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Pepperdine University
Graduate School of Education and Psychology

THE CONNECTION BETWEEN MENTAL ILLNESS AND PRISONER RECIDIVISM: A
STUDY OF THE SELF-PERCEPTIONS AND PERSPECTIVES OF MENTALLY IMPAIRED
LOW-LEVEL NON-VIOLENT MALE EXOFFENDERS

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Sammie L. Stinson

April 2024

Eric Hamilton, Ph.D. – Dissertation Chairperson

This dissertation, written by

Sammie Lee Stinson

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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DEDICATION

This dissertation is dedicated to the life and legacy of Dr. Jack F. McManus who provided me with a scholarly perception in the classroom, and a brilliant academic knowledge of policy development at the local, state, and national level. Words cannot justify how grateful I am for the wonderful experience I had with Dr. Jack McManus at Pepperdine University. His regal and scholarly disposition in the classroom was impressive. When you have a professor who loves to educate, and a student who loves to learn, the academic benefits are infinite. Dr. Jack McManus was a professor who loved to educate, I was a student who loved to learn, and the academic rewards I received have been inexhaustible.

Dr. McManus was an extraordinary lecturer in the classroom. His scholarly lectures and classroom discussions were well-organized and enlightening. He presented the course context in an academically informative and inspiring manner. Classroom discussions always focused on relevant and important policies at the local, state, and national level. Dr. McManus clearly outlined the goals and objectives of the course and every writing assignment. The experience I had with Dr. McManus was intellectually challenging and I enjoyed every minute, especially the fantastic trip to Washington D.C. Whenever I think about the political atmosphere and policy making in our nation's capital, I think about the experience I had with Dr. McManus in Washington D.C. I will remember the experience I had with Dr. McManus in Washington D.C. for the rest of my life. Dr. McManus passed away on August 2, 2019, and the news of his passing broke my heart into pieces. The Pepperdine family, and the world, lost a spiritual and academic giant. I am eternally grateful because I know in my heart, God orchestrated the experience I had with Dr. Jack McManus at Pepperdine University. May Dr. Jack F McManus rest in eternal peace and power for a job well done!

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ABSTRACT

This dissertation investigates the connection between mental illness and prisoner recidivism in California and Los Angeles County. As the literature review discloses, there are various theories that claim to explain why mentally impaired offenders are reincarcerated for breaking the law after they are released. This dissertation presents five research questions based on the literature review and theoretical framework and collected survey and interview data from a sample of 30, self-reported, mentally impaired ex-offenders. The research questions and theoretical framework is intended to provide the reader with an assessment of the viewpoints of the mentally impaired survey participants regarding the connection between mental impairment and prisoner recidivism. The analysis for this dissertation is collectively based on the self-perspectives and perceptions of the mentally impaired survey participants, the principal investigator, and a licensed clinical psychologist who volunteered to participate in this study. The answers to the survey questions and interviews by the mentally impaired survey participants confirm there is a connection between mental illness and prisoner recidivism. The answers to the survey questions and interviews also confirm a significant level of abuse by correctional officers, feelings expressed about pre-release programs, and positive and negative opinions about community-based treatment services and programs.

The information collected from the survey questions and interviews are designed to clarify the mentally impaired survey participants perspectives and experiences during their incarceration, the rehabilitation services they received when they are approaching their release date, and the effectiveness of the community-based programs offered when they return to society. A mixed method research design is implemented to combine the quantitative and qualitative data associated with this dissertation. The information collected will be used to

evaluate the current policies and procedures in the criminal justice system in California and Los Angeles County and to help guide formulation of modifications when it is deemed necessary. Criminal justice legislators and administrators in California and Los Angeles County have provided the essential rehabilitation services for mentally impaired offenders during their incarceration and the community-based services and programs for mentally impaired offenders when they return to society. The final chapter presents a program model comprised of an Individual Intervention Plan to address the needs of mentally impaired ex-offenders when they return to society.

Chapter 1: Introduction

The objective of this dissertation is to investigate the connection between mental illness and prisoner recidivism in California and Los Angeles County, based on the self-perceptions and perspectives of mentally impaired male ex-offenders. Recidivism among formerly incarcerated mentally impaired offenders, at the state and county level, is a multi-tiered problem. There are numerous factors that require investigation to determine why mentally impaired offenders re-offend after they are released from state prison and county jail. One of the dynamics that influence the connection between mental illness and prisoner recidivism is the deficient mental health treatment in California prisons and Los Angeles County jails due to inmate overcrowding (Egelko, 2008). As a result, a significant number of inmates in California prisons and Los Angeles County jails are returning to society suffering from an assortment of mental health disorders. I am a California Certified Alcohol and Drug Counselor (CADC 1), who provides counseling services for ex-offenders returning to society in Los Angeles County. I have personally witnessed numerous offenders re-entering society suffering from major depression, schizophrenia, post-traumatic stress disorder (PTSD), and anxiety disorders.

Reducing the recidivism among impaired ex-offenders will require criminal justice legislators and administrators at the state and county level to coordinate their efforts and create policies and procedures that support appropriate mental healthcare for mentally impaired offenders during their incarceration and when they return to society. The United States Bureau of Justice has determined more than half of the individuals in prison and jails in the United States have a mental illness. According to Stalin 2013, approximately 1.25 million individuals in the U.S. criminal justice system are suffering with a mental illness, which is four times greater than the number in 1998. Criminal justice experts estimate there are approximately two to four times

as many mentally impaired offenders in the United States criminal justice system than in the nation's general population. This is a social disorder that can only be rectified with the appropriate application of affective mental health policies and procedures by criminal justice legislators and administrators.

A significant number of mentally impaired offenders are being incarcerated for committing crimes that can be avoided with public assistance. Mentally impaired individuals are being incarcerated for petty theft and trespassing to obtain the basic necessities of life, like food, clothing, and shelter. Bob Bernstein, the Executive Director of the Bazelon Center for Mental Health Law stated, "numerous offenders are being incarcerated for committing crimes of survival" (Satlin, 2013). An appropriate alternative to incarceration is diversion to community-based rehabilitation services and programs. The incarceration and recidivism rate among low-level, non-violent offenders can be diminished and public health and safety can be improved with effective community-based rehabilitation services and programs.

The high recidivism rates among ex-offenders can be directly related to the deficiency in rehabilitative service during incarceration and the community-based mental health programs and services. Community-based rehabilitation is an effective approach to reducing the recidivism rate among impaired offenders. Unfortunately, state funding to provide effective community-based mental health programs and services has diminished in the past years. From 2010 to 2013, \$4.35 billion in funding for community-based mental health programs and services was cut from state budgets across the United States (Satlin, 2013). The budget cuts have forced community-based mental health organizations to eliminate essential programs and services. In order to reduce the recidivism rates among ex-offenders there is an undisputable necessity for effective community-based mental health programs and service for mentally impaired ex-offenders.

In recent years, Los Angeles County has spent enormous amounts of public funding to incarcerate ex-offenders. However, this tactic has not been effective in reducing the recidivism rate among ex-offenders. Incarcerating impaired offenders without providing appropriate mental health programs and services has never reduced the recidivism rate. The high recidivism rate has compelled the Los Angeles County Board of Supervisors to consider an expansion of the men's central jail system with housing exclusively for mentally impaired inmates, who currently make up nearly 20% of the jail population" (L.A. County needs to construct mental health programs, not just jails par 1). In 2014, the United States Department of Justice recommended Los Angeles County direct more funding to community-based diversion programs for ex-offenders who have been arrested for low-level, non-violent offenses. The diversion programs are designed to encompass mental health treatment, supportive housing, medication management and employment assistance (American Civil Liberty Union Southern California a Way Forward, 2014).

In 2014, a Los Angeles County Superior Court judge stated, "I am highly acquainted with the predicament of ex-offenders who get caught in the criminal justice system." The judge stated, "California state prisons and county jails are not an appropriate environment for non-violent offenders." He stated, "instead of directing a large amount of public funding to create a better jail system, funds should be directed to community treatment programs that assist in keeping low-risk ex-offenders from being incarcerated." The judge confirmed that most of the ex-offenders who appear before him have been charged with low-level, nonviolent felonies such as repetitive petty thefts or simple drug possession, and his goal is to try and place them in appropriate community-based mental health rehabilitation programs as a condition of their probation. However, this has become increasingly difficult due to the decreasing number of mental health

treatment openings (L.A. County needs to construct mental health programs, not just jails par 4). The Superior Court Judge's concerns are directly associated with research question number two of this study.

According to Smerling (2014), the current conditions in Los Angeles County jails for ex-offenders are atrocious, and the 50-year-old facility is deteriorating. The callous and unsanitary living conditions have been commonplace for years. Los Angeles County Sheriff Jim McDonnell validated that the Los Angeles County Men's Central Jail is overflowing with health code violations (Ono, 2015). The Los Angeles County Men's Central jail is a modern-day primitive dungeon, and it is not an appropriate living environment for lawbreakers. The American Civil Liberties Union conducted a comprehensive investigation of the Men's Central jail in 2008 and 2009 and determined the facility should be closed or have its inmate population of 5,000 detainees reduced (American Civil Liberties Union, 2010). Based on the accusations of the ACLU, the Los Angeles County Men's jail system is an unsuitable housing environment for lawbreakers. This data is also directly associated with research question number two of this study.

Effective community-based mental health treatment programs and services are a major component for reducing California and Los Angeles County high recidivism rate among ex-offenders. Competent community-based mental health treatment programs and services will assist in lowering recidivism, stimulate public health and safety, and promoting financial savings at the state and county level. Establishing effective community-based mental health treatment programs and services would provide ex-offenders with an opportunity to stay out of state prisons and county jails and provide them with an opportunity to become productive law-abiding citizens. According to Cloud and Davis (2013), with appropriate access to community-based

treatment programs and services, ex-offenders are less likely to reoffend and more likely to lead healthy, productive lives. Effective community-based mental health treatment programs and services are directly associated with reducing recidivism among ex-offenders in California and Los Angeles County. This assumption is endorsed by the perceptions and perspectives of the mentally impaired survey participants. Forty percent (40%) of the mentally impaired survey participants stated they believe the current community-based treatment service programs in Los Angeles County can help them remain outside of the criminal justice system.

The large number of ex-offenders returning to society in California and Los Angeles County has placed a burden on the community-based mental health treatment programs and services that are currently available. Having access to a sufficient number of community-based mental health care programs and support services will provide ex-offenders with the opportunity to stop transgressing against the law. If the ex-offenders choose to proactively take advantage of the community-based mental health care programs and services they will learn how to live a self-sufficient, crime-free life. Research has proven that effective community-based mental health care programs and services are a vital component of reduced recidivism, improving public health and safety, and substantial saving of tax-payer's funding (Cloud & Davis, 2013). Community-based mental health rehabilitation is a cost-effective approach to lowering the incarceration and recidivism rate among ex-offenders. Several regions across the United States have demonstrated, community-based rehabilitation for ex-offenders reduces the recidivism rate and significantly saves tax-payer's dollars.

Research has confirmed regions across the United States have spent sustainably more capital incarcerating ex-offenders than providing them with community-based programs and services. In the state of Texas, the costs are \$137 a day to incarcerate an ex-offender compared to

\$12 a day to provide a ex-offender with community-based rehabilitation services. In Connecticut, criminal justice administrators acknowledged the state was spending more to incarcerate ex-offenders than to provide them with community-based treatment programs and services. In New York, an evaluation of jail-diversion programs for ex-offenders showed an average of \$7,038 lower cost than incarceration. In Pennsylvania, it was estimated that incarcerating an individual in prison costs the state \$80 per day and incarcerating an individual in prison with a mental illness costs the state almost twice as much. In California, a randomized assessment confirmed that providing intensive community-based outpatient services was expensive at the outset, but the costs were subsequently offset by the reduction in incarceration expense. (Cloud and Davis, 2013). These statistics confirm the reality that community-based mental health treatment programs and services are the foremost effective economical approach to reducing the incarceration and recidivism rates among ex-offenders.

Background

For decades, mentally ill offenders have been receiving inadequate mental health rehabilitation during their incarceration for a variety of reasons. Across the United States, mentally impaired inmates are exposed to a shortage of qualified mental health professionals, a lack of adequate mental health facilities, and prison and jails procedures that obstructs quality mental health rehabilitation (Human Rights Watch, 2006). In 1998, the Bureau of Justice Statistics estimated the nation's mentally impaired incarceration population was approximately 283,000. Currently, that number is estimated to be around 1.25 million. The rate of reported ex-offenders in the prison population is five times greater than in the general adult population in the United States (Human Rights Watch, 2006). The mental health crisis in state prisons and county jails was advanced by the execution of deinstitutionalization. According to Torrey (1997), deinstitutionalization is a policy that authorized the removal of severely mentally impaired

patients from state psychiatric hospitals and the closure of numerous psychiatric facilities. When deinstitutionalization began in 1955, the number of mentally impaired patients in the nation's psychiatric hospitals was estimated at 58,239. By 1994, the number of beds available in the nation's psychiatric hospitals was reduced by 486,620 to 71,619 (Torrey, 1997). The deinstitutionalization policy that authorized the release of mentally impaired patients from psychiatric hospitals in California is considered a major catastrophe. Widespread evaluations of the policy, notably a report by the American Psychiatric Association, placed the blame on politicians, civil libertarian lawyers, and psychiatrists (Lyons, 1984).

In 1959, California Governor Edmund G. Brown reduced the number of beds in California's psychiatric hospitals from 37,500 to 22,000. "In 1967 when Ronald Regan became Governor the number of beds in California's psychiatric hospitals continued to decline. From 1975 to 1983, when Edmund G. Brown Jr. was the Governor of California, there was a continued reduction of beds in California's psychiatric hospitals. Edmund G. Brown Sr. expressed remorse over the execution of deinstitutionalization in California and how the policy progressed. Edmund G. Brown Sr. stated, "we went too far with the deinstitutionalization initiative (Lyons, 1984).

In California deinstitutionalization was aggressively formulated with the execution of the "Lanterman-Petris-Short (LPS) Act" in 1969. The Lanterman-Petris-Short law made it increasingly difficult to hospitalize mentally impaired individuals against their will. According to Torrey (1997), in 1972, Marc Abramson, a psychiatrist in San Mateo County, published data showing that the number of mentally impaired individuals entering the criminal justice system doubled in the first year after the Lanterman-Petris-Short Act went into effect. Four years after a State psychiatric hospital closed in Santa Clara County the jail population rose to 300 percent (300%). In 1975, a study of five California jails by Arthur Bolton and Associates reported that

the number of severely mentally ill offenders had increased 300 percent (300%) over a ten-year period, and the number of mentally ill inmates in California prisons rose sharply in the 1970s” (Lyons, 1984). The execution of the Lanterman-Petris-Short Act was a troublesome mistake by California politicians.

In addition to the enactment of deinstitutionalization Los Angeles County’s mental health programs and services have been burdened by the return of a large number of mentally ill offenders who were granted early release from state prison under, “Assembly Bill 109, The Public Safety and Realignment Act.” In 2011, the US Supreme Court upheld an order by a three-judge federal court requiring California to reduce its state prison population to no more than 137.5% of its design capacity within two years. Prior to the implementation of Assembly Bill 109, California’s prison population had risen to 180% of its design capacity, and inmates were unable to receive routine medical and mental health care (Wikipedia, 2023). In 2011, the US Supreme Court ruled on the case of *Brown v. Plata*, a case on prison overcrowding (Newman, & Scott, 2012). The nation’s highest court determined the California prison system was violating the eighth amendment rights of inmates, which protects inmates from cruel and unusual punishment. To honor the Supreme Court’s directive, California Legislators implemented Assembly Bill 109, with the goal of reducing the state’s overcrowded prison population.

“Assembly Bill 109 allowed non-violent, non-serious, and non-sex ex-offenders, to be released from California prisons and be supervised at the county level. Instead of reporting to state parole officers, low-level ex-offenders were required to report to county probation officers” (Los Angeles County Probation Department Adult Services para 1). The legislation required individuals sentenced to non-serious, non-violent, or non-sex offenses to serve their sentences in county jails instead of state prison (Los Angeles County Probation Department Adult Services

par 1). “As the lead agency for Post-Release Community Supervision (PCS), the Los Angeles County Probation Department was granted sole responsibility for determining eligibility, modifying risk levels, and the execution of additional monitoring by law enforcement” (Los Angeles County Probation Department Adult Services par 3). In 2012, the California Department of Corrections and Rehabilitation (CDCR) projected that approximately 9,000 ex-offenders would be released to Los Angeles County in the first year. By the end of the second year, between 14,000 and 15,000 individuals were expected to return to Los Angeles County” (Los Angeles County Probation Department, Adult Services para 4). Unfortunately, Los Angeles County did not have enough time to prepare for the influx of ex-offenders returning to Los Angeles County.

The connection between mental illness and prisoner recidivism is a serious social multidimensional dilemma. Mentally ill offenders are receiving jail and prison terms that are designed to be tough on crime. California’s criminal justice system is designed to promote long-term incarceration minus effective rehabilitation. Prison guards and Sheriff deputies are not adequately trained to manage mentally impaired inmates and the reentry initiatives for mentally impaired offenders should be reformed. Competent community-based mental health rehabilitation is an essential component for reducing the recidivism rate among ex-offenders. Without effective community-based mental health rehabilitation mentally impaired offenders returning to communities in California and Los Angeles County will have a dreadful experience adjusting to life after their incarceration. According to Kim, Cohen & Serakos (2015), effective community-based treatment programs and services have the potential to reduce the recidivism rate and assist mentally impaired offenders to become productive law-abiding citizens. Los Angeles County’s current recidivism rate among ex-offenders stands at 50.4%. (Smelling, 2015).

Effective mental health rehabilitation treatment during incarceration and effective community-based mental health rehabilitation are critical components to reducing the recidivism rate among ex-offenders. Without effective rehabilitation treatment for offenders during their incarceration and effective community-based mental health rehabilitation, communities in California and Los Angeles County will continue to experience high recidivism rates and public health and safety will likely be jeopardized.

Purpose Statement

The purpose of this study is to investigate the connection between mental illness and prisoner recidivism in California and Los Angeles County. There is an assortment of issues that influence this connection. In order to acquire a thorough understanding regarding the connection, the objectives of the major stakeholders must be examined. The major stakeholders include the California criminal justice legislators, the Los Angeles County Board of Supervisors, the California Department of Corrections and Rehabilitation, the Los Angeles County Probation Department, and the contracted community-based organizations that are assigned to provide rehabilitation services for ex-offenders when they return to society. It is the humanitarian duty of these major stakeholders to provide resourceful and benevolent rehabilitation services for ex-offenders involved in the criminal justice system. The objective of the study is to add to the existing body of knowledge concerning the connection between mental illness and prisoner recidivism and thus to help stakeholders fulfill this duty.

According to the California Department of Corrections & Rehabilitation (2019), the Division of Adult Parole Operations and Mental Health Services Continuum Program (MHSCP) provides parolees with a cohesive continuum of care and mental health rehabilitation services in state prisons and state parole supervision. Low-level and non-violent ex-offenders receive transitional assistance services ninety to one hundred and twenty days prior to their release.

When ex-offenders return to society, they will be provided community-based mental health rehabilitation services designed to reduce the recidivism rate and improve public health and safety. Parolees who are suffering with a mental health impairment will have access to community-based outpatient clinics to improve their ability to adjust to life in society after their incarceration. In compliance with California's Penal Code Section 3016, the Case Management Reentry Pilot Program will provide mentally impaired parolees with case management reentry services designed to address their mental health disorders, developmental disabilities, homelessness, and unemployment (California Department of Corrections & Rehabilitation, Mental Health Services Continuum Program, 2019). A large number ex-offenders is being released in California and Los Angeles County with no strategy for community-based intervention and care (Conly 1999). The Los Angeles County Probation Department's has implemented an approach to correct the situation. Ex-offenders who are returning to Los Angeles County are required to report to one of the four Los Angeles County Probation Department's HUBs within 48 hours after they are released for clinical evaluation, and referral to contracted community-based mental health organizations. Early intervention and referrals to community-based mental health rehabilitation services will assist in reducing the recycling of ex-offenders in and out of California prisons and jails Conly, 1999). The reentry process employed by the Los Angeles County Probation Department will provide ex-offenders with the opportunity to receive appropriate community-based mental health rehabilitation services to remain outside of the criminal justice system and become law-abiding citizens.

There are certain issues that need to be reformed regarding the strategies of the Los Angeles County Probation Department's reentry process. Ex-offenders are reporting to the Los Angeles County Probation Department HUBs without medical records of their past psychiatric

history and treatment. The absence of medical records places the responsibility of making an accurate mental health assessment on the assigned probation officer, who has not been trained to make an accurate mental health diagnosis. This creates the risk of ex-offenders being misdiagnosed and receiving medication that is not compatible for their mental illness. Ex-offenders who are misdiagnosed usually self-medicate with alcohol or drugs and this exacerbates their mental illness and opens the door to criminal behavior.

The Los Angeles County Board of Supervisors is the governing body that orchestrates funding for mental health treatment rehabilitation services in Los Angeles County. The Los Angeles Board of Supervisors is considering demolishing the Men's Central jail and allocate funding for a new mental health hospital managed by the Los Angeles County Department of Mental Health (Los Angeles chooses mental health treatment over jail, 2019). The construction of a mental health facility in Los Angeles County for ex-offenders is an appropriate strategy to reduce the recidivism rate among ex-offenders. According to Kippers (2019), mental health rehabilitation services in jails in Alameda, Contra Costa, and San Francisco County have been recommended. The Contra Costa County Board of Supervisors voted to fund the sheriff's Department with a new mental health rehabilitation jail environment and Alameda County is in the process of building a new mental health rehabilitation facility for ex-offenders in the Santa Rita jail. The Los Angeles Board of Supervisors is entertaining the idea to demolish the Men's Central jail and allocate funding for a new mental health rehabilitation facility managed by the Los Angeles County Department of Mental Health (Los Angeles chooses mental health treatment over jail, 2019). The construction of a mental health rehabilitation facility in Los Angeles County for mentally ill offenders is an appropriate tactic to reduce the recidivism rate.

Health Right 360 and Project 180 are two community-based mental health organizations

in Los Angeles that provide mental health treatment and services for mentally impaired ex-offenders returning to Los Angeles County. In December of 2011, the Los Angeles County Board of Supervisors approved the Los Angeles County Probation Department's recommendation for Health Right 360 to provide community-based rehabilitation services for mentally impaired ex-offenders. Health RIGHT 360 was given the responsibility to be the primary community-based mental health rehabilitation service provider because of the organization's distinctive experience as the Regional Substance Abuse Servicing Coordinating Agency (SASCA). Health Right 360 has a proven track record for providing re-entry and diversion rehabilitation treatment for ex-offenders. The organization has an infrastructure and level of expertise that provides ex-offenders with the necessary rehabilitation services to remain outside of the criminal justice system (Board of Supervisors County of Los Angeles, 2014).

The organization has been providing reentry treatment and services for ex-offenders in Los Angeles County for 18 years (Health Right 360 Post-Release Community Supervision, 2017). The staff at Health Right 360 specialize in providing ex-offenders with comprehensive mental health services. The organization collaborates with community-based mental health care providers. The organization provides their clients with housing support, employment assistance, and human resource services to ensure their clients' needs are appropriately addressed (Health Right 360 Post-Release Community Supervision, 2017). Having access to sufficient community-based rehabilitation services provides mentally impaired ex-offenders with the opportunity to become self-sufficient law-abiding members of society.

Project 180 is a community-based organization located in downtown Los Angeles that provides an evidence-based treatment process designed to meet the universal needs of mentally impaired offenders returning to society. The organization offers reentry programs that are

projected to empower mentally impaired offenders with the capacity to turn their lives around and remain outside of the criminal justice system. Project 180 has a variety of current programs designed to meet the specific needs of mentally ill offenders and reduce the recidivism rate in Los Angeles County. The organization provides mentally impaired offenders with reentry programs that include medical and dental treatment, family reunification, education, and employment services, financial assistance, and housing opportunities. Project 180 works in close collaboration with the Los Angeles County Probation Department and the Los Angeles County Department of Mental Health (Project 180, 2006-2017).

Some of the current programs offered to mentally impaired offenders by Project 180 are the Co-Occurring Disorder Court Program: Project 180 is the Los Angeles Co-Occurring Disorders Court Program's exclusive mental health treatment provider. The program was created in 2007, to provide intensive community-based treatment for defendants with serious mental health care needs. Successful participants are granted the opportunity to receive a reduced sentence or have their charges dismissed. The program operates in partnership with the Superior Court, Public Defender's Office, District Attorney's Office, Department of Mental Health, and the Department of Public Health (Project 180, 2006-2017).

The Co-occurring Integrated Care Network Program: The program was created in 2013 to assist mentally impaired offenders, who have a substance abuse problem, and have been released under the Public Safety and Realignment Act to receive residential substance abuse treatment and case management. The residential substance abuse facility collaborates with Project 180 to provide the participants with mental health services during treatment. Successful participants can continue receiving services from Project 180 after their substance abuse treatment is completed (Project 180, 2006-2017).

The Empowering People through Intervention Choices: The program was designed to redirect mentally impaired individuals who need intensive substance abuse treatment and mental health care from the Los Angeles County psychiatric ward and medical emergency rooms to residential treatment. The mentally impaired participants can stay in treatment for 3 months and are provided mental health services by Project 180. The program functions in partnership with the Departments of Health Services, Mental Health, and Public Health (Project 180, 2006-2017). The above-mentioned programs and several other current programs that Project 180 offers support a mentally ill offender's efforts to remain outside of California and Los Angeles County's criminal justice system, enhance public health and safety, reduce recidivism, and save taxpayer dollars.

Research Question

The research questions for this study were designed to provide the researcher with an insight into the experiences of ex-offenders during their incarceration, their transition back into society, and the significance of community-based treatment programs and services in Los Angeles County. The development of the research questions is established on past criminal justice research information, assumptions, and the intellectual curiosity of the researcher. The answers to the research questions will justify or contradict the researcher's assumptions concerning the connection between mental illness and prisoner recidivism. The answers to the research questions will also reveal the challenges ex-offenders encounter during incarceration, their transition back into society, and the access to community-based mental health treatment programs and services in Los Angeles County. The research questions will also be used to direct the design of the survey questionnaire and the theoretical framework for this experimental study.

The following research question will be used as the guiding principles of this study.

1. Is there evidence that substantiate the connection between mental illness and prisoner

recidivism?

2. Does Federal and State legislation support rehabilitation or prolong incarceration of ex-offenders.
3. Is California's criminal justice system designed for the rehabilitation of mentally impaired inmates or inhumane incarceration?
4. Do the major stakeholders in Los Angeles County believe that rehabilitation instead of incarceration is the most effective approach to safeguard public health and safety, and to reduce the recidivism rate among ex-offenders.
5. What community-based resources are necessary to reduce the recidivism rate among ex-offenders returning to Los Angeles County.

Theoretical Framework

The theoretical framework for this study is supported by a phenomenological inquiry. According to Creswell (2013), a phenomenological investigation highlights what a targeted population has in common as they experience an unusual and significant circumstance. The target population for this study are the mentally impaired survey participants at God's Property. Evaluating the perceptions and perspectives of the mentally impaired survey participants at God's Property regarding, their incarceration, their transition back into society, and community-based mental health programs and services they received, will provide this researcher with a better understand of the current philosophies of California's criminal justice system at the state and county level and provide this researcher with suggestions for additional investigations and necessary reform. The principal investigator of this study believes there are a number of factors that impact the correction between mental illness and prisoner recidivism. The factors are (1) mentally impaired inmates do not receive adequate mental health treatment and services during their incarceration and when they return to society, (2) ex-offenders are not proactively taking

advantage of the mental health programs and services available during their incarceration and when they return to society, (3) early childhood trauma, and substance abuse, of the ex-offenders, and (4) the readiness to change and become confident self-sufficient law-abiding citizens on the part of the mentally impaired survey participants.

Significance of Study

The significance of this study is to verify or dispute the connection between mental illness and prison recidivism. This study will appraise the mental health treatment programs and services provided to mentally impaired offenders in California's state prisons and county jails during their incarceration, the prerelease education programs and services for mentally impaired offenders returning to society, and the current community-based treatment mental health programs and services for ex-offenders in South Los Angeles.

The preliminary phase of reducing recidivism among mentally impaired offenders begins when they begin their incarceration. It is vital for mentally impaired offenders to receive appropriate mental health treatment programs and services as soon as possible after their incarceration. Prerelease education programs and services are essential components to reducing the recidivism rate among mentally impaired offenders. Numerous mentally impaired offenders are returning to society unprepared to become confident, self-sufficient, law-abiding citizens. Appropriate community-based mental health treatment programs and services are an important component in reducing the recidivism rate among mentally impaired offenders. They need a continuum of care when they return to society. This study will also confirm or deny, if mental health treatment for mentally impaired offenders during their incarceration, prerelease education programs and services, and the current community-based treatment mental health programs and services in South Los Angeles are important or have no sufficient value in reducing the recidivism rate among mentally impaired offenders.

Definition of Key Terms

- *Community-Base Treatment.* Local organizations vigorously involved in community collaborations to provide treatment services for a targeted population (International Network of Drug Dependence Treatment and Rehabilitation Resource Centers, 2006).
- *Deinstitutionalization.* The release of institutionalized individuals from institutional care (as in a psychiatric hospital) to care in the community (Merriam-Webster Dictionary 2019, <https://www.merriam-webster.com/dictionary/deinstitutionalization>)
- *Ex-offender.* This study only samples released ex-offenders who acknowledge experiencing significant mental health disorders. All references to ex-offenders, unless explicitly stated otherwise, involve individuals with self-reported mental impairments. For the purposes of the manuscript, the descriptive term “mentally impaired” is thus usually omitted but understood.
- *Hypothesis.* A tentative explanation that accounts for a set of facts and can be tested by further investigation (Dictionary. Con 2016, <https://www.dictionary.com/browse/hypothesis>)
- *Low-level, Non-Violent Felonies:* Crimes that do not result in force and physical harm to another individual. Low-level, Non-Violent Felonies are: Disturbing the peace, public intoxication, prostitution, loitering, trespassing, and petty theft.
- *Mental Health Disorder.* Any psychiatric disorder that displays abnormal behavior (American Psychiatric Association, 2017).
- *Mental Health Care Treatment.* Treatment of the mentally impaired provided by a trained professional (American Psychiatric Association, 2017).
- *Mental Impairment:* A state or condition of the mind the affect, functioning,

development, intelligence, or judgement.

- *Recidivism*. A return to criminal behavior after being released for a crime (National Institute of Justice, 2017).

Key Assumption

The researcher believes the responses offered by the selected mentally impaired survey participants, at God's Property, will signify their true perceptions regarding the connection between mental illness and prisoner recidivism.

Limitation of the Study

The primary limitation of this study is the conclusion can only be applied to ex-offenders and cannot be applied to mentally competent ex-offenders. The study is also limited in its generalizability to a small-size sample from one facility in Los Angeles, as discussed in Chapter 5 at the conclusion of the study.

Summary

The connection between mental illness and prisoner recidivism is a prominent multidimensional criminal justice and social issue. Inmate overcrowding, unconstitutional treatment of mentally impaired inmates during their incarceration, and substandard community-based mental healthcare services and programs are the prominent influences of the connection between mental illness and prisoner recidivism. This study will examine the major influences of the connection between mental illness and prisoner recidivism using an empirical research approach. The conclusions of this study will rely on the responses gathered from the survey questionnaires and interviews of the ex-offenders at God's Property Inc. Also, the opinions of the licensed clinical psychologist, who works with the ex-offenders at God's Property, and the literature review will impact the conclusions of this study.

Chapter 2 of this study will present the existing literature and evident-based practices

used to substantiate the connection between mental illness and prisoner recidivism.

Recommended reforms for ex-offenders, during their sentencing incarceration, and when they return to society will also be introduced in Chapter 2. Chapter 3 will present the methodology used to evaluate the connection between mental illness and prisoner recidivism based on the opinions of the ex-offenders at God' Property Inc. Chapter 4 will disclose the information of the survey questionnaires and interviews, of the ex-offenders at God' Property, and how the data correlates with this study's research questions and theoretical framework. Chapter 5 will introduce the explanations of this study's conclusions and provide recommendations for future reform, and additional research.

Chapter 2: Literature Review

The literature review is designed to examine the theories associated with the connection between mental illness and prisoner recidivism, and to appraise the evidence-based practices in various states that have lowered their recidivism rate among ex-offenders. There are researchers who believe incarceration affects ex-offenders more severely impaired than mentally competent ex-offenders. There is literature that substantiates how cruel and unusual punishment in state prisons and county jails across American deteriorates the psychological capacity of ex-offenders. Criminal justice advocates have provided substantial evidence that confirms the demoralizing management of ex-offenders during incarceration is directly related to the high recidivism rate among ex-offenders. Furthermore, this chapter will provide information that supports the significance of creating sufficient community-based mental health treatment programs and services for ex-offenders returning to society.

Background

To substantiate the connection between mental illness and prisoner recidivism the following literature will be examined: (a) The history of deinstitutionalization, the mistreatment of mentally impaired offenders during their incarceration; (b) The inhumane consequences of solitary confinement on ex-offenders; (c) The inadequate training of state prison guards and county jail deputies; (d) Incarceration without rehabilitation; (e) California's "Proposition 36."

Throughout the mid-1950s until the later part of the 1970s organizations that supported the altruistic care of mentally impaired individuals jointly requested the execution of deinstitutionalization. The demand for deinstitutionalization combined with evidence of multiple medical, social, and legal infractions regarding the treatment of mentally impaired individuals generated groundbreaking changes. Thousands of mentally impaired individuals were released from psychiatric hospitals, and they could no longer be confined without their voluntary consent.

Deinstitutionalization in the United States was backed by the execution of government programs and economic cost-shifting incentives. In 1961, the Federal Joint Commission on Mental Health report, “Action for Mental Health”, recommend the shifting of psychiatric treatment from state-run psychiatric hospitals to community-based institutions (LeCompte, 2015, p. 755).

The United States mental health conditions were appraised in a ten-volume report by the Federal Joint Commission. The Joint Commission recommended a nationwide initiative that provided early intervention and prevention services through greater funding and training dedicated to community-based mental health organizations. In 1963, President John F. Kennedy was influenced by the Commission’s report and recommended the “Community Mental Health Centers Act” (LeCompte, 2015, p. 756). “During the next two decades Congress established federal programs to build community mental health facilities and provided funding for staffing and training. Emerging programs like Medicaid, Medicare, and Supplemental Security Income provided states with financial incentives to transfer psychiatric patients from state mental institutions to federally subsidized community facilities” (LeCompte, 2015, p. 756). However, these strategies uncovered the problems of institutionalization and created momentum for deinstitutionalization.

Psychiatric hospitals in America were stigmatized as “dehumanizing warehouses” that exposed patients to severe abuse and neglect. It was discovered that institutionalization had a definite anti-therapeutic influence on mentally impaired patients, and frequently intensifies a patient’s mental health conditions instead of healing them. Articles in popular publications like Reader’s Digest and Life magazine documented the inhumane treatment of mentally impaired patients, presenting horrifying narratives and graphic photos of neglect and abuse. Books such as Mary Jane Ward’s *The Snake Pit*, Sylvia Plath’s *Bell Jar*, and Ken Kesey’s novel *One Flew Over*

the Cuckoo's Nest provided shocking accounts of life in psychiatric hospitals (LeCompte, 2015). This influenced the execution of deinstitutionalization for mentally impaired individuals.

According to LeCompte (2015), when mental health institutions do more harm than good, and drug therapy becomes the predominant method of treatment, shifts to alternative treatment methods are required. The activists for the benevolent care of mentally impaired individuals set out to liberate mentally impaired individuals by filing lawsuits that challenged the constitutionality of the treatment of mentally impaired individuals. In 1970, Alabama's U.S. District Court reviewed *Wyatt v. Stickney* and decided the state of Alabama was incapable of constitutionally ensuring minimum standards of care for mentally impaired individuals and ordered the release of thousands of mentally impaired individuals from state mental health institutions (LeCompte, 2015). Five years later, the United States Supreme Court condemned the state of Florida's involuntary commitment practice for mentally impaired individuals. The nation's highest court decided Florida could not "constitutionally confine" a mentally impaired individual if they could survive on their own or with the assistance of a willing and responsible family member or friend (LeCompte, 2015, p. 757). Additional lawsuits successfully challenged the destitute treatment of mentally impaired patients. The convergence of these developments produced a substantial reduction in the number of beds in psychiatric hospitals across America. The reduction in beds for psychiatric patients went from 559,000 in 1956 to 154,000 patients in 1980 (LeCompte, 2015).

The reduction of mentally impaired patients in state psychiatric hospitals was a victory for deinstitutionalization. However, the unintended consequences placed mentally impaired patients in nursing homes, adult care facilities, on the streets, and eventually in the criminal justice system. According to LeCompte (2015), critics of deinstitutionalization labeled the

shifting of mentally disordered patients from one institutional setting to another as transinstitutionalization. From its inception, deinstitutionalization exhibited major deficiencies. There were plans for the execution of community-based programs for mentally impaired patients. The arrangements for necessary supportive services such as inpatient and outpatient emergency services did not materialize; nor did, the collaboration between state and federal policies and mental health care institutions to ensure the effective cohesiveness of care did not materialize (LeCompte, 2015).

The inadequate community-based mental healthcare services opened the door for the criminal justice system to become the primary option for housing mentally impaired individuals. According to LeCompte (2015), a 2013 study provided solid evidence that the deinstitutionalization of mentally ill patients increased America's incarceration rates by an estimated 4%-7% between 1980 and 2000. Although this number represents a small contribution to the overall growth of the prison population, the study showed that a large portion of mentally impaired individuals would not have been incarcerated had it not been for deinstitutionalization (LeCompte, 2015).

In 2012, it was projected that approximately 356,000 ex-offenders were in the nation's criminal justice system. That same year there were only 35,000 psychiatric beds available nationwide, which is ten times less than the number of mentally impaired individuals who were incarcerated. (LeCompte, 2015) The arrival of numerous offenders in American's state prisons and county jails challenged criminal justice administrators to provide effective mental health treatment programs. LeCompte stated, this was an initiative that the criminal justice system was not funded, designed, or staffed, to achieve. As a result, when offenders are incarcerated, they do not receive adequate mental health treatment and frequently experience neglect and abuse

(LeCompte, 2015).

Abuse of Mentally Disordered Inmates

There is federal legislation that protects the rights of mentally impaired offenders during their incarceration. However, there is compelling evidence that confirms offenders are habitually abused by prison guards and sheriff deputies. “Corrections officers in state prisons and county jails use excessive and malicious force on mentally impaired inmates. There have been several occasions when correctional officer in state prisons and county jails across America have been accused of excessively using pepper spray, stun guns, and strapping mentally impaired inmates to chairs and beds for several days for noncompliance of correction guidelines. Mentally impaired offenders have received broken jaws, noses, ribs, lacerations, deep bruises, and damaged internal organs at the hands of prison guard and sheriff deputies. Correctional officers have acted swiftly with excessive force without trying to deescalate noncompliance situations and securing mentally ill offenders through humane efforts. This kind of violence usually traumatizes mentally ill offenders, aggravating their mental impairment symptoms and making future mental health treatment difficult (Human Rights Watch, 2015).

Correctional officers in California’s prisons and jails are not adequately trained to recognize the symptoms of mental illness and understand the warning signs of a mentally impaired inmates’ defiant behavior. Correctional officers in California prisons and jails have not been adequately trained to use verbal de-escalation techniques, or to pursue the intervention of mental health professionals before resorting to excessive force against ex-offenders. In certain cases, the use of excessive force by correctional officers in California’s prisons and jails has contributed to an inmate’ death. (Human Rights Watch, 2015). Correctional officers responded with violence when a ex-offender’s behavior is symptomatic of their mental health difficulties, even if the ex-offender’s behavior is minor and non-threatening. Mentally impaired inmates are

brutally punished for urinating on the floor, using profane language, or banging on their cell doors (Human Rights Watch, 2015).

The psychological impairments of offender's places them at a significant risk of being victimized during their incarceration. Mentally impaired inmates are "much more likely to be abused by correctional officers and sexually assaulted by other inmates than mentally competent inmates. In some cases, there are offenders who react to this type of mistreatment by committing suicide. The rate of suicide among mentally impaired inmates in prisons and jails is much higher than mentally competent inmates" (Steinberg et al., 2015, p. 8). Mentally impaired offenders do not have the intellectual competence to comply with correctional guidelines. According to Steinberg et al. (2015), prisons and jails are unsuitable environments for housing mentally impaired offenders. The incarceration environment is inappropriate for the type of therapeutic treatment ex-offenders require. Incarceration environments antagonizes the mental wellbeing of ex-offenders. The levels of danger in state prisons and county jails can have a powerful adverse psychological effect on mentally impaired inmates. Ex-offender's mental health usually deteriorates during incarceration without appropriate mental health treatment (Steinberg et al., 2015).

Solitary Confinement

When mentally impaired offenders are noncompliant with incarceration guidelines, correctional officers have the option to place them in solitary confinement. When a mentally impaired offender is housed in solitary confinement, they are separated from interacting with any one for up to 23 hours a day. According to Steinberg et al. (2015), mentally impaired offenders who are placed in solitary confinement experience a wide range of harmful mental health consequences. They can suffer from appetite and sleep deprivation, severe panic attacks, rage, paranoia, self-mutilations, and suicidal tendencies. According to Breslow (2014), approximately

half of the prison suicides occur among mentally impaired offenders housed in solitary confinement. Solitary confinement is not an effective approach for the correction and rehabilitation of mentally impaired offenders. It is a violation against the human rights and constitutional wellbeing of mentally impaired offenders.

According to Willigan (2014), in the last several decades, it has been established that solitary confinement inflicts severe distress on prisoners. Inmates who have no prior history of mental illness suffers psychological damage from extended time in solitary confinement. Experts in the field of neuroscience have discovered long-term solitary confinement has the potential to alter the chemistry and structure of an inmate's brain permanently (Solitary Watch, 2014). Criminal justice administrators should pay close attention to this theory because a large number of mentally impaired offenders who complete their time in solitary confinement are released directly back into society, a practice that has been linked directly to the high recidivism rate among mentally impaired offenders (Willigan, 2014). Finding a credible solution for this issue is central to public health and safety, reducing the crime, and recidivism rate among mentally impaired offenders.

According to Gordon (2013), many mentally disordered inmates who are retained in solitary confinement for an extended period of time return to society without adequate social reform. "They experience difficulties adjusting to sun light, the noise of traffic, and interacting with other members of society." The problems associated with the transition back into society have caused some mental health professionals to argue that prison administrators should shift their attention from solitary confinement to promoting prison programs that prepare mentally disordered inmates to meet the challenges associated with a return to society. According to Gordon (2013), instead of implementing approaches that promote the control and punishing of

mentally disordered inmates, prison administrators should create effective strategies that endorse rehabilitation (Gordon, 2013). Effective rehabilitation, not control, and punishment will reduce the high recidivism rate among mentally impaired offenders.

In the 1950s, an experiment by University of Wisconsin psychologist Harry Harlow placed monkeys inside a custom-designed solitary chamber. The chamber had slippery sides that made climbing impossible. After two days, the monkeys assume a distorted position in a corner at the bottom of the apparatus” (Breslow, 2014). “Harlow discovered the monkeys kept in isolation wound up profoundly disturbed. They were staring blankly, rocking in place for long periods of time, circling their cages repetitively, and mutilating themselves. Several monkeys readjusted eventually, but the ones that had been caged the longest did not. Harlow stated, the monkeys that were isolated for twelve months were almost socially destroyed” (Breslow, 2014).

“Stuart Grassian, a certified psychiatrist, and a former faculty member at Harvard Medical School, interviewed over one hundred inmates housed in solitary confinement. In one study, Grassian discovered that approximately one third of the inmates were psychotic or extremely suicidal. Grassian determined solitary confinement can cause a specific psychiatric syndrome characterized by hallucinations and panic attacks. Inmates housed in solitary confinement developed overt paranoia, had diminished impulse control, and difficulties with concentration and memory. Some inmates even lose the ability to maintain a state of alertness, while others develop crippling obsessions” (What Does Solitary Confinement Do to Your Mind? Par 5). According to Breslow (2014), the practice of solitary confinement in prisons and jails is the main reason why mentally impaired offenders’ intellectual resourcefulness dramatically deteriorate.

The American Friends Service Committee (AFSC) conducted an independent study on

mentally impaired offenders in the state of Arizona's supermax prisons. The study confirmed that 26 percent of the mentally impaired offenders were mentally impaired, compared to 16.8 percent of the state's prison population (Gordon, 2014). "As a result of the large numbers of mentally impaired offenders in Arizona's supermax prisons, mentally impaired inmates housed in solitary confinement rarely receive psychiatric treatment on a consistent basis." According to Gordon (2014), depending on which state prison a mentally impaired offender was incarcerated in, mental health assessment was only provided every ninety days. "Countless ex-offenders who were retained in solitary confinement, and numerous inmates who become mentally disturbed during incarceration, and required treatment, did not receive treatment. The behavior of mentally impaired inmates was viewed by correction officers as motives for disciplinary action instead of grounds for mental health treatment. In most prisons, when treatment is provided to ex-offenders, they are not being treated in private settings to ensure confidentiality" (University of Michigan Journal of Law Reform Pa 504 Par 1).

"In 1890, the United States Supreme Court addressed the malicious nature of solitary confinement in the case of a man who had murdered his wife" (Solitary Confinement Is Cruel and Ineffective Par 5). The U.S. Supreme Court stated, "due to solitary confinement a substantial number of ex-offenders' mental capacity was diminished to an extent that it was next to impossible to revive them. The high court concluded that some inmates who were housed in solitary confinement became violently disturbed. The justices stated, the inmates who endured the torture of solitary confinement did not revitalize complete mental capacity, and in most cases, they did not recover sufficient mental capability to be of any subsequent service to society" (Scientific American, 2013). One hundred and twenty-seven years later it appears that the wisdom of the U.S. Supreme Court, regarding solitary confinement, has been ignored.

Criminal justice administrators in most states in America do not believe, or seem to be concerned, that solitary confinement irritates a prisoner's mental health and behavior. However, according to Scientific American (2013), the state of Mississippi has taken a different approach regarding solitary confinement. The State of Mississippi stopped housing mentally impaired inmates in solitary confinement at its Parchman correction facility and built a new correctional facility to house ex-offenders. As a result, the Mississippi Criminal Justice System has saved more than \$5 million dollars annually (Solitary Confinement Is Cruel and Ineffective Par 7). An investigation of Washington State's prison population found that 69 percent (69%) of the inmates who were released back into society directly after solitary confinement committed new crimes that landed them back in prison within three years. Solitary confinement is detrimental for ex-offenders and counterproductive to the initiatives that accommodate a successful return to society (Scientific American, 2013).

Deficient Mental Health Care

The inadequate mental health treatment in California's prisons and jails is horrifying. Prisons and county jails in California are not providing adequate mental care treatment for ex-offenders (LeCompte 2015). In the early 1990s, the incarceration rate of mentally impairment ex-offenders increased in U.S. prisons and jails. As a result, ex-offenders experienced new strategies to accommodate their growing population (Effective Prison Mental Health Services, par 1). According to Hills, Siegfried, and Ickwitz (2004), the United States Department of Justice projected 16 percent (16%) of all inmates in state prisons suffer from a mental impairment. Mental health professionals believe the enormous increase in ex-offenders is "due to the downsizing of state psychiatric hospitals, the underfunding and absence of sufficient community-based programs and services. Additionally, the restriction of insurance policies restricted the access to adequate community-based programs and services have influenced the high

incarceration and recidivism rate among ex-offenders” (Effective Prison Mental Health Services Pa 1 Par 2).

According to Hills, Siegfried, and Ickwitz (2004), state prisons and county jails are poorly equipped to provide sufficient mental health treatment to ex-offenders. Prisons and county jails do not have the accommodations, the trained personnel, or the therapeutic resources to effectively accommodate with the needs of ex-offenders. Federal and State magistrates have clarified that state prisons and county jails in the U.S. are constitutionally responsible for providing sufficient mental health treatment for ex-offenders (Effective Prison Mental Health Services Pa1 Par 3). It is critical for criminal justice administrators, at the state and county level, to understand the severity that mental illness has on a mentally ex-offender’s mental competency in order to provided them with the treatment to effectively deal with a mentally impaired inmate’s ill health. A transparent understanding of the cruelty that mental illness has on ex-offenders will help to deliver initiatives that provide humanitarian treatment. Understanding the severity mental illness has on ex-offenders will assist in improving the operations of state and county correctional facilities, uphold the safety of inmates, corrections personal, and avoiding judicial ramifications (Hills, Siegfried, and Ickwitz, 2004). Improving the treatment of ex-offenders in state prisons and county jails is the first step in reducing recidivism.

According to Hills, Siegfried, and Ickwitz (2004), ex-offenders create an assortment of challenges for criminal justice administrators. Currently, prison guards and sheriff deputies do not have the skills to effectively manage ex-offenders during their incarceration. Prison guards and sheriff deputies need more training to effectively manage mentally impaired inmates without using excessive force. The conflicting objectives of controlling ex-offenders compared to the benevolent treatment of ex-offenders creates a host of problems in the criminal justice system

that need to be rectified. There is an enormous amount of evidence-based data prison guards and sheriff deputies can follow to effectively supervise ex-offenders.

Effective Mental Health Treatment

The difficulties of providing ex-offenders with effective mental health treatment during their incarceration has influenced criminal justice administrators to examine their current strategies. There are too many ex-offenders who are being abused and not receiving the appropriate mental health treatment to become law-abiding citizens when they are released. According to Hills, Siegfried, and Ickwitz (2004), ex-offenders pose specific challenges for incarceration administrators. Prison guards and sheriff deputies do not have the knowledge, training, or experience to effectively supervise ex-offenders. There is a shortage of mental health professions in the criminal justice system to conduct screening and provide effective treatment for ex-offenders. The lack of training and experience that prison guards and sheriff deputies have, and the shortage of mental health professions in the criminal justice has formulated ineffective mental healthcare treatment for ex-offenders during their incarceration. The deficiencies of effective mental healthcare treatment and service in the criminal justice system diminishes ex-offenders the opportunity to remain outside of the criminal justice system and become law-abiding citizens.

According to the Human Rights Watch (2009), effective mental health treatment will promote recovery for some mentally impaired inmates, and for many others, effective mental health treatment will alleviate their agonizing mental health symptoms, prevent additional deterioration, and lessen suicidal tendencies. Well-organized mental health treatment will strengthen the cognitive abilities of mentally impaired inmates and invigorate the effectiveness of their intellect (Human rights Watch, 2009). Effective mental health treatment will rehabilitate a mentally impaired inmate's psychological stability and improve coping skills. Vigorous prison-

based mental health treatment will decrease the transgressions of mentally impaired inmates and inmate abuse. More importantly, effective prison-based mental health treatment will offer mentally impaired inmates the opportunity to become productive members of society, reduce the high recidivism rate, and eliminate some of the financial spending that is placed on society.

Incarceration Verses Rehabilitation

According to Steinberg et al. (2015), California is the number one state in American concerning incarceration, instead of rehabilitation for ex-offenders. As usual, what starts in California spreads throughout the country. In 1971, there was 20,000 ex-offenders in California's criminal justice system, by 2010, the population increased to 162,000 with 45 percent of ex-offenders projected to be mentally impaired. (p. 2). In order to reduce the number of repeat offenders in California's prisons and jails, criminal justice administrators have a duty to concentrate exclusively on rehabilitation instead of incarcerating ex-offenders for their transgressions. Benevolent and comprehensive mental health treatment will inspire ex-offenders to turn their lives around and remain outside of the criminal justice system. The first step in the reduction of the high incarceration and recidivism rate among mentally disordered ex-offenders is to provide effective mental health rehabilitation during their incarceration.

According to Steinberg et al. (2015), there are different categories of ex-offenders in the U.S. criminal justice system. There are ex-offenders who are violent and need strict control, supervision, and intense rehabilitation. There are nonviolent ex-offenders diagnosed with mild mental impairments, who warrant moderate control and benevolent care. Finally, there are ex-offenders who have been psychologically damaged by a traumatic experience, who required an accurate diagnosis to determine the best intervention and supervision. Regardless of the category an ex-offender is placed in, constitutional and human rights policies require mentally impaired inmates receive humane mental health treatment and supervision.

Ex-offenders in California's criminal justice system are receiving longer sentences than other ex-offenders and commit the same crime. A burglary conviction for ex-offender is thirty percent (30%) longer than a burglary conviction for an ex-offender who does not have a mental impairment (Steinberg et al., 2015). The discrepancy is even more disparaging when the time comes to be considered for release. The number of ex-offenders denied release under California's Proposition 36, the Substance Abuse and Crime Prevention Act of 2011, is three times greater than ex-offenders who are released that do not have a mental impairment (Steinberg et al., 2015). The situation becomes even more disparaging for ex-offenders when they return to the general public.

Mentally ill offenders are returning to communities in California that are ill-equipped to provide services that generate a successful reentry back into society (Steinberg et al., 2015). This injustice generates an increase in recidivism, a decline in public health and safety, and a waste of taxpayer dollars. The mistreatment of ex-offenders during their incarceration, and the insufficient community-based mental health rehabilitation they are receiving when they return to society, is a method of social exploitation. The social exploitation of ex-offenders in California's criminal justice system, and community-based mental health rehabilitation can be compared to the abuse of African Americans during slavery. The mistreatment of ex-offenders in California's criminal justice and the community-based mental health rehabilitation services that are currently being providing is disturbing and is in much need of urgent reform.

Proposition 36

In 2012, seventy percent (70%) of California voters endorsed Proposition 36 to grant low-level, non-violent ex-offenders sentenced to life in prison an opportunity to petition the courts for a reduced sentence or early release (Steinberg et al., 2015). There have been over 1,700 ex-offenders who received a reduced sentence or granted early release under Proposition

36, and the recidivism rate has been amazingly low: less than 1.5 percent. However, ex-offenders are not receiving the same restitution approved by Proposition 36 as mentally stable ex-offenders (Stanford Law School Three Strikes Project pa 14 par 3). The primary reason why ex-offenders are not receiving the same compensation is the violation of disciplinary behavior during incarceration. When a low-level non-violent ex-offender petitions the courts for a reduced sentence or early release, a Superior Court judge will evaluate an ex-offender's behavior during their incarceration and determine if the ex-offender's reduced sentence or early release will jeopardize public health and safety (Steinberg et al., 2015).

When a Superior Court judge evaluates the disciplinary record of a ex-offender's behavior, the judge should take into consideration the challenges ex-offenders experience adhering to incarceration behavior guidelines (Stanford Law School Three Strikes Project, 2015). An ex-offender's capacity to comply with incarceration behavior guidelines should be taken into consideration. Ex-offenders usually have difficulties understanding and following prison guards' and sheriff deputies' commands. Ex-offenders who suffer with a severe mental impairment like post-traumatic stress disorder (PTSD) and schizophrenia do not have the cognitive resources to understand and comply promptly to incarceration behavior guidelines. It is essential for California legislators and criminal justice administrators to clarify disciplinary guidelines in the criminal justice system to assist Superior Court judges to apply a comprehensive evaluation of ex-offenders petition for re-sentencing or early release. The Superior Court judges' ruling should exclusively be established on whether a ex-offender's re-sentencing or early release poses a danger to public health and safety or themselves (Stanford Law School Three Strikes Project, 2004).

Inmate Abuse in California's Criminal Justice System

Being incarcerated in California prisons and Los Angeles County can be a frightening

experience, especially for mentally ill offenders. Mentally ill offenders do not have the mental and emotional resilience to endure prison and jail environments individually. Inmate abuse is commonplace in California's criminal justice system. According to The Shouse California Law Group (2020), ex-offenders are routinely subjected to unnecessary force, verbal abuse, and physical assaults by correctional officers and other inmates. Incarceration administrators have been accused of ignoring an inmate's requests for medical treatment which violates an inmate's Eighth Amendment rights, the protection from cruel and unusual punishments. Correctional officers in California's criminal justice system have violently punched, kicked, and hit ex-offenders with flashlights, and destroying their property without cause (The Shouse California Law Group (2020).

In 2013, during a trial in federal court room in Sacramento California, disturbing video footage was played showing prison guards spraying excessive amounts of pepper spray into the cells of mentally impaired inmates" (Solitary Watch 2013). The trial was part of a federal lawsuit filed in 1991 by legal advocates contending ex-offenders were being subjected to brutal and inhumane treatment by prison guards in California's criminal justice system. According to Dawson (2013), the videotapes showed prison guards spraying excessive amounts of pepper spray into the cells of naked, screaming inmates, and then forcibly removing them from their cells. On the first day of the trial, the presiding U.S. District Judge reviewed video footage of mentally ill inmates being abused by prison guards. The video showed mentally impaired inmates begging for help as prison guards sprayed them with excessive amounts of pepper spray.

One particular video showed a mentally impaired inmate in his cell playing with his feces and refusing to take his medication that was being dispensed by a visiting psychologist. "When the psychologist emerged from the inmate's cell a team of prison guards wearing gas masks and

helmets began spraying excessive amounts of pepper spray into the inmate's cell commanding the inmate to come out of his cell. When the inmate refused to come out of his cell, the prison guards entered the inmate's cell and wrestled him to the floor. The mentally impaired inmate began sobbing and screaming "please do not do this to me, I do not want to be executed" (Dawson, 2013). Expert witness Eldon Vail, the former director of the Washington state prison system, described the brutal tactics used by guards during a cell extraction.

Expert witness Vail gave an account of an incident at Corcoran State Prison where a mentally impaired inmate was having a psychotic episode and refused to take his medication. Mr. Vail stated, "the inmate was not lucid or coherent enough to follow the guards' instructions to exit his cell" (Dawson, 2013). Expert witness Vail stated, "the team of prison guards sprayed so much pepper spray into the inmate's cell when they finally entered to apprehend him, the floor was so slippery the guards and the inmate wound up in a pile sliding across the floor" (Solitary Watch Videos Show Abuse of Mentally Ill In California Prisons, 2013). The lawyers representing mentally impaired inmates subpoenaed additional witnesses who affirmed, prison guards at Corcoran State prison's psychiatric unit spray mentally impaired inmates excessively with pepper spray for minor infractions. During cross-examination a witness for the state of California admitted prison guards at Corcoran State prison were far too reliant on pepper spray to discipline ex-offenders" (Dawson, 2013).

Expert witness Steven Martin who is a criminal justice consultant with 40 years of experience as a prison guard and criminal justice administrator testified, stating, "prison guards use pepper spray excessively on mentally impaired inmates because prison policies encourage the unreasonable action" (Dawson, 2013). Mr. Martin stated, "I saw more pepper spray in one prison guard tower than most prisons have in their entire inventory. Mr. Martin stated, "I was

shocked to see prison guards equipped with canisters of pepper spray large enough to control a crowd.” According to Dawson (2013), Mr. Martin testified that most prisons do not need that level of weaponry to control their inmate population.” Expert witness Martin stated, “prison guards routinely use canisters of pepper spray the size of a fire extinguisher on mentally impaired inmates when a much smaller amount can be used to defuse a situation” (Solitary Watch Videos Show Abuse of Mentally Ill in California Prisons, 2013).

After the presiding U.S. District Judge reviewed the video footage he ordered a revision of procedures for the application of force, especially in the use of pepper spray” (Dawson, 2013). The judge stated, “although some steps have been made in improving the conditions for 33,000 mentally ill inmates in California’s criminal justice system, further steps are necessary.” The judge delivered a 74-page directive addressing the pepper spray issue as well as the administration of solitary confinement as practice for disciplining mentally impaired inmates (Mentally Ill Prison Inmates Writhe in Pain from Pepper Spray Abuse par 2). According to Wilde (2014), the presiding Judge was visibly upset as he watched the videos in the courtroom. “Attorneys for the inmates produced seventeen videos for the Judge to view, but the judge said, “I have seen enough after watching six videos.” Michael Stainer, director of CDCR’s Division of Adult Institutions, referred to the videos as controlled chaos” (Mentally Ill Prison Inmates Writhe in Pain from Pepper Spray Abuse par 4).

In 2013, lawyers who represented the inmates petitioned a federal judge to penalize the state of California for excessive physical punishment and the excessive use of pepper spray against mentally ill inmates. The lawyers claimed California prison officials were refusing to recognize the behavioral problems of mentally impaired inmates and permitting minor problems to escalate. The lawyers stated, “a hallucinating inmate who ignores a command to push his food

tray through a door slot can be assaulted with repeated rounds of massive amounts of pepper spray and then confined in a holding cage.” According to St John (2013), the culture in California prisons is one of force and violence, governed by punitive means of control, at the expense of holistic treatment. The lawyers declared California has made no progress since 1994, when a federal magistrate upheld original complaints of excessive force against ex-offenders, when it was discovered prison guards were substituting tasers and 37-mm guns with large canisters of pepper spray for crowd control (St John, 2013, para. 1).

The lawyers petition included reports that alleged ex-offenders were being victimized with excessive force two to three times more often than mentally competent ex-offenders. Also, the petition alleged ex-offenders are being victimized with excessive force in four other California prisons, even though they only make up a third to half of the prison population. Expert witness Eldon Vail, stated, “I have come to an overwhelming conclusion that California prison administrators do not understand.

Vail declared, “the California Department of Corrections and Rehabilitation is running an insular prison system that has betrayed administrators into believing ex-offenders are different more difficult to manage than ex-offenders in other states. However, ex-offenders are not different than ex-offenders in other states; ex-offenders are being treated callously in California, and the horrible evidence is undeniable” (St John, P. 2013, Lawyers Claim Physical Abuse of Mentally Ill Inmates. The Los Angeles Times pa 2).

Anne Hadreas, an attorney for Disability Rights California, a California organization that monitors, protects, and advocates for individuals suffering with mental illness and disabilities in jails, state hospitals, and other facilities visited Sonoma County’s main jail. During her visit she was shocked at what she saw. Attorney Hadreas said she’s seen mentally impaired inmates

screaming and crawling on the floor (Pickoff-White & Small, 2016). Several inmates were so impaired in their relationship with reality, they were unable to engage in a conversation.

Attorney Hadreas was amazed at the inmates' severe mental illness. She stated, the inmates' mental health needs were more significant than patients in a licensed designated mental health hospital (Pickoff-White & Small, 2016).

During her visit, attorney Hadreas encountered a mentally impaired woman who had been incarcerated in the jail's mental health module several times on a series of misdemeanor charges. The woman's medical records indicated she had an extended history of being hospitalized for bipolar affective disorder. Despite her long history of suffering from bipolar affective disorder, the woman was not immediately evaluated by the jail's mental health staff. The mentally impaired woman was observed by jail staff tearing up her cell and flooding the cell with water. The jail staff responded by turning off the water in her cell. The mentally impaired woman was also seen drinking urine out of her toilet. Attorney Hadreas wrote a report stating, "it is obvious the woman should be transferred to a psychiatric facility that could better meet her needs" (Pickoff-White & Small, 2016, para. 10).

Hadreas wrote a report stating, the woman's inadequate mental health treatment was the result of the deficient mental health treatment in Sonoma County's jail, a facility where nearly forty percent of the inmates incarcerated last year were diagnosed with a mental illness (Pickoff-White & Small, 2016, para. 11). Mental health experts believe the conditions that were discovered in Sonoma County jail's mental health module confirm a disturbing nationwide reality. The exclusion of treating mentally ill individuals in from state hospitals in favor of community mental health facilities that are not adequately funded, have made correctional facilities become the treatment centers for inmates "suffering from acute psychiatric disorders"

(Pickoff-White & Small, 2016, para. 16). The treatment of mentally ill inmates in Sonoma County proves the jail system is not an appropriate environment for the treatment of the mentally ill offenders. Terry A. Kupers, a psychiatrist and expert witness on the treatment of mentally ill individuals in prisons and jails stated, “Jails were not designed for the treatment of mentally ill offenders” (Pickoff-White & Small, 2016, para. 20).

Correctional and mental health staff in Sonoma County’s jails say they prefer mentally ill inmates receive treatment in state psychiatric hospital; however, the system is broken, leaving them with few options. Correctional administrators and mental health staff in Sonoma County said they cannot find any outside psychiatric facilities willing to treat mentally impaired offenders (Pickoff-White & Small, 2016). The reality is treatment options are hard to find for mentally impaired individuals who are incarcerated for a misdemeanor.

Randall Walker, the assistant sheriff, said it is very hard for someone who has not been charged with a felony to get into a state psychiatric hospital for treatment, and even if a state facility accepts an inmate, a transfer can take three to four months. (Pickoff-White & Small, 2016, para. 59)

Sonoma County jail administrators stated, while some of the findings in the report were valid, accounts obtained during the Disability Rights California attorney’s visit were exaggerated and overly dramatized (Espinoza, 2016).

Michael Kennedy, the director of the county mental health department in Sonoma County which provides mental health services in Sonoma County jails confirmed, “The problems cited in the Disability Rights California report are not exclusive to Sonoma County.” Kennedy stated, “The real problem stems from the lack of inpatient psychiatric beds for mentally ill inmates (Espinoza, 2016). However, Disability Rights California attorney Hadrass said the Sonoma

County Jail system does not have sufficient mental health services to treat mentally impaired offenders (Serious mental health violations at Sonoma County jail para 4). The Sonoma County Jail system is not an appropriate place to provide adequate treatment for ex-offenders suffering with a severe mental illness.

Director Kennedy stated, “One of the reasons why the Sonoma County jail houses mentally ill offenders is, psychiatric hospital in Northern California will not except mentally ill offenders from the county jail and provide them with the necessary psychiatric treatment to stabilize them” (Espinoza, 2016). Kennedy stated, “Some of the mentally ill inmates in the main jail required treatment in secure inpatient psychiatric units that are designed for prison and jail inmates, but none of those facilities exists in the region. According to Espinoza (2016), Assistant Sheriff Randall Walker, who oversees the county jail system, agreed with Kennedy’s sentiments. Sheriff Walk stated “If you are looking for the most appropriate environment to treat an individual suffering with a severe psychiatric impairment, the jail is not the most favorable place to treat them. In 2019, Sonoma County begin the construction on a \$48-million unit designed to be an appropriate therapeutic environment for the treatment of mentally ill offenders. (Espinoza, 2016).

In 2014, following the deaths of three jail inmates in less than a year in San Luis Obispo County jail, inspectors from the Institute for Medical Quality were hired to evaluate the jail’s compliance with California’s Title 15 Crime Prevention and Corrections legislation.

The inspectors found several problems in the treatment of mentally ill offenders and most of the deficiencies continue to this day (Cal Coast News.Com Inspection Report Rips SLO County Jail’s, 2017). State law requires California jails to submit a health inspection report every two years to the state and to provide the county board of supervisors with copies of the report.

However, it was discovered by the inspectors that the San Luis Obispo County Board of Supervisors was not given the 2015 report (Velie, 2017). The inspectors determined that San Luis Obispo County had failed to comply with state requirements regarding adequate staffing, policies and procedures and the appropriate use of restraints in the county's jail system. The inspectors declared, "While the county appeared to be disregarding state policies and procedures to cut expenses, inmates had died and suffered substantial traumas" (Velie, 2017).

The San Luis Obispo County mental health department was selected to provide the medical and mental health treatment of ex-offenders. Unfortunately, the county's mental health department only transferred a small number of ex-offenders from the jail to psychiatric hospital (Cal Coast News.Com Inspection Report Rips SLO County Jail's, 2017). As a result, inmates who have been ordered by the court into a mental health facility do not receive mental health care treatment and services for weeks or months after being incarcerated (Velie, 2017).

According to the inspector's report, "San Luis Obispo County was in violation of California's Title 15 legislation for not transferring ex-offenders to a mental health care facility in a timely manner" (Cal Coast News.Com Inspection Report Rips SLO County Jail's, 2017). A representative of the San Luis Obispo County mental health department stated, "the governing body had adopted a policy of not transferring mentally impaired inmates because of licensing issues." However, Jeff Hamm the director of the county's health department said there was not a licensing issue in place, and the county mental health department would begin transferring more mentally impaired inmates for treatment (Velie, 2017).

However, a review of the records of several mentally impaired inmates who were waiting to be transfer to a county mental health treatment establishment shows otherwise (Velie, 2017). San Luis Obispo County mental health treatment establishments are rarely at maximum capacity,

and the county jail continues to be the primary mental health treatment provider for mentally impaired inmates (Velie, 2017). The failure to properly staff San Luis Obispo County jail with medical and mental health care professionals are another problem of concern. While the inspectors and several San Luis Obispo County officials report the jail's medical and mental health personnel is not adequately staffed to provide sufficient mental health care treatment and services, the director of the mental health department claims the jail is now and has always been properly staffed (Cal Coast News.Com Inspection Report Rips SLO County Jail's, 2017). However, Public Health Director Penny Borenstein stated, "The San Luis Obispo County has not appropriately staffed medical personnel at the jail for the last ten years, and the leadership team is working very hard to hire enough staff to cover all the shifts and fill the vacancies." (Velie, 2017).

Inspectors from the Institute for Medical Quality requested jail administrators to eliminate the practice of having deputies, who do not have the medical training to conduct the medical assessments of inmates. The county health department responded by announcing plans to create a position for a nurse to work in intake (Velie, 2017). However, after several months, the health department removed the nurse from the intake position. In addition, the inspectors determined that medical staffing levels at the jail were "insufficient to meet the workload." At times, the jail has only one nurse on staff whose duties include handing out 1,487 daily prescriptions. As a result, the county has "potential litigious challenges (Cal Coast News.Com Inspection Report Rips SLO County Jail's, 2017). The current staffing of medically trained deputies and medical personnel in the San Luis Obispo County jail system is preposterous.

Inmate Abuse in Los Angeles County Jails

In 2016, a federal judge sentenced Los Angeles County sheriff deputy Jason Branum to serve 21 months and deputy Bryan Brunsting to serve 5 months in prison for beating a ex-

offender and lying to cover up the attack (Tchekmedyian, 2016). The case revolved around allegations made by Joshua Sather a new recruit who had graduated from the police academy at the top of his class. Recruit Sather informed the jury that he was on his job for a few days when he was summoned by deputy Branum and was informed that an inmate had left his cell without permission and was mouthing off at deputies, and the deputies were going to teach the inmate a lesson (Tchekmedyian, 2016). “Sather testified he tackled the inmate and punched him several times, but he stopped when he realized the inmate was not resisting. However, other deputies arrived and began kicking and throwing more punches until the inmate curled up on the floor screaming and crying. Sather told the jury when the incident was over, the deputies gather together privately to fabricate their justification for the beating, and they gave sheriff’s administrators a falsified report” (Tchekmedyian, 2016).

During the trial, attorneys for the defendants argued that Recruit Sather testimony was not trustworthy because he gave conflicting accounts of the incident over the years to avoid becoming a person of interest in the incident. However, it took the jury only 90 minutes to reject the defense’s argument and convict Brunsting and Branum of violating the ex-offender’s civil rights, depriving him of his civil rights under the color of authority and falsifying records (Tchekmedyian, 2016).

In 2015, the United States Justice Department ordered Los Angeles County to implement a number of improvements in the County’s jail system to improve the conditions for inmates. A report by Dignity and Power Now, an organization that fights for the dignity and authority of the incarcerated population, disclosed the horrifying abuse of African American female ex-offenders in the Los Angeles County jail system (Sonenstein, 2015). The report, entitled “Breaking the Silence,” highlighted the testimonies of formerly incarcerated African American women. The

report focused on the experiences the women in the Century Regional Detention Facility (CRDF), the Twin Towers Correctional Facility, and the California Institute for Women (Sonenstein, 2015). The report stated African American women in Los Angeles County Jails were being horrifically abuse during their incarceration.

African American women in LA County jails stated, “They were routinely restricted and denied access to medication and medical professionals. The women said, they were housed in unclean and humiliating conditions, in cells with feces smeared on the walls and clogged toilets.” The African American female ex-offenders said, “they were not even provided with basic menstrual supplies, and in some cases, were forced to bleed on themselves while stripped naked and locked in solitary confinement (Sonenshein, 2015). Several women stated, “If they attempted to get the guards’ attention through the emergency button in their cells, the buttons were deactivated, and they were placed on 24-hour lock down. In one case, a pregnant African American woman began experiencing premature contractions due to lead contamination in the jail’s water supply. Her cellmate attempted to notify authorities, but the emergency button had been turned off. The women had to scream for help until someone came to her aid (Sonenstein, 2015).

According to Dignity and Power Now (2015), there was an incident when an African American female offender, who was eight months pregnant, was slammed into a door and onto the floor, where she was savagely beaten by deputies. It was also confirmed that, African American women, who were pregnant and mentally impaired, were being shackled, beaten by jail deputies, and retained in solitary confinement for prolonged periods of time for minor infractions. According to Sorensen (2015), such conditions put those women at a heightened risk of mental anguish and suicide. One African American woman who spent seven months in a LA

County jail, was diagnosed with bipolar disorder, schizophrenia, and depression prior to her incarceration. The woman attempted suicide after being denied a mental health assessment and medication to “silence the voices in her head” (Nam-Sonenstein, 2015). When a medical officer attempted to take the woman’s blood pressure, she rushed past the medical officer and jump out the window from her 2nd floor cell block. She survived the incident but did not receive any sympathy for her injuries and mental anguish from jail officials who were assigned to manage her care and protection (Sonenstein, 2015).

Federal Investigation of Los Angeles County Jails

It has been confirmed that ex-offenders in the Los Angeles County Jail System have been living in horrible conditions and not receiving adequate mental health care treatment. However, due to a Federal investigation and settlement with the United States Justice Department there is a possibility that the treatment of ex-offenders should improve (Lovett, 2015). Federal investigators uncover routine inmate abuse by jail deputies. The investigators discover jail deputies were routinely verbally, physically, and sexually humiliating inmates (Los Angeles Agrees to Overhaul Jails to Care for Mentally Ill and Curb Abuse, 2015). The U.S. Justice Department required Los Angeles County to make widespread reforms to the County’s jail system to improve the treatment of ex-offenders and reduce the abuse of inmates by sheriff deputies. The settlement, which was presented in a United States District Court, will institute court supervision on the nation’s largest jail system for at least a year, which will specify a series of changes that must be made” (Lovett, 2015). The decision by the U.S. Justice Department to implement court supervision came after mounting allegations against several LA County sheriff deputies who were accused of were abusing inmates and obstructing a federal investigation (Lovett, 2015).

Sheriff, Jim McDonnell stated, “the settlement provides Los Angeles County with an

opportunity to close the book on the past and to move forward with a new chapter in the care of mentally impaired individuals who end up in county jail, and will eventually return to society” (Lovett, 2015). The closure of state mental hospitals has caused the Los Angeles County jail system to struggle with the insurgence of so many ex-offenders. “There are approximately 4,000 ex-offenders in nine Los Angeles County jails. The U.S. Justice Department that stated, “the conditions in Los Angeles County jails were deplorable” and criticized L.A. County jail administrators for not doing enough to prevent suicides (Lovett, 2015). “Steve J. Martin, a corrections consultant and lawyer, said the Los Angeles County settlement will focus specifically on suicide prevention than most consent decrees, but there will be an increasing emphasis on the treatment of mentally impaired inmates. In addition to enhanced mental health screening and suicide prevention, staff members at the Los Angeles jails will receive training to work with mentally unstable inmates, and guards will coordinate their efforts more closely with the mental health staff” (Los Angeles Agrees to Overhaul Jails to Care for Mentally Ill and Curb Abuse par 10).

According to Lovett (2015), “the agreement extends a previous legal settlement regarding the use of force at the Men’s Central Jail and two other facilities where, lawsuits alleged, sheriff’s deputies formed a gang and awarded one another points for breaking inmates’ bones. Among other abuses that were uncovered, inmates were subjected to racial insults, and at least one was made to parade naked in front of other prisoners before being sexually assaulted” (Los Angeles Agrees to Overhaul Jails to Care for Mentally Ill and Curb Abuse par 12). According to Lovett (2015), Margaret Winter, the associate director of the American Civil Liberties Union’s National Prison Project stated, the agreement places LA County at the forefront of efforts to update the treatment of mentally ill inmates. In 2007, when Ms. Winter began working on cases

in the Los Angeles County jail system, she stated, “I have never seen anything comparable to the horrific abuse of ex-offenders and the dungeon like conditions.” Ms. Winter stated, “this is one of the few times in my career that I have seen the need for reform on such a large scale” (Lovett, 2015).

Resources for Ex-Offenders

Corrections and Rehabilitation (2022), ex-offenders have access to several rehabilitative programs and services. Depending on where the ex-offender is in their incarceration, the options for rehabilitative programs and services may vary. Some of the in-prison programs available to ex-offenders are: Adult Education, Pre-release Transitional Planning, Cognitive Behavioral Intervention, and the California Identification Card Program (California Department of Corrections and Rehabilitation, 2022).

Despite the controversies ex-offenders experience, the unsatisfactory living conditions, and the abuse of correctional officers in California’s prison and jails, there are resources available to prepare ex-offenders to remain outside of the criminal justice system. The California Department of Corrections and Rehabilitation, and California Legislators have provided a way for ex-offenders to live crime-free and grow into productive, self-sufficient members of society. According to the California Department of Corrections and Rehabilitation (2022), ex-offenders have access to several rehabilitative programs and services. Depending on where the ex-offender is in their incarceration, the options for rehabilitative programs and services may vary. Some of the in-prison programs available to ex-offenders are: Adult Education, Pre-release Transitional Planning, Cognitive Behavioral Intervention, and the California Identification Card Program (California Department of Corrections and Rehabilitation, 2022).

“The in-prison adult education offers programs that consist of classroom and independent studies designed for inmates at all grade levels. The programs include Adult Basic Education

(ABE) and Adult Secondary Education (ASE). Teachers provide inmates with interactive instruction based on California's College and Career Readiness Standards. Inmates can earn a high school diploma through Western Association of Schools and Colleges (WASC) accredited course completion. Inmates may be eligible to earn Milestone Completion Credits in accordance with the California Code of Regulations Title 15" (California Department of Corrections and Rehabilitation, 2022). The education programs are offered in all California Department of Corrections and Rehabilitation penitentiaries.

The prerelease transitional planning program offers inmates gainful employment skills and financial literacy skills to prepare for a successful reentry back into society. According to the California Department of Corrections and Rehabilitation (2022), the transitional planning program's curriculum is designed to teach job readiness, job search skills, and prerequisite skills needed for today's competitive job market. The program incorporates practical and strategic information, hands on activities, individual and team-oriented exercises, role-playing, and motivational information for encouragement. Additionally, the program's curriculum assists inmates to develop financial knowledge, financial confidence, to become more financially wise, and using banking services effectively. The Department of Corrections and Rehabilitation acknowledges that poor financial decisions may result in years of financial burden. Educating inmates regarding credit and banking services will enable them to make educated decisions on money matters, saving money, and improve their financial and credit histories (California Department of Corrections and Rehabilitation, 2022).

Inmates are also offered Cognitive Behavioral Interventions (CBI) which is an evidence-based treatment that helps inmates understand how their thoughts and feelings have an effect on their behavior. Cognitive Behavioral Interventions focuses on helping ex-offenders deal with a

specific problem as identified by an assessment. According to the California Department of Corrections and Rehabilitation (2022), during the course of treatment, inmates learn how to identify and adjust destructive and disturbing thought patterns which leads to negative behavior. CBI is an all-encompassing entity with pathways to treatment comprehensive of the Integrated Substance Use Disorder Treatment (ISUDT) and life skills programs managed under the authority of the Division of Rehabilitative Programs (California Department of Corrections and Rehabilitation, 2022). Inmates are placed into one of three program types based upon their clinical assessment or medical referral. The three program types are, (1) Cognitive Behavioral Interventions Intensive Outpatient, (2) Cognitive Behavioral Interventions Outpatient, and (3) Cognitive Behavioral Interventions Life skills. The Cognitive Behavioral Intervention curriculum centers on a goal-oriented treatment that takes a hands-on approach to problem solving, that transforms negative thinking patterns and behaviors. The curriculum also focuses on treatment readiness, anger management, and criminal thinking behaviors (California Department of Corrections and Rehabilitation, 2022).

The California Department of Corrections and Rehabilitation offers the California Identification Card (CAL-ID) Program which provides a valid California ID to eligible inmates upon their release in accordance with California Penal Code Section 3007.05. The purpose of the California Identification Card Program is to ensure that every eligible inmate released from state prisons has a valid California ID to gain access to an assortment of supportive services, like, medical and psychological benefits, housing resources, and the right to gainful employment (California Department of Corrections and Rehabilitation, 2022). In order to be eligible for the program inmates must have a social security number and have been previously issued an identification card or driver's license from the California Department of Motor Vehicles.

(DMV). Eligible inmate must have a valid address and the inmate's parole, or probation office can be used as an address of residence. A California identification card is a necessary document for every ex-offender returning to society. Without a valid California ID, ex-offenders will not have access to essential community-based medical and psychological benefits, education, employment opportunities, and stable housing.

The California Department of Corrections and Rehabilitation provides substance abuse therapy for inmates who suffer from a substance abuse addiction. The Integrated Substance Use Disorder Treatment (ISUDT) Program is a comprehensive approach to treating substance abuse disorders in California prisons (California Health Care Services, 2022). The requires active engagement from all business areas within the California Department of Corrections and Rehabilitation and California Correctional Health Care Services to provide timely and effective evidence-based substance abuse treatment to inmates suffering with a substance abuse addiction (California Health Care Services, 2022). The long-term goals of the program are to reduce substance abuse, death, and recidivism. The Integrated Substance Use Disorder Program involves several evaluations that support substance abuse recovery. Inmates are screened and assessed to determine if they are eligible to participate in the program. When an inmate is selected to participated in the program, they are provided appropriate cognitive behavioral therapy sessions. Program participants are also provided with supportive housing opportunities for recovery-focused living during their incarceration and transition planning services for inmates who are preparing to reenter society (California Health Care Services, 2022).

The California Department of Corrections and Rehabilitation offers after prison programs. The programs provide eligible inmates with comprehensive post-release rehabilitative programs and services located in communities throughout California, to deliver services through

residential, drop-in and outpatient facilities. The after-prison programs focus on housing, life skills, family unification, and employment assistance and placement (California Department of Corrections and Rehabilitation, 2022). One of the after-prison programs is the Parolee Service Center. The Parolee Service Center is a voluntary, residential program that provides transitional and supportive services like, housing, meals, support services, resource programming, and supervision in a safe, clean, drug-free environment. The objective of the Parolee Service Center is to assist parolees with life skills training and job preparation in order to obtain employment and self-sufficiency to generate a successful reintegration back into society (California Department of Corrections and Rehabilitation, 2022). The program offers services that focus on a parolee's needs like, job search and placement training, employment, stress management, and computer supported literacy. The program offers substance abuse treatment, and a 52-week certified domestic violence program is provided (California Department of Corrections and Rehabilitation, 2022). The Parolee Service Center Program's length can last for up to six months with the possibility of an additional six months based on the assessment of the parolee's needs.

According to the California Department of Corrections and Rehabilitation 2022, male inmates have access to the Male Community Reentry Program. The program is intended for eligible male inmates who have two years or less to serve on their sentence. The Male Community Reentry Program allows eligible inmates to serve the end of their sentence in the community, in lieu of incarceration. The program is facilitated by the Division of Rehabilitative Programs (DRP). Launched in 2015, the Male Community Reentry Program is designed to provide a range of community-based, rehabilitative services to assist ex-offenders with physical and mental health care, employment, education, housing, family reunification, and social support. The Male Community Reentry Program assists participants to successfully reenter

society and contributes to the reduction of recidivism by using community-based rehabilitative services (California Department of Corrections and Rehabilitation, 2022).

In recent years several legislative policies in California and Los Angeles County have been implemented to improve the treatment of ex-offenders and reduce the recidivism rate among the ex-offenders. In 2005, San Francisco's District Attorney, Kamala D. Harris created the Back on Track initiative program designed to reduce the recidivism rate among ex-offenders in California. The program successfully reduced recidivism among its graduates to less than ten percent (10%) over a two-year period and was recognized by the U.S. Department of Justice as a model for law enforcement (State of California Department of Justice, 2016). In 2013, when Kamala Harris was the Attorney General, of California she established the Division of Recidivism Reduction and Reentry within the California Department of Justice. The proposal established a partnership with county District Attorneys, and community-based stakeholders in California to establish effective policies and practice to address recidivism. The Division developed a statewide classification of recidivism, created grants to fund the design and expansion of innovative anti-recidivism programs, and used technology to analyze recidivism measurement effectively (State of California Department of Justice, 2016). "In 2015, California legislators established the Mentally Ill Ex-offender Crime Reduction [MIOCR] grants program to address the exclusive needs of physically and ex-offenders returning to society. The Los Angeles County Department of Health Services was granted monetary funding from California's Board of State and Community Corrections (BSCC) to provide essential reentry services for ex-offenders" (Hunter, Buenaventura, and Cefalu, RAND Corporation, 2018).

The reentry services included, physical and mental healthcare services, substance abuse treatment, employment preparation services, and supportive housing (Hunter, Buenaventura, and

Cefalu, RAND Corporation, 2018). The policy is part of the RAND Corporation's Justice, Infrastructure, and Environment (JIE), a division of the RAND Corporation's dedication to improving policymaking and decision-making in a wide range of legislation (Hunter, Buenaventura, and Cefalu, RAND Corporation, 2018). Municipalities across California have executed policies to improve the treatment of ex-offenders and reduce the recidivism rate among ex-offenders (Bird & Grattet, 2016). In 2015, California's Attorney General Harris launched the Back on Track-Los Angeles program, a pilot curriculum in partnership with the Los Angeles County Sheriff's Department and other public and private-sector partners to reduce recidivism. The Back on Track-LA initiative provided ex-offenders with the services and assistance necessary for a unified transition back into society. The services included, cognitive behavioral therapy, academic and career-technical training while in custody and employment, housing, and continuing education opportunities after the ex-offenders return to society" (Attorney General Kamala D. Harris Releases "Back on Track – Los Angeles" Report, A Blueprint for Public-Private Partnerships to Reduce Recidivism, 2016)

In 2016, Attorney General Harris offered her perspective regarding the treatment of ex-offenders and reducing their recidivism rate. She stated, "We must hold ex-offenders accountable for their crimes, however, our criminal justice system must provide the necessary services to support an ex-offender's efforts to successfully reenter society and rebuild their lives" (State of California Department of Justice, 2016). Attorney General Harris' legislation's primary intention was to improve the treatment of ex-offenders. When Kamala Harris was the Attorney General of California, she implemented several policies and procedures to enhance the treatment of ex-offenders and reduce the recidivism rate among ex-offenders. Her policies were specifically designed to encourage mentally impaired and low-level, and non-violent ex-offenders to

participate in mental health programs, during their incarceration and when they return to society. Attorney General Harris' legislation recommended an effective approach to eliminating inmate overcrowding, reducing the recidivism rate among ex-offenders, to increase public health and safety, and the saving of millions of taxpayers' dollars.

According to Bihm (2019), housing programs from the Los Angeles County Office of Diversion and Reentry are available in nine districts to help mentally challenged individuals reside outside of Los Angeles County's criminal justice system. The country programs are designed to alleviate the costs of incarceration and homelessness among mentally impaired individuals. Since the inception of the Diversion and Reentry program in 2016, approximately 2,000 mentally impaired individuals have been diverted from incarceration to supportive housing (Bihm, 2019). According to Los Angeles County Administrators this is how the program works. "The Office of Diversion and Reentry offers ex-offenders a housing court program. The program is endorsed by a collaborative effort between the Office of Diversion and Reentry, the Superior Courts of Los Angeles County, Housing for Health, and Community Based mental health and housing providers. The Court's primary objective is to provide permanent supportive housing to ex-offenders who are homeless, have a mental health or substance abuse disorder and individuals who are incarcerated in the Los Angeles County jail system (Bihm, 2019).

The Office of Diversion and Reentry Housing Court Program is offered to the mentally impaired re-entry population and mentally impaired pretrial ex-offenders who have pending criminal felony legal actions (Bihm, 2019). The Office of Diversion and Reentry pretrial program attempts to resolve criminal felony cases as soon as possible and redirect ex-offenders into ODR Housing with a grant of probation. The program offers ex-offenders a motivating opportunity to actively participate in their treatment and remain out of custody in order to

maintain their housing. According to Bihm (2019), ex-offenders who participate in the ODR Housing program are assigned an Intensive Case Management Services provider who works with the ex-offender as they transition from custody to community. The Intensive Case Management Services providers serve as the core point of contact for ex-offender's medical, mental health, substance abuse treatment, and other supportive services. Permanent supportive housing, a key component of the program, will be provided through the Los Angeles County Department of Health Services Flexible Housing Subsidy Pool (Bahm, 2019).

Drop-In Centers Services

Ex-offenders who are reentering society in Los Angeles County are provided admission to community drop-in centers for outpatient treatment. The outpatient services are funded by the Los Angeles County Department of Mental Health (Los Angeles County Department of Mental Health, 2021). The ex-offenders who receive outpatient treatment are required to participate individual and group counseling sessions, and one therapeutic session once a week. During the individual counseling sessions ex-offenders meet with their assigned counselor for one hour to discuss their experience, struggles, and progress regarding their reintegration back into society. The counselor's responsibility is to provide the ex-offenders with the necessary alternatives to generate a successful reentry back into society. The group counseling sessions are designed to educate ex-offenders regarding the mental, moral, and social competences that are required to become confident, self-sufficient, law-abiding citizen. The group curriculum consists of Understanding and Reducing Angry Feelings, Interpersonal Skills Building, Effective Communication Skills, Criminal and Addictive Thinking, Getting Motivated to Change, and several other topics.

Ex-offenders who participate in outpatient treatment are assigned a session with a clinician once a week. The clinician utilizes psychotherapy diagnosis and treatment to educate

ex-offenders on how to function at the highest level of their mental capacity. The clinician's primary objective is to help ex-offenders take part in their rehabilitation and recommend the services they believe the ex-offenders will need to live a meaningful and satisfying life when they reenter society. The clinician takes a client-centered approach that focuses on helping ex-offenders live confidently and self-sufficiently outside of California's criminal justice system. Interventions designed by the clinician that meet the psychiatric and criminal justice needs of ex-offenders with a mental illness has produce significant reductions in criminal recidivism (Morgan, Flora, Kroner, Mills, and Steffan, 2012)

Conclusion

California's prisons and jails are not appropriate environments for the treatment of ex-offenders. There are a number of prison guards and sheriff deputies who have not been trained to effectively supervise ex-offenders. Instead of engaging in benevolent supervision and treatment, the untrained prison guards and sheriff deputies swiftly employ callous physical and verbal abuse to manage ex-offenders. Additionally, unsanitary conditions, prison and jail overcrowding, and a lack of funding to hire certified nurses and clinicians further complicates the effective treatment of ex-offenders. Despite certain disorders in California's prisons and jails, the California Department of Corrections and Rehabilitation has assembled effective in-prison, transitional, and after-prison programs, and services to help ex-offenders become self-sufficient members of society and refrain from reentering the criminal justice system.

Public health and safety suffered due to the influence of recidivism among ex-offenders. The distress compelled policymakers in California and Los Angeles County to execute legislation to improve the treatment of ex-offenders during their incarceration and when they return to society. In 2005, the Back on Track initiative executed a program designed to reduce recidivism in California. In 2011, Assembly Bill 109, demanded the reduction of overcrowding

in California's prisons and jails. In 2013, the Division of Recidivism Reduction and Reentry established a partnership with County District Attorneys, and community-based stakeholders in California and Los Angeles County to create effective policies and procedures to address recidivism. In 2015, California legislators established the Mentally Ill Ex-offender Crime Reduction program to assist the physically and ex-offenders when they return to society. Ex-offenders who are reentering society in California and Los Angeles County have all the necessary resources to become self-sufficient law-abiding citizens.

Chapter 3: Methodology

According to Creswell (2013), there are five methodologies a researcher can use to investigate a selected topic of study. They are Narrative, Phenomenological, Grounded, Ethnography, and Case Study. A Narrative research design bases the study's conclusions on the stories of one or two of the selected research participants. A Phenomenological research methodology focuses on the collective knowledge of a selected group of individuals relating to a distinguished life experience. A Grounded theory research methodology is a qualitative practice that examines the social influences, interactions, and behaviors of a selected group of individuals. An Ethnography research methodology uses a qualitative research approach that relies on interviews and direct observations to investigate the social behaviors and characteristics of a specific group of individuals. A case study research methodology encompasses the direct observation of a selected group of individuals in their natural environment with minimum control by the researcher. Direct observation can give valuable context to a study but is especially time-intensive and unrealistic for this study. Among these different approaches, a phenomenological research design combined with a mixed method research design was selected to examine the connection between mental illness and prisoner recidivism. This involved written surveys and oral interviews in subjects' natural settings at a treatment facility.

Restatement of Research Questions

The authenticity of this study is contingent on the responses to the following research questions.

- Is there evidence that supports the connection between mental illness and prisoner recidivism?
- Is California's criminal justice system designed to provide effective rehabilitation services for ex-offenders during their incarceration?

- Are mentally impaired inmates abused by prison guards and sheriff's deputies in state prison and county jail during your incarceration?
- When ex-offenders are approaching their release date from state prison or county jail, are they given the opportunity to participate in prerelease programs?
- Are the current community-based treatment programs and services in South Los Angeles sufficient to reduce the recidivism rate among ex-offenders?

Research Design

A research design is a tactical procedure every research utilizes to collect, examine, and simplify information associated with a selected topic of study. The collection of significant information, related to the topic of study, is essential to establish a solid foundation regarding the legitimacy of the investigation's findings. The primary objective of a researcher executing an academic inquiry is to select the most appropriate research design associated with the study's research questions. The selection of a research design is governed by the analytical prospects that a researcher brings to a study, the technique of inquiry, and the skills of collecting, analyzing, and simplifying the information that is associated with the subject matter of study (Creswell, 2014). The selection of a research design should always be determined by the research problem, the quality of the research questions, and the individuals interested in the research topic.

A synchronized research strategy allows a researcher to effectively collect and transmit comprehensible information associated with a research topic. Whatever research design a researcher uses must be presented accurately, coherently, and simple enough for another researcher to replicate. Throughout the entire investigation the researcher must diligently adhere to the principles of the selected research design. There should never be any indications of pre-determined conclusions when examining the collection, analysis, and interruption of the research

information. There are three major research designs that researchers frequently use to study a topic of interest. They are quantitative, qualitative, and mixed method research.

Quantitative Research Design

According to Shuttleworth (2017), quantitative research is a standard research design that is used in most scientific disciplines. The research design has a long and vibrant history in the social and health sciences, and humanities (Given, 2008). Quantitative research utilizes numerical data to analysis a research topic and provides the researcher with detailed information concerning the topic under investigation. The results of quantitative research are numerically driven and should not be influenced by any outside persuasions. According to Creswell (2014), quantitative research is appropriate for testing objective theories by analyzing the association between variables numerically (Creswell, 2014). The outcome of the study will be presented in a format that consists of an introduction, data, assumptions, approaches, results, and dialogue (Creswell, 2008). Quantitative research concentrates on testing theories deductively, building in protections against bias, control over alternative clarifications, and simplifying outcomes for trouble-free replication (Creswell, 2014).

Qualitative Research Design

Qualitative research is a social science approach that seeks to understand social life through the study of a targeted population. Qualitative research became noticeable during the 1990s and into the 21st century (Crossman, 2017). It is a research methodology that provides a researcher with the comprehension of a targeted population's perceptions about their social and individual challenges (Creswell, 2014). Sociologists have used qualitative research to study the social behavior of humanity ever since the field of sociology began (Crossman, 2017).

Qualitative researchers use their eyes, ears, and intelligence to collect in-depth perceptions from a selected group of individuals. A researcher who uses a qualitative research design will rely on

open-ended survey questionnaires, interviews, and direct observation to assemble their data (Crossman, 2017). The researcher who utilizes a qualitative research design will focus on a preparatory style of inquiry that relies on the clear translation of the complexities of human interactions in society (Creswell, 2014).

Mixed Method Research Design

According to Creswell (2014), the field of mixed methods research is relatively new with major work in the development of the approach dating back to the middle and late 1980s. However, the strategy of using multiple approaches to study the attributes of individuals started in 1959. Early opinions about the significance of mixed method research resided in the notion that all research methods had bias and weaknesses and the collection of both quantitative and qualitative data would neutralize the weaknesses of both forms of information (Creswell, 2014). A mixed method research design is an approach that systematically integrates quantitative and qualitative data into a single investigation. It allows an in-depth investigation of a research topic by using the combination of numerical data and the perceptions of the participants engaged in the study. The methodology is highly effective in exposing inconsistencies between quantitative outcomes and qualitative discoveries. The researcher's selection of a quantitative, qualitative, or mixed method research design is often influenced by their worldviews.

Philosophical Worldviews

According to Creswell (2014), there are four philosophical worldviews that influence a researcher's investigation of a topic of study. They are, post positivism, constructivism, transformative, and pragmatic. When a researcher decides to investigate a topic, it is essential for the researcher to establish a research design associated with their worldview, and the specific methodology of research that clarifies their approach (Creswell 2014). A researcher's philosophical worldview significantly influence their research design and topic of study. They

will have strong intimate opinions about life and humanity that validates their selection of a research topic and methodology. The academic accomplishments of a researcher, the encouragement of their professors and mentors also impact a researcher's philosophical worldviews (Creswell, 2014).

A postpositivist worldview exemplifies the conventional form of research and is more useful for quantitative research than qualitative investigations (Creswell, 2014). Emerging numerical measurements of observation and studying the behavior of the research participants are vital for a postpositivist researcher. According to Creswell (2014), a constructivist worldview, combined with interpretivism, is generally associated with qualitative research. A researcher who has a constructivist worldview will rely, on the perspectives of the research participants to reinforce their investigation's conclusions. A researcher who has a transformative world view believes research investigation should be intertwined with politics and political change to confront the inequality, domination, and alienation that marginalized individuals encounter in society (Creswell, 2014). A pragmatic researcher will not focus on a research technique that allows them to exclusively concentrate on the research problem. The researcher will have the liberty to use every available research design to understand the topic under investigation (Creswell, 2014). A pragmatic worldview and mixed method research design accommodates a detailed investigate of the connection between mental illness and prisoner recidivism.

Pragmatic Worldview and Mixed Method Research

A pragmatic worldview combined with a mixed method research design provides a researcher with a thorough examination of the connection between mental illness and prisoner recidivism. There are a variety of social, political, and individual implications that influence the connection between mental illness and prisoner recidivism. To arrive at an academic conclusion,

the social, political, community, and individual consequences associated with the topic of study must be objectively and thoroughly analyzed. An objective and thorough examination of the criminal justice legislation in California and Los Angeles County is one of the processes that will provide answers to the research questions of this study. A pragmatic worldview and mixed research design are custom-made to evaluate the connection between mental illness and prisoner recidivism in California and Los Angeles County.

A pragmatic worldview and mixed method research approach will provide the researcher with a full measured strategy to analyze the connection between mental illness and prisoner recidivism in California and Los Angeles County. According to Tartakow (2012), a pragmatic researcher will have the liberty to perform a variety of research techniques to investigate a research topic. This is a significant attribute because the connection between mental illness and prisoner recidivism is a multitiered social issue that has an assortment of subtle influencing dimensions that require investigation. According to Creswell (2014), a pragmatic researcher does not look at the world as an absolute entity. In a similar manner, a mixed method researcher can execute a variety of approaches to collect and analysis data instead of subscribing to a single approach. A single worldview and research approach are not sufficient to thoroughly examine the correction between mental illness and prisoner recidivism. A pragmatic worldview and mixed method research design opens the door to multiple methodologies, different worldviews, an assortment of prospects, and a variety of ways to collect and examine information (Creswell, 2014).

It will be necessary to implement several research strategies to collect and evaluate the quantitative and qualitative data associated with the connection between mental illness and prisoner recidivism. The paramount objective of the researcher is to utilize the information to

reorganize the perspectives of the state and county lawmakers, the major stakeholders, and the community-based organizations in Los Angeles County regarding the connection between mental illness and prisoner recidivism. According to Creswell (2014), a pragmatic worldview and mixed method research methodology will provide a voice for the incarcerated and formerly incarcerated ex-offenders to evaluate their perceptions and perspectives about prisoner recidivism to promote real change initiatives. A pragmatic mixed method approach will focus on improving the political, social, and individuals' circumstances of the formerly incarcerated ex-offenders. A pragmatic worldview and mixed method research design will place significance on examining the lives of disenfranchised individuals who have been constrained by political and social inequality, oppression, and alienation, and creates strategies to confront and challenge those constraints.

An in-depth assessment of the ex-offenders perspectives and perceptions regarding recidivism can only be achieved when a researcher executes the study with an altruistic attitude instead of an authoritarian and subjective approach. According to Stringer (2007), mentally impaired survey participants will respond negatively towards an authoritarian course of action. They will reject the procedure if they believe they are being manipulated to respond according to the expectations of the researcher. A researcher who brings an authoritarian posture to an investigation will frustrate the research participants, leaving the participants with feelings of despair (Stringer, 2007). A comprehensive investigation of the connection between mental illness and prisoner recidivism depends on the researcher's ability to inspire the research participant's interest to engage in the topic under investigation (Stringer, 2007).

Population to Be Studied

The selected population under investigation, regarding the connection between mental illness and prisoner recidivism, is the ex-offenders who are receiving transitional housing at

God's Property Sober Living Foundation in South Los Angeles. Before the residents at God's Property were selected to participate in this study the principal investigator conducted a thorough investigation of the organization's policies and residents to assure the organization's practices and residents are directly related to research questions and theoretical framework of this study. The licensed clinical psychologist who works directly with the ex-offenders at God's Property will be interviewed. The opinions of the licensed psychologist, regarding the connection between mental illness and prisoner recidivism, will solidify the research questions and theoretical framework of this study.

The Gatekeeper

The individual who granted access to obtain information from the selected population for this study is the Director at God's Property Sober Living Foundation. The director of God's Property and the principal investigator of this study have an eight-year relationship working with ex-offenders. God's Property has been in operation since 2012. The organization is a sober living program with a vision of creating a collective community of formerly incarcerated ex-offenders who desire to achieve and maintain a productive lifestyle after their incarceration. God's Property currently has two homes with a total capacity of forty clients. The organization is structured in compliance with the conditions of the California State Parole Board and the Los Angeles County Probation Department. Formerly incarcerated ex-offenders are referred to God's Property by the Los Angeles County Probation Department, the Los Angeles County Sheriff's Department, and the Center for Health Justice. God's Property provides drug and alcohol counseling, mental health services, education, and employment assistance.

Research Variables

A research variable is any characteristic in a research investigation that has numerical estimates and distinguishing traits. The research variables used to measure the connection

between mental illness and prisoner recidivism are independent, dependent, and controlled. According to Creswell (2014), an independent variable is utilized by researchers to influence the outcomes of a study. Independent variables are also called treatment, manipulated, precursor, and predictor variables. The dependent variable depends on the consequences and the influences of the independent variable. Dependent variables are also called criterion, outcome, effect, and response variables (Creswell, 2014).

The controlled variable is utilized by researchers to establish a connection between the independent and dependent variables, and to produce internal validity. Internal validity strengthens the relationship between variables and assists in making the topic of study credible and trustworthy. For the research study of the connection between mental illness and prisoner recidivism the independent variable is the mentally impaired ex-offenders at God's Property. The dependent variable is the recidivism rate among the formerly incarcerated mentally impaired offenders in Los Angeles County. The controlled variable is the annual statistics on recidivism generated by the California Department of Corrections and Rehabilitation and the Los Angeles County Probation Department (Dissertation Writing Help, 2023).

Research Instruments

According to Yaya (2014), there are a variety of research measurement instruments that can be used to study the connection between mental illness and prisoner recidivism. It is dependent on the characteristics of the investigation to be carried out. In every research approach the collection of data is extremely important because the outcomes of the investigation are governed by what the information declares. A researcher must rely on two primary foundations of information during a research investigation; they are primary and secondary information. According to Yaya (2014), primary information represents the data collected by a researcher who creates and distributes questionnaires, conducts interviews, and first-hand observations of the

research participants. Secondary information is data created and processed by organizations before it is released to the public. A researcher can obtain secondary information, for a research investigation from journals, textbooks, periodicals, annual reports, the internet, and newspapers (Yaya, 2014). The research instruments used to examine the connection between mental illness and prisoner recidivism are survey questionnaires, and interviews of the mentally impaired research participants at God's Property under the direct observation of the principal investigator of this study.

Survey Questionnaires

According to Yaya (2014), the survey questionnaire is the primary instrument used the collection of research information. The central purpose of a survey questionnaire is to assemble the viewpoints of the participants involved in the study on issues directly associated with the research topic. The advantages of a survey questionnaire are large amounts of information is guaranteed to be collected directly and privately (Yaya, 2014). The ex-offenders at God's Property, who are selected to participate in this study, will be given a survey questionnaire that consist of twenty designed questions by the researcher. The quality of this research investigation will depend on the effective association of the survey questionnaires and interviews with the study's research questions and theoretical framework.

Recruiting Research Participants

The recruitment of research participants involves several events that consist of identifying eligible organizations and individuals willing to participate in a study, appropriately explaining the study to the potential organizations and participants, and recruiting a sufficient sample based for the study (Agency for Healthcare Research and Quality, n.d.). A researcher must obtain a consent form signed by the organization's administrator and individuals in the organization who volunteer to participate in the study. The purpose of the consent form is to

confirm the organization's administrator and individuals in the organization who volunteer to participate in a research study will have full knowledge of the relevant risks and benefits of the study (Smith, 2003). Federal guidelines require research participants to be provided with all the information that might reasonably influence their willingness to participate in a research investigation such as potential risks, discomfort, and adverse effects (American Psychological Association, 2003). Furthermore, the APA's code of ethics mandates that research participants be made fully aware of the purpose of the research study, expected procedures and duration of the study, the rights of participants to decline to contribute and withdraw from the study once it has started, as well as the anticipated consequences of withdrawing from the investigation (Smith, 2003).

The investigation of the connection between mental illness and prisoner recidivism will be executed according to federal and institutional standards of research that involves human participants (Smith, 2003). Ethical and professional guidelines will be thoroughly maintained throughout the entire study. It is required that the research participants be well-informed regarding the federal laws that mandate the confidentiality of research participants during and after an investigation. The researcher is required to inform the research participants how the information obtain during the investigation will be stored, protected, and discarded when the investigation is complete (American Psychological Association, 2003). Research participants will also be informed of the limits of confidentiality, such as data coding, sharing, when confidentiality must be broken, and who they can contact if they have any questions about the research process (Smith, 2003).

The recruitment of individuals to participate in research investigations always has its challenges. The first challenge for the researcher is to identify an organization and individuals

who are willing to participate in the research investigation. Mental illness and prisoner recidivism are a sensitive and debatable social issue that can create division among administrations, organizations, and members of society. There are certain organizations, and individuals involved in the treatment of ex-offenders, who do not have a genuine concern for the welfare of ex-offenders. A researcher may encounter some forms of resistance to complete the research investigation. Additionally, there are ex-offenders who do not have the ambition to join in the challenge of improving some of the current inhumane treatment of ex-offenders. A thorough investigation of the connection between mental illness and prisoner recidivism will depend on the researcher's ability to assemble an organization and survey participants who believe there is a need to improve the treatment of ex-offenders, and willing to participate in the research investigation until it is complete.

The recruitment of individuals to participate in a research study concerning the connection between mental illness and prisoner recidivism can be accomplished through several approaches, including recruitment letters, emails, phone conversations, in-person discussions, and advertisements through, television, newspaper, radio, and the internet (Institutional Review Board for Social and Behavioral Sciences at the University of Virginia, 2018). The most effective and time-saving approach for the recruitment of an organization and individuals to participate in a research investigation is in-person recruitment. The researcher of this study has a working relationship with the Executive Director of God's Property Sober Living Foundation and the licensed psychologist, who works with the formerly incarcerated ex-offenders who reside at the organization. The principal investigator of this study has provided the Executive Director and the licensed psychologist with the basic information regarding the research investigation, the requirements to participate, the guarantee of anonymity, and how the information collected from

the survey questionnaires and interview will be stored in a secure location. When the survey questionnaires and interviews are complete the information collected will be structured for coding.

Data Coding

Data coding allows a researcher to assign a specific value to the information collected in a research investigation. The objective of coding data is to manufacture a specific identity to the information research participants provide on survey questionnaires, in interviews, and direct observations (Sahifa, 2014). The process of data coding begins when a researcher extracts information from the research study and examines that data to obtain an accurate and consolidated measurement of the research information. When the data is converged the researcher will assign a system of value to the data to generate precise conclusions. This process is necessary to reach the final evaluation of the research data obtained from the survey questionnaires and interviews (Sahifa, 2014).

Methodology Conclusion

This researcher has determined, the utilization of a pragmatic worldview and mixed method research design is the appropriate methodology to investigate the connection between mental illness and prisoner recidivism. A pragmatic worldview combined with a mixed method research design will allow the researcher to use a variety of research methods to investigate the connection between mental illness and prisoner recidivism. A pragmatic worldview and mixed method research design provides the researcher with several techniques to collect and analyze the research data. A pragmatic worldview and a mixed method design provide the researcher with a thorough and reliable assessment of the connection between mental illness and prisoner recidivism. A phenomenological investigation supported by a pragmatic worldview and mixed method research design will provide the researcher with tools to collect and analyze the

quantitative and qualitative data associated with the connection between mental illness and prisoner recidivism.

Chapter 4: Quantitative and Qualitative Data Analyses and Results

The first step in analyzing research data is converting the raw facts of a study into meaningful and useful information. A thorough assessment of the quantitative survey data and qualitative interview responses by the study participants provided the principal investigator with significant insight into the perceptions and perspectives of the participants. The principal investigator utilized three data collection techniques: a survey, the investigator's interview, and the interview with the licensed clinician who works with the mentally impaired survey participants. This chapter will give an account of the three data collections with the primary emphasis on the first (assessment of the survey questionnaire). A mixed method research design is used in this study to permit the quantitative and qualitative data to complement each other to facilitate a more accurate assessment of the information collected. According to the National Institutes of Health (2023), mixed methods strategically integrate rigorous quantitative and qualitative research techniques to draw on the strengths of the quantitative and qualitative data. A mixed method approach allows a researcher to complementarily combine inductive and deductive thinking, and to offset limitations of solely quantitative and qualitative research.

Demographic Descriptions

The demographics related to this study are the physical characteristics that describe a group of individuals. The demographic data collected from the thirty mentally impaired survey participants at God's Property who participated in this study include ethnicity, age, and educational level. The ethnicity of the mentally impaired survey participants is twenty-seven percent (27%) African Americans, 13% Caucasian American, 50% Hispanic Americans, and 10% Biracial Americans. The ages range of the mentally impaired survey participants is ten percent (10%) ranging from 18 to 25 years old, thirty percent (30%) ranging from 25 to 32 years old, twenty-seven percent (27%), six percent (6%) ranging from 39 to 46 years old, seventeen

percent (17%) ranging from 46 and 55 years old, and ten percent (10%) 55 years old and older. Thirteen percent (13%) of the mentally impaired survey participants have a junior high school education, 10% have less than a junior high school education. Fifty percent (50%) of the mentally impaired survey participants have a high school education, fourteen percent (14%) of the mentally impaired survey participants have a GED, ten percent (10%) of the mentally impaired survey participants have a Jr. college education, and three percent (3%) of the mentally impaired survey participants have a bachelor's degree,

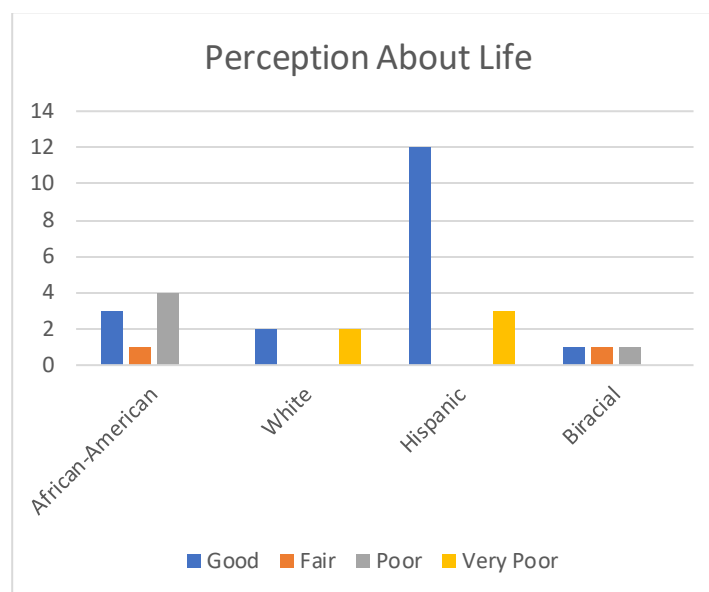
Aggregate Measures

The aggregate measures of the mentally impaired survey participants are as follows: Seventeen percent (17%) of the mentally impaired survey participants reported they were diagnosed with Anxiety Disorder and twenty-three percent (23%) of the mentally impaired survey participants reported they were diagnosed with Bipolar Disorder. Twenty Percent (20%) of the mentally impaired survey participants reported they were diagnosed with Major Depression, twenty-three percent (23%) of the mentally impaired survey participants reported they were diagnosed with Posttraumatic Stress Disorder (PTSD), and seventeen percent (17%) of the mentally impaired survey participants reported they were diagnosed with Schizophrenia. Specific care was taken in the collection of this data to provide the mentally impaired survey participants with the autonomy to complete the survey questionnaire according to their perspective in a safe and protected environment. This was intended to encourage the mentally impaired survey participants to freely express their understanding about their mental health condition. The principal investigator and Licensed Clinical Psychologist did not have access to the official psychological medical records of the mentally impaired survey participants. Therefore, the self-reporting by the mentally impaired survey participants provided the sole source of information for this study. The potential shortcomings in self-reporting were acknowledged as a

limitation of this study.

Figure 1

Survey Question 1 Results



Survey Question 1: How would you rate your perception about life before you were incarcerated. Good, fair, poor, or very poor?

Eight mentally impaired African Americans participated in the survey. Three mentally impaired African Americans survey participants reported they had a good perception about life before they were incarcerated, and one mentally impaired African American survey participant reported he had a fair perception about life before he was incarcerated. Four mentally impaired African American survey participants reported they had a poor perception about life before they were incarcerated. This indicates half of the mentally impaired African Americans survey participants had a poor perception about life before they were incarcerated. Of the mentally impaired African Americans survey participants, 50% reported their life was poor before they were incarcerated, 37.5% of the mentally impaired African American survey participants reported their life was good before they were incarcerated, and 12.5% of the mentally impaired

African Americans survey participants reported their life was fair before they were incarcerated.

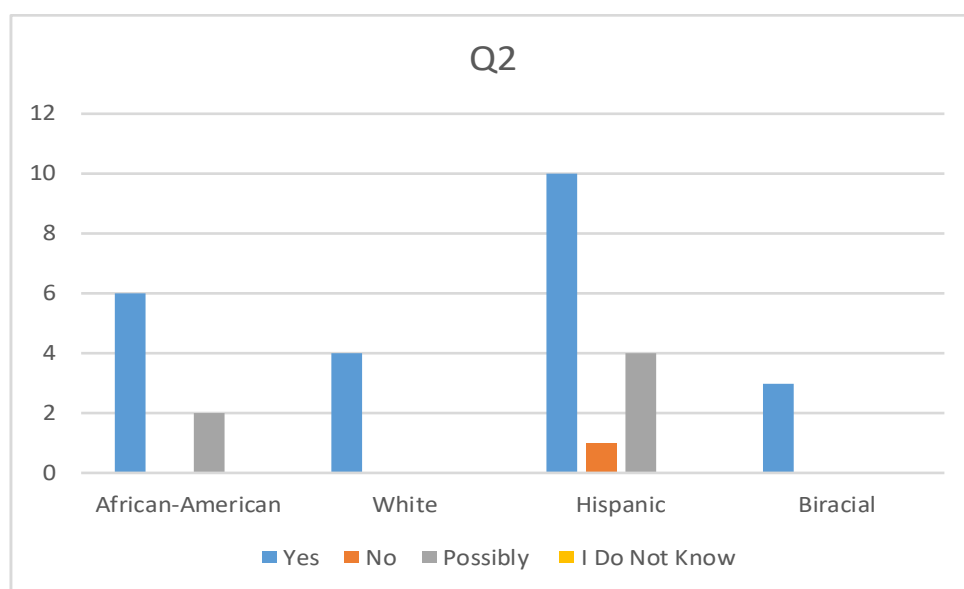
Four mentally impaired Caucasian Americans participated in the study. Two mentally impaired Caucasian Americans survey participants reported their perception about life was good before their incarceration and two mentally impaired Caucasian Americans survey participants reported their perception about life was very poor before they were incarcerated. This indicates half of the mentally impaired Caucasian Americans survey participants believed their life was good before they were incarcerated, and half of the mentally impaired Caucasian Americans survey participants believed their life was very poor before they were incarcerated. Of the mentally impaired Caucasian American survey participants 50% reported their life was good before their incarceration. Of the mentally impaired Caucasian American survey participants 50% reported their life was very poor before they were incarcerated.

Fifteen mentally impaired Hispanic Americans participated in the survey. Twelve mentally impaired Hispanic Americans survey participants reported their perception about life was good before their incarceration and three mentally impaired Hispanic Americans survey participants reported their perception about life was very poor before their incarceration. This indicates the majority of the mentally impaired Hispanic Americans survey participants believed their life was good before their incarceration. Of the mentally impaired Hispanic American survey participants 80% reported their life was good before their incarceration and 20% of the mentally impaired Hispanic American survey participants reported their life was very poor before their incarceration. Three mentally impaired Biracial Americans participated in the survey. One mentally impaired Biracial American survey participant reported his perception about life was good before his incarceration, one mentally impaired Biracial American survey participant reported his perception about life was fair before he was incarcerated, and one

mentally impaired Biracial American survey participant reported his perception about life was poor before his incarceration. The indicates the majority of the mentally impaired Biracial American survey participants had a good or fair perception about life before their incarceration. Of the mentally impaired Biracial Americans survey participants 66.7% reported their perception about life was good or fair before their incarceration and 33.3% of the mentally impaired Biracial Americans survey participant reported their perception about life was poor before their incarceration.

Figure 2

Survey Question 2 Results

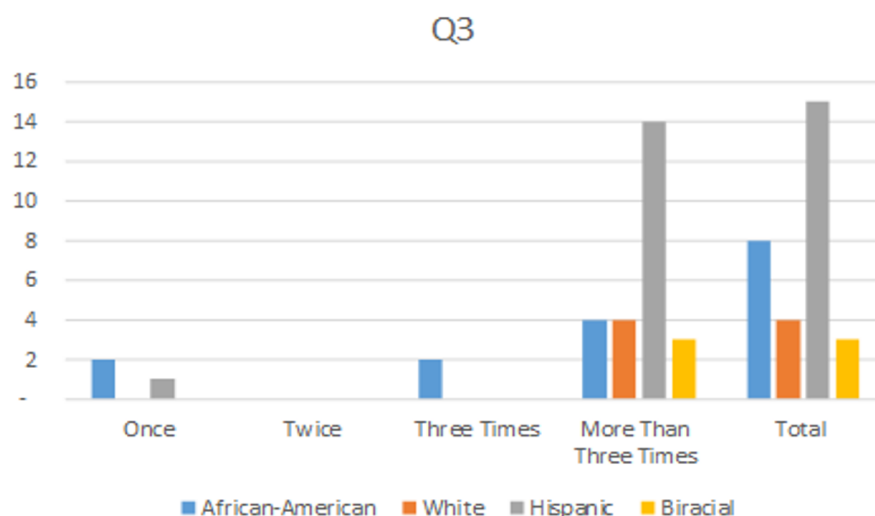


Survey Question 2: Do you believe your mental health condition contributed in part to your incarceration. Yes, no, possibly, and I do not know?

Six mentally impaired African American survey participants reported they believed their mental health condition contributed in part to their incarceration and two mentally impaired African Americans participants reported their mental health condition could have possibly played a part in their incarceration. This indicates all of the mentally impaired African American survey participants believed their mental health condition contributed in part to their

incarceration. Of the mentally impaired African American survey participants 75% reported their mental health condition contributed in part to their incarceration and 25% of the mentally impaired African American survey participants reported there was a possibility their mental health condition contributed in part to their incarceration.

Ten mentally impaired Hispanic Americans survey participants reported their mental health condition contributed in part to their incarceration. Four mentally impaired Hispanic Americans survey participants reported there was a possibility their mental health condition contributed in part to their incarceration and one mentally impaired Hispanic American survey participants reported his mental health condition did not contribute in part to his incarceration. This indicates the majority of the mentally impaired Hispanic American survey participants believed their mental health condition contributed in part to their incarceration. Of the mentally impaired Hispanic American survey participants 67% reported their mental condition contributed in part to their incarceration and 27% of the mentally impaired Hispanic American survey participants reported it was a possibility their mental health condition contributed to their incarceration. Of the mentally impaired Hispanic American survey participants 6% reported their mental health condition did not contribute in part to his incarceration. All three of the mentally impaired Biracial Americans survey participants reported their mental health condition contributed in part to their incarceration. This indicates all of the mentally impaired Biracial Americans survey participants believed their mental health condition contributed in part to their incarceration. Of the mentally impaired Biracial Americans survey participants 100% reported their mental health condition contributed in part to their incarceration.

Figure 3*Survey Question 3 Results*

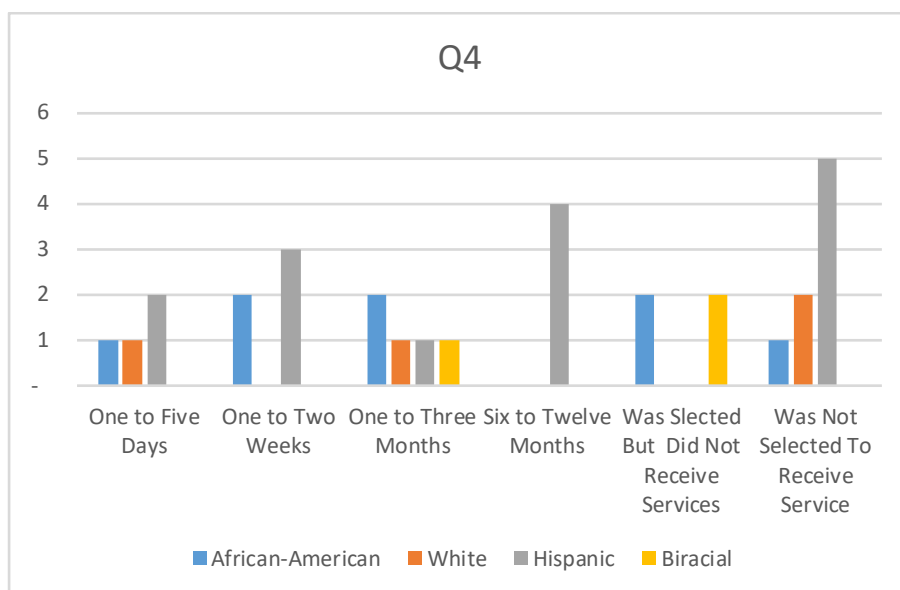
Survey Question 3: How many times have you been incarcerated. Once, twice, three times, or more than three times?

Two mentally impaired African American survey participants reported they have been incarcerated once and two mentally impaired African American survey participants reported they have been incarcerated three times. Four mentally impaired African American survey participants reported they have been incarcerated more than three times. This indicates the majority of the mentally impaired African American survey participants have been incarcerated three times or more. Of the mentally impaired African American survey participants 75% of the mentally impaired African American survey participants reported they have been incarcerated three times or more. Twenty-five percent (25%) of the mentally impaired African American survey participants reported they have been incarcerated once. All four of the mentally impaired Caucasian American survey participants reported they have been incarcerated more than three times. This indicates one hundred percent (100%) of the mentally impaired Caucasian American survey participants have been incarcerated more than three times.

One mentally impaired Hispanic American survey participant reported he has been incarcerated one time. Fourteen mentally impaired Hispanic American survey participants reported they have been incarcerated more than three times. This indicates the majority of the mentally impaired Hispanic American survey participants were incarcerated more than three times. Of the mentally impaired Hispanic American survey participants 93% reported they have been incarcerated more than three times. Of the mentally impaired Hispanic American survey participants 7% reported they have been incarcerated one time. All three of the mentally impaired Biracial Americans survey participants reported they have been incarcerated more than three times. This indicates 100% of the Biracial Americans survey participants reported they have been incarcerated more than three times.

Figure 4

Survey Question 4 Results



Survey Question 4: If you were selected to receive mental health care treatment and services during your incarceration, how much time passed before you received those services. One to five days, one to two weeks, one to three months, six to twelve months, and I was selected, but I did not receive any services during the time I was Incarceration?

One mentally impaired African American survey participant reported he began receiving

mental health care treatment and services one to five days after he was incarcerated. Two mentally impaired African American survey participants reported they began receiving mental health care treatment and services within one to two weeks after they were incarcerated. Two mentally impaired African American survey participants reported they began receiving mental health care treatment and services within one to three months after they were incarcerated. Two mentally impaired African American survey participants reported they were selected but did not receive any mental health care treatment and services during their incarceration and one African American survey participant reported he was not selected to receive mental health care treatment and services during his incarceration.

This indicates the majority of the mentally impaired African American survey participants reported they received mental health care treatment and services during their incarceration. Of the mentally impaired African American survey participants 12.5% reported they began receiving mental health care treatment and services one to five days after they were incarcerated. Of the mentally impaired African American survey participants 25% reported they began receiving mental health care treatment and services one to two weeks after they were incarcerated. Of the mentally impaired African American survey participants 25% reported they begin receiving mental health care treatment and services one to three months after they were incarcerated and 25% reported they were selected but did not receive the treatment and services during your incarceration.

One mentally impaired Caucasian American survey participant reported he received mental health care treatment and services one to five days after he was incarcerated. One mentally impaired Caucasian American survey participant reported he began receiving mental health care treatment and services within one to three months after he was incarcerated, and two

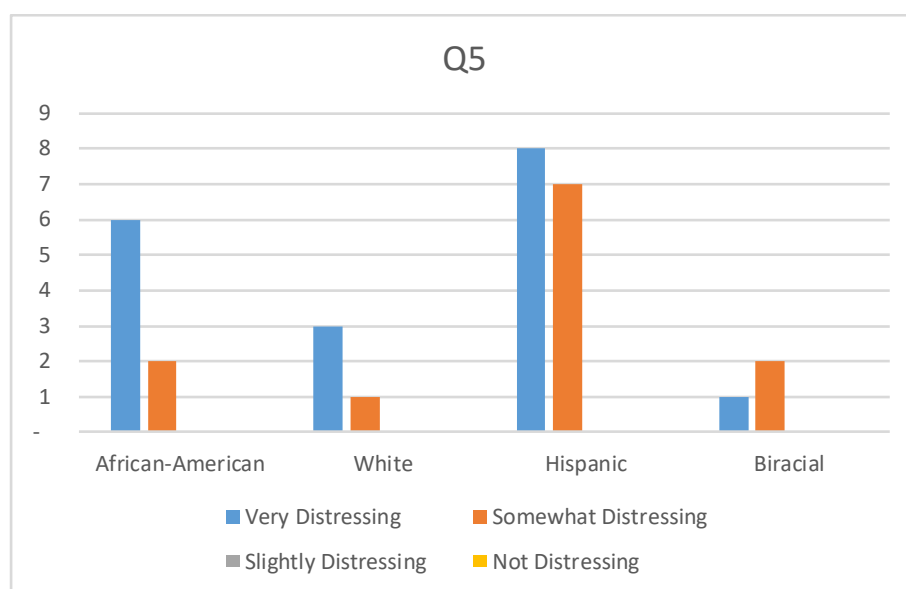
mentally impaired Caucasian American survey participants reported they were not selected to receive mental health care treatment and services during their incarceration. This indicates half of the mentally impaired Caucasian American survey participants reported they received mental health care treatment and services during their incarceration. Of the Caucasian American survey participants 25% reported they begin receiving mental health care treatment and services one to five days after they were incarcerated, 25% of the Caucasian American survey participants reported they begin receiving mental health care treatment and services one to three months after they were incarcerated, and 50% of the Caucasian American survey participants reported they were not selected to received mental health care treatment and services during their incarceration.

Two mentally impaired Hispanic American survey participants reported they began receiving mental health care treatment and services one to five days after they were incarcerated. Three mentally impaired Hispanic American survey participants reported they began receiving mental health care treatment and services within one to two weeks after they were incarcerated. One mentally impaired Hispanic American survey participant reported he began receiving mental health care treatment and services within one to three months after he was incarcerated. Four mentally impaired Hispanic American survey participants reported they began receiving mental health care treatment and services within six to twelve months after they were incarcerated. Five reported Hispanic American mentally impaired reported they were not selected to receive mental health care treatment and services during their incarceration.

This indicates the majority of the mentally impaired Hispanic American survey participants received mental health care treatment and services during their incarceration. Of the mentally impaired Hispanic American survey participants 13% reported they received mental

health care treatment and services one to five days after they were incarcerated and 20% of the mentally impaired Hispanic American survey participants reported they received mental health care treatment and services one to two weeks after they were incarcerated. Of the mentally impaired Hispanic American survey participants 7% reported they received mental health care treatment and services one to three months after they were incarcerated, and 27% of the mentally impaired Hispanic American survey participants reported they received mental health care treatment and services six to twelve months after they were incarcerated. Of the mentally impaired Hispanic American survey participants 33% reported they were not selected to receive mental health care treatment and services during their incarceration.

One mentally impaired Biracial American survey participant reported he received mental health care treatment and services one to three months after he was incarcerated. Two mentally impaired Biracial American survey participants reported they were selected but did not receive mental health care treatment and services during their incarceration. This indicates the majority of the Biracial American survey participants were selected but did not receive mental health care treatment and services during their incarceration. Of the mentally impaired Biracial American survey participants 67% reported they were selected but did not receive mental health care treatment and services during their incarceration. Of the mentally impaired Biracial American survey participants 33% reported they received mental health care treatment and services one to three months after he was incarcerated.

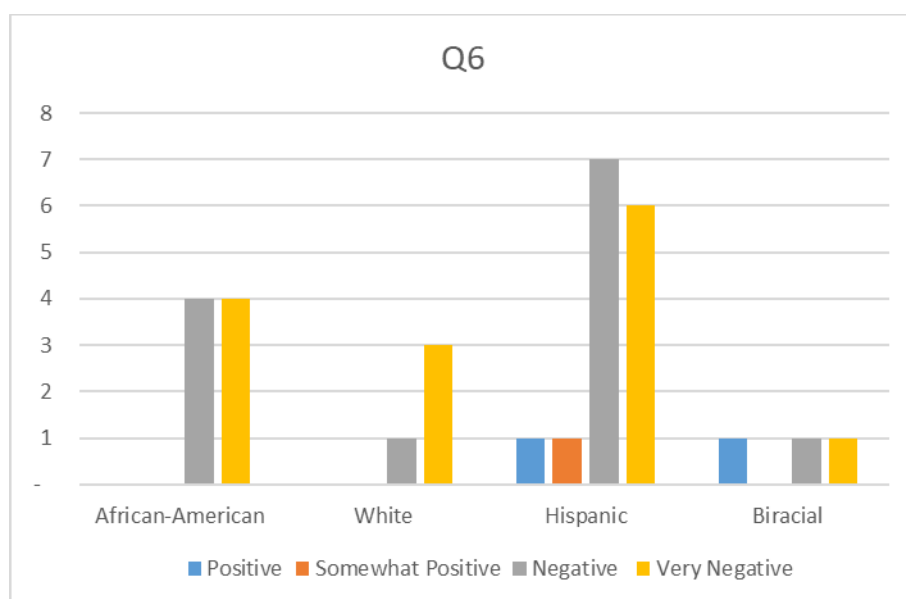
Figure 5*Survey Question 5 Result*

Survey Question 5: How would you rate your living conditions during your incarceration. Very distressful, somewhat distressful, slightly distressful, or it was not distressful at all?

Six mentally impaired African American survey participants reported their living conditions were very distressful during their incarceration and two mentally impaired African American survey participants reported their living conditions were somewhat distressful during their incarceration. This indicates all of the African American survey participants believed their living conditions were distressful during their incarceration. Of the mentally impaired African American survey participants 75% reported his living conditions were very distressful during his incarceration, and 25% of the mentally impaired African American survey participants reported their living conditions were somewhat distressful during their incarceration. Three mentally impaired Caucasian American survey participants reported their living conditions were very distressful during their incarceration and one mentally impaired Caucasian American survey participant reported his living condition was somewhat distressful during his incarceration. This indicates all of the mentally impaired Caucasian American survey participants believed their

living conditions were distressful during their incarceration. Of the mentally impaired Caucasian American survey participants 66.7% reported their living conditions were very distressful during their incarceration and 33.3% of the mentally impaired Caucasian American survey participants reported their living conditions were somewhat distressful during their incarceration.

Eight mentally impaired Hispanic American survey participants reported their living conditions as very distressful during their incarceration and seven mentally impaired Hispanic American mentally reported impaired their living conditions were somewhat distressful during their incarceration. The indicates all of the mentally impaired Hispanic American survey participants believed their living conditions was distressful during their incarceration. Of the mentally impaired Hispanic American survey participants 53% reported their living conditions were very distressful during their incarceration and 47% of the mentally impaired Hispanic American survey participants reported their living conditions were somewhat distressful during their incarceration. Two mentally impaired Biracial American survey participants reported their living conditions were very distressful during their incarceration and one mentally impaired Biracial American survey participant reported his living condition were somewhat distressful during his incarceration. The indicates all of the majority of the Biracial American survey participants believed their living conditions were distressful during their incarceration. Of the mentally impaired Biracial American survey participants 67% reported their living conditions were very distressful during their incarceration and 33% of the mentally impaired Biracial American Biracial American survey participants reported their living conditions were somewhat distressful during their incarceration.

Figure 6*Survey Question 6 Results*

Survey Question 6: How would you rate your perceptions about life during your incarceration. Positive, somewhat positive, negative, or very negative?

Four mentally impaired African American survey participants reported their perceptions about life was negative during their incarceration and four mentally impaired African American survey participants reported their perceptions about life as very negative during their incarceration. The indicates all of the mentally impaired African American survey participants had a negative perception about life during their incarceration. Of the mentally impaired African American survey participants 50% of the survey participants reported they had a negative perception about life during their incarceration and 50% of the mentally impaired African American survey participants reported they had a very negative perception about life during their incarceration. One mentally impaired Caucasian American survey participant reported he had a negative American survey participants during his incarceration and three mentally impaired Caucasian American survey participants reported they had a very negative during their

incarceration. This indicates all of the Caucasian American survey participants had a negative perception about life during their incarceration. Of the mentally impaired Caucasian American survey participants 75% reported they had a negative perception about life during their incarceration and twenty-five percent (25%) of the mentally impaired Caucasian American survey participants reported they had a very negative perception about life during their incarceration.

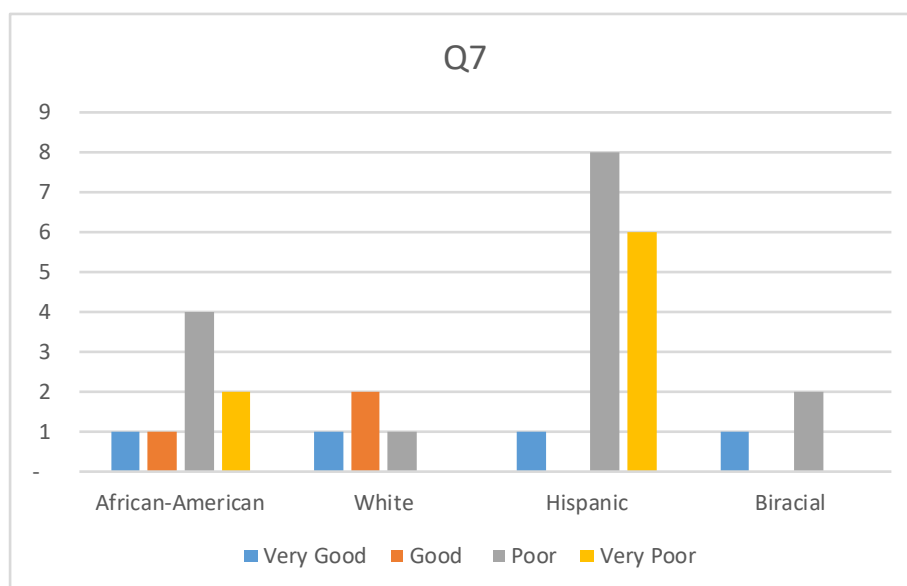
One mentally impaired Hispanic American survey participant reported his perception about life was positive during his incarceration. One mentally impaired Hispanic American survey participant reported his perception about life was somewhat positive during his incarceration. Seven mentally impaired Hispanic American survey participants reported their perception about life was negative during their incarceration and six mentally impaired Hispanic American survey participants reported their perception about life as very negative during their incarceration. This indicates the majority of the Hispanic American survey participants had a negative perception about life during their incarceration. Of the mentally impaired Hispanic American survey participants 40% reported they had a negative perception about life during their incarceration and 46% of the mentally impaired Hispanic American survey participants reported they had a very negative perception about life during their incarceration. Of the mentally impaired Hispanic American survey participants 7% reported they had a positive perception about life during their incarceration and 7% of the mentally impaired Hispanic American survey participants reported they had a somewhat positive perception about life during their incarceration.

One mentally impaired Biracial American survey participant reported his perception about life was positive during his incarceration. One mentally impaired Biracial American

survey participant reported his perception about life was negative during his incarceration and one mentally impaired Biracial American survey participant reported his perception about life as very negative during his incarceration. This assumption indicates the majority of the mentally impaired Biracial American survey participants reported they had a negative perception about life during their incarceration. Of the mentally impaired Biracial American survey participants 66.7% reported they had a negative or very negative perception about life during their incarceration. Of the mentally impaired Biracial American survey participants 33.3% reported they had a positive perception about life during their incarceration.

Figure 7

Survey Question 7 Results



Survey Question 7: How would you rate the mental health treatment programs and services you received during your incarceration. Very Good, Good, Poor, or, Very Poor?

One mentally impaired African American survey participant reported the mental health treatment programs and services he received during his incarceration were very good and one mentally impaired African American survey participant reported the mental health treatment programs and services he received during his incarceration were good. Four mentally impaired

African American survey participants reported the mental health treatment programs and services they received during their incarceration was poor, and two mentally impaired African American survey participants reported the mental health treatment programs and services they received during their incarceration as very poor. This indicates the majority of the mentally impaired African American survey participants believed the mental health treatment programs and services they received during their incarceration was poor or very poor. Of the mentally impaired African American survey participants 50% reported the mental health treatment programs and services they received during their incarceration were poor and 25% of the mentally impaired African American survey participants reported the mental health treatment programs and services they received during their incarceration were very poor. Of the mentally impaired African American survey participants 12.5% reported the mental health treatment programs and services they received during their incarceration were very good and 12.5% of the mentally impaired African American survey participants reported the mental health treatment programs and services they received during their incarceration were good.

One mentally impaired Caucasian American survey participant reported the mental health treatment programs and services he received during his incarceration were very good. Two mentally impaired Caucasian American survey participants reported the mental health treatment programs and services they received during their incarceration were good. One mentally impaired Caucasian American survey participant reported the mental health treatment programs and services he received during his incarceration were poor. This indicates the majority of the mentally impaired Caucasian American survey participants believed the mental health treatment programs and services they received during their incarceration were good or very good. Of the mentally impaired Caucasian American survey participants 25% reported the mental health

treatment programs and services they received during their incarceration were very good. Of the mentally impaired Caucasian American survey participants 50% reported the mental health treatment programs and services they received during their incarceration were good. Of the mentally impaired Caucasian American survey participants 25% reported the mental health treatment programs and services they received during their incarceration were poor.

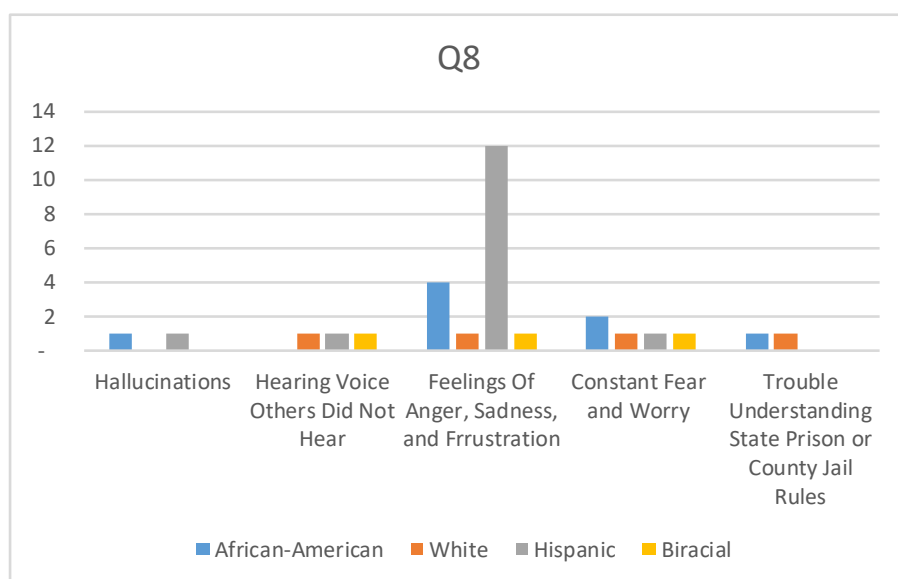
One mentally impaired Hispanic American survey participant reported the mental health treatment programs and services he received during his incarceration were very good. Eight mentally impaired Hispanic American survey participants reported the mental health treatment programs and services they received during their incarceration was poor. Six mentally impaired Hispanic American survey participants reported the mental health treatment programs and services they received during their incarceration were very poor. This indicates the majority of the mentally impaired Hispanic American survey participants believed the mental health treatment programs and services they received during their incarceration were poor or very poor. Of the mentally impaired Hispanic American survey participants 53% reported the mental health treatment programs and services they received during their incarceration were poor.

Of the mentally impaired Hispanic American survey participants 40% reported the mental health treatment programs and services they received during their incarceration were very poor and 7% of the mentally impaired Hispanic American survey participants reported the mental health treatment programs and services they received during their incarceration were very good. One mentally impaired Biracial American survey participant reported the mental health treatment programs and services he received during his incarceration were very good. Two mentally impaired Biracial American survey participants reported the mental health treatment programs and services they received during their incarceration were poor. This indicates the

majority of the Biracial American survey participants believed the mental health treatment programs and services they received during their incarceration were very poor. **Of the mentally impaired Biracial American survey participants 33% reported the mental health treatment programs and services they received during their incarceration were very good and 67% reported the mental health treatment programs and services they received during their incarceration were very good.**

Figure 8

Survey Question 8 Results



Survey Question 8: During your incarceration, did you ever experience any hallucinations, hearing voices that others did not hear, feelings of sadness, anger, and frustration, constant fear and worry, or trouble understanding state prison or county jail rules?

One mentally impaired African American survey participant reported he was hearing voices that others did not hear during his incarceration. Four mentally impaired African American survey participants reported they experienced feelings of sadness, anger, and frustration during their incarceration. Two mentally impaired African American survey participants reported during their incarceration they experienced constant fear and worry during

his incarceration and one mentally impaired African American survey participant reported he had trouble understanding prison rules during his incarceration. This indicates all of the mentally impaired African American survey participants experienced some form of mental health disturbance during their incarceration. Of the mentally impaired African American survey participants 12.5% reported they hallucinated during their incarceration and 12.5% of the mentally impaired African American survey participants reported they had trouble understanding prison rules during their incarceration. Of the mentally impaired African American survey participants 25% reported they experienced constant fear and worry during their incarceration and 50% of the mentally impaired African American survey participants reported they experienced feelings of sadness, anger, and frustration during their incarceration.

One mentally impaired Caucasian American survey participant reported he was hearing voices that others did not hear during his incarceration and one the mentally impaired Caucasian American survey participant reported he experienced feelings of sadness, anger, and frustration during his incarceration. One the mentally impaired Caucasian American survey participant reported he experienced constant fear and worry during his incarceration and one mentally impaired Caucasian American survey participant reported he had trouble understanding prison and jail rules during his incarceration. This indicates all of the mentally impaired Caucasian American survey participants experienced some form of mental health disturbance during their incarceration. Of the mentally impaired Caucasian American survey participants 25% reported they heard voices others did not hear during their incarceration and twenty 25% of the mentally impaired Caucasian American survey participants reported they had feelings of sadness, anger, and frustration hear during their incarceration. Of the mentally impaired Caucasian American survey participants 25% reported they experienced constant fear and worry during their

incarceration and 25% of the mentally impaired Caucasian American survey participant reported they had difficulty understanding prison and jail rules during their incarceration.

One mentally impaired Hispanic American survey participant reported he experienced hallucinations during his incarceration and one mentally impaired Hispanic American survey participant reported he was hearing voices that others did not hear during his incarceration.

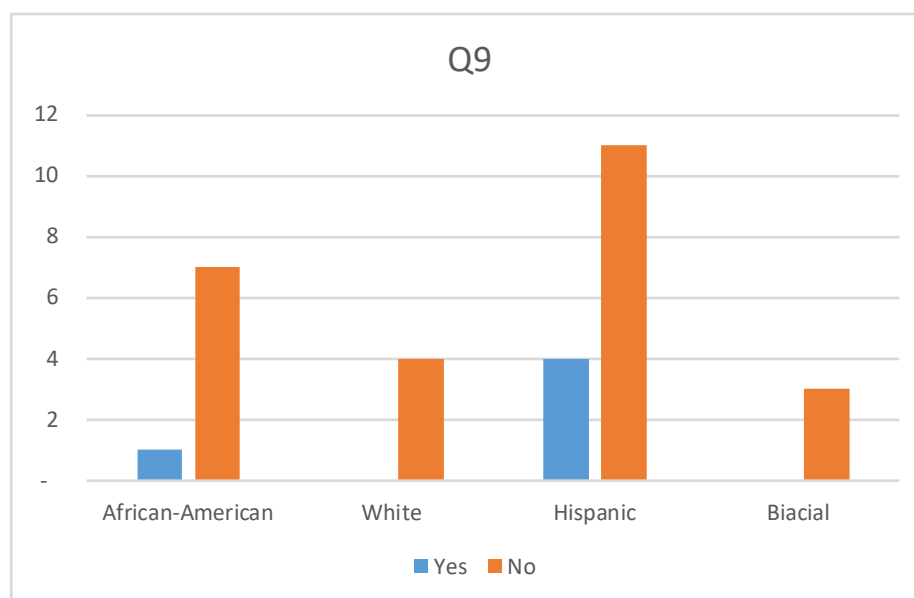
Twelve mentally impaired Hispanic American survey participants reported they experienced feelings of sadness, anger, and frustration during their incarceration and one mentally impaired mentally impaired Hispanic American survey participant reported he experienced constant fear and worry during his incarceration. This indicates all of the mentally impaired Hispanic American survey participants experienced some form of mental health disturbance during their incarceration. Of the mentally impaired Hispanic American survey participants 6.6% of the mentally impaired Hispanic American survey participants reported they experienced hallucinations during their incarceration and 6.6% of the mentally impaired Hispanic American survey participants reported they were hearing voices that others did not hear during their incarceration. Of the mentally impaired Hispanic American survey participants 6.7% of the mentally impaired Hispanic American survey participants reported they experienced constant fear and worry during their incarceration and 80% of the mentally impaired Hispanic American survey participants reported they experienced feelings of sadness, anger, and frustration during their incarceration.

One mentally impaired Biracial American survey participant reported he was hearing voices that others did not during his incarceration. One mentally impaired Biracial American survey participant reported he experienced feelings of sadness, anger, frustration, and one mentally impaired Biracial American survey participant reported he experienced constant fear

and worry during his incarceration. This indicates all of the mentally impaired Biracial survey participants experienced some form of mental health disturbance during their incarceration. Of the mentally impaired Biracial American survey participants 33.3% reported they heard voices that others did not hear during his incarceration. Of the mentally impaired Biracial American survey participants 33.3% reported they had feelings of sadness, anger, frustration, constant fear and worry during their incarceration and 33.3% of the mentally impaired Biracial American survey participants reported they had trouble understanding state prison rules during their incarceration

Figure 9

Survey Question 9 Results



Survey Question 9: Did you ever think about harming yourself or others during your incarceration. Yes, or no?

One mentally impaired African American participant reported he had thoughts of harming himself and others during his incarceration and seven mentally impaired African American survey participants reported they did not have any thoughts of harming themselves or

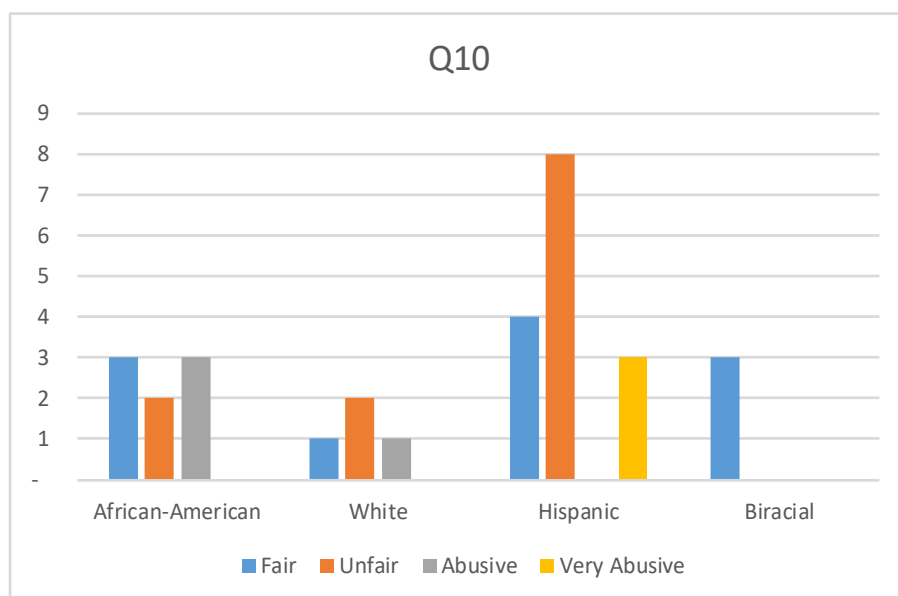
others during their incarceration. This indicates the majority of the African American survey participants did not have any thoughts of harming themselves or others during their incarceration. Of the mentally impaired African American survey participants 87.5% of the mentally impaired African American survey participants reported they did not have thoughts of harming themselves or others during their incarceration and 12.5% of the mentally impaired African American participant reported they had thoughts of harming themselves or others during their incarceration. All four of the mentally impaired Caucasian American survey participants reported they did not have any thoughts of harming themselves or others during their incarceration. This indicates none of the mentally impaired Caucasian American survey participants had thoughts of harming themselves or others during their incarceration. Of the mentally impaired Caucasian American survey participants 100% reported they did not have any thoughts of harming themselves or others during their incarceration.

Eleven mentally impaired Hispanic American survey participants reported they did not have any thoughts of harming themselves or others during their incarceration. Four mentally impaired Hispanic American survey participants reported they had thoughts of harming themselves or others during their incarceration. This indicates the majority of the mentally impaired Hispanic American survey participants did not have any thoughts of harming themselves or others during their incarceration. Of the mentally impaired Hispanic American survey participants 73% reported they did not have thoughts of harming themselves or others during their incarceration. Of the mentally impaired Hispanic American 27% reported they had though thoughts of harming themselves or others during their incarceration. All three of the mentally impaired Biracial American survey participants reported they did not have any thoughts of harming themselves or others during their incarceration. This assumption indicates none of the

mentally impaired Biracial American survey participants had thoughts of harming themselves or others during their incarceration. Of the mentally impaired Biracial American survey participants 100% reported they did not have any thoughts of harming themselves or others during their incarceration.

Figure 10

Survey Question 10 Results



Survey Question 10: How would you rate your treatment by prison officials during your incarceration. Fair, unfair, abusive, or very abusive?

Three mentally impaired African American survey participants reported they were treated fairly by prison officials during their incarceration and two mentally impaired African American survey participants reported they were treated unfairly by prison officials during their incarceration. Three mentally impaired African American survey participants reported they were treated abusively by prison officials during their incarceration. This indicates the majority of the mentally impaired African American survey participants were treated unfairly and abusively during their incarceration. Of the mentally impaired African American survey participants 62.5%

reported they were treated unfairly or abusively during their incarceration, and 37.5% of the mentally impaired African American survey participants reported they were treated fairly by prison officials during your incarceration. One mentally impaired Caucasian American survey participant reported he was treated fairly by prison officials during his incarceration. Two mentally impaired Caucasian American survey participants reported they were treated unfairly by prison officials during their incarceration and one mentally impaired Caucasian American survey participant reported he was treated abusively by prison officials during his incarceration.

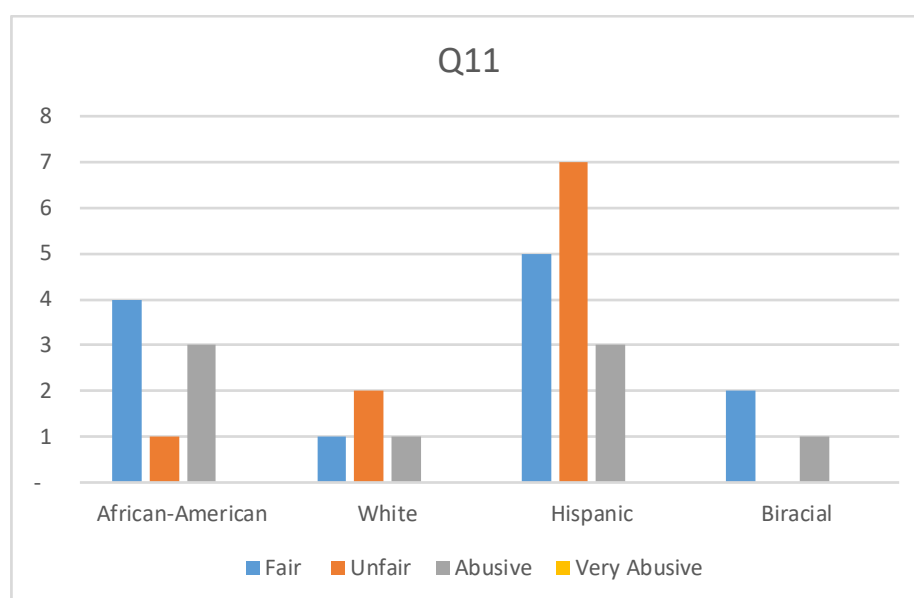
The indicates the majority of the mentally impaired Caucasian American survey participants were treated unfairly and abusively by prison officials during their incarceration. Of the mentally impaired Caucasian American survey participants 75% reported they were treated unfairly and abusively by prison officials during their incarceration. Of the mentally impaired Caucasian American survey participants 25% reported they were treated fairly by prison officials during their incarceration. Four mentally impaired Hispanic American survey participants reported they was treated fairly by prison officials during his incarceration. Eight mentally impaired Hispanic American survey participants reported they were treated unfairly by prison officials during their incarceration and three mentally impaired Hispanic American survey participants reported they were treated very abusive by prison officials during their incarceration.

This indicates the majority of the mentally impaired Hispanic American survey participants were treated unfairly and very abusively by prison officials during their incarceration. Of the mentally impaired Hispanic American survey participants 73% reported they were treated unfairly or very abusive by prison officials during their incarceration. Of the mentally impaired Hispanic American survey participants 27% reported they were treated fairly by prison officials during their incarceration. All three of the mentally impaired Biracial

American survey participants reported they were treated fairly by prison officials fair during their incarceration. This indicates every one of the mentally impaired Biracial American survey participants were treated fairly by prison officials during their incarceration. Of the mentally impaired Biracial American survey participants 100% reported they were treated fairly by prison officials during their incarceration.

Figure 11

Survey Question 11 Results



Survey Question 11: How do feeling you were treated by the prison guards or sheriff's deputies in state prison or county jail during your incarceration. Fair, unfair, abusive, or very abusive?

Four mentally impaired African American survey participants reported they were treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration. One mentally impaired African American survey participant reported he was treated unfairly by prison guards or sheriff's deputies in state prison or county jail during his incarceration and three mentally impaired African American survey participants reported they were treated abusively by prison guards or sheriff's deputies in state prison or county jail during

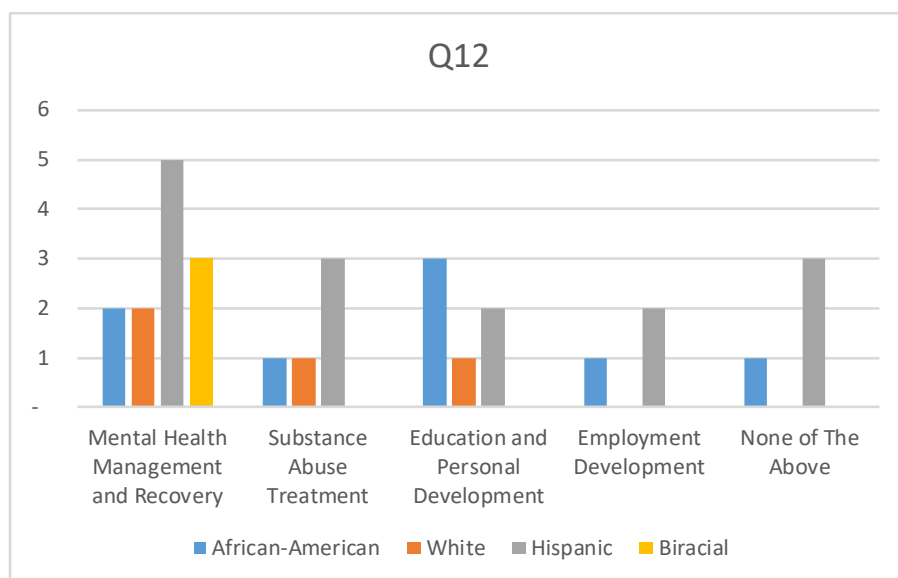
their incarceration. This indicates half of the mentally impaired African American survey participants was treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration and half of the mentally impaired African American survey participants was treated unfairly and abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Of the mentally impaired African American survey participants 50% reported they were treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Of the mentally impaired African American survey participants 50% reported they were treated unfairly or abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration.

One mentally impaired Caucasian American survey participant reported he was treated fairly by prison guards or sheriff's deputies in state prison or county jail during his incarceration. Two mentally impaired Caucasian American survey participants reported they were treated unfairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration. One mentally impaired Caucasian American survey participant reported he was treated abusively by prison guards or sheriff's deputies in state prison or during his incarceration. This indicates the majority of the mentally impaired Caucasian American survey participants were treated unfairly or abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Of the mentally impaired Caucasian American survey participants 75% reported they were treated unfairly or abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration and 25% of the mentally impaired Caucasian American survey participants reported they were treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration.

Five mentally impaired Hispanic American survey participants reported they were treated

fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Seven mentally impaired Hispanic American survey participants reported they were treated unfairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Three mentally impaired Hispanic American survey participants reported they were treated abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration. This indicates the majority of the mentally impaired Hispanic American survey participants were treated unfairly or abusive by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Of the mentally impaired Hispanic American survey participants 67% reported they were treated unfairly or abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration.

Of the mentally impaired Hispanic American survey participants 33% reported they were treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration. Two mentally impaired Biracial American survey participants reported they were treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration and one mentally impaired Biracial American survey participant reported he was treated abusively by prison guards or sheriff's deputies in state prison or county jail during his incarceration. This indicates the majority of the mentally impaired Biracial American survey participants were treated fairly by prison guards or sheriff's deputies in state prison or county jail during his incarceration. Of the mentally impaired Biracial American survey participants 67% reported they were treated fairly by prison guards or sheriff's deputies in state prison or county jail during their incarceration and 33% of the mentally impaired Biracial American survey participant reported they were treated abusively by prison guards or sheriff's deputies in state prison or county jail during their incarceration.

Figure 12*Survey Question 12 Results*

Survey Question 12: During your incarceration, were you offered any of the following rehabilitation programs? Mental health management and recovery, Substance abuse treatment, Education and personal development training, and Employment preparation.

Two mentally impaired African American survey participants reported they received mental health treatment services, substance abuse treatment, education and personal development, and employment preparation training services during their incarceration. One mentally impaired African American survey participation reported he received substance abuse treatment services during his incarceration and three mentally impaired African American survey participations reported they received education and personal development services during their incarceration. One mentally impaired African American survey participation reported he received employment preparation training services during his incarceration. One mentally impaired African American survey participation reported he did not receive any of the services mentioned in the survey question his incarceration. This assumption indicates the majority of the mentally impaired African American survey participations received some form of rehabilitation

services during their incarceration.

Of the mentally impaired African American survey participants 25% reported they received mental health treatment and substance abuse treatment and services. Of the mentally impaired African American survey participants 12.5% reported they received substance abuse treatment during their incarceration and 37.5% of the mentally impaired African American survey participants reported they received education and personal development training during their incarceration. Of the mentally impaired African American survey participants 12.5% reported they received employment preparation training during their incarceration, and 12.5% of the mentally impaired African American survey participants reported they did not receive any treatment and services during their incarceration. Two mentally impaired Caucasian American survey participants reported they received mental health care treatment and services during their incarceration, one mentally impaired Caucasian American survey participant reported he received substance abuse treatment and services during his incarceration, and one the mentally impaired Caucasian American survey participant reported he received substance abuse treatment and services, education and personal development, and employment preparation training service during his incarceration. This assumption indicates all of the mentally impaired Caucasian American survey participants received some form of rehabilitation services during their incarceration.

Of the mentally impaired Caucasian American survey participants 50% reported they received mental health care treatment and services during their incarceration. Of the mentally impaired Caucasian American survey participants 25% reported they received substance abuse treatment during their incarceration and 25% of the mentally impaired Caucasian American survey participants reported they received education and personal development, and employment

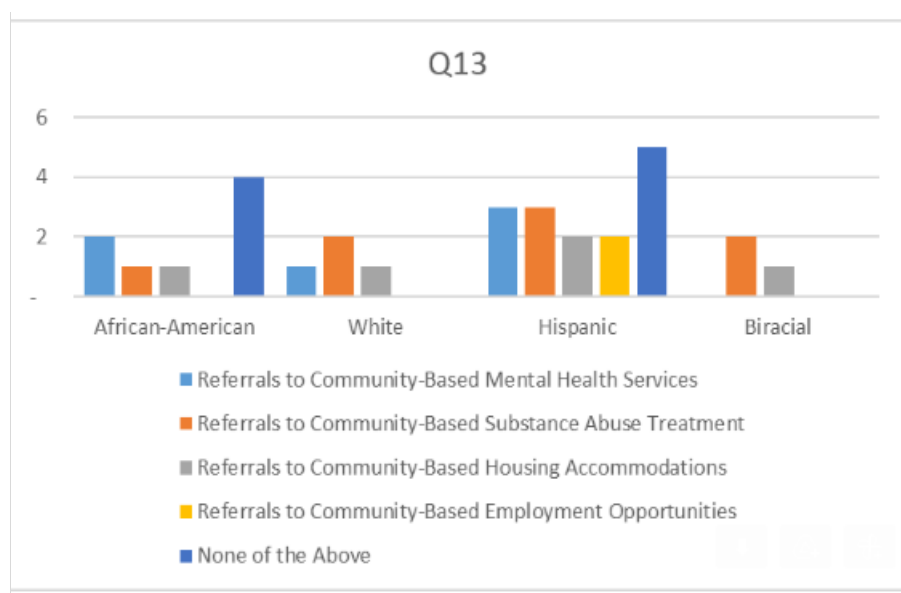
preparation training during their incarceration.

Five mentally impaired Hispanic American survey participants reported they received mental health care treatment and services during their incarceration and three mentally impaired Hispanic American survey participants reported they received substance abuse treatment and services. Two mentally impaired Hispanic American survey participants reported they received education and personal development and two mentally impaired Hispanic American survey participants reported they received mental health care treatment and services, substance abuse treatment and services, and education and personal development during their incarceration. Three mentally impaired Hispanic American survey participants reported they did not receive any services during their incarceration. This assumption indicates the majority of the mentally impaired Hispanic American survey participants received some form of rehabilitation services during their incarceration. Of the mentally impaired Hispanic American survey participants 33% reported they received mental health care treatment and services during their incarceration. Of the mentally impaired Hispanic American survey participants 20% reported they received substance abuse treatment and services during their incarceration.

Of the mentally impaired Hispanic American survey participants 13.5% reported they received education and personal development during their incarceration. Of the mentally impaired Hispanic American survey participants 20% reported they did not receive rehabilitation services during their incarceration. Three mentally impaired Biracial American survey participants reported they receive mental health treatment and services during his incarceration. This assumption indicates all of the mentally impaired Biracial American survey participants receive mental health care treatment and services during their incarceration. Of the mentally impaired Biracial American survey participants 100% reported they received mental health

treatment services during their incarceration. Figure 13

Survey Question 13 Results



Survey Question 13: When you were approaching your release date, did you have a chance to participate in Community-based, mental health care treatment and services, community-based substance abuse treatment and services, community-based housing accommodations, employment opportunities, or did not participate in any prelease program?

Two mentally impaired African American survey participant reported he participated in a prerelease community-based, mental health care treatment program when they were approaching their release date. One mentally impaired African American survey participant reported, he participated in a prerelease community-based substance abuse treatment program when he was approaching his release date and one mentally impaired African American survey participant reported he participated in a community-based housing accommodation program when he was approaching his release date. One mentally impaired African American survey participant reported he community-based housing accommodations when he was approaching his release date. Four mentally impaired African American survey participants reported they did not participate in any of the prerelease programs mentioned in the survey question.

This indicates only half of the mentally impaired African American survey participants

participate in the prerelease community-based programs that were offered when they were approaching their release date. Of the mentally impaired African American survey participants 50% reported they participated in a prerelease community-based, mental health care treatment program when they were approaching their release date. Of the mentally impaired African American survey participants 12.5% reported they participated in a prerelease community-based substance abuse treatment program when they were was approaching their release date. Of the mentally impaired African American survey participants 12.5% reported they participated in a prerelease community-based housing accommodations program when they were approaching their release date. Of the mentally impaired African American survey participants 50% reported they did not participate in any of the prerelease programs when they were approaching their release date.

One mentally impaired Caucasian American survey participant reported he participated in a prerelease community-based mental health care treatment program when he was approaching his release date. Two mentally impaired Caucasian American survey participants reported they participated in a community-based substance abuse treatment program when they were approaching their release date and one mentally impaired Caucasian American survey participant reported he participated in prerelease community-based housing accommodations program, and referrals to employment opportunities when he was approaching his release date. This indicates all of the mentally impaired Caucasian American survey participants participated in some form of prerelease community-based programs when they were approaching their release date. Of the mentally impaired Caucasian American survey participants 25% reported they participated in a prerelease community-based mental health care treatment program when they were approaching their release date and 50% of the mentally impaired Caucasian American survey participants

reported they participated in a prerelease community-based substance abuse treatment program when they were approaching their release date. Of the mentally impaired Caucasian American survey participants 25% reported they participated in prerelease community-based housing accommodations program, and referrals to employment opportunities when they were approaching their release date.

Two mentally impaired Hispanic American survey participants reported they participated in a prerelease community-based mental health care treatment and services program when they were approaching their prerelease date. Three mentally impaired Hispanic American survey participants reported they participated in a prerelease community-based substance abuse treatment program when they were approaching their release date. Three mentally impaired Hispanic American survey participants reported they participated in a prerelease housing accommodations program. One mentally impaired Hispanic American survey participant reported he participated in a prerelease community-based substance abuse treatment program, community-based housing accommodations program, and referrals to employment opportunities and one mentally impaired Hispanic American survey participant reported he participated in prerelease community-based mental health care treatment program and community-based housing accommodations program. Five mentally impaired Hispanic American survey participants reported they did not take part in any of the prerelease programs when they were approaching their release date. This indicates one-third of the mentally impaired Hispanic American survey participants did not participate in the prerelease community-based programs offered when they were approaching their release date.

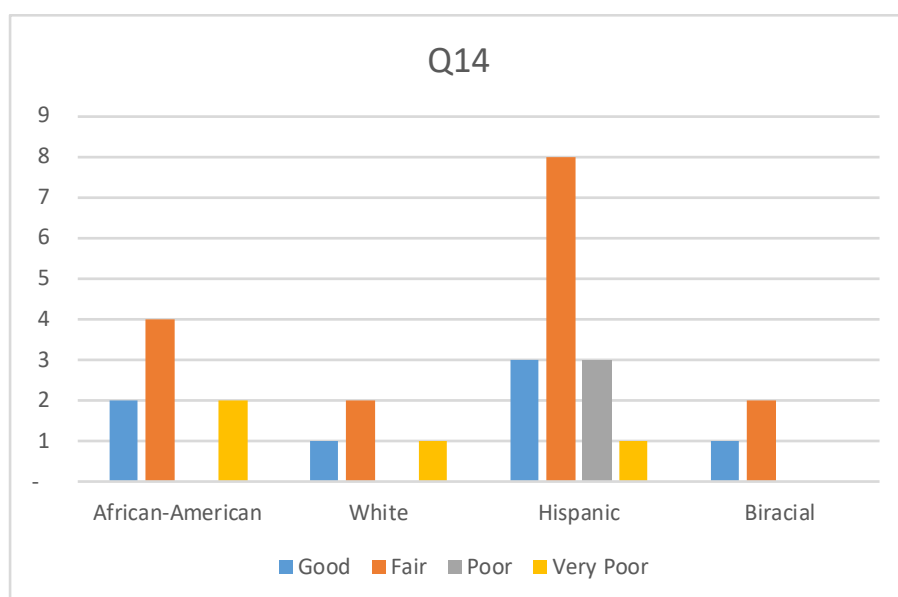
Of the mentally impaired Hispanic American survey participants 13.3% reported they participated in a prerelease community-based mental health care treatment program when they

were approaching their prerelease date. Of the mentally impaired Hispanic American survey participants 20% reported they participated in a prerelease community-based substance abuse treatment and services program and 20% of the mentally impaired Hispanic American survey participants reported they participated in a prerelease housing accommodations program. Of the mentally impaired Hispanic American survey participants 6.7% reported they participated in prerelease community-based substance abuse treatment and services program, community-based housing accommodations program, and referrals to employment opportunities. Of the mentally impaired Hispanic American survey participants 6.7% reported they participated in prerelease community-based mental health care treatment program and community-based housing accommodations program. Of the mentally impaired Hispanic American survey participants 33.3% reported they did not take part in any of the prerelease programs offered when they were approaching their release date.

Two mentally impaired Biracial American survey participants reported they participated in a prerelease community-based substance abuse treatment and services program when they were approaching their release date. One mentally impaired Biracial American survey participant reported he participated in a prerelease community-based employment opportunities program when he was approaching his release date. This indicates all of the mentally impaired Biracial American survey participants participated in some form of prerelease community-based programs when they were approaching their prerelease date. Of the mentally impaired Biracial American survey Fifty percent (50%) of the African American survey 67% reported they participated in a prerelease community-based substance abuse treatment and services program when they were approaching their release date. Of the mentally impaired Biracial American survey participants 33% reported they participated in an employment opportunities program

when they were approaching their release date. Figure 14

Survey Question 14 Results



Survey Question 14: How do you rate having access to community-based treatment programs and services for ex-offenders in South Los Angeles. Good, fair, poor, or extremely poor?

Two mentally impaired African American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good and four mentally impaired African American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is fair. Two mentally impaired African American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is extremely poor. This indicates the majority of the mentally impaired African American survey participants believed their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good or fair. Of the mentally impaired African American survey participants 25% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good. Of the mentally impaired African

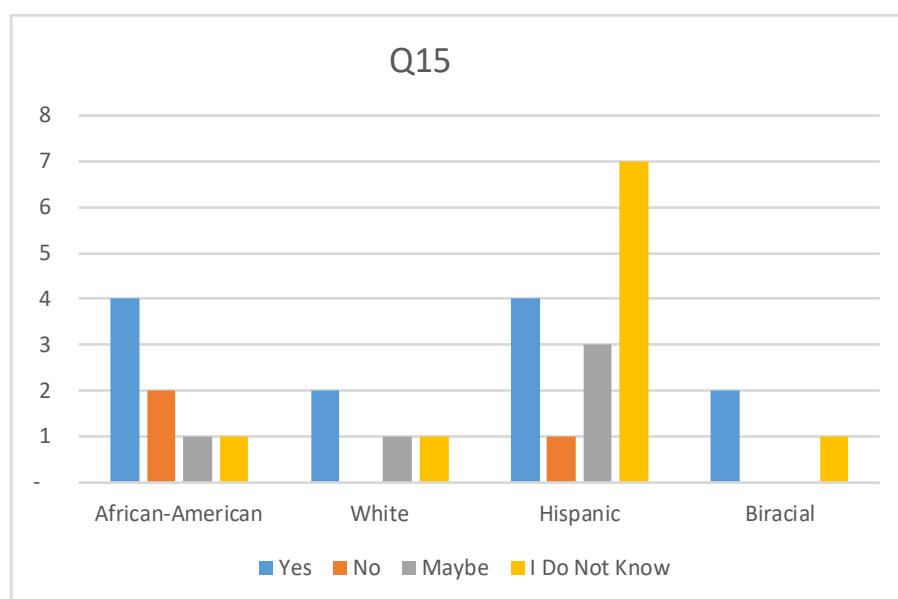
American survey participants 50% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is fair. Of the mentally impaired African American survey participants 25% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is extremely poor.

One mentally impaired Caucasian American survey participant reported his access to community-based treatment programs and services for ex-offenders in South Los Angeles is good. Two mentally impaired Caucasian American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is fair and one mentally impaired Caucasian American survey participant reported his access to community-based treatment programs and services for ex-offenders in South Los Angeles is extremely poor. This indicates the majority of the mentally impaired Caucasian American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good or fair. Of the mentally impaired Caucasian American survey participants 75% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good or fair. Of the mentally impaired Caucasian American survey participants 25% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is extremely poor.

Three mentally impaired Hispanic American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good and eight mentally impaired Hispanic American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is fair. Three mentally impaired Hispanic American survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is poor

and one mentally impaired Hispanic American survey participant reported his access to community-based treatment programs and services for ex-offenders in South Los Angeles is extremely poor. This indicates the majority of the mentally impaired Hispanic American survey participants believe their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good or fair. Of the mentally impaired Hispanic Americans survey participants 73% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good or fair. Of the mentally impaired Hispanic Americans survey participants.

Of the mentally impaired Hispanic Americans survey participants 27% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is poor or extremely poor. One mentally impaired Biracial American survey participant reported his access to community-based treatment programs and services for ex-offenders in South Los Angeles is good. Two mentally impaired Biracial survey participants reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is fair. This indicates all of the mentally impaired Biracial survey participants believed their access to community-based treatment programs and services for ex-offenders in South Los Angeles is either good or fair. Of the mentally impaired Biracial survey participants 100% reported their access to community-based treatment programs and services for ex-offenders in South Los Angeles is good or fair.

Figure 15*Survey Question 15 Results*

Survey Question 15: Do you believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent you from returning to prison or jail? Yes, no, maybe, and I do not know.

Four mentally impaired African American survey participants reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. Two mentally impaired African American survey participants reported they did not believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. One mentally impaired African American survey participant reported he believes the community-based treatment programs and services currently available for ex-offenders in South Los Angeles may be able to prevent him from returning to prison or jail and one mentally impaired African American survey participants reported he does not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will be able to prevent him from returning to

prison or jail. This indicates the majority of mentally impaired African American survey participants believe community-based treatment programs and services available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail.

Of the mentally impaired African American survey participants 50% reported they believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. Of the mentally impaired African American survey participants 12.5% reported they believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles may be able to prevent them from returning to prison or jail. Of the mentally impaired African American survey participants 25% reported they do not believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail. Of the mentally impaired African American survey participants 12.5% reported they do not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will prevent them from returning to prison or jail.

Two mentally impaired Caucasian American survey participants reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. One mentally impaired Caucasian American survey participants reported he believes the community-based treatment programs and services currently available for ex-offenders in South Los Angeles may be able to prevent they from returning to prison or county jail. One mentally impaired Caucasian American survey participants reported he does not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will prevent

them from returning to prison or jail. This indicates the majority of the mentally impaired Caucasian American survey participants believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will or may be able to help to prevent them from returning to prison or county jail. Of the mentally impaired Caucasian American survey participants 50% reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail. Of the mentally impaired Caucasian American survey participants 25% reported believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles may be able to prevent they from returning to prison or county jail and 25% of the mentally impaired Caucasian American survey participants reported they do not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will prevent them from returning to prison or jail.

Four mentally impaired Hispanic American survey participants reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. Three mentally impaired Hispanic American survey participants reported they believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles may be able to prevent them from returning to prison or county jail. One mentally impaired Hispanic American survey participant reported he does not believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent him from returning to prison or jail. Seven mentally impaired Hispanic American survey participants reported they do not know if the community-based if the community-based treatment programs

and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail. This indicates the majority of the mentally impaired Hispanic American survey participants do not believe or do not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail.

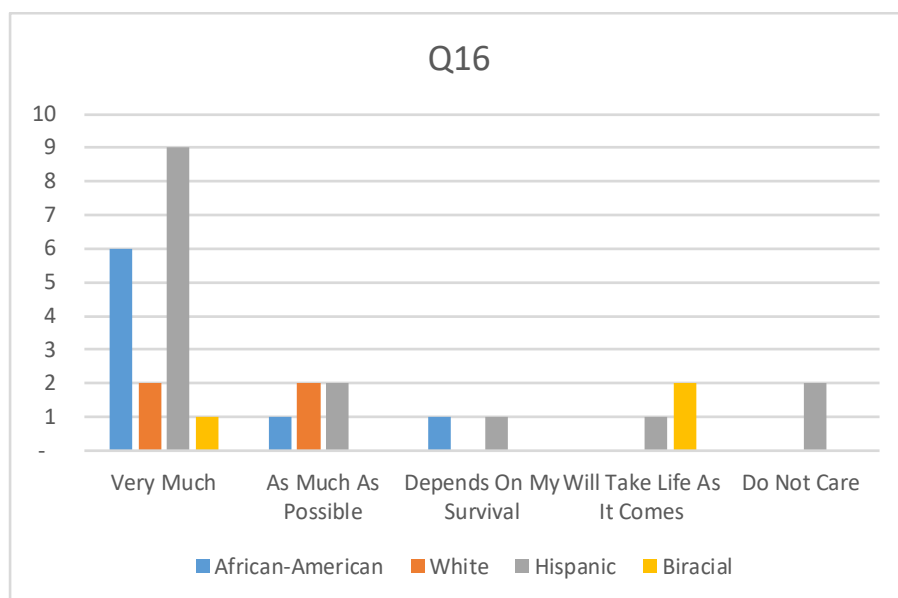
Of the mentally impaired Hispanic American survey participants 26.7% reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. Of the mentally impaired Hispanic American survey participants 20% reported they believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles may help to prevent them from returning to prison or county jail. Of the mentally impaired Hispanic American survey participants 6.6% reported they do not believe the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will not help them from returning to prison or county jail. Of the mentally impaired Hispanic American survey participants Of the mentally impaired Hispanic American survey participants 46.7% reported they do not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail.

Two mentally impaired Biracial American survey participants reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail. One mentally impaired Biracial American survey participant reported he does not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles

will help to prevent him from returning to prison or county jail. The indicates the majority of the mentally impaired Biracial American survey participants believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or jail. Of the mentally impaired Biracial American survey participants 67% reported they believed the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent them from returning to prison or county jail. Of the mentally impaired Biracial American survey participants 33% reported they do not know if the community-based treatment programs and services currently available for ex-offenders in South Los Angeles will help to prevent him from returning to prison or county jail.

Figure 16

Survey Question 16 Results



Survey Question 16: How much do you care to be a productive law-abiding citizen? Very much, as much as possible, depends on my survival, will take life as it comes, or I do not care.

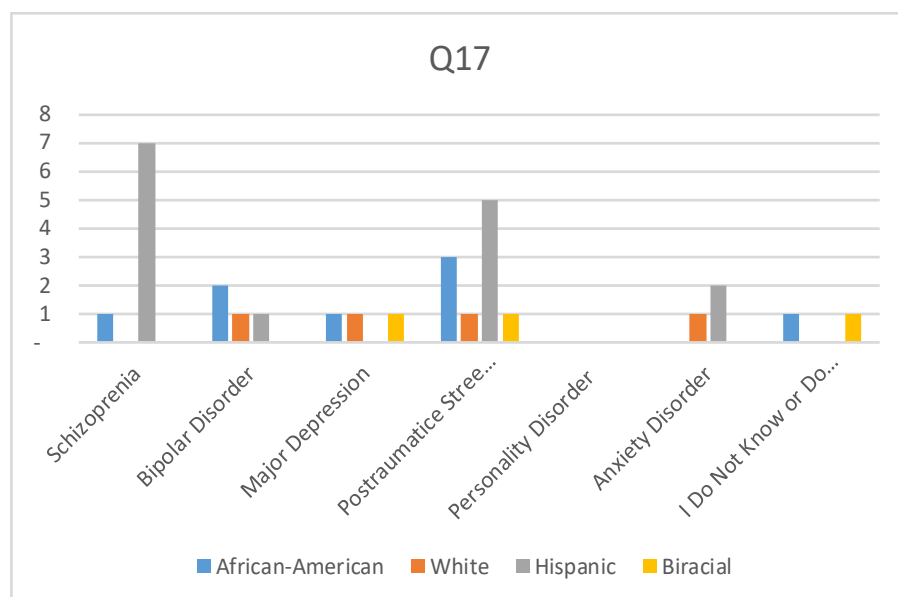
Six mentally impaired African American survey participants reported they really want to become a productive law-abiding citizen. One mentally impaired African American survey participant reported he wants to become a productive law-abiding citizen as much as possible and one mentally impaired African American survey participant reported it depends on his survival if he chooses to become a productive law-abiding citizen. This indicates the majority of the African American survey participants really want to become productive law-abiding citizens. Of the mentally impaired African American survey participants 75% reported they really want to become a productive law-abiding citizen. Of the mentally impaired African American survey participants 12.5% reported they want to become a productive law-abiding citizen as much as possible and 12.5% of the mentally impaired African American survey participants reported it will depend on their survival if they choose to become a productive law-abiding citizen.

Two mentally impaired Caucasian American survey participants reported they really want to become a productive law-abiding citizen. Two mentally impaired Caucasian American survey participants replied they want to become a productive law-abiding citizen as much as possible. This indicates half of the Caucasian American survey participants really want to become productive law-abiding citizens. Of the mentally impaired Caucasian American survey participants 50% reported they really want to become a productive law-abiding citizen. Of the mentally impaired Caucasian American survey participants 50% reported they want to become productive law-abiding citizen as much as possible. Two mentally impaired Hispanic American survey participants reported they want to become productive law-abiding citizens as much as possible and one Hispanic American survey participant reported it depends on his survival if he chooses to become a productive law-abiding citizen.

Nine mentally impaired Hispanic American survey participants reported they very much

want to become a productive law-abiding citizen. Two mentally impaired Hispanic American survey participants reported they very much want to become a productive law-abiding citizen as much as possible. One mentally impaired Hispanic American survey participant reported it depends on his survival if he becomes a productive law-abiding citizen and one mentally impaired Hispanic American survey participant reported he will take life as it comes. Two mentally impaired Hispanic American survey participants reported they do not care to become a productive law-abiding citizen. This indicates the majority of the Hispanic American survey participants really want to become a productive law-abiding citizen.

Of the mentally impaired Hispanic American survey participants 60% reported they have a sincere desire to become productive law-abiding citizens. Of the mentally impaired Hispanic American survey participants 13% reported they want to become productive law-abiding citizens as much as possible and seven percent (7%) of the mentally impaired Hispanic American survey participants reported it depends on their survival if they choose to become productive law-abiding citizens. Of the mentally impaired Hispanic American survey participants 7% reported they will take life as it comes and 13% of the mentally impaired Hispanic American survey participants reported they do not care to become productive law-abiding citizens. One mentally impaired Biracial American survey participant reported he wants to become a productive law-abiding citizen as much as possible. Two mentally impaired Biracial American survey participants reported they will take life as it comes. This indicates the majority of the mentally impaired Biracial survey participants will take life as it comes. Of the mentally impaired Biracial American survey participants 33% reported they want to become a productive law-abiding citizen as much as possible. Of the mentally impaired Biracial American survey participants 67% reported they will take life as it comes.

Figure 17*Survey Question 17 Results*

Survey Question 17: What mental health conditions have you been diagnosed with. Schizophrenia, Bipolar Disorder, Major Depression, Posttraumatic Stress Disorder (PTSD), Personality Disorder, Anxiety Disorder, or I do not know or do not wish to answer?

One mentally impaired African American survey participant reported he was diagnosed with Schizophrenia. Two mentally impaired African American survey participants reported they were diagnosed with Bipolar Disorder. One mentally impaired African American survey participant reported he was diagnosed with major depression. Three one African American survey participant reported they were diagnosed with Posttraumatic Stress Disorder (PTSD). One mentally impaired African American survey participant reported he does not know or does not wish to answer.

This indicates the majority of the mentally impaired African American survey participants were diagnosed with a mental health impairment. Of the mentally impaired African American survey participants 12.5% reported they were diagnosed with Schizophrenia. Of the mentally impaired African American survey participants 25% reported they were diagnosed with

Bipolar Disorder. Of the mentally impaired African American survey participants 12.5% reported they were diagnosed with major depression. Of the mentally impaired African American survey participants 37.5% reported they were diagnosed with PTSD. Of the mentally impaired African American survey participants 12.5% reported they do not know if they were diagnosed with a mental impairment, or they do not wish to answer.

One mentally impaired Caucasian American survey participant reported he was diagnosed with Bipolar Disorder. One mentally impaired Caucasian American survey participant reported he was. One mentally impaired Caucasian American survey participant reported he was diagnosed with Posttraumatic Stress Disorder (PTSD). One mentally impaired Caucasian American survey participant reported he was diagnosed with Anxiety Disorder. This indicates every one of the mentally impaired Caucasian American survey participants were diagnosed with a mental impairment.

Of the mentally impaired Caucasian American survey participants 25% reported they were diagnosed with Bipolar Disorder. Of the mentally impaired Caucasian American survey participants 25% reported they were diagnosed with Major Depression. Of the mentally impaired Caucasian American survey participants 25% reported they were diagnosed with Posttraumatic Stress Disorder. Of the mentally impaired Caucasian American survey participants 25% reported they were diagnosed with Anxiety Disorder. Seven mentally impaired Hispanic American survey participants reported they were diagnosed with Schizophrenia and one mentally impaired Hispanic American survey participant reported he was diagnosed with Major Depression.

Five mentally impaired Hispanic American survey participants reported they were diagnosed with Posttraumatic Stress Disorder. Two mentally impaired Hispanic American survey participant reported they was diagnosed with Anxiety Disorder. This indicates every one

of the mentally impaired Hispanic American survey participants were diagnosed with a mental impairment. Of the mentally impaired Hispanic American survey participants 47% reported they were diagnosed with Schizophrenia and 7% of the mentally impaired Hispanic American survey participants reported they were diagnosed with Major Depression. Of the mentally impaired Hispanic American survey participants 33% reported they were diagnosed with Posttraumatic Stress Disorder and 13% of the mentally impaired Hispanic American survey participants reported they were diagnosed with Anxiety Disorder. One mentally impaired Biracial American survey participant reported he was diagnosed with Major Depression, one mentally impaired Biracial American survey participant reported he was diagnosed with posttraumatic stress disorder, and one mentally impaired Biracial American survey participant reported he does not know if he was diagnosed with a mental impairment, or he did not wish to answer. This indicates two-thirds of the Biracial American survey participants were diagnosed with a mental impairment. Of the mentally impaired Biracial American survey participants 33% reported they were diagnosed with Major Depression and 33% of the mentally impaired Biracial American survey participants reported they were diagnosed with Posttraumatic Stress Disorder. Of the mentally impaired Biracial American survey participants 33% reported they do not know if they were diagnosed with a mental impairment, or they did not wish to answer.

Data Set 1 of 3: Survey Questions and Results

The answers to the survey questions by the mentally impaired survey participants presented an indication of their mental health capacity that influences their attitude and behavior. The variations of the percentages indicate that there is a disparity in the survey participant's mental health competence and experiences as it relates to their perception about life and their demographics. The mentally impaired survey participants' responses can be appraised through a criminogenic hypothesis associated with their pre-incarceration, incarceration, and reentry

experiences. The answers to the survey questions by the mentally impaired survey participants are a critical component for the conclusion of this study.

Data Set 2 of 3: Investigator Interviews of Clients

The principal investigator asked the mentally impaired study participants to answer the following face-to-face interview questions.

1. Do you believe your mental state of mind contributed to your incarceration?
2. Have you been incarcerated in a California prison or County jail more than three times?
3. During your incarceration were you ever abused by prison guards or sheriff Deputies?
4. During your incarceration, were there mental health programs available for mentally impaired inmates?
5. Do you believe the rehabilitation treatment you received during your incarceration was effective?
6. Prior to your release from state prison or county jail where you offered and participated in any pre-release reentry programs?
7. Do you believe the community-based mental health treatment programs and services in South Los Angeles are good enough to help you become a self-sufficient law-abiding citizen?

The mentally impaired participants' responses to the interview questions provide solid, straightforward qualitative and quantitative evidence that confirms there is a connection between mental illness and prisoner recidivism. Of the mentally impaired interviewees 76% stated they believe their mental illness contributed to their incarceration. Of the mentally impaired interviewees 17% stated it is possible their mental illness contributed to their incarceration. Of the mentally impaired interviewees 91% stated they have been incarcerated in state prison or county

jail more than three times. Of the mentally impaired interviewees 23% stated they were abused by correctional officers during their incarceration and 77% of the mentally impaired interviewees stated they were treated fairly by correctional officers during their incarceration.

Of the mentally impaired interviewees 100% stated there were mental health and substance abuse programs, educational classes, and employment preparation programs available during their incarceration. However, 20% of mentally impaired interviewees stated they were not interested in participating in the rehabilitation programs that were offered during their incarceration. Of the mentally impaired interviewees 10% stated the rehabilitation services they received during their incarceration were very good. Of the mentally impaired interviewees 16% stated the rehabilitation services they received during their incarceration were very good. Of the mentally impaired interviewees 46% stated the rehabilitation services they received during their incarceration were poor. Of the mentally impaired interviewees 27% stated the rehabilitation services they received during their incarceration was very poor. Of the mentally impaired interviewees 70% stated they were offered and participated in per-release reentry programs and thirty percent 30% of the mentally impaired interviewees stated they were offered per-release reentry programs but decided not to participate.

Of the mentally impaired interviewees 40% stated they believe the community-based rehabilitation programs and services in South Los Angeles will be able to help them remain outside of the criminal justice system. Of the mentally impaired interviewees 23% stated there is a possibility the community-based rehabilitation program and services in South Los Angeles will enable to help them remain outside of the criminal justice system. Of the mentally impaired interviewees 13% stated they do not believe the community-based rehabilitation programs and services in South Los Angeles will enable able to help them remain outside of the criminal

justice system and 23% of the mentally impaired the interviewees stated they do not know if the community-based rehabilitation programs will enable to help them remain outside of the criminal justice system. The answers to the interview questions by the mentally impaired the interviewees indicates there are social and individual beliefs that influence the connection between mental illness and prisoner recidivism.

Data set 3 of 3: Principal Investigator's Interview of Licensed Psychologist

This section presents the licensed psychologist's interview question responses. The licensed psychologist's interview responses provided the principal investigator with a more educated understanding of the connection between mental impairment and recidivism. The Licensed Psychologist interview responses were as follows.

Interview Question 1 How long have you worked with ex-offenders at God's Property? The licensed clinical psychologist stated, I have conducted group and individual counseling sessions with the mentally impaired population at God's Property for the past 10 years. Interview Question 2 Do you believe there is evidence that supports the connection between mental illness and prisoner recidivism? The licensed clinical psychologist stated, "My experience working with mentally impaired individuals has led me to believe that untreated mental illness can lead to criminal behavior, and if the individual does not receive adequate mental health care service during their incarceration and when they are released, it is a high probability they will reoffend". Interview Question 3 Is California's criminal justice system designed to provide effective rehabilitation services for offenders during their incarceration? The licensed clinical psychologist stated, "my experience with California's criminal justice system has led me to believe the prisons and jails in California are not designed to provide effective rehabilitation. Incarcerating non-violent mentally impaired in California prisons and jails is inherently harmful and counterproductive for their mental health rehabilitation". Interview Question 4 Do you believe

California's Criminal Justice System is structured for incarceration or rehabilitation for offenders. The licensed clinical psychologist stated, "I have always believed prison and jails are inherently harmful for offenders. Incarcerating low-level, non-violent individuals in California prisons and jails is counterproductive for their mental health rehabilitation. Interview Question 5 Do you believe mentally impaired inmates are abused by prison guards or sheriff deputies during their incarceration. The licensed clinical psychologist stated, "I do not believe all mentally impaired inmates are abused by prison guards and sheriff deputies. Not all of the prison guards and sheriff deputies have an abusive mentality. However, my experience there are prison guards and sheriff deputies who are not adequately trained to effectively manage ex-offenders and resort to excessive force when they become frustrated with noncompliant mentally impaired inmates."

Interview Question 6 Do you believe the California Department of Corrections and Rehabilitation offers low-level, non-violent mentally impaired inmates the opportunity to participate in prerelease programs when they are approaching their release date. The licensed clinical psychologist stated "the California Department of Corrections and Rehabilitation has always provided per-release programs for low-level, non-violent mentally impaired inmates when they are approaching their release date. However, there are a number of offenders who refuse to participate in the prerelease programs offered when they are approaching their release date." Interview Question 7 What do you think about the community-based mental health services offered to ex-offenders in South Los Angeles? The licensed clinical psychologist stated, "the culture of the community-based treatment programs and services in South Los Angeles, for the mentally impaired needs reconstruction. She stated, "my experience has led me to believe, there are a large number of community-based mental health organizations in Los Angeles County; especially South Los Angeles that are more concerned with receiving State and County

funding instead of providing effective mental health treatment for their clients.” The licensed clinical psychologist also stated, “there are a large number of ex-offenders who are not willing to participate in the community-based treatment programs and services offered, which inevitably increases their likelihood of reoffending.”

Chapter 5: Discussion and Recommendations

This dissertation is projected to present evidence supporting the connection between mental illness and prisoner recidivism. The Investigation of the connection between mental illness and prisoner recidivism requires a multifaceted assessment. State and county policies that influence the connection between mental illness and prisoner recidivism are crucial components of this study's context, requiring a comprehensive evaluation of the mitigating circumstances associated with the research questions appearing on pages 60 and 63. The survey questionnaires and interviews, completed by the mentally impaired ex-offenders at God's Property, provided grounding to the theoretical framework that led to the collection of qualitative data necessary to objectively examine the legitimacy of this study's research questions. An interview with the Licensed Clinical Psychologist, who works with the mentally impaired ex-offenders at God's Property, assisted with analyzing the interviews that delivered important additional qualitative information to complement the quantitative survey data and to provide suggestion for any necessary reform. Additionally, the rehabilitation programs and services offered by the California Department of Corrections and Rehabilitation and the Los Angeles County Sheriff's Department will be analysis to disclose the resources available to mentally impaired offenders during their incarceration and when they return to society.

Limitations of this Study

The limitations of this study prohibit a thorough and authentic evaluation of the connection between mental illness and prisoner recidivism in California and Los Angeles County. As stated on page 20, this study is restricted to a small sample of thirty ex-offenders from one rehabilitation organization in South Los Angeles. An authentic evaluation of the connection between mental illness and prisoner recidivism in California and Los Angeles County would ideally incorporate perceptions and perspectives of every mentally impaired offender in

California and Los Angeles County who has reenter society after their incarceration and returned to the criminal justice system, though this is not realistic. The ability of the principal investigator and the licensed clinical psychologist to build trust and to inspire the mentally impaired study participants to be genuinely engaged when they are participating in the surveys and interviews will assure the validity of the study and reduce its limitations. However, the findings of this study are restricted to only thirty mentally impaired ex-offenders and cannot provide a generalizable conclusion regarding the connection between mental illness and prisoner recidivism in California and Los Angeles County.

Summary of the Research Questions

The findings of this study support the presumption that there is a connection between mental impairment and recidivism. The following partially summarizes how the study addressed each of the research questions presented on page 61 and 62 (and restated here):

1. Is there evidence that substantiate the connection between mental illness and prisoner recidivism? Of the mentally impaired survey participants 97% reported they believed their mental illness contributed to their incarceration and 83% of the mentally impaired survey participants reported they have been incarcerated more than three times.
2. Is California's criminal justice system designed to provide effective rehabilitation services for mentally impaired offenders during their incarceration? Inmate overcrowding, unsanitary living conditions, and the shortage of mental health service providers in California's criminal justice system are counterproductive for effective rehabilitation.
3. Are mentally impaired inmates abused by prison guards and sheriff's deputies in state

prison or county jail during their incarceration? The unnecessary abuse of mentally impaired inmates in California prisons and jails is commonplace. Mentally impaired inmates are frequently verbal and physical abuse by correctional officers.

4. When mentally impaired offenders are approaching their release date from state prison or county jail, are they given the opportunity to participate in prerelease programs? The California Department of Correction and Rehabilitation provides mentally impaired inmates with an assortment of rehabilitative programs and services when they are approaching their release date. Mentally impaired offenders have access to physical and mental health intervention, substance abuse treatment, adult educational and employment preparation, and independent community-based living resources.
5. Are the current community-based treatment programs and services in South Los Angeles sufficient to reduce the recidivism rate among mentally impaired offenders? The current community-based treatment programs and services in South Los Angeles need to be improved. Too many community-based organizations that have been contracted to provide services are more concerned with financial gain instead of providing effective rehabilitation services to assist in reducing the recidivism rate among mentally impaired offenders.

Recommendations for Reform

The reduction of the recidivism rate among ex-offenders requires legislators in California and Los Angeles County to reform the policies and practices regarding the treatment of ex-offenders. Unknown to the general public, a substantial number of mentally impaired individuals return to California's criminal justice system every year. Based on the interviews with the ex-offenders and the licensed clinical psychologist, increasing accessibility and engagement in

community-based programs is essential to decreasing recidivism. Reform is critical regarding deinstitutionalization, treatment, sentencing, incarceration abuse, and the lack of expertise and collaboration among community-based mental health organizations. The Constitution of the United States and its Declaration of Independence convey ideas that California's criminal justice system has failed to adequately serve ex-offenders during their incarceration and when they return to society. This is detrimental to humanity, public health and safety, and California taxpayers. California and Los Angeles County legislators must acknowledge the need to revise the current policies and practices that impact mental illness and prisoner recidivism.

According to the theoretical framework and findings from research question number one, the implementation of deinstitutionalization intensified the correlation between mental illness and prison recidivism and needs to be reformed. The execution of deinstitutionalization was envisioned to reduce the number of state psychiatric hospitals and provide out-patient and inpatient psychiatric treatment for mentally impaired individuals in the community where they lived. However, due to a lack of federal funding there were only a small number of community-based psychiatric facilities built. This created a shortage of community-based psychiatric treatment facilities for mentally impaired individuals. The deficiency in the number of community-based psychiatric treatment facilities led to an increase in arrests and re-arrests of mentally impaired individuals. Research has proven that the implementation of deinstitutionalization escalates correlation between mental illness and prison recidivism and needs reconstruction.

One of the consequences of deinstitutionalization that requires reform is involuntary commitment. Involuntary commitment takes place when a mentally impaired individual is mandated by a court order to undergo a psychiatric evaluation by a team of mental health

professionals when they are considered to be a danger to themselves or members of society. The process of involuntary commitment for mentally impaired individuals is essential for safeguarding public health and safety. The initial psychiatric evaluation for mentally impaired individuals during involuntary commitment can last for a period of seventy-two to fourteen hours. In cases in which a mentally impaired individual is suffering from an acute mental illness, the required time may need to be longer than seventy-two hours to fourteen days. Mental healthcare professionals recommend twelve to sixteen weeks of treatment to achieve significant psychiatric improvements for mentally impaired individuals. A number of mental healthcare professionals recommend a minimum six months of treatment to achieve the most favorable treatment outcomes for mentally impaired individuals during involuntary commitment. Mental healthcare professionals also believe, when necessary, treatment combined with medication is the most appropriate approach for mental health rehabilitation.

The present treatment strategies for mentally impaired individuals during involuntary commitment have produced notable successes. However, that does not mean the existing treatment practices cannot be improved. The first step for the reconstruction of the treatment a mentally impaired individual receives during involuntary commitment is mental health practitioners recognizing that no one treatment approach adequately fits all ex-offenders. There are a variety of treatment options for the effective treatment of ex-offenders during involuntary assignment. Some of the treatment choices available to evaluate the perceptions and perspectives of mentally impaired individuals to help them overcome self-defeating and addictive behaviors include individual and group counseling sessions that concentrate on criminal thinking and behavior; cognitive-behavioral therapy, seeking safety therapy, bipolar and substance abuse disorder, and relapse prevention education. Mental health practitioners must also acknowledge

that the treatment approach selected must be exclusively designed for the individual mentally impairment individual who is receiving the treatment.

Sentencing reform is necessary to reduce the recidivism rate amongst ex-offenders. It has been recommended the sentencing judge take into consideration the physiological wellness of every mentally impaired defendant and, whenever appropriate, sentence them to community-based treatment instead of incarceration. A substantial amount of research information has shown that community-based rehabilitation has a more favorable impact on reducing recidivism among ex-offenders. The cost for community-based rehabilitation is considerably lower than the cost for incarcerating ex-offenders. More importantly, community-based rehabilitation for ex-offenders will preserve public health and safety and save the squandering of taxpayer dollars.

The findings from research question number two confirm that the treatment of ex-offenders in California prisons and Los Angeles County jails is in urgent need of reform. Research has demonstrated that the environment in some of the prisons in California and the majority of the jails in Los Angeles County are not designed to protect and provide effective treatment for ex-offenders. Being incarcerated in some of the prisons in California and the majority of the jails in Los Angeles County can be a life-or-death experience for ex-offenders. Research confirms that when an ex-offender is incarcerated in certain California prisons and the majority of Los Angeles County jails, they are frequently exposed to inmate overcrowding, verbal and physical exploitation by fellow inmates and correctional officers, and deficient mental healthcare treatment that exacerbates their psychological impairment. The treatment of ex-offenders in certain California prisons and the majority of Los Angeles County jails requires a thorough evaluation of the current treatment policies and practices to suggest areas of reform.

It is commonplace for ex-offenders to be detained in overcrowded California prisons and

Los Angeles County jails. Legislators in California and Los Angeles County should consider finding ways to eliminate inmate overcrowding in the criminal justice system. Research has proven the consequences of inmate overcrowding in California prisons and Los Angeles County jails can have a long-lasting harmful effect on an inmate's cognitive stability. Inmate overcrowding in California prisons and Los Angeles County jails is one of the consequences of ex-offenders being recycled in and out of California prisons and Los Angeles County jails. A direct conclusion of this research is that inmate overcrowding in California prisons and Los Angeles County jails is in urgent need of reform.

The treatment of ex-offenders by fellow inmates and correctional officers in certain California prisons and the majority of Los Angeles County jails needs to be reformed for reasons related to but distinct from simple overcrowding. Ex-offenders are exposed to inhumane treatment in certain California prisons and the majority of Los Angeles County jails. They are frequently verbally and physically tormented by other inmates, correctional officers, and sheriff deputies in California prisons and Los Angeles County jails. Ex-offenders who experience inhumane treatment by fellow inmates, correctional officers, and sheriff deputies often have a difficult experience adjusting to life when they are released. The suicide rate amongst ex-offenders has been attributed to the horrific treatment they often experience during their incarceration in certain California prisons and the majority of Los Angeles County jails. The treatment of ex-offenders in some of the prisons in California and Los Angeles County jails needs reconstruction.

The deficient mental health treatment in California prisons and Los Angeles County jails can be directly related to a shortage of licensed mental healthcare practitioners. In conjunction with the skyrocketing increase of ex-offenders in California prisons and Los Angeles County

jails, a sufficient number of certified mental healthcare practitioners is of utmost importance. The average caseload for a licensed clinician in California prisons is 170 to 1200; of the fourteen thousand inmates in Los Angeles County jails, forty-three percent required mental health treatment. Due to a shortage of mental health practitioners in California's criminal justice system, mentally impaired inmates are not receiving the mental health rehabilitation they require. There is a dire shortage of mental health professionals in California's criminal justice system.

The community-based mental health programs in California and Los Angeles County must be continually evaluated to implement necessary reform. Too many ex-offenders are returning to communities in California and Los Angeles County tormented by the symptoms of untreated mental health deficiencies. The value of community-based mental health programs cannot be underestimated. The community-based mental health programs in California and Los Angeles County are a vital component for the reduction of recidivism. Community-based mental health rehabilitation has accounted for a 30% decrease in the recidivism rate amongst ex-offenders. The primary strength of community-based mental health rehabilitation relies on the effective collaboration between mental health organizations in California and Los Angeles County that have been assigned to provide rehabilitation services to ex-offenders. The assigned community-based mental health organizations in California and Los Angeles County support be frequently appraised on the grounds of transparency and accountability to assure they are providing the essential rehabilitation services that supports the reduction of recidivism, encourages public health and safety, and conserves tax-payer dollars.

Recommended Program Model

Prior to this study, the investigator developed a program model based on years of observation and experience working with mentally impaired ex-offenders. The model was developed without relying on theoretical assumptions. The ideal program model is a customized

rehabilitation treatment plan that is established on previous studies alone with the investigative outcomes of this study. It consists of the following nine phases, beginning with an Individual Intervention Plan (IIP).

Phase One: Effective Intake and Assessment)

The intake and assessment are critical to developing an effective treatment plan. The facts collected by the counselor will establish a therapeutic course of action the service provider and client can follow. An effective assessment is established when the counselor thoroughly appraises the mentally impaired client's perceptions regarding their difficulties in life. This can be accomplished by utilizing a biopsychosocial assessment to evaluate the client's physical and mental health conditions, readiness to change, potential risk of substance abuse, and living environment after treatment. The results from the biopsychosocial assessment are used to design an effective treatment plan.

Phase Two: Develop an Effective Treatment Plan

A treatment plan is a written statement designed to address the client's physical and mental health conditions, readiness to change, potential risk of substance abuse, and living environment after treatment. The counselor and mentally impaired client will have a one-hour counseling session within the first seven days of the client's enrollment in the program to set treatment goals that are agreeable and achievable within a set period of time. The counselor will assist the mentally impaired client in making an appointment with a local physician and psychiatrist, within the first thirty days of treatment, and the mentally impaired client will be required to provide the counselor with proof they kept the appointment. The counselor and client will meet once a week to evaluate the client's physical and mental health conditions, the readiness to change, relapse prevention progress, and potential living environment. The treatment plan can be modified at any time by adding new treatment goals, to support the client's

successful treatment.

Phase Three: Identify the Community-Based Resources That Support the Treatment Plan

The counselor will be aware of the community-based resources available to help clients experience an effective rehabilitation process. The success of this phase of the ideal program model will depend on the client's willingness to participate in the community-based resources recommended by the counselor.

Phase Four: Refer the Client to Community-Based Resources

In addition to physical and mental health resources, there are community-based education and employment preparation resources, peer group counseling, Alcoholic and Narcotics Anonymous fellowships, family reunification education, and housing community-based resources. The counselor will determine which resources will accommodate the treatment plan and discuss them with the client and make an agreement on the resources the client wants to apply to their treatment plan.

Phase Five: Collaborate with the Community-Based Psychiatrist to Determine If Medication Is Necessary

The counselor should communicate with the psychiatrist to determine if medication is required during treatment. If medication is required, the counselor should ask the client how they feel about taking medication to manage their mental health symptoms. This phase of the treatment plan is of the utmost importance because there are certain clients who do not like taking medication because they experience adverse effects, and they will self-medicate with drugs and alcohol to relieve their mental health symptoms.

Phase Six: Monitor the Client's Weekly Progress and Intervene When It Appears the Client Is Not Conforming to the Treatment Plan

The counselor and client will have a scheduled one-hour counselor session every seven days to evaluate the client's treatment plan progress. If the mentally impaired client is not

engaged in certain aspects of the treatment plan, the counselor will discuss this with the client to determine if the client is having any problems complying with the treatment plan. When a discussion is required, the counselor cannot approach the client with an authoritative attitude. The counselor must display a thoughtful and compassionate attitude to help the mentally impaired client understand the treatment plan and trust that the counselor's primary concern is the client's wellbeing and success. This approach will generate a healthy therapeutic relationship between the counselor and client.

Phase Seven: Determine the Time Necessary for an Effective Treatment Plan

This may require the counselor to request an extension to allow the client to participate in treatment past 90 days. Mental healthcare treatment programs only allow clients to participate in treatment for 90 days with a 30-day extension. Observation and experience have revealed to the investigator that it takes more than 90 to 120 days for a mentally impaired client to develop the coping skills to effectively manage their mental health symptoms. It is important that offenders are allotted a sufficient amount of treatment time to develop the essential coping skills to effectively manage their mental health symptoms and become confident law-abiding members of society.

Phase Eight: Document the Client's Treatment and Progress

Documentation is an integral aspect of the treatment process. The counselor is required to write clear and concise statements of the client's individual and group counseling session, and progress notes. All individual and group counseling sessions, and progress notes will require the counselor and client signature and placed in a secured location.

Phase Nine: Weekly Follow Ups to Analysis and Make Amends to Any Phases of the Treatment Plan That Requires Reform

The counselor is accountable for making sure all keeping individual and group

counseling session, and progress notes are written according to the American Counseling Association Code of Ethics.

The ideal program model is a multidisciplinary treatment approach that relies on collaboration between community-based physical and mental health providers, as well as additional community-based resources to facilitate successful reentry and minimize recidivism for offenders in Los Angeles.

Conclusion

There are a number of theories that have been acknowledged to establish the connection between mental illness and prisoner recidivism in California and Los Angeles County. There are theories that claim the mistreatment of mentally impaired inmates in California prisons and jails is the primary reason why California's recidivism rate is the highest in the nation. However, the phenomenological framework and research question of this study implies there is a plethora of ramifications that influence the connection between mental illness and prisoner recidivism. The hypothesis of this study is that the recidivism rate amongst ex-offenders is influenced by inappropriate sentencing, ineffective diversion programs, inadequate treatment during incarceration, the lack of correctional staff training, and deficient community-based programs. Furthermore, the recidivism rate is also impacted by the ex-offenders' readiness to change and become law-abiding citizens of society. The study confirmed these hypotheses, with the limitation of the limited number of subjects, their geographical distribution, and the fact that the information was primarily self-reported.

Criminal justice legislators in California and Los Angeles have acknowledged the challenges low-level non-violent ex-offenders face and have executed a number of corrective measures to reduce the recidivism rate. There is an assortment of noteworthy legislations that has been executed in California and Los Angeles County to provide effective rehabilitation treatment

for ex-offenders during their incarceration and when they return to society. In the last eighteen years California has implemented statutes to provide low-level non-violent ex-offenders with opportunities to remain outside of the criminal justice system and become productive, law-abiding citizens. In 2005 the Back on Track program was created to provide low-level non-violent ex-offenders with opportunities to turn their lives around and reduce the recidivism rate in California and Los Angeles County. The Back on Track program offers physical and mental health rehabilitation, substance abuse rehabilitation, employment training, educational opportunities, and referral to other services whenever necessary. The United States Department of Justice has accepted the Back on Track program as a model for law enforcement and a number of states across the U.S. have replicated the program.

In 2013, the Division of Recidivism Reduction and Reentry program (“DR3”), was introduced in California. The program is funded by the California Department of Justice (DOJ). The California Department of Justice allocates financial assistance to District Attorneys, and community stakeholders in California to evaluate the concepts of recidivism and develop strategies to reduce reoffending. District Attorneys in California have access to a database that tracks re-offenders and analyzes their individual and social challenges that can lead to re-arrest. The Division of Recidivism Reduction and Reentry functions in a joint effort with the Los Angeles County Sheriff’s Department and The Los Angeles County Probation Department to implement the program’s objectives.

In 2015, the Mentally Ill Ex-offender Crime Reduction [MIOCR] program was enforced in California to address the needs of ex-offenders. The California Board of State and Community Corrections (BSCC) financed the Los Angeles County’s Department of Health Services to provide the essential services for ex-offenders returning to society. Evidence based policies were

studied to execute the best intervention and prevention strategies to reduce the risk of recidivism among ex-offenders in California and safeguard public health and safety. The Mentally Ill Ex-offender Crime Reduction program focuses on providing ex-offenders with access to community-based rehabilitation instead of incarceration. Ex-offenders have access to mental health and substance abuse rehabilitation and housing resources. California allocated the Mentally Ill Ex-offender Crime Reduction program with eighteen-point-eight million dollars (\$18.8) to assist in providing services for ex-offenders.

In 2015, the Back on Track-Los Angeles program was presented in Los Angeles County. The program offers ex-offenders who have not committed a serious or non-violent crime, an assortment of pre-released and post-release rehabilitation services. Ex-offenders who participate in the Back on Track-Los Angeles program have access to case management, physical and mental health services, substance abuse treatment cognitive behavioral therapy, educational, and employment readiness. The groundwork of the Back on Track-Los Angeles program was designed to assist non-serious, non-violent ex-offenders with a successful transition back into society and a crime-free life. The Back on Track-Los Angeles program functions in collaboration with the California Department of Justice, the Los Angeles County Sheriff's Department, and the Los Angeles County Probation Department.

Finally, every theory relating to the connection between mental illness and prisoner recidivism needs to be thoroughly examined. Far too many ex-offenders are continually being recycled in and out of the criminal justice system in California and Los Angeles. This research has disclosed the correlation between mental illness and prisoner recidivism should not be grounded on theory alone. The connection between mental illness and prisoner recidivism is a humanitarian dilemma. Reducing the recidivism rate in California and Los Angeles amongst ex-

offenders must be established on theory and the genuine devotion of California legislators, the California Department of Corrections and rehabilitation, the Los Angeles Board of Supervisors, the Los Angeles County Probation Department, and the assigned community-based organizations to promote health, prosperity and social reform for all ex-offenders returning to society.

REFERENCES

AB 109 County of Los Angeles Probation Department

<http://probation.lacounty.gov/wps/portal/probation>

Abend, G. (2008, June). The meaning of theory. *Sociological Theory*, 26(2), 173–199.

<https://doi.org/10.1111/j.1467-9558.2008.00324.x>

Agency for Healthcare Research and Quality. (n.d.). *Participant recruitment for research*.

<https://healthit.ahrq.gov/ahrq-funded-projects/emerging-lessons/participant-recruitment-research>

Amity Foundation. (2019). *Amity Foundation jail and prison reentry service*. Amity Foundation Jail and Prison Reentry Service.

https://bcsh.ca.gov/calich/meetings/materials/20190717_prison.pdf

Bird, M., & Grattet, R. (2016). Realignment and recidivism. *The Annals of the American Academy of Political and Social Science*, 664(1), 176–195.

<https://www.jstor.org/stable/24756114>

Bradizza, C. M., Stasiewicz, P. R., & Dermen, K. H. (2014). Behavioral interventions for individuals dually diagnosed with a severe mental illness and a substance use disorder. *Current Addiction Reports*, 1(4), 243–250. <https://doi.org/10.1007/s40429-014-0032-9>

Breslow, J. (2014). *What does solitary confinement do to your mind?* PBS Frontline.

<http://www.pbs.org/wgbh/frontline/article/what-does-solitary-confinement-do-to-your-mind/>

Brown, Governor of California, et al. v. Plata et al.: Appeal from the United States District Courts for the Eastern and Northern Districts of Calif

<https://www.law.cornell.edu/supct/html/09-1233.ZS.html>

California Department of Corrections and Rehabilitation. (2013). *Outcome evaluation report*.

http://www.cdcr.ca.gov/Adult_Research_Branch/Research_Documents/Outcome_Evaluation_Report_2013.pdf

California Innocence Project. (2023). *Recidivism rates*.

<https://californiainnocenceproject.org/issues-we-face/recidivism-rates/>

Center for Constitutional Rights. (2012, May 31). *Solitary confinement torture in U.S. prisons*

<https://ccrjustice.org/home/get-involved/tools-resources/fact-sheets-and-faqs/torture-use-solitary-confinement-us-prisons>

Choi, N. G., DiNitto, D. M., & Marti, C. N. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 13–120.

<https://doi.org/10.1016/j.drugalcdep.2014.10.004>

Cloud, D., & Davis, C. (2013, February). *Treatment alternatives to incarceration for people with mental health needs in the criminal justice system: The cost-savings implications*. VERA

Institute of Justice. <https://www.vera.org/downloads/publications/treatment-alternatives-to-incarceration.pdf>

Cohen, R. (2017). Special probation for prisoners with mental illness cuts recidivism. *Reuters*.

<https://www.reuters.com/article/us-health-prison-probation/special-probation-for-prisoners-with-mental-illness-cuts-recidivism-idUSKCN1AW2DY>

Collins, S. P. K. (2015, February 5). *How to break the cycle of imprisonment for mentally ill*

Americans. ThinkProgress. <https://archive.thinkprogress.org/how-to-break-the-cycle-of-imprisonment-for-mentally-ill-americans-9489d34d4978/>

Conly, C. (1999). *Coordinating community services for mentally ill ex-offenders: Maryland's*

community criminal justice treatment program. National Institute of Justice Program Focus. <https://www.ncjrs.gov/pdffiles1/175046.pdf>

The Council of State Governments Justice Center. (2013). *Reentry matters: Strategies and successes of second chance act grantees across the United States*.
<https://csgjusticecenter.org/wp-content/uploads/2013/11/ReentryMatters.pdf>

The Council of State Governments Justice Center. (2014). *Reducing recidivism: States deliver results*. https://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism_StatesDeliverResults.pdf

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among the five approaches*. SAGE Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Sage.

Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Sage Publications.

Crossman, A. (2017). *An overview of qualitative research methods*. ThoughtCo.
<https://www.thoughtco.com/qualitative-research-methods-3026555>

Davis, L. (2011). *Understanding the public implications of prisoner reentry in California* [PowerPoint slides]. Assembly Select Committee on Community Resources Impacted by Reentry.

Davis, L. M., Williams, M. V., Pitkin Derosé, K., Steinberg, P. S., Nicosia, N., Overton, A., Kraus, L., Turner, S., Fain, T., & Williams, E. (2011). *Understanding the public health implications of prisoner reentry in California: State-of-the-state report*. RAND Corporation. <https://www.rand.org/pubs/monographs/MG1165.html>

- Dawson, L. (2013, October 4). *Videos show abuse of mentally ill in California prisons*. Solitary Watch. <https://solitarywatch.org/2013/10/04/videos-show-abuse-of-mentally-ill-in-california-prisons/>
- Dissertation Writing Help. (2023). *Types of variables*. Dissertation Writing Help. <https://dissertationwritinghelp.uk/types-of-variables>
- Egelko, B. (2008, November 19). Prison overcrowding blamed for health woes: California inmates suing state cite governor's 2006 warnings. SFGate. <https://www.sfgate.com/health/article/prison-overcrowding-blamed-for-health-woes-3184691.php>
- Espinoza, M. (2016). Serious mental health violations at Sonoma County jail. *The Press Democrat*. <https://www.pressdemocrat.com/article/news/report-serious-mental-health-violations-at-sonoma-county-jail/>
- Farber, B. J. (Ed.) (2011). Jail & prisoner law section. *AELE Monthly Law Journal*, (9), 301–310. <http://aele.org/law/2011all09/2011-09MLJ301.pdf>
- Gerber, M. (2014, September 14). Mental illness program could transform L.A. County justice system. *Los Angeles Times*. <https://www.latimes.com/local/countygovernment/la-me-th-courts-20140918-story.html>
- Given, L. (2008). *Qualitative research: History of the SAGE Encyclopedia of Qualitative Research Methods*. <http://methods.sagepub.com/reference/sage-encyc-alitative-research-methods/n357.xml>
- Gonzalez, J. M. R., & Connell, N. M. (2014). Mental health of prisoners: Identifying barriers to mental health treatment and medication continuity. *American Journal of Public Health*, 104(12), 2328–2333 <https://doi.org/10.2105/AJPH.2014.302043>

Gordon, S. E. (2013). Solitary confinement, public safety, and recidivism. *University of Michigan Journal of Law Reform*, 47(2), 495–528.

<https://repository.law.umich.edu/mjlr/vol47/iss2/6>

Groat, M. (2016). How should people with mental illness be treated? *Menninger Clinic*.

<http://saynotostigma.com/2010/03/how-should-people-with-mental-illness-be-treated>

Harvard Catalyst. (2023). *Mixed methods research*. Community Engagement Program.

<https://catalyst.harvard.edu/community-engagement/mmr/>

Health Right 360. (2017). *Los Angeles*. <https://www.healthright360.org/los-angeles>

Henderson, G. (2015). Disciplinary segregation: How the punitive solitary confinement policy in federal prisons violates the due process clause of the fifth amendment in spite of *Sandin v. Conner*. *Marquette Law Review*, 99(2), 477–509

<http://scholarship.law.marquette.edu/cgi/viewcontent.cgi?article=5280&context=mulr>

Hills, H., Siegfried, C., Ickowitz, A., & National Institute of Corrections (U.S.). (2004). *Effective prison mental health services: Guidelines to expand and improve treatment*. U.S. Dept. of Justice, National Institute of Corrections.

Human Rights Watch. (2009). Mental illness, human rights, and US prisons: Human Rights Watch statement for the record to the senate judiciary committee subcommittee on human rights and the law. <https://www.hrw.org/news/2009/09/22/mental-illness-human-rights-and-us-prisons>

Human Rights Watch. (2015, May 12). *Callous and cruel: Use of force against inmates with mental disabilities in US jails and prisons*.

<https://www.hrw.org/report/2015/05/12/callous-and-cruel/use-force-against-inmates-mental-disabilities-us-jails-and>

- Hunter, S. B., Buenaventura, M., Cefalu, M., & RAND Corporation. (2018). *Local evaluation report for Los Angeles County's mentally ill ex-offender crime reduction (MIOCR) program*. USC Price School of Public Policy.
https://socialinnovation.usc.edu/homeless_research/local-evaluation-report-for-los-angeles-countys-mentally-ill-ex-offender-crime-reduction-miocr-program
- June, R., Husted, J., Richard, A., Charter, & Perrou, B. (1995). California law enforcement agencies and the mentally ill ex-offender. *Bulletin of the American Academy Psychiatry Law*, 23(3), 315–329. <http://jaapl.org/content/jaapl/23/3/315.full.pdf>
- Kim, K., Becker, M., & Serakos, M. (2015). *The processing and treatment of mentally ill persons in the criminal justice system: A scan of practice and background analysis*. Urban Institute. <http://www.urban.org/sites/default/files/publication/48981/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>
- Kim, M. (2016). *The Community Mental Health Act of 1963: A response to institutionalization and what came after*. Foundations of Law and Society.
<https://foundationsoflawandsociety.wordpress.com/2016/12/09/the-community-mental-health-act-of-1963-a-response-to-institutionalization-and-what-came-after/>
- Leukefeld, C. G., & Tims, F. R. (1992). *Drug abuse treatment in prisons and jails: National institute on drug abuse research monograph*.
<https://www.gbv.de/dms/bs/toc/148457509.pdf>
- Leukefeld CG, Tims FR. Drug abuse treatment in prisons and jails. *J Subst Abuse Treat*. 1993 Jan-Feb;10(1):77-84. doi: 10.1016/0740-5472(93)90103-9. PMID: 8383776.
- LeCompte, J. D. (2015). When cruel becomes the usual: The mistreatment of mentally ill inmates in South Carolina prisons. *South Carolina Law Review*, 66(4), 751–784.

<https://scholarcommons.sc.edu/sclr/vol66/iss4/4>

Los Angeles Board of Supervisors. (2014). *Approval of modification number 7 to contract number 640-11-116 with heal right 360 to provide comprehensive services for the assembly bill 109 inmate population.*

<https://file.lacounty.gov/SDSInter/bos/supdocs/86002.pdf>

Los Angeles County Probation Department Adult Services. (2017).

<http://probation.lacounty.gov/wps/portal/probation/>

Lovett, I. (2015, August 6). Los Angeles agrees to overhaul jails to care for mentally ill and curb abuse. *New York Times*. <https://www.nytimes.com/2015/08/06/us/los-angeles-agrees-to-overhaul-its-jail-system.html>

Lyons, R. (1984, October 30). How release of mental patients began. *New York Times*.

<https://www.nytimes.com/1984/10/30/science/how-release-of-mental-patients-began.html>

Maxwell, D. (2014). *2013 outcome evaluation report office of research*. California Department of Corrections and Rehabilitation.

https://www.researchgate.net/publication/348881869_California_Department_of_Corrections_And_Rehabilitation_2013_Outcome_Evaluation_Report_Office_of_Research

Mayeux, S. (2015). The unconstitutional horrors of prison overcrowding. *Newsweek*.

<http://www.newsweek.com/unconstitutional-horrors-prison-overcrowding-315640>

Metzner, J. L., & Fellner, J. (2010, March). Solitary confinement and mental illness in U.S. prisons a challenge for medical ethics. *Journal of the American Academy of Psychiatry and the Law Online*, 38(1), 104–108. <https://doi.org/10.1108/00220411011016380>

Morgan, R. D., Flora, D. B., Kroner, D. G., Mills, J. F., Varghese, F., & Steffan, J. S. (2012). *Treating ex-offenders with mental illness: A research synthesis*. *Law and Human*

- Behavior*, 36(1), 37–50. <https://doi.org/10.1037/h0093964>
- Moss, M. (2017). *The advantages and disadvantages of mixed methodology research*. Pen & the Pad. <http://penandthepad.com/advantages-disadvantages-mixed-methodology-research-4263.html>
- Nam-Sonenstein, B. (2015, August 13). *Black women with mental illness suffer horrific abuses in LA County jails*. Shadow Proof. <https://shadowproof.com/2015/08/13/black-women-with-mental-illness-suffer-horrific-abuses-in-la-county-jails/>
- Nash, J. (2014). *Screaming inmates make L.A. rethink jailing mentally ill*. Bloomberg. <https://www.bloomberg.com/news/articles/2014-09-26/screaming-inmates-make-l-a-rethink-jailing-mentally-ill>
- National Alliance on Mental Illness. (2011, March 9). *State mental health cuts are a national crisis a report by the National Alliance on Mental Illness*. <http://www.nami.org/getattachment/About-NAMI/Publications/Reports/NAMISStateBudgtCrisis2011.pdf>
- New York State Office of Mental Health. (2017). *HIPAA privacy rules for the protection of health and mental health information*. https://www.omh.ny.gov/omhweb/hipaa/phi_protection.html
- Newman, W. J., & Scott, C. L. (2012). Brown v. Plata: prison overcrowding in California. *Journal of the American Academy of Psychiatry Law*, 40(4), 547–552. <https://jaapl.org/content/40/4/547>
- Nieto, M. (1999, February). *Mentally ill offenders in California's criminal justice system*. California State Library. <https://www.library.ca.gov/crb/99/02/99002.pdf>
- Ono, D. (2015). *Los Angeles Men's Central Jail inmates live in squalid conditions*. ABC

- Eyewitness News. <https://abc7.com/los-angeles-mens-central-jail-health-violations-county/567525/>
- Pan, D. (2013, April 29). Timeline: Deinstitutionalization and its consequences: How deinstitutionalization moved thousands of mentally ill people out of hospitals—and into jails and prisons. *Mother Jones*. <https://www.motherjones.com/politics/2013/04/timeline-mental-health-america/>
- Pickoff-White, L., & Small, J. (2016). *Disability agency blasts Sonoma County jail's treatment of mentally*. KQED The California Report. <https://ww2.kqed.org/news/2016/05/16/sonoma-county-accused-of-involuntarily-medicating-inmates/>
- <http://www.aele.org/law/2011all09/2011-09MLJ301.pdf>
- Project 180. (2006–2017). *Our program: Current programs*. <https://www.project180la.com/our-programs>
- Public Safety Realignment Initiative. (2023). In *Wikipedia*. http://en.wikipedia.org/wiki/Public_Safety_Realignment_initiative
- Recidivism. (2019). *California Department of Corrections and Rehabilitation*. <https://auditor.ca.gov/pdfs/reports/2018-113.pdf>
- Sahifa. (2014, November 19). *Data coding in research methodology*. Reading Craze. <http://readingcraze.com/index.php/data-coding-research-methodology>
- Satlin, A. H. (2013). *Mental illness soars in prisons, jails while inmates suffer*. HuffPost. https://www.huffpost.com/entry/mental-illness-prisons-jails-inmates_n_2610062
- Scientific American (Eds.). (2013, August 1). *Solitary confinement is cruel and ineffective*. <https://www.scientificamerican.com/article/solitary-confinement-cruel-ineffective->

[unusual/](#)

The Sentinel California. (2017). Officers guilty in beating death of inmate

<https://www.latimes.com/local/lanow/la-me-ln-correctional-officers-guilty-20170601-story.html>

Sharma, M., & Bennett, R. (2017). Substance abuse and mental illness: Challenges for interventions. *Journal of Alcohol & Drug Education*, 59(2), 3–6.

<https://www.proquest.com/openview/659b8f328f3ec2e3e30b0d39e90e98cb/1?pq-origsite=gscholar&cbl=48458>

Shouse Law Group. (2024). *Lawyers for victims of prison and jail abuse and neglect*.

<https://www.shouselaw.com/ca/civil-rights/jail-abuse/>

Small, J., & White, L. (2016). Disability agency blasts Sonoma County jail's treatment of mentally ill. *The California Report*. <https://www.kqed.org/news/2016/05/16/sonoma-county-accused-of-involuntarily-me>

Smerling, T. (2014). L.A. County needs to construct mental health programs, not just jails. *Los Angeles Times*. <https://www.latimes.com/opinion/op-ed/la-oe-smerling-mental-illness-jails-20140505-story.html>

State of California: Board of State and Community Corrections. (2023, January 1). *Title 15 minimum standards for local detention facilities: Title 15-Crime prevention and corrections Division 1, Chapter 1, 2012, Subchapter 4*. <https://www.bscc.ca.gov/wp-content/uploads/Adult-T15-Effective-1.1.2023-Full-Text.pdf>

State of California Department of Justice. (2016). *Recidivism reduction & reentry: Attorney General Kamala D. Harris endorses legislation to reduce recidivism*.

<https://www.oag.ca.gov/new-press-categories/recidivism-reduction-reentry>

- Steinberg, D., Mills, D., & Romano, M. (2015, February 19). *When did prisons become acceptable mental healthcare facilities? Stanford Law School three strikes project*. Stanford Law School: Three Strikes Project. https://law.stanford.edu/wp-content/uploads/sites/default/files/publication/863745/doc/slspublic/Report_v12.pdf
- St. John, P. (2013, November 1). Court releases tapes of inmate pepper-spraying; Videos were created under policy of recording all forcible removals from cells. *Los Angeles Times*. <https://lib.pepperdine.edu/login?url=https://www.proquest.com/newspapers/court-releases-tapes-inmate-pepper-spraying/docview/1447442754/se-2>
- Sukamolson, S. (2017). *Fundamentals of quantitative research*. <http://www.culi.chula.ac.th/Research/e-Journal/bod/Suphat%20Sukamolson.pdf>
- Swanson, R. A. (2013). *Theory building in applied disciplines*. Berrett-Koehler Publishers.
- Tchekmedyan, A. (2016). L.A. sheriff's deputies sentenced to prison for beating a mentally ill inmate and covering up the attack. *Los Angeles Times*. <http://www.latimes.com/local/lanow/la-me-ln-la-sheriff-deputies-jail-beating-20161128-story.html>
- Thompson, D. (2017, April 19). Judge threatens \$ 1,000-a-day California mental health fine. *U.S. News*. <https://www.usnews.com/news/best-states/california/articles/2017-04-19/judge-threatens-1-000-a-day-california-mental-health-fines>
- Torrey, M. (2017). *Deinstitutionalization: A psychiatric Titanic*. John Wiley & Sons. <https://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html>
- Tucker T. N. (2016). Grounded theory generation: A tool for transparent concept development. *International Studies Perspectives*, 17(4), 426–438. <https://doi.org/10.1093/isp/ekv015>
- U.S. Department of Justice Civil Rights Division Disability Rights Section. (n.d.) *Questions and*

answers: The Americans with Disabilities Act and the rights of persons with HIV/AIDS to obtain occupational training and state licensing.

https://www.ada.gov/qahiv aids_license.pdf

Velie, K. (2017, February 7). Inspection report rips SLO County jail's treatment of mentally ill inmates. *Cal Coast News*. <https://calcoastnews.com/2017/02/inspection-report-rips-slo-county-jails-treatment-mentally-ill-inmates/>

White, L. P., & Small, J. (2016). *The California report disability agency blasts Sonoma County jail's treatment of mentally ill*. KQED.

[https://www.kqed.org/news/10953925/sonomacounty-accused-of-involuntarily-medicating-](https://www.kqed.org/news/10953925/sonomacounty-accused-of-involuntarily-medicating-inmates#:~:text=L%20ast%20August%2C%20Anne%20Hadreas%20toured%20Sonoma%20County)

[inmates#:~:text=L%20ast%20August%2C%20Anne%20Hadreas%20toured%20Sonoma%20County](https://www.kqed.org/news/10953925/sonomacounty-accused-of-involuntarily-medicating-inmates#:~:text=L%20ast%20August%2C%20Anne%20Hadreas%20toured%20Sonoma%20County)

Wilde, R. (2014). *Mentally ill prison inmates writhe in pain from pepper spray abuse*. Breitbart.

<http://www.breitbart.com/california/2014/04/12/mentally-ill-prison-inmates-writhe-in-pain-from-pepper-spray-abuse/>

Williams, T. (2015). Mentally ill inmates are routinely physically abused, study says. *New York Times*. [https://www.nytimes.com/2015/05/12/us/mentally-ill-prison-inmates-are-](https://www.nytimes.com/2015/05/12/us/mentally-ill-prison-inmates-are-routinely-physically-abused-study-says.html?_r=0)

[routinely-physically-abused-study-says.html?_r=0](https://www.nytimes.com/2015/05/12/us/mentally-ill-prison-inmates-are-routinely-physically-abused-study-says.html?_r=0)

Willigan, M. (2014). *What solitary confinement does to the human brain*.

<https://solitarywatch.org/2014/08/04/what-solitary-confinement-does-to-the-human-brain>

Woods, L. N., Lanza, A. S., Dyson W., & Gordon, D. M. (2013). The role of prevention in promoting continuity of health care in prisoner reentry initiatives. *American Journal of Public Health*, 103(5), 830–838. <https://doi.org/10.2105/AJPH.2012.300961>

Yaya, J. A. (2014). *Choosing the right measurement instrument for your project*. Research Clue.

<https://nairaproject.com/blog/measurement-instrument.html>

APPENDIX



Pepperdine University
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Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: January 11, 2020

Protocol Investigator Name: Sammie Stinson

Protocol #: 18-11-913

Project Title: The Correlation between Mental Illness and Prisoner Recidivism

School: Graduate School of Education and Psychology

Dear Sammie Stinson:

Thank you for submitting your application for continuing review to Pepperdine University's Institutional Review Board (IRB). The IRB appreciates the work required for this IRB application. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 (Research Category 7) of the Federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today January 11, 2020, and expires on January 10, 2021.

The consent form included in this protocol is considered final and has been approved by the IRB. You can only use copies of the consent that have been approved by the IRB to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond January 10, 2021, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist