REALIGNMENT, REHABILITATION AND REINTEGRATION AND REFORM IN
HUMBOLDT COUNTY

By

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ABSTRACT

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This research examined the high recidivism rate among substance use and reoccurring criminal behavior within Humboldt County. The participants were current AB 109 clients under county supervision or in inpatient substance abuse treatment. A total of 38 participants in Humboldt County were interviewed. This research was conducted through the use of a convenience sample, or snowball method, in order to protect the anonymity, confidentiality and responses for each individual volunteer. The aim of this study was to estimate the subject’s perceptions and ideology of participants through specific survey questions in order to explore possible correlations between the responses to the research questionnaire.

Previous research on this topic is minimal, and points to high rates of recidivism, and trends such as co-occurring mental illness. This study sought to examine specific barriers, and demographical correlations among the subjects of this survey.

This community based project was made possible by the County of Humboldt and Mr. Bill Damiano, Chief Probation Officer. My vision for this project was to gather and synthesize data of specialized populations within Humboldt County, identify demographic data, establish both quantifiable and qualitative findings to support the
successful rehabilitation of clients, and to influence reform based on needs identified by the participants within the criminal justice system and/or substance abuse treatment. My projects serves to facilitate a larger community collaboration amongst several agencies to promote effective rehabilitation and reform, and to establish the best possible curriculum, social services and standard operating procedures for Humboldt's AB 109 population.

A review of key literature will discuss the various ways in which other counties in California have approached rehabilitation, and extract principle ideologies and concepts from various sources of contemporary research. This study justifies the collaborative and positive work of Humboldt County probation since the initiation of AB 109 legislation. The purpose was not to criticize or deconstruct the current standard operating procedures; rather it was designed to bring credence to the successes thus far that the current administration endorses. The responses from participants describe positive encounters and support from both correctional and substance abuse counselors. The activities and outcomes of this assessment are clearly synthesized within the summary of this manuscript.
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INTRODUCTION

In response to a 2009 three-judge panel mandate later upheld by U.S. Supreme Court, California implemented the Public Safety Realignment Act (AB 109/AB 117) in 2011. Commonly referred to as realignment, this legislation sought to reduce California’s prison population by tens of thousands of inmates by creating and funding a new community-based corrections system whereby management of lower-level offenders shifted from the state to the county level (Tafoya, 2013). Despite numerous programs intended to rehabilitate the criminal and or addicted individuals in Humboldt County recidivism rates among noncompliance, continued criminal behavior, and relapse in treatment continue to increase despite propositions 36 and AB 109.

Negative consequences associated with criminal behavior, misuse of alcohol and other drugs are extensive and include increased risk for violent crime, long-term addiction, personal injury, physical illness, and death. Previous research on this topic is minimal and show high rates of recidivism and trends such as co-occurring mental illness.
LITERATURE REVIEW

Research of the recidivism rates over the past several decades has shown that a large number of those incarcerated will return to prison (Pew Center on the States, 2011). Reincarceration often happens within a relatively short time of release: nearly 70% of parolees are arrested for another offence within three years of their release (Langan & Levine, 2002). Austin’s (2001) research found that roughly 40% of prison admissions to be for parole violations, and of those, 20% were reincarcerated for “technical reasons”, such as not being able to make appointments, while Seiter and Kedela (2003) found that the number had increased to three fourths, or 75%.

These trends point to inherent problems in the way that reentry has been structured for inmates post-release. Petersilia (2003) found that the majority of parolees are released without the skills and supports needed to prevent technical violations of supervision and that parole has placed an emphasis on surveillance and punishment, not rehabilitation or reintegration into the community. This has led to what is often referred to as “the revolving door” of prisons. The California Department of Corrections (1997) has identified substance abuse, unemployment, and illiteracy as the three primary barriers to successful reintegration. Baca and Cooper (2013) found that the second largest charge of AB 109 inmates was drug possession. This clearly demonstrates the need for a focus on rehabilitation, not punitive surveillance.

It has been recommended that parole supervision should be reduced or eliminated, as a large percentage of inmates are low risk and are more likely to be reincarcerated for
non-criminal behavior, or for misdemeanor crimes if on parole (Austin, 2001). This population, of which those sentenced under AB 109 are included, would best be reintegrated into the community through programs that focus on building skills and fostering pro-social interactions (Baca & Cooper, 2013, Seiter & Kadela, 2003). Zhang, Roberts and Callanan (2006) found that the longer parolees and those on probation stayed in treatment, the more successful they were at staying out of prison and jail, lending weight to the argument that long term, community based programs are of much greater value than typical probation and parole supervision. Zhang, Roberts and Callanan (2006b) analyzed outcomes of California Department of Correction's Preventing Parolee Crime Program that provided community-based substance abuse treatment and education, vocational training and literacy training and found that these were consistently associated with a reduction in reincarceration. Seiter and Kadela (2003) found the same in their study.

While there is often a substantial shortage of programs available to parolees and those on probation, there are problems in the programs that are available. If the programs do not match the clients’ needs, the likelihood of returning to prison or jail greatly increases. However, Andrews et al.,(1990) noted that for those programs that do match the needs of their clients, recidivism rates drop by up to 50%.

In this review of literature, few studies were found that asked the clients what their needs were for successful reintegration into the community post-release.
As the primary investigator, I hypothesized that subjects would report high levels of physical, emotional, spiritual trauma, low education levels of achievement, marginalized socio-economic status, and indigent, houseless, malnourished, unskilled vocational opportunity low self-esteem combined with substance use that increases the likelihood of participants to engage in high risk behaviors. By addressing the needs of the individuals and opening a forum to discuss and gather information from the subject’s perspective, it will allow for changes within the current system.

My research will provide a means for changing the current approach to rehabilitation and recidivism. The results reveal information relevant from the participant’s perspective. By identifying and understanding the needs of the client, services can be developed or adjusted to allow room for positive growth, a reduction of emotional dysregulation, adjustment disorders, maladaptive cognitions, and increase self-efficacy, esteem and interpersonal growth.

**Theoretical Framework**

This research was based on the theoretical framework of the social construction of reality, developed by Berger and Luckmann (1967). In this theory, individuals are seen as products of society, which they in turn create (Ritzer, 1988). Social constructionism maintains that people develop patterns of behavior that are learned through socialization and interactions with the culture they live within. Through this theoretical framework, we can see that the environment greatly influences and shapes how an individual behaves and relates to the world around them. If a person is immersed in a community or culture
that promotes illegal behavior, such as the use of illicit substances or engaging in other criminal activities, they are likely to do the same. Therefore, if a person’s environment is changed, and they are surrounded by pro-social individuals where illicit acts are not encouraged or acceptable, they can learn new ways of interacting with the community and their behavior is likely to change.

Social construction theory is central to social justice work practice and advocates “starting where the client is” (Hardcastle, Powers & Wenocur, 2011, p. 45). This research is actively engaging clients starting where they are at this time by asking them to identify what services and supports they believe would be most beneficial and useful to their reintegration into the community and recovery from illicit drug addictions.

Another theoretical framework that this research is based upon is increasing social capital. Social capital is defined as “…the social support and social obligations people and community acquire and owe through the norm of reciprocity. Social capital is developed through the involvement of people in social interactions, social participation, and civic engagement” (Hardcastle, Powers & Wenocur, 2011, p. 49). This can be realized by introducing ex-inmates to communities that offer a “network of ties of goodwill, mutual support…shared norms, social trust and a sense of mutual obligation that people can derive value from” (Huysman & Wulf, 2004, p. 1). Social capital is associated with lower crime rates and increased happiness (Ohmer, 2008; Boneham & Sixmith, 2006; Perry, Williams, Wallerstein & Waitzkin, 2008). Given these findings, it would make sense for programs to incorporate increasing social capital into their practice
as a way to reduce recidivism rates and increase the likelihood of ex-inmates being successful in reintegration into the community.

Empowerment theory also lends itself to this research. Empowerment “…directs us to build on people’s strengths, capacities, and resources to help them accomplish their personal and collective goals and aspirations” (Robbins, Chatterjee & Canda, 2006, p.434). Empowerment theory guides the approaches of reintegration by placing an emphasis on helping people develop their skills and capabilities to enable them to better themselves and become productive, positive members of their communities.
METHOD

Participants

Participants of this study consisted of 38 Humboldt County residents that were currently in probation and/or drug treatment who volunteered to participate. Potential participants were gathered in a confidential board room or office space and introduced to the Primary Investigator. They were then read the informed consent and asked to sign if they were willing to participate in the research design. Primary Investigator (Steven Baldwin) orally reviewed the consent form (see appendix B) with each potential participant. Participants were informed that participation is totally voluntary and that they may discontinue the survey at any time.

Participants were informed of the possible sensitive nature of the survey content prior to administration. Potential risks will be discussed and referral information will be provided to the research instructor, Dr. Michael Yellow Bird.

Prior to receiving the survey, participants were informed, that they will not be asked to provide their name or any other uniquely identifying information on the survey itself. Participants were then asked to sign and return the consent form before being given the survey. Consent forms are to be kept separate from the surveys, and locked in the office of Michael Yellow Bird to protect confidentiality.

Once the consent form is read and signed the Principle Investigator collected them and store them in a designated folder labeled "completed consent forms."
After receiving signed consent forms, surveys were administered. Once the surveys were completed they were collected and stored in a separate folder labeled "completed surveys." Once all the data was gathered and demographical information collected to be analyzed to identify the emergence of any possible confounding variables. Synthesized it was receipted to Dr. Michael Yellow Bird for safe keeping.

These subjects voluntarily answered a questionnaire that examined specific demographic in relation to gender, age, ethnicity, marital status, dependents, primary language, pregnancy, employment health insurance, education, military service, mandatory drug court attendance, AB 109 status, Post Release Community Supervision, Criminal history, mental health, alcohol and other drug inpatient treatment and primary and secondary drug of choice.

Fourteen males and six females volunteered their time to participate in the research design from North Coast Substance Abuse Counsel (NCSAC), also known as Crossroads Therapeutic Community Inpatient Treatment Facility. Sixteen males and two females volunteered to participate from Humboldt County Corrections. Two females from Humboldt Community corrections identified ethnicity as being Caucasian, thirteen males identified being Caucasian, and three males identified with being American Indian ethnicity for a total of n=18 sampled from Humboldt Community Corrections. Of the NCSAC volunteer subjects, five females identified as Caucasian, one female identified as American Indian, twelve males identified as Caucasian, one male as African American, and one male identified as American Indian, totaling n=20, with a combined n=38.
Demographic Data

**NCSAC.** NCSAC Male and female range for age both equaled 34. The mean age for the male subjects was determined to be 32.7, and 40.6 for the females. Median age for the males was 39, and 32.5 for the females. Humboldt Community Corrections participants range for age was 38 for males, and 22 for females. The mean age equaled 37.4 for males, and 28.0 for females. The median age was 35 for males, and 39 for females.

**CCRC.** CCRC male participants’ age range equaled 38, and female age range equaled 22. The mean age for males was 37.4, while females equaled 28.0. The median age for males was 35, and females was 39. Eighteen participants were males and two were females. Both females identified as being Caucasian, one female reported being single and the other married, and both reported no dependents. Thirteen males identified as Caucasian, and three as American Indian. Eleven males reported being single, one married, and four divorced. Males reported having zero dependents, five identified having one dependent, three reported having two dependents, and one reported having one dependent. All 18 participants reported English as their primary language, with no fluency in any other language. No participants from CCRC reported being pregnant.

**Employment.** One female reported receiving social security insurance benefits; the other reported no income. Twelve males stated that they were unemployed, and one received social security insurance benefits. Three males disclosed having employment and earned $10,000 to $25,000 per year.
Health Insurance. Both females disclosed receiving Medicare. Six males reported no health insurance, six reported receiving Medicare, and four reported receiving Medicaid.

Education. Both females reported having earned a GED, with the highest level of education as the 8th and 10th grade. Six males reported having a GED, two reported no GED or High School diploma, with the highest as the 11th grade. One reports not having earned either a GED or High School diploma, and the highest grade completed 10th. Three reported earning a GED. One completed High School and earned an A.A. at a Community College. One earned a High School Diploma with no higher education. Two report completing a GED and earning a A.S. degree from a Community College.

Military Armed Services. One of the male participants disclosed serving in the Army and disclosed that he was receiving Department of Veteran Affairs medical coverage for service connected injuries.

Drug Court. None of the CCRC participants were currently required to attend Drug Court.

Court Orders. Participants were asked if they were mandated AB 109, Post Release Community Supervision (PRCS) or CCRC. One female identified with AB 109 and CCRC. The other female reported obligations to both PRCS and CCRC. Five males reported that they were obligated to AB 109, PRCS, and CCRC. Three males reported
identifying with AB 109 and PRCS. One reported obligation to PRCS and CCRC. One disclosed that he had no obligation to AB 109, PRCS or CCRC.

**Criminal Record.** Participants were asked if they had ever been found guilty of a misdemeanor charge or a felony charge, what their last arrest was, and if they had attempted to set aside an arrest or expunge a conviction. Two females reported misdemeanor and felony convictions. They both report the last arrest as being for possession of a controlled substance. Neither of the females has attempted to expunge their record. Sixteen males reported having both a misdemeanor and felony record. Ten of the males report probation violations as last arrest. One reports last arrest was for sales of methamphetamine. One disclosed last arrest was for evasion. Two report burglary, one embezzlement, and one possession of a controlled substance as the reason for their last arrest.

**Mental Health.** Half of the females reported a dual diagnosis. One female reported 10 prior returns to treatment, with a primary addiction to heroin and secondary addiction to methamphetamine. The other female reported no mental health diagnosis other than addiction, and had one prior return to treatment with a primary addiction to heroin and a secondary addiction to methamphetamine. Four males replied with dual diagnosis. One reported returning once to treatment, and primary addiction to heroin and secondary addiction to cocaine. One reported returning to treatment once prior, and a primary addiction to alcohol and secondary addiction to methamphetamine. One reported three prior attempts at treatment, and a primary addiction of methamphetamine and
marijuana. One reported one prior return to treatment, with an addiction to methamphetamine as only drug of choice and primary addiction. One male reported five prior treatment attempts, with an addiction to heroin and methamphetamine. One reported an addiction to alcohol and meth. One reported no mental health or addiction diagnosis or treatment attempts, but an addiction to alcohol and methamphetamine. One reported no mental health or addiction diagnosis or treatment attempts but an addiction methamphetamine. One reported seven prior attempts at treatment and a primary addiction of alcohol. One reported three prior attempts at treatment with an addiction to marijuana and methamphetamine. One reported one prior return to treatment for addiction to heroin and cocaine. One reported three prior attempts for heroin and methamphetamine addiction. One reported one prior treatment attempt for primary addiction to heroin.

**Demographic Data**

NCSAC represented five Caucasian females who reported being single, and one American Indian as being married. Of those six females, three reported having zero dependents, two with two dependents and one with five dependents. Nine males reported being single, two as married, and three as divorced. Nine of those males that reported having zero dependents, three were Caucasians with two dependents, one as Caucasian with three dependents, and one as African American with four dependents. All twenty of the male and female participants from NCSAC reported English as their primary
language with no other fluency in another language. One of the female participants identifies with being pregnant and in treatment.

**Employment.** Of the six female volunteers, two disclosed no employment, two reported receiving general assistance, one as receiving social security insurance, and one as receiving social security disability insurance benefits. Two males reported being employed with an income between $10,000 and $25,000. Four males indicated that they were not employed, one reported receiving FAFSA, four disclosed receiving general assistance, and one reported receiving social security disability insurance benefits.

**Health Insurance.** Six females reported having health insurance through MediCal. Two males reported no health insurance, two reported having some form of medical insurance, and ten reported receiving MediCare health coverage.

**Education.** Four females at NCSAC reported having earned a High School diploma, one as having earned a GED, and one had not earned a GED or High School diploma. Of the male participants, five reported having earned a High School diploma, four completed the 10th grade with a GED completion, one completed the 11th grade, and one participant disclosed completing the 8th grade without a GED. One male participant reported earning a High School diploma, and completing 50 credits in college. Two reported completing the 10th grade.
None of the participants served in the Armed Forces of the United States. Five of the six females reported being in mandatory drug court. Eight of the fifteen males reported being in mandatory drug court.

**Court Orders.** Participants were asked if they were mandated AB 109, PRCS, or CCRC. Two females reported having no obligations. Three identified as being in CCRC. One identified with PRCS and CCRC. Eight males reported having no obligations, one reported as having AB 109, PRCS and CCRC obligations, four reported having obligations with CCRC, and one reported as having obligations with PRCS and CCRC.

**Criminal Record.** Participants were asked if they had ever been found guilty of a misdemeanor or felony charge, what their last arrest was for, and if they had attempted to set aside an arrest or expunge a conviction. Four of six females reported having both a misdemeanor and felony conviction, one reported none, and one reported having a felony conviction. One female was last arrested for theft, one for assault, two for probation violations, and two for possession of a controlled substance.

Eleven males reported having a misdemeanor and felony conviction, one reported none, one reported a misdemeanor conviction, and one reported a felony conviction. Three males reported their last arrest as being for possession of a controlled substance, one for evading, and four identified their last arrest to be for probation violations. One reported narcotics trafficking, two reported stolen property, one disclosed stolen property, one disclosed shop lifting, one vandalism, and one disregard for another’s safety. One female and two of the males reported an expungement.
Mental Health. Half of the females reported a dual mental health and addiction diagnosis. Dual diagnosis is a major factor when considering this client populations overall success-full rehabilitation. The other half reported an addiction and had been in AOD treatment at least once. Of the dual diagnosed participants, one disclosed returning to AOD treatment five times prior, with a primary addiction to heroin and a secondary addiction to opiates for chronic pain medication. One dual diagnosed female disclosed returning to AOD treatment three times prior, with a primary addiction to crack cocaine and a secondary addiction to alcohol. Another female disclosed having been to treatment three times prior, with primary addiction of methamphetamine and secondary addiction to marijuana.

Six males reported a dual diagnosis of mental health disorder and addiction. Of those six, one reported returning to treatment 10 times prior, with a primary addiction to heroin and secondary addiction to alcohol. One reported returning to treatment three times prior, with a primary addiction to alcohol and secondary addiction to opiates. One male disclosed returning three times prior, with an addiction to methamphetamine and heroin. Another participant stated that he had returned once prior and is addicted to heroin and methamphetamine. One reported returning twice prior, and identified with an addiction to alcohol and marijuana. One participant returned twice prior to treatment, and disclosed an addiction to any substance available.

The remaining participants disclosed no mental health disorder other than addiction. One reported returning to treatment two times prior with an addiction to
alcohol and marijuana, one disclosed retuning to treatment once prior with an addiction to methamphetamine and alcohol. One reported returning four times and an addiction to marijuana and cocaine. One reported having returned to treatment twenty-two different times with an addiction to heroin and methamphetamine. One returned once prior with an addiction to heroin and marijuana. Three participants reported returning to treatment once prior with addictions to marijuana and methamphetamine.

**Sampling Procedures**

A survey was administered by myself as the primary investigator. Convenience and snowball sampling were utilized. The questionnaires were distributed at Humboldt County Corrections CCRC on March 14, March 21, March 28, and March 31, 2014. NCSAC questionnaires were distributed on February 14th, February 15, March 6, 2014. CCRC Community Corrections Resource Center located at 404 H. St. Eureka CA. Participants of NCSAC at 1205 Myrtle Ave Eureka, CA were asked to volunteer at both locations.

Each volunteer was read the informed consent. If the participant agreed to participate and signed the consent form, they were given a questionnaire in a conference room. Institutional Review Board (IRB) authorization was granted with specific protocol ensuring ethical standards, safety and confidentiality of the participants and acknowledgment of informed consent, identification of project members, volunteering a subject, confidentiality, storage of data and publishing of conclusive findings to Humboldt Digital Scholar and Humboldt State University library archive.
Sample Size

The sampling size was estimated to be between 50 and 100, with the final size being n= 38. The questionnaire consisted of 29 demographic questions and 12 qualitative questions. (Questionnaire is attached to appendix B).

Research Design

This research used a mixed methods approach, collecting both quantitative and qualitative data for analysis.
RESULTS

Excerpts taken from questionnaire completed by a 21 year old resident of NCSAC included the following responses:

Q: What services do you think would benefit you most?
A: “Alcohol and other drug related services. Along with mental health programs acting in conjunction with drug classes so as to learn how to combat my underlying issues and become equipped to deal with potential problems in the future”.

This participant articulately identified his desire to remain in treatment and become educated about substance abuse. Within this response, the participant indicates the need for mental health services. This participant understands and appreciates the need for co-occurring diagnosis. What is most exciting about his response is that he states “in conjunction with drug classes”, inferring that both substance abuse and mental health should be integrated. A firm understanding of substance abuse education, if not substance abuse licensure, will dramatically increase the likelihood for the clients’ successful reintegration and rehabilitation to society.

Q: What types of services would you like to be available?
A: “Donation services are very helpful when provided and readily accessible. I wish there were more programs in this county such as that”

This young man expresses a desire to have donations available. What is not known is the types of donations this participant would like to have access to. Never the less, he was able to suggest a solution for types of services this specialized population may benefit from.
Q: What do you feel you need to succeed?
A: “Stable environment, positive environment along with positive influence”.

In order to succeed this individual places a great deal of emphasis on external influences. It should be noted that the participants hand writing, grammar, use of language and articulation is exemplary. This was not the norm with the subjects who participated in this study. Most questionnaires were difficult to read. Many answers are omitted and or carelessly submitted.

Q: What services would you like to have to assist you?
A: “Counseling and therapy to aid in the elimination of learned destructive behavior and tendency’s acquired through prison and long term incarceration”.

This client would benefit greatly from a clinician and or substance abuse counselor as it is within the scope of both to prescribe to cognitive behavioral therapy and identify maladaptive, negative, ruminating thoughts and ideation. This response highlights that this participant is aware of negative behaviors and habits acquired through long term incarceration and sees the need to address them. If the participant has the opportunity to develop an understanding of cognitive reprocessing and apply the thought stopping and replacement skills utilized in the cognitive behavioral modality of treatment, this would hypothetically increase his ability to successfully integrate.

Q: How do you feel you could best improve your quality of life?
A: “Staying clean and sober, removing corrosive individuals from my vicinity and becoming more positive”.

He identified specific boundaries and mechanisms to improve his quality of life. Establishing clear defined boundaries the client has demonstrated the third stage of the
motivational interviewing model identified as the Preparation/Determination stage:
Taking steps and getting ready to change. The Stages of Change Model has five phases:
Pre-contemplation: Avoidance. Inability to identify a problem behavior exists or not considering change. Contemplation: Acknowledging a problem but struggles with ambivalence, and weighs the pros and cons and the benefits and obstacles to change.
Preparation: Getting ready to change. Action: Making the cognitive shift and change, demonstrates new behaviors. Maintenance: Maintaining the behavior modification and integrate into the individuals life.

Another sample of a NCSAC participants responses come from a 20 year old male.

Q: What services do you think would benefit you most?
A: “Financial Aid, counseling, schooling, etc.”.

Q: What types of services would you like to be available?
A: “Financial aid, counseling, grants, schooling etc.”.

This answer was repeated from the previous. Notable was the lack of penmanship, grammar, spelling and thoughtful answers.

Q: What do you need to succeed?
A: “Finishing drug court so eventually get my felonies dropped to misdemeanors and then expunge so I can go to the military”.

Depending upon the convictions and criminal record of this client, it may be possible to exonerate his record. Several decades ago, inmates were given the opportunity to serve within the Armed Forces of the United States. The military has
become a privileged occupation and implements stringent enlistment policies that create barriers to access enlistment.

Q: What services would you like to have to assist you?
A: “Financial services and also a program to help us felons drop their charges to misdemeanors and get them expunged so I can do things in life that normal people do. So I can succeed as a normal productive member of society”.

This individual discloses feelings toward his ability to become successful, establishing a disconnect between who he is based upon his criminal background and perception of self as an outlier unable to access opportunity. The response evokes disdain, frustration and contempt ideology founded in perception of what is normalized by this client. While exoneration will allow more opportunity and deconstruct stereotypes the client has already established an identity of marginalization and unproductive societal member.

Q: How do you feel you could best improve your quality of life?
A: “Change my ways and also people and things and get help doing that”.

This participant recognizes boundaries that need to be addressed. He has implemented the behavioral modification techniques used in motivational interviewing. Acknowledging that change needs to be made is pivotal in the progressive movement toward maintenance stage.

Excerpts taken from questionnaire completed by a 27 year old resident of CCRC included the following responses.

Q: What services do you think would benefit you most?
A: “Job placement assistance signing up for medical insurance, food welfare benefits assisting finding a place to live if my current residence fails”.

This participant identified services that are important to him and to everyone.

Assistance with navigating the internet and or a computer can become very intimidating for an individual who has had little or no computer skills or experience. Many of the participants disclosed that they either were unable to earn a High School Diploma or a GED. This particular participant disclosed that he had earned a High School diploma. Coupled with technological barriers, applying for social services such as welfare can become overwhelming, time consuming, and discouraging.

Q: What types of services would you like to be available?

A: “Assistance with transportation assistance with paying off restitution fines as far as being able to get it lowered if you’re unemployed”.

Many of the participants disclosed needing assistance with obtaining either a driver’s license, birth certificate or social security card. Eight individuals from NCSAC and CCRC disclosed that they needed assistance with obtaining a driver’s license. Three from NCSAC and two from CCRC identified a need for a social security card. Six participants from NCSAC and eight from CCRC identified needing assistance obtaining a birth certificate.

Q: What do you feel you need to succeed?

A: “I need to have a safe stable residence. A secure descent job that pays more than minimum wage. A way to be able to pay off all my fines and get my felonies expunged off my record”.

Expungement of a criminal record is a challenging process that can take several months, and sometimes years, and is contingent upon several judicial requirements.
Going through the process would increase self-efficacy and allow for a sense of renewal and second chance to find secure and maintain competitive employment and or benefits for many of the individuals in this group.

Q: What services would you like to have to assist you?
A: “Assistance with signing up for medical insurance coverage, job placement programs, paying off restitution fines, expunging all crimes from my record assistance with signing up for college and receiving scholarships”.

Q: How do you feel you could best improve your quality of life?
A: “Not ever use drugs or go to jail and be satisfied/full filled with living life clean and sober”.

An interesting submission about services was submitted by a CCRC participant indicating that as a felon, no financial assistance, food stamps, or housing are available for convicted felons, severely limiting the social service and assistance that is desperately needed.

Another questionnaire submitted from a twenty eight year old female CCRC participant included the following responses.

Q: What services do you think would benefit you most?
A: “Inpatient program”.

Q: What type of services would you like to be available?
A: “Job placement”.

Q: What do you feel you need to succeed?
A: “More schooling”.

Q: What services would you like to have to assist you?
A: “Life skills”.

Q: How do you feel you could best improve your quality of life?

A: “More positive things to do for fun in the community”.

It should be annotated that the penmanship, grammar, language is consistent with most of the submissions from the participants associated with CCRC. Over half of the subjects neglected to answer many of the qualitative questions within the questionnaire.

When inquiring about what services participants thought would benefit them most responded with the following answers. Psychiatry, alcohol and other drug counseling, co-occurring therapy, FAFSA assistance, finishing college, taking care of baby, parenting courses, volunteer work, job placement, dental services, support groups, treatment, transportation, assistance with obtaining a driver’s license, college courses.

When asked about types of services that the participants would like to be available responded by the following; AOD counseling, PTSD counseling, aftercare, job fairs, FAFSA assistance, vocational rehabilitation, lawyer assistance, mental health, jobs, schooling, training, volunteering at second hand store, employment, donations, funding for school and housing, sober housing, employment for felons.

When participants were asked what they felt they needed to succeed responded with the following; positive actions, more money, will power, education, want, staying sober, faith, courage, footwork, freedom, sobriety, family bonds, aftercare, surround self with clean and sober people, housing, motivation, volunteering, responsibility, goals.
When asked about what services they would like to have assistance with. They responded with the following answers; Counseling, nutrition, rent assistance, self-care, job training, transportation, housing for felons, structure, stay busy, sober, counseling for tendency’s learned in prison, expungement assistance, and legal programs, Job placement services, employment, education, counseling, communication, social security and social security disability insurance, programs to help felons.

When asked what they felt could best improve quality of life they responded with:

Give back to my community, drug court, letting go of old friends, move on with life, church, stay sober, healthy life, active, narcotics anonymous, alcoholics anonymous, stop using drugs, job, home, school, stay clean, learn morals, sobriety, change my ways, change people places and things, peace and happiness, stop procrastinating, family, service, job,

Table 1 illustrates the need of specific services identifies by research participants to include dental, medical, employment, rental and utility services as the highest priority. Participants from NCSAC identified a large need for these services. Each agency identified with at least one type of service needed by clients. Notably child care, energy assistance, dui counseling were among the least desirable services. Four reported from NCSAC interest in moving services while no participants from CCRC expressed interest in moving services.
Table 1: Assistance needed

<table>
<thead>
<tr>
<th>Services</th>
<th>NCSAC</th>
<th>CCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Credit Consultation &amp; Assistance</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Legal Services</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Medical Services</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Dental Care</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Child Care</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Employment</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Food</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Shelter</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Life Skills</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Domestic or Intimate Partner Counseling</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>DIU counseling</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Moving Assistance</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Rental Assistance</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Rental Deposit Assistance</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Transportation</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Utility Payment Assistance</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Utility Deposit Assistance</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

A high number of individuals staying in a residential treatment facility; eleven from NCSAC and 8 from CCRC (see Table 2). No participants disclosed staying in a shelter or being exposed to the elements. No participants from NCSAC stayed at a shelter, motel, hotel or jail.
Table 2: Where participants stayed during last 30 days

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>NCSAC</th>
<th>CCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own house</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Own apartment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Friends home or apartment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stayed with family</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Shelter</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hotel</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Motel</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Jail</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Residential treatment facility</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Without shelter exposed to elements</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

There were eight subjects from NCSAC and three from CCRC needing food or clothing. Many of the participants did not answer this particular question.

The overwhelming majority of the responses that were answered identified the need for such items as birth certificates, social security card, and driver’s license assistance (see Table 3). Six from NCSAC and eight from CCRC identified needing assistance with obtaining a birth certificate. Three individuals from NCSAC and two from CCRC noted needing social security card assistance and eight from NCSAC and CCRC identified the need for assistance with obtaining a driver’s license.
Four participants disclosed needing assistance with legal services. Four from NCSAC and three from CCRC identified a need for divorce processing assistance. Two from NCSAC and one from CCRC identified a need with child support assistance (see Table 4). No participants from NCSAC reported needing restraining order assistance while one from CCRC identified a need for this service.

Of the participants, there were three females from NCSAC and two females from CCRC that reported being a victim survivor of domestic or intimate partner violence. Three males from NCSAC and one male from CCRC identified as being victims or survivors of domestic or intimate partner violence.
Table 5: Are you a victim/survivor of domestic violence?

<table>
<thead>
<tr>
<th>Gender</th>
<th>NCSAC</th>
<th>CCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Males</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Participants disclosed wanting more information about different topics (see Table 6). Eleven individuals from NCSAC reported interest in addiction and vocational training as the highest ordinal numbers of interested participants. CCRC participants selected addiction as the highest ordinal topic followed by four interests in vocational training. These thirty-eight participants were selected for this research to establish a needs assessment for this specialized population and to identify ways in which to reduce recidivism and identify barriers to a successful rehabilitation, readjustment and reintegration.

Table 6: Participants interest in more information

<table>
<thead>
<tr>
<th>Topic</th>
<th>NCSAC</th>
<th>CCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Cancer</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Diet</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Preparing meals</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>STD/STI</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Vocational training</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Holistic therapy</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Parenting classes</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Topic</td>
<td>NCSAC</td>
<td>CCRC</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Homeopathies</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Domestic violence classes</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Spiritual health</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>GED/ High school</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tutoring Meditation</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Exercise</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Physical Health</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>
DISCUSSION

With regard to this population and the interest in reducing recidivism careful consideration should be taken to identify the specific needs of clients within the criminal justice and treatment systems. This research design illustrates the need for co-occurring mental health counseling services, dental, medical needs and the basic necessities that underserved populations struggle with maintain. These include remaining clean and sober, finding significant, competitive employment, shelter, food and clothing. These basic needs have proved difficult to attain when restrictions on social services are restricted for felons. Many subjects indicated that they wished to give back to the community, to pay back restitution for debts to society and victims by offering labor and or time to community organizations.

Agencies such as the Raven project that promote healthy relationships and sexual education for young adults are suggested agencies that participants would like to volunteer. Most participants indicated that they had been charged or convicted with misdemeanor and or felony offenses. Again like social services restrictions felons are unable to volunteer at many agencies. Volunteering promotes a sense of accomplishment, self-esteem, duty to others, selflessness and allows the individual to gain employment and social skills. The cyclical entry, exit, and reentry into the judicial and criminal justice system has become an accepted lifestyle. Recurrent themes throughout the research have been identified with what services are offered and what services clients would like to have available.
Sampling

To improve convenience samples it is important to recognize many of the participants may not have been able to read or comprehend the questions on the assessment, several participants disclosed an education level lower than the 8th grade literacy level. Framing questions to personalize with a humanistic approach with dignity and respect for each client. Administering the research instrument verbally and recording the answers of the participants may reduce confusion or misinterpretations by the research subjects. Clarifying the questions verbally will increase the number of responses answered. Articulation of what Post Release Community Supervision, Community Corrections Resource Center, and AB 109.

Several subjects did not understand intended language and syntax. It is apparent that this population needs strength based approaches, evidence based practices and long term alcohol and drug treatment lowers the risk to reoffend. Clients do not understand what causes recidivism patterns. Poor socio-economic combined with minimal education. Recommendations

My recommendation for this community project is to maintain established relationships between the County of Humboldt corrections and Humboldt State University and longitudinally implement further research. Limitations to the research include illiteracy as well as participant who merely did not answer the question or declined to participate in the interview process and survey. The mixed methods of qualitative and quantitative convenience sampling was utilized due to the availability of
participants and the ability of the participants to effectively remain engaged in a lengthy assessment questionnaire. Other limitations to this research design include participants do not know what services are available within the Humboldt County community. Client centered is limited within this instrument. Providing a space for the participant to voice their opinions regarding services rather than supplying lists of possible services to choose from allows for some measure of client centeredness. The high risk participants’ self-selected services offered as answers from given responses. Contextually selecting the best services to decrease recidivism may be better suited as a qualitative question asking the participant what services would best benefit from by eliminating possible answers.

Twenty percent of the overall population has no idea what services are offered or what they want. Several participants indicated that they were not interested in services. Moreover several of the CCRC population neglected to show up for regular scheduled probation appointments. More often than not the CCRC clients chose to omit several questions within the research instrument and or declined to sign consent and interview. This specialized population is at high risk for continued criminal and drug related activity and recidivism according to the California Center for Rural Policy. Given the oppressive socio-economic, lack of education and circumstances and the considerable amount of CCRC participants who have been directly affected by PTSD while experiencing racist violence, sexual, psychological, physical abuse within the prison system need to be addressed with specific therapeutic modalities of trauma informed evidence based modalities. Naming the trauma and addressing the criminal mentality and brutality indoctrinated into the prisoners is essential in deconstructing underlying foundations of
manipulation, control, coercive, and aggressive behaviorism. Input from these offenders is critical in understanding this specialized population and what specific interventions need be implemented.

Implications for Social Work

Developing cohesive collaborative relationships within the social work and the criminal justice fields will serve the AB 109 populations. Assembly Bill 109 was enacted November 2011. This is a relatively new policy that requires further research analysis and synthesis to better understand how recidivism can be reduced. Rehabilitative and preventative strategies in a combined effort among social workers, probation officers, clinical therapists and alcohol and drug counselors must continue to develop intersectional relations to better serve this population. There is a desperate need for further research in this area of study. Continuation of this community project will better serve Humboldt County and provide initial research to this relatively new legislation.

Continued research and project development is highly encouraged. Suggestions for future research include emphasis on the prison socialized mindset, transformative counseling, functioning interventions and addressing identified barriers to success.

Based on the results from this study, it is imperative to sustain the current operational tempo and positive counseling from correctional officers and substance abuse counselors who hold clients accountable through respectful encouragement and advocacy to increase effective self-efficacy and ultimately a an individual transformation.
Recommendations for future implications of social work include maintaining established social networking between the County of Humboldt, Humboldt State University, and Humboldt State University's Masters of Social Work Department. Successful quality control, evaluation and implementation of integrative solutions with regard to the best interests of underserved populations and individuals who identify with the judicial or substance abuse system is paramount.
REFERENCES


http://www.law.berkeley.edu/files/REALIGNMENT_FINAL9.28.11.pdf


APPENDIX A: CONSENT FORM

This questionnaire has been created by Steven D. Baldwin M.S. a Masters of Social Work student at Humboldt State University. The questionnaire is a part of a Masters of Social Work community project that is focused on assessing and providing community resources for specialized populations within Humboldt County California. This questionnaire is optional you may stop at any time. The consent Form will explain the details about the questionnaire your rights and pertinent contact information.

Researchers will not link the names provided on the consent forms with the surveys. The consent forms and surveys will be locked in Dr. Michael Yellow Bird’s office for 3 years and then shredded.

CERTIFICATE OF CONSENT TO PARTICIPATE IN STUDENT RESEARCH

I understand that (Steven Baldwin) will answer any questions I may have concerning the consent form, questionnaire or administration procedures at any time. I understand that my participation in any study is completely voluntary and that I may decline to enter this study or may withdraw at any time without prejudice, I understand that (Steven Baldwin) may terminate my participation in the study at any time.

The questionnaire will be administered by (Steven Baldwin). The questionnaire is estimated to take around 10-15 minutes. The purpose of the questionnaire is to assess the social service needs of specific populations of individuals within Humboldt County. The questionnaire will consist of a series of questions that examine demographics and social services needed.
After the questionnaire is filled out Steven Baldwin will put them in a folder and give the questionnaires to Dr. Michael Yellow Bird. No names or other identifying information will be asked. The questionnaires will be kept confidential and will be destroyed after one year.

If you have any questions regarding your rights as a participant, any concerns regarding this project, or any dissatisfaction with any part of this study, you may report them-confidentially, if you wish –to the Dean for Research & Sponsored Programs, Dr. Rhea Williamson at rheawilliamson@humboldt.edu or (707)826-5169.

If you have any concerns regarding this project, or any dissatisfaction with any part of this study, you may report them to the IRB Chair, Dr. Ethan Gathan, at eg51@humboldt.edu or (707) 826-4545.

If you have any questions regarding your rights as a participant, you may report them to the IRB Institutional Official at Humboldt State University, Dr. Rhea Williamson, at rheawilliamson@humboldt.edu or (707) 826-5169advisor: Dr. Michael YellowBird MSW, PhD. micaelyellowbird@humboldt.edu (707) 826-5346

This information will assist in community development of services and the support

Thank You for your time filling out this questionnaire.

SIGNITURE_____________________________   DATE__________________
APPENDIX B: ASSESSMENT QUESTIONNAIRE

Date ______________

Gender

Male □ Female □

Age ______

Marital Status

Married □ Single □ Divorced □

□ How many dependents do you have? ____________

□ Are you currently Pregnant? ________________

□ Ethnicity ______________________

□ What is your primary language? ______________

□ Do you fluent in any other languages? ____________________________

Monthly Income

Are you employed? □ Yes □ No

□ $10,000.00-$25,000.00

□ $25,000.00-$50,000.00

□ $50,000.00-$100,000.00

Source of Income

□ SSDI
☐ SSI
☐ Veteran Pension
☐ Pension
☐ TANF
☐ Child Support
☐ General Assistance
☐ Federal Financial Aid
☐ Montgomery GI Bill
☐ SSI Retirement
☐ Disability Insurance
☐ Veterans Disability Payment
☐ Workers Compensation

**Health Insurance**

Do you have health insurance ☐ Yes ☐ No

☐ Medicare
☐ Medicaid
☐ VA insurance

**Education**

☐ Do you have a High school diploma or GED

☐ Highest grade completed ______________________
☐ Degree(s) Awarded___________________________

☐ Certificates______________________________

☐ Currently Enrolled seeking a degree

☐ College Credits______________

☐ Did you serve in the United States military  □ Yes  □ No

☐ Are you a Combat Veteran  □ Veteran  □

Branch of Service

☐ Army  □ Marines

☐ Air Force  □ Navy

☐ Army National Guard  □ Air National Guard

☐ Coast Guard  □ Coast Guard Reserves

☐ Army Reserves  □ Marine Reserves

☐ Navy Reserves

☐ Type of discharge________________________
☐ Are you required to attend drug court  ☐ Yes  ☐ No

☐ Are you an AB 109 client  ☐ Yes  ☐ No

☐ Are you currently on  ☐ PRCS  ☐ CCRC

☐ Have you ever been found guilty of a misdemeanor Offense?  
☐ Yes  ☐ No

☐ Have you ever been found Guilty of a felony offense  ☐ Yes  ☐ No

☐ What was your last arrest for______________

☐ Have you ever expunged an arrest or conviction?  ☐ Yes  ☐ No

☐ Do you have a mental health diagnosis?  ☐ Yes  ☐ No

Have you ever been in an inpatient treatment for alcohol or drug addiction?  
☐ Yes  ☐ No

How many times? __________

☐ What was your drug of choice?

Primary_________________ Secondary?_________________

☐ What services do you think would benefit you most?______________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ What types of services would you like to be available?

________________________________________________________________________

________________________________________________________________________
What do you feel you need to succeed?

What services would you like to have to assist you?

How do you feel you could best improve your quality of life?

Do you need assistance with any of the following?

- Case Management
- Legal services
- Dental care
- Education
- Food
- Energy assistance
- Credit consultation and assistance
- Medical care
- Childcare
- Employment
- Shelter
- Life Skills
Domestic or intimate partner counseling  
Moving Assistance  
Rental deposit assistance  
Utility payment assistance  

DUI counseling  
Rent Assistance  
Transportation  
Utility deposit  

Where did you stay in the last 30 days?

Own House  
Friends home or apartment  
Shelter  
Motel  
Residential treatment facility  

Own apartment  
Stayed with family  
Hotel  
Jail  
Exposed to elements  

Are you in need of food and clothing?

Would you like to more information on the following topics?

Addiction  
HIV/AIDS  
Hepatitis  
STD/STI  
Vocational Training  
Parenting Classes  
Domestic Violence Classes  
GED/ HIGHSCHOOL  
Exercise  
Mental Health

Cancer  
Diet  
Preparing Meals  
Diabetes  
Holistic therapy  
Homeopathies  
Spiritual Health  
Tutoring Meditation  
Physical Health
Do you need assistance with the following?

□ Birth certificate

□ Social security card

□ Driver license

Legal

□ Divorce Processing assistance

□ Child Support Order assistance

□ Restraining Order assistance

Are you a victim/survivor of domestic violence? □ Yes □ No