers can include professional training and education requirements, work requirements, licensure and credentialing, criminal background checks, drug testing and drug-free workplace requirements.

### ***Drug-free workplaces: Reject rules around abstinence and establish clear policies around drug use***

Public and private employers have historically adopted policies that exclude people with histories of drug use from opportunities for employment (Umez & Pirius, 2018). The Federal Drug-Free Workplace Program, originally enacted by executive order and later passed as legislation by Congress, makes refraining from using illegal drugs, either on or off duty, a condition of employment (SAMHSA, 2023d). This affects all grantees receiving federal funds, which many state and local health departments do (U.S. Department of Labor, 1990). Many of these exclusionary policies aim to develop drug-free workplaces through the implementation of drug testing. Such employment practices ultimately disqualify applicants who are otherwise qualified for gainful employment (Siegel, 2021). When participating in a health department’s hiring process, PWLLE will want to understand the department’s policies around drug use and know that they will be able to speak freely to someone at their workplace should they experience a recurrence of use, without fear of losing their job. Managers should provide them with knowledge of what will happen next, what supports (including withdrawal management and inpatient, outpatient or residential treatment programs) are available, what is covered by insurance and who at the health department will know if an employee accesses these services.



***“I like that people can be comfortable enough to say, ‘I’m having a problem and I would like to enter a treatment program so that I can get well and get better without losing my job.’”***

*— John Moses, Team Leader of Harm Reduction Services, Lexington-Fayette County Health Department*

Any health department policies that address workplace consequences for crimes or violence related to substance use, such as DUIs or drug possession charges, should be transparent and accessible. It is not recommended that health departments administer any drug testing of staff, but if an agency does conduct drug testing, the parameters of the testing and the consequences of positive tests need to be clearly spelled out.

## **Background checks**

Passing a criminal background check is common for most jobs, particularly state and local government positions, which excludes many PWLLE from employment (Natividad Rodriguez & Avery, 2016; Umez & Pirius, 2018). Because drug use is criminalized, many PWLLE have criminal records and are at frequent risk for criminal justice involvement, impacting and limiting their employment opportunities (Balian & White, 2010). Further, passing a background check does not guarantee employment, as there may be probationary requirements or other restrictions that prevent PWLLE from certain kinds of work. For example, if a health department engages in overdose prevention work for individuals released from jail or prison, a PWLLE with a criminal record may not be allowed to do criminal justice-related outreach work due to probationary requirements (Balian & White, 2010). When performing background checks on PWUD and PWLLE, in particular those who are Black, Indigenous, and People of Color (BIPOC), health departments must consider the war on drugs and its legacy since the heroin and crack cocaine epidemics beginning in the 1960s. The war on drugs has had far-reaching impacts and negative social outcomes for PWUD and PWLLE, especially for those from BIPOC communities, that include mass incarceration and over-policing. Part of this history includes punitive attempts to curtail these epidemics leading to lasting reverberations in present day drug policy and enforcement and criminal justice and hiring practices (Peterson et al., 2021). Given the mass incarceration of PWUD — particularly those who are BIPOC — the likelihood of a PWLLE having a criminal record is high and could present a barrier to employment in a state or local health department (Siegel, 2021). If a health department requires background checks when screening and hiring personnel, it is imperative that the hiring manager and HR agree on how to evaluate these results when hiring PWLLE.

Hiring committees should include PWLLE, as they can help ensure that candidates are reviewed based on who they are now. A few things to consider are the seriousness of the offense, the amount of time that has elapsed and whether a criminal record impacts the job’s duties and responsibilities.

Eliminating the barrier of passing a criminal background check to be eligible for hire opens the door for PWLLE and puts the focus on a person’s qualifications. It also presents the health department with a larger hiring pool.



### **Drug war history**

An [interactive timeline](#) highlighting key moments in the history of the war on drugs from the Drug Policy Alliance.



***“The traditional war on drugs approach has made it virtually impossible to differentiate people with lived experience with substance use and a history with the carceral system. When you value the experience of those who have used substances, it is important not to preclude employment due to a past legal activity. Their years of knowledge and experience are most often an asset to designing and implementing programs that are much more effective in the community, because they have been there and experienced the real-world obstacles.”***

— Brad Finegood, Strategic Advisor, Public Health – Seattle and King County

## **Minimum requirements: Education, training and skills**

PWLLE may not have the same educational, professional or training background as potential employees without lived experience. For example, past struggles with substance use could have prevented someone from finishing educational programs or having a steady work history. Systemic racism and other intersectional issues, such as socioeconomic status, further impact education and employment opportunities for PWLLE, who are disproportionately people of color (Natividad Rodriguez & Avery, 2016). Furthermore, people of color are also disproportionately impacted by the criminal justice system, perpetuating less diverse workforces and racial disparities (Natividad Rodriguez & Avery, 2016). As such, PWLLE may not have the same set of skills as other professionals and may not have a traditional professional resume/CV, references or cover letters (Balian & White, 2010).



***“Currently, our agency requires a bachelor’s degree for peer recovery specialist positions. That can be a challenge, but it’s possible.”***

— Danielle Simpson, Overdose Prevention Program Administrator, Mobile County Health Department

PWLLE have experience and knowledge that should be highly valued, even if they do not have formal degrees or certifications from traditional educational pathways (Salazar et al., 2021). For example, SAMHSA’s National Model Standards for Peer Support Certification do not require a high school diploma or GED (SAMHSA, 2023a). Many health departments have effectively lobbied internally to reduce barriers and remove certain unnecessary minimum requirements from job descriptions. For example, a master’s or undergraduate degree may be necessary to perform some technical health department jobs but may not be needed to carry out the responsibilities of a community engagement specialist or coordinator. Critically analyzing and prioritizing what is important for each job title, and aligning the requirements to match, is an important first step.



***Employing people with lived experience of multiple and complex needs (MCN)***

Specifically developed for employers, this **toolkit** addresses the hiring of people who have experienced homelessness, substance use, mental health challenges, domestic violence and/or exposure to the criminal justice system.



***“We have someone who was incarcerated for decades and was hired not long after they were working on their rehabilitation. We’ve had people who have been doing harm reduction work specifically for Latinx communities that are deeply embedded in their community. We’ve had people who worked in homeless services for ten years. And most of them don’t have masters. Some of them are working on their bachelor’s right now. But it’s an opportunity to include these perspectives that are really helpful for community engagement. They’ve brought in more ideas and innovation than someone with a PhD that doesn’t know harm reduction would have.”***

— Anonymous key informant

## Occupational license requirements

Occupational license requirements create an additional challenge for PWLLE, especially those with criminal records, in seeking and maintaining meaningful employment (Umez & Pirius, 2018). Occupational licenses are a credential requirement determined by state governments in numerous professions, including for nursing, social work and emergency medical services (National Conference of State Legislatures, 2022). Professional licensure is obtained by fulfilling state-specific educational testing, training and practice requirements (Umez & Pirius, 2018). For example, to become a Certified Recovery Peer Advocate in New York State, a person must obtain an occupational license that has educational, training and examination requirements and an associated cost (New York State Department of Labor, 2023). When possible, health departments should pay for their peers’ licensure to help lower barriers.

Occupational licensing regulations can include blanket prohibitions that automatically exclude PWLLE with criminal records (U.S. Department of the Treasury Office of Economic Policy et al., 2015). “Good moral character” clauses are also often included in occupational license policies. Such clauses are frequently interpreted as a ban against individuals with any criminal record, due to a lack of guidance, consistency and transparency from licensing authorities and in their processes (Natividad Rodriguez & Avery, 2016). Blanket prohibitions and morality statutes are burdensome and restrictive practices that create barriers for PWLLE with criminal records to receive occupational licensure and, further, meaningful employment.

## Recruitment methods

Many PWLLE started their formal work experience in harm reduction programs, syringe service programs and other direct service work and transitioned to health departments later in their careers. While this may often be the career path, it does not need to be for everyone.

Effective methods for recruiting PWLLE can vary but should always identify people who represent and reflect the diversity of the intended communities the health department serves, including accounting for both life experience and demographic characteristics across the social determinants of health (SDOH), including race, gender, age, socioeconomic status, geographic location and type of drug used (Forde et al., 2022). Hiring people with the right experience for your team requires intentional outreach so that the communities of PWLLE are aware of the job openings.



### **Recruiting individuals with lived experience**

Developed for health and human services staff, this **guide** highlights questions to consider before recruiting PWLLE and content to include in outreach and recruitment materials.

“You can’t just blast this to the local university and hope someone responds,” said one key informant. Traditional ways that health departments publish job openings, such as online government portals, may not reach PWLLE effectively.

The “snowball” technique of recruitment, adapted from qualitative research methods, is particularly useful. Starting with PWLLE already known to or employed by the health department, the hiring committee can ask those individuals to recommend others with lived and living experience and encourage them to share the job openings with their networks (Forde et al., 2022). To aid recruitment, health departments should also consider partnerships with advocacy groups or peer organizations that may have memberships, networking and promotional opportunities, etc., as well as local harm reduction and syringe service programs (Forde et al., 2022). As mentioned above, be sure that any recruitment materials explicitly state that PWLLE are encouraged to apply.



***“Hiring people from the community allows for people from the community to share job listings within the community. So, it becomes more of an intentional hiring practice.”***

— Yarelix Estrada, Drug Checking Manager, Bureau of Alcohol and Drug Use Prevention, Care and Treatment (BADUPCT), NYC Department of Health and Mental Hygiene (NYC DOHMH)

## Interview tips

The interview is an important time to be transparent about what the job entails. For some PWLLE, particularly those with a work history in advocacy or direct service, working at a health department may be a significant transition. It is important to openly discuss this transition and its personal and professional challenges for a candidate before hiring. In other cases, working at a health department may be a person’s first professional work experience, or first opportunity in many years, and the first opportunity to learn basic professional skills that can open doors to future opportunities. It is important to keep in mind that, depending on the role for which a health department is hiring, the value of lived and living experience may need to be prioritized over traditional professional or educational experiences.



***“When I did my interview, my boss asked, ‘Are you sure that you can handle the transition from advocacy to the health department?’ And I said, ‘I don’t know, yeah, why not?’ And then when I actually did, wow, it was an extremely hard pill to swallow. It was really hard to conceptualize how someone that’s as opinionated and passionate about this work could actually fit into [the] system.”***

— Yarelix Estrada, Drug Checking Manager, BADUPCT, NYC DOHMH



Some health departments will require a minimum period of sobriety as an eligibility requirement, which is not a true implementation of harm reduction philosophy. Recovery time or years of sobriety is more common in 12-step and other recovery-based programs, whereas a harm reduction approach does not place emphasis on time, nor does it require people to abstain from drugs or embark on “recovery.” Rather, the primary focus is on reducing negative impacts of drug use. To more fully implement harm reduction in their hiring and interview practices, health departments should eliminate any restrictions around current or former drug use when hiring PWLLE. Instead, consider focusing on interview questions that can assess how well a person will be able to perform the job responsibilities.



***“We treat substance use disorders as we would any health problem and therefore do not punish staff should they relapse. As we would any other problem, we get them the help they need. This was something that we were very intentional about. We all agreed from the beginning that we cannot ground a program in harm reduction and then demand abstinence from our staff.”***

— Angela Jeffers, Senior Director of Harm Reduction Initiatives, NYC DOHMH

Interview panels are another place to be intentional about prioritizing lived and living experience. By ensuring that interview panels are multidisciplinary in nature and include varying perspectives, the panel may be better equipped to observe different characteristics in a candidate. If you have PWLLE on staff, encourage them to sit on interview panels for the screening and hiring of new staff. Some health departments have even instituted processes wherein community partners and local harm reduction providers with lived and living experience are invited to co-interview health department candidates. Finding a way to incorporate PWLLE as active partners in your health department’s interview process can be essential to increasing the number of PWLLE employed at your organization.



## Hire multiple people with lived and living experience

There are many reasons to hire more than one PWLLE on staff. Perhaps first and foremost, if only one person on a team is open about their lived experience, they may feel tokenized and responsible for speaking for all people with an SUD. Tokenism is defined as “the practice of making only a perfunctory or symbolic effort to do a particular thing, especially by recruiting a small number of people from underrepresented groups in order to give the appearance of equity within a workforce” and is a notable barrier to engaging PWLLE (Oxford English Dictionary, n.d.). PWLLE may have experienced situations where they have been singled out as the one “real voice” representative of the entire experience of substance use and recovery. As a result, PWLLE may fear being tokenized in this way again. To help assuage this concern during the hiring process, it can be important to include other PWLLE in the hiring process and acknowledge their lived experience (Balian & White, 2010). Ensuring staff have others with whom they can talk about their experience is important for support and retention.



***“[If there’s only one PWLLE on staff], they’re going to feel like all the responsibility is on them. As much as possible, not just having one person, but having a community of people, is something that’s really important. In our group, we talk pretty freely about our lived experience, and I think it’s something where we feel community around and we feel supported.”***

— Brad Finegood, Strategic Advisor, Public Health – Seattle & King County

Next, lived and living experiences with drug use are heterogeneous and will include multiple perspectives from various backgrounds across race, class, location and types of drugs. Having multiple perspectives and experiences on staff benefits the entire team by bringing different expertise and viewpoints, as well as access to different communities in the service area.



***“Everyone on our team has some kind of lived experience involving substance use. We employ an entire team of people who demonstrate empathy and compassion because they or someone they love has struggled with substance use. So, we know what people are going through. We focus on people and not their behaviors.”***

— John Moses, Team Leader of Harm Reduction Services, Lexington-Fayette County Health Department

Last, having people on staff with lived and living experience makes reaching, recruiting and hiring more PWLLE easier. People who come from communities of drug users can help identify PWLLE who may be a good fit, know how and where to recruit them, and can speak to them honestly about the experience of working inside a health department.

## Contract externally

When it is impossible to change health departments' internal hiring policies, many health departments have looked to contract externally with PWLLE as an interim solution. One option is to contract with an external employment agency. Under this arrangement, staff are paid through the agency, receive benefits from them and are subject to their hiring policies, not those of the health department. In this way, by carefully choosing the agency, you can ensure that barriers such as criminal background checks and drug testing are not included in the hiring process. In these situations, many departments have worked closely with syringe service programs, recovery community organizations and other harm reduction organizations.

Another approach is to contract directly with PWLLE. Under this arrangement, the health department issues a consultant contract with the individual and pays them directly at an agreed-upon rate. This method does not include benefits but is similar in that it avoids any potential criminal background checks or drug testing. Make sure you consult with your contracts department to ensure all the necessary paperwork and legal requirements are met.



***“Because our health department requires a bachelor’s degree and that can be a challenge for hiring peers, we’ve made the peer position a contract position. That way, they don’t have to go through the personnel board. By making them contracted positions, it’s just a lot easier. And it’s quicker to get them on.”***

— Danielle Simpson, Overdose Prevention Program Administrator, Mobile County Health Department



## Key considerations

### Foster a culture of harm reduction

A key element of successfully hiring PWLLE at health departments is fostering a culture of harm reduction. A culture of nonjudgmental acceptance and value for a person's experience and expertise can go a long way to ensure PWLLE feel welcomed and valued in the workplace. Explicitly embracing a harm reduction philosophy can allow PWLLE to feel comfortable showing up to work as themselves without fear of retribution or judgment. Creating a safe space to speak openly about drug use can help destigmatize and open the door for better public health interventions.

A culture of harm reduction can be operationalized in the workplace in a variety of forms. In this section, we'll discuss a few of the ways health departments have done this.



#### SAMHSA'S harm reduction framework

In 2021, for the first time ever, SAMHSA convened a federal Harm Reduction Summit, in collaboration with the CDC and the White House Office of National Drug Control Policy. Read the [Harm Reduction Framework](#), a historic outcome of this summit, including SAMHSA's definition of harm reduction pillars, principles and core practices.

***“Centering harm reduction as the ethos of our work is something that I’m really grateful for and has allowed me to have more flexibility in my own program because I talk very openly about drug use.”***

— Yarelix Estrada, Drug Checking Manager, BADUPCT, NYC DOHMH



#### Harm reduction at work: a guide for organizations employing people who use drugs

While targeting the private, nonprofit sector, this [guide](#) by the Open Society Foundations includes some important strategies for employing PWUD in any context.

It is critical that those in leadership positions demonstrate the value of lived experience in the workplace to intentionally set the culture and reinforce the health department's values. This can be accomplished in various ways, such as sharing their own lived experience, if relevant, and valuing the contributions of staff who are open about their lived experience — whether that means including them on hiring panels, invitations to share their story with staff or normalizing harm reduction and recovery. Management and supervisors can empower staff to be themselves and encourage them to feel comfortable sharing their lived experience, emphasizing that is part of what makes them valuable members of the team.

***“Over the years, I’ve seen more and more people feel comfortable sharing because of what our leadership has shared, and because of what I’ve shared. We’ve sort of normalized, you know, showing up as yourself at work.”***

— Thea Oliphant-Wells, Harm Reduction and Fentanyl Testing Program Manager, Public Health – Seattle & King County

## Geography, transportation and communication

Geographic barriers and access to transportation are notable challenges to hiring PWLLE. Physical proximity significantly influences access to opportunities and connection to services, and a lack of access to transportation can limit PWLLE's job prospects. For example, many job postings for peer support specialists require a valid driver's license and reliable transportation. To address this, health departments may consider offering a transportation budget or reimbursement for PWLLE. Transportation availability and accessibility, especially for those living in rural or poorer areas, makes longer-distance travel to employment opportunities and service engagements challenging. Offering opportunities for remote and/or hybrid work arrangements could alleviate some of these concerns.

Individuals living in rural areas have reported feelings of disconnection from health organizations and services because of physical distance (Canadian Centre on Substance Use and Addiction, 2021; Greer et al., 2019). Such challenges can create communication barriers that influence opportunities to engage with PWLLE. Mindful methods for sharing employment opportunities with PWLLE often include word-of-mouth communication during community engagement, so individuals disconnected from the health services provided in their communities may never receive information about available employment opportunities, thus eliminating their opportunities to engage.

Additionally, access to technology and the influence of the digital divide — the gap between those who have access to the internet and computers and those who do not — play a role in communication methods and opportunities for engagement, particularly for those in rural or poorer areas. Attempts to bridge the gap caused by geographic and transportation barriers through digital information-sharing methods are only beneficial if the intended recipients have consistent access to reliable technology. Without consistent access to reliable internet, cell phones, computers, etc., online communication efforts can be exclusionary by failing to reach intended audiences (Canadian AIDS Society, 2015; Canadian Centre on Substance Use and Addiction, 2021; Greer et al., 2019). Furthermore, a lot of PWLLE who were incarcerated over the last 10-20 years have lost technological literacy and may need additional support bridging this gap in the workplace.

## Stigma and discrimination

Perhaps some of the most challenging barriers that PWLLE face when seeking employment are stigma and discrimination, which have been explored extensively in peer-reviewed literature (Adams & Volkow, 2020; Barry et al., 2014; Hatzenbuehler, 2016; Keyes et al., 2010; Krendl & Perry, 2023; Link & Phelan, 2001; Patel et al., 2024; Yang et al., 2017; among others). PWLLE and PWUD have long been marginalized, stigmatized and discriminated against, legally and socially, for their use of illicit drugs (Canadian AIDS Society, 2015; People With Lived Expertise of Drug Use National Working Group et al., 2021). As reported by the World Health Organization, drug use is ranked as the most stigmatized health condition (Room et al., 2001). Drug policies have intersected with other systemic discrimination to disproportionately impact BIPOC who use drugs, resulting in cumulative disadvantage and further inequities (People With Lived Expertise of Drug Use National Working Group et al., 2021).



**Successful approaches to employing individuals with lived experience in the criminal justice and behavioral health fields**

Using results from an online survey of criminal justice and behavioral health organizations, this summary extracts key barriers and **effective strategies** used to support employees with lived experience, including stigma training, mentoring and education.

The impact of stigma and discrimination is vast and can affect the entire hiring process. PWLLE may not seek out or even know jobs exist that aim to leverage their experience as PWUD. Even once hired, PWLLE may fear the systemic effects of stigma and discrimination. For example, PWLLE often are relegated to roles solely as peers, rather than other types of roles that may also benefit from their lived experience. As such, PWLLE can feel or actually be undervalued, which is disempowering and isolating (Balian & White, 2010). The “invisible boundary” between those “professionals who use(d) drugs and those not defined by their substance use” creates a power imbalance that contributes to workplace discrimination (People With Lived Expertise of Drug Use National Working Group et al., 2021).

## Employing and managing PWLLE

### Mental health and wellbeing support

The specific needs of PWLLE, particularly related to stigma, trauma and triggers in the workplace, may require additional support. It can be draining for PWLLE to constantly share their story, particularly for those who are hired into peer roles such as peer recovery coaches. It is worth noting that talking about one’s history is not a requirement for any other roles at a health department. Be mindful of when, where, why and how others ask PWLLE to share aspects of their experience, and limit it to instances where there is a clear benefit to the initiative or intervention and it is not harmful to the PWLLE.



***“If you hire staff to do work that makes them directly vulnerable to stigma, either because of what they’re doing or the work itself, you have to also have clear lines to elevate issues that come up and ways to address them. You can’t just put folks in vulnerable positions and then let them sink or swim. You have to be able to address issues as they come up.”***

— Angela Jeffers, Senior Director of Harm Reduction Initiatives, NYC DOHMH

Many health departments already have worksite wellness programs (e.g., employee assistance programs, wellness events, coaching programs and wellness apps) which may benefit PWLLE, so making sure they are aware of these resources is important (Skelton-Wilson et al., 2021). Be sure health insurance plans offered by the health department cover mental health and substance use care, and make staff aware of this. When hiring PWLLE as health department contractors, it is good practice to use temp or contracting agencies that offer similar institutional support and benefits to their employees. Consider flex time or flexible schedules for PWLLE to help combat burnout and promote wellbeing (Skelton-Wilson et al., 2021). Additionally, the flexibility allows staff to attend any necessary appointments that support their recovery, such as therapy, SUD treatment and support groups. Investing in PWLLE’s wellbeing strengthens both their work and the work of the health department as a whole.



## Example from the field

Wellness advocates hired by the NYC DOHMH who attend to nonfatal overdoses are, on occasion, put in stressful situations that can be triggering or traumatic for PWLLE. While the department works hard to foster a welcoming, nonjudgmental and affirming work environment, this may not be the case when staff go out into the field. While responding to calls in collaborating EDs, Wellness Advocates have reported experiencing stigma because of their lived experience and the job they are doing. NYC DOHMH leadership had to prepare wellness advocates and discuss how to interact with ED staff when that happens. **According to Angela Jeffers, NYC DOHMH, “It takes a while before [ED] staff trust [our wellness advocates] and trust that they’re good at their jobs and can rely on them to interact and care for their patients.” Occasionally, wellness advocates must interface with the police department. “We have to be very thoughtful to give them guidance about what that should look like, and we have to have a pathway to elevate concerns if there are concerns about how law enforcement is interacting with the participant or with our staff. We can’t just do that on the fly, or not do anything about it. Some staff are not going to feel safe,” said Angela Jeffers.**

These examples underscore the importance of supporting PWLLE, and that additional supports above and beyond those ordinarily offered by health departments may be necessary.

## Training, professional development and pathways to promotion



### *Engaging people with lived experience toolkit*

This **toolkit**, developed by People With Lived Experience Workgroup and Community Champions from 100 Million Healthier Lives, contains strategies, tips and resources to help integrate PWLLE for lasting community transformation. It contains sections on recruitment, engagement, co-design and growth.

It is possible that some PWLLE hired at health departments will not have much professional experience, or their professional experience could have been in a different setting. Health departments may need to provide more skill development and on-the-job training than they are accustomed to with other new hires. Coaching on technology can be particularly important. Paying attention to these specific training needs and providing technical assistance are key to setting up PWLLE for success. In fact, multiple key informants discussed the importance of the employment pipeline for PWLLE such that there are opportunities for PWLLE to enter the workforce, gain skills and experience and be eligible for work at a local or state health department,

and later they can grow and advance in their careers at the health department and beyond. The overall system, not just one individual workplace, needs to support this work for PWLLE to enter and advance their careers.

Health departments can promote pathways for professional development by making trainings and certifications accessible to PWLLE, helping them gain important skills. Working with staff to help them progress toward advanced degrees is also important, either via tuition support or flexible work schedules. Promotion within the health department is another powerful way to support a professional pipeline for PWLLE. Team leader, internal team trainer and supervisor are titles that health departments have promoted PWLLE into after starting at entry-level titles. Establishing and advertising a professional pipeline may make working for the health department more appealing for PWLLE, as it offers them a career pathway, as indicated by results from a recent survey of over 1,000 peer recovery coaches (Foundation for Opioid Response Efforts, 2023).

## Skilled supervision and mentorship



### *Good practice guide for employing people who use drugs*

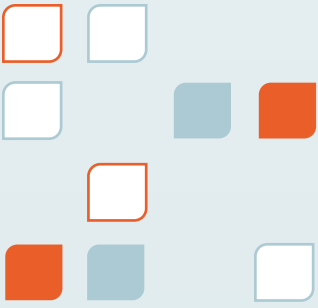
The result of an international collaboration, this is a how-to **guide** for employing PWUD, with specific sections for drug type and strategies to support PWUD at work. It also includes a section on managing problems and challenges.

Given the complex nature of navigating the health department environment and working on issues of substance use as a PWLLE, PWLLE need access to skilled supervisors who are trained specifically to support them. Skilled supervision provides PWLLE with the ability to grow as professionals and feel supported in their own wellbeing. Creating a safe and supportive environment where staff feel comfortable discussing opportunities and challenges is essential. (See Appendix A for a sample supervisory template.)

A mentorship program is one innovative way that health departments have eased the transition for PWLLE new to their role. New hires are paired with someone who has worked at the health department for a longer period, to give the new employees

another avenue of support as they transition into their new job. The program complements other avenues of support available to the new hires, including supervisors, team leads and workplace wellness programming.





## Summary

Hiring PWLLE to work in health departments is key to ensuring their inclusion in efforts to prevent and monitor overdoses. PWLLE have invaluable experience to contribute and support such efforts at all levels of health departments, including and beyond peer roles. Though several barriers and challenges exist in the hiring process, a growing number of health departments and federal government agencies are elevating the voices of PWLLE by hiring them in all types of roles and creating new policies and processes to support them in these roles.



## Appendix A. Supervisory Template

Template courtesy of Angela Jeffers of the NYC DOHMH and includes some information specific to their work and department. For example, Maven is a case management system used by the Department to track, manage and review cases.

<b>Team member:</b>		<b>Date:</b>
<b>Supervisor:</b>		
<b>Reminders:</b>		
<ul style="list-style-type: none"> <li>■ Overnight and weekend staff: Forum time in by Mondays at 5 p.m.</li> <li>■ Full-time staff: City time due Mondays at 5 p.m.</li> <li>■ <b>Use the technology workflow to troubleshoot issues before contacting the ops team.</b></li> <li>■ <b>Use the case review checklist for entering and reviewing cases in Maven (a case management system).</b></li> </ul>		
<b>Items to be discussed during each meeting with full-time Wellness Advocates (WAs):</b>		
<ul style="list-style-type: none"> <li>■ Entire caseload for WA using the <i>Relay Active Case</i> report.</li> <li>■ Case review (including closed or inactive) and DAP note review.</li> <li>■ WA Engagement Report and evaluation consent rate (using the Tableau report).</li> </ul>		
<b>Topics discussed</b>		
<b>Skills/development</b>	<b>CTI coordination</b>	<b>Administrative</b>
RAP planning and shared decision-making	Data entry completion (e.g., ED encounter)	Time management
Diversity/ethical issues	Referral coordination and follow-up	Time off and personal leave
Peer support and motivational interviewing	Outreach efforts	Payroll/timesheets
Crisis intervention	Hospital/facility concerns	Technology issues
Problem-solving and decision-making	Other items:	

**Staff updates:**

**Supervisor updates:**

**Next steps and follow-up items to review at the next meeting:**

**Signature of employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Helpful hints:

- **Prior to engagement:** While waiting for car service to go to ED, check Maven to see if participant has had a previous case.
  - » If they have, alter your communication and engagement to meet the participant's needs.
  - » If the participant is in Maven, assign them a WA and connect them to their assigned WA.
    - *While in the ED or immediately after leaving, send a voicemail or email to the assigned WA.*
- **ED encounter:** This is fact finding from a peer perspective, providing harm reduction strategies, support, care, understanding and referrals.
  - » Participant's goals/needs (e.g., substance issues, housing, food, medical)
    - *Put the findings in your note so that the assigned WA can follow up from where you left off in the ED. It should not be a completely new engagement, but one that piggybacks on yours.*
  - » Peer communication (establishing rapport)
    - *How did you identify with participant, using yourself as a guide/testimony?*
    - *Provide harm reduction strategies, understanding, support and care.*
    - *Referrals.*
  - » Participant and collateral contact
    - *Get a HIPAA form on participant's stated program, agency, shelter, case manager, social worker and the ED of engagement. Get a face sheet from the hospital, if possible.*
    - *Obtain consent to contact a supportive family member or friend.*
    - *Get a working phone number from participant that connects the assigned WA to participant. Call the number to see if it's working before you leave the participant.*
- **Handoffs:**
  - » Send a "heads up" text to the next oncoming wellness advocate about 90 minutes before your shift ends.
  - » Call WA 75 minutes before your shift ends so that they can follow up in a timely manner.
  - » Text WA all relevant information.
  - » Make sure that you have a verbal confirmation from the incoming WA that they are responding to the participant in the ED. Inform ED staff of change of WA.
- **Shift report:**
  - » Draft in an email by the end of your shift.
    - *If a participant is admitted (consented or not able to consent) into the hospital, state this in your shift report. (Do not include identifying information in the email.)*
    - *Inform the oncoming wellness advocate or supervisor so that we can continue to follow up on their status.*

## Appendix B. Resources

TITLE	SOURCE	DATE	DESCRIPTION
<a href="#"><u>SAMHSA policy on the inclusion of people with lived experience</u></a>	SAMHSA	2023	This federal policy, effected in May 2023, recognizes the benefits of meaningfully including PWLLE and recommends areas for inclusion, such as grants and contracts, data and evaluation, evidence-based practice development and policy formulation.
<a href="#"><u>Recovery-ready workplace toolkit</u></a>	Federal Recovery-ready Workplace Interagency Workgroup	2023	This toolkit provides public and private sector employers with guidance and resources (e.g., assessment/implementation checklists) to support recovery-ready workplaces.
<a href="#"><u>Recovery-ready workplace resource hub</u></a>	Federal Recovery-ready Workplace Interagency Workgroup	2023	This resource hub provides public and private sectors employers with tools and resources to support implementation of recovery-ready workplace practices and policies.
<a href="#"><u>Peer support toolkit</u></a>	Philadelphia Department of Behavioral Health and Intellectual Disabilities Services	2017	This interactive PDF presents four modules on integrating peers into your workforce: preparing the organizational culture, recruiting and hiring peer staff, service delivery, and supervision and retention.
<a href="#"><u>Toolkit for employing individuals with lived experience within the public mental health workforce</u></a>	Wisconsin Office of Children's Mental Health	2014	While this <b>toolkit</b> specifically targets PWLLE with mental health diagnoses, it features many relevant printable tools, including job description checklists, job classification tools and sample job announcements. It was created by a collaborative of California-based mental health organizations.
<a href="#"><u>Drug war history</u></a>	Drug Policy Alliance	2024	An <b>interactive timeline</b> highlighting key moments in the history of the war on drugs from the Drug Policy Alliance.
<a href="#"><u>Employing people with lived experience of multiple and complex needs (mcn): a toolkit for employers</u></a>	Fulfilling Lives South East Partnership	2022	Specifically developed for employers, this toolkit addresses the hiring of people who have experienced homelessness, substance use, mental health challenges, domestic violence and/or exposure to the criminal justice system.

TITLE	SOURCE	DATE	DESCRIPTION
<a href="#"><u>Recruiting individuals with lived experience</u></a>	Office of the Assistant Secretary for Planning and Evaluation	2023	Developed for health and human services staff, this <a href="#"><u>guide</u></a> highlights questions to consider before recruiting PWLLE and content to include in outreach and recruitment materials.
<a href="#"><u>Harm reduction framework</u></a>	SAMHSA	2023	This framework is a result of the 2021 Harm Reduction Summit and includes SAMHSA’s definition of harm reduction pillars, principles and core practices.
<a href="#"><u>Harm reduction at work: a guide for organizations employing people who use drugs</u></a>	Open Society Foundations	2011	While targeting the private, nonprofit sector, this guide includes some important strategies for employing PWUD.
<a href="#"><u>Successful approaches to employing individuals with lived experience in the criminal justice and behavioral health fields: summary of survey and interviews</u></a>	Council on Criminal Justice and Behavioral Health	2021	Using results from an online survey of criminal justice and behavioral health organizations, this summary extracts key barriers and effective strategies used to support employees with lived experience, including stigma training, mentoring and education.
<a href="#"><u>Engaging people with lived experience toolkit</u></a>	Community Commons	2020	This <a href="#"><u>toolkit</u></a> contains strategies, tips and resources to help integrate PWLLE for lasting community transformation. It contains sections on recruitment, engagement, co-design and growth.
<a href="#"><u>Good practice guide for employing people who use drugs</u></a>	International HIV/AIDS Alliance	2015	The result of an international collaboration, this is a how-to <a href="#"><u>guide</u></a> for employing PWUD, with specific sections for drug type and strategies to support PWUD at work. It also includes a section on managing problems and challenges.

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