6-2020

ANALYZING SERVICE BARRIERS AND RISK FACTORS FOR REENTRY AMONG FORMERLY INCARCERATED ADULTS

Agustina Alejandra Sepulveda
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ANALYZING SERVICE BARRIERS AND RISK FACTORS FOR REENTRY AMONG FORMERLY INCARCERATED ADULTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment of the Requirements for the Degree Master of Social Work

by
Agustina Alejandra Sepulveda
June 2020
ANALYZING SERVICE BARRIERS AND RISK FACTORS FOR REENTRY
AMONG FORMERLY INCARCERATED ADULTS

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Approved by:

Dr. James Simon, Faculty Supervisor, Committee Chair

Dr. Armando Barragan, Research Coordinator
ABSTRACT

Recidivism is a growing problem affecting formerly incarcerated adults struggling with reentry into society. After release, most individuals are dealing with barriers in their environment that affect their access to substance abuse and mental health treatment, which can be important to reducing recidivism. Thus, this study sought to understand the various service barriers and risk factors to reentry among formerly incarcerated individuals to help increase awareness of some of the challenges the reentry population is facing.

Self-administered surveys focusing on housing, employment, public assistance, and mental health barriers were collected among formerly incarcerated individuals from Southern California (n=103). Bivariate chi-square analyses and multivariate logistic regressions were used to identify significant barriers to service receipt and to understand the effects of barriers on the receipt of services while controlling for demographics.

The most common barriers included housing, denial of housing due to criminal history, and employment barriers, which did not emerge as significant predictors of services; only two barriers were significant. Specifically, receiving public assistance (an indicator of poverty) increased the odds of receiving substance abuse services whereas having a mental health diagnosis increased the odds of receiving mental health services; interestingly, participation in drug court only increased the odds of receiving mental health services but approached significance for substance abuse services.
These findings suggest that services such as drug court may assist formerly incarcerated adults obtain mental health treatment and that receiving services to meet their basic needs may help obtain substance abuse treatment. Social work advocacy should focus on providing similar programs to improve the chances of successful reintegration in the community.
DEDICATION

I would like to dedicate this project to my brother, Ismael. Even though your body is confined to a prison cell, your heart travels with me everywhere I go. “Our struggles can either make us break us.” This research project and degree is for both of us! Thank you to mi ama, Alejandrina. Gracias por ser la persona inteligente y fuerte que es. Si no fuera por usted, no hubiera sobrepasado tanto! Thank you apa, Victor Manuel, lo extraño. Thank you to the rest of my family and friends. I also want to thank my husband, James for supporting me through my educational journey and for being my rock through it all.

I would like to thank my research advisor Dr. James Simon for his hard work and dedication in assisting me in this project. I wouldn’t have been able to do this without your guidance and dedication. CSUSB will greatly miss you! I would also like to acknowledge Rachel Allinson for always being supportive, Dr. Annika Anderson for the guidance and the School of Social Work.

Dedicated to all incarcerated, formerly incarcerated, their families and loved ones.
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CHAPTER ONE
INTRODUCTION

Problem Formulation

Formerly incarcerated adults continue to face several barriers upon release, which contribute to re-offenses and recidivism rates. Recidivism is defined by the state of California as conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction (CDCR, 2017a). Most of those released from California prisons are minorities, giving them a higher risk of reoffending in the community. Over 75% of the offenders released from prison at the California Department of Corrections and Rehabilitation in one fiscal year are Latinos or African American (CDCR, 2017b). Approximately, 45% of Hispanics and 48% of African American parolees reoffend within a three-year period (CDCR, 2017c). Recidivism rates are high among minorities in California which suggests there are barriers to services affecting their risk for becoming reincarcerated.

Housing is one of the biggest hurdles a newly released individual is facing. Clark (2007) found that criminal background checks limit the housing options for released offenders. Community safety and protection play a part in the decision-making process for a landlord when considering someone with a criminal record. The type of crime committed also contributes to housing opportunities for people with a criminal record. The crimes of particular concern to property managers who said they would reject an ex-offender applicant were violent offenses, sex
offenses, murder, drug offenses, all felonies, domestic violence, arson and property offenses (Clark, 2007).

Many newly released offenders also have untreated mental health disorders. Depression, anxiety and substance abuse disorders are significant among newly released offenders. The CDCR crisis care team provided treatment services to 376 parolees classified as “mentally ill” in one fiscal year (CDCR, 2017d). Aftercare treatment may be crucial for a newly released offender suffering from untreated mental health disorders. California is nationally recognized for being the leader in aftercare treatment using the model referred to as “Therapeutic Community”. Evaluation studies of prison-based therapeutic community programs have been consistent in demonstrating their effectiveness at reducing recidivism and relapse to drug use, especially when combined with continued treatment in the community following release to parole (Burdon et al., 2004).

There are negative ramifications of high recidivism rates which can lead to an increase in crime and violence. At a broader level, high recidivism rates can negatively impact community safety, employment, housing and ultimately policy changes. A number of consequences may be likely to impact the community, including child abuse, the spread of infectious diseases, homelessness and community disorganization (Petersilia, 2001). Moreover, the effects on an entire community also have a negative effect at the individual level. Individuals face a variety of personal challenges caused by incarceration such as a lack of social skills and negative learned behavior from prison. Johnson-Listwan et al. (2010)
found that many inmates either witness victimization or experience the fear of living in a threatening, coercive prison environment.

Purpose of the Study

The purpose of the research study is to examine the significance of risk factors affecting formerly incarcerated adults and their impact on receiving important reentry services. The need to address housing barriers, mental health issues, and lack of employment opportunities is significant to understand and find solutions to the high number of adults who reoffend. Evidence suggests that offenders who are sent to prison are more likely to reoffend and recidivate much quicker than those who are only sentenced to probation (Spohn & Holleran, 2006). In addition to a prison sentence, those who are of disadvantaged backgrounds have an added label which contributes to various challenges in their lives.

High recidivism rates also affect societal structures in a variety of ways, including at an individual level, governmental, communities and policies. Addressing the most significant factors associated with recidivism would provide communities and government agencies with answers as to why this is occurring. Understanding some of the factors that may affect someone to reoffend is crucial for those who are being released into our communities. The rehabilitation process includes ensuring that an individual is capable of functioning in society without recommitting a crime. Various aspects of rehabilitation include ensuring an individual has housing, financial stability, and addressing mental health disorders, if needed.
The method used for researching this topic was a quantitative design utilizing a self-administered survey. A quantitative design would ensure a high number of participants was needed to understand the scope of the problem. Barriers related to housing, community and employment, and mental health treatment were of special focus to this study. The survey provided a pool of answers regarding these barriers and how they impact an individual once released. The survey also included demographics, housing information, parole/probation status and questions about mental health treatment and diagnosis.

Significance of the Project for Social Work Practice

Studying the problem of high recidivism rates is important for social work practice because social workers work in a variety of settings with formerly incarcerated individuals, ranging from reentry programs to treatment centers. Lack of housing and untreated mental health disorders are only a few factors having been found in the past that impact recidivism rates. Understanding these and other factors would be beneficial to better assist minorities who are at risk of reoffending. Social workers play an advocate role for those who are underserved and underrepresented assisting in eliminating the process of criminalizing offenders who have served their time by addressing issues related to housing, mental health, and substance use.

Social workers need to have a better understanding of the service barriers formerly incarcerated adults face to better serve them. The findings affect social workers who practice directly with clients in the criminal justice system by making
them aware of potential risk factors associated with reincarceration and take preventative measures in addressing issues at hand. This study may also contribute to social work practice in a systematic way and address significant issues of recidivism by providing an overall picture of the problems that need to be addressed. This research study sought to answer the following research questions:

1. What are the most significant risk factors and service barriers contributing to recidivism in formerly incarcerated adults?

2. How do these barriers affect the receipt of important reentry services, such as substance abuse treatment and mental health treatment, which may serve as a buffer to recidivism?
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter consists of examining significant risk factors contributing to high recidivism rates in formerly incarcerated adults as well as previous research conducted on the subject and theories which guide this research project. Theories of focus will be systems theory and Maslow's hierarchy of needs. Significant factors of focus are housing barriers, community and employment services, and mental health problems.

Significant Factors Contributing to High Recidivism Rates

In 1999, state prisons admitted about 591,000 prisoners and released almost the same number—538,000 (Petersilia, 2001). Additionally, the National Institute of Corrections (2016) found that California slightly surpassed the national average of prison population and parolees with most being minorities. The alarming statistics showing high recidivism rates among those who are of disadvantaged backgrounds can be interpreted as discrimination against this population who face multiple barriers when released from prison. Housing barriers, community and employment services, and mental health disorders have been found to be contributing factors of recidivism, hence the need to provide a breakdown of these issues to better understand the problem.
Housing Barriers

Background checks have affected the way individuals with a criminal record find housing. Individuals under supervision are many times restricted to housing locations. There are times when offenders do not have support from family in regards to housing. It is up to the individual to find a place to live where they will not reoffend and meets the criteria set by their supervised release. Those from disadvantaged backgrounds are greatly affected by housing restrictions in California (Public Policy Institute of California, 2016), and the housing crisis in California may be a significant contributor to recidivism.

Anderson-Facile (2009) found that formerly incarcerated people are faced with housing barriers upon release due to legal barriers and that punish not only the ex-offender but their families as well. Furthermore, families of those living with a formerly incarcerated adult are faced with the challenge of not being able to obtain housing, limited to certain locations or restrictions and are directly affected by the legal hurdles faced by those with a criminal history. These types of housing barriers increase problems for formerly incarcerated adults and their families. Thus, there is a need for more insight as to this housing crisis affecting formerly incarcerated adults from disadvantaged backgrounds.

Public Assistance and Community Services

Access to community and public assistance services play an important role for newly released adults in the reintegration process. According to a study by Hipp et al. (2010) at the point of release, most offenders have a desire to
succeed and a large part of that success is whether there are resources in the community they reside in. Being able to obtain resources such as employment, public assistance, housing, and linkage to community partners are crucial for a newly released offender. The social environment to which individuals return as well as the geographic accessibility of social service agencies, play important roles in their successful reintegration (Hipp et al., 2010). Furthermore, obtaining public assistance is vital for meeting basic needs upon release. Richie (2001) found that formerly incarcerated adults were facing serious challenges obtaining health insurance for underlying medical issues posing potential risk for complications as well as difficult readjusting in the community. Ensuring access to public social services is vital for receiving needed treatment and ensuring basic needs are met.

There is a connection between parolees who reside in lower economic neighborhoods versus those that do not and likelihood of reentry. A study by Kubrin and Stewart (2006) found that economically disadvantaged neighborhoods increased the likelihood of recidivism even when taking into account the individual characteristics of parolees. Nonetheless, there are few studies that provide insight as to how community and environment factors play a role in high recidivism rates. Understanding more of these risk factors and barriers to community and employment services can be beneficial for prevention.

Mental Health Disorders

Significant parallels exist between mental health disorders and formerly incarcerated adults. There has recently been a growth in attention to the issue of
increasing mental illnesses in the forensic adult population. Treatment for those who have a mental health disorder is crucial for successful reintegration in the community. Understanding the risk factors for newly released adults who are diagnosed with a mental health disorder is significant for addressing recidivism rates. A study by Burdon et al. (2004) found that education and aftercare for those who have an alcohol/drug disorder is significant in their success and may reduce recidivism. Depression, anxiety, and PTSD are prevalent in formerly incarcerated individuals being released into the community, and those from disadvantaged backgrounds are also greatly affected by mental illness (Baillargeon et al., 2009). Treatment planning is crucial for individuals who need services for an existing mental illness. Finding the connection between mental health and recidivism is important to improve the lives of those who will be released in the future.

**Studies Focusing on Service Barriers and Risk Factors to Reentry and Effects on Recidivism**

Understanding the importance of previous research on the problem is crucial for future research and future prevention of the problem. Previous research has focused on a variety of factors that contribute to recidivism rates among formerly incarcerated adults. Service barriers contributing to recidivism is a significant problem which encompasses various angles of importance. Some of the angles of interest in reducing recidivism are understanding the basic needs lacking in this population and understanding the lack of basic necessities in this
population. Obtaining data from a variety of sources also provides insight as to the areas that may be lacking importance in formerly incarcerated adults.

Clark (2007) explored the factors associated with housing individuals in Akron, Ohio with a criminal record from the perspective of landlords, property managers and other decision makers. Most studies focus primarily on housing barriers from the perspective of the released individual and not landlords. The study found that compared to those without a criminal record, those with a criminal history face more challenges when probation or parole requirements interfere with employment and income (Clark, 2007). There is a clear connection between lack of housing as a contributor to recidivism however more research would be beneficial to discuss the problem at a broader level across the country.

A study by Marlow, et al. (2010) found that increased access to healthcare is crucial for parolees with physical and mental health problems. Having access to community healthcare services assisted those with active mental disorders in obtaining continued treatment services. The study gathered qualitative data with chronically ill, middle aged male adult parolees and found that there was a positive influence between access to healthcare resources and continued treatment and a decrease in recidivism rates.

Hammett et al. (2001) described the high numbers of incarcerated individuals who have current substance abuse issues in the nation. About 80% of inmates have some type of alcohol or drug problem. Other prevalent substance abuse issues during incarceration include a history of injection drug use and
infectious diseases. Many individuals upon release may be at risk of abusing drugs or alcohol if faced with additional barriers upon reentry.

In sum, addressing barriers related to housing, mental health, and substance abuse are important as they may serve as a buffer to prevent future reentry. With the high numbers of incarcerated adults suffering from a history of substance abuse and other barriers, this may add an additional stressor to reintegrating into society. In response, this study sought to understand these barriers to contribute to this existing body of knowledge.

Theories Guiding Conceptualization

Systems theory and Maslow’s hierarchy of needs are two theories that will guide this study.

Systems theory as described by Zastrow & Kirst-Ashman (2016a), is the idea that human beings are viewed as being in constant interaction with other micro, mezzo, and macro systems within their social environment. An individual is part of a set of systems and interacts with other systems on a daily basis. Thus, systems theory provides a framework guided towards assessing the needs of other systems in relation to the well-being of an individual. Environmental factors are the primary focus in systems theory.

In relation to the study, a social worker focusing on systems theory would analyze all environments of an individual. For recidivism, a bigger image of the individual's environment and their role in other systems is crucial for analyzing what kinds of problems need to be addressed. A systems theory guides the ideas in relation to what factors can contribute to reoffending. For example, for
someone at risk of offending, a macro system would include policies working against those with an arrest history. An example of this is the California Three Strikes Law. A study by Chen (2008) found that those from disadvantaged backgrounds are more likely to receive third-strike sentences. A micro system in relation to the study would be analyzing the effects of an individual’s family and other social relationships. For example, if someone is at risk of reoffending due to a negative living situation, then that person’s micro environment may affect their chances of reoffending.

Maslow’s hierarchy of needs was created under the idea that human beings seek to know more about themselves and strive to develop their capacities to the fullest (Zastrow & Kirst-Ashman 2016b). The most essential aspect of this theory is the needs that motivate human behavior. Maslow aligned these basic needs to be: physiological, safety, belongingness and love, self-esteem and self-actualization. In relation to recidivism rates, the hierarchy of needs describes what any human being would need in order to live a healthy and positive life. Past research suggests that housing is a huge barrier for someone reentering into society after incarceration. Housing is a basic need that would affect someone’s need for shelter and safety. Homelessness can be attributed to a lack of basic needs and can affect ex-offenders who cannot find housing. This study would add some insight into this problem.

This study will not deviate from theories that have guided research in the past. Systems theory was involved in a study by Klein et al. (1977), that found positive interactions within micro systems, or familial systems, when compared to
other conditions, produced a significant reduction in recidivism. Previous studies using the same theories as part of their research would be helpful for this study. A study by Jones (2004) examined Maslow's hierarchy of needs and its effects on recidivism rates. The study found that helping offenders meet their needs is essential to reducing recidivism. Providing offenders with the tools they need to fulfill their needs and become law-abiding citizens is crucial in connecting hierarchy of needs to recidivism.

Summary

This study sought to understand the significance of risk factors affecting formerly incarcerated adults and their impact on receiving important reentry services, such as drug treatment and mental health. Adults who have been incarcerated and come from disadvantaged backgrounds are disproportionate in incarceration rates, release rates, and re-offense rates. Evidence has shown that some of the most significant risk factors that have affected individuals who reoffend are housing barriers, lack of employment and community services, and barriers to mental health resources and treatment. Furthermore, these significant risk factors affect communities, families and policies among other areas.

Systems theory and Maslow's hierarchy of needs are theories used to understand the issue and create solutions to the problem. Professionals can use these theories in their treatment of offenders before and after release.
CHAPTER 3

METHODS

Introduction

This study sought to examine the significance of risk factors affecting formerly incarcerated adults and their impact on receiving important reentry services, such as mental health and substance abuse treatment. This chapter contains details of how this study was conducted. The sections included in this chapter are the study design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis.

Study Design

The purpose of this study was to examine service barriers and risk factors affecting formerly incarcerated adults and recidivism rates. This study focused on the effects of housing barriers, lack of employment and community resources and lack of mental health treatment as the main risk factors to recidivism. The study analyzed quantitative data which provided objective results on how housing barriers, lack of employment and community resources, and lack of treating mental health disorders can all contribute to the receipt of services, which may affect recidivism rates. The study also examined what services this population believed would assist them in their future, despite having an arrest history. The study was exploratory and took a descriptive approach by focusing on how housing barriers, lack of employment and community services, and lack of treating mental health disorders affects service receipt.
Strengths in using quantitative data is that it provided a practical approach to gathering data from participants. Gathering quantitative data through a survey also gives participants a chance to answer anonymously. Gathering sensitive information about mental illness, incarceration, housing and other pertinent information are topics that may be more difficult to assess in a group setting. Maintaining privacy, quantity of surveys and the quality of information gathered on sensitive information was a strength of this study. Gathering information about their own perception regarding service barriers was also significant for this study and future studies related to recidivism because it is important to account for future risk factors.

A limitation to the study was ensuring that a number of formerly incarcerated adults were on parole and those who were not on parole participated, as both groups may have had differences in input. Since this survey was focused on formerly incarcerated adults, obtaining input from those who were currently on parole compared to those who were not would provide a better scope to the problem. Another limitation was ensuring that there were questions on the survey that participants can relate to and feel comfortable answering. The survey included questions regarding housing, mental illnesses and employment and community services that relate to the individual answering the questions.

Sampling

The sample population used for this study were randomly selected participants in a variety of reentry programs. Some of the participants were gathered through a substance abuse treatment and reentry program created by a
federal government agency. Other participants were surveyed through community reentry programs and state reentry programs. A total of 103 participants completed the surveys. The study collected data from a convenience and snowball sample, and agency approval was received by supervisors of the programs.

Data Collection and Instruments

Quantitative data was gathered through a self-administered survey given to participants in the reentry programs. The survey was available in paper and electronic format. The data was collected in person at various reentry programs during their weekly and monthly meetings. Additional participants were provided with an online version of the survey. Demographic information was collected and consisted of age, gender, ethnic background, race, parole or probation status, education, age, relationship status, time since most recent incarceration and participation in drug court diversion programs.

The independent variable for this quantitative study were potential barriers such as housing barriers, poverty, employment barriers and mental health diagnosis. The dependent variables were the receipt of substance abuse treatment and mental health services.

Procedures

The study was approved by the California State University, San Bernardino School of Social Work. A proposal and application were submitted to the Institutional Review Board (IRB). Once approval was received by the IRB
(Appendix B), the self-administered survey was distributed via email. An electronic email was distributed to the organizers of local federal agency reentry program, county reentry programs and state and local reentry programs. Paper versions were also printed and delivered to participants in person. The local federal and state agency programs were both on a weekly and monthly basis. Participants were mandated to attend which meant attendance would be high. Participants met at local courthouses and supervision offices with reentry team. Data collection would take place during the weekly and monthly meetings. Additional participants were needed and local community reentry programs were contacted. The researcher discussed the purpose of the study and informed participants that the survey is anonymous and voluntary. At the end of the survey, subjects were debriefed on the research study.

Protection of Human Subjects

The identity of those participating in the survey was completely anonymous. Collected data was electronically saved on a password encrypted file. Any identifying information was kept in a locked drawer. Furthermore, the subjects were told that all information provided will be kept anonymous. Subjects were also given an informed consent document which required a signature and acknowledgment of participation. Subjects were given instructions on confidentiality such as not sharing answers among each other.
Data Analysis

Quantitative data gathered through the self-administered survey was analyzed using the program Statistical Package for the Social Sciences (SPSS) version 25. The types of questions assessed relationships between service barriers and receipt of services. Data analysis provided information on whether or not individuals were facing barriers in important areas such as housing and employment and whether they are receiving services to address certain barriers. Descriptive statistics were used to summarize demographics, level of education, current supervision status, relationship status, months since most recent incarceration, and participation in drug court. Chi-square tests and Pearson’s Correlations were used to investigate bivariate associations and correlations among barriers and services. Two multivariate logistic regressions were used to examine the effect of barriers on the receipt of either mental health and substance use services while controlling for demographic variables.

Summary

This study sought to understand the significance of risk factors affecting formerly incarcerated adults and their impact on receiving important reentry services, such as drug treatment and mental health. The study focused primarily on housing barriers, employment, and mental health barriers. The data gathered and analyzed was quantitative in a form of a self-administered survey. The survey questions analyzed demographics, questions regarding housing barriers, employment and community services and mental health. Participants were gathered through government or community reentry programs.
CHAPTER FOUR
RESULTS

Introduction

The following chapter presents results of the study and includes demographics of the sample, a summary of the descriptive statistics, a summary of bivariate correlations and multivariate logistic regressions. Table 1 highlights demographic characteristics of the study sample. Table 2 presents barriers and services received. Table 3 and Table 4 presents results for bivariate chi-square analyses in substance abuse treatment and mental health treatment completed to determine if there were significant variables to include in final model. Table 5 presents results from multivariable logistic regression examining the effect of barriers on the receipt of either mental health and substance use services while controlling for demographics. The results provide an understanding of the types of services formerly incarcerated adults are receiving and the types of barriers challenging them.

Presentation of the Findings

Demographics

Table 1 presents demographic characteristics of the study sample (N=103). As seen in Table 1, the sample consisted of 59.2% (n=61) males and 40.8% (n=42) females. Ages varied, however included 38.8% (n=40) individuals who were 46 and older, 30.1% (n=31) 36-45 years of age, 28.2% (n=29) 26-35 years of age and 2.9% (n=3) 18-25 years of age. The data collected was from a
diverse population and the largest ethnic group was Latino(a)/Hispanic with 44.7% (n=46). Caucasian individuals made up 23.3% (n=24), African-American 18.4% (n=19), Asian 4.9% (n=7), other/mixed races 6.8% (n=7) and 2% (n=2) did not list ethnicity.

Participants had various educational backgrounds with the highest listing being some college at 27.2% (n=28) followed by high school/GED 25.2% (n=26), some high school 17.5% (n=18), associate’s degree 10.7% (n=11), bachelor’s degree 12.6% (n=13), master’s degree 6.8% (n=7) and no doctoral backgrounds.

Relationship status was also collected with the largest listing being single at 39.8% (n=41) followed by married 33% (n=34), in a domestic partnership 11.7% (n=12), divorced 11.7% (n=12), widowed 1.9% (n=2) and other 1.9% (n=2).

Current status of active parole/probation information was collected and determined 51.5% (n=53) of individuals are on parole/probation compared to 48.5% (n=50) who were not. All participants who participated in the study have an arrest history and were formerly incarcerated. Time since most recent incarceration (in months) was also collected. 44.7% (n=46) were last incarcerated 36+ months from the date of completing the survey followed by 31.1% (n=32) less than 12 months, 17.5% (n=18) 12-24 months and 6.8% (n=7) 25-35 months. Not all participants were actively involved in drug court with data collected showing only 26.2% (n=27) participating in drug court, 55.3% (n=57) not participating and 18.4% (n=19) listing does not apply.
Table 1: Demographic Characteristics of Study Sample (n=103)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
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<td>Age</td>
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<tr>
<td>18-25</td>
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<td>26-35</td>
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<td>Sex</td>
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</tr>
<tr>
<td>Male</td>
<td>61</td>
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<tr>
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<td>Race/Ethnicity</td>
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<td>African-American/Black</td>
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<td>Caucasian/White</td>
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</tr>
<tr>
<td>Some high school</td>
<td>18</td>
<td>17.5%</td>
</tr>
<tr>
<td>High school/GED</td>
<td>26</td>
<td>25.2%</td>
</tr>
<tr>
<td>Some college</td>
<td>28</td>
<td>27.2%</td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>11</td>
<td>10.7%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>13</td>
<td>12.6%</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>7</td>
<td>6.8%</td>
</tr>
<tr>
<td>Doctoral</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Relationship Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>41</td>
<td>39.8%</td>
</tr>
<tr>
<td>Married</td>
<td>34</td>
<td>33%</td>
</tr>
<tr>
<td>In a domestic partnership (not married)</td>
<td>12</td>
<td>11.7%</td>
</tr>
<tr>
<td>Divorced</td>
<td>12</td>
<td>11.7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td>Currently in active parole/probation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>53</td>
<td>51.5%</td>
</tr>
<tr>
<td>No</td>
<td>50</td>
<td>48.5%</td>
</tr>
<tr>
<td>Time since most recent incarceration (in months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 12 months</td>
<td>32</td>
<td>31.1%</td>
</tr>
<tr>
<td>12-24 months</td>
<td>18</td>
<td>17.5%</td>
</tr>
<tr>
<td>25-35 months</td>
<td>7</td>
<td>6.8%</td>
</tr>
<tr>
<td>36+ months</td>
<td>46</td>
<td>44.7%</td>
</tr>
<tr>
<td>Currently participating in drug court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>26.2%</td>
</tr>
<tr>
<td>No</td>
<td>57</td>
<td>55.3%</td>
</tr>
<tr>
<td>Does not apply</td>
<td>19</td>
<td>18.4%</td>
</tr>
</tbody>
</table>
Barriers and Services Received

Table 2 below presents a summary of the barriers and services received by participants. Nearly 75% of individuals reported having health insurance and employment barriers. The most common barriers included housing, denial of housing due to criminal history, employment barriers and public assistance (indicator of poverty), which did not emerge as significant predictors of services. About 31% reported housing barriers and 37% reported denial of housing due to criminal history. 74% reported experiencing employment barriers. 15.5% of individuals also reported receiving some type of public assistance, which is an indicator of poverty. With respect to services, 34% of individuals reported receiving mental health treatment and about 30% of individuals reported receiving substance abuse services.
Table 2: Barriers and Services Received (n=103)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance Barriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>22.3%</td>
</tr>
<tr>
<td>Yes</td>
<td>80</td>
<td>77.7%</td>
</tr>
<tr>
<td>Employment Barriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>26.2%</td>
</tr>
<tr>
<td>Yes</td>
<td>76</td>
<td>73.8%</td>
</tr>
<tr>
<td>Housing Barriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>71</td>
<td>68.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>31.1%</td>
</tr>
<tr>
<td>Denied Housing due to Criminal History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>64</td>
<td>62.1%</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>37.9%</td>
</tr>
<tr>
<td>Receiving Public Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>87</td>
<td>84.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>15.5%</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving Mental Health Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>68</td>
<td>66%</td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>34%</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>56</td>
<td>69.1%</td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

**Bivariate Chi-Square Analysis-Substance Abuse Treatment**

Table 3 presents the bivariate associations between participant characteristics and the receipt of substance use services. To help with interpretation, comparisons should be made across the rows because the column percentages are presented. When comparing substance abuse service receipt by the participants’ characteristics, a few significant differences emerged. For example, among participants with a mental health diagnosis, 76% received substance abuse treatment compared to 46% ($\chi^2 = 6.1, df = 1, p < .05$).
Additionally, 80% of those currently on parole or probation reported receiving treatment for substance abuse compared to 39% who were not receiving substance abuse treatment ($X^2=11.48, df=1, p<.05$). Among participants who received substance abuse services, 60% participated in drug court compared to 14% who did not receive services ($X^2=17.77, df=1, p<.05$). An association was found between poverty and substance abuse treatment as 96% of participants receiving substance abuse services were on public assistance compared to 54% who were not receiving services.
Table 3: Bivariate Chi-Square Analysis - Substance Abuse Treatment

<table>
<thead>
<tr>
<th>Outcome Variable</th>
<th>No (n=56)</th>
<th>Yes (n=25)</th>
<th>Chi-square test&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>41.1</td>
<td>24.0</td>
<td>(\chi^2(1) = 2.19)</td>
</tr>
<tr>
<td>Male</td>
<td>58.9</td>
<td>76.0</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>21.4</td>
<td>28.0</td>
<td>(\chi^2(3) = 5.84)</td>
</tr>
<tr>
<td>African-American</td>
<td>16.1</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>53.6</td>
<td>28.0</td>
<td></td>
</tr>
<tr>
<td>All other races/Mixed</td>
<td>8.9</td>
<td>24.0</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–25</td>
<td>1.8</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>26–35</td>
<td>33.9</td>
<td>12.0</td>
<td>(\chi^2(3) = 5.50)</td>
</tr>
<tr>
<td>36-45</td>
<td>30.4</td>
<td>36.0</td>
<td></td>
</tr>
<tr>
<td>46 and older</td>
<td>33.9</td>
<td>44.0</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>8.9</td>
<td>24.0</td>
<td></td>
</tr>
<tr>
<td>High School/GED</td>
<td>26.8</td>
<td>28.0</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>28.6</td>
<td>24.0</td>
<td>(\chi^2(5) = 5.40)</td>
</tr>
<tr>
<td>Associate's Degree</td>
<td>14.3</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>14.3</td>
<td>16.0</td>
<td></td>
</tr>
<tr>
<td>Master's Degree</td>
<td>7.1</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Participation in Drug Court</td>
<td></td>
<td></td>
<td>(\chi^2(1) = 17.77***)</td>
</tr>
<tr>
<td>No</td>
<td>85.7</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14.3</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>Actively on Parole/Probation</td>
<td></td>
<td></td>
<td>(\chi^2(1) = 11.48***)</td>
</tr>
<tr>
<td>No</td>
<td>60.7</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>39.3</td>
<td>80.0</td>
<td></td>
</tr>
<tr>
<td>Confirmed Mental Health Diagnosis</td>
<td></td>
<td></td>
<td>(\chi^2(1) = 6.12*)</td>
</tr>
<tr>
<td>No</td>
<td>53.6</td>
<td>24.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>46.4</td>
<td>76.0</td>
<td></td>
</tr>
<tr>
<td>Receiving Public Assistance</td>
<td></td>
<td></td>
<td>(\chi^2(1) = 14.00***)</td>
</tr>
<tr>
<td>No</td>
<td>46.4</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>53.6</td>
<td>96.0</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td>(\chi^2(1) = .227)</td>
</tr>
<tr>
<td>No</td>
<td>62.5</td>
<td>68.0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>37.5</td>
<td>32.0</td>
<td></td>
</tr>
<tr>
<td>Months since recent incarceration</td>
<td></td>
<td></td>
<td>(\chi^2(3) = 10.82*)</td>
</tr>
<tr>
<td>Less than 12 months</td>
<td>21.4</td>
<td>56.0</td>
<td></td>
</tr>
<tr>
<td>12-24 months</td>
<td>19.6</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>25-35 months</td>
<td>8.9</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>36+ months</td>
<td>50.0</td>
<td>20.0</td>
<td></td>
</tr>
</tbody>
</table>

Note. <sup>a</sup> = *=>.05, **=>.01, and **=>.001.
Bivariate Chi-Square Analysis-Mental Health Treatment

Table 4 presents the bivariate associations between participant characteristics and the receipt of mental health services. To help with interpretation, comparisons should be made across the rows because the column percentages are presented. When comparing mental health service receipt by the participants’ characteristics, a few significant differences emerged. For example, 86% of participants with a mental health diagnosis received mental health treatment compared to 32% who did not receive mental health treatment \( \chi^2 = 26.32, \text{df} = 1, p < .05 \). Furthermore, 46% of individuals currently participating in drug court were receiving mental health services compared to 16.2% who were not, \( \chi^2=10.42, \text{df}=1, p<.05 \). Similar to substance abuse, mental health treatment was associated with poverty as 83% of individuals currently receiving public assistance were receiving mental health treatment compared to 60% who were not receiving mental health treatment, \( \chi^2=5.40, \text{df}=1, p<.05 \).

Table 4: Bivariate Chi-Square Analysis- Mental Health Treatment

<table>
<thead>
<tr>
<th>Outcome Variable</th>
<th>No (n=68)</th>
<th>Yes (n=35)</th>
<th>Chi-square test&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>41.2</td>
<td>40.0</td>
<td>( \chi^2(1) = .013 )</td>
</tr>
<tr>
<td>Male</td>
<td>58.8</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>23.5</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>19.1</td>
<td>17.1</td>
<td>( \chi^2(3) = .085 )</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44.1</td>
<td>45.7</td>
<td></td>
</tr>
<tr>
<td>All other races/Mixed</td>
<td>13.2</td>
<td>14.3</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–25</td>
<td>2.9</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>26–35</td>
<td>26.5</td>
<td>31.4</td>
<td>( \chi^2(3) = .559 )</td>
</tr>
<tr>
<td>36-45</td>
<td>32.4</td>
<td>25.7</td>
<td></td>
</tr>
</tbody>
</table>
Multivariate Logistic Regression

Table 5 displays the result of a multivariable logistic regression that examines the effect of barriers on the receipt of either mental health and substance use services while controlling for demographics. Any significant barrier in bivariate analysis were included in both models. As a reminder, odds ratios greater than one indicate increased odds of receiving services while odds ratios
less than one indicate decreased odds of receiving services. The significant Likelihood-Ratio $\chi^2$ indicated a good model fit and the Pseudo R2 indicated that these variables accounted for a sizable variance in the outcome.

For substance abuse, only one variable emerged as significant. Receiving public assistance was significantly associated with increased odds of receiving substance abuse services (OR = 15.18; 95% CI = 1.37, 167.69) although it should be noted that participation in drug court approached significance.

For mental health services, participating in drug court was significantly associated with increased odds of receiving mental health services (OR = 7.98; 95% CI = 1.53, 41.47), and individuals with a confirmed mental health diagnosis were at increased odds of receiving mental health services (OR = 5.37; 95% CI = 2.56, 11.29).
Table 5: Multivariate Logistic Regression

<table>
<thead>
<tr>
<th>Participant Characteristics (n=103)</th>
<th>Substance Abuse Services</th>
<th>Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Participation in Drug Court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5.41 [0.867,33.76]</td>
<td>7.98*** [1.53, 41.47]</td>
</tr>
<tr>
<td>No (reference)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Currently on Parole/Probation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.649 [0.074, 5.70]</td>
<td>1.03 [0.198, 5.43]</td>
</tr>
<tr>
<td>No (reference)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Receiving Public Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15.18*** [1.37,167.69]</td>
<td>2.89 [0.712, 11.74]</td>
</tr>
<tr>
<td>No (reference)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Mental Health Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.84 [0.810, 4.19]</td>
<td>5.37** [2.56, 11.29]</td>
</tr>
<tr>
<td>No (reference)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Likelihood-Ratio $\chi^2$</td>
<td>56.85***</td>
<td>83.8***</td>
</tr>
<tr>
<td>Cox &amp; Snell R$^2$</td>
<td>0.30</td>
<td>0.37</td>
</tr>
</tbody>
</table>

Note. * = p < .05; ** = p < .01; *** = p < .001. a
Both models controlled for gender, ethnicity, age, education, and months since incarceration.

Summary

A total of 103 surveys were gathered and analyzed using Statistical Package for the Social Sciences (SPSS). Bivariate chi-square analysis was used to find associations between participants and receipt of services as well as to examine the effect of barriers to the receipt of either mental health and substance use services, which were included in two final multivariable logistic regression
models. Research results yielded current participation in drug court, individuals receiving public assistance and those with a confirmed mental health diagnosis were at increased odds of receiving mental health and substance abuse services.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter presents the conclusions gathered from the study and discussion in relation to answering the following research question(s):

1. What are the most significant risk factors and service barriers contributing to recidivism in formerly incarcerated adults?

2. How do these barriers affect the receipt of important reentry services, such as substance abuse treatment and mental health treatment, which may have a positive effect on successful reintegration into the community?

This chapter will also discuss limitations of the study, a discussion of significant findings, implications for the field of social work practice, policy and recommendations for future research.

Discussion

The purpose of the research study was to examine service barriers and risk factors contributing to service receipt, which are important for successful reentry into society. By assessing various barriers and services, a broader picture of challenges faced by formerly incarcerated adults was seen. The findings demonstrated formerly incarcerated adults face multiple barriers upon reentry including housing barriers, housing denial due to criminal history, barriers obtaining employment and health insurance. Existing literature is consistent with
the findings of this study. Clark (2007) found individuals with an arrest history faced more challenges obtaining housing due to a criminal background check, limiting availability for housing options. Mental health and substance abuse services continue to be the most utilized services by formerly incarcerated adults. Housing, employment, and public assistance continue to be the most common barriers faced upon release. All of these barriers greatly affect the success an individual can have in the community and possible (Hipp et al., 2010).

Service receipt was also important in the study because it was a proxy measure of recidivism, and studies have shown that barriers can get in the way of obtaining certain services that help reintegration into the community (Burdon et al., 2004; Kulkarni et al., 2010). In this study, however, the most common barriers did not get in the way of service receipt. In fact, many of them did not emerge as significant. It is possible that participation in programs like drug court help overcome barriers through service integration. Drug court assists formerly incarcerated adults by linking them to services, such as mental health. The findings of this study align with previous examinations of drug court effectiveness in improving the reentry process. Alternative court programs, such as drug courts, have been increasingly popular in providing specialized services to formerly incarcerated individuals with a substance abuse history through a collaborative relationship between courts and community partnerships (Brown, 2011).

The study found those who were receiving public assistance, an indicator of poverty due to the guidelines for obtaining these services are that applicant’s
income be at poverty level, were more likely to receive substance abuse services. Existing studies have shown adults reintegrating into the community are at lower levels of income due to lack of employment opportunities caused by previous felonies on record, therefore requiring aid from public assistance programs (Clark, 2007). It is likely that formerly incarcerated individuals who have their basic needs met through public assistance may be more motivated or better able to complete services like substance use programs (Richie, 2001).

Limitations

The limitations of the study included not having an equal number of participants participating in drug court and those who were not participating. Being able to have more distribution between drug court participants would have provided a greater understanding of how receiving such services help participants in the reentry process. Furthermore, these findings are limited to formerly incarcerated individuals living in three large counties in Southern California. As such, these findings may not be applicable to formerly incarcerated individuals from smaller jurisdictions. Last, the survey included questions about perception of future in relation to receiving services and being able to live a fulfilled life despite having an arrest history, which were not significant in bivariate analyses and thus excluded from the final analyses. These additional questions may have contributed to survey fatigue.
Recommendations for Social Work Practice, Policy and Research

The purpose of the research study was to examine the significance of risk factors affecting formerly incarcerated adults and their impact on receiving important reentry services. Social workers are an integral part of the reentry process during and after incarceration. While incarcerated, social workers can assist individuals in linkage to community resources and by providing group and individual therapy to address complex trauma. Upon reentry, social workers can assist formerly incarcerated adults in obtaining medical insurance, employment, mental health and substance abuse services. Social workers can assist individuals in a variety of public assistance programs, helping them meet basic needs. Instead of these being barriers upon reentry and potential risk factors to recidivism, social workers can work to prevent these from becoming barriers.

The field of social work can greatly contribute to helping this population thrive in the community by understanding the barriers faced by formerly incarcerated and building programs to assist them. Social workers can participate in programs to help individuals navigate health insurance plans or even assist with programs that provide housing and employment services. Formerly incarcerated individuals face challenges in obtaining the resources needed for a successful reintegration. Oftentimes, they rely on professionals, such as social workers, to provide them with the process needed to obtain the most basic needs, such as housing. Social workers are at the forefront of providing a unique level of care, including providing resources to address basic needs and therapeutic services. At a policy level, this study and similar studies can help stakeholders and organizations understand the barriers faced by this population.
Advocacy for this population can reach broader levels which are necessary to improve the services after incarceration.

Although this survey included questions on housing barriers, which was one of the most significant hurdles faced by participants, there were no questions addressing types of *housing services*. This information would have been beneficial to understand the connection between housing barriers and housing services. Thus, future researchers should look at various types of housing services assisting formerly incarcerated adults and other high-risk populations. Also, it would be helpful to obtain recidivism data to examine whether the receipt of substance abuse services and mental health services positively or negatively affected recidivism.

**Conclusion**

This study examined service barriers and risk factors upon reentry into society, which may affect recidivism. The majority of participants faced housing barriers, barriers obtaining health insurance, employment barriers, and were impoverished as indicated by their receipt of public assistance. Some of the services received were substance abuse and mental health services. With this study and similar studies, the field of social work can have a broader understanding of the barriers and risk factors contributing to recidivism. The findings from this study provided a glimpse of the barriers and services affecting formerly incarcerated adults. Understanding this dynamic can pave the way to creating more resources for this population and thus reducing recidivism rates in the future.
APPENDIX A

QUESTIONNAIRE
Questionnaire

Instructions: Please read each item and mark an answer. Thank you participating in this survey.

A1. What is your gender? ___ Male    ___ Female
A2. What is your highest level of education?
    ___ Some high school
    ___ High school/GED
    ___ Some college
    ___ Associates Degree
    ___ Bachelor’s degree
    ___ Master’s degree
    ___ Doctorate
A3. How old are you?
    ___ 18-25
    ___ 26-35
    ___ 36-45
    ___ 46 and older
A4. Relationship status
    ___ Single
    ___ Married
    ___ In a domestic partnership (in relationship, not married)
    ___ Divorced
    ___ Widowed
    ___ Other
A5. What is your ethnicity?
    ___ African American/Black
    ___ Asian/Pacific Islander
    ___ Latino/Hispanic
    ___ White
    ___ Not listed/Other ___________________
A6. Are you on active parole/probation?
    ___ Yes
A7. How many months have passed since your most recent incarceration?
  ___ Less than 12 months
  ___ 12-24 months
  ___ 25-35 months
  ___ 36+ months

A8. Are you currently participating in a drug court or court diversion program?
  ___ Yes
  ___ No
  ___ Does not apply

A9. How long have you been participating in the drug court or court diversion program?
  ___ 1 month
  ___ 2-3 months
  ___ 4-5 months
  ___ 6+ months
  ___ Does not apply

The following questions are related to housing.

B1. What is your current living situation?
  ___ Rent
  ___ Own home
  ___ With family
  ___ Sober Living/Transitional Housing
  ___ Homeless
  ___ Other (Please specify)

B2. On a scale of 1-10, how certain/reliable is your housing situation? (Circle your answer)

1  2  3  4  5  6  7  8  9  10
(Not uncertain)  (Very uncertain)
B3. Have you been denied housing due to having a criminal history?
   ___Yes
   ___No

B4. Have you experienced any of the following housing barriers?
   ___Affordability
   ___Lack of opportunities
   ___Denied due to credit
   ___Availability
   ___None
   ___Other (please specify): ____________________________

The following questions are related to community and employment services.

C1. Are you currently receiving any of the following community services (mark all that apply):
   ___Medi-Cal
   ___General Relief (GR)
   ___Food stamps/Cal-fresh
   ___WIC
   ___Free health clinics
   ___Community food banks
   ___None
   ___Other

C2. Do you currently have health insurance?
   ___Yes
   ___No

C3. Are you currently receiving any of the following community/employment services (mark all that apply):
   ___Legal services
   ___Job readiness training
   ___Job fairs
   ___Resume preparation workshop
   ___Mock interviews
C4. Have you experienced any of the following employment barriers?
   ___ Transportation problems
   ___ Not hired due to criminal history
   ___ No resume/cover letter
   ___ No previous work experience
   ___ Stigma
   ___ None
   ___ Other_____________________________________________________

The following questions are related to your **mental health**.

D1. Have you ever been diagnosed with any mental health conditions?
   If yes, please answer question D2.
   ___ Yes
   ___ No

D2. Have you been diagnosed with any of the following conditions?
   (Mark all that apply)
   ___ Substance Use Disorder
   ___ Depression
   ___ Anxiety
   ___ Bipolar Disorder
   ___ Post-Traumatic Stress Disorder (PTSD)
   ___ Conduct Disorder
   ___ Antisocial Personality Disorder
   ___ Schizophrenia or Paranoid Personality Disorder
   ___ Other (Please specify) _______________________________

D3. Are you currently receiving any of the following mental health services (mark all that apply):
   ___ Inpatient Treatment
   ___ Outpatient Treatment
   ___ Group Therapy/Counseling
   ___ Psychiatric Medication
D4. Have you experienced any additional barriers to obtaining mental health services?
___Yes
___No
___Other (please specify): ________________________________

D5. If you answered YES to the previous question, what types of barriers have you experienced regarding mental health services?
___ Does not apply
___ Other (please specify)
___________________________________________

D6. Are you currently receiving any treatment for substance abuse?
___Yes
___No
___Does not apply to me

The following questions are related to your perception of your future.

E1. Having access to health insurance would help me put my arrest history behind me.
   Strongly disagree  disagree  Neither  agree  Strongly agree

E2. Being able to go to the doctor when I need it is important to me.
   Strongly disagree  disagree  Neither  agree  Strongly agree

E3. I think I can put my arrest history behind me.
   Strongly disagree  disagree  Neither  agree  Strongly agree

E4. I think my arrest history may affect me in the future.
   Strongly disagree  disagree  Neither  agree  Strongly agree

E5. Having access to job resources would help me put my arrest history behind me.
   Strongly disagree  disagree  Neither  agree  Strongly agree

E6. I can be content with my life without committing a crime again.
   Strongly disagree  disagree  Neither  agree  Strongly agree
E7. Having a stable place to live would help me put my arrest history behind me.

Strongly disagree  disagree  Neither  agree  Strongly agree

E8. I think having access to mental health treatment or psychiatric medication is important.

Strongly disagree  disagree  Neither  agree  Strongly agree

E9. Participating in a drug court/court diversion program has helped me put my arrest history behind me.

Strongly disagree  disagree  Neither  agree  Strongly agree

Developed by: Agustina Alejandra Sepulveda
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to analyze service barriers and risk factors as predictors of desistance. The study is being conducted by graduate student, Agustina Alejandra Sepulveda, under the supervision of Dr. James Simon, assistant professor within the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Subcommittee at CSUSB.

PURPOSE: The purpose of the study is to analyze service barriers and risk factors as predictors of desistance to crime.

DESCRIPTION: Participants will be asked a few questions on parole/probation status, housing barriers, barriers to employment and community services, and mental health questions and self-perception about future.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation in the study without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and your survey responses will be destroyed once the study is completed.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Simon at (909) 537-7224.

RESULTS: Results of the study can be obtained from the Psu Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2020.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED: _/11/2019 EMPLOYED AFTER: 6/16/2020

Chair
APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) ____________________________

Proposal Title ____________________________

#________________________

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

___ approved

___ to be resubmitted with revisions listed below

___ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

___ faculty signature missing

___ missing informed consent _______ debriefing statement

___ revisions needed in informed consent _______ debriefing

___ data collection instruments missing

___ agency approval letter missing

___ CITI missing

___ revisions in design needed (specified below)

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Committee Chair Signature

6/17/2019
Date
REFERENCES


California Department of Corrections and Rehabilitation. (2017d). Mental Health Services Continuum Program. Retrieved from: https://www.cdc.ca.gov/Parole/Mental_Health_Services_Continuum_Program.html


