Article

Feminist Criminology
2023, Vol. 18(5) 406–434

DOI: 10.1177/15570851231194662
journals.sagepub.com/home/fcx
Sage

A Randomized Controlled Trial of Community Health Specialists Within Gender-Responsive Probation Supervision

Emily J. Salisbury[1], Linsey A. Belisle[2], Mariah Cowell Mercier[1], and Kort Prince[1]

Abstract

A randomized controlled trial was conducted to assess the experiences of women probationers engaged in gender-responsive supervision with community health supports versus 'gender-responsive supervision as usual.' Treatment group participants engaged in a new supervision model in a large metropolitan county in a Western state which was created to improve their specific responsivity needs and public health supports. The Women's Reentry Assessment, Programming, and Services (WRAPS) model included enhanced wraparound, gender-responsive, and trauma-informed supervision that incorporated Community Health Specialists (CHSs) working alongside probation officers. Although the WRAPS intervention did not reduce recidivism relative to the control group, there is evidence that gender-responsive probation supervision does reduce recidivism overall when compared to baseline. Findings from interview data indicate strong support for gender-responsive probation in general and the WRAPS model in particular. Clients and staff viewed the CHS role as highly impactful in addressing women's specific responsivity needs and supporting women's success. Recommendations surrounding gender-responsive probation and integration of public health staff are discussed.

[1]Utah Criminal Justice Center, University of Utah, Salt Lake City, UT, USA
[2]Department of Criminal Justice, Boise State University, Boise, ID, USA

Corresponding Author:
Emily J. Salisbury, UCJC, College of Social Work, University of Utah, 395 1500 E, Salt Lake City, UT 84112, USA.
Email: emily.salisbury@utah.edu

Keywords
community corrections, gender-responsive probation, women, Women's reentry, probation, community health

Significant reform efforts are underway to rein in mass probation as a form of social control (Harding et al., 2022; Phelps, 2020). Some even call for the outright abolition of community supervision as it is currently implemented, arguing its focus on control and surveillance has neither diversionary nor rehabilitative effects (Harding et al., 2022; Lopoo et al., 2023). These are notable ideas in the discourse of reimagining carceral systems. However, probation as a practice is not likely to be abandoned in the near future, and evidence does point towards supervision resulting in lower levels of recidivism when staff are trained on evidence based practices (Labrecque et al., 2022). Nevertheless, there is a strong argument that traditional supervision strategies need to be reconceptualized; gender-responsive probation is one such model.

Similar to the significant increase in the number of women incarcerated in the U.S., the number of women under community supervision has doubled since the early 1990s (Pew Charitable Trusts, 2018). Women account for approximately one-quarter of the 3.9 million adults under supervision in the U.S. (Kaeble, 2021), and probation includes the largest proportion of women under the control of the U.S. legal system (Morash & Hoskins, 2022). The exponential growth of women in the system has not resulted in a similar exponential growth in the study of women among criminal justice researchers. However, there has been significant inquiry in several areas. What has been demonstrated is compelling evidence for gender-responsive supervision practices that start with women's lived experiences, needs, risks, and strengths in mind (Berg & Cobbina, 2017; Bloom et al., 2003; Brennan et al., 2012; DeHart et al., 2014; Owen et al., 2017; Salisbury & Van Voorhis, 2009; Stone et al., 2018; Van Voorhis et al., 2010).

Research in the gender-responsive space emphasizes the importance of acknowledging that gender matters in women's lives and pathways into, and out of, the system (Bloom et al., 2003; Van Voorhis, 2012). As community correctional staff often connect clients and services, they have an ethical responsibility to implement "what works best" for the population they serve. The site in which the research was conducted is an office focused on women and families within a large, metropolitan county probation department in a Western state. This office reflects a model program implementing gender- and culturally-responsive practices to improve the outcomes of women on supervision. The current study utilized a randomized controlled trial (RCT) design to evaluate an innovative, new gender-responsive supervision model, the Women's Reentry Assessment, Programming, and Services (WRAPS) program, which was developed and implemented by probation staff for their women-specific caseloads. Because women are often considered a high need population, the WRAPS program paired probation officers with community health specialists, entry-level paraprofessionals from public health, to assist with the many specific responsivity

needs they present with (e.g., housing, transportation, Medicaid, medical and dental care, reduced social capital, parental stress, etc.).

Gender-Specific Needs and Gender-Responsive Approaches

The significant and rapid increase in incarcerated women highlights the immediate and critical need to better understand women's pathways into the criminal legal system and approaches to reduce future recidivism. The traditional antisocial pathway seen among justice-involved men (i.e., that includes primary treatment targets of antisocial attitudes, antisocial personality traits, and antisocial friends; see Bonta & Andrews, 2017) appear to apply to some women (Brennan & Jackson, 2022). However, many women follow more gendered experiences and pathways into the system (Brennan et al., 2012; Brennan & Jackson, 2022; DeHart et al., 2014; Salisbury & Van Voorhis, 2009). Women's pathways are frequently rooted in dysfunctional intimate relationships, abuse/trauma/victimization, and low social and human capital (Brennan et al., 2012; Daly, 1992; Gehring, 2016; Salisbury & Van Voorhis, 2009). Furthermore, intersectional interventions for women of color on supervision are a crucial part of delivering gender-responsive services (Boppre, 2019) and evidence suggests attending to them can improve outcomes (Roddy et al., 2022; Williams et al., 2020).

These pathways are rooted in the unique gendered experiences women encounter in society. For example, gender disparities surrounding trauma/abuse and victimization are well documented; justice-involved women report significantly higher rates of abuse, trauma, and victimization than men (Belknap, 2007; Chesney-Lind & Pasko, 2013; DeHart & Lynch, 2021). More specifically, women with complex histories of childhood poly-victimization often fall into the 'abuse-to-prison pipeline,' suggesting that women with accounts of traumatic experiences have an increased risk for criminal justice system involvement and incarceration (Kennedy et al., 2021). Women also tend to report higher rates of mental health problems such as depression and Post-Traumatic Stress Disorder (PTSD; Bakken & Visher, 2018; Belknap & Holsinger, 2006). These gendered experiences point to numerous needs that often arise and pose potential concerns when working with women: (a) extensive traumatic and abusive histories; (b) experiences of acute mental illness, most typically major mood disorders (i.e., depression, anxiety, PTSD); (c) challenges with self-esteem and self-efficacy; (d) dysfunctional relationships, especially with intimate others; (e) overwhelming parental responsibilities; and (f) substance abuse, often to self-medicate emotional or physical pains (Salisbury et al., 2009). Although current and prior traumatic experiences tend to be highly concentrated within justice-involved women, a trauma informed approach is beneficial for all (Levenson & Willis, 2019). Evidence suggests that justice-involved individuals, regardless of gender, often have experienced cumulative traumatic events, which can result in cyclical legal involvement when left untreated (Givens & Cuddeback, 2021; Williams et al., 2020).

However, gender is not the only identifying factor to consider; scholars have highlighted the unique "triple jeopardy" that many women in the legal system face

regarding their race, class, and gender (Arnold, 1990; Bloom, 1996; Richie, 1996). Wesely & Dewey (2018) found sexism and racism often resulted in intergenerational poverty, unstable housing, homelessness, and the consistent lack of social safety nets. These outcomes impact women and their children, contributing to a multigenerational cycle of adversity and ongoing justice-involvement. Gender-responsive approaches recognize the societal implications of gender, race, and class (Bloom et al., 2003; Boppre, 2019). Therefore, they start with women in mind and are built to address their gendered pathways into the system, their needs, strengths, and lived experiences.

Gender-Responsive Probation

The Risk, Need, Responsivity (RNR) model of correctional treatment was originally tailored to justice-involved men and boys, and has since been considered applicable to women and girls (Bonta & Andrews, 2017). Gender-responsive probation aligns with the key components of these traditional principles of effective correctional intervention and core correctional practices (Andrews & Kiessling, 1980; Dowden & Andrews, 2004). However, unlike traditional approaches, gender-responsive probation places women's unique needs, experiences, and strengths at the forefront to ensure supervision practices and policies are tailored specifically for women. In other words, gender is not viewed as simply a responsivity factor that needs to be accommodated. Instead, gender should be considered as a reformulation of Risk, Need, and Responsivity (Salisbury et al., 2016; Van Voorhis, 2012; but see also Messina & Esparza, 2022 which argues for the inapplicability of RNR with women). By doing so, gender-responsive probation recognizes that women pose less risk for recidivism and have unique gendered criminogenic needs (e.g., trauma, dysfunctional intimate relationships, etc.) and strengths (e.g., parental involvement). Additionally, given women's, especially women of color's cumulative disadvantage, gender-responsive probation also recognizes women can experience unique specific responsivity factors (Bloom et al., 2003; Northcutt Bohmert & DeMaris, 2018).

By starting with women in mind, gender-responsive probation is more than just having a gender-specific caseload. It is rooted in the key components of gender-responsive practices, including (1) the use of assessment tools developed specifically for women (e.g., the Women's Risk Needs Assessment [WRNA]; Van Voorhis et al., 2010); (2) staff trained in gender-responsive practices, including training on the core theoretical models[1] and gendered pathways that inform gender-responsive approaches (Brennan & Jackson, 2022; DeHart & Lynch, 2021; Salisbury & Van Voorhis, 2009); (3) an intentional and deliberate effort on behalf of all staff to utilize trauma-responsive practices to create an emotionally and physically safe environment; and finally, (4) a vast array of treatment service providers that use curricula specifically designed to address women's gendered needs and improve their health and well-being (e.g., *Helping Women Recover, Moving On, Seeking Safety, Beyond Trauma*, etc.).

While some traditional, gender-neutral supervision and treatment practices initially designed for men can be effective for justice-involved women, research has

demonstrated that gender-responsive approaches are most effective with women in the correctional system (Gobeil et al., 2016; Messina & Esparza, 2022; Morash, 2010; Salisbury & Van Voorhis, 2009; Van Voorhis, 2012). For example, Morash's (2010) qualitative study comparing community supervision among women from two adjacent counties, one using gender-responsive supervision and the other more traditional supervision, demonstrated the greater effectiveness of gender-responsive strategies for women. Morash (2010) outlines the many benefits of gender-responsive supervision practices compared to traditional supervision, including more positive relationships with supervising officers, officers who acted more like case managers, enhanced wraparound services, and improved continuum of care. This resulted in less illegal behavior for certain groups of women (Morash, 2010). Officers themselves have voiced the need for a distinct kind of supervision for women on probation. Seng and Lurigio (2005) surveyed 224 probation officers from Cook County, IL, to determine their perceptions of justice-involved women and their specific needs. A majority of officers felt that women on probation had different needs than men (particularly in emotionality and childcare) and required different supervision strategies, so much so that officers indicated that specialized units for women would be an appropriate solution.

Further, Gobeil et al. (2016) found that gender-responsive programming had a significantly larger impact on women's recidivism than gender-neutral programming; gender-neutral programming led to a 19% reduction in recidivism compared to 68% for gender-informed interventions. Tripodi et al. (2019) work suggested that focusing on the intersection of childhood trauma, depression, and criminal behavior may help women develop coping skills and overall well-being that, in turn, will lessen the likelihood of recidivating. Lastly, gender-responsive risk/needs assessments have also demonstrated better accuracy in capturing additional criminogenic needs and strengths in comparison to gender-neutral (i.e., male-based) instruments (Skeem et al., 2016; Van Voorhis et al., 2008, 2013).

Current Study

The authors and staff from the County Probation Department worked together to conduct the current study at the Gender-Responsive Unit[2] (GRU). The GRU is a specialized unit working with women on community supervision and their families. The location of the office, its design, and staffing intentionally support gender- and trauma-responsive supervision and treatment. It is a single office located in a residential, suburban area approximately 15 miles east of a downtown metropolitan city near public transportation.

Because women are often considered a high need population, leadership staff at the GRU felt that some women clients could greatly benefit from the assistance and support of Community Health Specialists (CHS) to attend to the many specific responsivity needs they present with (e.g., housing, transportation, Medicaid, medical and dental care, reduced social capital, parental stress, etc.). Moreover, leadership felt CHSs could potentially ease the casework of probation staff in the office. This study compares

gender-responsive and trauma-informed supervision versus gender-responsive and trauma-informed supervision with additional CHS support for addressing criminogenic and responsivity needs. To our knowledge, this is the first study exploring the CHS role within the realm of community supervision. The study utilized both quantitative and qualitative approaches, whereby the quantitative findings comparing outcomes across treatment and control groups (i.e., recidivism) were further informed by qualitative interviews with clients and staff. Interviews assessed perceptions of community treatment interventions, gender-responsive supervision, the role of CHSs and POs in clients' success, and overall attitudes toward WRAPS as a supervision and treatment model. More specifically, research questions included: (1) Does the WRAPS program model (treatment) demonstrate reductions in recidivism compared to: (a) traditional, gender-responsive probation (control) and (b) a baseline recidivism rate? (2) What were the overall perceptions of the WRAPS program, particularly of the CHS role, from clients and staff? (3) What were the overall perceptions of gender-responsive probation supervision from clients and staff?

Method

Client Participants

The target population for the study was women: (1) on local control supervision released from the detention center or jail;[3] (2) on a probation sentence and at risk of being revoked and sentenced to jail—this group was identified by reviewing the After Hours Call Log;[4] (3) or women deemed as chronic absconders.[5] Of these women, only those who scored medium- or high-risk on the Women's Risk Needs Assessment (WRNA; Van Voorhis et al., 2010) within the past year and who were at least 18 years of age were eligible for the study. Each group represents women either released from incarcerated settings or at significant risk of being placed into custody.

Between October 1, 2018, through December 31, 2020, all eligible clients in the GRU were screened for eligibility by the agency. Data for eligible women were then de-identified and securely sent to the research team on a rolling basis. The research team confirmed eligibility, and each client was then randomly assigned to either the treatment (WRAPS model) or the control group (gender-responsive supervision as usual) and provided a unique study identification number. Randomization was based on a random number generator using a blocked assignment method which is preferable in applied research settings to achieve an equal number of participants in the treatment and control conditions. A total of 113 individuals were randomly assigned to either the WRAPS program ($n = 58$) or the control group ($n = 55$), representing a cohort sampling strategy. Table 1 presents the demographics for each group. Pearson Chi-Square analyses and independent sample t-tests found no significant differences in age, race/ethnicity, seriousness of the current offense (misdemeanor or felony), offense type, or overall risk level (as determined by the WRNA).

Table 1. Demographic, Offense, and Risk Level Details for Treatment and Control Groups.

	Treatment group n = 58	Control group n = 55
Average age (years)	33	30
Race/Ethnicity		
Asian	2%	4%
Black	21%	16%
Hispanic/Latina	7%	4%
Native American	3%	4%
White	67%	73%
Seriousness of offense		
Misdemeanor	9%	11%
Felony	91%	89%
Offense type		
Person	19%	24%
Property	41%	27%
Statutory	40%	49%
WRNA risk level		
Medium	67%	67%
High	33%	33%
WRNA risk score		
Average	37	37
Range	27–52	23–55

Note. Values may not add up to 100% due to rounding.

Using a purposive sampling strategy, a subset of clients was selected to participate in semi-structured interviews with the research team. Staff were asked to arrange interviews with women who had a diverse array of experiences on supervision. While we attempted to interview at least five WRAPS and five control group clients, we interviewed a total of three WRAPS clients and five control group clients. Among the WRAPS clients, two identified as White and one as Native American. For the treatment group clients, one woman identified as Hispanic, while the others identified as White. Additional background information on interviewed clients was not collected to ensure client anonymity.

Intervention Groups

Women's Reentry Assessment, Programming, and Services. The Women's reentry assessment, programming, and services (WRAPS) model emerged as a more comprehensive approach to working with justice-involved women. The most critical component of the WRAPS model is the utilization and support of Community Health Specialists (CHSs). CHSs were hired to provide additional (1) personnel support to

probation officers and (2) case management support for clients to create greater successful outcomes by specifically addressing specific responsivity and public health needs. The CHS role for this probation agency emerged from the public health professional tradition of Community Health Workers (CHWs). The Community Health Worker Section of the American Public Health Association (2022) defines a CHW as, "...a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served." CHWs[6] can play an integral role in facilitating community resources to improve social determinants of health among individuals with complex needs.

In an effort to hire entry-level public health employees who could become LEDS (Law Enforcement Data System) certified (i.e., with minimal criminal history), and who did not require specialized CHW training from the state health department, the County Probation Department chose to recruit for the role of CHSs. Minimum qualifications of CHSs included: (1) high school diploma or equivalent, (2) at least two years of experience in community outreach services providing health information, advocacy, social support and assistance in using the health care system to groups and families, and (3) experience working with justice-involved individuals. CHSs are considered entry-level positions and are less therapeutically trained compared to, for example, an individual with a Bachelors in Social Work.

Within the context of this study, CHSs were client-centered case managers who worked in tandem with the two WRAPS probation officers (POs). The CHSs provided additional case management support to women (e.g., they helped women navigate conditions of supervision, treatment and support groups, clearing warrants in other jurisdictions, medical/mental health needs, medication-assisted treatment, parental needs, employment, housing, etc).

The County Probation Department had a history of working with their local public health department to recruit CHSs to work in community supervision settings before the study's launch and sought to determine the benefits of this additional role. CHSs had experience in community outreach services providing health information, advocacy, social support, and assistance in using the health care system to groups and families from vulnerable populations. During in-service training, they became certified to access LEDS. CHSs were recruited for experience working with justice-involved individuals, but were not personally justice-involved themselves.

The impact of CHS support and services for women is outlined in greater detail in the results section. However, the frequency of services provided and interactions are described here to give more context to the services offered by CHSs and the WRAPS model. Based on available monthly reports provided to the research team, over half of the services CHSs provided to WRAPS clients were related to providing information or referrals for treatment/services and resources. Around a quarter of the reported services focused on helping WRAPS clients obtain basic necessities like food, bus passes, clothing, etc. Finally, the last main category of services CHSs provided was related to emotional support or advocacy (e.g., assisting a mother with her child's teacher). The frequency of interactions between WRAPS clients and the CHS varied depending on

client needs. Based on available CHS monthly contact reports before the COVID-19 pandemic, CHSs reported an average of 62 successful contacts/interactions with WRAPS clients per month (including both in-person and virtual contacts). However, this rate dropped to 30 successful contacts/interactions per month once the pandemic hit. Throughout the study period, it is estimated that CHSs averaged around 26 attempted (non-successful contacts) and 43 successful contacts every month with WRAPS clients.

Additionally, WRAPS clients had priority access over other women clients from the GRU to various community treatment beds and programs (i.e., *Beyond Trauma*, Medicated Assisted Treatment, and two housing programs). They also were provided financial assistance for housing, paying bills, and clothing.

Gender-Responsive Probation as Usual. Probation as usual in the GRU office reflected gender-, culturally-responsive, and trauma-informed policies and practices. All POs in this unit were socialized and encouraged to work with women differently than men and were trained to deliver gender-responsive and trauma-informed supervision and case management. All 13 control group POs had prior training and experience with traditional principles of effective intervention (e.g., Risk-Need-Responsivity, Core Correctional Practices), Motivational Interviewing, gender-responsive case management, the WRNA, and trauma-informed practices such as *Creating Regulation and Resilience* (Core Associates., 2017; Orbis Partners, 2021). Similar to WRAPS clients, control group clients had access to programs focused on trauma, substance use, mental health, employment, housing, parenting, and unhealthy relationships. Participants from both groups had access to various culturally-specific interventions, including housing and programming specifically designed for Black women (e.g., Habilitation Empowerment Recovery) and Native American family interventions.

A few different approaches were taken to ensure fidelity of these different conditions (i.e., treatment and control conditions). First, the research team established monthly calls with the GRU supervisor and the WRAPS team. This frequent communication allowed the research team to remain involved in overseeing the randomization process, ensuring the fidelity of the different conditions was consistent, and assisting the unit in any problem-solving or questions that emerged (e.g., staff turnover, county-level policy changes, etc.) – which became extremely important during the COVID-19 pandemic. Additionally, the research team conducted two on-site fidelity check visits (a third was planned but canceled due to COVID). During these visits, the research team conducted focus groups with clients in the treatment and control groups. These focus groups aimed to examine the fidelity of the different conditions, particularly access to the CHSs and the services they provide, and confirmed adherence to the interventions: Control group clients reported no access/interactions with the CHSs and other services to which the treatment group had exclusive or priority access. During these visits, the research team attended staff meetings, met with WRAPS POs, and conducted informal observations of CHS and WRAPS client interactions. These site visits, alongside frequent

communication, provided reassurance in the unit's commitment and understanding of the RCT design and differentiation of the conditions throughout the study.

Staff Participants

Nine GRU staff were interviewed for the qualitative portion of the study. The two WRAPS POs were interviewed in addition to four of the control group POs, two CHSs, and the GRU supervisor. Both WRAPS POs were White women, WRNA trainers, and both had about 5 years of experience holding a gender-responsive caseload at the GRU. Among the four control group POs, two were men, and two were women. All the control group POs interviewed were White, with four to five years of experience holding a gender-responsive caseload at the GRU. Both CHSs were women, one identified as White and the other as Black. The CHSs ranged between one to two years of serving in the CHS role and working with justice-involved women in this capacity. The supervisor was a White woman with decades of experience working with justice-involved women and served as the GRU supervisor for six years. All staff who were recruited for interviews participated.

Measures

Women's Risk Needs Assessment-Probation Version 7. The Women's Risk Needs Assessment-Probation Version 7 (WRNA-7; Van Voorhis et al., 2010) is a fourth-generation risk/needs/strengths assessment instrument specifically designed to predict justice-involved women's recidivism.[7] It includes a collateral case file review, interview guide, survey, and case planning strategy that focuses on gender-responsive risk factors (e.g., prior abuse/victimization, unhealthy intimate relationships, parental stress, unsafe housing) and strengths (e.g., parental involvement, education strengths, self-efficacy, family support), in addition to traditional risk factors (e.g., criminal history, antisocial attitudes, substance use). Several validation studies have demonstrated its effectiveness (Van Voorhis et al., 2008, 2010, 2013), and it was recently endorsed by the United Nations Office on Drugs and Crime (UNODC, 2020) to adhere to the Bangkok Rules (UNODC, 2011) which outline the human rights of incarcerated and non-custodial women on supervision.

Client Engagement. Client engagement data were provided to the research team by the GRU office.[8] Initial client engagement was the formal start date from which study outcomes were tracked. Initial client engagement was defined as the date at which either (1) a staff reach-in occurred while the client was in jail or (2) an initial client contact was made. A staff reach-in was defined as: If the client was incarcerated and either the PO or CHS made any contact attempt (jail visit, phone call, etc.) to start case planning (e.g., a WRNA, planning to do a WRNA, planning reentry or other services). Initial client contact was defined as: the client met with their PO at least one time.

Program Completion. Completion of the WRAPS program occurred after at least 6 months[9] of engagement, compliance with all probation supervision requirements, and successful completion and/or active engagement in necessary treatment programming and tasks based on the WRNA case plan. Completion of the control group was defined as completion of probation supervision.

Recidivism

Baseline Recidivism. Prior to the study's launch, de-identified baseline recidivism data were provided for a comparable group of women to the target population of the study by the Research Unit of the County Probation Department. Recidivism, at that time, was defined as the percentage of women with a misdemeanor or felony conviction within one year of release from jail between July 1, 2013 and June 30, 2015. During this time, the Department was in the midst of adopting gender-responsive probation supervision strategies, but these practices were not fully implemented and the GRU was not fully established. Data reflected a 43% recidivism rate based on a sample of 200 women.

The Research Unit was unable to provide the same recidivism data reflecting misdemeanor or felony convictions at the conclusion of the study as outcome data. However, after consultation with the County Probation Department, we were advised that revocation outcome data (described below) can be considered as a close proxy for baseline conviction data because revocations in this jurisdiction are typically only invoked for new criminal behavior, rather than for technical violations.

Outcome recidivism data included jail bookings, revocations, and prison admissions. All data were de-identified, matched to study identification numbers, and securely distributed to the research team. All recidivism measures described were coded dichotomously. The recidivism follow-up period began after the initial client engagement date through August 31, 2021. Follow-up time was similar for both groups: WRAPS clients had an average follow-up of 789 days, while the control group had an average follow-up of 787 days.

Jail Bookings. Jail booking data were collected from the County Sheriff's Office and sent to the research team via a secure file transfer system. For each study participant, data included the booking number, booking date, and release date for every jail booking. Charge data were excluded from the dataset.

Revocations. The Research Unit within the County Probation Department collected revocation data. Notably, revocations in this jurisdiction are generally invoked due to new criminal behavior, not through technical violations, and therefore serve as a reliable reflection of actual antisocial behavior compared to other jurisdictions. Three types of revocation were measured: jail revocation, misdemeanor revocation, and prison revocation. A jail revocation is a revocation of felony probation where the person received a post-prison supervision sentence. A misdemeanor revocation is a revocation of misdemeanor probation; when a person completes their jail sentence, they are no longer under supervision for that charge. Lastly, a prison revocation occurs when a

person receives a presumptive prison sentence and is granted probation instead of prison at sentencing, their probation is revoked, and the sentence is over 12 months. If the revocation sentence was over 12 months, they serve that time in custody of the state Department of Corrections and then go under the Parole Board Supervisory Authority.

Prison Admissions. The occurrence and date of prison admissions were also captured by the Research Unit. No additional information was provided (e.g., offense type, offense severity, etc.).

Interviews

Semi-structured interviews were conducted with GRU staff and clients using a purposive sampling technique. GRU staff assisted in arranging the client interviews but were not present during interviewing. Participation in these interviews was voluntary, and clients received a gift card as compensation for their time. For the client interviews, the modality (e.g., in person, over the phone, via Zoom) varied due to their preference and availability. All staff interviews were conducted over Zoom. Verbal consent to conduct and record each interview was obtained before the interview, and all participants were informed they could end the interview at any time. All participants verbally consented to participate and be recorded. Interviews lasted approximately 30 to 45 minutes for clients and 90 minutes for staff.

Interview guides were created for each of the following groups: WRAPS clients, control group clients, control group POs, WRAPS POs, CHSs, and the GRU manager. These guides were informed by an appreciative inquiry methodology (Michael, 2005) and utilized open-ended questions (Cohen & Crabtree, 2006). To enhance the validity and reliability of the data, interviewees were often asked to substantiate their views, and were asked to provide examples and additional information when possible (McIntosh & Morse, 2015).

Analysis

Quantitative Data

Recidivism outcomes made up the quantitative portion of the data collection. Cox regression survival analyses were conducted to investigate the failure rates (e.g., jail bookings, revocations, and prison admissions) among women in each group. Analyses compared the time-to-first failure (in days) from the initial engagement date for women in the treatment and control groups.

Qualitative Data

Recorded interviews were transcribed verbatim and uploaded into ATLAS.ti, a qualitative research software program. Various inductive coding techniques were

utilized to help ensure the internal validity of the qualitative analysis. Codebooks were created for the staff and clients separately, and therefore coded separately. The coder, who was highly trained in qualitative analysis, listened to the recorded interviews multiple times and read through the transcripts. Memos were used to code preliminary themes and observations from the interviews/transcripts. Following the thematic analysis process, these observations were then grouped into more prominent themes. Predetermined themes were identified based on the interview scripts, whereas inductive themes materialized from the interviews. This allowed for either rejection or adaptions of the initially identified analytic patterns, ultimately allowing for the patterns to be organized into a cohesive structure (Braun & Clarke, 2017). A constant comparative approach was used throughout this process, allowing the coder to modify categories throughout the systematic coding process (Silverman, 2009).

Results

Quantitative Results

Supervision and Program Completion Outcomes. As demonstrated in Figure 1, among the 58 women initially assigned to the treatment group, nine women were removed due to attrition (e.g., death/serious illness, no engagement), leaving 49 women included in the final outcome analysis. Among those 49 remaining women, a total of 25 (51%) completed the WRAPS supervision program. Women averaged 15 months from initial engagement to program completion. As of August 31, 2021, a total of 17 women were

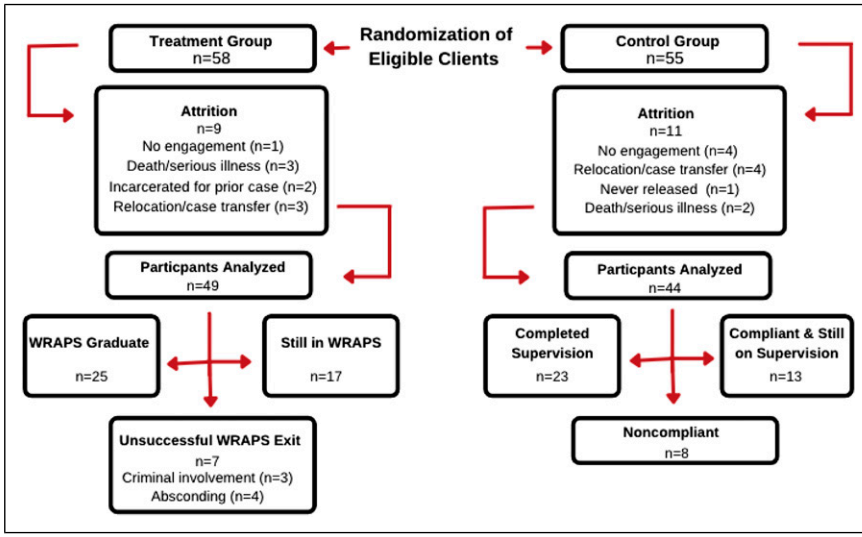

Figure 1. Participant flow through the RCT.

still actively participating in the WRAPS program, and 7 had unsuccessfully exited the program due to absconding or criminal involvement. Regarding the control group (n = 55), 11 women were removed due to attrition, leaving 44 women in the study. Among those, 23 women completed their supervision (52%), and 13 were still under supervision and considered compliant. Eight control group clients were considered noncompliant in their supervision status (e.g., abscond status, escaped, in prison).

Recidivism Outcomes. Jail bookings, jail revocations, prison revocations, and prison admissions were analyzed using survival analysis. Assumptions of the Cox proportional hazard model, including tests of Schoenfeld residuals, deviance residuals, and linearity, were tested and revealed no violations. None of the models were significant, and therefore, they are not presented in detail here (all ps > .05). Percentages for events are provided.

Jail Bookings. Women in the treatment and control groups received a jail booking at relatively similar rates; 71% of women in the treatment group and 66% in the control group had at least one jail booking since engaging in supervision. The prevalence of bookings by risk level was also explored. In the treatment group, 15 clients were assessed as high-risk, and 34 were assessed as medium-risk. Just under three-quarters of the high-risk WRAPS clients (73%) and medium-risk WRAPS clients (71%) were booked in jail at least once. In the control group, 12 clients were high-risk, and 32 were medium-risk. Three-quarters of the high-risk control group women (75%) and 63% of the medium-risk control group women were booked at least once.

Revocations. In total, 22% of the treatment group and 23% of the control group had at least one revocation post-engagement. Ten percent of the treatment group had at least one jail revocation, compared to 18% of the control group. Similarly, 10% of the treatment group had at least one misdemeanor revocation compared to 9% of the control group. Lastly, 4% of the treatment group had a prison revocation compared to 2% of the control group.

As mentioned in the Method, a baseline recidivism rate was received for a comparable group of women to the target population of the study. These data reflect a time period prior to full implementation of the GRU (and the cadre of gender-responsive services) as well as the creation of WRAPS (between July 1, 2013 and June 30, 2015). Baseline recidivism reflected the percentage of women with a misdemeanor or felony conviction within one year of release from jail. Data reflected a 43% recidivism rate. Because revocations in this jurisdiction represent new criminal behavior, rather than technical violations, the baseline recidivism of 43% compared to 22 and 23% for treatment and control group revocation rates, respectively, are important indicators of reduced recidivism over time, perhaps as a result of investment in the part of the County in the GRU overall. A Z-test of proportions, comparing the baseline sample to the combined study sample indicated a significant reduction in recidivism for the study groups combined, $Z = 3.49$, $p < .000$.

Prison Admissions. Very few women were admitted to prison post-engagement. Among the 49 women in the treatment group, 6 were admitted to prison after engaging in supervision. In comparison, 5 of the 44 women in the control group were admitted to prison.

Qualitative Results

The equivocal quantitative results between the treatment and control conditions suggest that the WRAPS intervention did not reduce recidivism relative to the control group; however, if one considers the slightly different definition of recidivism provided for the baseline at 43%, there is some evidence, though limited in interpretation, that gender-responsive probation supervision does reduce recidivism overall.

Although the CHS role from the WRAPS intervention did not facilitate a reduction in women's recidivism, it also did not harm their supervision. This is perhaps not surprising given that both groups received gender- and trauma-responsive supervision and treatment services based on principles of risk, need, and responsivity. Qualitative analyses from both clients and staff provided additional detail regarding the importance of the WRAPS program with regard to the CHSs. Interviews also solicited clients' perceptions of community treatment interventions and attitudes toward gender- and trauma-responsive supervision overall.

Community Health Specialists: A Way to Address Specific Responsivity. Both clients and POs in the treatment group had overwhelmingly positive experiences with the CHSs. A key finding that emerged was the natural division of labor between the WRAPS POs and CHSs. A WRAPS PO explained that the CHSs had the time and resources to help address women's specific responsivity needs: "They're [CHSs] helpful. They were able to get to things that I wasn't able to get to." Responsivity needs are acute and immediate needs concerning women's overall wellbeing and success on supervision (e.g., physical health, insurance, transportation, childcare, food insecurity, reduced motivation to change; see Bonta & Andrews, 2017). This was mirrored in a client's statement of how the CHS helped her, "[My CHS] helped with everything… with clothes… with rides… with referrals to places… advocated for me to get my apartment. [My CHS] helped me a lot." Ultimately, this division of labor freed up valuable time for POs to focus on addressing clients' criminogenic needs, while the CHSs helped address specific responsivity factors.

Meeting both criminogenic and responsivity needs is a critical component of effective evidence-based correctional treatment (see Bonta & Andrews, 2017). In theory, this should lead to more positive outcomes among clients. Interview evidence supports this, as CHSs were thought to have played a critical role in reducing sanctions for WRAPS clients, as they were able to support them in making pro-social choices to solve problems. Staff explained that because the WRAPS clients had that extra layer of support, navigation, and guidance for addressing responsivity needs from the CHSs, they seemed better prepared to manage crises where they had to make tough choices that may have potentially led to a sanction. Overall, the qualitative findings suggest that

the CHS role was a valuable addition to the GRU community supervision team and strongly aligned with the goals of gender-responsive probation.

Client Perceptions of Community Treatment Interventions. A few programs were emphasized when interviewing clients. First, substance use recovery services were a common theme among treatment and control group women. While their experiences with different service providers varied, it was clear that substance use treatment, including medication-assisted treatment (MAT), was a common need among clients. However, many women reported challenges with the location and accessibility of their MAT providers. One provider, in particular, was not easy to physically access. Many women indicated an aversion to going to the provider for their dose, saying they felt uncomfortable with the location and the kind of people "hanging around."

Beyond Trauma (Covington, 2003) and *Healing Trauma* (Covington & Russo, 2016) were two other treatment groups that women frequently mentioned. Clients generally reported positive experiences with these groups. In discussing her experience and opinion of the *Beyond Trauma* program, a WRAPS client said, "It just opens your eyes to what trauma really is, and what it really comes from, and how to help yourself get out of that." However, the pivot to virtual meetings for these groups due to the COVID-19 pandemic negatively impacted some women, as they could not build a strong rapport with the facilitator and other women in these groups. Nevertheless, others reported that tele-treatment generally made it easier for them to attend, reducing challenges such as transportation and childcare (see Belisle et al., 2023).

Additionally, clients were asked about the types of treatment and services they felt they needed but had not been able to access. Women from the control group mentioned a need for additional housing and employment services and culturally specific housing and programming. A client who identified as Native American discussed how important it was to access culturally responsive services. For example, she participated in a parenting class rooted in Indigenous traditions, and emphasized how impactful and vital it was for her parenting skills and sharing her culture with her children. While this was a very meaningful program for her, she emphasized the difficulty of accessing culturally responsive services, given their limited availability.

Client and Staff Perceptions of Gender-Responsive Supervision. It is noteworthy to highlight the impact of the gender-responsive approach with women under supervision at the GRU. The importance of creating a safe environment both physically and emotionally was a focal point at the GRU office. One of the CHSs recognized the uneasiness that comes with having to go into your PO's office, "By default, going to see your PO isn't the most comfortable thing because it's law enforcement. But I think we do a lot to take away any extra uncomfortableness." The office was intentionally designed to be trauma-informed; the office is located in a neighborhood setting, is decorated with warm colors and art on the walls, and there is even a small play area for children.

In addition to the physical environment, all staff at GRU were trained in gender-responsive and trauma-informed principles and practices to supervise women on their

caseloads more effectively. One of the WRAPS POs discussed how much they respected and valued that the unit is gender-responsive, "… for our office, we [staff] are all are choosing to be in this unit and we all recognize like, 'Nope, we're going to do business differently with these women.' And that's a collective value we all have." Staff were very well-informed surrounding gender-responsive practices and some of the unique gendered nature, needs, and life experiences of women in comparison to men. For example, when asked about what gender-responsive means to them, one of the CHSs touched on accounting for women's gendered experiences:

> ... women have uniquely different needs than men. Women have uniquely different traumas... We [women] have risk of intimate partner violence, being survivors of certain traumas, these things that while they certainly can apply to men, there's often a higher frequency of these things in female identifying gender caseloads…

Through client interviews, the staff's dedication to being gender-responsive was evident. Clients who had previously been on supervision elsewhere explained their different experiences. A WRAPS client mentioned that her previous supervision in another state had a zero-tolerance approach. This approach did not help her address or change her behavior. Another WRAPS client had a similar experience on probation in a different state; she described her previous PO as being very short with her and much more focused on sanctioning and supervision requirements with very little focus on addressing what was causing the behavior and providing resources. This client described her time of supervision at GRU as a "totally different experience."

Both treatment and control clients shared very positive experiences with their GRU POs. Their narratives highlighted some critical components of best practices when working with women, including their POs being client-centered, meeting them where they were in their addiction and motivation, being trauma-informed and strength-based, and building a healthy relationship to ensure they felt safe. One WRAPS client stated, "… after having so much trauma for so long, it affects who you are and the things you do and the way you think… [my PO] understands that, and I mean I guess I didn't even really understand it until she kind of talked to me about it…"

Women from both treatment and control conditions also reported feeling safe with their POs, and all agreed that their POs balanced the role of holding them accountable while also genuinely caring for their wellbeing. This strongly aligns with best practices; prior research has found that POs who are firm, fair, and caring tend to have better outcomes when working with clients (Skeem et al., 2007; Skeem & Manchak, 2008; see also Lovins et al., 2018). The importance of a caring relationship was evident in this woman's description of her control group PO, "[My PO] ended up being somebody that I can like confide in and talk to." Similarly, a WRAPS client told us, "[My PO] actually cared about what I was going through, and how to help me, and how to change things." While this dual orientation (blending care with control) is considered a best practice when working with anyone on supervision (Belisle & Salisbury, 2022; Lovins et al., 2018), it is especially crucial when working with women, as women are relational in

nature (see Gilligan, 1982), and the relationship with their PO plays a significant role in their supervision success.

Discussion

The current study investigated outcomes from a gender-responsive probation unit in which women clients were randomly assigned to either standard, gender-responsive probation supervision, or gender-responsive probation with support from a Community Health Specialist and priority access to treatment services and financial assistance. Concerning recidivism outcomes, no significant differences were found between treatment and control groups. These equivocal findings do not necessarily indicate a lack of importance to gender-responsive probation strategies in improving outcomes for women. Because both conditions included strong adherence to principles of effective intervention and gender-responsive strategies, these results, coupled with the baseline recidivism rate and qualitative comments from a limited number of clients and staff, indicate that gender-responsive supervision at the GRU is achieving its intended goals and is effective.

Women's recidivism rates for both groups were relatively low when considering the more serious measures of revocations (due to new crimes) and prison admissions. As a reminder, baseline recidivism rates reflecting new convictions for a comparable group of women was 43%, whereas 22% of women in WRAPS and 23% in the control condition had at least one revocation due to a new crime post-engagement, and only 12% (6 women) from WRAPS and 11% (5 women) from the control group were admitted to prison.

However, the percentage of women incurring at least one jail booking was far higher among both groups of women (71% treatment vs. 66% control), which was expected given the high-risk target population in the study. These findings reiterate the importance of getting women on probation access to resources and services based on their needs (Bloom et al., 2003; Morash, 2010; Roddy et al., 2022), while understanding that many women will continue to cycle in and out of jail during their sentence. In other words, for a woman's success on probation in the long term, probation agencies should recognize there will be challenges in the short-term for most high-risk women.

The qualitative interviews indicate that staff and clients alike, regardless of assigned condition, embraced and preferred gender-responsive probation strategies. Staff indicated their preference for working with women and the importance of distinct supervision protocols for the population, consistent with previous research (Morash, 2010; Seng & Lurigio, 2005). Clients emphasized the importance of feeling safe and relationally connected to their PO and CHS, and noted that supervision felt different in this office compared to other experiences on community supervision. Overall, it was clear that the staff in this unit had successfully developed an environment that cultivated respect and safety for its staff and clients – critical components of gender-responsive practices (Bloom et al., 2003; Fedock & Covington, 2017). This is consistent with decades of research showing that gender-responsive approaches produce, or are likely to produce, better results when working with justice-involved women, including women on probation or parole (Bloom et al., 2003; Gobeil et al., 2016; Morash, 2010).

The Benefits of Community Health Specialists to Probation

To our knowledge, this is the first study exploring the CHS role within community supervision. With the national call for fundamentally reforming probation (Lopoo et al., 2023), our findings support a continued effort to consider the many responsibilities placed upon probation officers. They are asked to be a blend of both law enforcement and social services; to be both a referee and a coach (Lovins et al., 2018). Although recidivism analyses between treatment and control conditions did not indicate that the CHS role effectively reduced recidivism, the qualitative portion of the study indicated that the CHSs were integral support mechanisms for both women on supervision and probation officers. It is possible that the "dosage" of CHSs did not reach a threshold for reducing recidivism, particularly during the COVID-19 lockdown.

Thus, we feel it would be too soon to outright dismiss the role of CHSs among probation given the qualitative results and the call for public health integration among criminal justice settings (Hawks et al., 2022; Reinhart, 2023). Indeed, control group officers who were not afforded the CHS partnership voiced that they would have preferred to have such a collaboration to help attend to all the responsibilities expected of them. In light of arguments supporting the expanded use of community health workers to reduce mass incarceration (Reinhart, 2023), it is timely to ask the question: Are we simply asking too much of probation officers? Several studies of supervising officers allude to this being the case (see Blasko et al., 2022): Officers appear to inconsistently integrate risk/needs assessment instruments for case management purposes, if they use them at all (Bonta et al., 2011; Viglione et al., 2015), misunderstand how to use (or simply do not use) evidence-based practices (Blasko et al., 2016; Ingel et al., 2022), and are embedded in organizational systems that prioritize consistency and hierarchy over innovation and adaptation (Mackey et al., 2022). It has become increasingly clear that community corrections organizations largely understand the need for evidence-based correctional interventions but struggle to implement and sustain them (Blasko et al., 2022; Rudes et al., 2021; Salisbury et al., 2019).

Our findings suggest the CHS/CHW role in community corrections may be worth further investigation in order to, if nothing else, lighten the load of the "forgotten foot solider" (Bourgon, 2013). CHSs successfully addressed the many specific responsivity needs among women that frequently remain a challenge for POs to tackle (e.g., health insurance, food insecurity, transportation, childcare, medical needs), allowing more time for officers to focus on reducing clients' criminogenic needs and manage court-ordered supervision requirements.

Moreover, integration of the CHS/CHW role aligns with public health strategies that have gained more attention since the COVID-19 pandemic to improve social determinants of health for vulnerable populations and possibly reduce crime. Community corrections agencies may be able to leverage the significant funding increases to county- or state-level public health systems since the Affordable Care Act was codified into law in 2010. Mounting evidence suggests these agencies very much should experiment with public health-focused strategies (Fry et al., 2020; Hawks et al., 2022; He & Barkowski, 2020;

Ramezani et al., 2022; Simes & Jahn, 2022). For example, a recent study demonstrated a 20%–32% negative difference in overall arrests among counties that had expanded Medicaid, with the largest observed negative difference (25%–41%) among drug arrests (Simes & Jahn, 2022). Simply enrolling more justice-involved people in Medicaid, a primary responsibility of CHSs in this study, presumably may help reduce arrests by expanding access to critical behavioral health and substance use treatment—treatment needs that disproportionately affect women in the criminal legal system (Fazel et al., 2017; Maruschak & Bronson, 2021).

Study Considerations

The RCT design was a major strength of the study, as it is relatively difficult to attain and maintain in applied, social science settings. The successful randomization of participation strengthened the study's findings by eliminating potential confounds of self-selection or selection bias between the treatment and control group. Inherent to the RCT design, many of the concerns around generalizability and validity are mitigated. However, regarding generalizability, it is important to consider the unique nature of the GRU as well as the greater demographic and socio-political environment of the County and the U.S. state in which the study was conducted.

The research team had constant involvement throughout study including consistent communication, site checks, and observation of treatment groups. This strengthened the agency's adherence to the overall research design, as well as established a strong working relationship between the agency and the researchers. This rapport became crucial when the COVID-19 pandemic began (about halfway through the grant), as the researchers and agency worked together to continue the study and note major changes in supervision practices. Due to public health mandates, the agency adopted tele-supervision practices, limiting all staff-client interactions with the exceptions of crisis/public safety emergencies. Notably, these changes greatly impacted the CHS role: CHS staff could no longer transport clients or see clients in person, which was a major aspect of their job pre-pandemic, and likely impacted our overall evaluation. COVID-19 also changed the availability of various services, as well as the mode of service delivery (i.e., switch to tele-treatment). While the strengths and limitations of tele-treatment in this context are explored elsewhere (see Belisle et al., 2023), the impact COVID-19 had on treatment and services available to women in the study is important to consider when interpreting the results and implications of the study.

The pandemic resulted in various changes to community supervision practices, as well as police and court protocols. For example, POs at the GRU discontinued home inspections and drug tests, which likely impacted the data by under-reporting probation violations. Additionally, non-essential hearings were postponed, and essential hearings were conducted remotely. Lastly, there were also changes in law enforcement practices in efforts to reduce the strain of COVID-19 on the court and jail systems. Thus, it is possible that recidivism data collected during the pandemic does not accurately reflect the prevalence of clients' antisocial behaviors.

Alongside the pandemic, there were also various socio-political factors that should be considered when interpreting the outcomes of the current study. For example, throughout the duration of the study the state decriminalized small possessions of illicit substances, saw large increases in gun violence, and experienced months of protests following the murder of George Floyd. These events may have impacted the outcomes of the current study, though there is no reason to believe that any event disproportionately affected outcomes from either treatment or control conditions.

Conclusions

Our results indicate support, though limited in interpretation, that gender-responsive probation strategies focused on justice-involved women's needs and strengths can reduce recidivism. Because both conditions included strong adherence to principles of effective intervention and gender-responsive strategies, these results, coupled with the qualitative comments from clients and staff, indicate that gender-responsive supervision at the GRU is achieving its intended goals and is effective. The qualitative interviews indicate that staff and clients alike, regardless of assigned condition, embraced and preferred gender-responsive probation strategies.

Nevertheless, results also emphasize the immediate and critical need for more ethnically- and culturally-responsive services for racially/ethnically minority women on supervision. While there were not large numbers of Black, Indigenous, or people of color (BIPOC) in the study, we were still able to conclude that these services were relatively limited. Though some culturally-specific services were available to both groups, there is considerable need to address these gaps in services in this jurisdiction and in many others to ensure that women of color are able to access treatment and services in which they can identify and feel holistically supported (for more on culturally/ethnically responsive services see Gallardo & Curry, 2009; Gutierrez et al., 2018; Ki'aha, 2016; Tadros & Owens, 2021). For example, a culturally-specific housing program for Black women closed during the grant time period. The closure of this program was devastating for Black women utilizing its services, and was especially distressing as the pleas for Black Lives to Matter echoed across the country.

Lastly, incorporating the role of CHSs/CHWs in community corrections is supported by our qualitative findings, and we encourage researchers and practitioners to learn more about this important public health role. Both staff and the women they supervised felt this role was integral to successful outcomes for clients and increased productivity among probation officers. For agencies considering this approach, we recommend providing a thorough orientation to CHSs/CHWs who are new to law enforcement settings. It took some time for the CHSs in this study to become accustomed to the necessary components in probation and overall culture (i.e., arresting protocols, the use of dark humor, the need for open communication between CHS, client, and PO, etc.). We also strongly recommend researchers collect outcomes beyond recidivism and measure health and well-being outcomes of clients (e.g., reductions in trauma symptomatology, healthy labor/delivery for pregnant women, resilience, etc.), as it is

becoming increasingly important to consider social determinants of health among justice-involved populations. Logistical efforts to collect these data in the current study were unfortunately thwarted by the pandemic, but it nonetheless remains an important area of inquiry at the nexus of criminal justice and public health.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This project was funded by the Bureau of Justice Assistance, U.S. Office of Justice Programs, Award Number: 2017-CZ-BX-0002. Opinions or conclusions expressed in this paper are those of the authors and do not necessarily reflect the official position or policies of the U.S. Department of Justice, the University of Utah, or Boise State University.

ORCID iDs

Emily J. Salisbury https://orcid.org/0000-0001-5338-9396
Linsey A. Belisle https://orcid.org/0000-0001-7123-7863

Notes

1. Relational cultural theory, feminist paradigms, trauma theory, and strengths-based approaches are all examples of these core theoretical models (see Gobeil et al., 2016; Miller, 1986; Quinn and Grumbach, 2015; Van Wormer, 2001).
2. In order to protect confidentiality of participants, the County and Office name are de-identified.
3. Local County Control: Felony sentences of 12 months or less are served in local jail facilities due to the passage of legislation which shifted state and local responsibilities for supervision of people with felony convictions.
4. The After Hours Call Log was a record of instances when local law enforcement called probation staff with a client who is at risk of arrest after regular business hours.
5. The number of treatment and control group participants who came from each of these three groups was unavailable to the researchers.
6. CHWs are also known as *Promotores de Salud* in recognition of a distinct CHW workforce dedicated to improving the health status of Latino communities (Health Resources & Services Administration, 2007).
7. For more information on the WRNA, please visit https://socialwork.utah.edu/wrna.
8. We attempted to collect pre- post-measures for treatment and control groups focused on client resilience (Connor Davidson Resilience Scale 10), PTSD symptoms (Post Traumatic Stress Disorder Checklist), and parental self-efficacy (Tool for Measuring Parental Self-Efficacy),

but they were not successfully implemented, particularly among the control group. Baseline results from the treatment group are available upon request.

9. One client completed the program after five months due to meeting all requirements and completions of items on case plan.

References

American Public Health Association. (2022). *Community health workers*. APHA. https://www.apha.org/apha-communities/member-sections/community-health-workers

Andrews, D. A., & Kiessling, J. J. (1980). Program structure and effective correctional practices: A summary of the CaVIC research. In R. R. Ross, & P. Gendreau (Eds), *Effective correctional treatment* (pp. 441–463). Butterworths.

Arnold, R. A. (1990). Processes of victimization and criminalization of Black women. *Social Justice*, *17*(3), 153–166.

Bakken, N. W., & Visher, C. A. (2018). Successful reintegration and mental health: An examination of gender differences among reentering offenders. *Criminal Justice and Behavior*, *45*(8), 1121–1135. https://doi.org/10.1177/0093854818774384

Belisle, L., & Salisbury, E. J. (2022). Community corrections officers as change agents. In S. P. Van Voorhis (Ed), *Correctional counseling and rehabilitation* (10th ed., pp. 41–55). Routledge.

Belisle, L., Salisbury, E. J., & Cowell Mercier, M. (2023). Gender-responsive probation during the COVID-19 pandemic: Learning from justice-involved women and their supervising officers. *Victims and Offenders*, 1–23. https://doi.org/10.1080/15564886.2023.2212254

Belknap, J. (2007). *The invisible woman: Gender, crime, and justice*. Wadsworth Cengage Learning.

Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology*, *1*(1), 48–71. https://doi.org/10.1177/1557085105282897

Berg, M. T., & Cobbina, J. E. (2017). Cognitive transformation, social ecological settings, and the reentry outcomes of women offenders. *Crime & Delinquency*, *63*(12), 1522–1546. https://doi.org/10.1177/0011128716660521

Blasko, B. L., Souza, K. A., Via, B., & Taxman, F. S. (2016). Performance measures in community corrections: Measuring effective supervision practices with existing agency data. *Federal Probation*, *80*(3), 26–32.

Blasko, B. L., Viglione, J., Taylor, L. R., & Taxman, F. S. (2022). Sorting through the evidence: A step toward prioritization of evidence-based community supervision practices. *Criminal Justice and Behavior*, *49*(6), 817–837. https://doi.org/10.1177/00938548211036474

Bloom, B. (1996). *Triple jeopardy: Race, class, and gender as factors in women's imprisonment*. University of California–Riverside.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender responsive strategies: Research, practice, and guiding principles for women offenders*. USDOJ, National Institute of Corrections.

Bohmert, M. N., & DeMaris, A. (2018). Cumulative disadvantage and the role of transportation in community supervision. *Crime & Delinquency*, *64*(8), 1033–1056. https://doi-org/10.1177/0011128716686344

Bonta, J., & Andrews, D. A. (2017). *The psychology of criminal conduct* (6th ed.). Routledge.

Bonta, J., Bourgon, G., Rugge, T., Scott, T.-L., Yessine, A. K., Gutierrez, L., & Li, J. (2011). An experimental demonstration of training probation officers in evidence-based community supervision. *Criminal Justice and Behavior*, *38*(11), 1127–1148. https://doi.org/10.1177/0093854811420678

Boppre, B. (2019). Improving correctional strategies for women at the Margins: Recommendations for an Intersectionally-responsive approach recommendations for an intersectionally-responsive approach. *Corrections*, *4*(3), 195–221. https://doi.org/10.1080/23774657.2019.1588807

Bourgon, G. (2013). The demands on probation officers in the evolution of evidence-based practice: The forgotten foot soldier of community corrections. *Federal Probation*, *77*(2), 30–35.

Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E. J., & Van Voorhis, P. (2012). Women's pathways to serious and habitual crime. A person-centered analysis incorporating gender responsive factors. *Criminal Justice and Behavior*, *39*(11), 1481–1508. https://doi.org/10.1177/0093854812456777

Brennan, T., & Jackson, E. (2022). Women's pathways: Replication and generalizability across state prison systems. *Criminal Justice and Behavior*, *49*(9), 1323–1341. https://doi.org/10.1177/00938548221096667

Chesney-Lind, M., & Pasko, L. (2013). *The female offender: Girls, women, and crime*. Sage Publications, Inc.

Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, *12*(3), 297–298. https://doi.org/10.1080/17439760.2016.1262613

Cohen, D., & Crabtree, B. (2006). *Qualitative research guidelines project*. Robert Wood Johnson Foundation. http://www.qualres.org/HomeSemi-3629.html

Core Associates. (2017). *Creating regulation and resilience*. https://coreassociates.org/services/products

Covington, S. S. (2003). Beyond trauma: A healing journey for women. *Facilitator's guide*. Hazelden Press.

Covington, S. S., & Russo, E. M. (2016). *Healing trauma: A brief intervention for women. Facilitator's guide*. Hazelden Press.

Daly, K. (1992). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. *Southern California Review of Law and Women's Studies*, *2*, 11–52.

DeHart, D., & Lynch, S. (2021). Women's and girls' pathways through the criminal legal system: Addressing trauma, mental health, and marginalization. In C. Renzetti (Ed), *Cognella series on family and gender-based violence*. Cognella Academic Publishing.

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. *Psychology of Women Quarterly*, *38*(1), 138–151. https://doi.org/10.1177/0361684313494357

Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International*

Journal of Offender Therapy and Comparative Criminology, *48*(2), 203–214. https://doi.org/10.1177/0306624X03257765

Fazel, S., Yoon, I. A., & Hayes, A. J. (2017). Substance use disorders in prisoners: An updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*, *112*(10), 1725–1739. https://doi.org/10.1111/add.13877

Fedock, G., & Covington, S. S. (2017). Correctional programming and gender. *Oxford research encyclopedia of criminology and criminal justice*. https://doi.org/10.1093/acrefore/9780190264079.013.89

Fry, C. E., McGuire, T. G., & Frank, R. G. (2020). Medicaid expansion's spillover to the criminal justice system: Evidence from six urban counties. *The Russell Sage Foundation journal of the social sciences: RSF*, *6*(2), 244–263. https://doi.org/10.7758/rsf.2020.6.2.11

Gallardo, M. E., & Curry, S. J. (2009). Shifting perspectives: Culturally responsive interventions with Latino substance abusers. *Journal of Ethnicity in Substance Abuse*, *8*(3), 314–329. https://doi.org/10.1080/15332640903110492

Gehring, K. (2016). A direct test of pathways theory. *Feminist Criminology*, *13*(2), 115–137. https://doi.org/10.1177/1557085116646195

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard Press.

Givens, A., & Cuddeback, G. S. (2021). Traumatic experiences among individuals with severe mental illnesses on probation. *Criminal Behaviour and Mental Health: CBMH*, *31*(5), 310–320. https://10.1002/cbm.2212

Gobeil, R., Blanchette, K., & Stewart, L. (2016). A meta-analytic review of correctional interventions for women offenders: Gender-neutral versus gender-informed approaches. *Criminal Justice and Behavior*, *43*(3), 301–322. https://doi.org/10.1177/0093854815621100

Gutierrez, L., Chadwick, N., & Wanamaker, K. A. (2018). Culturally relevant programming versus the status quo: A meta-analytic review of the effectiveness of treatment of Indigenous offenders. *Canadian Journal of Criminology and Criminal Justice*, *60*(3), 321–353. https://doi.org/10.3138/cjccj.2017-0020.r2

Harding, D. J., Western, B., & Sandelson, J. A. (2022). From supervision to opportunity: Reimagining probation and parole. *The Annals of the American Academy of Political and Social Science*, *701*(1), 8–25. https://doi.org/10.1177/00027162221115486

Hawks, L. C., Horton, N., & Wang, E. A. (2022). The health and health needs of people under community supervision. *The Annals of the American Academy of Political and Social Science*, *701*(1), 172–190. https://doi.org/10.1177/00027162221119661

He, Q., & Barkowski, S. (2020). The effect of health insurance on crime: Evidence from the Affordable Care Act Medicaid expansion. *Health Economics*, *29*(3), 261–277. https://doi.org/10.1002/hec.3977

Health Resources and Services Administration. (2007). *Community health worker national workforce study*. U.S. Department of Health and Human Services.https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/community-health-workforce.pdf

Ingel, S. N., Davis, L. R., Rudes, D. S., Hartwell, T. N., Drazdowski, T. K., McCart, M. R., Chapman, J. E., Taxman, F. S., & Sheidow, A. J. (2022). Misunderstanding and

sensemaking among juvenile probation officers working with evidence-based practices. *Victims and Offenders*, *17*(7), 975–993. https://doi.org/10.1080/15564886.2021.1985670

Kaeble, D. (2021). *Probation and parole in the United States, 2020*. Bureau of Justice Statistics, U.S. Department of Justice. https://bjs.ojp.gov/content/pub/pdf/ppus20.pdf

Kennedy, S. C., Mennicke, A., & Paul, R. (2021). Childhood polyvictimization and mental health issues among incarcerated women. *Journal of Aggression, Maltreatment & Trauma*, *30*(3), 410–427. https://doi.org/10.1080/10926771.2020.1774693

Kiʻaha, L. (2016). Thinking outside the bars: Using Hawaiian traditions and culturally-based healing to eliminate racial disparities within Hawaiʻi's criminal justice system. *Asian-Pacifica Law & Policy Journal*, *17*(2), 2–33. http://blog.hawaii.edu/aplpj/files/2016/10/APLPJ_17.2_Kiaha_Final_LK.pdf

Labrecque, R. M., Viglione, J., & Caudy, M. (2022). The impact of community supervision officer training programs on officer and client outcomes: A systematic review and meta-analysis. *Justice Quarterly*, *40*(4), 587–611. https://doi.org/10.1080/07418825.2022.2120062

Levenson, J. S., & Willis, G. M. (2019). Implementing trauma-informed care in correctional treatment and supervision. *Journal of Aggression, Maltreatment & Trauma*, *28*(4), 481–501. https://doi.org/10.1080/10926771.2018.1531959

Lopoo, E., Schiraldi, V., & Ittner, T. (2023). How little supervision can we have? *Annual Review of Criminology*, *6*(1), 23–42. https://doi.org/10.1146/annurev-criminol-030521-102739

Lovins, B. K., Cullen, F. T., Latessa, E. J., & Jonson, C. L. (2018). Probation officer as a coach: Building a new professional identity. *Federal Probation*, *82*, 13–19.

Mackey, B. J., Appleton, C. J., Lee, J. S., Skidmore, S., & Taxman, F. S. (2022). At the intersection of research and practice: Constructing guidelines for a hybrid model of community supervision. *Aggression and Violent Behavior*, *63*, 101689. https://doi.org/10.1016/j.avb.2021.101689

Maruschak, L. M., & Bronson, J. (2021). *Alcohol and drug use and treatment reported by prisoners*. Bureau of Justice Statistics.

McIntosh, M. J., & Morse, J. M. (2015). Situating and constructing diversity in semi-structured interviews. *Global Qualitative Nursing Research*, *2*, 12. https://doi.org/10.1177/2333393615597674

Messina, N. P., & Esparza, P. (2022). Poking the bear: The inapplicability of the RNR principles for justice-involved women. *Journal of Substance Abuse Treatment*, *140*, 108798. https://doi.org/10.1016/j.jsat.2022.108798

Michael, S. (2005). The promise of appreciative inquiry as an interview tool for field research. *Development in Practice*, *15*(2), 222–230. https://doi.org/10.1080/09614520500042094

Miller, J. B. (1986). What do we mean by relationships? (Working Paper Series, Work in Progress No. 33). Stone Center.

Morash, M. (2010). *Women on probation and parole: A feminist critique of community programs and services*. Northeastern University Press.

Morash, M., & Hoskins, K. M. (2022). Effective Community interventions for justice-involved girls and women in the United States. In M. Merry, & K. M. Hiskins (Eds), *The wiley*

handbook on what works with girls and women in conflict with the law: A critical review of theory, practice, and policy (pp. 256–266). John Wiley & Sons, Inc.

Orbis Partners (2021). *CR/2 creating regulation & resilience*. Orbis Partners, Inc. https://www.orbispartners.com/cr2-criminal-justice-staff-training

Owen, B., Wells, J., & Pollock, J. (2017). *In search of safety: Confronting inequality in women's imprisonment*. UC Press.

Pew Charitable Trusts. (2018). *Probation and parole systems marked by high stakes, missed opportunities*. https://www.pewtrusts.org/-/media/assets/2018/09/probation_and_parole_systems_marked_by_high_stakes_missed_opportunities_pew.pdf

Phelps, M. S. (2020). Mass Probation from micro to macro: Tracing the expansion and consequences of community supervision. *Annual Review of Criminology*, *3*(1), 261–279. https://doi.org/10.1146/annurev-criminol-011419-041352

Quinn, C., & Grumbach, G. (2015). Critical race theory and the limits of relational theory in social work with women. *Journal of Ethnic and Cultural Diversity in Social Work*, *24*(3), 202–218.

Ramezani, N., Breno, A. J., Mackey, B. J., Viglione, J., Cuellar, A. E., Johnson, J. E., & Taxman, F. S. (2022). The relationship between community public health, behavioral health service accessibility, and mass incarceration. *BMC Health Services Research*, *22*(1), 966. https://doi.org/10.1186/s12913-022-08306-6

Reinhart, E. (2023). *How community health workers can end mass incarceration and increase public safety*. Time. https://time.com/6278659/how-community-health-workers-can-end-mass-incarceration-rebuild-public-safety/

Richie, B. E. (1996). *Compelled to crime: The gender entrapment of battered Black women*. Routledge.

Roddy, A. L., Morash, M., & Northcutt Bohmert, M. (2022). Spatial mismatch, race and ethnicity, and unemployment: Implications for interventions with women on probation and parole. *Crime & Delinquency*, *68*(12), 2175–2199. https://doi.org/10.1177/00111287211046520

Rudes, D. S., Portillo, S., & Taxman, F. S. (2021). The legitimacy of change: Adopting/adapting, implementing and sustaining reforms within community corrections agencies. *British Journal of Criminology*, *61*(6), 1665–1683. https://doi.org/10.1093/bjc/azab020

Salisbury, E. J., Boppre, B., & Kelly, B. (2016). Gender-responsive risk and need assessment: Implications for justice-involved women. In F. S. Taxman (Ed.), *Handbook on Risk and need assessment: Theory and practice* (pp. 220–243). Routledge.

Salisbury, E. J., Sundt, J., & Boppre, B. (2019). Mapping the implementation landscape: Assessing the systemic capacity of statewide community corrections agencies to deliver evidence-based practices. *Corrections*, *4*(1), 19–38. https://doi.org/10.1080/23774657.2018.1522279

Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationer's paths to incarceration. *Criminal Justice and Behavior*, *36*(6), 541–566. https://doi.org/10.1177/0093854809334076

Salisbury, E. J., Van Voorhis, P., & Spiropoulos, G. V. (2009). The predictive validity of a gender-responsive needs assessment: An exploratory study. *Crime & Delinquency*, *55*(4), 550–585. https://doi.org/10.1177/0011128707308102

Seng, M., & Lurigio, A. J. (2005). Probation officers' views on supervising women probationers. *Women & Criminal Justice*, *16*(1-2), 65–85. https://doi.org/10.1300/J012v16n01_03

Silverman, D. (2009). *Doing qualitative research* (3rd ed.). Sage.

Simes, J. T., & Jahn, J. L. (2022). The consequences of Medicaid expansion under the Affordable Care Act for police arrests. *PLoS One*, *17*(1), e0261512. https://doi.org/10.1371/journal.pone.0261512

Skeem, J., Monahan, J., & Lowenkamp, C. (2016). Gender, risk assessment, and sanctioning: The cost of treating women like men. *Law and Human Behavior*, *40*(5), 580–593. https://doi.org/10.1037/lhb0000206

Skeem, J. L., Louden, J. E., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, *19*(4), 397–410. https://doi.org/10.1037/1040-3590.19.4.397

Skeem, J. L., & Manchak, S. (2008). Back to the future: From Klockars' model of effective supervision to evidence-based practice in probation. *Journal of Offender Rehabilitation*, *47*(3), 220–247. https://doi.org/10.1080/10509670802134069

Stone, R., Morash, M., Goodson, M., Smith, S., & Cobbina, J. (2018). Women on parole, identity processes, and primary desistance. *Feminist Criminology*, *13*(4), 382–403. https://doi.org/10.1177/1557085116670004

Tadros, E., & Owens, D. (2020). Clinical implications for culturally informed counseling with incarcerated individuals. *American Journal of Family Therapy*, *49*(4), 1–12. https://doi.org/10.1080/01926187.2020.1813659

Tripodi, S., Pettus-Davis, C., Bender, K., Fitzgerald, M., Renn, T., & Kennedy, S. (2019). Pathways to recidivism for women released from prison: A mediated model of abuse, mental health issues, and substance use. *Criminal Justice and Behavior*, *46*(9), 1219–1236. https://doi.org/10.1177/0093854819867119

United Nations Office on Drugs and Crime. (2011). *United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders with their commentary.* https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

United Nations Office on Drugs and Crime. (2020). *Handbook on the classification of prisoners*. UNODC.

Van Voorhis, P., Bauman, A., & Brushett, R. (2013). *Revalidation of the women's risk needs assessment: Probation results*. National Institute of Corrections. https://socialwork.utah.edu/_resources/documents/research/wrna/re-validation-probation-wrna-final-report-2013.pdf

Van Voorhis, P., Salisbury, E., Wright, E., & Bauman, A. (2008). *A*chieving accurate pictures of risk and identifying gender-responsive needs Two new assessments for women offenders. National Institute of Corrections. *Final Report*. https://socialwork.utah.edu/_resources/documents/research/wrna/wrna-final-report-to-national-institute-of-corrections-2008.pdf

Van Voorhis, P., Wright, E., Salisbury, E., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of gender-responsive assessment. *Criminal Justice and Behavior*, *37*(3), 261–288. https://doi.org/10.1177/0093854809357442

Van Wormer, K. (2001). *Counseling female offenders and victims: A strengths-based approach*. Springer.

Viglione, J., Rudes, D. S., & Taxman, F. S. (2015). Misalignment in supervision: Implementing risk/needs assessment instruments in probation. *Criminal Justice and Behavior*, *42*(3), 263–285. https://doi.org/10.1177/0093854814548447

Voorhis, P. V. (2012). On behalf of women offenders: Women's place in the science of evidence-based practices (Vollmer Award Address). *Criminology & Public Policy*, *11*(2), 111–145. https://doi.org/10.1111/j.1745-9133.2012.00793.x

Wesely, J. K., & Dewey, S. C. (2018). Confronting gendered pathways to incarceration. *Social Justice*, *45*(1), 57–82. https://www.jstor.org/stable/26677646

Williams, J. M., Spencer, Z., & Wilson, S. K. (2020). I am not *your felon*: Decoding the trauma, resilience, and recovering mothering of formerly incarcerated Black women. *Crime & Delinquency*, *67*(8), 1103–1136. https://doi.org/10.1177/0011128720974316

Author Biographies

Emily J. Salisbury, Ph.D. is an Associate Professor of Social Work at the University of Utah and Director of the Utah Criminal Justice Center (UCJC). She is an applied criminologist and focuses her research on the science of correctional treatment interventions, particularly among system-involved women. As a result of her scholarship on behalf of justice-involved women, she was awarded the *Marguerite Q. Warren and Ted B. Palmer Differential Intervention Award* from the American Society of Criminology Division on Corrections and Sentencing.

Linsey A. Belisle, Ph.D. is an Assistant Professor of Criminal Justice in the School of Public Service at Boise State University. She is an applied correctional scholar. Her recent work focuses on advancing the treatment of justice-involved youth and adults through evidence-based correctional practices, gender responsivity, risk/needs assessments, and harm reduction. Her recent work appears in *Criminal Justice and Behavior*, *Feminist Criminology*, and *The Prison Journal*.

Mariah Cowell Mercier, MSW is a Ph.D. student in the College of Social Work at the University of Utah in the Utah Criminal Justice Center. Her research focuses on Diversion and divestment from the criminal legal system.

Kort Prince, Ph.D. is a Research Associate Professor in the Utah Criminal Justice Center at the University of Utah. His primary focus is research and evaluation in the field of criminal justice, particularly quantitative analysis of criminal justice and homelessness projects and related outcome data.