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EXAMINING BARRIERS TO REENTRY FACED BY OFFENDERS IN A
METROPOLITAIN COUNTY JAIL AND COMMUNITY SETTING

by

Kelly J. Russell

A Research Project Presented in Partial Fulfillment
of the Requirements for the Degree
Masters of Criminology

REGIS UNIVERSITY
August, 2013

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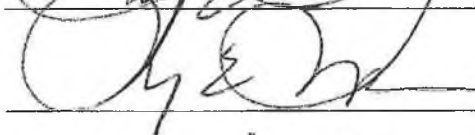
Kelly J. Russell

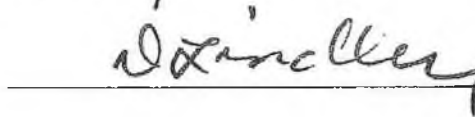
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ABSTRACT

Examining Barriers to Reentry Faced by Offenders in a Metropolitan County Jail and
Community Setting

This study uses a strain theory approach to examine the barriers to community reentry faced by individuals being released from county detention facilities. Individuals who are reentering the community from jail face a variety of challenges, particularly when trying to access community resources. In almost every community, barriers to offender reentry include, but are not limited to, housing, benefit acquisition, healthcare, access to medications, identification, transportation, mental health treatment, substance abuse treatment and employment. While there has certainly been an increase in the amount of programs and services available for former offenders, research analysis presented here will identify what these barriers are, who they affect and why they are so monumental. Through qualitative research, the barriers to reentry that will be focused on throughout this study include (a) access to healthcare services, (b) access to substance abuse treatment, (c) housing and (d) employment, four major challenges to an offenders' successful reentry, and whether or not easing or eliminating these barriers have any effect on recidivism.

Keywords: jail, offenders, reentry, community resources

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Chapter 1

INTRODUCTION

In May of 2013, a male inmate was being released from the Jefferson County Detention Facility in Golden, Colorado. Once this inmate completed his out-check process, he proceeded to the lobby, picked up a pay phone and called 911, indicating that he was suicidal. Upon further questioning by the dispatcher, it was determined that the individual was still at the detention facility and deputies responded accordingly. After speaking at length with this individual, he admitted he did not have anywhere to live upon his release and he knew that by saying he was suicidal, it would at least get him to a hospital where he would have somewhere to sleep and food to eat. This was, unfortunately, not the first time a situation like this has occurred. A male offender, who had been arrested multiple times, had no money for food and shoplifted a variety of items at local grocery store for his he and his family. A female offender with significant mental health issues and no housing ended up living in her car with over 30 cats. A male offender trespassed onto the property of an abandoned building during the winter and lit a fire so he could keep warm, was ultimately arrested and charged with trespassing and arson.

Stories like these have become increasingly more common over the years in practically every community. Often times, individuals being released from jail, with little to no resources choose to take drastic measures such as these to try and get help. Hospital emergency rooms and community service organizations then become inundated with individuals seeking assistance, not knowing where else to go.

Statement of the Problem

Community reentry in the field of corrections is a topic that has received more attention throughout the past several years. Officials at all levels of government are beginning to realize that locking up individuals for extended periods of time is simply no longer the answer, especially those who commit petty or misdemeanor crimes. Building more jails and prisons is no longer financially sustainable and is a very expensive proposition that most jurisdictions simply cannot afford.

Staff shortages have also become a major problem for jails around the country. Budgets have been decreased so dramatically that many departments do not have adequate staffing to run their facilities and often run on skeleton crews. This puts a great deal of pressure on jail administrators as they try and figure out how to safely manage their facilities while still providing programs and services to offenders.

Collaboration amongst law enforcement agencies and community providers has increased in recent years. Faith-based organizations, mental health providers, community service organizations, public defenders, probation / parole officers, and other corrections personnel have implemented many innovation collaborative partnerships. Fortunately, many facilities across the country are realizing the importance of reentry and are coming up with innovative ways to help the offender upon their release as well as once they are in the community. It should be noted that, “mental health treatment for incarcerated people with mental illness is inextricably bound with reentry planning. By the same token, reentry and retention go hand in hand. Without programs designed to reintegrate released offenders into their communities, reentry planning is an empty exercise” (Reentry planning for offenders, 2010).

Overview of the Problem

As the jail population in the United States continues to rise, so does the number of offenders who will eventually be reentering society. From 1983 – 2012, the average daily population of jails in the United States grew steadily each year. According to the Bureau of Justice Statistics, “in 1983, the number of individuals housed in county jails was 261,556. At mid-year 2012, this number was 744,524” (as cited in Minton, 2013). This amounts to an average increase of 16,654 inmates per year over a 29 year time frame, or, just under a 300 percent increase. Hughes (2006) states that “in regards to United States residents, 258 per 100,000 residents were in jail custody, nearly all of whom would reenter society” (as cited in Yamatani & Spjeldnes, 2011). Hughes (2006) also states that “the United States aggregated corrections costs rose from \$12 billion in 1987 to \$49 billion in 2007, \$20 billion of which was for jails and local criminal justice” (as cited in Yamatani & Spjeldnes, 2011). Beck (2006) states that “annually, an estimated 12 million people cycle in and out of nearly 3,500 United States jails” (as cited in Yamatani & Spjeldnes, 2011). These yearly population increases and skyrocketing costs continue to prove challenging for jail administration and staff, as well as community providers, as they work to find adequate services for individuals who will soon be out of custody.

For those who are fortunate enough to already be linked with a community service provider, it is crucial to maintain that connection even while incarcerated (although this can be somewhat challenging due to various restrictions by both jail and community provider policies). For those who need services but have yet to connect with a provider, establishing these connections prior to their release is crucial for many reasons, the biggest of which are community safety as well as to try and decrease recidivism. Information sharing among law

enforcement and community service providers must be a top priority in any successful reentry program. Many agencies have begun implementing a universal release of information (ROI) for the purpose of continuity of care. According to Soloman, Osbourne, LoBuglio, Mellow & Mukamal (2008), “fortunately, in recent years, the field has seen an increasing amount of creative and productive partnerships between jails, law enforcement agencies, probation officers, faith-based organizations, mental health clinics, the business community, and a variety of other social service and community providers”. Despite these increased efforts, more work needs to be done. Determining the barriers an offender will face once they are released is essential in order to decrease their chances of reoffending and increase their chances of becoming productive members of society.

Purpose of the Project

According to Soloman et al., (2008), “each year, United States jails process an estimated 12 million admissions and releases. That translates into 34,000 people released from jails each day and 230,000 released each week. In three weeks, jails have contact with as many people as prisons do in an entire year, presenting numerous opportunities for intervention”. Studying offender reentry is a topic that has great significance not just for jail and other government officials, but for entire communities. Offenders face many issues upon their release; barriers which will be highlighted throughout this study. These are barriers that could be identified in virtually every community.

Therefore, using a survey method, this project will aim to examine these barriers, by way of a strain theory approach, from the perspective of various jail personnel and community treatment providers who work with offenders both during their incarceration and after their release from custody, to gather their input on what they see as the most significant barriers and

what, if anything, can be done to eliminate these barriers. What obstacles does an offender typically face upon their reentry, what are the perceived strengths and weaknesses of the current reentry system, where are the gaps in the system, and does decreasing or eliminating these barriers actually decrease the likelihood of recidivism? It is hypothesized that by addressing and finding solutions to many of these barriers, an offender can in fact increase their chances of becoming a productive member of society and decrease their chances of reoffending.

Research Question

Former offenders face a variety of challenges upon their release. What barriers to reentry do they typically face, what are the strengths, weaknesses and gaps of the current reentry system, what can be done to try and eliminate some of these barriers so that these individuals have the chance to become a productive member of society, and by decreasing or eliminating these barriers, does this actually decrease the likelihood of recidivism?

Limitations

Having no access to offenders, due to research restrictions amongst this population, was somewhat of a limitation for this study. Data used to analyze barriers to offender reentry was obtained from the perspective of the jail staff members and community providers, not the offender themselves. While there has been a significant amount of research conducted on offender reentry in the past several years, another limitation was that much of the data presented throughout this study was retrieved from prior research studies and was, essentially, second hand information. What was thought to be a potential third limitation was the lack of access to research participants. However, the survey that was generated and distributed to participants

provided a great deal of useful, important feedback, maintained confidentiality and appeared to be a relatively easy tool for those who participated to use.

Definition of Terms

Jail

According to Freudenberg, Daniels, Crum, Perkins & Richie (2008), “jails are correctional facilities operated by local governments that incarcerate those awaiting trial, sentencing, or transfer to state prisons; those serving sentences of less than one year; and parole and probation violators. Each year, more than 10 million people are admitted to US jails”. It is important to note that a jail is different from a prison and, as such, the services available and the type of offender may in fact be different.

Offender

An offender can be described in two ways: someone who has been accused in a criminal case, or someone who has been convicted of a crime. Offenders can fall into a variety of categories, including juvenile offenders, sex offenders, violent offenders, drug offenders, or habitual traffic offenders.

Reentry

According to Caporizzo (2011), “reentry programs are designed to assist incarcerated individuals with a successful transition to their community after they are released”. More and more jails are realizing the benefits of reentry services and are providing staff to deal specifically

with these issues. Many facilities are now hiring reentry coordinators or transition planners as part of their full time staff.

Community Resources

Community resources can include any number of programs, including but not limited to, mental health treatment, substance abuse treatment, housing (both transitional and emergency), benefit acquisition, medication, food stamps, clothing, Veterans services, identification, healthcare, employment, and transportation. Linking an offender with these services within the first 48 hours of their release is critical for any hope of follow-through and success.

Recidivism

Recidivism is a term that is one of the most fundamental concepts in criminal justice. It refers to “a person's relapse into criminal behavior, often after receiving sanctions or undergoing intervention for a previous crime” (Recidivism, 2010).

Chapter Summary

There are many reasons why offender reentry programs are beneficial, not just for the offender themselves, but for society in general. Offender reentry, the transition from life in jail or prison to life in the community, can have “profound implications for public safety” (Offender reentry, 2013). An offender typically faces many challenging situations upon their release. However, if they are provided with the necessary tools to help navigate these barriers, it gives them a greater chance for a successful transition to the community and an even greater opportunity to become a productive member of society.

While a successful reentry program is certainly not a guarantee that an offender will not commit another crime, the likelihood of their success does increase when the barriers they encounter are limited. Potential barriers are present in almost every community. Having no access to food, clothing, shelter, transportation and identification, former offenders may see no other option than to return to illegal activities in order to meet even the most basic of needs. According to La Vigne, Davies, Palmer & Halberstadt (2008), “corrections agencies must prepare exiting offenders for this period and work hand-in-hand with community service providers and agencies to ensure that offenders receive needed resources and guidance after release. These efforts may make the difference between recidivism and successful transition to the community”.

Chapter Two

REVIEW OF THE LITERATURE

There are a number of criminological theories that describe human behavior as related to the reasons why crimes are committed. According to Bartol & Bartol (2011), (Robert) Merton's strain theory argues that "humans are fundamentally conforming beings who are strongly influenced by the values and attitudes of the society in which they live". Societies around the world are characterized by both cultural and social structure. Culture establishes goals for people in society while social structure provides (or fails to provide) the means for people to achieve those goals. Crossman (2013) states that "in a well-integrated society, people use accepted and appropriate means to achieve the goals that society establishes. In this case, the goals and the means of the society are in balance. It is when the goals and means are not in balance with each other that deviance is likely to occur". Each one of us, typically, has the same wants and desires as the rest of society, particularly in the areas of status, success, and wealth. For a former offender, however, these goals may not be realistic and presents a unique set of challenges. When individuals in a society use the appropriate means in order to achieve their goals, such as finding a job, owning a home, or paying taxes, this is a commonly accepted practice. Criminal or deviant behavior is not, no matter the intentions or reasons behind the behavior or act.

When an offender is released from jail, they can carry labels with them, often for lengthy periods of time, whether they choose to or not. Some members of society frequently attach a stigma or a certain amount of fear to those who have been incarcerated. For example, most members of the general public do not wish to have a halfway house in their neighborhood, yet continue to acknowledge there is a significant issue with inadequate housing for former offenders. Even though there are incentives to hiring former offenders, few employers are

willing to do so, yet it is extremely challenging for any of us to be a productive member of society without a job. Without having access to any type of treatment or community services is virtually giving a former offender no choice but to find other ways to survive.

When an individual is unable to exercise self-control, their tendencies are to interpret negative stimuli or circumstances in a stronger manner, and they tend to look at this negativity as simply intolerable. This behavior is usually what lands them in the criminal justice system. Often times, those being released from jail lack the necessary social skills to function in society and tend to adapt to the environment of which they are entering. In other words, if one cannot handle what is expected of them based on societal norms, this feeling of inadequacy will most always lead them in a negative direction and cause them to turn towards old habits; habits which landed them in jail. Many know no other way to function other than in an environment where their every move is controlled. Add to that a severe lack of community resources and even the most basic survival skills, and their negative choices and behaviors become almost inevitable.

One barrier faced by individuals reentering the community is their poor overall health, both physically and mentally. The majority of returning offenders face significant health challenges, in addition to limited access to medication. The cases of HIV / AIDS, Hepatitis C, and mental illnesses, compared to the general population, are significantly higher amongst offenders. There are many explanations for this, including substance abuse (particularly intravenous drug use), unprotected sex (often times with multiple partners), tattooing (this is a common occurrence in jails and prisons despite the best efforts of staff to control it), and little to no access to health care, treatment and medications. These problems then flow back into the community once the offender is released. Emergency rooms are often inundated with individuals who have nowhere else to turn for their health care. According to Conklin, Lincoln & Tuthill,

(2000), “only more recently have medical and correctional communities begun to recognize the full extent to which mental problems, substance abuse disorders, and communicable diseases are concentrated in the correctional system and the public health opportunity this presents”. Some facilities are beginning to formally address some of these issues. Conklin, Lincoln & Tuthill (2000) highlight a study which was conducted at the Hampden County Correctional Center (HCCC) in Ludlow, Massachusetts that emphasized the development of “a systematic public health model of correctional medical care emphasizing detection, early and effective treatment, patient education, prevention, and continuity of care”. The study found that 50 percent of those surveyed rated their health as poor, fair, or good. A variety of physical and emotional ailments were reported by the respondents. Conklin, Lincoln & Tuthill (2000) point out that “for the 20 health concerns asked about, women reported higher rates than did the men, with differences in the emotional / mental problems being the most striking at 53 percent versus 20 percent”. Many of the respondents indicated that because of the cost of healthcare, they had not recently been seen by a medical provider; however, several of the respondents said that they had visited an emergency room or community health care clinic. Lack of healthcare (i.e., medical benefits that come along with employment) can certainly be tied into the lack of adequate employment opportunities available for those who are returning to the community from the criminal justice system.

The authors’ results indicated a “significant need for medical, mental, dental, and substance abuse health care, with additional prevention and education programs to modify risky health behavior” (Conklin, Lincoln & Tuthill, 2000). By addressing these issues in a controlled setting, such as a jail, there is a unique opportunity for education and awareness. Jails must take an active role in the health of those in their care so that they are better prepared and more

educated once they reentry the community. By doing this, it is possible that, particularly with communicable diseases, the chances of transmission can be reduced and health promotion amongst family members and the community as a whole will advance.

Most offenders do not have any type of healthcare upon their release from jail. Medicaid and / or Social Security Disability Income (SSDI) benefits are either suspended or terminated during incarceration, and getting them reinstated takes time. According to Luther, Reichert, Holloway, Roth & Aalsma (2011), “many prisoners have chronic illnesses and lose access to prescription medications and basic health care services upon community reentry”. With a lack of healthcare available to these individuals, many do not receive the proper care, to include educational resources, therefore continuing to spread medical problems throughout the population.

Individuals being released from jail back to the community also face a significant barrier when it comes to obtaining medication; medication that was often times started while they were in custody. In the majority of cases, an offender leaves jail with no money, therefore is unable to fill a prescription even if one is provided by the jail. There is undoubtedly a strong correlation between violent behaviors and medication non-compliance, thus increasing the chances of violent felonies being committed, longer jail or prison sentences, and increased recidivism rates. According to Lattimore, Broner, Sherman, Frisman & Shafer (2003), “individuals with co-occurring mental illness and substance abuse who are non-compliant with medication have a threefold increase in risk for arrest and are significantly more likely to be at risk for violent behavior” (as cited in Vanderloo & Butters, 2012). Those with both mental health and substance abuse problems (co-occurring disorders) provide a unique set of challenges for jail staff and

community providers. Even though many individuals suffer from co-occurring disorders, the numbers of facilities who treat both types of disorders are quite restricted.

According to Luther et al., (2011), "HIV infection is more prevalent among prisoners than within the general U.S. population, with approximately 15 percent of all infected individuals moving through the criminal justice system. HIV is almost five times more prevalent in incarcerated populations; 1.7 percent for inmates compared to 0.4 percent for the general population". Having a significant health problem such as HIV / AIDS presents a health risk not just to the individual, but to the community as a whole, particularly when there is little to no access to treatment or education. Larney (2010) highlighted a May 2002 survey at the Alytus prison in Lithuania, where "207 of 2000 inmates were diagnosed with HIV". This testing was conducted one month later, identifying an additional 77 cases. It was determined that 60 of those additional cases were most likely contracted from within the prison. Again, according to Larney (2010), "in total, 300 inmates were found to be HIV-positive, doubling the total number of identified HIV cases in the entire country".

Along with the multitude of physical health problems offenders often deal with, mental health problems pose a significant issue amongst offenders. Offenders with mental illness typically remain in jail five to six times longer than someone without mental illness, often lack any type of social or financial support, and often do not understand the court process. Supervision of offenders with mental illness in the community is challenging for many reasons. First, these individuals are significantly less self-sufficient than someone who does not suffer from mental illness, in that many of them cannot meet their daily needs, let alone be responsible for meeting probation requirements. Offenders with mental illness are at a higher risk of losing

their ability to remain in the community due to committing technical violations of their probation or parole. This then makes these individuals more likely to commit new crimes than an offender who does not suffer from mental illness and who can adapt in the community. The mental status of an offender can, and usually does, have a direct impact on whether or not they succeed in the community. In addition to their diagnosed mental illness, offenders can also experience acute symptoms that can result in their community failure. These could include shouting obscenities at neighbors and others, substance use, or treatment non-compliance which violates the terms that were placed upon them at the time of their release.

There could be any number of reasons as to why or how an individual with mental illness ends up behind bars. Many cities across the country have come to rely on local jails to house those who are mentally ill. With this increasing amount of mentally ill offenders in custody, there is now a lack of clarity as to who should be held responsible for these individuals, both as it relates to their treatment, along with the financial responsibilities. This has been an issue of much debate for decades, particularly since the days when deinstitutionalization became widespread throughout the United States. This phenomenon began occurring in the 1960's when numerous state run psychiatric facilities were closed and residents were let out into the community with little to no support or guidance. For all intents and purposes, jails have become the new mental health hospitals.

In 2009, Steadman, Osher, Robbins, Case & Samuels conducted a structured clinical interview, using the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). This interview found that "among 822 jail inmates, 14.5 percent of males and 31 percent of females qualified for a diagnosis of a serious mental illness, which included major depressive disorder, depressive disorder not otherwise specified (NOS), schizophrenia spectrum disorder,

schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder, and psychotic disorder NOS” (as cited in Vanderloo & Butters, 2012).

Jails have a much shorter turn-around time than state or federal facilities; therefore time is of the essence when it comes to properly diagnosing an individual with mental health issues and getting them started on the right medications prior to their release. Offenders with mental health issues surveyed also had higher risks of unemployment and illegal means of getting money than those who did not suffer from mental illness. The transition back into society for an offender with mental illness is a long, difficult road; one that is virtually impossible to navigate without a large amount of guidance and assistance from both jail personnel and community providers alike.

Another significant barrier facing those who are reentering the community is substance abuse. Approximately 80 percent of prison and jail inmates have serious substance abuse problems. According to Luther et al., (2011), “of the almost 1.8 million admissions to substance abuse treatment in the United States and Puerto Rico in 2006, 38 percent resulted from criminal justice referrals”. Without adequate employment and education, a large number of former offenders return to selling illegal drugs upon their reentry back into the community.

Many jurisdictions have begun implementing drug courts, which are showing successful outcomes along with significant cost savings. A study of one of the country’s oldest drug courts in Portland, Oregon found that “direct cost savings from this program totaled approximately \$9 million for taxpayers. These savings are reflected in several positive social outcomes, including a 31 percent decrease in re-arrests” (Cost review, n.d.). This study also found that “other community-based substance abuse treatment programs generate \$3.30, drug courts generate

\$2.83 and intensive supervision programs to generate \$2.45 in benefits for every \$1 spent” (Cost review, n.d.). While these statistics are impressive, it is important to remember that there are only so many bed spaces available in these therapeutic community treatment programs. Private treatment programs are expensive and generally inaccessible for an individual being released from jail with no money. Many treatment facilities have significant waiting lists and require photo identification for admission, which many offenders do not have.

Having access to effective, affordable substance abuse treatment programs is crucial in an offenders’ transition back into the community and is a proven benefit not just to the offender, but to society as a whole. Luther et al., (2011) states that” substance abuse relapse also contributes significantly to recidivism. Returning prisoners with substance abuse problems engaged in more post-release substance abuse and criminal behavior, and are more likely to be re-incarcerated within one year of release compared to those with no substance abuse problems”. It is the hope that by coordinating treatment plans while the individual is still incarcerated, this will increase their motivation to continue with the plans once they are released.

Fortunately, an increasing number of community treatment providers are starting to provide in-reach services to offenders detained in various county jails. For example, the Jail Based Behavioral Health Services (JBBS), sponsored by the Colorado Division of Behavioral Health (DBH), has allocated \$1.5 million for the JBBS program. The JBBS program provides screening, assessment and treatment for offenders suffering from substance use, mental health disorders and / or co-occurring disorders. This treatment takes places while they are in custody and continues once they are back in the community. The goal of this program is to provide the necessary behavioral health services to offenders while supporting and encouraging continuity of care within the community after release. Participating in this treatment should result in shorter

jail sentences and decreased recidivism through better identification and treatment of behavioral health needs. Of the \$1.5 million allocated, Jefferson County, Colorado was awarded \$107,100 and has increased their staff size by over 50 percent since the program was first implemented in 2010.

There have been studies conducted at facilities around the world that advocate for jail-based treatment programs. Substance abuse amongst the incarcerated is a widespread problem that continues to grow. Providing in-reach services will remain a critical component of an offenders' successful reentry. Many offenders who utilize these programs may not otherwise have the chance to do so once in the community. Linking with a provider prior to release is crucial.

Another significant barrier to offender reentry is the lack of adequate housing. Many offenders come from inner-city, poor neighborhoods, and without any redirection or support, this is most likely where they will return upon their release. This will then result in the same deviant behavior. Homelessness also has a direct link to incarceration. Many individuals who are homeless engage in criminal activity that often results in misdemeanor convictions. This could include trespassing, shoplifting, harassment or criminal mischief. Shelters become overrun with individuals who lack adequate housing, many of whom have just been released from jail. Low income housing is at a premium and the waiting lists for these accommodations are long. Several counties have even had to close their waiting lists, leaving many to find other options.

There is most certainly a disconnect between affordable housing and salaries, which is a trend that can be found nationwide. In Colorado, the current minimum wage is \$7.78. In the first quarter of 2013, "the average rent in metro Denver rose to \$992, increasing 4.2 percent, or

\$40, from 2012's first-quarter average of \$952" (Pankratz, 2013). That being said, even if a former offender is lucky enough to find a job, even working full-time is not enough to cover an average rent, let alone utilities, food, transportation and costs related to their probation requirements. The more barriers a former offender faces, the desperate they become and the more likely they are to commit another crime. If an individual does not have a place to live, other needs such as substance abuse treatment and mental health treatment take a back seat and are not given the attention they need. This only exacerbates an already difficult situation.

A fourth key barrier that many offenders face is a lack of employment, especially in this economic time when so many jobs are already at a premium. Another challenge, depending on how long someone has been incarcerated, is the continuously changing world of technology that is a part of day to day life. The skills possessed by a former offender may not be adequate for most jobs, in addition to their qualifications being far lower than applicants without criminal backgrounds. There are also challenges of getting to a job, as well as keeping one, especially if that offender is on probation and has to leave work for court mandated appointments.

There are obviously certain factors that an employer must consider when hiring a former offender. Some jobs are simply not open to those with felony convictions on their record. Holzer, Raphael & Stoll (2003) conducted several studies over a nine year period in a variety of metropolitan settings, and found that "employers varied in their stated willingness to hire ex-offenders according to the characteristics of their establishments and the jobs they are seeking to fill, and they also vary according to the offense committed by the offender and whether any meaningful work experience has been obtained since release. Only 40 percent of employers were willing to consider filling their most recent job vacancy with a former offender".

Employers will undoubtedly take an individuals' past into consideration, as they should. However, there are, in fact, benefits to hiring a former offender. These include the fact that they will be looking out for the employer since they took a chance in hiring them, the training they received while incarcerated may apply to the position in which they have been hired for, and most likely, they will stay employed with the agency for a longer period of time.

Chapter Summary

Physical and mental health needs, substance abuse treatment, housing, and employment each prove to be a significant barrier in the area of offender reentry. Countless studies have proven that these barriers make it extremely difficult, if not impossible, for any former offender to try and succeed and function as a normal member of society. In some cases, they carry with them a label, and in other cases, they simply lack the tools to function in an uncontrolled environment.

In addition to what is mentioned in this literature, there are many other additional barriers that offenders are faced with once they are released back into community. While there is additional research available on many of these barriers, more is needed. Additional barriers include medication acquisition, reconnecting with family members (especially children), transportation, and identification. In order for an offender to have any hope of once again becoming a productive member of society, these barriers must continue to be addressed and changes must be made, both in correctional facilities and within the community. This study will only add to what is already known about this topic and provide additional information on what continues to be seen as challenging to offenders at the time of their release.

Chapter Three

METHODOLOGY

This qualitative study was completed by way of a case study research design. Thorne (2000), states that “a qualitative research design database consists of interview transcripts from open ended, focused, but exploratory interviews”. A qualitative database can include a variety of resources, many of which center around technology and social media. Web-based surveys are an effective tool to gather a great amount of information from several sources in a relatively easy fashion. This method was used to gather research for this project.

This study proposal was reviewed and approved by the Regis University Institutional Review Board (IRB). This author received IRB approval as an exempt study July 14th, 2013. The IRB number for this project is 13-219. By way of informed consent forms (see Appendix A for the consent form used), this project gathered qualitative data by way of an eight question survey (see Appendix B for the survey questions provided) that was distributed via an emailed link to Survey Monkey, a web-based survey tool. The survey link was emailed to various colleagues in the field of corrections and community providers who were then asked to distribute the survey link to others in their organizations. All information gathered was unidentifiable of both provider and client. Informed consent was obtained prior to distributing the actual survey by way of a form that was signed by a supervising individual from each participating agency and faxed to the investigator. The survey link was then provided in a second email, thus maintaining confidentiality while still obtaining the necessary consent.

Sample

According to Babbie (2010), “purposive sampling is a type of non-probability sampling in which the units to be observed are selected on the basis of the researcher’s judgment about

which ones will be the most useful or representative”. Therefore, using a purposive sampling method that included highlighting the most significant barriers to reentry, this study of offender reentry services was distributed via an emailed link to 35 individuals who provide a variety of reentry services to offenders in the Denver metro area. A total of 20 individuals (57 percent) responded to the survey. These individuals included jail counseling staff, probation officers, mental health treatment providers, substance abuse treatment providers, alternative sentencing departments, community corrections staff, public defenders, municipal court staff and jail mental health providers, to include clinicians and a psychologist. Survey questions included the types of reentry services currently being offered, the perceived barriers to both providing and accessing reentry services, as well as the strengths and weaknesses of the current reentry system (see Appendix B for the survey questions provided).

In order to answer the proposed research question of whether or not eliminating barriers to reentry actually reduces the rate of recidivism, qualitative data was collected by way of the survey questions. These questions were open-ended, thereby allowing for a greater deal of information to be provided. Trochim & Donnelly (2008) state that “using qualitative research is an appropriate choice when generating new theories or hypotheses and achieving a deep understanding of the issues, both of which should occur within this body of research”.

Thematic analysis is a way of categorizing strategy for qualitative data and, in this study, was used to examine the most common barriers to reentry faced by offenders and providers, and whether or not there was any indication that by decreasing or eliminating barriers, it has any effect on recidivism. Thematic analysis is often “implicitly and explicitly a part of other types of data analysis including a case study” (Thematic analysis, 2008). Trochim & Donnelly (2008)

describe a case study as “an intensive study of a specific individual or specific context”. In this instance, a case study would be most appropriate measure to use, given the data that will be collected by way of the survey questions.

Data collected throughout the study was analyzed by way of a content analysis. A content analysis is when text documentation is analyzed and the major purpose is to identify patterns. Trochim & Donnelly (2008) state that “a content analysis has the advantage of being unobtrusive and, depending on whether automated methods exist, can be a relatively rapid method for analyzing large amounts of text”.

Chapter Four

RESULTS

Each research participant completed the open-ended qualitative interview survey and the results were as follows.

Out of the 20 survey respondents, a total of seven (35 percent) individuals were employed in a county detention facility, three (17.65 percent) with Probation, one (5.88 percent) with the Public Defender's Office, three (17.65 percent) with Community Corrections, one (5.88 percent) from a community health care clinic, one (5.88 percent) from a community reentry / alternative sentencing program, six (35.29 percent) from a community mental health provider, and two (16.67 percent) who identified themselves as other.

When asked what services were available in their community, respondents provided a variety of different answers. Most all of the respondents highlighted the local non-profit community mental health provider, specifically the criminal justice component of the program, as a service that was available to offenders. This, however, is dependent on the severity of their charges as well as their ability to pay for services. Several of the respondents highlighted specific programs offered both within the jail (jail based behavioral treatment, indigent backpacks for the homeless, jail mental health transition planner) and in the community, that target the offender population. Others presented a vague description of programs they were aware of, such as "mental health services", "drug and alcohol treatment", "employment" "free treatment", and "help with food, clothing, jobs, etc." Two of the respondents indicated they had no knowledge of any reentry services available in their area.

From the perspective of the offenders the respondents had worked with, there were several perceived strengths and weaknesses of the current offender reentry system. However, the answers to these questions highlighted a significantly higher number of weaknesses versus strengths, which is perhaps an indication as to why recidivism rates continue to be high. Highlighted strengths include resources coming out of the jail such as vouchers for housing, access to clothing and job resources, transitioning directly into a treatment program immediately upon their release from custody, access to mental health services, good inter-agency collaboration, structure / accountability / funding for access of treatment and education resources, increased funding streams (specifically within the past five years) to increase programs and services offered, and multi-system involvement.

The weaknesses identified were far greater. The two most significant weaknesses described by all respondents was the lack of available long-term housing and employment. In addition, the lack of funds available for medication assistance and transportation was also highlighted. The difficulty of being accepted into the community based non-profit mental health program due to stringent restrictions (charges and funding source, as highlighted above), along with not being seen quickly even during emergent situations when medication is needed, was also noted. Others pointed to a lack of programs available, the lack of publicity provided by those programs that are available, and the lack of awareness by the offenders. Offenders who have repeatedly been in and out of the system seem to know more of these services than offenders who are just getting out or who are recently introduced to the system. Along the lines of housing, many offenders who are struggling with substance abuse are hesitant to go to shelters because they will inevitably come into contact with those who will lead them back to drugs and alcohol. Additionally, it was noted that the continuum of care is lacking. Offenders get support in

the jail and referrals upon release, but the gap falls short of ensuring they are connected to the services they need for success. A lack of funding for treatment and housing needs was also highlighted, along with better follow-up care and support being necessary. One respondent stated that what is provided is useful, but is not as available as it could be. More reentry support is needed in areas of mental health support, community resources, substance abuse, and relapse prevention upon release from jail.

Many respondents indicated that offenders do not often speak of the strengths of the reentry system. One respondent indicated that some offenders are willing to recognize that some programs are quite helpful, often referring to church-based and therapy-based programs and services, as the only services they find beneficial. The greatest numbers of complaints lie with the lack of emphasis on school and vocational training, as well as general lack of help with job search and structuring such searches. Offenders also complain about lack of help with basic hygiene, transportation, and connection with other services. Another highlighted weakness was that the system itself can be confusing. Most often, the feedback received from offenders is that "nobody cares" about them.

From the providers' perspective, the perceived strengths and weaknesses of the current system were similar. For those who are accepted into the community mental health center, the array of available services is impressive. However, these services are only offered to an exclusive number of individuals. There is a lack of supportive housing for those who are reentering the community as well as a lack of assistance with transportation needs. There are a lack of options that exist within the community for both treatment and other supportive services. Finding steady employment, especially for those offenders with felony convictions, and having

access to mental health care was also highlighted. Offenders who cycle in and out of the system, whose primary need is mental health, cannot get their symptoms addressed due to lack of insurance or lack of ability to follow-through with referrals. Often times, the lack of follow-through on referrals goes back to a lack of reliable transportation. While there are some jail-based behavioral services provided, only so many people can benefit from these services, leaving others to their own means, which usually ends up in recidivism. A lack of funding for programs and treatment was highlighted, along with a lack of housing resources and little to no employment upon release. Incarceration limits an offenders' ability to get linked in a timely fashion to the services they need. They lose their employment, housing, and benefits while incarcerated, thus making reintegration even more difficult upon release. A continued lack of communication and collaboration between agencies was also noted, along with a general lack of quality control or checks and balances for services provided. Providing therapy to address critical needs is imperative; however, logistical issues including finding funding sources to help with necessities other than treatment (e.g., rent, transportation, medication, medical / dental) are inevitably present. It was noted that there needs to be more access to affordable housing, support with job skills, and assistance with transportation to attend court mandated treatment. Another area highlighted was that probation officers who work traditional hours make it difficult for some offenders to keep appointments. Being able to have services for all offenders (including sex offenders), better options for addicts, more services for those with co-occurring disorders, more staff, more mandated treatment, and a greater ability to have certifications stay in place after release from one of the state hospitals were also mentioned.

While there is mental health treatment provided in jail, a highlighted weakness was that no individualized therapy is provided. The mental health treatment received cannot continue to

help offenders once they leave the jail and the wait time to see a provider in the community is extremely long. A lack of mental health agencies able to help with severely mentally ill offenders who do not have Medicaid or those who are not willing to take prescribed medications was also described as a weakness. Services only seem applicable for those who can function well on their own. Additionally, there appears to be a lack of sensitivity to geographical reintegration with respect to the individual offender, along with a lack of access to specialized treatment services (mental health, offense specific, medication, medical care, and benefits). It is difficult to get resources for all offenders and it is not a very quick process for those who are in jail less than one month.

In regards to the perceived barriers to accessing reentry services, it was noted that there are stringent requirements to be considered when trying to access these services. Another barrier was the level of awareness the offenders have of these services, along with funding and resources in the community. Even if there was enough funding to transition every offender, the resources are not necessary available for them to turn to. Identification for offenders and lack of transportation to and from services was also noted, along with a limited number of programs available to offenders without insurance or money upon release. Overall, there appears to be a lack of funding to provide dedicated resources to this reentry process, as well as a lack of ownership of the problem. One respondent posed the question whether or not this should be a jail problem to resolve or does it lie with the community stakeholders to ensure services are provided? Along with transportation, trying to organize accessing these services into an offenders' schedule and budget as allotted by parole, probation, or community corrections proves to be extremely challenging to those who are trying to successfully reenter into the community.

One respondent noted that the simple questions about who to call and how to get started seemed to be a common concern among offenders. People often do not have the ability to pay for services, and therefore do not access them as a result. Clarity for accessing services and poor follow-through by offenders was another identified barrier. A common theme among respondents was eligibility criteria being a barrier (violent offenders and / or sex offenders may not be served in specialized services), no funding stream to pay for services, no transportation to access services and attend appointments, homelessness, and substance abuse disorders decrease offenders adequately accessing services. Having no tracking system in place once the offender is released from custody was another common theme, along with a lack of communication being received after a referral is made, clients needing other help as far as applying for disability or Medicaid before they can be seen and treated.

In regards to the perceived barriers to providing reentry services, many respondents again pointed to the lack of funding, specifically for housing / shelter options, transportation, and medication needs. Also, the difficulty offenders have in obtaining personal identification needed in order to be considered for any program. One respondent pointed out that most reentry programs are non-profit agencies, which have limited resources. Offenders may not be ready or willing to participate in services upon release; they may agree to services while incarcerated but then not follow-through upon release. One respondent noted a high no show rate for scheduled appointments, along with a perceived stigma of participating in a program for offenders. Another respondent noted that they experience some struggle with case managers or parole and probation officers' lack of understanding of mental health and the services therapists are supposed to provide. To generalize, there is some struggle with people understanding their roles and others'

roles, in addition to a lack of qualified clinicians. The question of how to keep the offenders engaged once they are "off paper" was also raised.

As far as the perceived gaps in offender reentry services, many of the answers provided by the respondents were identical to the weaknesses. Local housing, transportation assistance (i.e. funding for bus passes, light rail), long term medication assistance, and affordable mental health / substance abuse treatment were the most common gaps highlighted. Another perceived gap is the lack of mental health treatment options available, instead of just one local mental health program. One respondent indicated it would be helpful to have more reentry services which are offered exclusively to offenders, regardless of their criminal history. Another gap is the lack of a program that focuses on dually diagnosed individuals since such a large proportion of offenders who have a dual diagnosis (or co-occurring disorder). Many offenders are released directly from the confines of incarceration to complete freedom out on the streets. Ideally, reentry services would be offered to all offenders in custody upon their release from the facility, but with the current restrictions, that just is not a feasible option. Many offenders are unable to obtain housing and employment prior to being released, there are little to no resources available to help offenders to survive financially upon release (thus leading them back to their old ways of earning money, often by selling drugs), and emotional support and follow-up are lacking. Many offenders have, unfortunately, have lost the relationships they had with family and friends due to numerous poor decisions.

Another highlighted gap was the continuity of care, lack of support staff to follow-through with offenders in need, lack of community engagement to ensure follow up care is available, affordable, and accessible. One respondent noted that they believed the largest gap is

actually a failure of the school system and services that happen early in life. Similarly, the largest gap for adults is the lack of focus on training and school. There are few employers willing to hire offenders, little to no treatment for sex offenders, and virtually no money to fund programming. One respondent pointed out that they feel the biggest gap is that there is no system that is willing to serve everyone. The ones left out in the cold tend to be the working poor or those convicted of particular offenses. Not treating these people does a tremendous disservice to the community, increasing risk to us all. Connecting with the homeless population after they are released (no way of phone or mail communication) was another highlighted gap, along with a lack of continued support from community. Even if offenders are able to get assistance immediately upon reentry, the services run out or are too difficult for the offender to maintain.

Respondents were then asked to rank what they considered to be the most significant barriers to successful offender reentry. There were 11 options to choose from, all of which prove to hinder an offenders' successful transition back into society. They included housing, substance abuse treatment, mental health treatment, transportation, employment, identification, job training, access to medications, healthcare, benefit acquisition, and other. 45 percent of respondents indicated that housing was the number one barrier to reentry (see Figure 1).

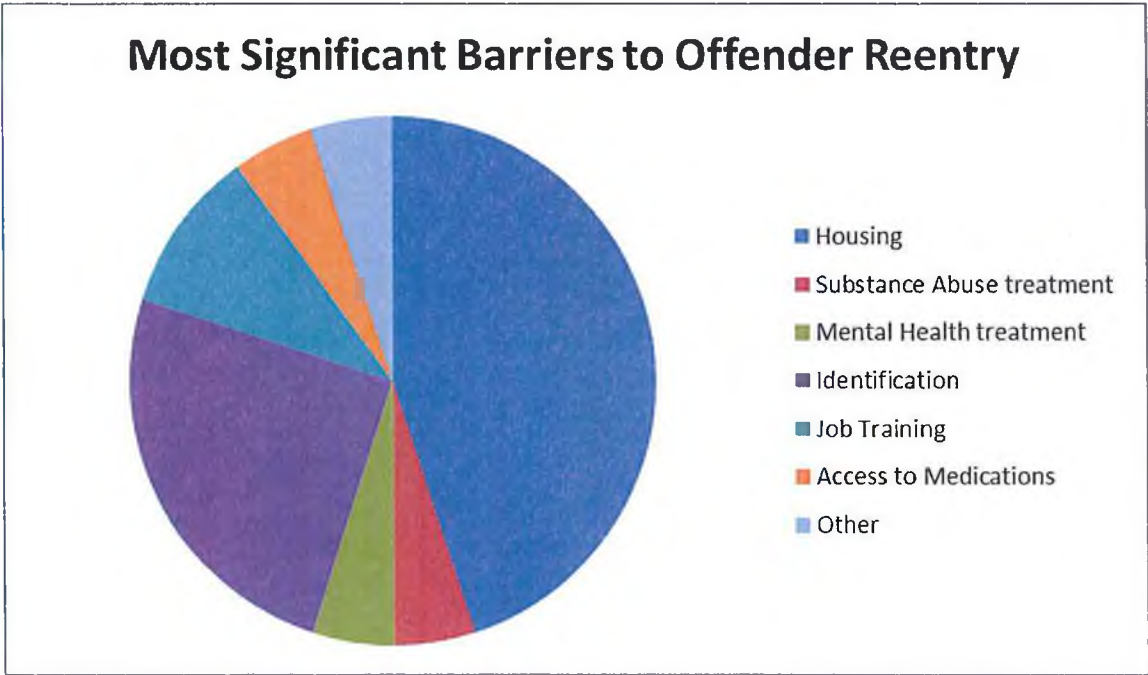


Figure 1: Most significant barriers to offender reentry

The final survey question had to do with recidivism and whether or not the respondent felt, through their experiences working with offenders, that by decreasing or eliminating some or all of these barriers, an individuals' chance of reoffending decreased. The results overwhelmingly pointed in the direction of yes; all 20 respondents indicated that the levels of recidivism would decrease.

Many offenders, who suffer from mental illness and oftentimes substance abuse, seem to relapse and / or reoffend as a result of not obtaining much needed treatment and medications to alleviate their symptoms. The temptation to return to criminal behavior is too great if a former offender cannot find a legal way to make money and have enough money to survive off of. Second to this is access to mental health treatment. There seems to be a high percentage of mentally ill offenders who recidivate purely because they do not have access to mental health

care and medications when they are not incarcerated. Obtaining proper mental health and substance abuse treatment is critical for overall stabilization. The more stable an offender can become outside of custody, the less likely they are to return to the activities that led to their incarceration in the first place. These areas are often problematic when people are released from jail. Many do not have identification and are unable to access any services. If offenders from all walks of life had more access to job skills training and non-minimum wage employment, their rates of recidivism are reduced. If offenders can be better equipped with reasonable resources to face the outside world again, they have a better chance to survive and not feel like they need to reoffend.

One respondent stated that in their experience of working with people in the criminal justice system, these highlighted barriers are all significant and they identified them as the reasons former offenders struggle. A large percentage of the defendants seen in the municipal courts have either a mental health or substance abuse problem, or both. It appears that because of these issues, they are unable to keep a job, maintain housing, make appropriate decisions, etc. One respondent stated that there is ample research that demonstrates the impact of addressing criminogenic needs--those that are the proximal causes of crime--and the resulting decrease in recidivism. When these needs are properly assessed and addressed, they can result in a decrease in recidivism. Logically, allowing offenders to attempt to make it on their own without identification, housing, or treatment for their mental illness or substance abuse problem is a wonderful way to shoot ourselves in the foot. For those who question this, there are several generations of outcomes that demonstrate the impact of not providing these services. While these services cannot eliminate all crime, they clearly reduce the likelihood of crime.

Improving access to mental health treatment decreases recidivism. If offenders did not have to worry about basic needs they would be more able to participate in treatment, learn new ways of functioning and not return to the criminal justice system. If the primary needs of offenders are not addressed (i.e. transportation, housing, etc...) they are more likely to reoffend while in community. If the offender is assisted with preparing for and accessing these services, they are more likely to remain in community successfully and / or have a longer interval of time before reoffending. Unless an individual has a place to live, an income that will allow for self-sufficiency, treatment, and medications, the probability of recidivism is extremely high. Many persons come out of jail and have to be homeless for months while waiting for benefits, employment, or housing options and by then, many have resumed using substances and reoffending. Having accessible treatment options can also provide offenders with opportunities to make different choices and better understand their reasons for committing crimes.

Upon release, if an offender has survived by criminal means, and leaves the detainment with the same challenges of money, housing, employment, addiction, or substance abuse, they can only have the tools known (such as criminal means) to meet their immediate needs. Stability of mental health efforts while in custody is useless if support and medication assistance for follow-up is not provided. Likewise, when release provides the opportunity for sobriety, continued support and relapse prevention for addictive behaviors is vital to maintaining that sobriety. People need to be able to have their basic needs met in order to change their criminal behaviors. By providing programs that meet these needs, offenders are then free to move forward with their lives in a more productive manner. Even though the choice of whether or not to participate in illegal activity ultimately lies in the hands of the former offender, many of the

barriers are dynamic risk factors linked to offender success that if stabilized, can significantly reduce the risk of recidivism.

Chapter Five

DISCUSSION

Data from the group was analyzed by way of a content analysis. There were, in fact, several themes that emerged as the data collected throughout this survey was analyzed. These themes included the same barriers faced by providers, regardless of the setting in which they work. The results highlighted a direct correlation amongst all respondents on the types of barriers, strengths, weaknesses, and gaps within the current reentry system that they and the offenders they work with deal with, and how by eliminating these barriers, recidivism could be decreased. For example, the lack of appropriate offender housing available was a concern expressed by virtually all respondents at some point throughout the survey. In addition, all 20 respondents indicated that recidivism rates could go down if barriers were either decreased or eliminated. Funding, lack of mental health and substance abuse treatment, and employment were also common themes highlighted amongst respondents. This study presented similar perspectives from treatment providers as well as former offenders. When it came to identifying barriers to reentry, providers and offenders alike shared the same frustrations when trying to access services or navigate their way through barriers.

Right on Crime (2010), a criminal justice reform group, stated that “in 2007, some 49,448 adults were serving probation sentences in Colorado. Of these, 1,395 had their probation revoked, and were therefore incarcerated, for committing a new crime and 6,269 were revoked for noncompliance with supervision conditions. Approximately half of those arrested for a new crime were sentenced to the Department of Corrections (747) and another 1,433 were sentenced to DOC for failing supervision conditions”.

Failing conditions could mean any number of things; however, they can include not attending substance abuse classes, not being able to pay for blood or urine analysis testing, not reporting to scheduled appointments, all of which most likely stem from not having money or reliable transportation, two of the biggest barriers faced upon reentry.

Fortunately, in the last couple of years, Colorado policymakers have come together to begin addressing these challenges. *Right on crime (2010)* highlights significant legislation that was enacted in 2009 and 2010 having to do with offender reentry. One such measure was House Bill (HB) 1263, which “utilizes the power of incentives to influence human behavior by allowing inmates to earn up to two days of credit per month for exemplary behavior, such as successfully completing education, treatment, and vocational programs. Senate Bill (SB) 6 was also enacted, which is a common sense measure that will enhance public safety and help inmates released from prison obtain employment and housing by making it easier for them to obtain a state photo identification card”.

In Colorado, when an offender is released from the jail, if they have had a valid identification card issued through the state within the previous ten years, they can be given a voucher that will waive the \$10.50 fee to obtain an identification card. Additionally, at the Jefferson County jail in Golden, Colorado, offenders who earn their General Equivalency Diploma (GED) while in custody can earn 25 percent off the remainder of their sentence. It is the hope that by doing this, it will allow them to become more self-sufficient and be able to find employment and housing upon their release. These are two valuable measures that have been put in place to try and eliminate two of the most significant barriers to reentry.

Those who have criminal records and are seeking reentry face a “daunting array of counterproductive, debilitating and unreasonable roadblocks in almost every important aspect of life” (After prison, 2008). According to the National Research Council of the National Academies (2007), “the days, weeks, and even hours immediately following release from incarceration are imperative for the success and safety of the individual and the community. Recently released offenders experience the highest rates of new crime and / or parole violations, as well as the greatest risk of death, during these first few hours after their release. Their death rate during that period has been measured at 12 times that of the average population” (as cited in Coffman, 2010).

Correctional agencies are exhibiting an interest in offender reentry, along with the general public. Recent surveys indicate that the public sentiment toward dealing with offenders is changing, creating new opportunities to explore methods of encouraging offender success. According to Kempker (2010), “a 2006 national opinion survey indicates that the public supports (by an almost 8:1 margin) rehabilitative services for offenders, as opposed to a punishment only approach to offender management. Providing these services both during incarceration and following release is favored”.

Due to budget cuts, many facilities across the country, at both the state and local level, have adopted ways to provide early releases to thousands of offenders. However, we are doing a disservice to them, and to society as a whole, if we are releasing them back into communities that provide little to no assistance to former offenders and their families, and do little to address the barriers they will face upon reentry and in the days, weeks, and months following. This inevitably leads them to return to the life they are familiar with; one of crime.

It can be concluded that collaborative efforts between law enforcement and community service providers does make an impact on the recidivism rate. In Colorado in 2010, “the overall success rate for completion of regular adult probation was 68.9 percent, higher than the 64.3 percent rate from 2009” (Pre-release termination, 2011). This resulted in an increase of 4.6 percent. Offenders who are on probation have continual contact with their probation officer, the court, and most likely, community providers, specifically in the area of substance abuse and / or mental health treatment. When services can be accessed with relative ease, resulting in less frustration on the part of the offender, the chances of success are high. When a former offender is faced with one obstacle after another and no longer has goals or positive stimuli, his or her deviant behavior will inevitably resurface and is then reflected on their children and grandchildren, thus continuing the revolving door through the criminal justice system for future generations.

References

- After prison: Roadblocks to reentry. (2008). *The Legal Action Center*. Retrieved from <http://lac.org/roadblocks-to-reentry/>
- Babbie, E. (2010). *The practice of social research* (12th ed.). Belmont, CA: Cengage Learning.
- Bartol, C & Bartol, A. (2011). *Criminal behavior: A psychological approach* (9th ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Caporizzo, C. (2011). Prisoner reentry programs: Ensuring a safe and successful return to the community. *National Drug Council Policy*. Retrieved from <http://www.whitehouse.gov/blog/2011/11/30/prisoner-reentry-programs-ensuring-safe-and-successful-return-community>
- Coffman, C. (2010). Prisoner reentry, recidivism, and FOCUS offender re-entry mentoring program. *FOCUS: Offender Reentry Monitoring Program*. Retrieved from <http://focusreentry.org/impact/coffman-level-2/coffman-prisoner-reentry-recidivism-and-focus-offender-re-entry-mentoring-program>
- Conklin, T., Lincoln, T. & Tuthill, R. (2000). Self-reported health and prior health behaviors of newly admitted correctional inmates. *American Journal of Public Health, 90*(12). Retrieved from <http://web.ebscohost.com.dml.regis.edu/ehost/pdfviewer/pdfviewer?sid=79dfe8f3-0985-484c-8dbe-008873f3867a%40sessionmgr110&vid=26&hid=122>

Cost review: Drug abuse, treatment, incarceration. (n.d.). *The New York Academy of Medicine*.

Retrieved from www.drugpolicy.org/docUploads/ndny_costeff.pdf

Crossman, A. (2013). Structural strain theory. *About.com Sociology*. Retrieved from

<http://sociology.about.com/od/Sociological-Theory/a/Structural-Strain-Theory.htm>

Freudenberg, N., Daniels, J., Crum, M., Perkins, T. & Richie, B. (2008). Coming home from jail: The social and health consequences. *American Journal of Public Health, 98*.

Retrieved from [http://web.ebscohost.com.dml.regis.edu/ehost/detail?sid=4f5b2b4e-da26-49c3-9253-](http://web.ebscohost.com.dml.regis.edu/ehost/detail?sid=4f5b2b4e-da26-49c3-9253-964aa157196f%40sessionmgr198&vid=12&hid=123&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=34060871)

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Holzer, H., Raphael, S. & Stoll, M. (2003). Employment barriers facing ex-offenders. *The Urban Institute*. Retrieved from http://www.urban.org/UploadedPDF/410855_holzer.pdf

Kempker, G. (2010). A framework for offender reentry. (2010). *Center for Effective Public Policy*. Retrieved from

www.cepp.com/.../A%20Framework%20for%20Offender%20Reentry.pdf

Larney, S. (2010). Does opioid substitution treatment in prisons reduce injecting-related HIV risk behaviors? A systematic review. *Addiction, 105*(2). Retrieved from

<http://www.ncbi.nlm.nih.gov/pubmed/20078480>

La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). Release planning for successful reentry: A guide for corrections, service providers, and community groups. *Urban*

Institute Justice Policy Center. Retrieved from
www.urban.org/UploadedPDF/411767_successful_reentry.pdf

Luther, J., Reichert, E., Holloway, E., Roth, A. & Aalsma, M. (2011). An exploration of community reentry needs and services for prisoners: A focus on care to limit return to high-risk behavior. *AIDS Patient Care and STDs*, 25(8). Retrieved from
<http://web.ebscohost.com.dml.regis.edu/ehost/pdfviewer/pdfviewer?vid=4&sid=048572a4-5407-436c-b71b-45dedee68723%40sessionmgr110&hid=103>

Minton, T. (2013). Jail inmates at midyear 2012 - statistical tables. *Bureau of Justice Statistics*. Retrieved from <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4655>

Offender reentry. (2013). *National Institute of Justice, Office of Justice Programs*. Retrieved from <http://www.nij.gov/topics/corrections/reentry/#overview>

Pankratz, H. (2013). Denver metro apartment rents rise to all-time high in Q1 2013. *The Denver Post*. Retrieved from http://www.denverpost.com/breakingnews/ci_23130172/apartment-rents-denver-metro-rise-an-all-time

Pre-release termination and post-release recidivism rates of Colorado's probationers: FY2010 results. (2011). *Evaluation Unit, Division of Probation Services, State Court Administrator's Office, Colorado Judicial Branch*. Retrieved from
<http://www.courts.state.co.us/userfiles/file/Administration/Probation/RecidivismReport/FY11RecidReportFinal10-11-11.pdf>

Recidivism. (2010). *Bureau of Justice Statistics*. Retrieved from

<http://www.nij.gov/topics/corrections/recidivism/>

Right on crime. (2010). *Texas Public Policy Foundation*. Retrieved from

<http://www.rightoncrime.com/reform-in-action/state-initiatives/colorado/>

Soloman, A., Osbourne, J., LoBuglio, S., Mellow, J. & Mukamal, D. (2008). Life after lockup:

Improving reentry from jail to the community. *Urban Institute*. Retrieved from

www.urban.org/UploadedPDF/411660_life_after_lockup.pdf

Thematic analysis. (2008). *Foundations of qualitative research in education*. Retrieved from

<http://isites.harvard.edu/icb/icb.do?keyword=qualitative&pageid=icb.page340897>

Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, 3(3).

Retrieved from <http://bmj-ebn.highwire.org/content/3/3/68.full>

Trochim, W. & Donnelly, J. (2008). *The Research Methods Knowledge Base* (3rd ed.). Mason,

OH: Cengage Learning.

Vanderloo, M. & Butters, R. (2012). Treating offenders with mental illness: A review of the

literature. *The University of Utah, Utah Criminal Justice Center*. Retrieved from

<http://ucjc.utah.edu/wp-content/uploads/MIO-butters-6-30-12-FINAL.pdf>

Yamatani, H. & Spjeldnes, S. (2011). Saving our criminal justice system: The efficacy of a

collaborative social service. *Social Work*, 56(1). Retrieved from

[http://web.ebscohost.com.dml.regis.edu/ehost/pdfviewer/pdfviewer?sid=8a4bb747-5651-](http://web.ebscohost.com.dml.regis.edu/ehost/pdfviewer/pdfviewer?sid=8a4bb747-5651-47cd-81ea-4eea319c04f6%40sessionmgr104&vid=19&hid=124)

[47cd-81ea-4eea319c04f6%40sessionmgr104&vid=19&hid=124](http://web.ebscohost.com.dml.regis.edu/ehost/pdfviewer/pdfviewer?sid=8a4bb747-5651-47cd-81ea-4eea319c04f6%40sessionmgr104&vid=19&hid=124)

Appendix A

Copy of informed consent form signed by participants in the study

- Title of Project:** Examining Barriers to Reentry Faced by Offenders in a Metropolitan County Jail and Community Setting
- Principal Investigator:** Kelly Russell, Graduate Student
303-271-5841; krussell@jeffco.us
- Advisor:** Stephen F. Browne, Ph.D.
Assistant Professor, Criminology Department
Criminology and Sociology
College for Professional Studies
303-964-6731; sbrowne@regis.edu
- Purpose of the Study:** The purpose of this research study is to explore the barriers to reentry faced by offenders leaving the county jail. Gaps in the system as well as the perceived barriers to both accessing and providing services will be addressed. Successful programs will be highlighted to determine if eliminating barriers actually reduces recidivism.
- Procedures to be followed:** You will be asked to answer eight questions on a web-based survey.
- Duration:** It will take about 20 - 30 minutes to complete the survey.
- Statement of Confidentiality:** Your participation in this research is confidential. In the event of a publication or presentation resulting from the research, no personally identifiable information will be shared.

Voluntary Participation: Your decision to participate in this research is voluntary and you may stop at any time. You do not have to answer any questions you do not wish to answer.

Right to Ask Questions: Please contact Dr. Stephen Brown, sbrowne@regis.edu, with questions or concerns about this study.

If you have decided to participate in this research study, please complete the following and return to Kelly Russell via fax at 303-271-5850.

_____	_____
Print Name/Title	Agency Name
_____	_____
Signature	Date

IN MY JUDGEMENT THE SUBJECT IS VOLUNTARILY AND KNOWINGLY GIVING INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO GIVE INFORMED CONSENT TO PARTICIPATE IN THIS RESEARCH STUDY.

_____	_____
Signature of Investigator	Date

Appendix B

Barriers to Offender Reentry Services survey questions

1. In what type of setting do you work?

County detention facility
Probation
District Attorney's Office
Public Defender's Office
Community Corrections
Diversion
Community health care clinic
Community reentry program
Mental health treatment provider
Employment service
Other

2. What targeted offender reentry services are currently provided in your area for adults being released from the county detention facility?

3. To the best of your knowledge, from the perspective of the offenders you've worked with, what are the perceived strengths and weaknesses of the current offender reentry system?

4. From your perspective, what are the perceived strengths and weaknesses of the current system?

5. What are the perceived barriers to accessing offender reentry services?

6. What are the perceived barriers to providing offender reentry services?

7. What are the perceived gaps in offender reentry services?

8. What programs have you identified that have proven results in addressing barriers such as mental health treatment, employment, healthcare and substance abuse treatment for offenders?

9. In ranking order, using the number one as the highest priority, what do you consider to be significant barriers to successful offender reentry?

Mental Health Treatment
Substance Abuse Treatment
Identification
Transportation
Healthcare

Access to Medications
Employment
Housing
Job Training
Benefit Acquisition
Other

10. Do you feel that by addressing these barriers, it has any significant impact on reducing recidivism? Please explain.