

TRANSITIONS FROM JAIL INCARCERATION FOR ADULTS: INHIBITORS AND
FACILITATORS TO COMMUNITY RE-ENTRY

By

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Population Study

Initial Questions

- How do transitional programs facilitate or hinder relationship development between parents and children during the reentry process post incarceration?
- What resources hinder or facilitate family reunification during incarceration?
- How can equitable and adequate resources be allocated to people post-release?
- Do people typically want to reconnect with their families after incarceration?

Abstract

Millions of individuals are incarcerated annually throughout the United States, the majority experience mental illnesses and other chronic medical problems in addition to familial separation and shifts in social support. The transition from jail to the community is not supported by mandatory programs that facilitate transition from prison to community. Preliminary research findings in a community indicate social support services, housing, transportation, and continuity of medical and mental health services facilitate jail to community transitions. This research utilizes a qualitative descriptive approach to conduct semi-structured interviews with individuals who are residing in a community transitional housing program Old Pueblo Community Services and who have transitioned from prison or jail within the previous two years. We will explore the facilitators and inhibitors to the health-illness and situational transitions. In partnership with the community transitional housing program, we will provide aggregated findings to assist in improving overall programming. The community partnership with Old Pueblo Community Services (OPCS) has been developed as a mutual opportunity for students to learn. OPCS provided private space to conduct interviews and allowed the PI to post recruitment flyers in their lobby location. Further, OPCS will utilize the findings from the study to guide performance

improvement projects within their organization. As this research is part of an experiential learning course developed for undergraduate students, the research will be conducted annually led by Dr. Carrie Langley in future spring semesters. This will allow for continued data collection within the community organization over a period of years.

Objectives

(1) Describe the facilitators and inhibitors of the situational and health-illness transition of individuals who experience mental illness and have transitioned from incarceration to community and who reside in a transitional housing center in Pima County, Arizona; (2) Increasing awareness of (A) the jail to community transition process, and (B) qualitative research methodologies.

Abbreviations

Reentry - the process of leaving jail and re-entering society.

PI - Parental Incarceration

OPCS - Old Pueblo Community Services

SMI - Serious Mental Illness

ACE - Adverse Childhood Experience

Minimization of Risk

Questions for this research have been previously tested on a smaller sample size with the goal of constructing a research guide that elicits compassion and promotes listening from the research team. Questions were developed to national health literacy standards and inclusive of trauma-informed approaches. An example of this would be avoiding the use of stigmatizing

terminology, and instead, using person-first language; "An individual living with a substance use disorder as opposed to an addict."

A scheduled 10 minute break will be taken after 60 minutes. (Additionally, participants may take a break at any time throughout the interview). Participants may choose to not answer any question, or any portion of any question. Should participants demonstrate emotional distress the research team will offer the participant a break, or ask the participant if they would like to stop the interview. Participants will be offered national mental health and local community-based mental health resources on a hard copy card at the conclusion of the interview.

Background

The anticipated benefit of this study is to improve society's understanding of the facilitators and inhibitors of the health-illness and situational transitions that occur with individuals who are transitioning from jail back into the community. Knowledge can be improved on how best to educate interprofessional teams of helping professionals in support of this population. The partner community organization, OPCS will conduct performance improvement with information gained through this study. Individuals may benefit in sharing their expertise with the jail to community transition experience through personal service, providing knowledge to the community in an effort to improve services locally, and to inform the scientific community on opportunities for best-practices.

Introduction

In the early 19th century, women were allowed to bring children into prisons for childcare purposes as a result of gender role expectations. Prison nursery programs came to an end in the 1960's, with a transition to promoting mother-child bonding programs in the 1990's after increasing numbers of incarcerated mothers entered the system (Godboldt, 2018). Between

1980 and 2014, the number of incarcerated fathers increased by 76%, while the number of incarcerated mothers increased by 122% (Godboldt, 2018). According to the Bureau of Justice Statistics, it would take until 2085 to reduce the current prison population by 50% (Muentner and Charles, 2022). The rise of mass incarceration with the intention of fighting crime in the U.S. has resulted in millions of American parents being filtered through the criminal justice system (Foster & Hagan, 2009). The United States today holds just 5% of the world's population, while it holds 25% of the world's prison population; this doesn't account for the 4.5 million people who remain on probation or parole (Abraham et al., 2022). At any given moment in the United States, 2.7 million children experience having at least one parent in jail or prison (Peterson, 2019). In fact, the majority of inmates in this country are parents of minor children.

The increase in parental incarceration is a threat to childhood development and their ability to build healthy relationships, and has been classified as one of nine interrelated and traumatizing "adverse childhood experiences," or ACEs (McLeod & Bonsu, 2018). Today's transitional, reentry, and parental service programs have made some progress in distribution of valuable and equitable methods for family reunification, however reform is needed to specifically address the needs of parents and children who experience the justice system. Paternal incarceration has a lasting negative impact on family reunification processes because it introduces barriers to behavioral health and togetherness of parents and children (Muentner & Charles, 2022). When considering the excessive numbers of incarcerated parents in this country, it is crucial to address the subsequent consequences of their absence on their families and personal relationships.

While parental incarceration may be a safeguard and greatly benefit children in situations of danger or domestic violence, current literature largely suggests it harms children and

compromises their development. When families separate, it causes shock and a disturbance in routine and stability. According to one study on family reunification, authors found that children impacted by PI are five times more likely to face additional adversities (Heard-Garris, et. al.). In addition, these children may experience behavioral problems, insecure attachments, social stigma, and disadvantaged social networks in comparison to their peers. Research over recent decades reveals that children of incarcerated parents have displayed higher rates of anxiety, posttraumatic stress disorder (PTSD), and depression than children who did not have incarcerated parents; in addition to higher rates of panic disorder and substance use disorders (Heard-Garris, et. al.). The rise of substance use and mental health challenges also affects childhood development and hinders their communication and relationship building skills. Current research points to reduced educational attainment of young adults and children who experience PI. Parents, too, experience negative mental health consequences due to separation from their child and complete lifestyle changes; whether incarcerated or a single parent, the inability to fulfill traditional roles of motherhood has been found to be a prominent source of strain for incarcerated mothers (Godboldt, 2018). Children are often removed from legal custody of their biological parent once the parent is admitted to jail. It is common for grandparents to then become the primary caregivers for these children, while those without extended family enter the foster care system. This separation causes parents to disconnect from their former identities as a parent and it requires significant work to re-identify with those roles (Chick and Meleis, 1986).

Methods

This study utilized qualitative descriptive methodology to describe the facilitators and inhibitors related to the experience of adult individuals in Arizona who are transitioning from

state jails or prisons back into society and community. Participants had two options to participate in this study due to hesitancy to participate in in-person interviews. The two options included an in-person interview or responding to a google form survey which mirrored the main points of the semi-structured interview. Regardless of participation type, all respondents were compensated with a stipend of a \$25.00 VISA gift card.

Sample and Recruitment

Inclusion Criteria: 1) Adults, ages 18 and older who have 2) transitioned from jail in the previous 24 months and are 3) living in OPCS, 4) English speaking, 5) Able to consent to and complete a 60-90 minute verbal interview or online survey.

Exclusion Criteria: 1) Individuals who have transitioned from only prison and not jail, 2) Individuals who have transitioned from jail greater than 24 months ago, 3) Individuals who are non-English speaking.

Utilizing purposive recruitment methodology, recruitment flyers were posted at Old Pueblo Community Services (OPCS) in late spring 2023 for an approximate 2-3 week period. Potentially interested individuals who may have questions were able to outreach to the research team via email, phone call at the listed contact information on the recruitment flyers, or by completing the google form (QR code on the recruitment flyer). Case Managers at OPCS were provided study background information by the PI and assisted with participant recruitment throughout this study. If eligibility criteria were met, a later interview date / time was scheduled approximately 2-3 weeks later, on-site at OPCS. Therefore, interested participants had at least a week waiting period between the time they are determined eligible and conducting the interview. This study was approved by the University of Arizona's Institutional Review Board.

Literature Review

Justice

Improvements to the family reunification process are necessary, as abundant evidence exists of current ineffective, dehumanizing and harmful correctional systems in place in the United States (Abraham, et. al., 2022). It is important to consider how justice and the perception of justice influences incarceration systems in the U.S. The word “justice” is used to justify many of today’s discriminatory practices that are normalized in our society. While “justice” is typically used to describe moral and ethical judgements and their associated consequences, there is not one single, universal definition that applies to everyone under any given context of justice. Following release, the criminal legal system continues to consume many aspects of daily life for former inmates; this includes restrictions on voting rights, education, employment, and other civic actions (Abraham, et. al., 2022). The belief that one is free after serving a jail or prison sentence is false, yet millions of people grow up understanding the criminal justice process this way. Does the current incarceration process represent a country that values justice? In a study conducted on adult perspectives on childhood adjustments through the process of parental incarceration, the authors called for “strengths-oriented, needs-focused, evidence-based reentry strategies” (Muentner and Charles, 2022). This process involves thorough communication with numerous parties and addressing the specific concerns of formerly incarcerated parents. It could be argued that the current systems support justice for a privileged demographic: white, upper-class americans. Those who fall beyond this description often experience different sentiments towards government, law enforcement and the type of justice they enact in this nation's government and corrections systems.

Visitation

Current research finds that visitation granted to incarcerated parents provides mutual benefits to parents and their families, and can be supported by a number of factors. Visitation can aid families in cultivating family bonds and providing social support. This is crucial because visitation experiences, either positive or negative, influences inmate behavior, and has the potential to reduce recidivism rates upon their release (McLeod and Bonsu, 2018). Today, family-friendly and flexible visitation practices are becoming less prevalent in state prisons (McLeod and Bonsu, 2018). When an inmate begins to identify themselves with the identity of a prisoner, it is likely they may lose their sense of parental identity. In re-establishing relationships, this sense of self as a parental figure plays an important role in both childhood development and understanding relationships but also the parents' confidence in navigating daily life. While visitation has been found to assist in maintenance of the family structure for families with an incarcerated parent, there are some strategies that are more effective. Programs that facilitate reunification of parents and children should do so through means of reducing isolation and re-acclimating parents with their sense of parental identity (McLeod and Bonsu, 2018). This sense of identity is really important to the relationship development between parent and child, and can be facilitated during a parents' sentence. By allowing parents to take responsibility for their children, even in small ways, it can reinstate an incarcerated parent's confidence in their parental role (Peterson, 2019).

One method to address concerns of institutional barriers to reentry and reunification through the visitation process is by implementing video visitation programs. This improved technology allows families to eliminate many financial barriers to visitation, and reduce childhood exposure to situations in correctional facilities that have negative emotional consequences and are not conducive to relationship-building. Currently, over 500 facilities in 43

states are experimenting with video visitation technology (McLeod and Bonsu, 2018). Another strategy for improving prison and jail visitation environments is through subsidized phone calls to family, lawyers, friends, and anyone an inmate may need to contact (Peterson, 2019). Just because visits occur, does not mean that they are enjoyable or beneficial for parents and children. Children may experience extensive check-in procedures, physical searches, and environments within jails and prisons that fail to promote familial bonding (Godboldt, 2018). The paradox of visitation is an experience described by mothers in which prison visitation was beneficial for connection promotion but also difficult for children and a painful reminder of family separation (Arditti, 2012).

Challenges with Visitation and Other Barriers

Children who experience PI are often exposed to the criminal justice system at a very young age, and to physical and emotional risks within jails and prisons through visitation. Visitation is one of the few opportunities that incarcerated parents are granted to bond face-to-face with their children throughout the duration of their sentence. In a qualitative study on incarcerated fathers and the challenges and benefits of visitation in correctional settings, researchers found that, “as the gateway to imprisonment, jails can serve a crucial role in facilitating or impeding communications among fathers and their children” and that early and frequent visitation benefits both children and incarcerated fathers (McLeod and Bonsu, 2018). While visitation opportunity has been traditionally perceived to improve behavior and stress and lower recidivism, some studies posit the contrary through what is called the “paradox of visitation.” This concept is the idea that mothers were able to make connections with their children in prison, however each visit became a painful reminder of family separation and could be difficult for a child to endure; the satisfaction of receiving a visit might be disturbed by

institutional barriers (Godboldt, 2018). One study conducted at a jail in England found that while most inmates perceived visitation to be a positive experience, they believed that they would better cope with serving jail time without it (McLeod & Bonsu, 2018). For many families, costs and associated transportation times are too demanding to accommodate regular visitation, and the incarcerated parent may feel guilty for putting their family through that process. Visitors typically dedicate a significant portion of their monthly income to services such as mailing packages, phone calls, commissary, and transportation to and from correctional facilities (McLeod and Bonsu, 2018). Visitation environments themselves are not typically conducive to bonding and children may be subjected to extensive check-in procedures and searches (Godboldt, 2018). Combined, these factors contribute to feelings of uncomfortability, exhaustion, confusion, happiness, anger, and sadness for children throughout the visitation process which may leave them with negative emotional consequences. Structural disadvantages and systemic racism have contributed greater risks for children of color of parental incarceration, and black children are nearly twice as likely to experience PI as white children (Meuntner and Charles, 2022).

Summary of Literature Recommendations

Gendered Community-Based Residential Programs & Re-entry

Reentry success programs will be most effective if implemented at the beginning of incarceration to set a model for future inmate and parental behavior. According to Loper and Tuerk, there are 6 six elements that make up an effective program: (1) peer support (2) identifying mental illnesses and traumas that may interfere with effective parenting (3) including sections of co-parenting (4) improving communication (5) making the program easily understandable and (6) accessible to a diverse population. Motherhood and fatherhood have

different demands and could benefit from gendered programming that addresses challenges distinct to one's gender. In a study specific to motherhood reunification during reentry, it was found that community-based residential programs are one means of addressing those needs (Godboldt, 2018). She makes the argument that CBRPs are significantly beneficial to mothers' reentry because they "included special programming for the process of reuniting with children and provided stable housing during the transition to independence" (Sharp, 2003). These facilities allow women to serve their sentence in a community residential facility instead of a traditional correctional facility. The CBRPs are usually formed in collaboration with the Department of Corrections and maintained by nonprofit organizations, and some even allow children to live with their mothers within their facilities (Godboldt, 2018). Children living in CBRPs were found to have avoided hyperactivity, aggressiveness, disciplinary issues, learning difficulties, and emotional problems that are commonly associated with youth in the foster care system (Godboldt, 2018). Alternative programs implement specialized visitation experiences for parents and children that support their diverse needs. The Godboldt study presented many theory-based, and policy-informed suggestions for improved reentry of incarcerated mothers. Male prison nursery programs are another approach to easing the burden of motherhood upon release, however no literature could be located regarding male prison nursery programs. In fact, despite the 744,200 male, parent prisoners in the United States, no program comparable to prison nurseries for incarcerated mothers exists for fathers (Hunter, 2010). The Works Progress Administration recommends an increased use of community corrections while simultaneously reducing the dependence on incarceration, and discovered that community-based programs were effective at reducing recidivism and increasing public safety (WPA, 2009).

Study Limitations

This study was limited to one geographic location in one county. The transitional housing agency we partnered with utilized the “Housing First” approach, which while demonstrating best-practice could yield results not transferable to other non-housing first agencies. The sample was limited in size and lacked diversity; if we recruited from a general population of a whole county or city it would likely offer more diverse results.

Results

Findings from both the in-person interviews and electronic data collections will be discussed in addition to the differences in both. Seven participants responded to the survey questionnaire and five participants completed in person interviews and provided demographic data for this study. Ages ranged from 18 years of age to 65 years of age. Two out of twelve total participants were female. In-person interview participants were all males above the age of 54, 80% identified themselves as white, 20% identified as black.

Figure 1

Four Emergent Themes from Data:



Four overarching themes were identified throughout this study. The first is that disparities in mental health treatment throughout incarceration impact the levels of people's engagement with health services after release. These claims are supported by qualitative data gathered from interview and survey responses which indicated providers' mismanagement of medication and SMI patients during incarceration, leading to their difficulty performing daily tasks and decline in mental and physical health. Survey respondents revealed that While 85.7% of participants regularly visit a primary care provider, only 28.6% visit a regular mental health provider. 28.6% responded that they experienced difficulty connecting to healthcare after being released, however this question did not specify mental health care. Interview data revealed 100% of respondents reporting primary health care visits and 40% reporting mental health care services. This discrepancy may be explained by traumatizing experiences described by participants receiving physical and mental health services while incarcerated. A primary example being that one participant who relies heavily on an antipsychotic and anti-anxiety/antidepressants had his medications changed significantly and to a much lower dose upon incarceration; this resulted in excruciating pain, difficulty moving, performing daily tasks and hygiene, and made his recovery process more difficult. Multiple participants mentioned difficulty with health services while incarcerated, inconsistent medication practices and lack of thorough support. Further, 80% of interview participants stated that telehealth/telemedicine is available to them for their appointments compared to only 50% of survey participants. While a majority of respondents had some form of health insurance coverage, only 40% of interviewees had full medication coverage under their insurance.

The next identified theme is that trust in mental health services may further limit participants' ability to develop healthy relationships, social circles, and could become a barrier to

family reunification. Participants described a general lack of adequate mental health services and treatment throughout their incarceration experience and on into reentry. Growing up, 57.1% of participants had a family member incarcerated, of that percentage, 60% were parents, 40% were siblings, and 20% were aunts or uncles. In addition, 42.9% of respondents reported CPS involvement in their families during childhood. Only one of twelve participants revealed that the most recent incarceration was their first time, all others had been at least twice, and three participants had been incarcerated at least nine times. Repeated offenses and high recidivism rates were noted as reasons for loss of familial contact and support. Four interview participants responded that they were parents, and 75% of these parents reported strained or non-existent relationships with their children. One participant remains in daily contact with his son and one participant reported contact with one child, however restraining orders are in place between him and his other children.

The last theme of emerging barriers is that while a majority of participants successfully obtained a high school diploma (or GED) or some level of higher education, education on effective coping skills and managing reactions to trauma are lacking throughout incarceration systems and the transitional program where the sample resides. High recidivism levels are an indicator that prior treatment did not work, otherwise offenders would not wind up repeatedly incarcerated. Qualitative interview data disclosed that participants experienced traumatic events including but not limited to the murder of a sibling, disownership by family, significant drug abuse, mismanaged medication by healthcare providers during incarceration, family members being incarcerated during childhood, and CPS involvement. A majority of participants experienced these traumas without seeking treatment afterwards, none mentioned trauma specific

care. These factors led to a disruption of family dynamics and loss of relationships with children, siblings, and parents.

This section will conclude with the facilitators to recovery and reentry discovered in the data. Multiple participants noted that support from OPCS case managers and their Parole or Probation Officers played an important role in their continued success during and post incarceration. Family support, too, was a present theme in terms of facilitating successful reentry. At least 80% of interviewees reported that they had unwavering support from their mothers throughout the duration of their incarceration and continuing into reentry. This support occurred both financially and emotionally, requiring regular communication. VA provided services were also a noted facilitator of trust in the mental health care system. A minority of participants gave credit to themselves and their own mental strength and determination for success throughout reentry and transition to housing.

Discussion

We want the qualitative data we received to assist transitional programs like Old Pueblo in making adjustments to suit their participants' needs and assist education on and access to mental health services and coping skills that facilitate building healthy relationships during incarceration and reentry. We experienced limitations throughout the recruitment process including sample size, its limitation to one geographic location in one county, hesitancy from participants to perform in-person interviews, and general lack of awareness about the study. It may be useful to conduct this study on a broader population and compare the results.

Findings in the literature posited that the increase in parental incarceration is a threat to parents' ability to create lasting healthy relationships and the development of children in their families. Our study findings support McLeod and Bonsu's description of adverse childhood

experiences due to parental incarceration in that children of multiple participants wished to not have contact with the participant. An emergent theme in the literature suggests that parents experience negative externalities of mental health issues as a result of lifestyle changes and family separation. Despite this, our data pointed to a general lack of perceived value or necessity in getting mental health treatment. Changes in medication while incarcerated that led to debilitating mental and physical recovery was an emergent lifestyle change noted in our data that supported these literature findings.

Another emergent theme from the literature supported by our study is that effects of the criminal justice system continue to consume daily life for formerly incarcerated individuals and that the perceived freedom they are granted upon release does not accurately reflect this nation's definition of justice. Despite having served their time, taking the steps to have identification reinstated upon release and having housing secured, participants in our study mentioned subsequent, unjustified struggles with mental health imposed by providers in jails and prisons. These experiences made it difficult for participants to hold down long-term employment; participants with physical ailments also noted limitations in holding down steady employment. These factors contributed to financial instability among participants, fueling the cycle of anxiety and lack of consistency which typically eases facilitation of reentry. Improper treatment while incarcerated has led many participants to foster mistrust the medical field and has dissuaded them from seeking future arrangements for health services.

Future implications of this study and the reviewed literature have informed a compilation of recommendations and strategies to implement within jails and prisons and throughout transitional incarceration programs: 1) Provide mental health evaluation upon release from incarceration; follow up with provider as necessary, 2) identify and treat and mental illness with

evidence-based standard practices that could influence a participant's ability to parent, 3) ongoing engagement in groups focused on building skills and understanding the impact of unresolved trauma, 4) ensure parenting resources are accessible to incarcerated and formerly incarcerated parents including literature, courses, and examples of successful reentry and reunification at little to no cost, 5) specific to OPCS, continue to employ and support successful participants in the transitional program, 6) facilitate community engagement activities, specifically those that provide assistance with necessary services and that are conducive to relationship building.

Conclusions

Participants in this study were transitioning from jail or prison to a community in Southern Arizona and experienced a number of facilitators and inhibitors to their success in reentry. The main emerging themes from this study were discrepancies in access to mental health care, mistrust in the mental health care system, disrupted family bonding, and the lasting impacts of unresolved trauma. Future research could aim at a larger population size and focus specifically on incarcerated parents. Studying a larger sample restricted to inclusion criteria of incarcerated parents may inform researchers, providers in jails and prisons, and transitional programs on how to best address the needs of their participants. Successful reentry sets a model for future inmates, family members of incarcerated individuals, and holds people accountable for their parenting roles if they choose to reunite with family. It is evident that many formerly incarcerated individuals desire to reunite with their family members, yet many of them recognize that there are barriers in place which prevent them from doing so. The biggest barrier to family reunification as described by participants was unhealthy relationships, whether that be with a romantic partner or otherwise. It is imperative that the resources provided to inmates and

participants of transitional programs are broadly accessible, advertised, and account for the traumatic experiences that many former inmates have endured.

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Appendix A

Description of Research Procedures

1. Recruitment flyers will be posted at OPCS upon IRB approval. The flyers will be posted for 2-3 weeks prior to the planned interview time-frame.
2. Interested individuals will outreach to the research team to review eligibility criteria.
3. Individuals may call, email, or complete a google form to determine eligibility. At this time, the research team member will conduct screening for inclusion / exclusion criteria, will share the intent of the research and an overview of how the interviews will be conducted (pairs of research team members), length of interview time, and location).
4. If criteria is met, and potential participant chooses, a future interview date/time will be provided (that is convenient for the individual) a date 1-2 weeks later..
5. Research team members working in sets of two will meet with the participant at OPCS at the agreed upon date and time. A private space will be provided by OPCS.

6. The research team will conduct consent procedures using the oral consent process with the participant (form attached). At this time, the participant will select a pseudonym to be used throughout the interview. Additionally, each participant will have an alphanumeric code assigned during this time. This code is for file storage. Only the alphanumeric code and participant selected pseudonym will be used on the interview notes and the demographic form.
7. The research team will proceed with the interview using the semi-structured interview guide (attached), which will last between 60-90 minutes.
8. The research team will offer the participant with a resource card containing both local and national mental health resources.
9. Research team members will label the audio recording with an alpha numeric code that matches the alpha numeric code of the demographic form and the consent form.
10. The research team, at the conclusion of the interview will collect the demographic data utilizing the demographic data form.
11. Participants will be offered a \$20.00 VISA gift card to offer a thank you for their time. In order to be in compliance with federal regulations, participants who accept the gift card will need to provide their name and address. A separate document (gift card log entry) will be used to capture this data. This form will be locked in a transport case and returned to the PI's office.
12. Audio transcripts will be transcribed by the research team conducting the interview. The PI will randomly select 20% of each recording for comparison to the transcription for accuracy. After accuracy has been validated, the audio recording will be erased. The participant name will not be used in the transcription or within the notes.

13. Transcripts will be analyzed for themes aligned with facilitators and inhibitors of health-illness and situational transitions.
14. Analyzed aggregated results will be provided to OPCS to help improve programs delivered to those transitioning from jail to the community.

The qualitative survey included a demographic form and the following questions pertaining to physical and mental health, housing, transportation, and incarceration history that helped inform our analysis.

Appendix B

Interview Guide

Introduction Script:

My name is (insert name(s)) and I am part of a research team with the University of Arizona, School of Sociology course. Thank you for meeting with me today. I want to learn from you what was helpful and not helpful to you when leaving the jail and getting back into the community. This interview is for research purposes, and your answers and descriptions will be analyzed into a research study.

Your participation in this study is voluntary. You may choose to stop the interview at any time, for any reason.

- If at any time you feel like you cannot continue, please tell me right away, we will stop. It will

take approximately 60-90 minutes for the interview that will be audio taped. You will be offered a break (10 minutes) after 60 minutes of interviewing.

There are several questions to cover today, and I'm really interested in your description of how things worked for you when you were released from jail. I want to be respectful of your time, so I will stick to the timeline of no more than 60 minutes. If we start to get off topic, I'll remind us to continue.

Focus / Potential Topics	What I want to Learn	Question and Prompt
Situational	Personal and Environmental Factors that influence transition from Jail to Community	· Tell me about the most recent time you were released to the community.

<p>Situational – moving from jail to community</p>	<p>Insurance coverage prior and post incarceration.</p>	<ul style="list-style-type: none">· Did being in jail change the way your insurance worked when you were released? · What helped you with paying for medical services after jail? · What made it difficult for you to pay for medical services after jail? · If you had difficulties, who or what helped you past these difficulties after jail?
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<p>Situational</p>	<p>Relationships with others- social support</p> <p>Social Support: Support provided in the community by friends, family or groups.</p>	<p>Tell me about the support you received from people or groups when you left jail.</p> <ul style="list-style-type: none">· Did being in jail change the way you received social support after leaving the jail?· Who or what helped you with social support after leaving the jail?· What made it difficult for you for support after leaving the jail?· If you had difficulties, who or what helped you past these difficulties with social support, after jail?
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<p>Situational</p>	<p>a. Changes in living situation- Housing</p>	<p>a. Tell me about where you lived after you were released from jail.</p> <ul style="list-style-type: none"> · What was helpful with housing after being released from jail? · What was difficult with housing after being released from jail? · If you had difficulties, who or what helped you past these difficulties with housing after being released from jail?
<p>Health & Wellness – mental health and other medical needs.</p>	<p>Holistically provided care</p> <p>b. Accessing mental health care counseling services</p> <p>Understanding changes with treatment- were there changes to the treatment plan?</p>	<p>b. Can you talk about how you received mental health care after leaving the jail?</p> <ul style="list-style-type: none"> · Did you have the same provider after leaving the jail as before? · Did you have an appointment for your MH provider when you left the jail? · What helped you access mental health care after leaving the jail? · What was difficult with mental health care after leaving the jail? · If you had difficulties, who or

	<p>c. Securing Medications Medication management</p> <p>Medications reviewed and supplied</p> <ul style="list-style-type: none"> · If medications were available in the jail, and if they were consistent with outside Rx. · If a patient had consistent medications prior to jail. <p>If the transition from jail was coordinated with medication continuity.</p>	<p>what helped you past these difficulties with mental health care after leaving the jail?</p> <p>c. Will you tell me about how you received your mental health medications?</p> <ul style="list-style-type: none"> · Did you have them before jail? · Did the medications stay the same or change during jail? · If they changed or new medications were added while in jail, did someone teach you about the medications? · How did you receive your medications after leaving jail? <p>Tell me how this was helpful or not helpful.</p> <p>D. Can you talk about your overall health?</p> <p>Do you see the same provider for all your care? (prompts)</p> <ul style="list-style-type: none"> · Were you able to continue with the primary provider that you had before jail? · What helped you to continue with the provider? (Facilitators) · What things made it difficult for you to continue with
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	<p>d. Accessing medical care for other needs</p>	<p>the provider? (barriers)</p> <ul style="list-style-type: none">· If you had difficulty in continuing with your provider, who or what helped you to get past the difficulties?· How many different providers do you see?· Do you see the same provider for MH care?· Have you ever not been able to get into care for MH needs?
	<p>e. Employment</p>	<p>e. Can you talk about what you do for work?</p> <ul style="list-style-type: none">* Were you able to keep the same job after jail as you had before?* What helped you continue with the same job?* What things made it difficult for you to continue the same job after jail?* If you had difficulty in continuing the same job, who or what helped you get past the difficulties?* Have you ever not been able to find a job? <p>f. Restitution</p> <ul style="list-style-type: none">· When you were released from jail, did you have to pay money due to the jail or arrest?· If you had difficulty, who or

	<p>f. Restitution</p> <p>financial obligations due to justice involvement</p>	<p>what helped you past these difficulties with fines when leaving the jail?</p> <p>Think about when you left jail...did you have to continue following up with anyone?</p> <ul style="list-style-type: none"> · Probation · Urine/drug screenings · Courts · How did these responsibilities help you after jail? · How did these responsibilities make it difficult for you after jail?
	<p>g. Monitoring Requirements</p> <p>Justice involvement- new rules, policies, requirements,</p>	<ul style="list-style-type: none"> · If you had difficulty, who or what helped you past these difficulties with monitoring after jail? <p>Transportation loss of driving privileges, alternatives</p> <p>Think about when you left the jail, did you have any changes in how you got around town (changes in your transportation)?</p> <ul style="list-style-type: none"> · What changed about your transportation? · How did these changes help you with transportation?
	<p>h. Transportation</p>	<ul style="list-style-type: none"> · How did these changes make it difficult for you after jail?

		<p>If you had difficulty, who or what helped you past these difficulties with transportation after jail?</p>
Situational	Family Dynamics	<p>Have you been able to interact with your family since leaving jail?</p> <p>What has helped your interactions?</p> <p>What have been the barriers?</p>
	Family Dynamics for Parents	<p>Think about how jail incarceration has impacted you as a parent.</p> <p>* Can you tell me about this?</p> <p>*What has been helpful in maintaining a good relationship with your child?</p> <p>*What has not been helpful in maintaining your relationship with your child?</p> <p>*Were you able to have visits with your child while you were in jail? If so, what helped with these visits? What did not help with the visits?</p>
Situational Transition	CPS involvement (legal obligations)	<p>Sometimes when parents experience jail incarceration CPS becomes involved, has that happened with you and your family?</p> <p>What has been helpful in working through this?</p> <p>What has not been helpful in working through this?</p>

Situational or Health-Illness	Resources	Can you share your thoughts on what resources would help facilitate transitions for individuals who are parents?
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APPENDIX C
Demographic Form

Age:	Pronouns:	Race	Ethnicity
Highest Level of Education Completed	GED	High School	Some College
	Associate's Degree	Bachelor's	Master's
	Post Graduate	Other:	
Occupation:			
Physical and Mental Health			
Medical Insurance: Y N Private AHCCCS/Medicaid Medicare			
Self-pay			
Does your Medical Insurance Cover your Behavioral Health care? Y N Partial			
Does your Medical Insurance cover the costs of medications? Y N Partial			
Do you have a primary care provider? Y N			
Do you have a provider for mental health services? Y N			
Does your mental health provider use telehealth to provide services? Y N			
Have you had a mental health condition or diagnosis in the past 6-12 months? Y N			
How long have you had this diagnosis / condition?			
Have you had any of the following mental health diagnoses in the past 6-12 months?			
Depression Anxiety PTSD Substance Use Disorder Bipolar Disorder Other:			
Transportation			
Do you have a driver's license? Y N			
What is your method of transportation? Drive self in own vehicle Family Drives me			
Friends Drive Me Public Transportation Other:			
Housing			
Housing: Rent Own Live with Family Live with Friend Other:			

Incarceration History
Growing up, who raised you?
Were any family members in your family ever incarcerated? (who?)
Prison or Jail?
Was the state or child protective services ever involved with you or your family growing up?
If yes, were you removed from the home, and how long?
How long were you in jail this most recent time?
Was this the first time you have been in jail?
If not, what was the most recent time you were in jail prior to this time?
How many times have you been in jail?
When you were in jail this most recent time, was jail unexpected?