

The Role of Faith-Based Organizations in Ex-Offender Reentry

Donnie W. Watson¹, Winnie Tsai¹, Victoria S. Chu¹, Eugene Williams III², Michele Mouttapa³, Aliya Asghar³, and Michael E. Shaw⁴

*Friends Research Institute, Torrance, California*¹, *Regional Congregations and Neighborhood Organizations, Los Angeles, California*², *California State University, Fullerton*³, *Alameda County Public Health Department, Oakland, California*⁴

Abstract

California is experiencing an unprecedented influx of recently released ex-offenders from the penal system. Nowhere is this public health burden felt more than in Alameda County, where 16,800 adult parolees reside. The public health impact of ex-offenders has potentially serious social, political, economic and health implications. Faith-based communities in Oakland are an untapped resource that can assist in reentry efforts for ex-offenders and their families. In 2008, the Alameda County Public Health Department (ACPHD) commissioned Regional Congregations and Neighborhood Organizations Training Center (RCNO) and its local affiliate, Bay Area Action Council (BAAC), to survey 50 Alameda County African American faith-based organizations. The purpose of this study was to obtain baseline information regarding the feasibility of utilizing faith-based community assets to develop new public health strategies. The results of this descriptive key informant study indicates that faith-based organizations in Oakland have the potential to establish partnerships to improve the public health and safety of residents returning from prison, their families, and the communities that receive them from prison. Our findings indicate that 13 (27.1%) of the 48 faith-based organizations in the study have transitional housing capacity. The resources available and the challenges of maximizing faith-based organizational capacity are presented.

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Introduction

The United States corrections system is in crisis. Currently there are 2.2 million people in prison and another 4.3 million formerly incarcerated people walking American streets (The Pew Center on Safety, Public Spending Report, 2008). Since 1980, the total corrections population has grown from 1.8 million people to almost seven million (TPCS, 2008). Six hundred fifty thousand residents return from prison to local communities each year. Prisons face various challenges; one includes being overcrowded with limited resources, making it difficult for the prisons to effectively prepare inmates for successful reintegration into the community after release (Urban Institute, 2008). Most return with little more than the

clothes on their back and a bus ticket. Drug dependence, unstable employment and housing, mental illness, and a variety of health problems are some of the everyday realities that a significant portion of this population faces. Since 80 percent of inmates serve sentences that are one month or less, jails have little time to address the deep-rooted and often related issues that affect their success and well-being upon their release into the community (Solomon, Osborne, LoBuglio, Mellow, & Mukamal, 2008). Tragically, more than half of released prisoners will return to prison within three years (PCS, 2008). The damaging cycle of removal and return of large numbers of young adults, mostly men, creates specific health needs and risks for returning prisoners, their families, and the community at large (Travis, 2002).

The Plight in California

Overcrowding and a lack of services are apparent in the California correctional system. In 2007, the California Department of Corrections and Rehabilitation (CDCR) was housing 172,385 people in facilities designed to hold only 100,000 people; more than 18,000 of those prisoners were in spaces designed for programming and other activities (CDCR, 2007). Judge Thelton Henderson placed California's prison medical care system under federal receivership in June 2005 for violations of the Eighth and Fourteenth Amendments of the U.S. Constitution, that forbid cruel and unusual punishment (Sillen, 2007). Judge Henderson noted that one person dies needlessly every week from inadequate care. California's parole violation rate is three times the national average. The Little Hoover Commission (2003) found that "California's parole policies are simply out of sync with the rest of the nation. The bottom line: California's correctional system costs more than it should, and does not provide the public safety that it should."

Alameda County is home to more than 16,800 adult parolees (Alameda County Re-entry Health Task Force [ACRHTF], 2008). The East Oakland, West Oakland and Hayward communities receive almost 60% of these residents. Alameda County was ranked 12th nationally by the U.S. Department of Justice among the Top 50 counties overrepresented by recently released offenders. The ACRHTF reports that nearly all of them are male (91%) and under the age of 50 (97%). The majority (84%) are people of color, with African Americans comprising the largest ethnic group (67%). The ACPHD's Urban Male Health Initiative recognizes that these residents can be a blessing or a burden to the families and communities that receive them from prison. Healthy parolees can fortify fragile families and resurrect their communities socially, politically and economically. These same men and women bring with them unbearable burdens if their families, communities and government agencies ignore the potential public health challenges they pose.

Why Consider Faith-Based Organizations?

No single organization or political leader is held responsible or accountable for increasing successful reentry (Solomon et al., 2008). However, African American faith-based organizations in Alameda County have stepped up to the plate, as they are initial reentry points for many residents returning from prison. For decades, African American faith-based organizations have played a significant role in reintegrating residents returning from prison, reducing homelessness, and reducing drug and alcohol dependency. Faith-based organizations are heavily concentrated in the low-income neighborhoods where large numbers of parolees reside. They have the capacity to provide significant support for parolees who experience health problems. Since faith-based organizations draw upon traditions that foster forgiveness, a sense of community, and faith in a higher power, they are an ideal venue for recently released prisoners to seek assistance with social, emotional, and health-related challenges. Furthermore, faith-based organizations foster a "productive" life, giving up one's prior life of crime and incarceration (McRoberts, 2002).

The Present Study

The ACPHD commissioned RCNO and BAAC to conduct a survey of African American faith-based organizations in East Oakland, West Oakland and Hayward. The intention of the key informant survey was to provide the county with baseline information on faith-based community efforts to reintegrate residents returning from prison. Ultimately, the Public Health Department will use the survey results to establish partnerships to improve the public health and safety of residents returning from prison, their families and the communities that receive them from prison.

RCNO is a community organizing and public policy intermediary that strengthens and connects congregations and community organizations throughout the United States. Small- to mid-sized congregations and community organizations are RCNO's priority.

RCNO Training Center specifically focuses on building the capacity of clergy, laity, and community leaders to participate in public life through structured community organizing campaigns and public policy initiatives. RCNO's work produces informed leaders that promote community driven solutions to pressing problems, expanding the public square, and fortifying communities. Over 95 percent of RCNO's constituents reported little or no involvement in public life prior to their RCNO participation. RCNO affiliated groups have gained national recognition in criminal justice reform, banking reinvestment, environmental justice, and economic development. Leadership training, community organizing, empowerment, innovative programs, and faith are at the core of the RCNO approach to community building and uplift.

Methods

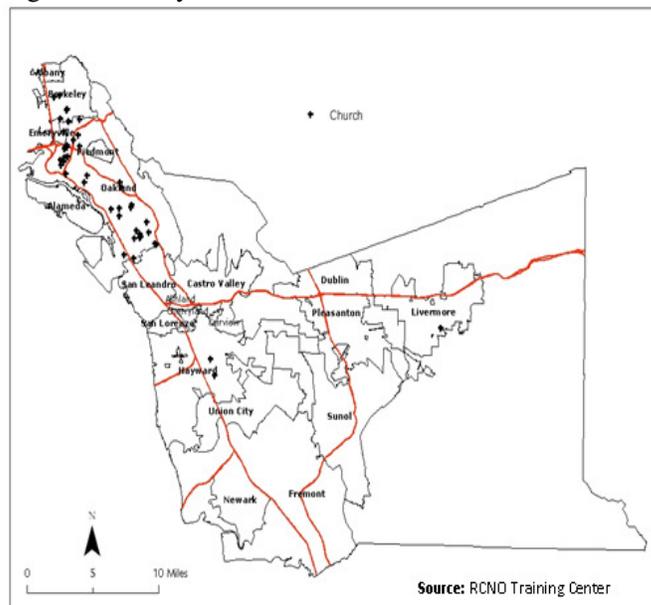
Participants

Fifty Alameda County African American faith-based organizations were surveyed. Twenty four months prior to the study, faith leaders organized under the banner of the BAAC. BAAC is a network of 20 African American congregations located primarily in East Oakland, West Oakland and Hayward. BAAC's organizing activities support policies to increase state funding for public health services and other costs associated with reintegration. Two of their notable accomplishments were the following: (a) Faith leaders spearheaded the formation of the ACRHTF. The task force developed a set of policy recommendations to increase public health services to recently released residents. (b) More than 200 members of BAAC attended an Alameda County Board of Supervisors' meeting on March 11, 2008 to support a resolution sponsored by Supervisor Keith Carson. The resolution called for additional state funding for reintegration before Alameda County would consider allowing proposed state run, community correctional facilities to be constructed in the county.

Recruitment

The BAAC was instrumental in implementing the study. The Executive Director of BAAC (during a regularly scheduled meeting) presented the opportunity to organization members, who either: (a) had ministries that worked with reentry or (b) were interested in working with ex-offenders, to participate in the survey. The lead pastor of each interested member organization, or his/her designate who was familiar with the social service ministries of the institution, were identified as the most informed person to complete the survey. Hence, the person interviewed could be the lead pastor, the associate pastor, paid lay staff, administrative staff, or volunteers who played a prominent role in church functions. The most important criterion was that the interviewee was very familiar with the organizational structure of the social service ministries of the member church. A total of 50 individuals who met the criteria for "key informant" agreed to participate and completed the survey. The geographic area that was targeted in this study is presented in Figure 1.

Figure 1. Survey Area



Measures and Procedures

The study consisted of a brief survey comprised of dichotomous and forced choice questions that were generated from informal focus groups, selected by BAAC members, and informed by academic researchers. They were intended to measure the characteristics of faith-based organizations with whom the key informant was affiliated. The questions assessed the following characteristics: (a) congregational membership, (b) annual congregational revenues, (c) human capital, (d) paid staff and volunteers, (e) issues of concern, (f) health issues, (g) public policy activities, (h) partnership receptivity, (i) transitional housing capacity, and (j) vision implementation changes.

Once a convenience sample list was comprised, potential participants were interviewed using a one-on-one in-person format. Participants provided informed verbal consent immediately prior to interview. The two interviewers who implemented the study were trained by RCNO staff. Two congregations declined to have their results included in the results; the key informants representing these organizations requested this for fear of appearing on a government list. This underscores a general sense of mistrust of some faith leaders towards government regulations and the extent to which these regulations may interfere with their ministry focus. Hence, this study presents data on 48 of the 50 participants who were interviewed.

Analyses

Since this study was a preliminary exploration of faith-based organizational capacity, and the sample size was small ($N = 50$), the analyses were entirely descriptive in nature and consisted of percentages for every response option for each question.

Results

Frequencies and percentages for each of the survey questions are presented below.

Size of Congregational Membership

The African American faith-based organizations represented in this study varied in

congregational size. Of the 48 congregations surveyed, 5 of them (10.4%) had memberships of 0–99 people, 14 (29.2%) had 100–199 people, 6 (12.5%) had 200–299 people, 4 (8.3%) had 300–399 people, 4 (8.3%) had 400–499 people, 5 (10.4%) had 600–699 people, and 6 (12.5%) had 1000 or more people. Three key informants (6.3%) did not answer this question.

Annual Congregational Revenues

Annual congregational revenues were as diverse as congregational membership. Two (4.2%) reported annual revenues of \$25,000 or less, 5 (10.4%) reported \$25,000–\$50,000, 6 (12.5%) reported \$50,000–\$100,000, 21 (43.8%) reported \$101,001–\$500,000, and 9 (18.8%) reported annual budgets in excess of \$500,000. Five key informants (10.4%) did not answer this question.

Human Capital

The faith-based organizations in this study possessed a variety of human capital assets. Twenty key informants (41.7%) reported having congregation members with a range of skills from administration, human resources, construction and other blue-collar professions. Fifteen (31.3%) had members with business expertise; 13 (27.1%) had educators in their congregation; 12 (25%) had government employees and 11 (22.9%) had healthcare professionals. Hence, a substantial amount of untapped human capital may be leveraged to serve residents returning from prison.

Paid Staff and Volunteers

Organizations relied on both paid and volunteer staff to implement administrative and ministry functions. Thirty two of them (66.7%) had 1–10 staff; 6 (12.5%) had 11–20 staff, and two (4.2%) had 21 or more staff. Volunteer participation indicates ownership and belief in a congregation's mission. Fifteen (31.3%) of the organizations had 1–10 volunteers, 10 (20.8%) had 11–20 volunteers and 6 (12.5%) had 100 or more volunteers.

Issues of Concern

Key informants were asked about their main concerns; they identified issues that are interconnected with reducing pathways to prison

and reintegrating residents returning from prison. The top issues were substance abuse (12; 25%), housing (11; 22.9%), education (10; 20.8%) and crime (8; 16.7%). These findings indicate a potential to expand these congregations' involvement into prevention efforts such as school reform, mentoring children of the incarcerated, literacy intervention and creating safe places for children to play.

Health Issues

The majority (40; 83.3%) of the key informants indicated that their organizations currently address health issues in one form or another. Fifteen (31.3%) addressed health through health fairs and also reported that they address health through education programs. These findings affirm exciting opportunities for partnerships between the local public health department and faith-based organizations in the target areas. Partnerships aimed at reducing health disparities are particularly promising. Eleven (22.9%) of the key informants acknowledged that their congregations provides education on diabetes; 8 (16.7%) address HIV/AIDS; 7 (14.6%) provide cancer education; 4 (8.3%) address obesity reduction; 3 (6.3%) address hypertension and 3 (6.3%) address mental illness.

Public Policy Activities

Slightly over one half (27; 56.3%) of faith-based organizations surveyed reported that their congregation participates in social justice or social outreach ministries. This presents the ACPHD with a tremendous opportunity. Faith-based groups can be cultivated to support county led public policy efforts to secure additional state resources to support the public health and public safety costs associated with reintegrating residents returning from prison.

Partnership Receptivity

Thirty four (70.8%) of the surveyed organizations have partnered with other faith-based organizations to address common community concerns. However, only 14 (29.2%) pursued or considered pursuing government partnerships to achieve solutions to community concerns. RCNO interviewers probed key informants about their reluctance to partner with government. Three themes emerged: (a) Faith

leaders were reluctant to partner with government because of a fear of getting away from their mission because of government regulations, (b) Faith leaders did not have sufficient knowledge of public systems to build effective partnerships with government, and (c) faith-based housing providers were concerned about potential penalties for noncompliance with government regulations.

Transitional Housing Capacity

Out of 48 faith-based organizations in the study, 13 (27.1%) have transitional housing capacity. However, none of them receive any public funding for their beds; rather, membership donations and some fees for service supported housing costs. The mean number of beds was 30.5 (SD = 21.9). The total number of beds was 396.

Vision Implementation Challenges

Faith leaders were asked to identify the greatest challenges to realizing their vision. Twenty four (50%) cited a lack of funding, 16 (33.3%) were hindered by a lack of paid staff, 11 (22.9%) had inadequate space/facilities, 10 (20.8%) cited a lack of leadership and 4 (8.3%) indicated a lack of volunteers.

Some General Comments

Generally, faith-based leaders developed their specific reintegration focus in response to a need within their local congregation or parish. Over time expansion occurred because of an increased need. One key informant, a faith leader of the BAAC, described his congregation's journey into the temporary housing field:

One of my members had a drug problem. He went to prison. After he got out his mother asked me to see what I could do to help him. She did not want him going back to drugs and the streets. One of my members donated a house to the church after his mother died. We prayed about it and the church decided to open a recovery home. We paid the bills through collections. The young man got a social security check to help pay for some of the cost. Over time more people needed a place to stay.

Several years later we have 3 houses and 12 beds.

Another faith leader described his reluctance to show interviewees where his houses were for fear of being cited by the city for code violations:

I have 12 houses. My church does this out of a sense of ministry. We cannot in good conscious see people on the street and not help them. One of my houses was recently shut down because the city said that I was cohabiting men and women without enough bathrooms. I was forced to shut down another house when neighbors started complaining that there were strange men and women going in and out of the house. It is sad. If we don't house these people they will be in the street. They might even be knocking some of these same neighbors in the head in order to get enough money to eat. What am I suppose to do? Leave them in the street or house them? Our church has chosen to house them.

Discussion

In the absence of a unified voice from county officials and community residents, state legislators are ignorant about local concerns. Uninformed legislation ignores the actual public health and safety implications of reintegrating returning residents back into local communities. Counties are left to pay for the healthcare, housing, drug and alcohol abuse treatment and social service needs of returning residents. Communities are left to use sweat equity and limited resources to mitigate the impact of returning residents. County residents get billed for the bonds to fix the state's political challenges. Public health and safety suffers.

It is clear from examining faith-based organizations in East Oakland, West Oakland and Hayward that Alameda County has several untapped resources at its disposal. Faith-based organizations provide housing, social services, job training, health education and counseling. These services presently function outside of the

county's human service delivery system (PCS, 2008).

It is also clear that Alameda County must dedicate time, effort and resources to enhance these organizations' capacity to participate in the county efforts to successfully reintegrate residents returning from prison. Congruent self-interests make partnership opportunities attractive. Realizing effective partnership opportunities will present challenges. For example, county government and faith organizations have different operating cultures. Nomenclature is different. For example, faith-based groups refer to their efforts as ministry. County government refer these same efforts as units of service. This is not simply a subtle difference in terminology. Despite the challenges, Alameda County has an excellent opportunity and a viable means to improve the public health and safety of its citizens by investing in long term partnerships with faith-based organizations in these communities. The following are strategies that we recommend based upon the results of this study.

Strategy Recommendations

1. Strengthen faith-based housing providers' capacity to compete for housing contracts - Faith-based organizations self-reported a total of 396 transitional housing beds. These beds are a tremendous potential resource for Alameda County's reintegration efforts. Faith leaders expressed a reluctance to seek public funding for their beds because of compliance challenges. Compliance challenges can be addressed over time through capacity building and county technical assistance.

- Partner with faith-based groups to bring housing units into compliance. An agreement of trust and confidentiality should be developed prior to inventorying the housing units. Faith leaders must have full confidence that their transparency will not result in code inspectors citing their facilities after they allow public agencies access to their inventory.

- Develop a series of workshops to familiarize faith-based groups with the process and criteria for awarding housing contracts for reentry related services at the state, county and

city levels. Distinguish regulations based on type of housing (e.g. sober living, independent living, and drug treatment).

- Establish a mini-grant program to enable faith groups to participate in housing programs. Begin with small contracts and increase incrementally as faith-based groups demonstrate competency.

2. Strengthen faith-based providers' capacity to provide health education - Thirty one percent of faith-based organizations reported that their institutions provide health education. Health education is essential to the health and well being of residents returning from prison and their families.

- Establish clusters of faith-based, health education partnerships in each target area. Individual faith-based groups should become proficient at one or more health topics. Chronic and communicable disease topics should be covered. Education classes should be offered to residents returning from prison. This strategy could prove extremely helpful by providing small to mid-size faith-based organizations opportunity to participate in meaningful reintegration efforts.

- Offer education classes to members of faith-based institutions. This adds value to reintegration efforts.

3. Medical advocacy on behalf of residents returning from prison - Residents returning from prison face a difficult time negotiating barriers to public health services. Faith leaders can help mitigate barriers by providing advocacy for residents returning from prison.

- Develop faith-based organizations' capacity to maintain referral systems for public health services.

- Teach faith-based leaders to coach and encourage residents returning from prison to keep appointments for aftercare. Where appropriate, infuse advocacy strategies to ensure public systems are accountable to the health needs of the formerly incarcerated.

- Faith leaders should undertake a campaign to establish Memorandums of Understanding with low/no cost healthcare providers to augment public health services.

4. Establish a "single point of entry" for health screenings and categorical funding eligibility - Transportation is a significant barrier for recently released residents. If a re-entrant has to travel to several different locations for screening, categorical funding eligibility and services, the impact can feel punitive.

- Develop a central location for screenings, determination of categorical funding eligibility and social service referrals in each target community. Healthy Oakland, a faith-based health services provider in West Oakland, could serve as a model.

- Encourage public health and public safety stakeholders to reinforce the value of single point of entry centers by locating appropriate information on services and support for residents returning from prison (e.g. job postings, educational opportunities).

5. Public policy support group - Faith-based interventions are a two-sided coin. One side is compassion. The other is justice. Informed faith constituencies can become effective partners in creating more reintegration friendly policies.

- Seek private foundation and corporate funding to support non-partisan, faith-based public policy efforts to increase state and federal funding for reintegration efforts.

- Establish quarterly public policy briefings to keep faith leaders informed about pending public policy proposals that impact Alameda County.

National responses to reintegrating returning residents are overwhelmingly program responses. Few governmental agencies, faith-based organizations or community groups make balanced investments in public policy and programs. This imbalance hinders comprehensive reintegration efforts. Two examples illustrate this point: (a) In April 2007 the California Legislature passed AB 900, which allocates \$7.9 billion for new prison construction and only \$50 million for reintegration assistance, (b) The California Legislature is currently considering \$7 billion to fix the CDCR's healthcare system. Legislative deliberations have

not considered allocations for California's counties, which are a vital link in delivering medical care to residents returning from prison.

Conclusion

The ACPHD has taken innovative steps to successfully reintegrate residents returning from prison. One step is to measure the capacity of its faith community to support reintegration efforts. Survey results identified a wealth of untapped housing and social service resources that can be employed in reintegration and recidivism reduction efforts. Three hundred ninety six transitional housing beds and multiple social services were identified. These critically important resources operate largely outside the county's human service delivery system.

A dismantled federal safety net, a crumbling economy and burgeoning prison rolls motivate public sector stakeholders to seek assistance from the faith community. For decades, African American faith-based organizations have played a significant role in reintegrating residents returning from prison, reducing homelessness, and reducing drug and alcohol dependency. Mission and compassion have been the faith community's primary motivation. The general public is largely unaware of the faith community's efforts.

Public and philanthropic investment in faith-based capacity building is essential to Alameda County's long-term reintegration efforts. Transitional housing administration and compliance, drug and alcohol program regulations, and social service delivery each require particular skill sets. Alameda County's faith-based organizations have the human capital to contribute. However, its human capital must be properly nurtured. Nurturing requires capacity building investment.

Fiscal accountability and program compliance regulations can inhibit faith-based organizations from equitable participation in publicly funded reintegration, housing and program opportunities. Fiscal systems are a potential barrier identified in the survey. Equally important, however, is a need for faith-based groups to properly price a unit of service. A

majority of the groups surveyed support their programs through donations from church membership. There is a huge disparity between unit costs for private, ministry run programs and unit costs for administering public sector programs. This disparity leaves room for faith-based organizations to under-bid service units when public funding opportunities arise. Fiscal lapses from devaluing actual service unit costs hamper program compliance and reintegration. Long-term public safety suffers.

Equity will be a determining factor in the ultimate success of partnerships between Alameda County and its faith-based partners. County government recognizes its need for capacity building resources in any new initiative it launches. Sufficient time and resources are dedicated to staff development, administration and compliance. This same thinking must guide Alameda County's effort to partner with its faith-based organizations. Too often faith-based organizations' capacity building needs are viewed as a sign of institutional weakness by governmental agencies. Consequently, all but a few receive sufficient time and resources to ensure meaningful participation in publicly funded service delivery. Alameda County must properly diagnose faith-based capacity building needs as a cost of doing business rather than a sign of institutional weakness. Proper diagnosis will help determine the ultimate success of reintegration and public safety outcomes.

Congruent public health and public safety interests make partnership opportunities between Alameda County and its faith-based organizations attractive. Congruency is not unanimity. Public sector efforts to partner with faith-based organizations are driven by public health, public safety and cost containment concerns. Faith-based organizations are driven by public health, public safety and compassion. Cost containment and compassion are not the same. Alameda County public health and public safety officials and faith-based organizations must clarify their respective roles, responsibilities and intended outcomes as a prerequisite for partnership. Mutual respect cements congruency.

Communities receiving large numbers of returning residents expect faith-based organizations to respond. Faith-based organizations cannot continue to respond effectively without public investment. Comprehensive capacity building increases the capability of a faith-based response. Successful reintegration and long term public safety are enhanced.

Alameda County has a unique opportunity to harness the power and social capital of its faith leaders to bolster reintegration efforts. Survey results clearly indicate that faith leaders are making substantial housing and program investments to support reintegrating residents returning from prison. Further evidence indicates that faith leaders are also making substantial investments in public policy formation to support reintegration efforts.

Alameda County's survey outcomes are a huge first step in building model partnerships with its faith-based community. If county decision makers invest time, resources and energy into faith-based capacity building to support reintegration and recidivism reduction, public health and public safety will be enhanced for its citizenry. In closing, this article represents the importance of community participatory action research. It demonstrates the viability of this type of community-driven grass roots project to impact public policy. By definition, the project described is a departure from "traditional

research" but is equally important in that it highlights crucial issues and nontraditional solutions to serious public health concerns regarding ex-offender reentry.

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Author Information

Donnie W. Watson, PhD*
UCLA Integrated Substance Abuse Program
Senior Research Scientist, Friends Research Institute,
Torrance, California
1001 West Carson Street, Suite S
Torrance, California 90502
Phone: (310)224-4670
Fax: (310)782-9140
E-mail: watsondonnie@aol.com

Winnie Tsai, BS
Friends Research Institute, Torrance, California

Victoria S. Chu, BA
Friends Research Institute, Torrance, California

Reverend Eugene Williams III
Regional Congregations and Neighborhood Organizations
Los Angeles, California

Michele Mouttapa, PhD
California State University, Fullerton

Aliya Asghar, BS
California State University, Fullerton

Michael E. Shaw, BS
Alameda County Public Health Department
Oakland, California

* corresponding author