



SAN DIEGO COUNTY'S ALTERNATIVES TO INCARCERATION STAKEHOLDER SURVEY

The County of San Diego has contracted with the San Diego Association of Governments (SANDAG) to gather people's thoughts on public safety in the region. The information you share will be used to better understand the needs surrounding incarceration and reentry, as well as the public safety system in the region. This survey will take about 15-20 minutes to complete. Please know that all your answers will be kept confidential and will not be used to identify you in any way. Thank you for your honest feedback. If you have any questions about this survey, please email ATISStudy@sandag.org or call (619) 595-1320.

Section A: The following section asks about your experience with and thoughts about crime and public safety in San Diego County.

A1. Being the victim of a crime can be traumatic. Can you please share if you have personally been the victim of a crime in the past 3 years? (Select one)

Yes No (skip to Question A2)

A1a. If yes, can you please share what type(s) of crime? (Check all that apply)

Violent (e.g., rape, robbery, assault)

Property (e.g., burglary, theft)

Other (please specify) _____

A2. Have any of your immediate family members been a victim of crime in the past 3 years? (Select one)

Yes No (skip to Question A3)

A2a. If yes, can you please share what type(s) of crime? (Check all that apply)

Violent (e.g., rape, robbery, assault)

Property (e.g., burglary, theft)

Other (please specify) _____

A3. Over the past 3 years (April 2019 to present), do you think crime in your neighborhood has increased, decreased, or stayed about the same? (Select one)

Increased

Decreased

Stayed about the same

Don't know/no opinion

A4. Over the past 3 years (April 2019 to present), do you think crime in San Diego County has increased, decreased, or stayed about the same? (Select one)

Increased

Decreased

Stayed about the same

Don't know/no opinion

A5. How concerned are you with the following in your community? (Check one rating for each category)

	Very concerned	Somewhat concerned	Not concerned	Don't know/No opinion
Violent crime				
Property crime				
The number of homeless individuals				
The availability of mental health services				
Illegal use of guns				
Illegal drug use				
Over policing				
Not enough policing				
Unequal/unfair treatment in the justice system				
Other (Please describe)				

A6. Below is a list of statements about the public safety system in San Diego County. Please indicate the extent to which you agree or disagree with each. (Check one rating for each category)

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
1. The current system is effective at maintaining public safety					
2. The current system keeps individuals from reentering into the criminal justice system					
3. The current system is effective at providing justice to victims					
4. The current system treats everyone with fairness and equity					
5. The current system rehabilitates nonviolent people and prepares them for reentry to society					
6. More emphasis should be placed on funding services for individuals in the community with justice system contact, rather than putting them in jail					

A7. What changes do you think need to be made to improve public safety in the San Diego region? (Please rank order these from 1 to 6 where 1 is “most important” and 6 is “least important”. Please use each rank only once.)

- _____ Make laws more strict
- _____ Provide more services in the community
- _____ Focus more on prevention
- _____ Address the issue of homelessness
- _____ Ensure equitable treatment
- _____ Focus more on de-escalation of situations and alternatives to police responding to some calls for service

SECTION B: The following section asks about your experiences during and after incarceration. Remember that this information is voluntary and will remain anonymous.

B1. Have you ever been incarcerated as an adult? (Select one)

Yes

No (skip to Question B10)

B1a. What was the approximate date you were released from your most recent incarceration?

___/___/_____
MM DD YYYY

B2. At the time of your most recent incarceration, please rate how great of a need you had for each of the following. (Check one rating for each category)

	Significant need	Somewhat of a need	Not a need	Not sure
Employment assistance				
Education services				
Housing navigation				
Substance abuse treatment				
Mental health treatment				
Medical health care				
Transportation assistance				
Help paying for basic necessities (e.g., food)				
Anger management therapy				
Mentorship from someone with similar experiences				
Obtaining documentation (e.g., driver's license, birth certificate)				
Other (Please specify) _____ _____				

B3. Please indicate if you received any services related to each of these needs either when you were in custody, in the community, or at both times. (Check one rating for each category)

	Received in custody	Received in community	Received in custody and in the community	Did not receive
Employment assistance				
Education services				
Housing navigation				
Substance abuse treatment				
Mental health treatment				
Medical health care				
Transportation assistance				
Help paying for basic necessities (e.g., food)				
Anger management therapy				
Mentorship from someone with similar experiences				
Obtaining documentation (e.g., driver's license, birth certificate)				
Other (Please specify) _____ _____				

B4. How helpful were the services you received overall? (Check one rating for each category)

	Very helpful	Somewhat helpful	Not very helpful	Did not receive
Employment assistance				
Education services				
Housing navigation				
Substance abuse treatment				
Mental health treatment				
Medical health care				
Transportation assistance				
Help paying for basic necessities (e.g., food)				
Anger management therapy				
Mentorship from someone with similar experiences				
Obtaining documentation (e.g., driver's license, birth certificate)				
Other (Please specify) _____ _____				

B5. If you sought services in the community, were there any barriers that made it hard to get them? (Select one)

- Yes
No (skip to Question B6)
N/A – did not seek or need any services (skip to Question B6)
Don't know/no opinion (skip to Question B6)

B5a. What were the barriers to receiving services? (Select all that apply)

- Not easy to get to
Too expensive/costly
Too hard to find out about what services were available
Too hard to enroll
The timing or availability didn't work for me
Didn't feel like it was a fit for who I am
Restrictions for who they would accept
Waiting list too long
Other (Please describe) _____

B6. Did incarceration have any impact on your employment or your ability to get a job? (Select one)

- Very much
Somewhat
Not much/No (skip to Question B7)
N/A – not employed or looking for a job (skip to Question B7)

B6A. If yes, how? (Check all that apply)

- Lost job because I couldn't work
Employers would not hire me
Lost clearances or qualifications
Other (Please describe) _____

B7. Did incarceration have an impact on your mental health? (Select one)

- Very much
- Somewhat
- Not much/No (skip to Question B8)
- Don't know (skip to Question B8)

B7a. In what way(s) do you think your incarceration affected your mental health?

B8. Did your incarceration have an impact on your family? (Select one)

- Very much
- Somewhat
- Not much/No (skip to Question B9)
- Don't know (skip to Question B9)

**B8a. In what way(s) do you think your incarceration affected your family?
(Check all that apply)**

- Financially hurt them
- Hurt relationship with spouse/partner
- Hurt relationship with children
- Other (please describe) _____

B9. If you feel like you have successfully reentered the community after incarceration, what made your reentry successful? (Check all that apply)

- I was ready to make the change myself
- I received services in custody that were helpful (Please describe) _____
- I received services in the community that were helpful (Please describe) _____
- I had a mentor or someone that helped me
- Something negative would happen if I didn't (Please describe) _____
- Other (Please describe) _____
- N/A – Don't feel like I've reentered successfully yet

B10. Has anyone in your family ever been incarcerated as an adult? (Select one)

- Yes
- No (skip to Section C)
- Don't know (skip to Section C)

B11. Do you think any of these individuals had any of the following needs that contributed to their justice system involvement that could have been addressed with services in the community prior to incarceration? (Check all that apply)

- Substance use
- Mental health
- Education/employment
- Housing instability
- Other (please describe) _____
- No underlying needs I know of

SECTION C: The following section asks for basic demographic information. Answering these questions is completely voluntary, and any information collected from these or any other questions on the survey will remain anonymous.

C1. Are you a current resident of San Diego County? (Select one)

Yes No

C2. What is the primary language spoken in your household? (Select one)

English
Spanish
English and Spanish equally
Other (Specify) _____

C3. What is your gender? (Select one)

Male
Female
Non-binary
Other (Specify) _____

C4. Do you identify as Hispanic/Latino/Latina? (Select one)

Yes No

C5. What is your race? (Select one)

White/Caucasian
Black/African-American
Asian/Pacific Islander
American Indian
Other (Specify) _____

C6. What year were you born? ____ ____ ____ ____

C7. What is the highest level of education you have completed? (Select one)

12th grade (high school diploma)
GED or alternative credential
Vocational certificate, no college
Some college but no degree
Associate's degree (e.g., AA, AS)
Bachelor's degree (e.g., BA, BS)
Master's degree or higher
(e.g., MA, MS, Ph.D., MD)
No degree – what is the last grade that was completed in school?

C8. What is the ZIP code of where you currently live?

C9. Do you currently or have you ever served in the U.S. military? (Select one)

Yes No

C10. Do you have a disability? (A person is considered to have a disability if they have a physical or mental impairment or medical condition that substantially limits major life activity, or if they have a history or record of such an impairment or medical condition.) (Select one)

Yes No

Do you have any final comments to share?

Please return this survey by May 27, 2022 to
SANDAG ATI Study
401 B Street, Suite 800, San Diego, CA 92101-4231

THANK YOU!