

# Women 1<sup>st</sup> Subcommittee of the Reentry Council City & County of San Francisco

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## AGENDA

Wednesday, January 5, 2022  
5:30pm to 7:00pm

### Join Zoom Meeting

<https://us02web.zoom.us/j/84718473247?pwd=Y09xVVpDVURLM1M0WDYydIhvRGRIQT09>

Meeting ID: 847 1847 3247

Passcode: 432893

### Dial by your location

- +1 669 900 6833 US (San Jose)
- +1 408 638 0968 US (San Jose)
- +1 346 248 7799 US (Houston)
- +1 253 215 8782 US (Tacoma)
- +1 646 876 9923 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 312 626 6799 US (Chicago)

Meeting ID: 847 1847 3247

Passcode: 432893

**REMOTE MEETING VIA VIDEOCONFERENCE Watch via Zoom:** In accordance with Governor Gavin Newsom’s statewide order for all residents to “Stay at Home” – and with the numerous local and state proclamations, orders and supplemental directions – aggressive directives have been issued to slow down and reduce the spread of the COVID-19 virus.

Reentry Council and Subcommittees meetings will be held through videoconferencing will allow remote public comment via the videoconference or through the number noted above. Members of the public are encouraged to participate remotely by submitting written comments electronically to [victoria.westbrook@sfgov.org](mailto:victoria.westbrook@sfgov.org). These comments will be made part of the official public record in these matters and shall be brought to the attention of the members of the Reentry Council member. Explanatory and/or Supporting Documents, if any, will be posted at: <https://sfgov.org/sfreenry/>

**Note:** Public comment will be taken throughout the meeting or by email to [reentrycouncil@sfgov.org](mailto:reentrycouncil@sfgov.org)

# Women 1<sup>st</sup> Subcommittee of the Reentry Council City & County of San Francisco

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1. Introductions/Role Call
2. Ramaytush Ohlone Land Acknowledgement (*discussion only*)
3. Sharing of Resources, Upcoming Events, or Announcements (*discussion only*)
4. Surveys (*discussion and possible action*)
5. Remote Meetings (discussion only)
6. Reentry Council Retreat Update (discussion only)
7. Member Roundtable and Agenda Items for Next Meeting (*discussion only*)
8. Adjournment

**Next Meeting:**  
**March 2, 2022**  
**Location/Remote - TBD**

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## SUBMITTING WRITTEN PUBLIC COMMENT TO THE REENTRY COUNCIL

Persons who are unable to attend the public meeting may submit to the Reentry Council, by the time the proceedings begin, written comments regarding the subject of the meeting. These comments will be made a part of the official public record, and brought to the attention of the Reentry Council. Written comments should be submitted to: Victoria Westbrook, Interim Reentry Policy Planner, Adult Probation Department, 564 Sixth St., San Francisco, CA 94102, or via email: [victoria.westbrook@sfgov.org](mailto:victoria.westbrook@sfgov.org).

## MEETING MATERIALS

Copies of agendas, minutes, and explanatory documents are available through the Reentry Council's website at <http://sfreentry.com> or by calling Victoria Westbrook at (415) 930-2202 during normal business hours. The material can be Faxed or mailed to you upon request.

## ACCOMMODATIONS

To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Victoria Westbrook, at [reentry.council@sfgov.org](mailto:reentry.council@sfgov.org) or (415) 930-2202 at least two business days before the meeting.

## TRANSLATION

Interpreters for languages other than English are available on request. Sign language interpreters are also available on request. For either accommodation, please contact Victoria Westbrook, at [reentry.council@sfgov.org](mailto:reentry.council@sfgov.org) or (415) 930-2202 at least two business days before the meeting.

## CHEMICAL SENSITIVITIES

To assist the City in its efforts to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

## KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE (Chapter 67 of the San Francisco Administrative Code)

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, the San Francisco Public Library, and on the City's web site at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine).

## FOR MORE INFORMATION ON YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE OR TO REPORT A VIOLATION OF THE ORDINANCE, CONTACT THE SUNSHINE ORDINANCE TASK FORCE:

Administrator  
Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place,  
San Francisco, CA 94102-4683.  
Telephone: (415) 554-7724  
Fax: (415) 554-5163  
E-Mail: [soft@sfgov.org](mailto:soft@sfgov.org)

## CELL PHONES

The ringing of and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Co-Chairs may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

## LOBBYIST ORDINANCE

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by San Francisco Lobbyist Ordinance (SF Campaign and Governmental Conduct Code sections 2.100-2.160) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco CA 94102, telephone (415) 581-2300, FAX (415) 581-2317, and web site <http://www.sfgov.org/ethics/>

# Reentry Council of the City and County of San Francisco

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## 2022 Meeting Calendar

**Council Meetings:** 4th Thursday of the first month of each quarter 10am-12pm

- January 27, 2022 - Zoom Meeting
- April 28, 2022 - TBD
- July 28, 2022 - TBD
- October 27, 2022 - TBD

**Subcommittee on Direct Services:** 2<sup>nd</sup> Wednesday of all uneven months 5:30-7:30pm

- January 12, 2022 - Zoom Meeting
- March 9, 2022 - TBD
- May 13, 2022 - TBD
- July 27, 2022 - TBD
- September 14, 2022 - TBD
- November 9, 2022 - TBD

**Subcommittee on Legislation, Policy and Practices:** 4th Wednesday of all uneven months 2:30-4:30pm

- January 26, 2022 - Zoom Meeting
- March 23, 2022 - TBD
- May 25, 2022 - TBD
- July 27, 2022 - TBD
- September 28, 2022 - TBD
- November 23, 2022 - TBD

**Women 1<sup>st</sup> Subcommittee:** 1st Wednesday of all uneven months 5:30-7:30pm

- January 5, 2022 - Zoom Meeting
- March 2, 2022 - TBD
- May 4, 2022 - TBD
- July 6, 2022 - TBD
- September 7, 2022 - TBD
- November 2, 2022 - TBD

**Slated Community Events supported and/or hosted by Reentry Council**

- 3rd Annual Recovery Summit – Location and Date to be Announced
- 9<sup>th</sup> Annual Restorative Justice Reentry Conference and Resource Fair at Cathedral of St. Mary of the Assumption Event Center located at 1111 Gough St - TBD

## **SURVEY for JUSTICE INVOLVED Trans women and Gender Nonconforming (GNC) people who are on probation, parole, federal probation, or currently fighting a criminal case in San Francisco.**

### **Who Should Take this Survey?**

This survey is for trans women and GNC people who are:

- On supervision with the San Francisco Adult Probation Department (formal probation, mandatory supervision, or post release community supervision)
- On parole in San Francisco
- On federal probation in San Francisco
- Formerly incarcerated in jail or in prison and released on or after 8/1/2016
- Contesting a criminal case in San Francisco (in custody or released on pretrial)
- On court probation in San Francisco

This survey takes about 10-15 minutes to complete. Thank you for taking the time to do this survey.

**Purpose of this Survey:** The Reentry Division of the San Francisco Adult Probation Department (SFAPD) and the Reentry Council's Women 1<sup>st</sup> Subcommittee are gathering information to improve services and outcomes for justice involving trans women and GNC people in San Francisco. This is an anonymous survey and there is no need to provide any personal information. We are collecting demographic information in an attempt to identify if services or access to services are equitable and address the specific needs of a specific population. We'll tally the results and use them to make recommendations to the Reentry Council, public health, public safety and other human services stakeholders. **Your participation in this survey is greatly appreciated.**

**If you are taking this survey in jail, please tell us which Jail facility you are in.**

**Completing this survey is completely voluntary and your individual answers will be kept confidential and will not be connected to your name or email address if you choose to share your contact information.**

## **SCREENING QUESTIONS**

**1. Check the box that best describes your justice involvement (Please check all that apply.)**

- Court Probation in San Francisco
- Currently contesting a criminal case in San Francisco
- Currently in SF County Jail
- Federal Probation in San Francisco
- Formerly Incarcerated and released on or after 8/1/2016
- State Parole in San Francisco
- Probation in San Francisco (San Francisco Adult Probation Department)
- None of the above **(If this is your answer, STOP here. Do not complete this survey.)**

***Survey answers will be kept confidential***

**2. Do you identify as:**

- Female (Cis) **(If this is your answer, STOP here. Do not complete this survey.)**
- Transgender Woman
- Gender Nonconforming/ Gender Variant/Genderqueer
- Male **(If this is your answer, STOP here. Do not complete this survey.)**
- Transgender Man **(If this is your answer, STOP here. Do not complete this survey.)**

**3. Are you a San Francisco resident?**

- Yes
- No **(If this is your answer, STOP here. Do not complete this survey.)**

**REENTRY SERVICES SURVEY for JUSTICE INVOLVED Trans women and Gender Nonconforming (GNC) people**

**DEMOGRAPHIC CHARACTERISTICS**

**4. Age:** \_\_\_\_\_

**5. Race/Ethnicity (Check all that apply.)**

- African American
- Asian (for example: Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, and Vietnamese)
- Hispanic/Latinx
- Native American/Alaskan Native
- Pacific Islander (for example: Guamanian, Pacific Islander, and Samoan)
- White/Caucasian
- Other, please specify: \_\_\_\_\_

**6. Highest Level of Education:**

- |                                                                          |                                                       |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Some High School or less                        | <input type="checkbox"/> Associate Degree             |
| <input type="checkbox"/> GED                                             | <input type="checkbox"/> Bachelor Degree              |
| <input type="checkbox"/> High School Diploma                             | <input type="checkbox"/> Post-Graduate Coursework     |
| <input type="checkbox"/> Trade/Technical/Vocational Training/Certificate | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Some College                                    |                                                       |

**7. Current Employment Status:**

- |                                             |                                                            |
|---------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Disabled/SSI/SSDI                 |
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Unemployed – Looking for Work     |
| <input type="checkbox"/> Self-Employed      | <input type="checkbox"/> Unemployed – Not Looking for Work |
| <input type="checkbox"/> Student            |                                                            |
| <input type="checkbox"/> Retired            | <input type="checkbox"/> Currently Incarcerated            |

**8. Annual Income in 2021:** \_\_\_\_\_

***Survey answers will be kept confidential***

## **CRIMINAL JUSTICE HISTORY**

9. How many times have you been arrested? \_\_\_\_\_

10. How many times have you been booked into jail? \_\_\_\_\_; or  Not applicable

11. How many times have you been to prison? \_\_\_\_\_; or  Not applicable

12. Total number of months spent in jail and/or prison (if less than 1 month, enter 001): \_\_\_\_\_  
(i.e., jail and prison)

13. What kind of charges have you been convicted of?

- Property Crime (burglary, larceny, auto theft, shoplifting)
- Violent Crime (murder, attempted murder, robbery, threats)
- Fraud (ID theft, credit card theft, financial/white collar crime)

- Drug related charges
- Weapons related charges
- Sex work-related
- Other: \_\_\_\_\_

14. Are you currently in the San Francisco County Jail?

- Yes (If your answer is YES, please go to #15)
- No (If your answer is NO, please go to #16)

15. How long have you been in the San Francisco County Jail (months)? \_\_\_\_\_  
\*\*\*\*\*Please go to question 19 (skip #16 - #18)

16. How long was your last incarceration (months)? \_\_\_\_\_

17. Were you in jail or prison (referring to #16)?

- Jail
- State or Federal Prison

18. Provide the name of the institution (referring to #16 and #17)? \_\_\_\_\_

19. Did you have a history of addiction, currently struggle with drug or alcohol use, or had someone told you that you have a problem with drugs or alcohol?

- Yes
- No (If NO, SKIP to question #21)

20. How long have you been struggling with drugs or alcohol?

- Less than 1 year
- 1 to 3 years
- 3+ to 5 years
- 5+ to 10 years
- More than 10 years

*Survey answers will be kept confidential*

**21. Did any of these factors lead to your incarceration? (Check all that apply)**

- |                                               |                                                      |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Abusive relationship | <input type="checkbox"/> Committed crimes to survive |
| <input type="checkbox"/> Self defense         | <input type="checkbox"/> Mental health issues        |
| <input type="checkbox"/> Emotional abuse      | <input type="checkbox"/> Addiction/substance use     |
| <input type="checkbox"/> Victimization        | <input type="checkbox"/> Other: _____                |

**IN CUSTODY SERVICES**

**22. During your last incarceration, which services were available to you (If you are currently incarcerated in the San Francisco County jail please list services available to you)?**

- |                                                                           |                                                                      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Mental Health Services                      |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Mentoring                                   |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Parenting Classes                           |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Prosocial Activities                        |
| <input type="checkbox"/> Employment Readiness/Preparation/Job Placement   | <input type="checkbox"/> Religious/Spiritual Services                |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Self-Improvement Services/Classes           |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Substance Abuse Treatment                   |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Support Groups                              |
| <input type="checkbox"/> Individual Counseling (Therapy)                  | <input type="checkbox"/> Vocational Training                         |
| <input type="checkbox"/> Leisure and Recreational Activities              | <input type="checkbox"/> Wellness Services                           |
| <input type="checkbox"/> Medical Care                                     | <input type="checkbox"/> Trans Women or GNC People Specific Services |
|                                                                           | <input type="checkbox"/> Trans Women or GNC People Health Services   |
|                                                                           | <input type="checkbox"/> Other: _____                                |

**23. During your incarceration which services were most helpful to you (If you are currently incarcerated in the San Francisco County jail please list services available to you)?**

- |                                                                           |                                                                      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Mental Health Services                      |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Mentoring                                   |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Parenting Classes                           |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Prosocial Activities                        |
| <input type="checkbox"/> Employment Readiness/Preparation/Job Placement   | <input type="checkbox"/> Religious/Spiritual Services                |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Self-Improvement Services/Classes           |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Substance Abuse Treatment                   |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Support Groups                              |
| <input type="checkbox"/> Individual Counseling (Therapy)                  | <input type="checkbox"/> Vocational Training                         |
| <input type="checkbox"/> Leisure and Recreational Activities              | <input type="checkbox"/> Wellness Services                           |
| <input type="checkbox"/> Medical Care                                     | <input type="checkbox"/> Trans Women or GNC People Specific Services |
|                                                                           | <input type="checkbox"/> Trans Women or GNC People Health Services   |
|                                                                           | <input type="checkbox"/> Other: _____                                |

***Survey answers will be kept confidential***



24. Were there services not offered that would have been helpful to you while in custody?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

### **BEHAVIORAL HEALTH HISTORY**

25. Have you ever been diagnosed by a medical or mental health professional with any of the following (before or during your last incarceration)? (Please check all that apply.)

- Major depressive disorder
- Bi-polar Disorder
- Schizophrenia disorder
- Other psychotic disorder
- Substance Use Disorder
- Post-traumatic stress disorder
- Other Anxiety disorder
- Other, specify: \_\_\_\_\_
- None (If this is your response please go to #28)

26. Did you access behavioral health services for your responses to #23 during your last incarceration (If you are currently incarcerated in the San Francisco County jail please use this incarceration)?

- Yes (If your answer is YES, please go to #27)
- No (If your answer is NO, please go to #28)

27. Which behavioral health diagnosis did you receive services for during your last incarceration (If you are currently incarcerated in the San Francisco County jail please use this incarceration)? (Please check all that apply.)

- Major depressive disorder
- Bi-polar Disorder
- Schizophrenia disorder
- Other psychotic disorder
- Substance Use Disorder
- Post-traumatic stress disorder
- Other Anxiety disorder
- Other, specify: \_\_\_\_\_
- None

### **PARENTHOOD (If applicable)**

28. Were you ever pregnant when taken into custody?

- Yes (If your answer is YES, please go to #29)
- No (If your answer is NO, please go to #30)

29. During the incarceration when you were pregnant, were any of the following addressed? (Check all that apply.)

- Prenatal and postnatal care
- Education regarding childbirth and parenting
- Preparation for separation from infant after delivery
- None of the above

*Survey answers will be kept confidential*

**30. Have you ever been separated from your children when you were incarcerated?**

- Yes (If your answer is YES, please go to #31)
- No, I did not have children at the time of my incarcerations (If your answer is NO, please go to #32)

**31. Which of the following, if any, worried you while incarcerated?**

- The wellbeing of my child/children
- Separation from child/children
- Parent-infant bonding
- Termination of parental rights
- None of the above

## **REENTRY EXPERIENCE**

**For #32-#51 - If you are currently incarcerated in the San Francisco County jail please use your last reentry experience**

**32. What services are you currently accessing or have accessed since being released from your last incarceration?**

- 12 Step Programs (AA/NA/CA)
- Access to Public Benefits
- Case Management
- Childcare
- Clothing
- Cognitive Behavioral Interventions (Groups)
- Educational Services (GED, High School, College)
- Emergency Housing
- Employment Readiness/Preparation/Job Placement
- Family Reunification Services
- Family Visits
- Financial Literacy
- Food
- Health Insurance
- Individual Counseling (Therapy)
- Leisure and Recreational Activities
- Medical Care
- Mental Health Services
- Mentoring
- Outpatient Substance Abuse Treatment
- Parenting Classes
- Prosocial Activities
- Religious/Spiritual Services
- Residential Substance Abuse Treatment
- Self-Improvement Services/Classes
- Services for my children
- Shelter or Navigation Center
- Substance Abuse Treatment
- Support Groups
- Transitional Housing Program
- Vocational Training
- Wellness Services
- Trans Women or GNC People Specific Services
- Trans Women or GNC People Health Services
- Other: \_\_\_\_\_

***Survey answers will be kept confidential***

**33. What services have you needed but are unable to access since being released from your last incarceration?**

- 12 Step Programs (AA/NA/CA)
- Access to Public Benefits
- Case Management
- Childcare
- Clothing
- Cognitive Behavioral Interventions (Groups)
- Educational Services (GED, High School, College)
- Emergency Housing
- Employment Readiness/Preparation/Job Placement
- Family Reunification Services
- Family Visits
- Financial Literacy
- Food
- Health Insurance
- Individual Counseling (Therapy)
- Leisure and Recreational Activities
- Medical Care
- Mental Health Services
- Mentoring
- Outpatient Substance Abuse Treatment
- Parenting Classes
- Prosocial Activities
- Religious/Spiritual Services
- Residential Substance Abuse Treatment
- Self-Improvement Services/Classes
- Services for my children
- Shelter or Navigation Center
- Substance Abuse Treatment
- Support Groups
- Transitional Housing Program
- Vocational Training
- Wellness Services
- Trans Women or GNC People Specific Services
- Trans Women or GNC People Health Services
- Other: \_\_\_\_\_

**34. What has kept you from accessing the needed services identified in #26? (Please check all that apply)**

- Unable to locate services
- Childcare needs prevent me from attending/utilizing
- Transportation challenges
- I do not meet eligibility for specific services
- Services only available when I am working
- Services only available when I am accessing other services
- Services are not provided in my preferred language
- Service providers do not feel safe
- Unrealistic expectation in order to access services (Please describe below):  
\_\_\_\_\_
- Internal barriers (shame, stigma, embarrassment)
- Other: \_\_\_\_\_

**35. Please select reentry services that were easy for you to access after your last release:**

**(Please check all that apply.)**

- |                                                                           |                                                                      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Mental Health Services                      |
| <input type="checkbox"/> Access to Public Benefits                        | <input type="checkbox"/> Mentoring                                   |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Outpatient Substance Abuse Treatment        |
| <input type="checkbox"/> Childcare                                        | <input type="checkbox"/> Parenting Classes                           |
| <input type="checkbox"/> Clothing                                         | <input type="checkbox"/> Prosocial Activities                        |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Religious/Spiritual Services                |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Residential Substance Abuse Treatment       |
| <input type="checkbox"/> Emergency Housing                                | <input type="checkbox"/> Self-Improvement Services/Classes           |
| <input type="checkbox"/> Employment Readiness/Preparation/Job Placement   | <input type="checkbox"/> Services for my children                    |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Shelter or Navigation Center                |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Substance Abuse Treatment                   |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Support Groups                              |
| <input type="checkbox"/> Food                                             | <input type="checkbox"/> Transitional Housing Program                |
| <input type="checkbox"/> Health Insurance                                 | <input type="checkbox"/> Vocational Training                         |
| <input type="checkbox"/> Individual Counseling (Therapy)                  | <input type="checkbox"/> Wellness Services                           |
| <input type="checkbox"/> Leisure and Recreational Activities              | <input type="checkbox"/> Trans Women or GNC People Specific Services |
| <input type="checkbox"/> Medical Care                                     | <input type="checkbox"/> Trans Women or GNC People Health Services   |
|                                                                           | <input type="checkbox"/> Other: _____                                |

**36. Were there services not offered that would have been helpful to your reentry?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**37. If needed, during your reentry, were you able to access a Family Reunification program? These are programs to reunite children with their mothers after Child Protective Services (CPS) involvement.**

- Yes
- No
- I did not need reunification services

**38. Did you have a reentry or post-release plan prior to your last release from jail or prison?**

- Yes (If your answer is YES, please go to #39)
- No (If your answer is NO, please go to #40)

**39. Please share details of your reentry or post-release plan.**

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***Survey answers will be kept confidential***

**40. What essential documents did you need during your last reentry experience?**

- |                                               |                                     |
|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Identification (ID)  | <input type="checkbox"/> Passport   |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Green card |
| <input type="checkbox"/> Driver's License     | <input type="checkbox"/> REAL ID    |
| <input type="checkbox"/> Birth Certificate    |                                     |

**41. Were you able to acquire any of the documents from #40 during your last incarceration?**

- Yes
- No

**42. When you were released from your last incarceration, where did you go? (Please check all that apply.)**

- |                                                                                  |                                                                                |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Homeless (Street, Shelter, Navigation Center, Car etc.) | <input type="checkbox"/> With Friend/Family Member                             |
| <input type="checkbox"/> Transitional Housing Program or Halfway House           | <input type="checkbox"/> Returned to Previous Residence Prior to Incarceration |
| <input type="checkbox"/> Substance Use Residential Treatment                     | <input type="checkbox"/> Other: _____                                          |

**43. In the past 30 days, where have you been living most of the time?**

- |                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> In custody (jail or prison)                             | <input type="checkbox"/> Medical facility (Hospital, Nursing Home)   |
| <input type="checkbox"/> Homeless (Street, Shelter, Navigation Center, Car etc.) | <input type="checkbox"/> Rented Apartment/House/Room                 |
| <input type="checkbox"/> Transitional Housing Program or Halfway House           | <input type="checkbox"/> Permanent Supportive Housing (Income Based) |
| <input type="checkbox"/> Substance Use Residential Treatment                     | <input type="checkbox"/> Owned a Home                                |
| <input type="checkbox"/> With Friend/Family Member                               | <input type="checkbox"/> Other: _____                                |

**44. Do you currently have healthcare?**

- Yes
- No (If NO, please go to #47)

**45. What type of healthcare coverage do you have?**

(Check all that apply.)

- Medi-Cal
- Private Insurance
- Healthy San Francisco
- Unknown

***Survey answers will be kept confidential***

**46. How long after being released from your last incarceration did it take you to obtain healthcare coverage from #45?**

- I had it when I released
- One month
- 2-4 months
- 6-8 months
- 8-12 months
- More than 12 months
- I had this healthcare coverage prior to my last incarceration and maintained it until my release

**47. Were you able to access healthcare that met your needs?**

- Yes
- No

**48. If you are employed, what difficulties, if any, did you have gaining employment? If you are not employed, what are some challenges you are facing in obtaining a job at the moment?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**49. Did you feel supported by your community when you were released?**

- Yes
- No

**50. What resources/services do you still need today?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**51. What services would be most helpful to my reentry?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**For questions 52 – 58, please provide your LEVEL OF AGREEMENT with the statements by putting an “X” on the appropriate circle.**

**52. There is a need for a 24 /7 gender responsive navigation center for justice involved trans women and GNC people:**

- |                   |   |                               |   |                |
|-------------------|---|-------------------------------|---|----------------|
| 1                 | 2 | 3                             | 4 | 5              |
| Strongly Disagree |   | Neither Agree<br>nor Disagree |   | Strongly Agree |

***Survey answers will be kept confidential***

**53. There is a need for formerly incarcerated Gender Responsive Reentry Peer Support Specialists who are trans women and GNC people:**

1                      2                      3                      4                      5  
Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

**54. There is a need for more Gender Responsive substance abuse services ranging from abstinence based treatment to harm reduction strategies specifically for trans women and GNC people:**

1                      2                      3                      4                      5  
Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

**55. There is a need for more Transitional Housing Programs for justice involved trans women and GNC people:**

1                      2                      3                      4                      5  
Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

**56. Connecting with a community of other trans women and GNC people who were previously incarcerated has helped my re-entry experience:**

1                      2                      3                      4                      5  
Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

**57. There is a need for more culturally competent and linguistically appropriate services for justice involved trans women and GNC people:**

1                      2                      3                      4                      5  
Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

*Survey answers will be kept confidential*

**58. Is there anything else you would like to share about the challenges or barriers you faced when you were released from your last incarceration that hindered your successful reentry?**

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**Possible Focus Group Questions**

1. Tell me about your experience after being released.
2. The months or weeks before your release, what concerned you the most?
3. What resources might have made your transition easier that were not available to you?
4. Out of the resources you found after release, which ones have helped you stay out of prison/jail, and why? If no resources have helped you, what did?
5. How did you manage to navigate the process of reentry? Did someone help you, or did you go through it on your own? What gave you motivation to go through it?
6. What is important for me to know about getting connected to services during reentry?



## **SURVEY for JUSTICE INVOLVED Cis women who are on probation, parole, federal probation, or currently fighting a criminal case in San Francisco.**

### **Who Should Take this Survey?**

This survey is for cis women who are:

- On supervision with the San Francisco Adult Probation Department (formal probation, mandatory supervision, or post release community supervision)
- On parole in San Francisco
- On federal probation in San Francisco
- Formerly incarcerated in jail or in prison and released on or after 8/1/2016
- Contesting a criminal case in San Francisco (in custody or released on pretrial)
- On court probation in San Francisco

This survey takes about 10-15 minutes to complete. Thank you for taking the time to do this survey.

**Purpose of this Survey:** The Reentry Division of the San Francisco Adult Probation Department (SFAPD) and the Reentry Council's Women 1<sup>st</sup> Subcommittee are gathering information to improve services and outcomes for justice involved women in San Francisco. This is an anonymous survey and there is no need to provide any personal information. We are collecting demographic information in an attempt to identify if services or access to services are equitable and address the specific needs of a specific population. We'll tally the results and use them to make recommendations to the Reentry Council, public health, public safety and other human services stakeholders. **Your participation in this survey is greatly appreciated.**

This survey should take 10-15 minutes to complete.

**If you are taking this survey in jail, please tell us which Jail facility you are in.**

**Completing this survey is completely voluntary and your individual answers will be kept confidential and will not be connected to your name or email address if you choose to share your contact information.**

## **SCREENING QUESTIONS**

### **1. Describe your justice involvement: (Please check all that apply.)**

- Court Probation in San Francisco
- Currently contesting a criminal case in San Francisco
- Currently in SF County Jail
- Federal Probation in San Francisco
- Formerly Incarcerated and released on or after 8/1/2016
- State Parole in San Francisco
- Probation in San Francisco (San Francisco Adult Probation Department)
- None of the above **(If this is your answer, STOP here. Do not complete this survey.)**

***Survey answers will be kept confidential***

**2. Do you identify as:**

- Female (Cis)
- Male (If this is your answer, STOP here. Do not complete this survey.)
- Transgender Woman (If this is your answer, STOP here. Do not complete this survey.)
- Gender Nonconforming (If this is your answer, STOP here. Do not complete this survey.)
- Transgender Male (If this is your answer, STOP here. Do not complete this survey.)

**3. Are you a San Francisco resident?**

- Yes
- No (If this is your answer, STOP here. Do not complete this survey.)

**SURVEY for JUSTICE INVOLVED Cis women who are on probation, parole, federal probation, or currently fighting a criminal case in San Francisco.**

**DEMOGRAPHIC CHARACTERISTICS**

**4. Age: \_\_\_\_\_**

**5. Race/Ethnicity (Check all that apply.)**

- African American
- Asian (for example: Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, and Vietnamese)
- Hispanic/Latinx
- Native American/Alaskan Native
- Pacific Islander (for example: Guamanian, Pacific Islander, and Samoan)
- White/Caucasian
- Other, please specify: \_\_\_\_\_

**6. Highest Level of Education:**

- |                                                                          |                                                       |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Some High School or less                        | <input type="checkbox"/> Some College                 |
| <input type="checkbox"/> GED                                             | <input type="checkbox"/> Associate Degree             |
| <input type="checkbox"/> High School Diploma                             | <input type="checkbox"/> Bachelor Degree              |
| <input type="checkbox"/> Trade/Technical/Vocational Training/Certificate | <input type="checkbox"/> Post-Graduate Coursework     |
|                                                                          | <input type="checkbox"/> Other, please specify: _____ |

**7. Current employment status:**

- |                                             |                                                            |
|---------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Disabled/SSI/SSDI                 |
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Unemployed - Looking for work     |
| <input type="checkbox"/> Self-Employed      | <input type="checkbox"/> Unemployed - Not looking for work |
| <input type="checkbox"/> Student            | <input type="checkbox"/> Currently Incarcerated            |
| <input type="checkbox"/> Retired            |                                                            |

**8. Annual Income in 2021: \_\_\_\_\_**

## **CRIMINAL JUSTICE HISTORY**

9. How many times have you been arrested? \_\_\_\_\_

10. How many times have you been booked into jail? \_\_\_\_\_; or  Not applicable

11. How many times have you been to prison? \_\_\_\_\_; or  Not applicable

12. Total number of months spent in jail and/or prison (if less than 1 month, enter 001): \_\_\_\_\_  
(i.e., jail and prison)

13. What kind of charges have you been convicted of?

- |                                                                                            |                                                  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Property Crime (burglary, larceny, auto theft, shoplifting)       | <input type="checkbox"/> Drug related charges    |
| <input type="checkbox"/> Violent Crime (murder, attempted murder, robbery, threats)        | <input type="checkbox"/> Weapons related charges |
| <input type="checkbox"/> Fraud (ID theft, credit card theft, financial/white collar crime) | <input type="checkbox"/> Sex work-related        |
|                                                                                            | <input type="checkbox"/> Other: _____            |

14. Are you currently in the San Francisco County Jail?

- Yes (If your answer is YES, please go to #15)  
 No (If your answer is NO, please go to #16)

15. How long have you been in the San Francisco County Jail (months)? \_\_\_\_\_  
\*\*\*\*\*Please go to question 19 (skip #16 - #18)

16. How long was your last incarceration (months)? \_\_\_\_\_

17. Were you in jail or prison (referring to #16)?

- Jail  
 State or Federal Prison

18. Provide the name of the institution (referring to #16 and #17)? \_\_\_\_\_

19. Did you have a history of addiction, currently struggle with drug or alcohol use, or had someone told you that you have a problem with drugs or alcohol?

- Yes  
 No (If NO, SKIP to question #21)

20. How long have you been struggling with drugs or alcohol?

- |                                           |                                             |
|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 5+ to 10 years     |
| <input type="checkbox"/> 1 to 3 years     | <input type="checkbox"/> More than 10 years |
| <input type="checkbox"/> 3+ to 5 years    |                                             |

21. Did any of these factors lead to your incarceration? (Check all that apply)

- |                                               |                                                      |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Abusive relationship | <input type="checkbox"/> Committed crimes to survive |
| <input type="checkbox"/> Self defense         | <input type="checkbox"/> Mental health issues        |
| <input type="checkbox"/> Emotional abuse      | <input type="checkbox"/> Addiction/substance use     |
| <input type="checkbox"/> Victimization        | <input type="checkbox"/> Other: _____                |

***Survey answers will be kept confidential***

## **IN CUSTODY SERVICES**

**22. During your last incarceration, which services were available to you (If you are currently incarcerated in the San Francisco County jail please list services available to you)?**

- |                                                                           |                                                            |
|---------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Medical Care                      |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Mental Health Services            |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Mentoring                         |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Parenting Classes                 |
| <input type="checkbox"/> Employment Readiness/Preparation/Job Placement   | <input type="checkbox"/> Prosocial Activities              |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Religious/Spiritual Services      |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Self-Improvement Services/Classes |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Substance Abuse Treatment         |
| <input type="checkbox"/> Individual Counseling (Therapy)                  | <input type="checkbox"/> Support Groups                    |
| <input type="checkbox"/> Leisure and Recreational Activities              | <input type="checkbox"/> Vocational Training               |
|                                                                           | <input type="checkbox"/> Wellness Services                 |
|                                                                           | <input type="checkbox"/> Women's Specific Services         |
|                                                                           | <input type="checkbox"/> Women's Health Services           |
|                                                                           | <input type="checkbox"/> Other: _____                      |

**23. During your incarceration which services were most helpful to you (If you are currently incarcerated in the San Francisco County jail please list services available to you)?**

- |                                                                           |                                                            |
|---------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Medical Care                      |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Mental Health Services            |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Mentoring                         |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Parenting Classes                 |
| <input type="checkbox"/> Employment Readiness/Preparation/Job Placement   | <input type="checkbox"/> Prosocial Activities              |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Religious/Spiritual Services      |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Self-Improvement Services/Classes |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Substance Abuse Treatment         |
| <input type="checkbox"/> Individual Counseling (Therapy)                  | <input type="checkbox"/> Support Groups                    |
| <input type="checkbox"/> Leisure and Recreational Activities              | <input type="checkbox"/> Vocational Training               |
|                                                                           | <input type="checkbox"/> Wellness Services                 |
|                                                                           | <input type="checkbox"/> Women's Specific Services         |
|                                                                           | <input type="checkbox"/> Women's Health Services           |
|                                                                           | <input type="checkbox"/> Other: _____                      |

**24. Were there services not offered that would have been helpful to you while in custody?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

## **BEHAVIORAL HEALTH HISTORY**

**25. Have you ever been diagnosed by a medical or mental health professional with any of the following (before or during your last incarceration)? (Please check all that apply.)**

- |                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Major depressive disorder      | <input type="checkbox"/> Other Anxiety disorder         |
| <input type="checkbox"/> Bi-polar Disorder              | <input type="checkbox"/> Other, specify:                |
| <input type="checkbox"/> Schizophrenia disorder         | _____                                                   |
| <input type="checkbox"/> Other psychotic disorder       | <input type="checkbox"/> None (If this is your response |
| <input type="checkbox"/> Substance Use Disorder         | please go to #28)                                       |
| <input type="checkbox"/> Post-traumatic stress disorder |                                                         |

**26. Did you access behavioral health services for your responses to #23 during your last incarceration (If you are currently incarcerated in the San Francisco County jail please use this incarceration)?**

- Yes (If your answer is YES, please go to #27)  
 No (If your answer is NO, please go to #28)

**27. Which behavioral health diagnosis did you receive services for during your last incarceration (If you are currently incarcerated in the San Francisco County jail please use this incarceration)? (Please check all that apply.)**

- |                                                    |                                                         |
|----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Major depressive disorder | <input type="checkbox"/> Post-traumatic stress disorder |
| <input type="checkbox"/> Bi-polar Disorder         | <input type="checkbox"/> Other Anxiety disorder         |
| <input type="checkbox"/> Schizophrenia disorder    | <input type="checkbox"/> Other, specify:                |
| <input type="checkbox"/> Other psychotic disorder  | _____                                                   |
| <input type="checkbox"/> Substance Use Disorder    | <input type="checkbox"/> None                           |

## **MOTHERHOOD (If applicable)**

**28. Were you ever pregnant when taken into custody?**

- Yes (If your answer is YES, please go to #29)  
 No (If your answer is NO, please go to #30)

**29. During the incarceration when you were pregnant, were any of the following addressed? (Check all that apply.)**

- Prenatal and postnatal care  
 Education regarding childbirth and parenting  
 Preparation for mother's separation from infant after delivery  
 None of the above

**30. Have you ever been separated from your children when you were incarcerated?**

- Yes (If your answer is YES, please go to #31)  
 No, I did not have children at the time of my incarcerations (If your answer is NO, please go to #32)

**31. Which of the following, if any, worried you while incarcerated?**

- The wellbeing of my child/children  
 Separation from child/children  
 Mother-infant bonding  
 Termination of parental rights  
 None of the above

***Survey answers will be kept confidential***

## **REENTRY EXPERIENCE**

**For #32-#51 - If you are currently incarcerated in the San Francisco County jail please use your last reentry experience**

**32. What services are you currently accessing or have accessed since being released from your last incarceration?**

- |                                                                           |                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Mental Health Services                |
| <input type="checkbox"/> Access to Public Benefits                        | <input type="checkbox"/> Mentoring                             |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Outpatient Substance Abuse Treatment  |
| <input type="checkbox"/> Childcare                                        | <input type="checkbox"/> Parenting Classes                     |
| <input type="checkbox"/> Clothing                                         | <input type="checkbox"/> Prosocial Activities                  |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Religious/Spiritual Services          |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Residential Substance Abuse Treatment |
| <input type="checkbox"/> Emergency Housing                                | <input type="checkbox"/> Self-Improvement Services/Classes     |
| <input type="checkbox"/> Employment                                       | <input type="checkbox"/> Services for my children              |
| Readiness/Preparation/Job Placement                                       | <input type="checkbox"/> Shelter or Navigation Center          |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Substance Abuse Treatment             |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Support Groups                        |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Transitional Housing Program          |
| <input type="checkbox"/> Food                                             | <input type="checkbox"/> Vocational Training                   |
| <input type="checkbox"/> Health Insurance                                 | <input type="checkbox"/> Wellness Services                     |
| <input type="checkbox"/> Individual Counseling (Therapy)                  | <input type="checkbox"/> Women's Specific Services             |
| <input type="checkbox"/> Leisure and Recreational Activities              | <input type="checkbox"/> Women's Health Services               |
| <input type="checkbox"/> Medical Care                                     | <input type="checkbox"/> Other: _____                          |

**33. What services have you needed but are unable to access since being released from your last incarceration?**

- |                                                                           |                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 12 Step Programs (AA/NA/CA)                      | <input type="checkbox"/> Health Insurance                      |
| <input type="checkbox"/> Access to Public Benefits                        | <input type="checkbox"/> Individual Counseling (Therapy)       |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Leisure and Recreational Activities   |
| <input type="checkbox"/> Childcare                                        | <input type="checkbox"/> Medical Care                          |
| <input type="checkbox"/> Clothing                                         | <input type="checkbox"/> Mental Health Services                |
| <input type="checkbox"/> Cognitive Behavioral Interventions (Groups)      | <input type="checkbox"/> Mentoring                             |
| <input type="checkbox"/> Educational Services (GED, High School, College) | <input type="checkbox"/> Outpatient Substance Abuse Treatment  |
| <input type="checkbox"/> Emergency Housing                                | <input type="checkbox"/> Parenting Classes                     |
| <input type="checkbox"/> Employment                                       | <input type="checkbox"/> Prosocial Activities                  |
| Readiness/Preparation/Job Placement                                       | <input type="checkbox"/> Religious/Spiritual Services          |
| <input type="checkbox"/> Family Reunification Services                    | <input type="checkbox"/> Residential Substance Abuse Treatment |
| <input type="checkbox"/> Family Visits                                    | <input type="checkbox"/> Self-Improvement Services/Classes     |
| <input type="checkbox"/> Financial Literacy                               | <input type="checkbox"/> Services for my children              |
| <input type="checkbox"/> Food                                             | <input type="checkbox"/> Shelter or Navigation Center          |
|                                                                           | <input type="checkbox"/> Substance Abuse Treatment             |

***Survey answers will be kept confidential***

- Support Groups
- Transitional Housing Program
- Vocational Training
- Wellness Services

- Women's Specific Services
- Women's Health Services
- Other: \_\_\_\_\_

**34. What has kept you from accessing the needed services identified in #33? (Please check all that apply)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Unable to locate services</li> <li><input type="checkbox"/> Childcare needs prevent me from attending/utilizing</li> <li><input type="checkbox"/> Transportation challenges</li> <li><input type="checkbox"/> I do not meet eligibility for specific services</li> <li><input type="checkbox"/> Services only available when I am working</li> <li><input type="checkbox"/> Services only available when I am accessing other services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Services are not provided in my preferred language</li> <li><input type="checkbox"/> Service providers do not feel safe</li> <li><input type="checkbox"/> Unrealistic expectation in order to access services (Please describe below):<br/>_____</li> <li><input type="checkbox"/> Internal barriers (shame, stigma, embarrassment)</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**35. Please select reentry services that were easy for you to access after your last release:**

**(Please check all that apply.)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 12 Step Programs (AA/NA/CA)</li> <li><input type="checkbox"/> Access to Public Benefits</li> <li><input type="checkbox"/> Case Management</li> <li><input type="checkbox"/> Childcare</li> <li><input type="checkbox"/> Clothing</li> <li><input type="checkbox"/> Cognitive Behavioral Interventions (Groups)</li> <li><input type="checkbox"/> Educational Services (GED, High School, College)</li> <li><input type="checkbox"/> Emergency Housing</li> <li><input type="checkbox"/> Employment Readiness/Preparation/Job Placement</li> <li><input type="checkbox"/> Family Reunification Services</li> <li><input type="checkbox"/> Family Visits</li> <li><input type="checkbox"/> Financial Literacy</li> <li><input type="checkbox"/> Food</li> <li><input type="checkbox"/> Health Insurance</li> <li><input type="checkbox"/> Individual Counseling (Therapy)</li> <li><input type="checkbox"/> Leisure and Recreational Activities</li> <li><input type="checkbox"/> Medical Care</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Services</li> <li><input type="checkbox"/> Mentoring</li> <li><input type="checkbox"/> Outpatient Substance Abuse Treatment</li> <li><input type="checkbox"/> Parenting Classes</li> <li><input type="checkbox"/> Prosocial Activities</li> <li><input type="checkbox"/> Religious/Spiritual Services</li> <li><input type="checkbox"/> Residential Substance Abuse Treatment</li> <li><input type="checkbox"/> Self-Improvement Services/Classes</li> <li><input type="checkbox"/> Services for my children</li> <li><input type="checkbox"/> Shelter or Navigation Center</li> <li><input type="checkbox"/> Substance Abuse Treatment</li> <li><input type="checkbox"/> Support Groups</li> <li><input type="checkbox"/> Transitional Housing Program</li> <li><input type="checkbox"/> Vocational Training</li> <li><input type="checkbox"/> Wellness Services</li> <li><input type="checkbox"/> Women's Specific Services</li> <li><input type="checkbox"/> Women's Health Services</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

36. Were there services not offered that would have been helpful to your reentry?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

37. If needed, during your reentry, were you able to access a Family Reunification program? These are programs to reunite children with their mothers after Child Protective Services (CPS) involvement.

- Yes
- No
- I did not need reunification services

38. Did you have a reentry or post-release plan prior to your last release from jail or prison?

- Yes (If your answer is YES, please go to #39)
- No (If your answer is NO, please go to #40)

39. Please share details of your reentry or post-release plan.

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40. What essential documents did you need during your last reentry experience?

- |                                               |                                     |
|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Identification (ID)  | <input type="checkbox"/> Passport   |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Green card |
| <input type="checkbox"/> Driver's License     | <input type="checkbox"/> REAL ID    |
| <input type="checkbox"/> Birth Certificate    |                                     |

41. Were you able to acquire any of the documents from #40 during your last incarceration?

- Yes
- No

42. When you were released from your last incarceration, where did you go? (Please check all that apply.)

- |                                                                                  |                                                                                |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Homeless (Street, Shelter, Navigation Center, Car etc.) | <input type="checkbox"/> With Friend/Family Member                             |
| <input type="checkbox"/> Transitional Housing Program or Halfway House           | <input type="checkbox"/> Returned to Previous Residence Prior to Incarceration |
| <input type="checkbox"/> Substance Use Residential Treatment                     | <input type="checkbox"/> Other: _____                                          |

43. In the past 30 days, where have you been living most of the time?

- |                                                                                  |                                                                    |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> In custody (jail or prison)                             | <input type="checkbox"/> Substance Use Residential Treatment       |
| <input type="checkbox"/> Homeless (Street, Shelter, Navigation Center, Car etc.) | <input type="checkbox"/> With Friend/Family Member                 |
| <input type="checkbox"/> Transitional Housing Program or Halfway House           | <input type="checkbox"/> Medical facility (Hospital, Nursing Home) |

**Survey answers will be kept confidential**



- Rented Apartment/House/Room
- Permanent Supportive Housing  
(Income Based)

- Owned a Home
- Other: \_\_\_\_\_

**44. Do you currently have healthcare?**

- Yes
- No (If NO, please go to #47)

**45. What type of healthcare coverage do you have?**

**(Check all that apply.)**

- Medi-Cal
- Private Insurance
- Healthy San Francisco
- Unknown

**46. How long after being released from your last incarceration did it take you to obtain healthcare coverage from #45?**

- I had it when I released
- One month
- 2-4 months
- 6-8 months
- 8-12 months
- More than 12 months
- I had this healthcare coverage prior to my last incarceration and maintained it until my release

**47. Were you able to access healthcare that met your needs?**

- Yes
- No

**48. If you are employed, what difficulties, if any, did you have gaining employment? If you are not employed, what are some challenges you are facing in obtaining a job at the moment?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**49. Did you feel supported by your community when you were released?**

- Yes
- No

**50. What resources/services do you still need today?**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

***Survey answers will be kept confidential***

51. What services would be most helpful to my reentry?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**For questions 52 – 59, please provide your LEVEL OF AGREEMENT with the statements by putting an “X” on the appropriate circle.**

52. There is a need for a 24 /7 women’s gender responsive navigation center for justice involved women:

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. There is a need for formerly incarcerated Women’s Gender Responsive Reentry Peer Support Specialists:

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. There is a need for more Women’s Gender Responsive substance abuse services ranging from abstinence based treatment to harm reduction strategies:

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


55. There is a need for more family focused programs for justice involved women and children:

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Survey answers will be kept confidential*


**56. There is a need for more Transitional Housing Programs for justice involved women:**

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree




**57. Connecting with a community of other women who were previously incarcerated has helped my re-entry experience.**

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree



**58. There is a need for more culturally competent and linguistically appropriate services for justice involved women:**

1	2	3	4	5
Strongly Disagree		Neither Agree nor Disagree		Strongly Agree



**59. Is there anything else you would like to share about the challenges or barriers you faced when you were released from your last incarceration that hindered your successful reentry?**

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**Focus Group Questions**

1. Tell me about your experience after being released.
2. The months or weeks before your release, what concerned you the most?
3. What resources might have made your transition easier that were not available to you?
4. Out of the resources you found after release, which ones have helped you stay out of prison/jail, and why? If no resources have helped you, what did?
5. How did you manage to navigate the process of reentry? Did someone help you, or did you go through it on your own? What gave you motivation to go through it?
6. What is important for me to know about getting connected to services during reentry?

***Survey answers will be kept confidential***