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Public Health + Public Safety: Integrating Community Health Workers with Probation Officers to Improve Service Delivery for Justice-Involved Women

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Abstract

Integrating public health and public safety strategies is becoming increasingly crucial to maximize positive outcomes for justice-involved people. To date, there is little research exploring the integration of Community Health Workers (CHWs) into community supervision settings. This study utilizes a qualitative approach to explore staff and client ($N = 12$) perspectives on embedding a CHW into a gender-responsive probation supervision approach. Results from the thematic analysis of staff and clients' responses supported the integration of CHWs into community supervision. Emerging themes were grouped around staff perceptions of CHW's function and role as "navigators," creating a natural division of labor within the agency and operating as a safe resource for clients. Clients reported gaining additional personal and professional support through the embedded CHW within their supervision team. Results suggest that integrating public health professionals, particularly those with lived experience, can alleviate workload and decrease burnout while promoting client treatment needs.

Keywords

community supervision, community health worker, public health, probation, wraparound services, treatment needs

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Introduction

Due in large part to the COVID-19 pandemic, integrating public health and public safety strategies is becoming increasingly crucial to maximize positive outcomes for justice-involved people. Many such models have existed for decades, including those aimed to disrupt and reduce community-level gun violence, whereby violence is considered a contagion (Slutkin et al., 2018). Another well-known example is the Nurse-Family Partnership program, which connects maternal health to early childhood adverse events to intervene with mothers identified at-risk as at-risk for future criminal legal system involvement (Olds, 2006). During community re-entry, interventions that match public health workers with clients to provide enhanced primary care have been linked to reductions in recidivism and technical violations (Wang et al., 2019). In a recent randomized control trial, individuals were paired with a community health worker in a health care setting for individuals upon re-entry into the community from jail (Hoff et al., 2023). Results of this approach found reductions in substance use outcomes but high rates of recidivism. While applying and integrating public health strategies within criminal legal settings is not novel, limited research explores how community health workers might be integrated with community corrections agencies, such as probation and parole.

Community corrections agencies are well versed in working alongside public health entities and frameworks; service brokerage for clients on their caseloads to local substance use and mental health resources is a daily occurrence. Some work has been done to explore the implications of community health workers (CHWs) within criminal legal settings. Community health workers (CHW) are a part of the larger public health workforce, with a more explicit focus and role as a frontline liaison between clients, communities, and the healthcare, social services or state health departments (American Public Health Association [APHA], 2019). These individuals are typically trusted members of the community and often hold a shared identify, status or life experience with their client base. Existing research has explored CHWs integration in criminal legal settings to target factors associated with the risk of recidivism for clients upon reentry, such as substance use (Howell et al., 2021), but little evidence exists on the integration of CHWs within community supervision teams specifically with justice-involved women. To address this gap in the literature, the current study explores the implications of integrating CHWs to address the complex gendered experience of women on community supervision within a gender-responsive framework.

Community Health Workers

Evidence supports community supervision as most effective when probation officers are able to address an individual's criminogenic needs (e.g., factors predictive of future recidivism). Although it is essential to address the complex non-criminogenic needs of those on community supervision (e.g., mental health treatment navigation, housing, medical insurance, transportation, etc.), community correctional staff are tasked with

responsibilities that often extend beyond their capacity and training (e.g., case management, collection and enforcement of probation fees, service connection, etc.; Ruhland, 2020). While the integration of CHWs addressing the health needs of clients is not new to public health settings (Balcazar et al., 2011; Boyce & Katz, 2019; Jack et al., 2017), they are an under-utilized and under-researched workforce within criminal legal settings.

CHWs are typically employed by state and local health departments and are trained to work with a limited specified group of clients to operate as the bridge from healthcare institutions to community services (Perry et al., 2014). The integration of CHWs into criminal legal systems dates back to the 1960s, when the initial integration was an attempt to improve the interactions and relationships between the criminal legal system and individuals in underserved communities (Swider, 2002). Throughout the decades, CHWs have been utilized to work with individual involved in the criminal legal system by addressing specific health needs and responsivity factors, such as high risk of overdose (Howell et al., 2021), chronic health issues (Bedell et al., 2015), and those at the intersection of substance use and HIV presence (Hoff et al., 2023). Additionally, CHWs are often tasked with assisting with client connection to wrap around services and basic needs, including but not limited to transportation to get medication, food insecurity, etc. (Schaaf et al., 2020).

Given the valuable skill sets that CHWs can bring to a community corrections supervision agency, embedding public health employees within these settings to address complex individual and environmental needs while on community supervision as a mechanism to reduce recidivism appears worthwhile. However, this practice has been gravely under-utilized and under-researched in general. More specifically, no research has explored the implications of integrating CHWs into community corrections (i.e., probation or parole) settings, let alone those with gender-responsive caseloads that include women as clients. As outlined below, we elaborate on the unique nature of gender-responsive supervision and how integrating CHWs with this specific population could be beneficial in improving health, correctional rehabilitation, and public safety goals.

Specialized Supervision Approaches: Gender-Responsivity

Historically, criminological research has focused on justice-involved men, given they comprise most of the correctional population (Buell & Abbate, 2020). This focus has resulted in the default for many correctional policies and practices to be developed and measured toward men. Regardless of this practice, until recently, many policies and practices were considered "gender-neutral," meaning they were created for men and applied to women with limited attention to relevance, validity, or consideration to the gendered differences of individuals (Van Voorhis et al., 2010). A growing base of gender-responsive research within the correctional setting focuses on differentiating pathways into the system, compared to justice-involved men (Bloom et al., 2003). Research indicates that for women, more often than not, their criminological pathways are

rooted in dysfunctional intimate relationships, abuse/trauma/victimization, and low social and human capital (Brennan et al., 2012; Gehring, 2018; Salisbury & Van Voorhis, 2009).

Gender-responsive approaches aim to subvert the traditional approach to correctional programming, to start with women in mind. These approaches accomplish this by addressing their gendered pathways into the system, needs, strengths, and lived experiences. Although some evidence supports that gender-neutral policies do "work" for justice-involved women, a growing base of research demonstrates that gender-responsive approaches "work best" with women in the correctional system. For example, in their meta-analysis, Gobeil et al. (2016) found gender-responsive programming more considerably impacted women's recidivism than gender-neutral programming. Gender-responsive risk/needs assessments have also been found to provide a more accurate assessment of future offending, criminogenic needs, and strengths in women (Van Voorhis et al., 2010; Van Voorhis et al., 2013; see also Utah Criminal Justice Center [UCJC], 2022). Given both the unique pathways into criminal system involvement and the specific gendered needs of women on supervision, the integration of CHWs may be an appropriate way to support women as they navigate supervision; however, this has yet to be explored.

Current Study Context

The current study explores the integration of CHWs in a community probation field office as part of the Women's Reentry Assessment, Programming, and Services (WRAPS) model. The (WRAPS) program is a tailored gender-responsive supervision approach that addresses the multi-faceted components that impact supervising women (Salisbury et al., 2023). 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 and lower levels of self-efficacy and social and human capital (see Salisbury & Van Voorhis, 2009).

Within the context of this study, CHWs worked alongside probation officers (POs) to provide additional support to women as they navigated their community sentence. CHWs served as primary client-centered case managers and were focused on the myriad health and supervision related needs that system-involved women must navigate, such as medical/mental health needs, medication-assisted treatment, conditions of supervision, treatment and support groups, parental needs, employment, housing, etc. CHW additional support to connect to wraparound services came in many different forms, from reach-in communication to the local jail, conducting 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 financial assistance 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.

This qualitative study reports findings from the larger randomized control trial examining the efficacy of integrating CHWs into a gender-responsive probation supervision approach (Salisbury et al., 2023). More specifically, the current study analyzed interviews with a subsample of the larger study participants to explore the benefits and drawbacks of the CHW-PO pairing within the WRAPS model (Salisbury et al., 2023). The evaluated probation field office specifically works with women and families and is housed within a larger community corrections agency in a major metropolitan county in a Western state. Given the exploratory nature of the study, this manuscript focuses on the following research questions: (a) What are staff perceptions of the role and function of CHW embedded within the probation setting? and (b) What are the clients' perceptions of the role of CHWs embedded within the probation setting?

Methods

Sample

The original study focused on the outcomes and experiences of women engaged in the WRAPS model compared to the control group. Enrollment began in October 2018 and continued through December 2020. Women were eligible for enrollment in the RCT if they met any of the following criteria: (a) on probation supervision and either (b) previously released from jail (serving a felony sentence of fewer than 12 months) to local control supervision[1], (c) at risk of probation being revoked, or (d) identified as chronic absconders. Clients were required to be at least 18 years old and score medium or high risk on the Women's Risk Needs Assessment (WRNA; UCJC, 2022; Van Voorhis et al., 2010) within the past year at the time of enrollment. All study activities were reviewed and approved by the university's Institutional Review Board.

A sub-sample of eight women currently on probation and nine community supervision staff ($N=17$) were purposively sampled from the larger parent study ($N=93$). Interviews were conducted with supervision staff and clients assigned to the treatment and control groups using a purposive sampling technique. Interviews were completed in the summer of 2021. The researchers collaboratively worked with staff to contact the women and schedule interview times. Staff were asked to contact clients to schedule 12 to 15 voluntary interviews with (a) women in the control or treatment group and (b) women who represented diverse experiences while on probation during COVID-19, including women who were either struggling or doing well on supervision. The research team then followed up with selected clients to schedule interviews at their preferred location or via Zoom to promote clients' feelings of safety and limit distractions. Additionally, monthly reports on intervention group activities were made available to the research team to provide additional context to the services provided by CHWs.

Given that these interviews were to be conducted while many COVID-19 restrictions and pressures were in place, many of the scheduled interviews resulted in cancelations. Eight client interviews were completed (47%); all identified as women, six

Table 1. Staff Characteristics.

Staff characteristics	Supervision staff (Probation officer & officer manager) ($n=7$)	CHWs ($n=2$)
Race/Ethnicity		
White	6	1
Black	1	1
Gender		
Woman	5	2
Man	2	0

identified as White, one as Hispanic, and one as Native American. Additional demographic information was not collected to preserve the participant's sense of confidentiality. For the current study, women on probation who had access to the CHWs (e.g., were a part of the WRAPS treatment group) were included in the analysis—resulting in a total sample of three women on supervision ($N=3$).

Staff Sample. A total of nine community supervision staff who were a part of the parent study were interviewed, including CHWs ($n=2$), Probation Officers (POs; $n=6$), and the office manager ($n=1$) (see Table 1). The two CHWs were women, one identifying as White and the other as Black. The CHWs ranged between 1 to 2 years of serving in the CHW role and working with justice-involved women as social support and to assist in addressing specific responsivity needs of the women (e.g., transportation, enrollment in Medicaid, etc.). One of the CHWs became a WRAPS PO late in the study period (mid-summer 2021); however, for the purposes of the interviews, this staff member was asked questions from the CHW interview guide, and questions primarily focused on their role as a CHW. Four POs identified as White women, and two identified as White men. Each had approximately 4 to 5 years of experience holding a gender-responsive caseload at the office. The manager was a White woman with decades of experience working with justice-involved women and had been the office supervisor for 6 years.

Interviews

The research team developed a semi-structured interview guide using appreciative inquiry methodology (Michael, 2005) to explore experiences and perceptions of gender-responsive supervision and the integration of CHWs within this approach. This study reports on questions that focused on the overall function and role of integrating CHWs within probation supervision to address the complex needs of women in alignment with gender-responsive supervision approaches. Two of the research team members conducted the interviews. Both are skilled interviewers, experts in gender-responsive corrections, and trained in trauma-informed interviewing (SAMHSA, 2017). Additional open-ended probing questions were utilized to allow for the flexibility to capture staff and clients' unique experiences, perceptions, and

examples to contextualize their responses (see Cohen & Crabtree, 2006; McIntosh & Morse, 2015). Researchers specifically asked participants to substantiate their views, provide reasons for their choices, and share applicable examples to enhance the data's validity and reliability (McIntosh & Morse, 2015).

All interviews were recorded and transcribed verbatim. Interviews with staff were conducted via Zoom and lasted approximately 90 min, while client interviews ranged between 30 to 40 min. Staff interviews were lengthier as they had specific questions focusing on work experience, training, and implementation considerations.

Data Analysis

All interviews were recorded with participant's consent, transcribed, and analyzed using ATLAS.ti. A qualitative specialist who was not involved in conducting interviews completed the analysis to increase study reliability. The thematic analytic framework was utilized, which integrates both inductive and deductive approaches throughout the analytic process (Bryne, 2022). This framework consists of six phases of analysis: (a) data familiarization, (b) generation of codes, (c) identification of themes, (d) reviewing of themes, (e) naming themes, and (f) writing up findings (Braun & Clarke, 2006; Kiger & Varpio, 2020). By utilizing thematic analysis, the coder utilized a combination of predetermined themes (based on the interview guide) and inductive themes that emerged from the interview data, allowing for the rejection or refinement of initially identified analytic patterns (Braun & Clarke, 2006).

The coder immersed themselves in the interview to identify latent and semantic codes (Bryne, 2022) to inform data interpretation. A constant comparative approach was used to develop and rework categories as the data were systematically coded (Silverman, 2021). These categories were collapsed further based on interrelated ideas or shared concepts termed themes. Themes provide an overarching narrative or a "patterned response or meaning" (Braun & Clarke, 2006, p. 82) to make sense of the data pertaining to the research questions. The coder reviewed themes related to the current study's research aims and then brought them to the research team for discussion and review, guiding the current write-up of the findings.

Results

The current study aimed to examine both the role and function of CHWs embedded within a gender-responsive probation supervision approach through staff and client perspectives. While the interviews found overwhelming support surrounding the addition of CHWs to the supervision team, numerous themes emerged in the interviews. We expand upon the themes below, grouping them by respondent type and theme.

Staff Perceptions of CHWs

CHWs as Navigators. The WRAPS POs reported that the CHWs operated as "*resource brokers*" or "*navigators*" to the women on their caseloads. The CHWs' ability to

become "navigators" to clients came from their distinct role in connecting clients, rather than additional responsibilities regarding public safety priorities. CHWs could prioritize the time, ability, and rapport to determine clients' needs beyond their supervision requirements. One PO described this in practice:

> I think sanctioning practices and supervision looked different for WRAPS because of the CHWs. . .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 CHW 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 caseloads.

Staff responses support the presence of CHWs, allowing for more client support throughout the complex criminal legal system process that can often extend beyond the capacity of a PO to address. The CHW's role as a service navigator was evident in officer descriptions of CHWs' capabilities to assess acute and immediate needs in partnership with clients. Officers described the numbers and varied needs of their clients (e.g., diapers, baby formula, cell phone, transportation) that CHWs were able to address within the capacity of their role. Although many of these acute needs are not criminogenic in nature, they are considered specific responsivity factors (see Bonta & Andrews, 2016). It is critical to address the complex holistic needs of women on probation, including specific responsivity factors. The ability of CHWs to address these responsivity factors is aligned with the existing evidence that supports addressing responsivity needs to reduce possible criminal behavior.

Natural Division of Labor. As mentioned, specific responsivity factors serve as barriers to addressing criminogenic needs (Bonta & Andrews, 2016). Leaving responsivity factors unaddressed may create additional obstacles for POs to work with clients to address what is causing their offending behaviors (Bonta & Andrews, 2016; Taxman, 2014). Qualitative responses from officers supported the concept that managing both criminogenic needs and specific responsivity factors created additional challenges in supervision. This tension between officers' competing priorities to address risk and responsivity is aligned with existing research indicating the disparity of officer responsibilities and demands; they simply do not have the time. CHWs were able to play a critical role in reducing this burden for officers. Within the context of the WRAPS model, the staff viewed CHWs as a "*bridge between*" or a "*point person*" between clients and POs. The CHWs were unique in that they were not law enforcement, yet they were a part of the supervision team. 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 identified goals in case planning with POs. We saw a natural division of labor occur between the CHWs and POs. In many ways, the CHWs

provided support to women's specific responsivity needs or those needs that are not directly related to women's future recidivism but are obstacles to engaging in treatment interventions.

Officers indicated that the integration of CHWs into their work allowed for more time to engage in interventions targeting women's criminogenic needs when many of the client's responsivity needs were being addressed by the CHWs. One staff member noted:

> 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 CHWs 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 CHWs met both criminogenic and responsivity needs, key components of effective evidence-based correctional treatment (Bonta & Andrews, 2016). This, in theory, should lead to more positive outcomes among clients. This burden alleviation through the combined effort of CHW and PO was evident in the treatment and control groups. Officers also suggested a unique opportunity for CHW to specialize in particular areas (e.g., homelessness, mental health, etc.) as an additional benefit to target the more challenging specific responsivity factors. POs generally supported the CHWs operating as secondary support persons and saw a synergy across the two roles. One PO explained this by stating, "*Just having another person on the caseload helps out tremendously. . . that's why the CHW thing is a good idea because you have an extra person with extra eyes.*" Officers reported that in collaborating across the two roles to provide women with wraparound support, they were able to address both the risk and responsivity of their clients.

A Safe Resource for Clients. The CHWs reported the importance of setting expectations of their role to be critical in the early stages of working with clients, particularly regarding the differentiation of the roles of CHW and PO. CHWs perceived their role as somewhat less intimidating and potentially safer in some ways; women were not required to work with CHWs. Instead, CHWs were resources for them if they chose to utilize their services.

> 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.

As CHWs created distinct boundaries between the public safety goals of POs and their own support goals, they provided assistance and numerous services for clients. These wraparound services spanned from getting baby formula and food to providing bus passes, advocating for women at medical appointments, providing treatment referrals and transportation, and visiting clients in treatment. Based on the available monthly reports surrounding CHW services provided to WRAPS clients, over half of

the reported services CHWs provided were related to referrals or providing clients with information on resources, treatment, and services. Approximately a quarter of the services CHWs reported were related to helping clients obtain necessities (e.g., food, clothing, bus passes, school supplies for children, cell phones).

Given their distinct roles, CHWs reported they were able to provide general emotional support to clients through increasing contact. Based on the available CHW monthly contact reports, we estimate that CHWs 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 CHWs averaged around 26 attempted contacts (did not successfully contact the client) per month. Notably, the average number of successful contacts dropped by half after the pandemic. Before March 2020, CHWs averaged around 62 successful contacts per month. However, during the COVID-19 pandemic, CHWs averaged closer to 30 successful contacts per month.

Client Perceptions of CHWs

Clients ($n = 3$) reported overall positive experiences with integrating CHWs into their supervision. This was evident, particularly surrounding the CHWs ability to navigate supervision and various community resources.

CHWs as Additional Personal Support. Clients reported that CHWs helped them overcome challenges surrounding accessing complex service provision systems (e.g., housing, employment, treatment referrals, child custody, or health concerns) and acquiring materials (baby supplies, clothes, transportation). For example, a client noted how the CHW advocated on her behalf and wrote a letter of reasonable accommodations to assist her in getting an apartment. The client suggested that the CHW was pivotal in acquiring housing and would not have been feasible without their support. Another client told researchers about when the CHW would visit and spend time with her in treatment. For example, one client reported:

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

The support of the CHWs extended beyond the context of supervision to the clients' personal support networks. One client mentioned, ". . . *[the CHW] just made me feel like I was an important person. . .and not just another caseload.*" All three women included in this analysis reported that they genuinely enjoyed talking with their CHW and felt comfortable discussing challenging topics that they did not openly discuss with others. For example, one woman noted, "*[My PO] actually cared about what I was going through, and how to help me, and how to change things.*"

Much of this was built on trust; clients discussed establishing a strong rapport with their CHW. Sometimes this trust did take a while to create, 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 CHW and began to build this relationship.

CHW as Additional Professional Support. In addition to clients viewing their CHWs as a support throughout their supervision, they operated as an additional and distinct support to the women's POs. 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 CHW] as like a coach*." This division of roles alleviates the burden on staff to operate outside their training and responsibilities and supports the women on supervision.

Not only were CHWs generally more available to clients, but they also served as an additional part of the client's supervision team. This extra point of contact, which was not an authority figure, was beneficial, especially when clients might be uncomfortable talking to their PO. For example, one of the women 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 CHWs], and they coached me through how I could talk to my PO*." While the clients recognized that their PO and CHW were a team, building that relationship with a non-law enforcement member of the supervision team was very beneficial.

Discussion

Women with criminal legal involvement are often associated with complex experiences and needs (e.g., elevated trauma, mental health conditions, substance use, intimate partner violence). The integration of CHWs into tailored gender-responsive supervision approaches supported a more holistic approach to supervising individuals who exist at the intersection of criminal legal involvement and complex needs. It also supports supervision strategies that address the specific barriers women face while on supervision. This study is the first to provide insight into how integrating CHWs into supervision strategies offers a more holistic approach to tailored supervision strategies, particularly for gender-responsive approaches.

The inclusion and integration of CHWs within community corrections is vastly underutilized. This study demonstrated the value CHWs brought to the supervision team from clients' and probation officers' perspectives. The qualitative findings supported the implementation of CHWs on supervision teams, especially when working with high-risk and high-need clients.

Study results support the potential for further integrating public health roles within community correctional supervision to decrease officer burden and address risk and responsivity factors and client social determinants of health, specifically for women. Ample evidence exists linking an individual's access to basic needs (e.g., housing), social supports, and community integration through educational entities related to recidivism rates (Byrne, 2020; Jacobs & Gottlieb, 2020; Newton et al., 2018).

Consequently, it may be assumed that allocating agency personnel to connect clients to resources and alleviate PO workload allows space to address risk-level

treatment needs, benefiting the client and community supervision stakeholders (Lovins et al., 2018).

Although this study reports on the integration of a CHW into a gender-responsive unit, this model has the potential to be replicated across both general supervision units and additional specialized caseloads (e.g., mental health, substance use, etc.). Results from the study consistently supported the finding that both officers, clients, and CHW found the integration of the CHW beneficial. It provided a distinct position responsible for addressing client's needs beyond the treatment-related factors directly related to supervision outcomes, often cited as a barrier in addressing the complex needs of those on community supervision (Waters et al., 2023). In turn, POs were able to focus more time and attention on risk-related treatment strategies and activities related to client correctional outcomes and CHWs were able to address client's responsivity needs that greatly impact their ability to complete supervision successfully. Results from this study suggest ample opportunity to explore the synergistic relationship between the PO and CHW to optimize efficiency based on existing responsibilities and skillsets that will ultimately benefit both the client and staff.

The integration of CHWs into community supervision allows for distinct and defined roles, leading to a decreased burden for officers and less chance to operate outside of the scope of their role. Results support that the integration of the CHW not only creates space for officers to focus on more treatment- and risk-focused strategies but also allows for a distinct role that addresses the complex, holistic needs of women on supervision. This role separation will enable clients to have two distinct and separate supports. Although not directly reported in interviews, CHW are subject to a dual loyalty as the complex health and service navigation of clients may conflict with the priorities of the correctional entities. Future research should explore how these tensions impact both POs, CHWs, and clients.

Results from this study indicated that clients appreciated having support in the correctional setting and a service provider that felt distinct from their PO. Aligned with both Lovins' et al. work situating probation officer as a coach rather than a referee (2018) and Core Correctional Practices (Dowden & Andrews, 2004), integrating a CHW creates more opportunities for officers to focus on creating opportunities for behavior change rather than just compliance.

Limitations

Although this study provides evidence for the strengths of integrating CHWs into supervision approaches, there are some noteworthy limitations to consider. First, the small sample size and limited diversity among the sample are limitations that impact the overall generalizability of the findings. Efforts were made to limit sampling bias through recruiting women of varied experiences and backgrounds. Yet, there is a possibility for potential oversampling of motivated women with positive experiences. While the researchers engaged in various efforts (e.g., gift cards as incentives) and communication to recruit clients to participate, they faced challenges in securing client interviews due to the coronavirus pandemic and the general nature of the population.

CHW turnover throughout the grant period served as another considerable limitation. Throughout the grant period, there were a total of four CHWs who worked on the grant at various times. This turnover presented challenges for clients in building a rapport with CHWs and CHWs getting comfortable in their roles. Another consideration was the impact of COVID; while the focus of this study was not on the effects of COVID-pandemic related to supervision (for more on this, see "Blinded for peer-review"), it is important to note given the unavoidable impact it had on every aspect of daily life.

Conclusion

Integrating CHWs into the community supervision setting allows both clients and staff to create safe and trusting relationships. As the CHW meets the emotional and basic needs outside the scope of the PO and client relationship, POs can experience increased capacity, decreasing potential burnout. Although the study has limited generalizability due to the small sample size, the results reflect the potential impact of this model if integrated into practice. Integrating public health professionals, particularly those with lived experience like CHWs, can alleviate PO workload and decrease burnout while promoting client treatment needs. Although the positive findings of this study focus on integrating a CHW into a gender-responsive unit, this model can be piloted and scaled across criminal legal settings and other public health professionals to support the positive outcomes of both staff and clients.

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Data Availability

The dataset analyzed during the current study is available from the corresponding author upon reasonable request.

Declaration of Conflicting Interests

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Ethical Approval

The University of Utah Institutional Review Board approved this study.

Informed Consent

Informed consent (written or oral) was obtained from all individual participants included in the study.

Consent for Publication

All authors agree to the publication of this manuscript.

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Note

1. Local County Control: Felony sentences of 12 months or less are served in local jail facilities due to the passage of legislation which shifted state and local responsibilities for supervision of people with felony convictions.

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