

Virginia Barrier Crimes and Peer Recovery Specialists: A Survey of Employers

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Vocal Virginia contracted with the Department of Public Health Sciences (PHS) at the University of Virginia School of Medicine to conduct this survey of employers about the impact of Virginia barrier crime law on employing peer recovery specialists with criminal histories at their behavioral health organization. The Mental Health Policy Research Program in the Department of Public Health Sciences is affiliated with the Institute of Law, Psychiatry and Public Policy (ILPPP). The ILPPP is an interdisciplinary program in mental health, law, and policy. Institute activities include academic programs, forensic clinical evaluations, professional training, empirical and theoretical research, and public policy consultation and review. Heather Zelle, J.D., Ph.D., of PHS and ILPPP and Adam Adelstein, MPH candidate, conducted the survey and authored the report.

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Institute of Law, Psychiatry,
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Virginia Barrier Crimes and Peer Recovery Specialists: A Survey of Employers

Introduction

Nationally and in Virginia, approximately one in five US adults experience mental health illness each year.¹ This form of illness influences the behaviors, thoughts, and/or emotional state for millions of Americans, leading to diminished productivity, social isolation, poor general health, or death. Beyond the devastating impact on physical health, mental health illness treatment costs the US healthcare system \$280 billion annually, and its link to productivity loss costs another \$48 billion annually.^{2,3} The burden of mental illness is disproportionately shared in the US, with much higher rates reported among African Americans, Hispanic Americans, and those who are unemployed.⁴

Behavioral health support encompasses services and assistance for mental health and substance use concerns.⁵ Peer recovery support employs specialists whose personal, lived behavioral health experiences enhance one-on-one and group mental health support through a shared perspective.⁶ Peer recovery support has positive outcomes, including, for example, increasing employment rates among those seeking care and motivating those experiencing a behavioral health issue to seek critical care.⁷ The unique abilities and benefits that peer recovery specialists bring to behavioral health has led to a steep increase in employer demand for them.⁸

Nearly one third of Americans have some form of a criminal record.⁹ This record carries stigma and may result in employment restrictions. Those who are criminally incarcerated face greater barriers in securing employment.⁷ They also disproportionately suffer from mental illnesses, with rates 3 to 5 times higher than in the general population.¹⁰ Peer recovery specialists (PRS) with criminal backgrounds uniquely utilize their experiences to help forge deeper relationships, build trust, and inspire hope in individuals seeking behavioral health support.⁷ Furthermore, stable employment for previously incarcerated individuals reduces recidivism.¹¹

In Virginia, individuals with convictions for one or more of 176 barrier crimes are prohibited by law from seeking employment at facilities licensed by the Department of Behavioral Health and Developmental Services (DBHDS), including psychiatric hospitals and Community Services Boards, regardless of the time elapsed since the conviction. However, for 26 of those crimes,

Virginia law does allow individuals to apply for a waiver, which involves a screening process. Some individuals with lived experiences may have barrier crime histories, and while they may successfully undergo recovery, they are still unable to obtain clearance to work in DBHDS-licensed facilities, limiting their employment prospects.¹²

The Barrier Crimes Employer Survey aimed to collect data regarding perceptions, experiences, and suggestions for employing individuals with a history of barrier crimes within behavioral health organizations that serve adults. The survey was delivered to behavioral health organization staff members, employers, and administrators. Respondents shared knowledge of the employer experiences regarding hiring and employing individuals with barrier crime histories, and their organization's ability to serve the behavioral health needs of their community.

Method

The Barrier Crimes Employer Survey content was developed in collaboration between Vocal Virginia and the University of Virginia's School of Public Health, and was based upon a review of relevant literature, Vocal Virginia's aims for the survey (i.e., gathering information about and gaining understanding of the impact of barrier crimes on employers and the people they serve), knowledge of Virginia policy and survey design principles. The survey content was also reviewed by three external individuals with subject matter and practice knowledge. The survey was created using Qualtrics, and potential participants were contacted via email and social media with an anonymous link to the survey. Vocal Virginia led recruitment efforts, distributing the invitation email to known organizations in Virginia, which were encouraged to share the survey further with other relevant organizations. Responses were collected between late November and mid-December 2023. The study was approved by the University of Virginia Institutional Review Board for the Social and Behavioral Sciences (IRB SBS Protocol #6266).

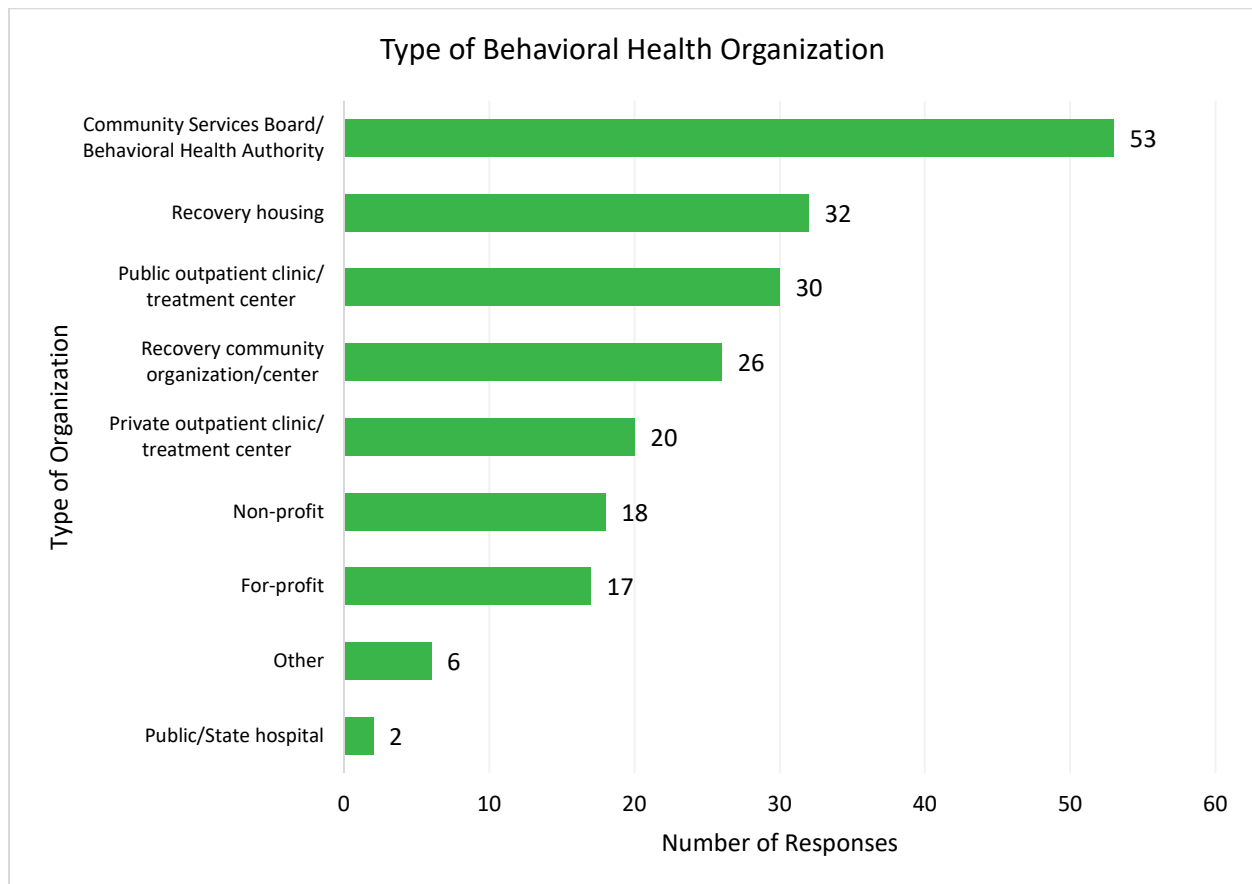
Findings

In total, just over 200 participants accessed the survey. Survey responses that were deemed incomplete (i.e., < 50% answered) or were from organizations that served only children and/or adolescents were removed from the dataset. After cleaning, 142 responses remained for analysis. For the purposes of this report, we focus only on responses from organizations self-reported as licensed by the Virginia Department of Behavioral Health and Developmental Services for a final sample size of 116 responses.

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Characteristics of Behavioral Health Organizations

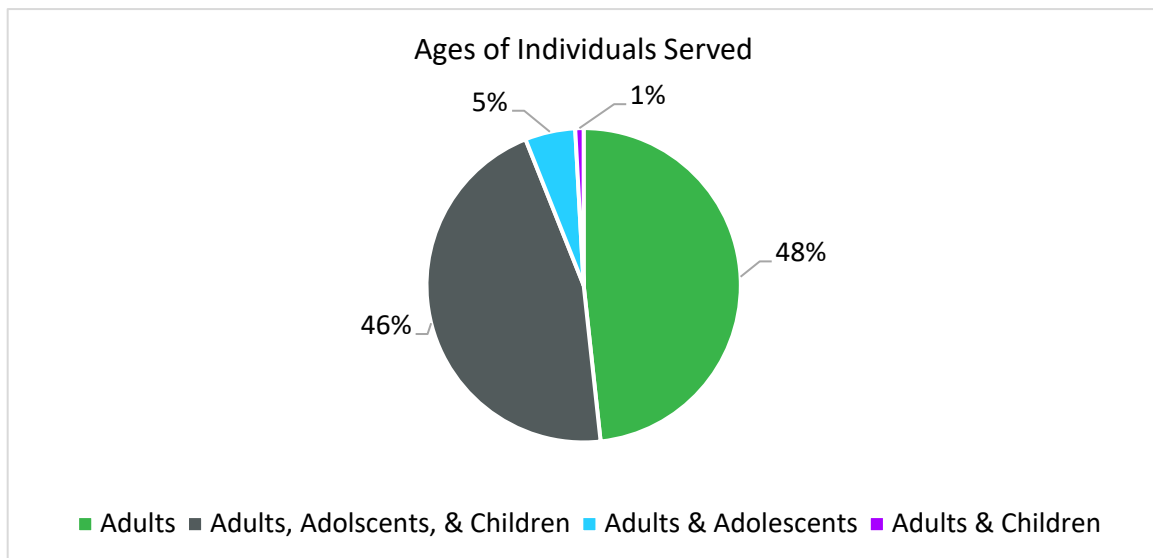
Survey participants were from approximately 43 organizations¹, representing a range of organization types:



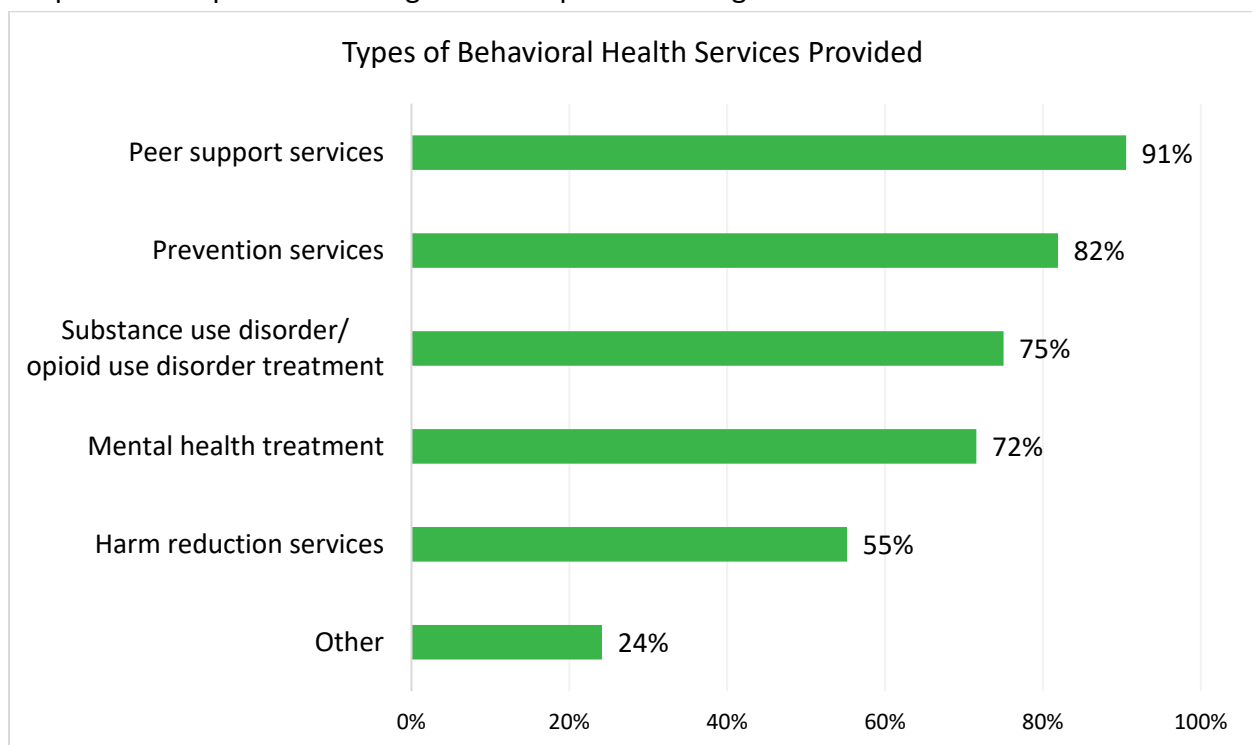
* Total amounts to more than 116 because respondents could pick multiple descriptors for their organization.

¹ Twelve respondents did not provide the name of their organization.

As noted earlier, organizations that serve adults were the group of interest, so all 116 respondents reported serving adults. Several reported serving younger populations in addition to adults:



Respondents reported their organizations provide a range of services:



*Total amounts to more than 100% because respondents could pick multiple service types.

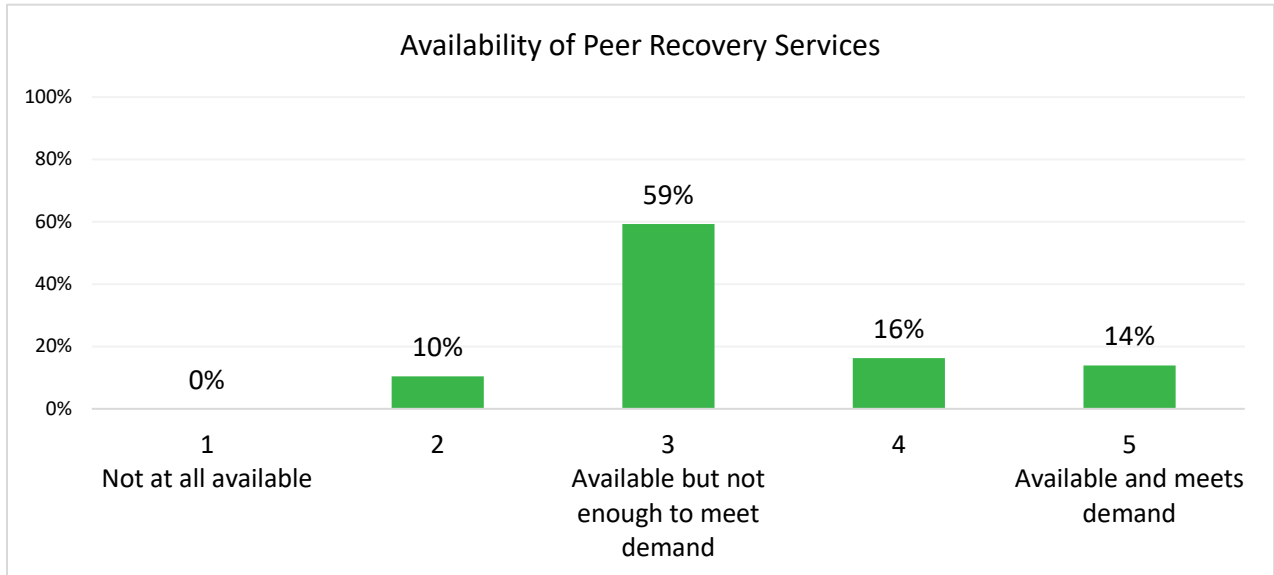
The vast majority of respondents reported their organization has peer recovery specialists on staff:



Given some convictions are eligible for a waiver in Virginia, respondents were asked if their organization had ever hired a peer recovery specialist with a barrier crime history. Of the 116 respondents, nearly half (48%) reported their organization had hired peer recovery specialists with criminal histories, and over one-third (38%) reported their organization had not hired but may be interested in hiring peer recovery specialists with criminal histories. The remaining 14% reported their organization had not and were not considering hiring peer recovery specialists with criminal histories.

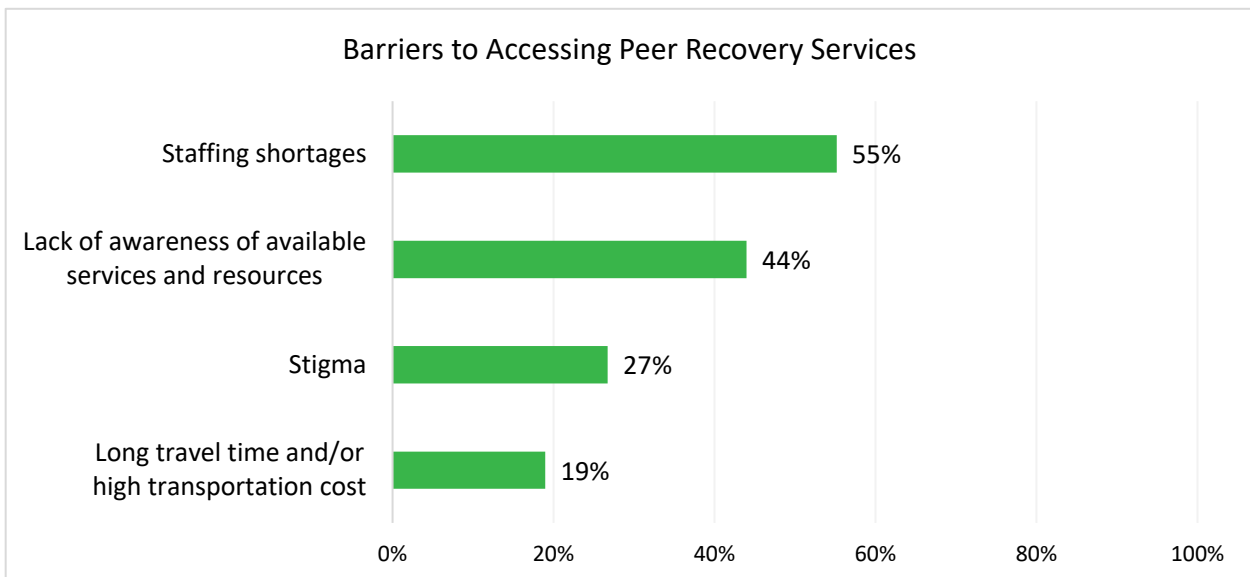
Access to and Quality of Care

Nearly 70% of respondents from DBHDS-licensed organizations with peer recovery specialists on staff reported that peer recovery services were mostly unavailable and insufficient to meet demand (10%) or were available but insufficient to meet demand in their region (59%):



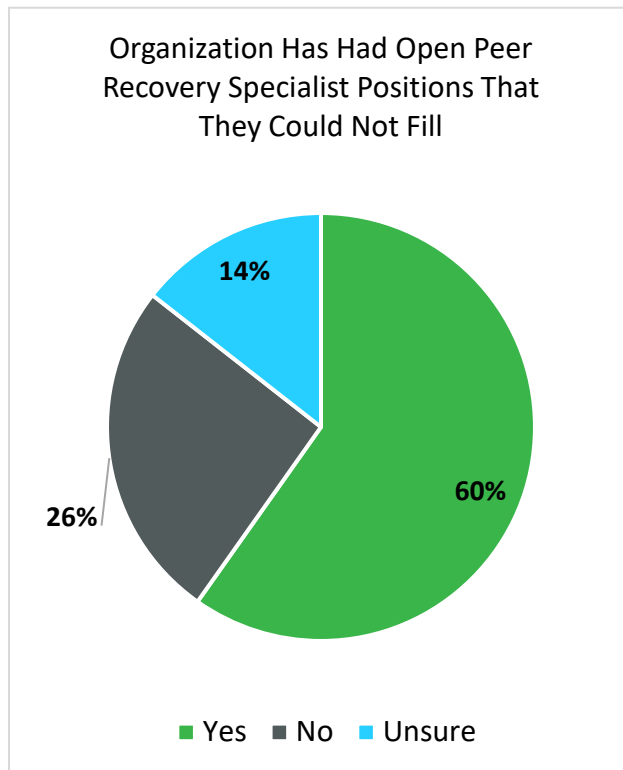
*N = 86.

Respondents reported several barriers to accessing peer recovery services in their area:

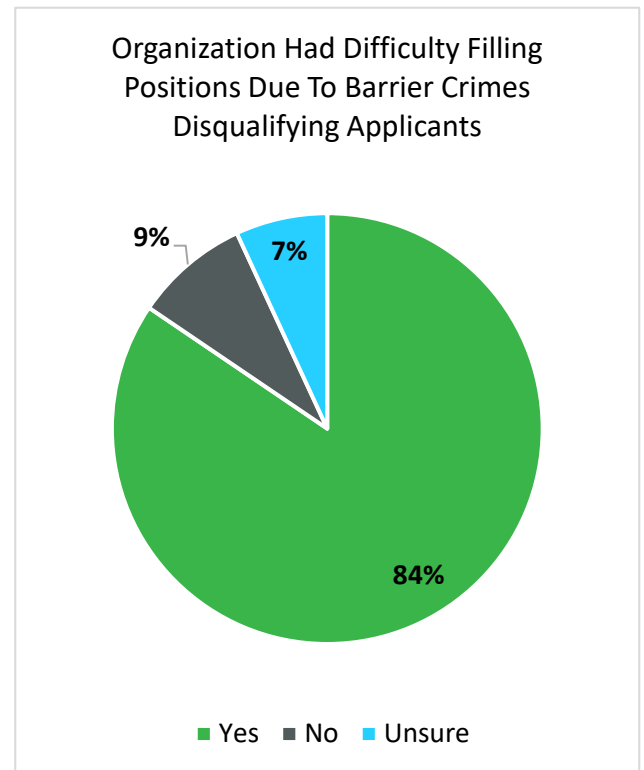


*Total amounts to more than 100% because respondents could pick multiple barriers.

A majority of respondents reported their organization had trouble filling peer recovery specialist openings and reported having difficulty hiring due to barrier crimes:

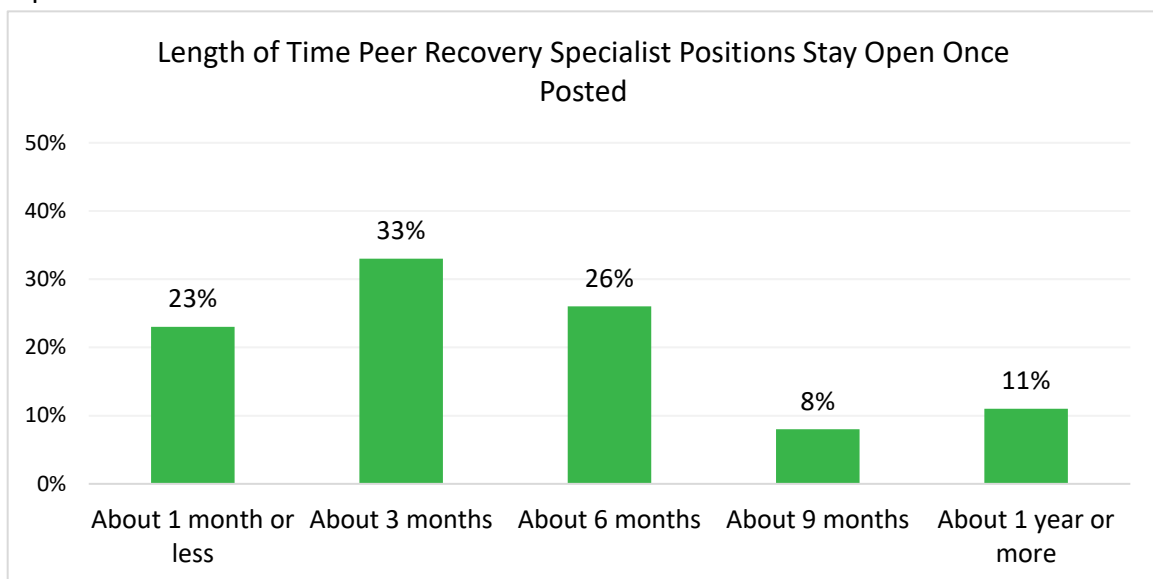


*N = 97

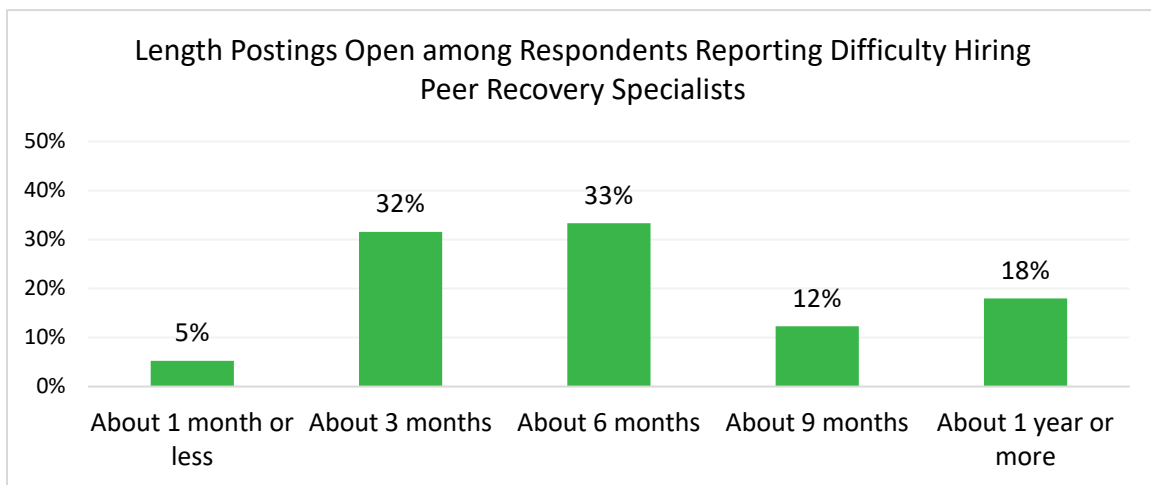


* N = 58

Respondents reported approximately how long peer recovery specialist positions remain open once posted:

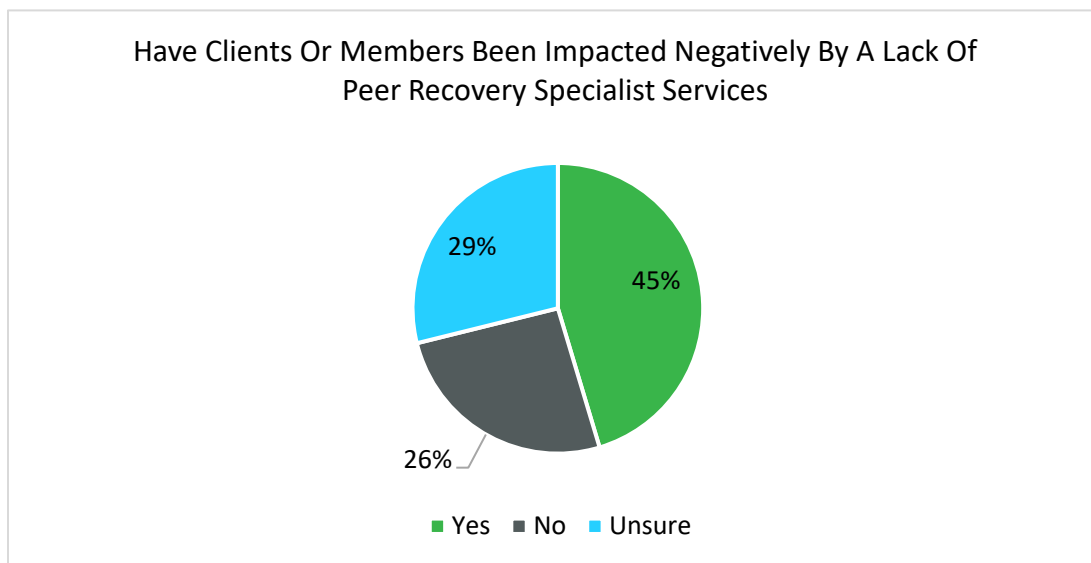


*N = 92



*N = 57

Respondents were asked whether, from their point of view, their clients or members had been negatively impacted by a lack of peer recovery specialist services:



*N = 113

Those who answered “yes” were asked how their clients or members had been impacted. Their answers described how the lack of peer recovery specialists impacts crucial aspects of client care. According to respondents, clients regularly experience frustration with appointments being rescheduled or canceled due to inadequate staffing, reflected in the response: "Appointment[s] have to be rescheduled or canceled due to not having enough [staff]; some folks may have to wait for peer services due to caseloads and not having enough peers." One respondent lamented, "Clients are unable to access peer services because of a lack of

staff/inability to fill positions." These challenges are magnified by the strained resources highlighted by another respondent, ***"We have two PRS specialists for almost 300 patients."***

This setback extends beyond scheduling inconveniences, as the absence of peer specialists leaves clients discouraged, lacking essential support from individuals who share similar experiences. One respondent underscored the experience of clients when peer services are unavailable: "Our role is to instill hope, and not having peers that have successfully gone through the process of recovery be part of their support is disempowering."

Furthermore, the shortfall of peer specialists hinders the provision of essential support for clients after more intensive services. As expressed by a respondent, "Clients are unable to receive 1:1 and group [support] following a higher level of treatment with clinicians because of not having peer specialists who would be perfect as part of their discharge plans."

Beyond logistical challenges, the absence of peer specialists impedes "engagement," "building trust," and the ability to "reduce the instances of relapse." In sum, respondents' descriptions of how insufficient peer recovery services affect their clients and organizations underscore the need for many more peer recovery specialists to enhance the overall quality and effectiveness of behavioral health programs.

Respondents were also asked whether peer recovery specialist shortages had impacts on their organization's revenue, client capacity, and appointment capacity. **Almost one-third (31%) said their organization lost revenue because they were unable to meet the demand for peer recovery services.** A little over one quarter (27%) said their organization lost clients or had to refer individuals seeking services to other organizations. A little less than one quarter (24%) said their organization had to cancel or reschedule sessions due to peer recovery specialist shortages.

Experiences of Organizations that have Hired Peer Recovery Specialists with Criminal Histories

Given that Virginia allows waivers for some criminal convictions, respondents were asked if their organization had ever hired a peer recovery specialist with a barrier crime history. Fifty-six respondents across approximately 25 organizations² licensed by DBHDS indicated their organization had done so.

Impact on Organization

All respondents from DBHDS-licensed organizations that have hired peer recovery specialists with criminal histories reported that such peers had a positive impact on their organization. When asked to describe how peer recovery specialists with criminal histories have positively impacted their organization, respondents reported that peer recovery specialists with criminal histories provide a unique and empathetic perspective for clients whose behavioral health issues have led to involvement with the justice system. One respondent articulated,

- "Many clients have criminal histories, and seeing a person working in the field of addiction who helps someone living with a mental health or substance use disorder provides hope for them."

Their lived experiences showcase successful recovery and provide inspiration:

- "They inspire hope in the people we serve that their lives are not over simply because of criminal history."
- "Peers share their experiences with the population they serve. They understand and are better able to train and help individuals advocate for themselves in positive, healthy ways."

Respondents also noted how such peer recovery specialists benefit the organization itself by providing valuable staffing capacity, contributing to services such as actively co-facilitating groups, securing housing, and offering support. Despite their qualifications, hiring restrictions persist; for example, a respondent noted,

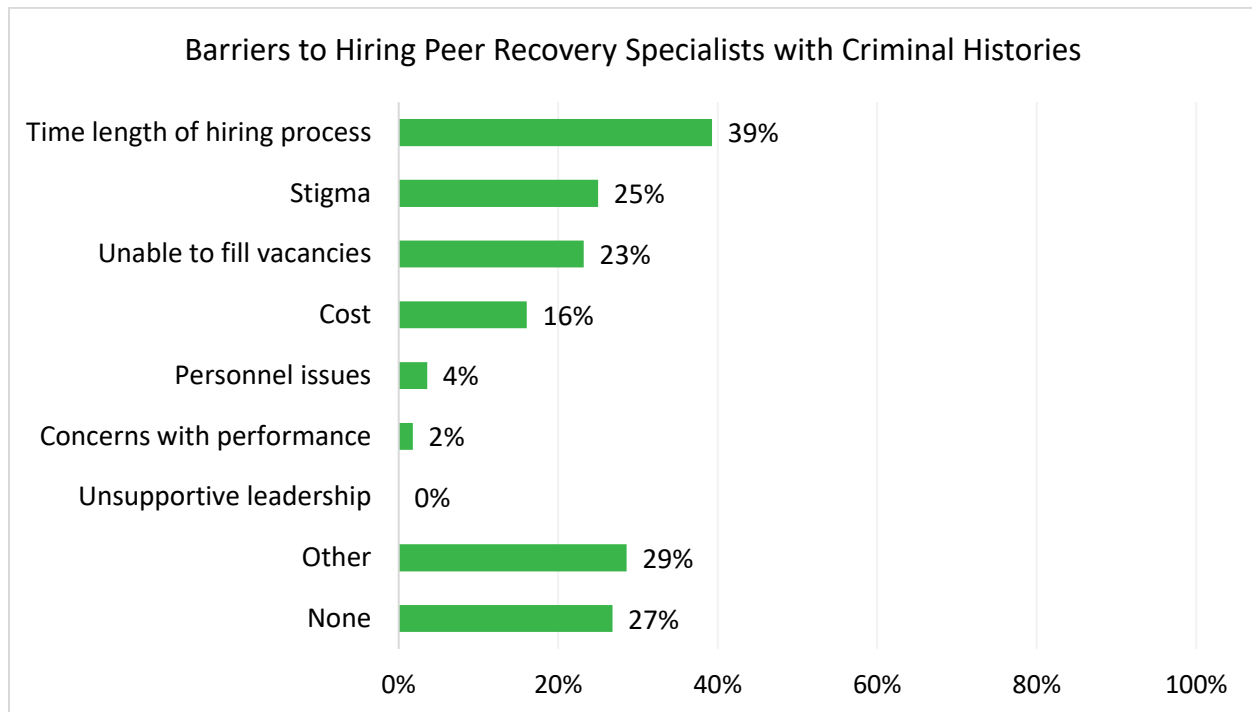
- "As a licensed agency, we are unable to hire the majority of Peer [Recovery] Specialists due to their criminal history."

Hiring Differences

Respondents reported on several ways that the hiring process may vary when seeking to fill peer recovery specialist positions. Regarding what barriers or challenges their organization has

² Three of the respondents did not report their organization's name.

encountered when hiring peer recovery specialists with criminal histories, respondents reported:



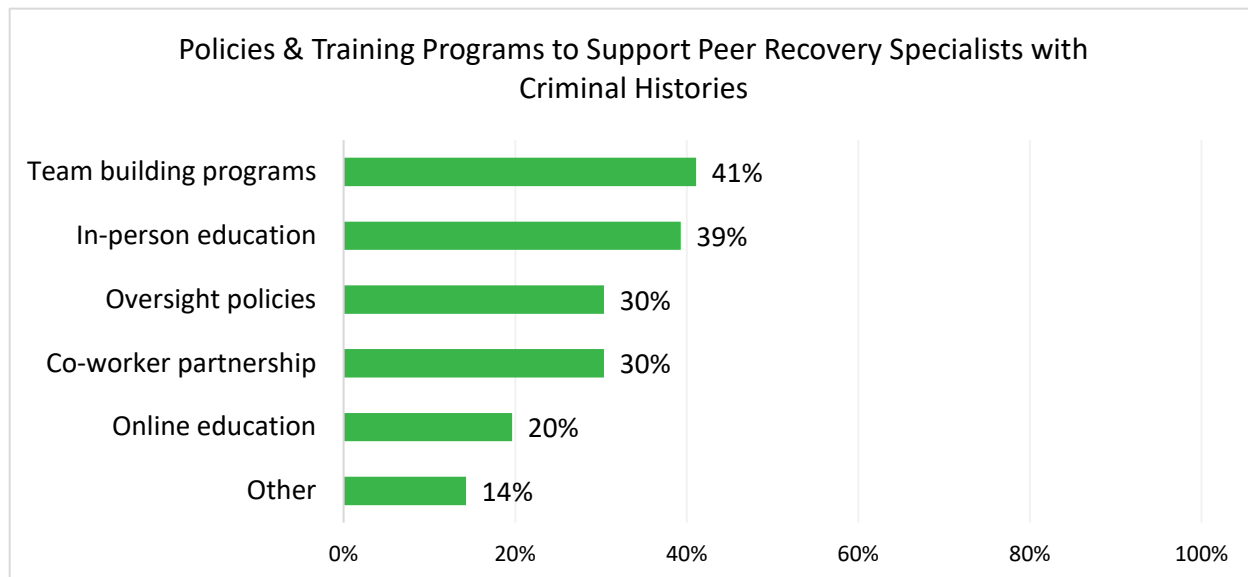
* Total amounts to more than 100% because respondents could pick multiple barriers. *N* = 56

Those who selected “Other” were asked to specify those other challenges or barriers.

Comments included:

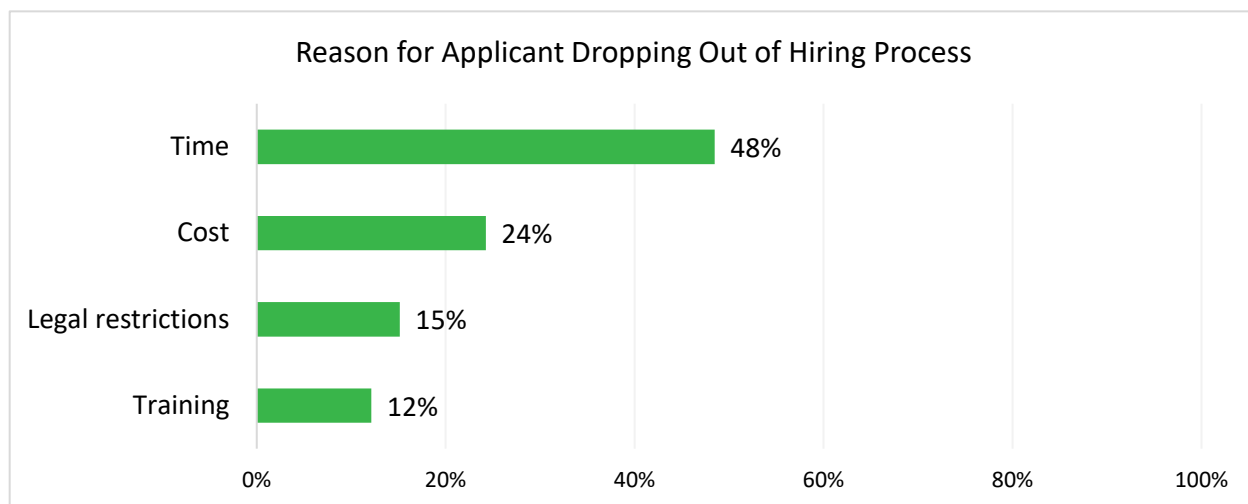
- “As mentioned previously, significant time/energy/money [is] invested in training individuals who we weren't aware of potential barrier crimes [and that setback is] compounded by immediate position vacancy with no forewarning [after] having to terminate upon receiving the background results. The interviewing/onboarding process takes 2-4 weeks for each staff member, so every time this situation happens, the rest of the organization suffers immensely.”
- “Those with barrier crimes are made aware that the job hinges upon their background check clearing, and we've had to let some really amazing Registered and Certified Peers go as a result.”

Respondents also reported on what, if any, specific policies or training programs their organization has to support peer recovery specialists with criminal histories:



* Total amounts to more than 100% because respondents could pick multiple barriers. *N* = 56

Over half of respondents (33 of 56) reported that their organization had a peer recovery specialist with a criminal history drop out of the hiring process. Reasons for dropping out included:

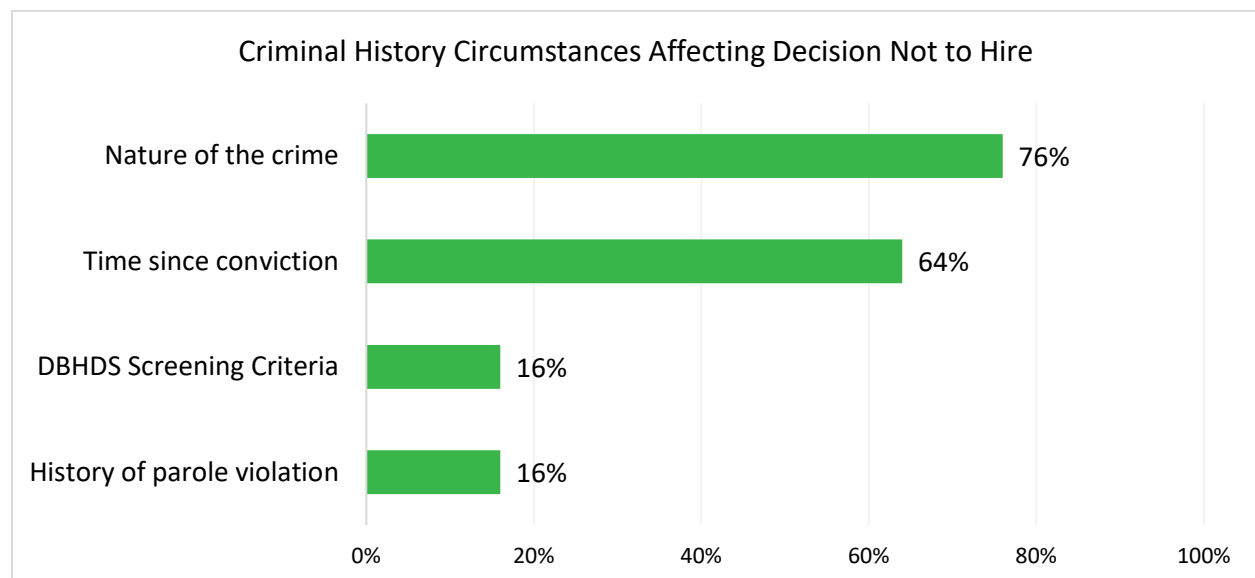


**N* = 33

Organizations' Limits on Hiring Individuals with Criminal Histories

Respondents from DBHDS-licensed organizations that had hired peer recovery specialists with criminal histories were asked if their organization had ever declined to hire a peer recovery specialist with a criminal history: 49% of respondents said their organization had, 37% were

unsure, and 14% said their organization had not. Those who reported their organization had declined a hire were asked what barrier crime circumstances factored into the decision:



*N = 25

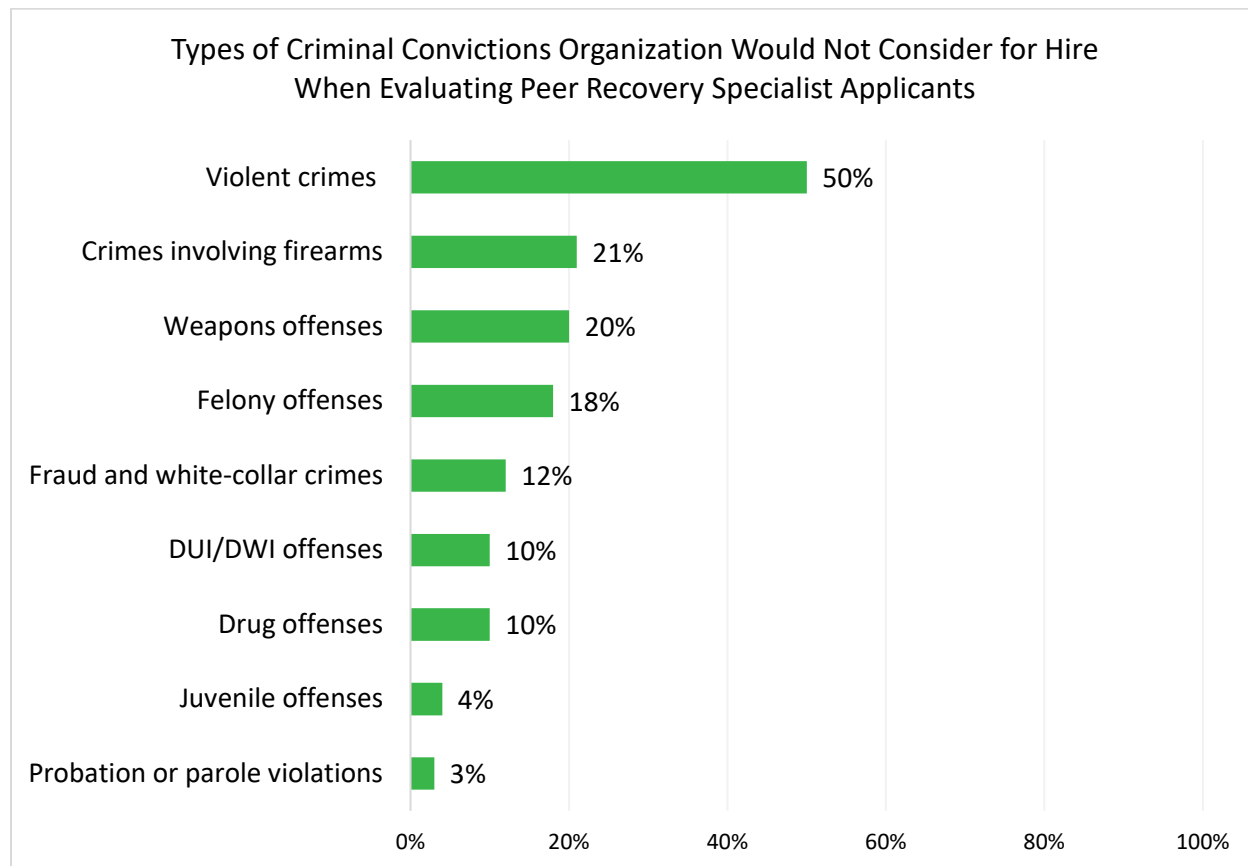
They were also asked approximately how long since conviction the organization would be willing to hire a peer recovery specialist with a criminal history, and 35 answered. Their answers were “free response” (i.e., not limited to pre-selected options) and ranged from 1 to 10 years. We categorized the responses to allow for summarization:

- seven respondents said 1-2 years,
- nine respondents said 3-5 years, and
- three said 7 or more years.

A few respondents answered that the time range would depend, for example:

- “About two years for some barrier crimes, but for other barrier crimes, it might be longer and also depends on the quality of their recovery.”
- “Since screenable crimes require the candidate to be 5 years post probation, we follow this rule. We would consider hiring candidates sooner if this were dropped.”

Of the respondents from DBHDS-licensed organizations, those who reported their organization had hired peer recovery specialists with criminal histories ($N = 56$) and those who reported their organization may consider hiring peer recovery specialists with criminal histories ($N = 44$) were asked what criminal convictions they would not be considered for hire:



* Murder, sex offenses, and crimes against children were not included among the options for selection on the assumption they should remain barriers to employment in behavioral health settings.

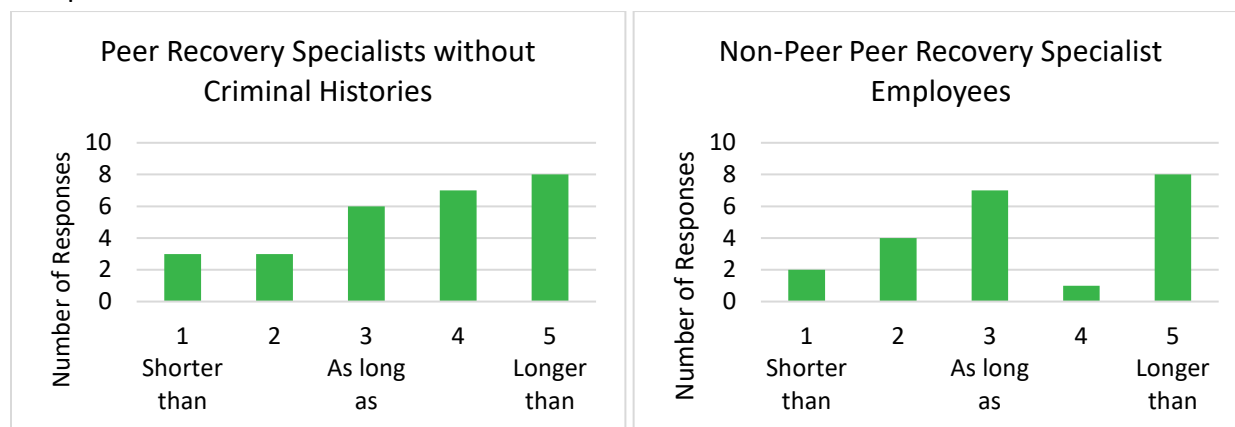
**Offense types were briefly described in the survey options as: *Violent crimes* – Crimes involving violence, such as assault, domestic violence, or manslaughter; *Crimes involving firearms* – Certain crimes involving firearms, such as illegal possession by a convicted felon; *Weapons offenses* – Certain weapons-related offenses, including possession of illegal firearms or carrying concealed weapons without a permit; *Felony offenses* – These can include offenses such as robbery, burglary, drug trafficking, and certain violent crimes; *Fraud and white-collar crimes* – Convictions for crimes like embezzlement, identity theft, or fraud; *DUI/DWI offenses* – Multiple DUI (Driving Under the Influence) or DWI (Driving While Intoxicated) convictions; *Drug offenses* – Drug-related offenses, including possession, distribution, or manufacturing of controlled substances; *Juvenile offenses* – Juvenile adjudications or convictions; *Probation or parole violations* – Violations of probation or parole conditions

Performance

The respondents from DBHDS-licensed organizations that had hired peer recovery specialists were asked about how such staff performed. They were asked if they were aware of any such hires later being disqualified/terminated due to subsequent criminal offenses or probation violations: a little over one quarter (28%) said “yes,” one third (33%) said “no,” and 39% were “unsure” ($N = 51$). They were also asked to compare hired peer recovery specialists with criminal histories against other peer recovery specialist employees and other non-peer employees in several areas of performance:

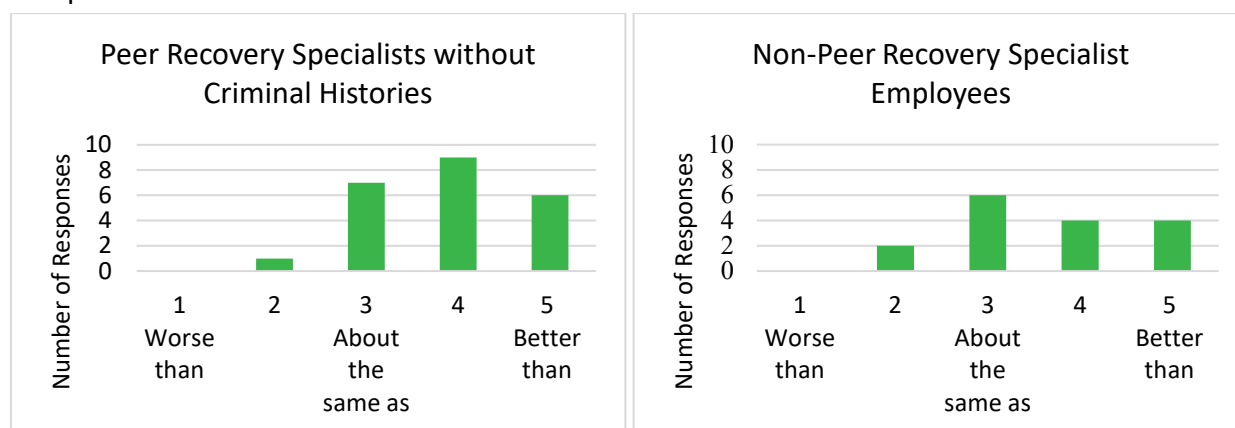
Length of Employment

How long do peer recovery specialists with criminal histories stay with the organization compared to...



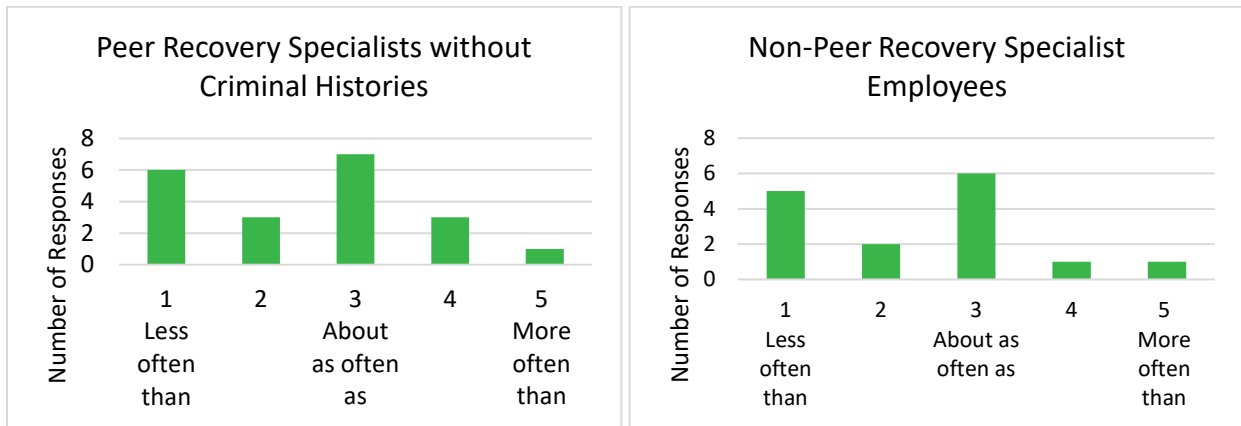
Performance goal achievement

How well do peer recovery specialists with criminal histories achieve performance goals compared to...



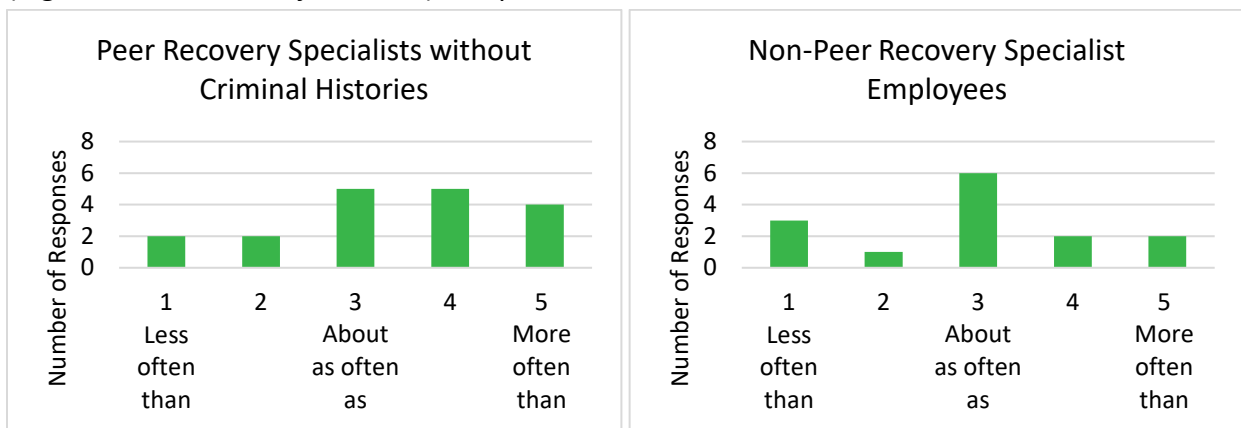
Need for Remediation or Discipline

How often do peer recovery specialists with criminal histories require remediation or disciplinary action compared to...



Reliability Issues

How often do peer recovery specialists with criminal histories demonstrate reliability problems (e.g., lateness, on-the-job errors) compared to...



Additional Comments and Conclusion

At the end of the survey, all respondents were provided the opportunity to share other points they had about peer recovery specialists with criminal histories that had not been covered by the survey questions. Many respondents took the opportunity to share additional thoughts and reiterate points they felt were particularly important. Their responses are summarized below.

Respondents viewed the critical shortage of peer recovery specialists as related to employment regulations. A disheartening paradox emerges, summarized by one respondent: **“We want to hire you because of the lived experience you have, but we can’t hire you because of the lived experience you have.”** This contradictory circumstance hampers recruitment efforts and restricts the pool of eligible qualified individuals.

Respondents described how challenges persist in the hiring process, with concerns about the length of time it takes to determine barrier crimes and the absence of clarity in the rules. The detrimental impact extends to lag times between start dates and background check results, sometimes resulting in terminations. The broader consequences of these challenges are felt in the workforce’s quality, as some of the most dedicated peer recovery specialists, often with more involved criminal histories, face exclusion.

Respondents called for the need to reform restrictions on barrier crimes, urging the need to reduce the number/type of disqualifying offenses and introduce amnesty for offenses after certain periods of time. The majority of respondents advocated for giving individuals with barrier crimes an opportunity for employment, citing the potential for valuable contributions and emphasizing the transformative power of recovery experiences.

The scarcity of mental health/substance use resources, challenges navigating the hiring protocol for individuals with barrier crime histories, and stringent barrier crime criteria collectively impede the integration and availability of peer recovery specialists. These obstacles not only hinder the hiring process for employers eager to recruit strong team members but also limit the accessibility and quality of behavioral health services available for Virginians.

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