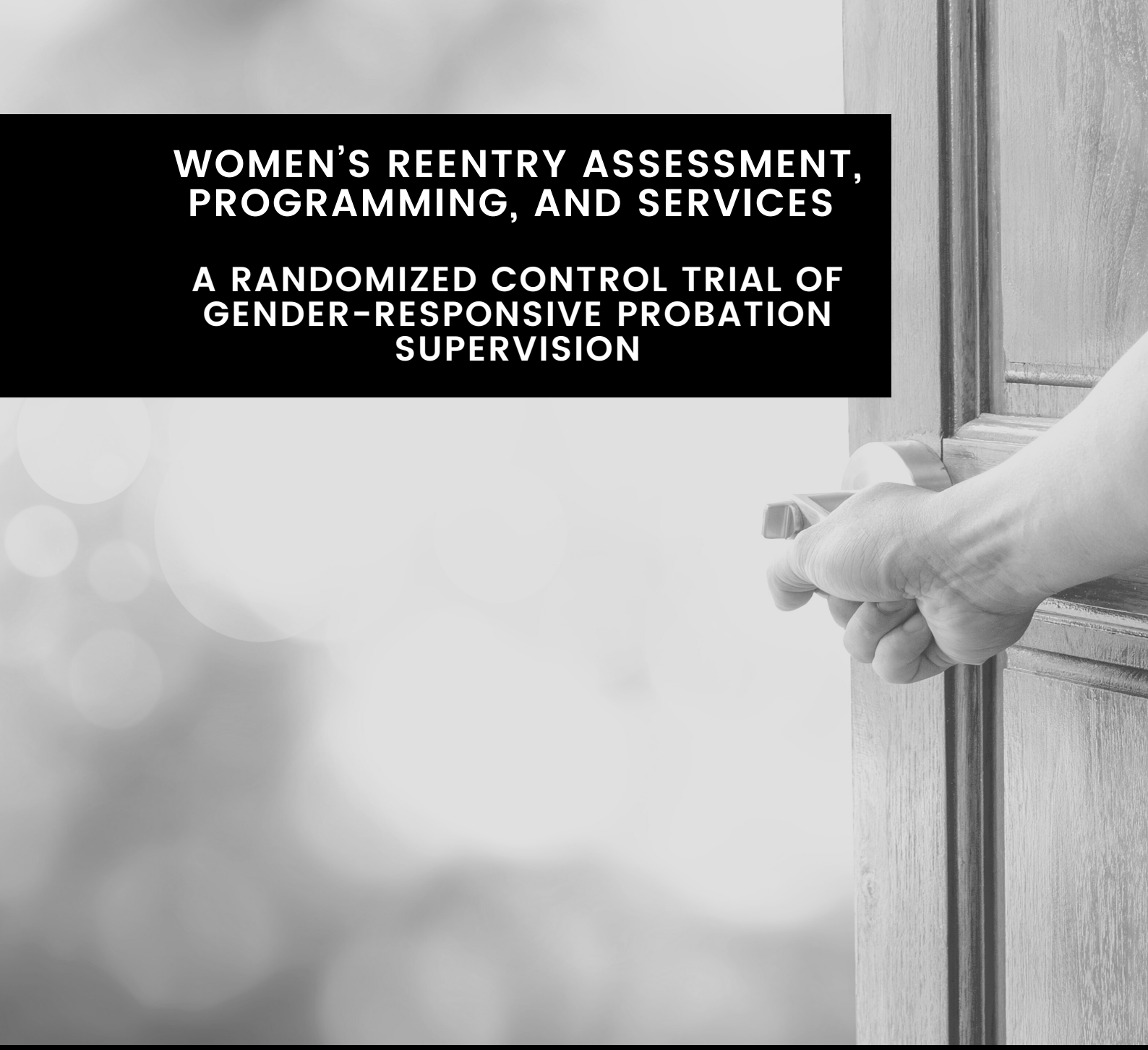


WOMEN'S REENTRY ASSESSMENT, PROGRAMMING, AND SERVICES

A RANDOMIZED CONTROL TRIAL OF GENDER-RESPONSIVE PROBATION SUPERVISION

April 2022

Linsey A. Belisle & Emily J. Salisbury

Utah Criminal Justice Center
College of Social Work
THE UNIVERSITY OF UTAH

Innovations in Reentry Initiative: Focus on Evidence-Based Strategies for Successful Reentry from Incarceration to Community

This project was funded by the Bureau of Justice Assistance, U.S. Office of Justice Programs, Award Number: 2017-CZ-BX-0002

Linsey A. Belisle, Ph.D.
University of Houston-Downtown

Linsey A. Belisle, Ph.D., is an Assistant Professor in the Department of Criminal Justice and Social Work at the University of Houston-Downtown. She also served as a part-time Research Associate for the Utah Criminal Justice Center at the University of Utah College of Social Work while working on this grant. Linsey is trained as a criminologist and focuses on applied research to help advance the treatment of justice-involved individuals. Her research focuses on evidence-based correctional practices, gender-responsive practices and policies, risk/needs assessments, substance misuse, and harm reduction.

Emily J. Salisbury, Ph.D.
Utah Criminal Justice Center, University of Utah

Emily J. Salisbury, Ph.D., is an Associate Professor and the Director of the Utah Criminal Justice Center at the University of Utah College of Social Work. She is trained as an applied criminologist and focuses her research on the science of correctional treatment interventions, particularly among system-involved women.

The Utah Criminal Justice Center is an interdisciplinary research center that provides organizations with research, training, and technical assistance grounded in scientific evidence to prevent and reduce crime and victimization among all communities, with an understanding that approaches must be tailored to the contextual needs of organizations and the diverse populations they serve.

COLLEGE OF SOCIAL WORK | THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

Indigenous Land Acknowledgment

The University of Utah has both historical and contemporary relationships with Indigenous peoples. Given that the Salt Lake Valley has always been a gathering place for Indigenous peoples, we acknowledge that this land, which is named for the Ute Tribe, is the traditional and ancestral homelands of the Shoshone, Paiute, Goshute, and Ute Tribes and is a crossroad for Indigenous peoples. The University of Utah recognizes the enduring relationships between many Indigenous peoples and their traditional homelands. We are grateful for the territory upon which we gather today; we respect Utah's Indigenous peoples, the original stewards of this land; and we value the sovereign relationships that exist between tribal governments, state governments, and the federal government. Today, approximately 60,000 American Indian and Alaska Native peoples live in Utah. As a state institution, the University of Utah is committed to serving Native communities throughout Utah in partnership with Native Nations and our Urban Indian communities through research, education, and community outreach activities.

COLLEGE OF SOCIAL WORK | THE UNIVERSITY OF UTAH
Utah Criminal Justice Center

Acknowledgments

We would like to recognize the efforts of those who contributed to this study and made this report possible. We would like to thank the following individuals (listed in no particular order):

Katherine Roller
Rochelle Reed
Michele Smith
Shalae Moore
Marilyn Mihacsi
Damone Brown
Hailey Nicholas
Maureen Noblitt
Jeff Garvin
Jennifer Reiser
David Schwager
Brandon Taylor
Michelle Baglioni
Deborah Elliott
Katherine Kempany
Jon Harms Mahlandt
Aurene Wilford
Jessica Shade
Danielle Nives
Whitney Howey
Kort Prince
Jenn Roark

Most importantly, we give gratitude to the women who participated in this study, allowing us their time and valuable insights through qualitative interviews.

Photos used throughout the report were accessed through Freepik.com and Canva.com

COLLEGE OF SOCIAL WORK | THE UNIVERSITY OF UTAH
Utah Criminal Justice Center

Table of Contents

COLLEGE OF SOCIAL WORK | THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

EXECUTIVE SUMMARY

Purpose

Gender-responsive approaches start with women in mind and address womens' gendered pathways into the system, their needs, strengths, and lived experiences. The Multnomah County Department of Community Justice (DCJ) Women and Family Services Unit (WFSU) has fully embraced and implemented gender-responsive approaches when working with women on their caseloads. For the purposes of this grant, the unit created a more enhanced wraparound, gender-responsive, and trauma-informed support model of supervision called Women's Reentry Assessment, Programming, and Services (WRAPS). The overarching goal of the WRAPS model was to reduce recidivism and improve outcomes for women released from, or at risk of, jail through the implementation of a comprehensive, data-driven, and trauma-informed continuum of care designed to address their individual criminogenic needs. A major component of the WRAPS model was the utilization and support of Community Health Specialists (CHSs) paired with the two WRAPS probation officers assigned to the intervention. CHSs worked alongside probation officers (POs) to provide additional support to women as they navigated community supervision. The purpose of the current study was to utilize a randomized control trial outcome evaluation design to examine the effectiveness of the WRAPS model in comparison to 'gender-responsive supervision as usual.'

Analysis

The evaluation implemented a mixed-methods approach and utilized various data sources to explore the outcomes and experiences of women engaged in the WRAPS model (n = 49) compared to the control group (n = 44) over approximately three years (Oct. 1st, 2018 – Aug. 31st, 2021). Recidivism data were collected from the Multnomah County DCJ Research and Planning team and the Multnomah County Sheriff's Office. With the social and public health barriers created by the COVID-19 pandemic, and the massive social unrest in Portland after the murder of George Floyd, researchers anticipated a significant impact on the data associated with recidivism; therefore, the study pivoted to a more qualitative focus on staff and client experiences. This was done by conducting interviews with clients from the treatment and control groups as well as WFSU staff using a purposive sampling technique.

Summary of Findings

No significant differences were found when quantitatively comparing various recidivism outcomes between the treatment and control groups (e.g., jail bookings, prison admissions, revocations). The recidivism measures revealed that while over half of the women in both groups had at least one jail booking after engaging in supervision, both groups had low revocations and new prison admissions rates. This suggests that these groups were relatively similar as far as recidivism outcomes, and neither condition (WRAPS and gender-responsive supervision as usual) was more or less effective. This indicates that gender-responsive supervision, on the whole, is working. Moreover, qualitative evidence suggests that the CHSs played a critical role in reducing sanctions for WRAPS clients by guiding them toward healthier choices to solve problems before crises occurred.

Recidivism data presented in this report should be interpreted with caution due to the dynamic nature of the sociopolitical context of Multnomah County during the COVID-19 pandemic, the massive social unrest after George Floyd's murder, and various changes in law enforcement capacity and practices throughout the duration of the study. However, because both conditions (treatment and control groups) were exposed to the same sociopolitical context, comparing recidivism rates across groups is still a useful analysis. Nevertheless, in response to these considerations, the researchers pivoted to a more qualitative focus on staff and client experiences. In the qualitative data, we observed gender-responsive supervision practices' impact on women. Additionally, the qualitative data revealed some differences between the treatment and control groups, particularly surrounding the impact CHSs had on women's experiences on supervision and staff's perceptions of the CHSs.

Overall, women positively perceived gender-responsive supervision in both the treatment and control groups. Interviews with treatment group clients and WRAPS POs found positive experiences with the CHSs. Clients indicated that the CHSs were extremely helpful in navigating supervision and various community resources. Clients viewed the CHSs as an additional contact and source of support. While the clients recognized that their PO and the CHS were a team and communicated with one another, building a supportive relationship with a non-law enforcement member of the supervision team (i.e., the CHS) was very beneficial. POs similarly valued the WRAPS model; they had more time to engage in interventions targeting women's criminogenic needs when many of the clients' responsivity needs were addressed by the CHSs. The CHSs had the time, availability, and rapport to determine clients' needs beyond their supervision requirements. Ultimately, the staff viewed CHSs as a "bridge between" the POs and clients.

Primary Recommendations

While the current study faced various limitations and challenges (e.g., COVID-19, a volatile sociopolitical context), four major conclusions and recommendations can be made to help guide best practices when working with justice-involved women on community supervision.

1 Gender-Responsive Probation Supervision is Working and Should Continue to be Funded in WFSU

All POs in this unit (including the control group and WRAPS POs) were socialized and encouraged to work with women differently and were trained to deliver gender-responsive and trauma-informed supervision and case management. Therefore, both treatment and control groups received gender-responsive supervision, with the main difference being access to the CHSs. Keeping this in mind, we found that the unit's use of gender-responsive supervision for justice-involved women was effective based on both the recidivism analyses and the qualitative interviews conducted with all clients and staff from the WRAPS group and the control group. The staff in this office have successfully cultivated an environment based on safety and respect for all women who enter its doors. The culture of the unit reflects a probation staff who (1) have been well

trained in gender-responsive supervision strategies, (2) have a desire to be in that particular Gresham office, and (3) clearly demonstrate the skills and abilities to be highly successful with women on their caseloads. As a result, we strongly recommend continuing the gender-responsive and trauma-informed supervision model that has been carefully cultivated at WFSU.

2 Increase Investment in Culturally and Ethnically Tailored Services for Women

There is an immediate and pressing need to develop more culturally and ethnically responsive interventions and services for Indigenous, Black, Hispanic, and multi-racial women on supervision so that they can feel holistically supported both psychologically and spiritually. The closure of the Diane Wade House, a culturally-specific housing program for Black women, during the study was especially painful under a backdrop of protests that pleaded for Black lives to matter. We strongly advocate for funding additional gender- and culturally-specific housing to replace the loss of the Diane Wade House as immediately as possible. Additionally, the Imani Center and HER (Habilitation Empowerment Recovery) curriculum should continue to be readily available for Black women. Lastly, because we never encountered interventions specifically designed and available for Latina or Hispanic women, we note this as an additional, pressing need.

3 Create a Gender-Responsive Leadership Position at the Executive Level

There is a clear need to invest in a gender-responsive leadership position at the executive level to sustain the immense progress made by DCJ and continue providing evidence-based practices and interventions for justice-involved women. Such a position becomes vital to facilitate discussions on how WFSU and justice-involved women are affected by policy and operational decisions made at the executive level. For example, it is crucial for leadership to understand and be reminded of the fact that risk levels determined by the Women's Risk Needs Assessment (WRNA; Van Voorhis et al., 2008) mean something different compared to risk levels produced by the Level of Service/Case Management Inventory (LS/CMI; Andrews et al., 2004). Additionally, there may be a need for modifications to contact standards or staff performance assessment in WFSU as a result of gender-responsive efforts in DCJ. Having an executive in this role will formalize the investment in the gender-responsive agenda and contribute to its sustainability. This formalized leadership position is becoming more common among correctional agencies that invest significant time and resources in the gender-responsive evidence-based agenda.

4 Make the CHS Role a Permanent Position

While there were no differences in recidivism among the treatment and control groups, the qualitative results indicated strong support for the CHS role. WRAPS clients and staff working alongside the CHSs indicated strong support for continuing the position, so much so that it becomes crucial for Multnomah County DCJ to seriously consider making the position permanent in the fiscal county budget. Budgeting for the CHS role through this grant, and others, demonstrated positive outcomes and should be more formally supported by the County. Continuing to fund the positions on grants jeopardizes the meaningful professional relationships built between clients and CHSs and CHSs and other DCJ staff. Further, it puts CHSs in a precarious position to know their funding will soon end, which contributed to CHS staff turnover during the WRAPS study.

Findings also suggest recommendations for other units that might be considering adding a CHS role to their supervision teams. First, we recommend having a plan to address triangulation in communication and ensure a clear understanding of the roles/responsibilities of CHSs and POs, especially on the front end of implementation. Second, it would be beneficial to have an orientation training for CHSs to help build foundational knowledge surrounding the functions of community corrections and orient them to working within a law enforcement agency. Lastly, it is recommended that agencies provide opportunities for CHSs to attend official CHS trainings to allow them to improve their specific skill sets.

Gender-Responsivity: “What Works Best” When Working with Justice-Involved Women

In the shadow of mass incarceration, researchers, practitioners, and agencies alike have been working to find the answers to ‘‘what works’’ to effectively reduce recidivism and increase safety among correctional populations (Bonta & Andrews, 2017; Latessa et al., 2014; MacKenzie, 2006). While we cannot downplay the immense impact the ‘‘what works’’ movement has had on improving the treatment and rehabilitation of justice-involved persons, there is a concern that when working with justice-involved women, the field frequently settles for ‘‘what works’’ instead of ‘‘what works best."

To understand this concern, it is important to consider the foundation of the ‘‘what works’’ movement. Criminological research has historically focused on justice-involved men, given they make up a majority of the correctional population. As a result, many correctional policies and practices were developed for and measured with men in mind. These policies and practices were considered to be ‘‘gender-neutral’’ and were applied to women, with little to no consideration of gendered differences (see Van Voorhis et al., 2010; Van Voorhis, 2012).

Gender-responsive scholars emphasize the importance of acknowledging that gender matters in considering the role that gender plays in women's lives and pathways into the system (Bloom et al., 2003). The traditional antisocial pathways seen among justice-involved men (e.g., antisocial attitudes, antisocial personality, antisocial friends) certainly apply to some women. However, for many other women, these pathways do not accurately capture their gendered experiences and paths into the system. More often than not, women's pathways are rooted in dysfunctional intimate relationships, abuse/trauma/victimization, and low social and human capital (Brennan et al., 2012; Gehring, 2016; Salisbury & Van Voorhis, 2009). Gender-responsive approaches start with women in mind and are built to address their gendered pathways into the system, their needs, strengths, and lived experiences.

While some gender-neutral policies do "work" for justice-involved women, research has demonstrated that gender-responsive approaches "work best" with women in the correctional system. For example, in their meta-analysis, Gobeil and colleagues (2016) found gender-responsive programming more considerably impacted women’s recidivism than gender-neutral programming. Others demonstrated that gender-responsive risk/needs assessments provided a more accurate assessment surrounding the likelihood of future offending, as well as identifying women’s criminogenic needs and strengths (Van Voohris et al., 2008, Van Voorhis et al., 2013; see also Utah Criminal Justice Center [UCJC], 2021).

Correctional agencies are in the business of human services; these agencies are responsible for the well-being of their staff and clients and community safety. Therefore, agencies and practitioners must not settle for "what works," but implement the most effective interventions, approaches, and tools to reduce recidivism for the population of interest. In other words, agencies have the ethical responsibility to implement ‘‘what works best’’ for the population they serve.

Numerous agencies have embraced the importance of gender and have implemented gender-responsive policies and practices. The Women and Family Services Unit (WFSU) from the Multnomah County Department of Community Justice (located in Gresham, Oregon) is one of these agencies.

Champions for Change: Department of Community Justice in Multnomah County

The Multnomah County Department of Community Justice (DCJ) and the State of Oregon have recognized the importance of implementing a gender-responsive approach when working with women on supervision for approximately the last 10 years. Evidence of this includes the adoption of the Women's Risk Needs Assessment (WRNA) in 2016, passing sentencing legislation to divert non-violent mothers (and fathers) from incarceration (Family Sentencing Alternative Pilot Program [FSAPP] in 2015; HB 3503), and in 2018 the creation of gender-responsive caseloads in a single office among a more trauma-informed setting in a residential area of Gresham, Oregon (a suburb of Portland). The Women and Family Services Unit (WFSU) was established to provide a trauma-informed and gender-responsive approach and environment in working with women and families on community supervision. WFSU is in a single office located approximately 15 miles east of the downtown Portland area and within close proximity to public transportation. The staff and leadership of WFSU are committed to not just settling for "what works" – they are continually considering "what works best" for the women on supervision.

> ***"This unit [WFSU] focuses on building strengths within our clients through setting attainable goals and allowing their supervision to be self-driven and innovated by each client themselves."***
>
> ***- Multnomah County Dept. of Community Justice (2021)***

The Women's Reentry Assessment, Programming, and Services (WRAPS) Model

The current study is a randomized control trial outcome evaluation of a program that had more enhanced wraparound, gender-responsive and trauma-informed services and support (treatment group) compared to routine, gender-responsive supervision in the WFSU office. Qualifying clients deemed medium- or high-risk on the Women's Risk Needs Assessment (WRNA; Van Voorhis et al., 2010) were randomly assigned to either the treatment group or control group (routine, gender-responsive supervision and treatment). While the unit already implements gender-responsive practices, WFSU leadership wanted to compare their 'supervision as usual' (i.e., gender- and trauma-informed supervision) to this new model of supervision called the Women's Reentry Assessment, Programming, and Services (WRAPS) model.

WRAPS emerged from a need for a more comprehensive approach to working with justice-involved women, as they tend to have high levels of need as well as lower levels of self-efficacy and social and human capital (see Salisbury & Van Voorhis, 2009). A major component of the WRAPS model was the utilization and support of Community Health Specialists (CHSs) paired with the two WRAPS probation officers assigned to the intervention. Within the context of this study, CHSs worked alongside probation officers (POs) to provide additional support to women as they navigated community supervision. These staff served as primary client-centered case managers and were focused on the myriad needs that system-involved women must navigate: conditions of supervision, treatment and support groups, medical/mental health needs, medication-assisted treatment, parental needs, employment, housing, etc.

The overarching goal of the WRAPS model was: Reduce recidivism and improve outcomes for women released from, or at risk of, jail through implementation of a comprehensive, data-driven, and trauma-informed continuum of care designed to address their individual criminogenic needs.

CHS support came in many different forms, from reach-in communication to the local jail, conducting WRNA assessments, additional check-ins/communication, housing assistance, transportation assistance to and from appointments, assisting with children's teachers, enrollment in health insurance and public assistance, referrals to services in the community, etc. Additionally, the WRAPS model provided some additional funding for women to meet basic needs (e.g., paying bills, rental assistance, clothing, food, etc.). These women were also given some priority for housing and treatment services.

Probation as Usual

Probation as usual in the WFSU office, reflected gender-responsive and trauma-informed policies and practices. For at least a decade, DCJ made efforts to create a probation environment specifically for justice-involved women, and the WFSU reflects the culmination of those efforts. All POs in this unit (including the control group and WRAPS POs) were socialized and encouraged to work with women differently and were trained to deliver gender-responsive and trauma-informed supervision and case management.

All had prior training and experience with traditional principles of effective intervention (Risk-Need-Responsivity), as well as Motivational Interviewing, gender-responsive case management, the WRNA, and trauma-informed practices such as *Creating Regulation and Resilience* (see Core Associates, 2017; Orbis Partners, 2021). Thus, the control group clients were receiving traditional probation supervision in the sense that it was based on the principles of effective correctional intervention and the Risk-Need-Responsivity model but was undoubtedly enhanced by POs practicing strategies that reflected the risks, needs, and strengths of system-involved women.

Probation as usual in this unit very much reflected gender- and trauma-informed supervision and treatment.

As a result, the baseline comparison group for the study was gender-responsive and trauma-informed supervision. In contrast, the treatment group clients (WRAPS clients) received additional gender-responsive services and treatment by having access to POs who had enhanced gender-responsive training, the collaborative relationship with the CHSs, as well as priority for some treatment services and access to financial assistance. More comparative details between groups are provided in the discussion on COVID's impacts on the study in Table 1. In essence, this study compares gender-responsive/trauma-informed supervision versus gender-responsive/trauma-informed supervision with additional support for addressing criminogenic and responsivity needs.

Summary of RCT Evaluation Methods

There have been limited rigorous empirical studies conducted to support gender-responsive supervision principles. A randomized controlled trial (RCT) research design was utilized to explore the impact of the WRAPS model compared to the unit's 'gender-responsive supervision as usual' protocol.

It is often challenging, both practically and ethically, to conduct random assignment of clients to treatment and control groups. Because it rarely occurs, the use of random assignment is a significant strength of the study's design, allowing all clients to receive a minimum standard of gender-responsive treatment of care, with some clients receiving enhanced treatment and supports specifically designed for women. This rigorous design improves the strength of our findings by eliminating potential confounds attributable to self-selection in the groups.

TABLE 1: TREATMENT PROGRAMS & COVID DISRUPTIONS

Treatment Need	Name of Program	Availability	Service Disruption Notes
Trauma	Beyond Trauma curriculum	Treatment group only	Purchased by DCJ, but the program ended when the Change Center closed in October 2019.
	Healing Trauma curriulum	All clients	Following the closing of the Change Center, clients were then referred externally to The Pathfinder Network in an attempt to reduce any disruptions in service. This was delivered virtually from March 2020 through the end of the study.
Substance Use	Volunteers of America (VOA) In-patient	All clients	Bottlenecking due to COVID; waiting for period after testing (2 weeks) and reduced the patient capacity in order to social distance.
	CODA In-patient	All clients	Bottlenecking due to COVID; waiting period after testing (2 weeks) and reduced the patient capacity in order to physically distance.
	CODA Medication Assisted Treatment (MAT)	All clients, but priority for treatment group	No disruption to MAT but there were more “take outs” compared to dosing in-house. Also, challenges with transportation to access MAT locations.
	*HEAT/HER Curriculum	All Black clients (with restrictions)	Available to clients participating in the African American Program; required to begin the program in DOC custody and then continue upon release. Completely stopped delivery in March 2020 and started doing it virtually again in April 2021.
Mental Health	*Imani = Center (Central City Concern)	All clients	Delivered virtually during COVID.
	Cascadia Behavioral Health (Second Chance Women)	All clients	Cascadia clinicians strictly working within DCJ women clients through a Second Chance grant; no disruptions continued to meet clients in the community throughout COVID.

Treatment Need	Name of Program	Availability	Service Disruption Notes
Co-occurring Mental Health & Substance use	Project Network In-patient (Lifeworks NW)	All clients	Unknown
	LifeWorks NW Outpatient	All clients	Shifted to virtual outpatient treatment.
Multiple Areas	Blackburn at Central City Concern (MAT, outpatient, mental health, medical, housing)	All clients	Unknown
Housing	Couch Street Housing (VOA)	All clients, but priority for treatment group	No disruption, but cracked down on who could enroll based on whether VOA knew the client; very few clients accessed this service because of stringent enrollment criteria (graduating in-patient tx, etc.).
	Garden House (Bridges to Change)	All clients, but priority for treatment group	Women's and children's house; Tx group had priority because the grant paid for part of the rent. Very desirable for clients because they could bring their children. No real disruption in this service; operated as normal during COVID.
	*Diane Wade House	All Black clients	Stopped taking referrals in January 2021. Closed officially June 2021; unknown disruptions during COVID.
Parenting	*Native American Youth and Family Center	All Native American clients	Unknown
	Parenting Inside Out (The Pathfinder Network)	All clients	No disruptions during COVID.

Treatment Need	Name of Program	Availability	Service Disruption Notes
Employment	SouthEast Works	All clients	Major service disruption; eventually delivered virtually; slow down in hiring through not needing more staff; have special counselors working with justice-involved people; unemployment claims assistance.
	Central City Concern	All clients	Unknown
	*SOAR (Portland Opportunities Industrialization Center)	All clients	Unknown
	Constructing Hope	All clients	Employment assistance to enter trades careers; disrupted during COVID.
Relationships	Moving On curriculum	All clients	Program ended when the Change Center closed in October 2019. In January 2020, the curriculum was offered through DCJ (facilitated by a DCJ probation officer).
Transportation	Community Health Specialist	Treatment group	Discontinued March 2020 for the remainder of the grant period

*Notes: *Indicates a culturally-specific service. Not an exhaustive list, but represents more well known and utilized services.*

Target Population

The target population for WRAPS included adult women who belonged to the following three groups: (1) women on "local control" supervision released from the Multnomah County Detention Center or Inverness Jail (i.e., Local County Control: Felony sentences of 12 months or less are served in local jail facilities due to the passage of 1995 SB 1145, which shifted state and local responsibilities for supervision of people with felony convictions); (2) women 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" which represents when local law enforcement call probation staff with a client who is at risk of arrest during the after-hours period; or (3) women deemed as chronic absconders. Each group represents women either released from incarcerated settings or at significant risk of being placed into custody. The number of treatment and control group participants who came from each of these three groups was unavailable to the researchers.

During the planning stages of the grant, the original target population included only women on local control felony supervision. However, because of a change in county-level sanctioning practices, far fewer women were on local control status. Therefore, the pool of eligible participants was expanded to women interacting with police “After Hours” and chronically absconding women. Additional eligibility criteria included: all women, regardless of treatment or control group, were required to score as high- or medium-risk on the Women's Risk Needs Assessment (WRNA; Van Voorhis et al., 2010) within the past year and be at least 18 years of age.

Random Assignment of Participants

Once client eligibility was established, de-identified client data were securely sent to the research team on a rolling basis. The research team confirmed that each woman scored either as medium- or high-risk on the WRNA and had a WRNA completed within the past year. If the client remained eligible, she was randomly assigned to either the treatment (WRAPS model) or the control group (gender-responsive supervision as usual).

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. The research team then informed the unit supervisor of each client’s group assignment. Study enrollment occurred between October 1st, 2018, through December 31st, 2020, and resulted in 58 women assigned to the treatment group and 55 to the control group.

There were no significant differences in age, race/ethnicity, the seriousness of the offense (misdemeanor or felony), offense type, or overall risk level (as determined by the WRNA). Pearson Chi-Square analyses and independent t-sample tests did not find any significant differences between group demographics listed in Table 2.

Initial Client Engagement

Once a woman was assigned to treatment or control group conditions, initial client engagement served as the formal start date from which study outcomes were tracked. For the purpose of this study, initial client engagement was defined as either the date at which (1) a staff “reach-in”

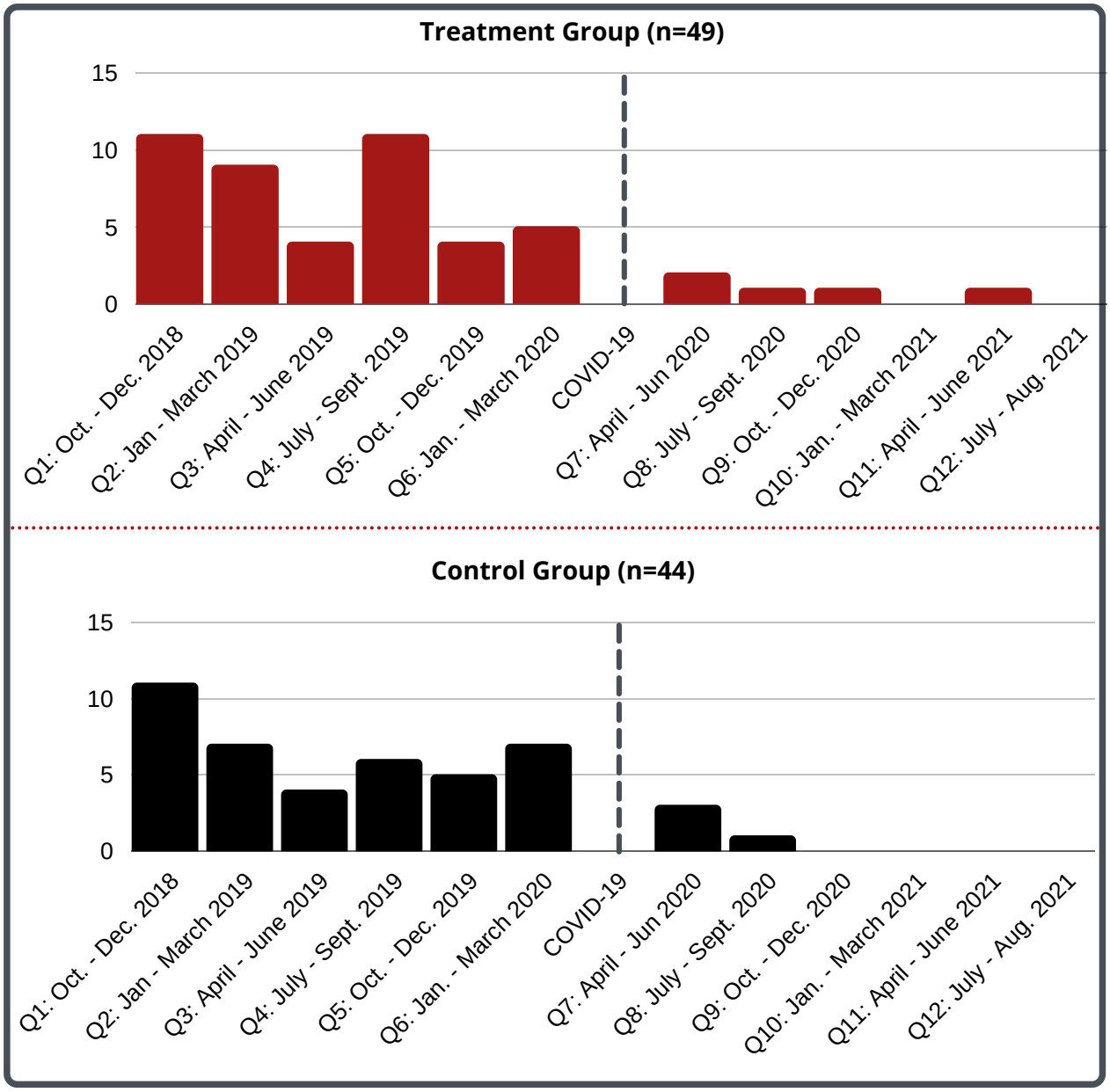
occurred while she was in jail, or (2) initial client contact was made. A staff reach-in was defined as: If the client was incarcerated and either the PO or CHS made any attempt to contact (jail visit, phone call, etc.) to start case planning (e.g., a WRNA, planning to do a WRNA, planning reentry or other services). Initial client contact was defined as the client meeting with their PO at least one time. The engagement date is meant to capture the client's decision to be proactive in reporting/engaging. Figure 1 presents the quarters when women in the treatment and control groups became engaged in supervision. It is noteworthy to mention that a majority of women in both groups engaged prior to the COVID-19 pandemic.

TABLE 2: GROUP DEMOGRAPHICS

	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

Notes: Values may not add up to 100% due to rounding.

FIGURE 1: CLIENT INITIAL ENGAGEMENT TIMELINE BY GROUP



Notes: All values were rounded. Q stands for Quarter. Q1 represents the first quarter the grant was enrolling clients.

Staff

All staff in the unit were trained in gender-responsive practices, including, but not limited to, the *Women's Risk Needs Assessment* (WRNA; UCJC, 2021; Van Voorhis et al., 2010), *Pathways to Change* (Bauman Consulting Group, n.d.), and *Creating Regulation and Resilience* (CR/2; see Core Associates, 2017). Two POs volunteered to work with the WRAPS caseload. These two POs were well versed in gender-responsive practices and were experienced internal WRNA trainers. An important distinction is that these two WRAPS POs and one control group PO had been trained in the Pathways to Change curriculum earlier than the other control group POs.

Pathways to Change is a curriculum designed for correctional staff, working alongside women to provide at-the-desk, skill-based, case-planning interventions that complement the WRNA. While the WRAPS POs also supervised some control group and non-grant clients (one WRAPS PO supervised 4 control group clients and the other supervised 5), they were only permitted to provide the additional resources as they pertained to the WRAPS caseload to WRAPS clients.

Principles of Gender-Responsivity

1. Acknowledge that gender matters
2. Create environments based on respect & safety
3. Relationally based & promote healthy relationships
4. Address trauma, substance misuse, and mental health
5. Improve socio-economic conditions
6. Utilize community supervision and collaborative reintegration services

- Bloom et al. (2003)

In addition, there was funding for two CHSs to work with WRAPs clients. Due to staff turnover, there were not always two CHSs. However, at least one CHS was working with treatment clients throughout nearly the entirety of the grant (except the final month; see Figure 2 for a timeline of the grant). For the control group, women were assigned to 13 different POs within the WFSU unit.

Research Design

This study explored the outcomes and experiences of women who were engaged in the WRAPS model compared to the control group. The study period began on October 1st, 2018 and ended on August 31st, 2021. Given the nature of applied research and the impact of the coronavirus pandemic, the research design had to be modified. First, the study was initially intended to focus on jail reentry, but because of modifications to the target population, the study evolved into more of a pre-entry investigation of supporting women on probation from entering custody (though many clients had previous incarceration experiences). The second challenge was related to the social and public health context surrounding the COVID-19 outbreak beginning in Spring 2020. The barriers presented by the coronavirus are discussed in more detail later in the report, but it did change our research design. In short, we anticipated a significant impact on the data associated with recidivism. Therefore, we pivoted to a more qualitative focus on staff and client experiences.

The current evaluation implemented a mixed-methods approach and utilized various data sources. Recidivism data were collected from the Multnomah County DCJ Research and Planning (RAP) team and the Multnomah County Sheriff's Office. Additionally, engagement data and monthly CHS reports that documented activities/interactions with clients were collected from the WFSU office. Towards the conclusion of the grant, researchers conducted qualitative interviews with both treatment and control group staff and clients to receive feedback on the various aspects of the WRAPS intervention, staff and client perceptions of gender-responsive probation strategies overall, and the nature of the professional relationships developed between staff and clients.

Additionally, an attempt was made to have POs administer a battery of survey questionnaires for clients upon entry and exit to the WRAPS program measuring parental self-efficacy, Post-Traumatic Stress Disorder (PTSD) symptomatology, and resilience. While the WRAPS POs were able to have their clients complete the questionnaires upon enrollment, it was far more

challenging to receive exit questionnaires from WRAPS clients. Further, obtaining questionnaires (either pre or post) from the control group clients were even more challenging, likely due to the researchers not being on-site to diligently check-in with POs for completion. Therefore, our analyses of these data are limited to the treatment group's questionnaires at enrollment to provide a baseline assessment of these needs.

The *Connor-Davidson Resilience Scale-10* (CD-RISC-10; Campbell-Sills & Stein, 2007) was used to measure women's psychological resilience. The scale ranges from a total score of 0 to 40, with higher scores indicating higher resilience. To provide a baseline of average resilience scores, in a study of over 700 U.S. adults in the general public, the mean resilience score was right around 32 (Campbell-Sills et al., 2009; see also Scali et al., 2012). In a study of about 200 French women (over half with a history of cancer diagnosis), the average resilience score of 27 (Scali et al., 2012). As noted in Table 3, the resilience of women in WRAPS is relatively comparable to women from the Scali et al. (2012) study, indicating an essential component for POs to identify and leverage womens' resilience in their case planning.

PTSD symptoms were measured with the *PTSD Checklist for DSM-5* (PCL-5; Weathers et al., 2013), with scores ranging from 0 to 80. Higher scores indicate increased PTSD symptoms. The manual suggests that those with scores above 32 would likely benefit from PTSD treatment. WRAPS clients scored an average of 31 (see Table 3), just below this threshold. Therefore, it is clear that several women who scored above the threshold would benefit from treatment.

Lastly, in an attempt to gauge parental self-efficacy, the *Tool for Measuring Parental Self-Efficacy* (TOPSE; Bloomfield & Kendall, 2007) was used. The TOPSE includes 8 sections: Emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundary setting, pressure, self-acceptance, and learning and knowledge. Each section ranges from 0 to 60, with high scores suggesting higher levels of efficacy. See Table 3 for the outcomes of this instrument.

Qualitative Methodology

Interviews were conducted with WFSU staff as well as clients from both the treatment and control groups using a purposive sampling technique. Researchers contacted staff who worked with WRAPS or control group clients to schedule interviews. For clients, POs assisted in contacting the women and arranging the interview times. Participation was voluntary. In total, 17 interviews were conducted with WFSU staff and clients in the Summer of 2021: WRAPS probation officers (n=2), control group probation officers (n=4), community health specialists (n=2), unit manager (n=1), WRAPS clients (n=3) and control group clients (n=5). It is worth noting that one of the CHSs became a WRAPS PO late in the study period (mid-summer 2021). For the purposes of the interviews, this staff member was asked questions from the CHS interview guide, and questions primarily focused on their role as a CHS.

Procedure

For each participant, individual interviews were conducted by the authors of this report. Interviews were conducted in various ways depending on the participant's preference and availability; all staff interviews were conducted over Zoom, while client interviews were conducted in person, over the

phone, or over Zoom. Consent to conduct and record each interview was obtained prior to the interview. The semi-structured interviews lasted between 30-40 minutes for clients and 90 minutes for WFSU staff. Interview guides were created to pertain to the following groups: WRAPS clients, control group clients, control group POs, WRAPs POs, CHSs, and the WFSU manager. Interview guides were informed by an appreciative inquiry methodology and utilized open-ended questions, allowing participants to respond in ways that reflected their unique perspectives (Cohen & Crabtree, 2006). To enhance the validity and reliability of the data, interviewees were asked to substantiate their views and probed for reasons for their choices, providing examples where possible (McIntosh & Morse, 2015). The interviews were recorded and transcribed verbatim.

TABLE 3: SCREENING INSTRUMENTS (WRAPS ONLY)

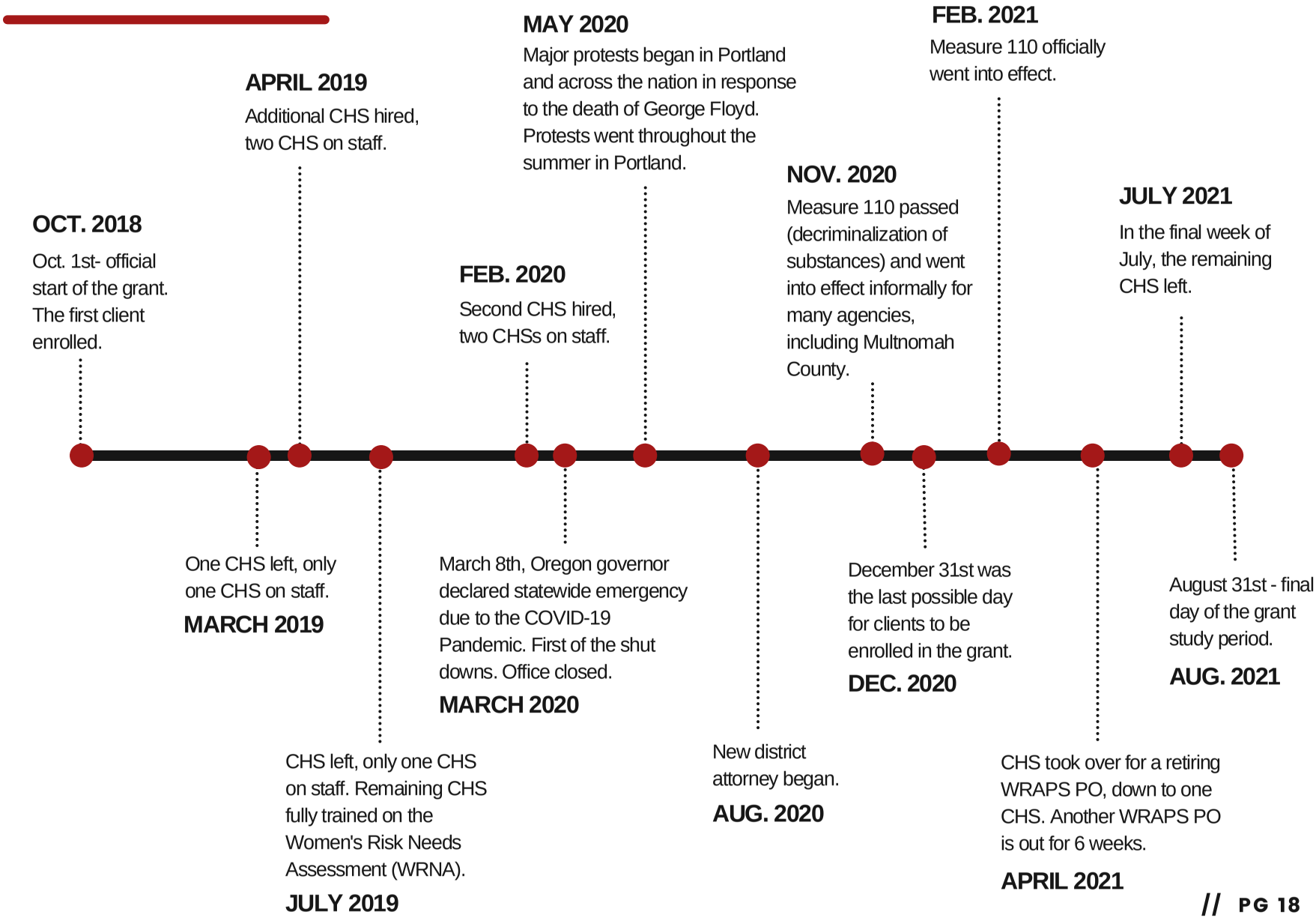
	n	Mean Score	Range	SD
Resilience Scale (CD-RISC-10)	50	26	13 - 40	7
PTSD Scale (PCL-5)	49	31	3 - 76	19
TOPSE Scale				
Emotion & Affection	20	52	33 - 60	9
Play & Enjoyment	28	49	8 - 60	13
Empathy & Understanding	19	54	41 - 60	7
Control	27	43	20 - 60	10
Discipline & Boundary Setting	20	46	28 - 60	10
Pressures	27	41	25 - 60	10
Self-Acceptance	20	46	20 - 60	11
Learning & Knowledge	26	53	30 - 60	8

Note: All values were rounded

Analysis

To code and analyze the qualitative data, transcripts of interviews were uploaded into ATLAS.ti, a qualitative research software program. Several inductive techniques were used to strengthen the internal validity of the analysis. The interviews were listened to and read multiple times to code passages and make notes on preliminary observations and themes that emerged from the data. Codes were grouped into larger patterns of interrelated ideas termed themes. Further, a constant comparative approach was used to develop and rework categories as the data were systematically coded (Silverman, 2009). This approach to identifying, analyzing, and reporting the data is termed Thematic Analysis. It allowed for consideration of predetermined themes (drawn from the interview guide) and inductive themes that emerged from the interview data. Further, it allowed for refinement or rejection of initial identified analytic patterns and the organization of data into a cohesive structure (Braun & Clarke, 2017). The aim was to record and present the most common patterns within and across transcripts concerning stakeholder perceptions and experiences.

FIGURE 2. GRANT TIMELINE



MAJOR FINDINGS

Overview of Enrollment and Completion

Among the 58 women initially assigned to the treatment group, 9 women left the study due to attrition (e.g., death/serious illness, no engagement; see Figure 3), leaving 49 women who were included in the final analysis of outcomes. Among those 49 remaining women, a total of 25 (51%) successfully completed the WRAPS supervision program. A client was considered to successfully complete the WRAPS program if they demonstrated: (1) compliance with all probation supervision requirements and (2) successful completion and/or active engagement in necessary treatment, programming, and tasks based on the WRNA case plan. It took these women an average of 456 days, or just over 15 months, from the time of their first engagement to completion of the WRAPS program (minimum 5 months, maximum 30 months). As of August 31st, 2021, a total of 17 women were still actively participating in the WRAPS program and 7 had unsuccessfully exited the program due to absconding or criminal involvement.

Turning to women in the control group (n=55), a total of 11 women were lost due to attrition, leaving a total of 44 women included in the study. Among those, 23 women successfully completed their supervision (52%), and 13 were still under supervision and considered compliant. The supervision status of 8 control group women was non-compliant (e.g., abscond status, escaped, in prison; see Figure 3).

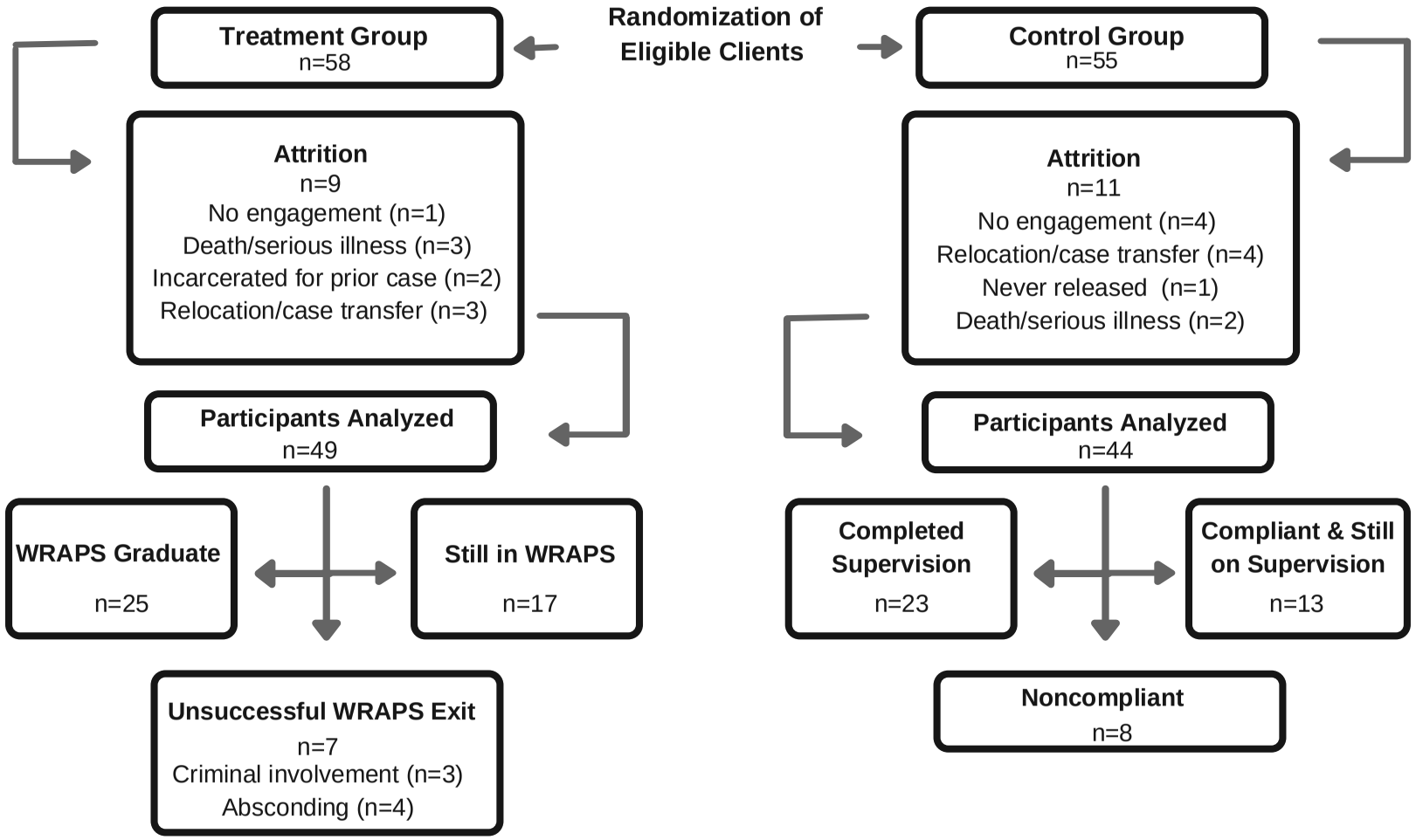
Recidivism Outcomes

All recidivism data should be interpreted with caution due to the various changes in law enforcement practices and the shifting sociopolitical environment in Multnomah County and the Portland-metropolitan area (for more on this, please see the Challenges and Limitations section). However, because both conditions (treatment and control groups) were exposed to the same sociopolitical context, comparing recidivism rates across groups is still a useful analysis. The period for recidivism began after a participant's date of engagement in supervision through August 31st, 2021. The recidivism period was just over two years for both groups; WRAPS women had an average follow-up of 789 days, while the control group had an average follow-up of 787 days.

Jail Bookings

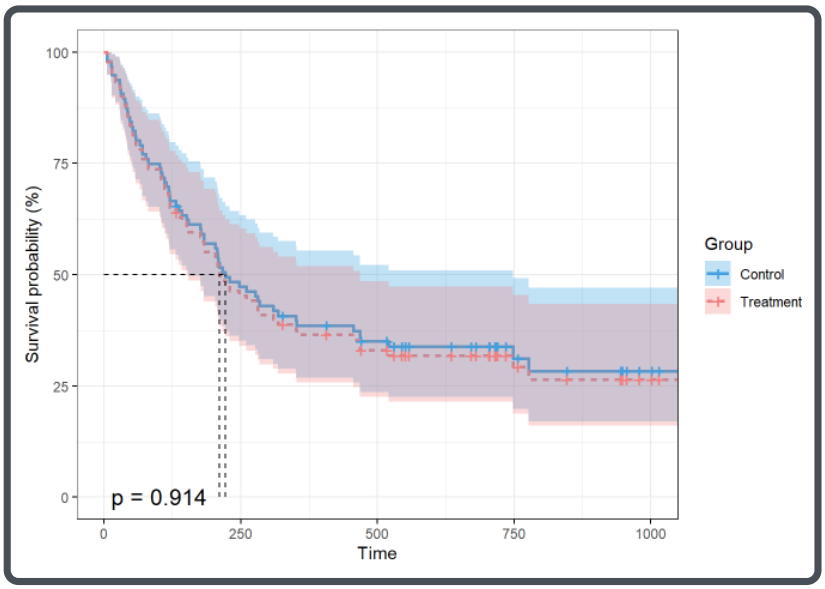
A jail booking refers to an arrest that led to a jail booking in Multnomah County. The baseline rate of women booked in the Multnomah County jail at least once during the study period did not significantly differ between groups; 71% of the treatment group and 66% of the control group had at least one jail booking. A survival analysis was conducted to investigate the time-to-first booking (in days) from the date of supervision engagement for each group. Originating in the biomedical sciences field, survival analysis is often used to observe the time to death of patients, but is also used in the social sciences. Survival analyses produce hazard ratios as a metric of an effect. Hazard rates, also referred to as failure rates, can be conceived as the relative risk of failing (recidivism) at any one instant during the study time period. A Cox regression survival analysis did not find any significant difference between the WRAPS and control group (Figure 4). This indicates

FIGURE 3: FLOW OF CLIENTS THROUGH STUDY



no difference between the two groups in the probability of incurring a booking at any given time during the study.

FIGURE 4: SURVIVAL ESTIMATES BY TREATMENT CONDITION



Bookings by Risk Level

In the treatment group (WRAPS), 15 clients were considered high risk and 34 were medium risk (as determined by the WRNA). Approximately 73% of the high risk WRAPS clients, and 71% of the medium risk WRAPS clients were booked in jail at least once. Within the control group, 12 clients were high risk, and 32 were medium risk. Approximately 75% of high risk control group clients were booked at least once, compared to 63% medium risk control group clients. The differences in jail bookings were not statistically significant when compared within groups (e.g., medium vs. high risk treatment group) or across groups (e.g., control group medium risk vs. treatment group medium risk).

Bookings by Race/Ethnicity

Figure 5 provides the racial/ethnic breakdown of women in each group (treatment and control group) that had a jail booking. Among the 35 treatment group women booked in jail at least once, over half (63%) were White women, while just under a quarter (20%) were Black women. Among the 29 women in the control group that had a least one jail booking, 66% were White women, followed by Black and Hispanic/Latina women (21% and 7%, respectively). Chi-square analyses indicated no significant differences surrounding the percentage of clients with at least one jail booking by race/ethnicity. This suggests no significant differences in the likelihood of a jail booking across race/ethnicity within each group (treatment and control group).

Bookings Post WRAPS Program (Treatment group only)

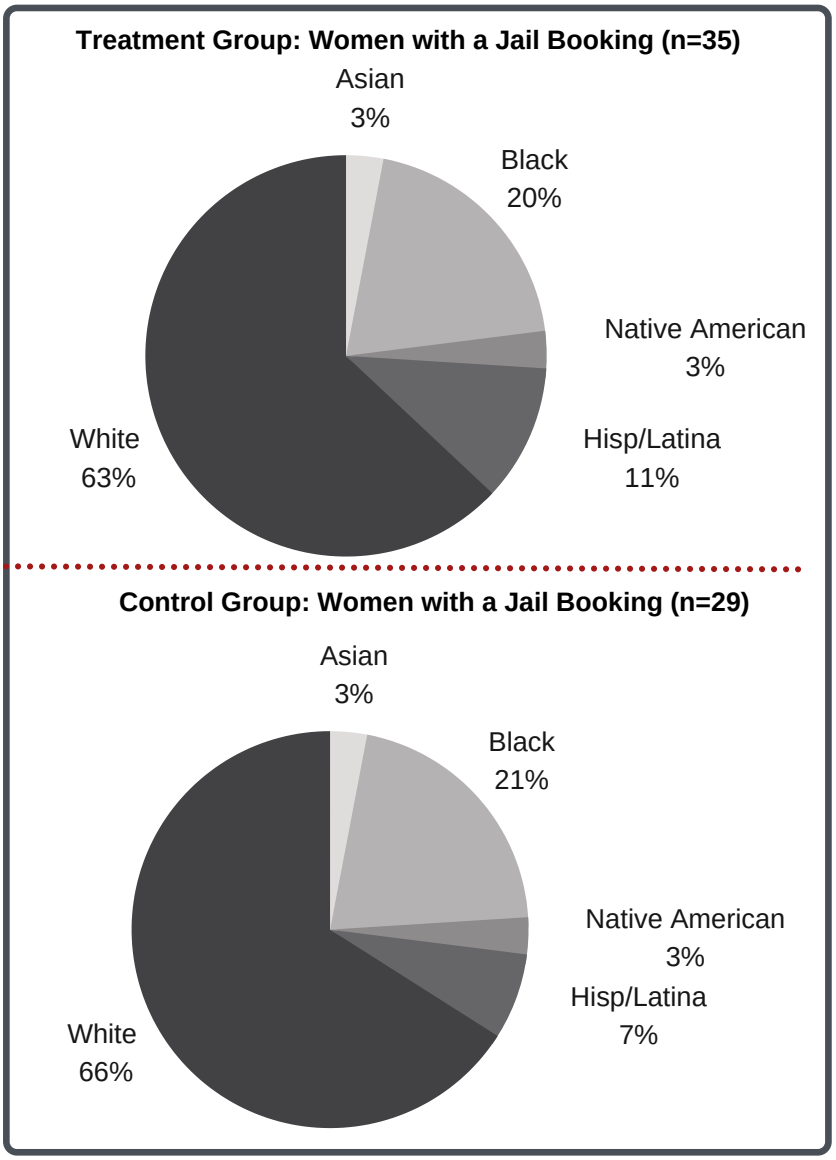
Among the 25 women who successfully completed the WRAPS program (n=25; see Figure 3), approximately one quarter (n=6) had been booked in jail since graduating from the WRAPS program. Among the 7 women who unsuccessfully exited the WRAPS program, 2 had been booked in jail since exiting WRAPS.

Revocations and Prison Admissions

When looking at any revocations, 11 women from the treatment group (22%) had at least one revocation post-engagement. Within the control group, 10 women (23%) had at least one post-engagement revocation. A Chi-square analysis found no significant difference in the overall revocations between the two groups.

There were three different types of revocation: Jail revocation, misdemeanor revocation, and prison revocation. A jail revocation is a revocation of felony probation, and the person is sentenced to a post-prison supervision level (i.e., local control). A misdemeanor revocation is a revocation of misdemeanor probation, and once the person finishes the 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. When their probation is revoked, and the revocation sentence is over 12 months, they would be sentenced to serve that time in Department of Corrections' custody. They would then be under the Parole Board Supervisory Authority.

FIGURE 5: RACIAL/ETHNIC BREAKDOWN OF WOMEN WITH A JAIL BOOKING



Looking at the specific types of revocation, 5 treatment group women (10%) had at least one jail revocation, 5 women (10%) had at least one misdemeanor revocation, and 2 women (4%) had at least one prison revocation post-engagement. Among the control group, 8 women (18%) had at least one jail revocation, 4 women (9%) had at least one misdemeanor revocation, and 1 woman (2%) had a prison revocation post-engagement. Chi-square analyses indicated no significant differences between groups regarding specific revocation outcomes.

Very few women were admitted to prison post-engagement. Among the 49 women in the treatment group, only 6 women (12%) were admitted to prison after engaging in supervision. In comparison, 5 out of the 44 women (11%) in the control group were admitted to prison. These differences were not statistically significant.

These findings suggest no statistically significant differences regarding revocations or prison admissions between the treatment and control groups. However, these particular findings should be interpreted with caution, as detailed below.

Recidivism Considerations

It is important to note that the jail data was only able to tell us if a client was arrested and booked in Multnomah County, not necessarily anywhere else in the state of Oregon or beyond. Additionally, the data do not indicate whether the arrest resulted in a conviction. Additionally, all recidivism measures are subject to the concerns surrounding how the pandemic and various socio-political changes impacted these data.

Lastly, it is essential to note the general limitation of recidivism as the gold standard for defining a program or intervention's success. For instance, when the WFSU Manager was asked whether recidivism was enough to understand the narratives that women go through to navigate being successful in living healthy, productive, resilient lives, she stated:

> *I think it only shows one part of the woman's life and what they're doing... And I think in general, society has these expectations of what success is. It's not a one size fits all. And so when we're looking at recidivism, one, what are you looking at? What was the crime that was committed? What is [sic] the details behind that crime? I don't think we look at that ever, but we look at how many times people are arrested and that's just about it…[A WRAPS client] said it the best…'Before, if the baby needed diapers, I just go steal diapers and then I'd get arrested and then I'd go to jail and then I cost Multnomah County much more money and then may lose my kids.' And she went through all of this stuff. She goes, 'But now I can call here and they'll help me figure out how to get diapers, or they'll send me to a resource where I can get diapers so I'm not out getting arrested. I'm not going to jail. I'm not doing all of this stuff. So basically that helping me get this resource or this thing that I need, this basic need that I need, is keeping them from spending hundreds and thousands of dollars on putting me in jail and the whole process.' Because we know even the booking process for somebody, and that is several hundred dollars, probably close to $1,000 and just booking somebody and then everything else that goes after that.*

Client Perceptions of Community Treatment Interventions

While on supervision, both groups (WRAPS and control) had access to various resources from the WFSU and in the community. Table 1 provides an overview of some of the core programs available to women in the control and treatment groups. Qualitatively, researchers could not assess specific programming and treatment differences between groups—or which specific program interventions each woman enrolled in and completed. Therefore, it was not feasible to control for any treatment effects that may have occurred across programs. Further, researchers could not measure the fidelity of each intervention across programs. However, at two points during the grant period, researchers assessed and concluded that there were distinct, qualitative differences between the services received by treatment and control group clients. This was accomplished by conducting focus groups with treatment and control group clients.

A few programs stood out when interviewing clients. First, substance use recovery services were a common theme among women. While their experiences with different service providers varied, it was made 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 (located in downtown Portland) was not easy to physically access. Many women indicated an aversion to going to the provider for their dosage, saying they felt uncomfortable with the location and the kind of people 'hanging around.'

Beyond Trauma and *Healing Trauma* 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 had a negative impact on some participants, as they could not build a strong rapport with the facilitator and other women in these groups. Nevertheless, others reported that tele-treatment, in general, made it easier for them to attend, reducing challenges such as transportation and childcare (see the section below, "Adapting to the Pandemic: Tele-Supervision and Treatment").

> ***"[Beyond Trauma] just opens your eyes to what trauma really is, and what it really comes from, and how to help yourself get out of that."***
>
> *- WRAPS Client*

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 culturally responsive parenting class. She emphasized how impactful and vital this class 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 WFSU. As previously mentioned, all staff at WFSU were trained in gender-responsive principles and practices to supervise women on their caseloads more effectively. One staff member 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."* Through client interviews, the staff's dedication to being gender-responsive was evident. Clients who had previously been on supervision elsewhere explained how they had very different experiences. For example, one of the WRAPS clients mentioned her previous supervision had been in another state, and they had a zero-tolerance type approach, which 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 is causing the behavior and providing resources. This client described her time of supervision at WFSU as a "*totally different experience*."

> ***"... 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."***
>
> ***- WFSU Staff***

Both treatment and control clients shared very positive experiences with their WFSU 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, being 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...*" In this case, being trauma-informed was crucial when working with this client. Within the gender-responsive framework, recognizing the role trauma plays in women's pathways into the system is necessary, as demonstrated in client interviews.

Many of the women reported feeling safe with their PO, 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

> ***"[My PO] actually cared about what I was going through, and how to help me, and how to change things."***
>
> **- WRAPS Client**

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.

As a result, we strongly recommend the continuation of the gender-responsive and trauma-informed supervision model that has been carefully cultivated at WFSU.

The staff in this office have successfully cultivated an environment based on safety and respect for all women who enter its doors. The culture of the unit reflects a probation staff who (1) have been well trained in gender-responsive supervision strategies, (2) have a desire to be in that particular Gresham office, and (3) clearly demonstrate the skills and abilities necessary to be highly successful with women on their caseloads. Further, the relationships built with outside stakeholders to provide appropriate interventions developed specifically for women are critical to women's success.

However, there does appear to be an opportunity to develop more culturally specific interventions for Indigenous, Black, and Hispanic women so that they can feel holistically supported both psychologically and spiritually. The closure of the Diane Wade House, a culturally-specific housing program for Black women, was especially painful under a backdrop of protests and riots that pleaded for Black lives to matter. We strongly advocate for funding additional gender- and culturally-specific housing to replace the loss of the Diane Wade House as immediately as possible and to consider expanding the availability of Indigenous-based parenting programs. Additionally, the Imani Center and HER (Habilitation Empowerment Recovery) curriculum should continue to be readily available for Black women. Because we never encountered interventions specifically designed and available for Latina or Hispanic women, we note this as an additional, pressing need.

Organizational Roadblocks

Organizationally, there appear to be some roadblocks for the WFSU to thrive even further. First, while the unit's physical location is advantageous to serving clients (and some staff) by being farther away from the urban, downtown corridor, it can be difficult for executive leadership at DCJ to involve WFSU staff when critical organizational decisions are made. It likely takes intentional effort on the part of the staff in the central office at the downtown Mead Building to include staff input from the Gresham WFSU office, nearly 15 miles away.

Further, it appears that many DCJ staff throughout the county still struggle to comprehend that a medium-risk woman on a WRNA looks qualitatively distinct from a medium-risk man on a gender-neutral risk/needs assessment (e.g., Level of Service Case Management Inventory [LS/CMI; Andrews et al., 2004]), and should be more cause for concern for the PO working with the woman in comparison to the PO working with the man. Thus, if internal policy dictates that contact standards, which are based on risk level, be the same across gender (and thus the same across assessments), it fails to capture that a medium-risk woman on a WRNA is more serious in the general context of women's risk compared to a medium-risk man on an LS/CMI. Therefore, there

appears to be an opportunity for DCJ to consider how policies that are driven by male-based supervision models can be modified for women and gender-responsive caseloads. This consideration may also pertain to performance standards and metrics required of probation staff and whether modifications should be made for probation staff working in WFSU. As a result of these concerns, and in the best interest of sustaining the gender-responsive progress made by DCJ, we strongly recommend the creation of a gender-responsive executive-level position in the agency.

On a more positive note, turning to organizational culture, the misperceptions of working in the WFSU unit have begun to wane in recent years. Indeed, the misguided assumptions of working with all-female caseloads permeate across many jurisdictions throughout the U.S. For example, the perception that the WFSU staff do not hold women accountable for their behavior seems to have generally dissipated (among others) as a result of unit staff working hard to dispel the mythologies of working alongside women clients.

Additionally, there is no mistake that DCJ has provided significant support and flexibility to the WFSU Manager to organize and operate the unit under gender-responsive and trauma-informed principles. There do not appear to be any budgetary challenges for the unit, and central leadership has permitted the Gresham office to operate with relative autonomy.

Community Health Specialists: A Valuable Addition to the Supervision Team

The Role of CHSs on Supervision

Within the context of the WRAPS model, the staff viewed CHSs as a "*bridge between*" or a "*point person*" between clients and POs. The CHSs were in a unique position in that they were not law enforcement, yet they were a part of the supervision team. And while they reported and worked closely with POs, they brought in a different skill set and training to provide additional support for clients to help them reach their goals set out in the case planning with POs. We saw a natural division of labor occur between the CHSs and POs. In many ways, the CHSs provided support to women's specific responsivity needs or those needs that are not directly related to women's future recidivism but are obstacles for engaging in treatment interventions. One might also think of these as social determinants of health, which are related to a number of conditions that affect a wide range of health functioning and quality-of-life outcomes (e.g., food insecurity, access to health insurance, access to transportation, access to nature, etc.). This allowed POs more time to focus on clients' conditions of supervision and criminogenic needs—those needs that are firmly associated with women's ongoing recidivism (Van Voorhis et al., 2010). CHSs and POs worked in tandem to improve client outcomes.

The CHSs stated that when they first started working with clients, they made it very clear that they were not their POs. Having a non-law enforcement member on the supervision team seemed to be highly beneficial as CHSs were able to provide support and services that POs did not have time to address. Additionally, CHSs allowed for a relationship that seemed somewhat less intimidating and potentially safer in some ways; women were not required to work with CHSs. Instead, CHSs were resources for them if they chose to utilize their services.

When describing their role, a CHS stated,
"*I'm someone you can reach out to as often as you'd like, you [client] can engage with me as often as you'd like, it's an option, but when you do it's enriching, you're going to get a little bit more step-by-step help.*"

CHSs provided support and numerous services for women, from getting baby formula and food to providing bus passes, advocating for women at medical appointments, treatment referrals, transportation, and visiting clients in treatment. Based on the available monthly reports surrounding CHS services provided to WRAPS clients, over half of the reported services CHSs provided were related to referrals or providing clients with information on resources, treatment, and services. Approximately a quarter of the services CHSs reported were related to helping clients obtain basic necessities (e.g., food, clothing, bus passes, school supplies for children, cell phones).

The last central area CHSs reported on was providing general emotional support to clients. CHSs served as frequent points of contact for clients. Based on the available CHS monthly contact reports, we estimate that CHSs made, on average, approximately 43 successful contacts per month with WRAPS clients (both in-person and virtual [e.g., phone call, text, email] contacts). In addition, it was estimated that CHSs averaged around 26 attempted contacts (did not successfully make contact with the client) per month. It is noteworthy to mention that the average successful contacts dropped by half after the pandemic. Before March 2020, CHSs averaged around 62 successful contacts per month. However, during the COVID-19 pandemic, CHSs averaged closer to 30 successful contacts per month.

Additionally, anecdotal evidence suggests that the CHSs played a critical role in reducing sanctions for WRAPS clients by guiding them toward healthier choices to solve problems. WRAPS clients were still being held accountable, but because they had that extra layer of support, navigation, and guidance for addressing responsivity needs, clients found themselves less likely to be in crisis situations where they had to make tough choices that may have potentially led to a sanction. In short, CHSs served as an intervention to help clients learn to avoid or manage situations that could get them in trouble. For instance, the Manager of the WFSU stated:

> *I think sanctioning practices and supervision looked different for WRAPS because of the CHSs, and the CHS's ability to help women also take care of stuff out of state…So when we have a client that we're getting into housing, and we're just getting on MAT treatment here, but they were going to have a warrant in Washington state if they don't show up for the PO there today, the CHS is picking them up, driving them to Washington state and getting them in connection with that PO. So that warrant doesn't come out so they can stay involved with their treatment programming here. That's not going to happen on a general caseload because the staff just don't have the time to do that. And so it's that extra navigation advocacy, let's break down all of the barriers. So you can be as successful as you can be. We just don't have that with all case loads.*

Relationship Between CHSs and POs

Next, we examined the relationship between the WRAPS POs and CHSs to better understand how these two roles worked together. The WRAPS POs reported that the CHSs were extremely helpful and viewed them as valuable ‘‘*resource brokers*’’ or "*navigators*." They explained that the CHSs had the time, ability, and rapport to determine clients’ needs beyond their supervision requirements. The POs described how the CHSs were able to work with clients to assess their acute and immediate needs (e.g., diapers, baby formula, cell phone, transportation). Many of these acute needs are not criminogenic (e.g., predictive of future recidivism) but are considered specific responsivity factors (see Bonta & Andrews, 2017). However, as mentioned above, we have qualitative evidence that addressing these responsivity needs reduced possible criminal behavior.

Specific responsivity factors serve as barriers to addressing criminogenic needs (Bonta & Andrews, 2017). Specific responsivity factors must be addressed so POs can work with clients and address what is causing their offending behaviors (Bonta & Andrews, 2017; see also Taxman, 2014). The POs discussed the challenge of managing both criminogenic needs and specific responsivity factors; they simply do not have the time. This is where the CHSs role was critical. The POs noted that they had more time to engage in interventions targeting women’s criminogenic needs when many of the client's responsivity needs were being addressed by the CHSs. A staff member explained this by stating, “*The POs do well when it comes to trying to get them [clients] referred out to programming and working with them in the offices and different interventions... but the CHSs are doing those responsivity needs of, ok, this person hasn’t had food in days... how do we get them food?*” Together, the POs and the CHSs were able to meet both criminogenic and responsivity needs, a key component of effective evidence-based correctional treatment. This, in theory, should lead to more positive outcomes among clients.

The WRAPS POs explained that the CHSs had the time and resources to help address women's various responsivity-related needs: *“They’re [CHSs] helpful. They were able to get to things that I wasn’t able to get to.”*

WRAPS Clients' Perceptions of CHSs

Interviews with treatment group clients (n=3) found very positive experiences with the CHSs. Overall, clients found the CHSs extremely helpful in navigating supervision and various community resources. They reported that CHSs helped them overcome challenges surrounding housing, employment, treatment referrals, baby supplies, clothes, transportation, child custody, or health concerns. One client discussed how the CHS advocated on her behalf and wrote a letter of reasonable accommodations to assist her in getting an apartment. She firmly believed that she would not have been able to get the apartment without the CHS’s help. Another client told researchers about when the CHS would visit and spend time with her while in treatment.

Clients viewed CHSs as very supportive and built a very positive relationship with them. One WRAPS client mentioned, "*... [the CHS] just made me feel like I was an important person...and not just another caseload.*" Many women reported that they genuinely enjoyed talking with their CHS and felt comfortable discussing challenging topics that they did not openly speak about with others. Much of this was built on trust; clients discussed establishing a strong rapport with their CHS. Sometimes this trust did take a while to build, as clients remembered not being sure who this "*extra person up in my business*" was, but after some interactions, they recognized the role of the CHS and began to build this relationship.

Another theme that stood out was how the clients viewed the CHSs and their POs differently. Similar to staff comments, a significant difference was rooted in authority. While having an excellent relationship with her PO, a WRAPS client explained the difference by stating, "*...I kind of look at [my PO] as more of an authority figure and [my CHS] as like a coach.*"

Quotes from WRAPS Clients:

..when I was in inpatient, [my CHS] would come get me out of there, and we would be able to kick it for the day, and just talk. I had somebody [CHS] actually that I could talk to and trust, but also help me and get me the resources I need.

I did things I'm not proud of and I don't know, it means a lot to me to know that I can be able to talk to [my CHS]...

I was trying to stay clean, and [my CHS] took me over to [treatment] and spent the whole day with me there... I was able to leave with medication, but [my CHS] helped me fill out my paperwork...it would have been really hard without [my CHS]...

[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.

Not only were CHSs generally more available to clients, but they served as an additional part of the client's supervision team that was not their PO. Having this additional point of contact who was not an authority figure was beneficial, especially when navigating situations where clients might be uncomfortable talking to their PO. For example, a WRAPS client mentioned, "*...if I was scared to talk to my PO, or if I knew I did something, I could talk to them [one of the CHSs], and they coached me through how I could talk to my PO.*" While the clients recognized that their PO and CHS were a team, building that relationship with a non-law enforcement member of the supervision team was very beneficial.

Control POs' Perceptions on Adding a CHS to Their Caseload

We also asked the control group POs (n=4) about their views of the CHS role. While one control group PO had worked with a CHS on another caseload, the remainder had no experience working with a CHS. The POs had varying levels of understanding of what the CHS role fully entailed,

which was understandable given they had not had the opportunity to work with one. However, with the information they picked up from conversations in the office, they generally viewed CHSs as a valuable part of the supervision team. They believed a CHS would be beneficial for them and their caseload.

The interviews with control group POs uncovered similar findings from the interviews with WRAPS POs, particularly regarding the CHS serving as a 'navigator' for clients. Additionally, they told us they believed CHSs could help address some of those needs that they cannot always address given time constraints (i.e., specific responsivity factors). One PO suggested that having a CHS specializing in particular areas (e.g., homelessness, mental health, etc.) would benefit some of those more challenging specific responsivity factors. POs also mentioned they liked the concept of having an additional support person and the collaborative nature of the two roles, working together to provide women with wrap-around support. One PO explained this by stating, "*Just having another person on the caseload helps out tremendously... that's why the CHS thing is a good idea because you have an extra person with extra eyes*."

> ***"Just having another person on the caseload helps out tremendously... that's why the CHS thing is a good idea because you have an extra person with extra eyes."***
> *- Control Group PO*

While the control group POs advocated for using CHSs in supervision teams, this support did not come without some hesitancy. For example, one PO stated, "*I see the benefit of having a CHS attached to caseloads. I do. However, comma...*" This PO continued to share some potential hesitancies with broadening the CHS role to other caseloads. One concern this PO mentioned was that in their experience, peer mentors from other agencies (e.g., Volunteers of America) provide similar services CHSs provide. This is an important consideration regarding the availability of resources/services in the community; the CHS role might be crucial in jurisdictions with limited access to services. On the other hand, POs discussed how they previously had some challenges with collaboration and communication when working with peer mentors from other agencies - whereas the CHS works collaboratively with POs.

Another potential area of hesitancy was related to training and the dual role orientation of POs (law enforcement and rehabilitation). For example, one PO indicated, "*Maybe sometimes it's hard for the CHSs to embrace the other side of what we [POs] do*." In this statement, the PO referred to the law enforcement side of their work, recognizing they have to hold clients accountable, which sometimes includes sanctioning or arresting individuals. The perspectives from the control group POs shed light on some essential components that are important to consider moving forward.

Recommendations for the CHS Role Moving Forward

To our knowledge, the inclusion of CHSs within the realm of community corrections has never been previously attempted. This study demonstrated the value CHSs brought to the supervision team, both from clients' and probation officers' perspectives. The qualitative findings supported the

implementation of CHSs on supervision teams, especially when working with high risk and high need clients. The experiences of CHSs from their own perspectives and based on perceptions from staff and clients can help inform agencies that might be considering the addition of CHSs to their community supervision teams.

1. Establish Clearly Defined Roles

When the model first began, there was some concern with triangulated communication between clients, CHSs, and POs, and clients having an inaccurate assumption that their conversations with CHSs were confidential. When staff recognized this, they intentionally communicated with clients that they were a team, and the CHSs shared information with POs and vice versa. Because CHSs did not go through any specific training to work in WFSU, many new skills were learned on the job, with mentorship from the POs and other WRAPS staff. It also took some time to determine the roles and responsibilities of CHSs and POs to avoid overlap. Frequent communication and good rapport between the CHSs and POs were crucial for addressing this. One staff member mentioned that when they first started working with a client, the PO and CHS would sit with the client and describe their roles and how they can help the client, providing clear examples of the PO's role and the CHS's role. For agencies considering adding a CHS member to their supervision team, having a plan to address triangulation and ensuring a clear understanding of the tasks/duties of CHSs and POs would be helpful, especially on the front end of implementation.

2. Provide an Orientation

Based on the findings of this study, it would be beneficial to have an orientation training for CHSs to help build foundational knowledge surrounding the purpose and goals of the position with clearly defined roles and responsibilities between CHSs and POs. Additionally, it may be essential to orient CHSs to some aspects of working with justice-involved populations as well as working within a law enforcement agency, such as the dual-role orientation of community supervision officers.

3. Engage in CHS Specific Trainings

In addition to an orientation, there are official Community Health Specialist trainings available at the state level (at least in Oregon). Only one of the CHSs in this grant had the opportunity to complete the training. Time and resources were listed as a significant barrier at the agency level regarding sending CHSs to these formal trainings. However, the one CHS who attended found it beneficial and said it provided them with a robust theoretical foundation for their job and the social determinants of health. Trainings and conferences focused on working specifically with justice-involved women were also extremely helpful in better understanding the population they were working with and the unique gendered needs and experiences they bring with them.

Adapting to the Pandemic: Tele-Supervision and Treatment

Beginning in March 2020, the COVID-19 pandemic had a drastic impact on the lives of justice-involved individuals as well as agencies working with them. We were informed that the WFSU closed its doors in March 2020 and re-opened to the public on September 7th, 2021 (with precautionary measures). While the impact of COVID-19 on community supervision could be an entire report in and of itself and significantly influenced participant enrollment, engagement, supervision, and recidivism outcomes, we take a moment below to briefly share some of the staff and client experiences of supervision during these unprecedented times.

The adoption of tele-supervision had somewhat mixed reviews. Both staff and clients reported that a major limitation of tele-supervision was the lack of face-to-face interactions. Staff found that not being able to physically observe clients and read their body language was a significant barrier to connecting with them and getting a sense of ‘what was really going on.’ Interestingly, some clients stated that they were not held as accountable for their behavior without the face-to-face meetings. Some admitted that this was not beneficial for their overall progress. Another major component was a sense of COVID-19 burnout or fatigue; both clients and staff were 'over it' in a sense.

While tele-supervision presented barriers for some clients, others reported positive experiences with tele-supervision and tele-treatment, particularly regarding accessibility and not having to come into the office or physically attend treatment. A physical check-in or in-person treatment requires finding transportation (often a very long bus/light-rail ride) and potentially taking time off work for many clients. It becomes even more of a challenge for women who have young children to make this trip.

"I feel like the beginning of COVID it was easier. Now, towards the end of the COVID everyone's over it, you know?... So in the beginning it was like, 'Cool, I just have to pick up my phone and check in with you, that's great' ... They [clients] were excited to do that... after seven, eight months in they were like, 'Okay, what's next? We can't keep doing this... [is] the world opening back up or not? Are we going to be able to come into the office or not?'"

-WFSU Staff

The positive findings surrounding the accessibility of tele-supervision and tele-treatment are essential to consider within the realm of gender-responsive practices, especially given that women are often the caretakers of young children. While much more research is needed, the pandemic and forced adaption toward tele-supervision and treatment opened up the potential of utilizing more tele-based services in the future.

CHS Staff Turn Over

Given that a major focus of this WRAPS model was the presence of CHS workers, the CHS turnover throughout the grant period served as a considerable limitation. This turnover presented challenges with clients building a rapport with CHSs. For example, when discussing the impact of CHS turnover, a WRAPS staff member stated, "*they [clients] want to form a relationship or bond with somebody, and when they do, then their [CHS] is gone…It's another loss for them*." Throughout the grant period, there were a total of four CHSs that worked at various times on the grant (see the grant timeline in Figure 2). This turnover is a limitation of the study and is a primary reason why we strongly advocate for DCJ making the CHS role permanent, rather than solely grant-funded.

The COVID-19 Pandemic

The COVID-19 pandemic began about midway through the grant period. On March 8th, 2020, Oregon Governor Kate Brown stated that the COVID-19 virus threatened public safety and constituted a statewide emergency. This led to various policies going into effect (see Oregon.gov, 2020). In response to the pandemic, the WFSU closed the office. Staff worked from home and no longer had face-to-face contact with clients unless clients posed an immediate and direct threat to public safety.

The supervision team demonstrated extreme levels of resilience and adapted to ever-changing policies to ensure public safety and the safety of their clients. However, the pandemic significantly impacted the study and presented many limitations on the outcomes of WRAPS and gender-responsive probation.

Limited Interactions/Interventions with Clients

COVID-19, of course, placed many restrictions on interactions with clients in the field. Given that CHSs were a central component of the WRAPS model, it is important to note how their roles changed during this time. CHS staff could no longer transport clients or see clients in person, which was a major limitation to their ability to provide support and services. Additionally, the interactions between clients and POs were limited to tele-supervision, except in situations that posed a significant risk to public safety. POs utilized various communication methods to reach their clients, and while this did serve as a positive in some regards, it still limited the services they could provide women. It was also mentioned that the engagement component was challenging for some women, and the sense of 'burn-out' was apparent among both staff and clients.

Accessibility of Services and Treatment

Another major limitation of COVID-19 was the closure or limited availability of various treatments and services for clients. For example, domestic violence shelters were not serving new clients for months, meaning that unless women had already been in the shelters, they could not access the shelter or services regardless of their situation. In an attempt to assist, some providers began offering tele-services via phone or video-conferencing software, such as Zoom or Skype. For places that continued to provide in-person services, transportation became highly challenging:

CHSs were not permitted to provide transportation, and the public transportation system operated at a limited capacity and with fewer routes. While there were mixed reports of women's success with tele-treatment, the gap in treatment and services for this high-risk population cannot be overlooked and is a significant limitation concerning women's outcomes on supervision and the findings of this study.

Recidivism Outcomes

Many of the policy changes in response to COVID-19 impacted the supervision of individuals, which in turn directly influenced the recidivism data being collected for the current study. For example, on March 27th, 2020, Oregon Supreme Court Chief Justice Walters issued Amended Order No. 20-006, postponing most trials and nonessential hearings while essential hearings were to be conducted remotely (Multnomah County Presiding Judge Order, 2020).

In addition to courts postponing trials, because POs were not allowed to be in the field or have face-to-face interactions with clients (except for circumstances that presented a significant public safety threat), they could not conduct drug tests or determine if women violated their probation conditions. Pre-COVID, these interactions allowed POs to determine if women were adhering to their supervision requirements. These interactions would potentially result in POs utilizing a sanction, including jail bookings or a revocation/new charge. However, many of these went undetermined because of the limited interactions, thus impacting the recidivism data.

Lastly, law enforcement personnel were advised to utilize their discretion surrounding arrests and citations to help reduce the jail population and the strain of COVID-19 on jail operations (Multnomah County, 2020). The accumulation of these changes presents significant concerns surrounding the current study's recidivism data. It is improbable that the recorded recidivism measures reliably and accurately reflect clients' behaviors, given the minimal interaction with POs and increased discretion of law enforcement.

While the use of official records of recidivism always results in undercounts of actual antisocial behavior due to reflecting only what is reported, the recidivism measures in this study likely reflect an even higher underrepresentation of treatment and control group clients' antisocial behavior due to the pandemic and its sociopolitical consequences.

Social and Political Context of Multnomah County & Surrounding Regions

In addition to COVID-19 and the immense impact the pandemic had on Oregonians, there are also some noteworthy aspects surrounding Oregon and Multnomah County's social and political climate pertaining to this study.

Measure 110

In the Fall of 2020, Measure 110, the Drug Decriminalization and Treatment Initiative, passed and formally went into effect in February 2021. Measure 110 effectively made possession of small

amounts of cocaine, heroin, LSD, and methamphetamine, among other drugs, punishable by a civil citation — similar to a parking ticket — and a $100 fine (see Legislative Policy and Research Office, 2020). Although the new law officially began in February 2021, WSFU staff indicated that criminal justice agencies in the County had informally been implementing the measure prior to February 2021, resulting in a considerable reduction of police contacts, arrests, and charges for possession of substances for women on supervision. While this policy's informal and formal implementation has undoubtedly impacted the women serving probation sentences, this was outside the scope of this study and was not captured in this report. This is a limitation that should be taken into account when interpreting the outcomes and considering the greater social context of this study.

Community Safety and Gun Violence

Gun violence has become a serious and growing issue in the Portland area. According to the Portland Police Bureau (2021), in 2019, there were a total of 388 reported shooting incidents. The number of shootings more than doubled in 2020, with a total of 891 shootings. The statistic continued to grow in 2021, with 1,294 shootings. These statistics demonstrate the immense increase in gun violence in the County, posing a major safety risk to the community. Significant spikes in violent crimes, such as gun violence, leave law enforcement resources and personnel stretched thin, and other non-serious offenses or calls for service have a delayed response. While this was outside the scope of this study, this is important to acknowledge when considering all that was going on in the community during the grant period and recognizing the impact this had on the lives of staff and clients.

Through interviews, staff and clients discussed the impact community violence has directly had on their lives, from surviving drive-by shootings to worrying for their friends and loved ones in the community.

Protests

In response to the murder of George Floyd in May 2020, Multnomah County witnessed months of nightly protests and demonstrations. The night of May 29th, 2020, was the first night of mass protests as thousands flocked to downtown Portland. Police declared this a riot, as there was looting, and a fire was started on the ground floor of the Multnomah County Justice Center. Riots and protests continued throughout the summer (Levinson, 2020). In July 2020, federal law enforcement agents were deployed to Oregon, resulting in violent clashes between protesters and federal agents. On July 31st, 2020, Governor Kate Brown and the U.S. Department of Homeland Security came to an agreement, and state police took control back from federal agents (Flaccus, 2020). With the summer coming to an end, August 25th, 2020, represented 90 consecutive days of public protests (Ryan, 2020). In November 2020, Governor Kate Brown activated the Oregon National Guard to assist law enforcement in response to more ongoing protests (Killen & Ryan, 2020). Within this social context, staff discussed increased distrust of law enforcement which extended to community supervision. For example, one staff member stated, "*There was a lot of distrust because there was a lot of stuff going on in the media. So, there was just a lot of distrust towards law enforcement...that felt difficult*". This added another layer of complexity when working with clients during this time.

Election of New Multnomah County District Attorney

Lastly, the election of a new, highly progressive District Attorney (DA), Mike Schmidt, also contributed to challenges for probation staff in holding women accountable for antisocial behavior. DA Schmidt took over in August 2020, during one of the most tumultuous periods in Portland history with the pandemic, at the height of racial justice protests and riots, while homicides and other violent crimes were increasing. The backlog of cases created during the pandemic coupled with the District Attorney Office's failure to prosecute many serious crimes committed by individuals on probation made it next to impossible to revoke some clients' probation sentences when their behavior was escalating toward more severe antisocial behavior. One staff member illustrated this by stating:

> "*... we had the woman [not a grant participant] that lit a house on fire because she was mad at her ex for seeing somebody else and got plead down to an Attempted Arson Two."*
>
> When asked how the woman was held accountable, the staff member continued,
>
> "*So it was going to be nothing. I mean, they were going to put her on bench probation until somebody at the court intervened and called me. And I'm like, 'no, we need to supervise her for a little bit.' We just need to see what's really going on...we have got to figure out why she lets it all go to that extreme. Right? Like why does it get to that extreme? I think we had a woman that stabbed her boyfriend in both legs and right above the penis. And that got no complainted [i.e., prosecution did not file charges]*."

OVERALL RECOMMENDATIONS & CONCLUSIONS

While the current study faced various limitations and challenges (e.g., COVID-19, a volatile sociopolitical context, CHS turnover), four major conclusions and recommendations can be made to help guide best practices when working with justice-involved women on community supervision.

1 Gender-Responsive Probation Supervision is Working and Should Continue to be Funded in WFSU

All POs in this unit (including the control group and WRAPS POs) were socialized and encouraged to work with women differently and were trained to deliver gender-responsive and trauma-informed supervision and case management. Therefore, both treatment and control groups received gender-responsive supervision, with the main difference being access to the CHSs. Keeping this in mind, we found that the unit's use of gender-responsive supervision for justice-involved women was effective based on both the recidivism analyses and the qualitative interviews conducted with all clients and staff from the WRAPS group and the control group. The staff in this office have successfully cultivated an environment based on safety and respect for all women who enter its doors. The culture of the unit reflects a probation staff who (1) have been well trained in gender-responsive supervision strategies, (2) have a desire to be in that particular Gresham office, and (3) clearly demonstrate the skills and abilities to be highly successful with women on their caseloads. As a result, we strongly recommend continuing the gender-responsive and trauma-informed supervision model that has been carefully cultivated at WFSU.

2 Increase Investment in Culturally and Ethnically Tailored Services for Women

There is an immediate and pressing need to develop more culturally and ethnically responsive interventions and services for Indigenous, Black, Hispanic, and multi-racial women on supervision so that they can feel holistically supported both psychologically and spiritually. The closure of the Diane Wade House, a culturally-specific housing program for Black women, during the study was especially painful under a backdrop of protests that pleaded for Black lives to matter. We strongly advocate for funding additional gender- and culturally-specific housing to replace the loss of the Diane Wade House as immediately as possible. Additionally, the Imani Center and HER (Habilitation Empowerment Recovery) curriculum should continue to be readily available for Black women. Lastly, because we never encountered interventions specifically designed and available for Latina or Hispanic women, we note this as an additional, pressing need.

3 Create a Gender-Responsive Leadership Position at the Executive Level

There is a clear need to invest in a gender-responsive leadership position at the executive level to sustain the immense progress made by DCJ and continue providing evidence-based practices and interventions for justice-involved women. Such a position becomes vital to facilitate discussions on how WFSU and justice-involved women are affected by policy and operational decisions made at the executive level. For example, it is crucial for leadership to understand and be reminded of the fact that risk levels determined by the Women's Risk Needs Assessment (WRNA; Van Voorhis et al., 2008) mean something different compared to risk levels produced by the Level of Service/Case Management Inventory (LS/CMI; Andrews et al., 2004). Additionally, there may be a need for modifications to contact standards or staff performance assessment in WFSU as a result of gender-responsive efforts in DCJ. Having an executive in this role will formalize the investment in the gender-responsive agenda and contribute to its sustainability. This formalized leadership position is becoming more common among correctional agencies that invest significant time and resources in the gender-responsive evidence-based agenda.

4 Make the CHS Role a Permanent Position

While there were no differences in recidivism among the treatment and control groups, the qualitative results indicated strong support for the CHS role. WRAPS clients and staff working alongside the CHS indicated strong support for continuing the position, so much so that it becomes crucial for Multnomah County DCJ to seriously consider making the position permanent in the fiscal county budget. Budgeting for the CHS role through this grant, and others, demonstrated positive outcomes and should be more formally supported by the County. Continuing to fund the positions on grants jeopardizes the meaningful professional relationships built between clients and CHSs and CHSs and other DCJ staff. Further, it puts CHSs in a precarious position to know their funding will soon end, which contributed to CHS staff turnover during the WRAPS study.

Findings also suggest recommendations for other units considering adding a CHS role to their supervision teams. First, we recommend having a plan to address triangulation in communication and ensuring a clear understanding of the roles/responsibilities of CHSs and POs, especially on the front end of implementation. Second, it would be beneficial to have an orientation training for CHSs to help build foundational knowledge surrounding the functions of community corrections and orient them to working within a law enforcement agency. Lastly, it is recommended that agencies provide opportunities for CHSs to attend official CHS trainings to allow them to improve their specific skill sets.

REFERENCES

Andrews, D. A., Bonta, J., & Wormith, S. J. (2004). *The Level of Service/Case Management Inventory (LS/CMI).* Toronto, Ontario, Canada: Multi-Health Systems.

Bauman Consulting Group. (n.d.). *Pathways to Change: Individual case work interventions for criminal justice-involved women*. https://baumanconsultinggroup.com/marketplace/pathways-to-change-individual-casework-interventions-for-criminal-justice-involved-women-end-user-training-k6ncy

Belisle, L., & Salisbury, E. J., (2022). Community corrections officers as change agents. In E. J. Salisbury & P. Van Voorhis (Eds.), *Correctional Counseling and Rehabilitation* (10th ed.). Routledge.

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

Bloomfield, L., & Kendall, S. (2007). Testing a parenting programme evaluation tool as a pre- and post-course measure of parenting self-efficacy. *Journal of Advanced Nursing, 60*(5), 487-493. https://doi.org/10.1111/j.1365-2648.2007.04420.x

Bonta, J., & Andrews, D. A. (2017). T*he psychology of criminal conduct* (6th ed.). Anderson.

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,* 1481-1508. https://doi.org/10.1177/0093854812456777

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

Campbell-Sills, L., Forde, D., R., & Stein, M. B. (2009). Demographic and childhood environmental predictors of resilience in a community sample. J*ournal of Psychiatric Research, 43*(12), 1007-1012. https://doi.org/10.1016/j.jpsychires.2009.01.013

Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the Connor–Davidson resilience scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress, 20*(6), 1019-1028. https://doi.org/10.1002/jts.20271

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/

Flaccus, G. (2020, Sept. 4). *Portland's grim reality: 100 days of protests, many violent.* Associated Press. https://apnews.com/article/virus-outbreak-ap-top-news-race-and-ethnicity-id-state-wire-or-state-wire-b57315d97dd2146c4a89b4636faa7b70

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.

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%2F0093854815621100

Killen, D., & Ryan, J. (2020, Nov. 5). *Portland march evolves into a riot after protesters shatter some downtown windows*. The Oregonian. https://www.oregonlive.com/portland/2020/11/marches-rallies-for-racial-justice-resume-wednesday-in-portland.html

Latessa, E. J., Listwan, S. J., & Koetzle, D. (2014). *What works (and doesn't) in reducing recidivism.* Anderson Publishing.

Legislative Policy and Research Office. (2020). *Measure 110*. https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-(2020).pdf

Levinson, J. (2020, Aug. 28). *Portland protests frequently labeled 'riots,' but some say police use laws arbitrarily.* Oregon Public Broadcasting. https://www.opb.org/article/2020/08/28/riot-unlawful-assembly-law-oregon-police-racism/

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.

MacKenzie, D. L., (2006). *What works in corrections: Reducing the criminal activities of offenders and delinquents*. Cambridge University Press.

McIntosh, M. J., & Morse, J. M. (2015) Situating and constructing diversity on semi-structured interviews. *Global Qualitative Nursing Research, 2*, e1-12. https://doi.org/10.1177/2333393615597674

Multnomah County (2020). *Multnomah County Public Safety Partners responding to COVID-19*. https://www.multco.us/novel-coronavirus-covid-19/news/multnomah-county-public-safety-partners-responding-covid-19

Multnomah County Department of Community Justice (2021). *Women & family services*. https://www.multco.us/dcj-adult/women-family-services

Multnomah County Presiding Judge Order 20DR00000 (April. 10, 2020). https://www.courts.oregon.gov/courts/multnomah/Documents/OrderFamilyLawJuvenilerobateCOVID-19.pdf

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

Oregon.gov (2020). Executive Order 20-16, Governor Kate Brown, State of Oregon. https://web.archive.org/web/20200524095202/https://www.oregon.gov/gov/admin/Pages/eo_20-16.aspx

Portland Police Bureau (2021). *Shooting incident statistics*. https://www.portlandoregon.gov/police/81203

Ryan, J. (2020, Aug. 26). *Riot declared as Portland protests move to City Hall on 3-month anniversary of George Floyd's death.* The Oregonian. https://www.oregonlive.com/portland/2020/08/portland-protests-continue-on-3-month-anniversary-of-george-floyds-death.html

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

Scali, J., Gandubert, C., Ritchie, K., Soulier, M., Ancelin, M., & Chaudieu, I. (2012). Measuring resilience in adult women Using the 10-Items Connor-Davidson Resilience Scale (CD-RISC). Role of trauma exposure and anxiety disorders. *PLoS One, 7*(6), e39879-39879. https://doi.org/10.1371/journal.pone.0039879

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*, 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*, 220-247. https://doi.org/10.1080/10509670802134069

Silverman, D. (2009). *Doing qualitative research (*Third edition). SAGE.

Taxman, F. (2014). Second generation of the RNR: The importance of systemic responsivity in expanding core principles of responsivity. *Federal Probation, 78*(2), 32-40.https://www.uscourts.gov/sites/default/files/78_2_5_0.pdf

UCJC (2021). *Women's Risk Needs Assessment research (WRNA)*. Utah Criminal Justice Center, College of Social Work, University of Utah. https://socialwork.utah.edu/research/ucjc/wrna/index.php

Van Voorhis, P. (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

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). *Achieving accurate pictures of risk and identifying gender responsive needs Two new assessments for women offenders.* Final Report, National Institute of Corrections. 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/10.1177/009385480935744

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). T*he PTSD Checklist for DSM-5 (PCL-5)*. www.ptsd.va.gov.