

Mixed-Methods Evaluation of PIVOT, A Community-Based Re-Entry Program for Women in Baltimore City



CARLA G. TILCHIN, MSPH
AUDREY E. THOMAS, BS, CHES
CARL A. LATKIN, PHD

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Executive Summary

Located in Baltimore City, PIVOT is the only program focused on re-entry for women in Maryland, and 65% of women released from the carceral system in Maryland return to Baltimore City. While the presence and evidence base for women's re-entry programs has grown in recent years, evaluations of community-based programs that operate outside of the formal criminal justice system are sparse, and qualitative evidence that assesses the mechanisms that may underly the effectiveness of gender-informed programs is lacking. To address these gaps and inform program implementation, this study evaluates PIVOT, a nine-week workforce development, personal development, and comprehensive case management program supporting women impacted by the carceral system in Maryland. Data sources include quantitative and qualitative data previously captured for case management and grant reporting and publicly available criminogenic data from July 2019 to May 2023. Descriptive statistics, Fishers-exact, and t-tests were used to describe PIVOT participants, outcomes, and factors related to program success. Qualitative data based on 2,802 case notes was analyzed using a thematic constant-comparative approach. Overall, 75% of enrolled participants completed PIVOT. Among completers, 71% received employment placement, 57% received employment training, and 8% were re-arrested on a new charge within one year, with 1% becoming reincarcerated within one year. Individuals who completed PIVOT were significantly less likely to be rearrested on a new charge than those who did not complete PIVOT (8% vs. 42%, $p = 0.001$). Five key programmatic themes emerged from the qualitative analysis of case notes: addressing the whole person, understanding challenges unique to women, supporting mental health and substance use recovery, delivering empowerment-oriented workforce development, and matching high needs with high support. These themes suggest that PIVOT is delivering evidence-based gender-informed programming, and the findings provide insights into the mechanisms underlying PIVOT's positive outcomes.

Introduction

PIVOT Program

PIVOT is a nine-week workforce development, personal development, and comprehensive case management program supporting women impacted by the carceral system in Maryland. Women are enrolled in quarterly cohorts of 10-20 people, most of whom reside in Baltimore City where PIVOT is located. The program includes over 90 hours of group learning covering topics such as resume development, healthy decision making, and holistic wellness and over 20 hours of personal success coaching, career counseling, individual case management, and therapy, covering topics such as goal setting and healthy communication. The curriculum is not based on other re-entry models. The workforce development curriculum was developed by the current Workforce Development manager when he joined the organization in 2020 based on his experiences working as an educator, career coach, and therapeutic provider with juveniles in the carceral system. The personal development curriculum was designed by the current Executive Director and Program Manager when they joined the organization in 2021 based on their professional experiences working as Psychiatric Rehabilitation Providers, correctional officers, and educators, and personal experiences as Black women from communities highly impacted by the carceral system. Given the needs and the interpersonal, intrapersonal, social, and structural barriers to successful re-entry among justice impacted women, the program provides a diversity of services. While there is a consistent overall structure to program delivery, staff assess cohort needs and dynamics and prioritize workshops accordingly.

PIVOT maintains a wide range of employment and training partners to facilitate tailored opportunities depending on the women's interests and needs, with most women entering employment in healthcare, administration, food service, or manufacturing careers. In addition to individual and group work, PIVOT provides hands on assistance to connect individuals with needed services and benefits, such as expungement clinics and securing identity documents. PIVOT also provides direct monetary support in the form of a weekly stipend for meeting program requirements, and in some instances, other support such as transportation reimbursement and childcare. PIVOT hosts monthly events open to all alumni, and alumni receive additional case management and workforce development support after program completion as needed. While PIVOT recently expanded to also provide pre-release programming, this evaluation assesses the post-release community-based PIVOT program.

History and Evaluations of Gender-Informed Re-Entry Support

Women have been the fastest growing segment of the carceral system since the late 1970s (1). In 2021, an estimated 172,700 women were incarcerated in the United States, and an additional 808,700 are on parole or probation. This represents about 9% of the total incarcerated population and about 22% of the total community supervision population (2). w Nationally, it is estimated that 58% of women are re-arrested, and 30% of women are re-incarcerated within three years (3). While gendered data is not available in Baltimore City, the per capita incarceration rate is over four times higher than the state overall (4), and the three-year re-incarceration rate is 33.4% (5), with rates of incarceration and recidivism highly concentrated in low-income neighborhoods (6).

Despite these growth trends, men have always been the largest incarcerated subpopulation. Accordingly, most correctional programming to reduce recidivism was designed for men and has been applied to women in a “gender-neutral” manner. The most well-known and highly adopted gender-neutral programming follows the Risk-Need-Responsivity (RNR) approach in which the risk of recidivism, criminogenic needs, and responsivity of the individual dictate the focus, goals, and intensity of the programming (7,8). The model also outlines eight specific modifiable criminogenic risk factors that are predictive of recidivism and therefore need to be addressed in programming, including major risk factors such as antisocial/criminal behavior and antisocial cognition and moderate risk factors such as lack of education/employment and substance use (7). Evidence demonstrates that models following RNR principles and addressing these risk factors are more effective than “tough on crime” rehabilitation efforts, but most prior evaluations have focused exclusively on men or did not disaggregate results by gender, limiting knowledge of the effectiveness of these programs for women (9).

Prior to the increased popularity of models that follow RNR principles, qualitative research demonstrated that women’s pathways into criminogenic behavior often differ from those of men (10,11). Scholars have therefore highlighted the need for gender-informed programs that address the ways in which gender-based oppression and societal expectations may influence a woman’s risk of offending or recidivating. This includes, for example, gender-based differences in unpaid activities such as parenting and other family caregiving, economic marginalization, and intimate partner violence victimization (12). Justice impacted women are also more stigmatized than justice impacted men and have less access to vocational opportunities while incarcerated, making their re-entry journey more difficult (13). In addition to assessing and targeting these gender-informed risk factors and needs, gender-informed programs often combine gender-neutral approaches with more strength-based, trauma informed, and/or relational approaches to programming (11,14,15).

A meta-analysis comparing the effectiveness of gender-neutral and gender-informed programs for women found that women who participated in either type of program had 22-35% greater odds of desistance compared to women who received no or very minimal programming. There were no statistically significant differences in gender-neutral vs. gender-informed programs, but there was also a high level of unexplained variability among study effect sizes, partially due to different measures of recidivism used. When only a subset of the most rigorous studies was evaluated, gender-informed programs demonstrated larger positive effects on desistance (16).

While the evidence base for gender-informed risk assessments and programs has grown in recent years, most of the evidence is based on programs delivered while individuals are still incarcerated or directly integrated with parole or probation services. Less is known about the effectiveness of re-entry programs that operate in collaboration with but separate from correctional programs. Further, little is known about the factors associated with community-based program success and the mechanisms that may underly the success of gender-informed programs for women. To assess these gaps in the literature and inform re-entry program delivery, a mixed-method evaluation of PIVOT, a community-based re-entry program for women in Baltimore City, was conducted.

Methods

Study Population

Participants in this study included women who participated in PIVOT from July 2019 to a cohort enrolled in January 2023. Although PIVOT enrolled its first pilot cohort in August 2018, electronic data documentation did not begin until July 2019. Women are referred to the program via judges, lawyers, probation and parole officers, prison case managers, transitional house managers, and other partners. Some women also self-refer via word of mouth or after interacting with PIVOT at community events. Interested individuals fill out a web-based form that collects their contact information and assesses their program eligibility. Program eligibility was defined as: age 18 or older, can read and speak in English, having a history of arrest or incarceration, seeking employment, temporary or permanent housing for the next 12 weeks, and being able to attend PIVOT programming for nine weeks. If an individual was on medication for opioid use disorder, the dosage must have been below 80 mg of Suboxone, 50 mg of Methadone, or equivalent. Originally, program eligibility was not contingent on housing or maintenance medication dose. PIVOT staff then contact eligible individuals to confirm eligibility and schedule them for their baseline assessments to enroll them in the program and establish workforce, personal, and case management needs. During this second contact, PIVOT staff also used additional discretion in offering program acceptance based on the attitudes and behaviors of interested participants, looking for women to present as open, attentive, and committed. Approximately 10-20 women were enrolled in quarterly cohorts. Any woman who had documentation of at least one individual or group session beyond enrollment, even if they did not continue with the program, was included in this analysis.

Data Sources

This mixed-method evaluation was a secondary data analysis of quantitative and qualitative data collected for case management and grant reporting needs. Across the study period, data was captured in Apricot (17), a case management software, between July 2019 and June 2022 and in REDCap (18), a secure, web-based software platform hosted at Johns Hopkins University, from July 2022 onward. Criminogenic outcomes were captured via Maryland Case Search (19) and Maryland Case Explorer (20), a web application and set of APIs created by Open Justice Baltimore that scrape data from Maryland Case Search to facilitate viewing and analysis of Maryland's court data. Criminogenic outcomes were pulled in May 2023 and included any available case information up to that date. While different staff documented needs and progress differently, case management notes were documented across all cohorts. For the quantitative analyses, demographic variables included age, race (Black vs. non-Black), and education (less than a high school diploma or GED vs. A high school diploma or GED or higher).

Exposure variables included any substance use history, current maintenance medication use, and mental health diagnoses including any mental health diagnosis, a serious mental illness diagnosis (bipolar, schizophrenia, and/or manic depression), depression, anxiety, PTSD, and/or other. These variables were based on self-report and were captured by case managers during baseline assessments

or, in some cases, throughout the program. Because the study period also reflects most of the lifetime of the organization during which PIVOT grew and adapted to serve the needs of their population and meet grant requirements, not all data was collected systematically over time.

Outcome variables included whether the individual 1) completed PIVOT, 2) gained employment, 3) received employment training, and 4) was arrested on a new charge within one year after program enrollment. Program completion, employment, and training outcomes were documented by workforce and personal development coaches throughout the program in Apricot or REDCap. The main criminogenic outcome assessed was the proportion of women arrested on a new charge within one year from their PIVOT start date. Only women who started PIVOT at least one year prior to the data pull (May 2023) were included, and only arrests in that one-year time frame were assessed. Participants were manually matched with records in Maryland Case Search (MCS) based on their first name, last name, and date of birth. The case numbers associated with matched individuals were then called using Maryland Case Explorer's REST API to extract all charge information for each case.

Analysis

Quantitative and qualitative data were exported from Apricot and REDCap. Qualitative data was analyzed using a thematic constant-comparative approach (21). The lead qualitative researcher independently read through the full set of case notes once and created initial case summaries and memos for each client, describing key observations and reflections. An additional researcher read through a subset of case notes and together the researchers developed an initial codebook to systematically code the data during the second reading. Throughout this coding process findings were discussed, existing codes were refined, and new ones were introduced to capture emerging themes and codes. To validate and enrich the qualitative findings, the initial codebook and sample quotes were shared with PIVOT staff. Their feedback helped re-frame and develop codes and provided an overarching framework to understand aspects of the program that the researchers initially did not conceptualize. Case notes were re-reviewed a final time to incorporate these codes in order to help understand the program specifically through this framing. Additionally, one researcher attended staff meetings, observed group sessions, and attended a program graduation to gain additional insights into the program.

For the quantitative analyses, data was cleaned to merge variables across different data platforms and different versions of surveys and questions. To supplement irregular capture of exposure variables, qualitative data was quantized for key variables. For example, a mention of a mental health diagnosis or side effects from current Methadone use in case notes were coded for quantitative analyses. Fishers-exact and t-tests were used to assess relationships between dichotomous and continuous exposure variables and the four outcomes of interest. Fisher's exact tests were also used to assess the relationships between the three intermediate outcomes of program completion, employment, and training, and the outcome of recidivism. Logistic regression was used to examine if any variables were unique predictors of any of the four outcomes. Quantitative analysis was conducted using Stata 15 (22). This study was determined to be in the exempt category by the Johns Hopkins Bloomberg School of Public Health IRB.

Results

Study Population

A total of 141 women had at least one case note beyond enrollment and were included in this analysis. Across the 141 women, a total of 2,802 case notes were reviewed. The median number of case notes was 10.5 (interquartile range 6, 21.5), with a minimum of 1 case note and a maximum of 151 case notes. A subset of 115 (71%) women had at least one year of follow up and were assessed for criminogenic outcomes. Only charges that could be perfectly matched by first name, last name, and date of birth were included. Case numbers were first pulled from MCS based on first and last name. Twelve women (10%) could not be identified in MCS based on first and last name. An additional 13 women (11%) did not have a date of birth recorded by PIVOT or did not have any charges listed with a date of birth in MCS and therefore could not be matched beyond their name, resulting in 90 women whose recidivism outcomes were measured. There were no differences between women assessed for criminogenic outcomes and those not (data not shown).

The mean age of participants was 39 (standard deviation 11.3), and 82% (N=116) identified as Black. Twenty-six percent (N=36) did not have a high school diploma or GED at the time of PIVOT enrollment. A total of 78% of women (N=92) had any substance use history, 21% (N=21) were on maintenance medications, and 71% (N=75) had any mental health diagnosis, with the most common diagnosis being depression (52%, N=55). Thirty-four percent of women (N=36) were diagnosed with a serious mental illness (Table 1).

Table 1. Characteristics of women served by PIVOT July 2019-May 2023.

Characteristic	N (%)
Age (mean, SD)	39 (11.3)
Race (N= 141)	
Black	116 (82)
Non-Black	25 (18)
Education (N=136)	
Less than HS diploma/GED	36 (26)
HS diploma/GED or greater	100 (74)
Any substance use history (N= 118)	92 (78)
Current maintenance medication use (N=98)	21 (21)
Mental health diagnoses (N=105)	
Any	75 (71)
Serious mental illness*	36 (34)
Depression	55 (52)
Anxiety	35 (33)
PTSD	23 (22)
Other	17 (16)
Completed PIVOT	106 (75)
Employed^	75 (71)
Trained^	60 (57)
Charged (N=90)~	15 (17)

* Bipolar, schizophrenia, and/or manic depression

^ Percentages among the 106 who completed PIVOT

~ Arrested on a new charge within one year from their PIVOT enrollment date

Program Outcomes Overall and by Participant Characteristics

The program had a 75% completion rate (N=106). Among individuals who completed the program and therefore could accurately be categorized as receiving employment and/or training, 71% gained employment (N=75) and 57% received employment training (N=60). Assessing annually, in 2021, the first year the current PIVOT model was run, 65% of completers gained employment and 69% received employment training, and in 2022, 86% of completers gained employment and 40% received employment training (data not shown). Among the 90 women who could be matched to any charges, including women who did not complete the program, 16% (N=14) received a charge in Maryland within one year from program enrollment (Table 1). Among those 14 women, 10 were found guilty (overall 11%), of whom five received at least one criminal charge and four were sentenced incarceration time, ranging from three months to five years. This equates to 4% of all PIVOT participants being re-incarcerated within one year.

Among the subset of only program completers whose criminogenic outcomes were assessed (N=71), six women (8%) received a charge in Maryland within one year from program enrollment, of whom two received at least one criminal charge and one was sentenced incarceration time. This equates to 1% of women who complete PIVOT being re-incarcerated within one year.

Individuals on maintenance medications were less likely to complete PIVOT (16% vs. 43%, $p=0.014$). There were no differences by demographics or exposure variables on employment, but individuals diagnosed with an SMI were more likely to receive employment training (39% vs. 13%, $p=0.020$). Younger individuals were more likely to be charged with a new offense [31 (SD 9.9) vs. 39 (SD 10.4), $p=0.011$], and individuals with any substance use history were less likely to be charged with a new offense (33% vs. 80%, $p=0.007$). No individuals on maintenance medications were charged on a new offense, and no mental health diagnoses were predictive of recidivism (Table 2).

Completing PIVOT was associated with a significant reduction in recidivism; 8% of program completers recidivated as compared to 42% of non-completers ($p= 0.001$). Neither receiving employment nor employment training was associated with reduced recidivism, but numbers were small due to missingness of employment and training outcomes among non-program completers. (Table 3). Logistic regression did not provide any additional insight into identifying statistically significant predictors of program outcomes (data not shown).

Table 2. Bivariate associations between characteristics of women served by PIVOT July 2019-May 2023 and key outcomes of program completion, employment, training, and recidivism.

Characteristic	Completed PIVOT (N=141)			Received Employment (N=99)			Received Employment Training (N=103)			Charged on a New Offense (N=90)~		
	Yes	No	p-value	Yes	No	p-value	Yes	No	p-value	Yes	No	p-value
Overall	106	35	-	75	24	-	60	43	-	15	75	-
Age (mean, SD)	39 (11.4)	37 (10.6)	0.248	39 (11.3)	44 (9.7)	0.057	41 (11.0)	39 (11.0)	0.607	31 (9.9)	39 (10.4)	0.011
Race (N=141)			0.800			0.207			0.418			0.450
Black	88 (83)	28 (80)		65 (87)	18 (75)		49 (82)	38 (88)		14 (93)	61 (81)	
Non-Black	18 (17)	7 (20)		10 (13)	6 (25)		11 (18)	5 (12)		1 (7)	14 (19)	
Education (N=136)			0.115			0.419			0.071			1.00
Less than HS diploma/GED	24 (23)	12 (38)		17 (23)	8 (33)		11 (19)	15 (35)		4 (31)	21 (28)	
HS diploma/GED or greater	80 (77)	20 (63)		57 (77)	16 (67)		48 (81)	28 (65)		9 (69)	53 (72)	
Any substance use history (N=118)			0.307			0.059			0.169			0.007
Yes	68 (76)	24 (86)		51 (81)	19 (100)		39 (76)	32 (89)		3 (33)	49 (80)	
No	22 (24)	4 (14)		12 (19)	0 (0)		12 (23)	4 (11)		6 (67)	12 (20)	
Current maintenance medication use (N=98)			0.014			0.726			1.00			0.322
Yes	12 (16)	9 (43)		10 (19)	4 (25)		8 (19)	6 (20)		0 (0)	11 (24)	
No	65 (84)	12 (57)		42 (81)	12 (75)		34 (81)	24 (80)		6 (100)	35 (76)	
Mental health diagnoses (N=105)												
Any	55 (71)	20 (74)	0.809	38 (70)	9 (60)	0.535	33 (75)	19 (63)	0.310	9 (90)	37 (77)	0.67
Serious mental illness*	25 (32)	11 (41)	0.483	15 (28)	4 (27)	1.00	17 (39)	4 (13)	0.020	6 (60)	16 (33)	0.156
Depression	40 (51)	15 (56)	0.824	30 (56)	8 (53)	1.00	24 (55)	18 (60)	0.811	3 (30)	24 (50)	0.311
Anxiety	27 (34)	8 (30)	0.814	18 (33)	7 (44)	0.555	14 (32)	14 (45)	0.333	4 (40)	15 (31)	0.712
PTSD	17 (22)	6 (22)	1.00	12 (22)	5 (33)	0.499	14 (32)	5 (17)	0.181	4 (40)	13 (27)	0.458
Other	14 (18)	3 (11)	0.550	11 (20)	1 (7)	0.441	7 (16)	6 (20)	0.759	2 (20)	11 (23)	1.00

* Bipolar, schizophrenia, and/or manic depression

~ Arrested on a new charge within one year from their PIVOT enrollment date

Bold indicates statistical significance at p < 0.05

Table 3. Bivariate associations between intermediate outcomes and recidivism among women served by PIVOT, July 2019- May 2023.

Characteristic	Charged on New Offense (N=90)~		p-value
	Yes	No	
Completed			0.001
Yes	6 (43)	65 (86)	
No	8 (57)	11 (14)	
Employed			1.00
Yes	5 (83)	40 (77)	
No	1 (17)	12 (23)	
Trained			1.00
Yes	4 (67)	34 (62)	
No	2 (33)	21 (38)	

~ Arrested on a new charge within one year from their PIVOT enrollment date
 Bold indicates statistical significance at $p < 0.05$

Mechanisms Underlying PIVOT’s Success

Five key themes emerged in the qualitative analysis of case notes that exemplify PIVOT's approach to meeting the needs of re-entering women and shed light on the mechanisms underlying PIVOT’s success. These themes include 1) addressing the whole person, 2) understanding challenges that are unique to women, 3) supporting mental health and substance use recovery, 4) delivering empowerment-oriented workforce development, and 5) matching high needs with high support. Collectively, these themes underscore PIVOT’s overall approach that is framed in the concept that freedom is a state of mind, helping women overcome blame, shame, and guilt, and envision a future that is not determined by their past.

While weekly group sessions were highlighted by staff as important for building healthy sisterhood and achieving this state of freedom, group sessions were not generally documented with substantive notes and were therefore minimally incorporated in this analysis. Our insights primarily rely on one-on-one sessions between participants and PIVOT's workforce development managers, personal success coaches, and licensed mental health clinicians. These findings were deemed credible through three member-checking sessions with PIVOT staff who affirmed the findings while offering additional valuable insights that have been incorporated into the analysis.

1. Addressing the Whole Person

PIVOT provides holistic personal development and wraparound case management, and case notes illustrated staff members' attempts to help women feel whole, stable, and supported. PIVOT staff ensured that participants' immediate concerns, which often took precedence over other programmatic activities, were addressed. For example, many women in the program expressed concerns to PIVOT staff about imminent evictions, the instability of living with friends or family members, or concerns about obtaining stable housing either while under home detention or after transitioning out of recovery housing facilities or correctional facilities. PIVOT staff provided tangible resources:

"She is concerned with her living situation. She believes she is going to be evicted. I reminded her of the organization Family Connections that has eviction services. I gave her their contact number. She said she would call them when we got off the phone (1329)."

Structural barriers outright deny justice-impacted women from many employment, housing, and childcare options, but even among potential employment options and resources, structural barriers often result in the absence of tangible documentation, such as a driver's license, necessary for obtaining employment or receiving benefits. Hands-on support in obtaining documentation and benefits was provided early in the program to navigate the often timely, bureaucratic processes:

"Spoke to [3416] about her message regarding support with knowing her rights regarding employment and receiving disability (SSI) benefits. [...] [3416] explained that she contacted Social Security, and she didn't understand what she heard. This writer suggested calling SSA with her to gain an understanding of what she can/cannot do and receive benefits. On [date] this writer and [3416] are scheduled to call SSA for an explanation."

Addressing the whole person also required PIVOT staff to demonstrate a high level of understanding of life's challenges and the unpredictable events that could reasonably detract from program engagement. Staff frequently supported clients struggling with the grief of losing a loved one, accidents, and other uncontrollable events that could create a barrier to sustained progress.

"[2357] responded to my follow up text from Tuesday informing me that her cousin had been shot and that she is mentally "all over the place." I extended my sincerest condolences and asked if there is anything we can do as her community of support to be of help to her at this time. I am now awaiting her response."

2. Understanding Challenges Unique to Women

Beyond addressing the whole person broadly, many aspects of PIVOT take a gender-informed approach. PIVOT staff recognized the socialization, roles, and expectations that women may experience based on their gender and how these factors can impact their re-entry journey. While parenting often motivated program participation, parental responsibilities often also created competing demands. PIVOT acknowledged the importance of participants' roles as parents and showed adaptability when participants needed to prioritize their children over PIVOT programming:

Clinician and client met for an initial individual session via Zoom. Client presented with euthymic mood (slightly anxious) and constricted affect. Client informed clinician that she was just told her visit with her son began at the same time as therapy and she was rushing to get out the door. Client made efforts to engage and stay on the call as long as possible. The call was lost when client got in the car. Clinician and client arranged to talk on the phone at 3:00PM to finish the session; client was still engaged with her son's worker (3213)."

Additionally, many participants struggled to affirm themselves, potentially influenced by societal stigma against justice-impacted women and more broadly, societal norms that hinder women from asserting their worth or internalizing negative messages that diminish their self-esteem. To counter this, PIVOT staff pushed participants in group sessions to fight past discomfort in speaking up and opening up. In some instances, this absence of self-affirmation, coupled with a tendency to expect failure, fostered self-sabotaging behaviors. PIVOT staff responded to these challenges by providing crucial reframing aimed at shifting participants' perspectives towards a positive sense of self:

"Client has had seasons of ebbs and flows when it comes to her individual passions. She has a certified/Associates Degree in massage therapy but when she began her business did not find consistent enjoyment in it. Started a holistic line of bath soaps, beauty bars, and scrubs, promoted, built a website, but did not launch the product on launch day. Manager asked Client if she thought she was afraid of her own success. Client stated she may be afraid to fail. Manager spoke to her about the importance of failure, among other things. Client enjoys being creative, especially along the lines of paints and crafts. (2241)."

In many instances, case notes emphasized a participant's continued engagement with her freedom mindset in order to continue growing and healing:

"Manager then inquired about her confidence to speak to her past and control the narrative since she continues to get offers in this sector. Client mentioned she is getting there. Manager informed her that once she arrives at knowing that she DESERVES a second chance then it'll be easier for her to own the narrative. [...] You have to begin to say, 'I'm stronger than my past. But you can only do that when you're ready.' Client agreed and wants to keep moving from this posture. (1925)."

3. Supporting Mental Health and Substance Use Recovery

Mental health challenges were a persistent barrier for many women throughout the program, with 62% of women having a documented mental health diagnosis, 76% of women with some substance use history, and nearly universal experiences of trauma among program participants. During early, smaller cohorts and during the COVID-19 pandemic when PIVOT enrolled women virtually on a rolling basis, PIVOT was able to provide prolonged one-on-one support, with one woman struggling with SMI receiving intensive support for nearly 10 months until finally gaining employment. When PIVOT returned to the in-person model and cohort sizes grew, PIVOT could not provide such intensive support, and clients struggling with SMI often discontinued program participation. Beyond SMI, documentation of clients' behaviors consistently reflected signs of anxiety and PTSD. This anxiety often manifested in behaviors such as avoidance, hypervigilance, and dependency, which PIVOT worked to counter by emphasizing the importance of achieving freedom from one's own narrative:

"Strongly suggested she begin to deal with the trauma of her incarceration and whatever happened before her incarceration. She stated it's easier to not deal with it, and I stated that it might be true in the short term, but if she wanted to be free to be who she really wants to be, she would need to deal with it. So I told her to journal about it, and that I wanted to see her evolve over the next few weeks to a place where she could talk about some of it while participating in PIVOT, because that's the reason we are here. I reminded her that it's a process, and the sooner she started, the sooner her healing would begin/continue (1926)."

While PIVOT does not directly provide substance use treatment, supporting women in addiction recovery was also a critical component of PIVOT's approach as many participants joined the program while concurrently enrolled in a recovery housing program. PIVOT staff regularly adjusted to accommodate conflicts between PIVOT's programming and mandatory meetings held at the participants' recovery homes. Expectations to complete multiple program requirements, however, were occasionally overwhelming to participants and were thus cited as a reason for self-selection out of the PIVOT program:

"I reached out to [2178] today regarding our scheduled 1 on 1. She advised she is feeling extremely overwhelmed with the program requirements and schedule at [her recovery home] in addition to PIVOT schedules and workshops. She shared that she is extremely grateful for PIVOT and what we are about. I expressed my sadness to hear such, wished her nothing but the absolute best and encouraged her to keep us in mind when things for her become a bit more settled."

In other instances, professional training and soft skill development was prioritized over employment placement due to perceptions of job readiness among those with a history of heavy substance use.

4. Delivering Empowerment-Oriented Workforce Development

PIVOT is unique in that it does not focus on a specific workforce sector and instead takes a client-focused approach, tailoring employment referrals and trainings to participant interests and strengths. When clients expressed interest in a workforce sector that the manager did not actively have an employment partner in mind, the manager documented that they would do some research on the client's behalf. One-on-one workforce sessions, however, were used more broadly to also instill a sense of accountability and autonomy. In many instances PIVOT staff intentionally limited their involvement and engaged in challenging conversations with participants who displayed an overly external locus of control:

"Manager informed her that the position is looking for candidates that exhibit a high level of professionalism and noted that Client needed to showcase those attributes in order to receive a referral. Client mentioned several times throughout the session that she is "really professional," but Manager continued to reiterate that she needs to display the level of professionalism that she speaks of [...] Manager emphasized that Client needs to be aware that our interactions are the only gauge of her character and she needs to take it as seriously as if she was coming into the office for our sessions. (3389)"

In addition to accountability being important for an individual woman's sustained success, it was important for PIVOT's reputation with long-term employment partners that are key to PIVOT's overall success. Case notes documented PIVOT reaching out to personal contacts at potential employers and often advocating on the client's behalf:

"Manager sent Client an email regarding the patience necessary to endure the [On the Job Training (OJT)] process. Manager made Client aware that the OJT Career Coach is advocating on her behalf and believes she should be hired. Manager and OJT Career Coach spoke regarding the process and Manager was told that the hesitancy in Client's hiring is trivial, although she didn't fully disclose certain elements of [her] background during this part of the process [and] full disclosure was given when she joined OJT. The difference in disclosure was due to COVID-19 and not having access to the physical records we have at PIVOT (1631)."

This empowerment centered approach to workforce development also aligns with PIVOT's overall mission to help women achieve holistic freedom and sustained success beyond the program's duration, with staff often demonstrating genuine excitement for client's achievements:

"Client continued to share how connecting with the program daily has shifted her attitude and disposition from waking up angry everyday to waking up feeling purposeful. I shared in her infectious excitement and encouraged her to get all that PIVOT was created and designed to give (2621)!"

5. Matching High Needs with High Support

Lastly, the PIVOT program recognizes that many reentering women often fail to receive a level of support commensurate to their needs and staff respond by providing grace, patience, and support, particularly when they encounter challenges that might hinder their progress. PIVOT staff were accommodating of some amount of absenteeism and often responded with empathy, knowing that completing the program in and of itself was important for their sustained success in re-entry:

"Client attended this week's WFD Workshop. She apologized for missing last week and stated she had experienced a lot of personal issues. Manager informed her that he was worried and that if she is going through anything and can't make it to reach out so we can know that she's ok. She was attentive throughout the session and engaged (2169)."

Additionally, PIVOT staff regularly engage in tasks that may be considered beyond the scope of regular programming and adapt to specific needs, such as providing basic literacy support for some participants. Case notes documented staff communicating to participants that nothing was too small of a concern, showing genuine care and investment in participants:

"I offered to get her a planner so she could find the time and then plan around it. Also we discussed that if she has a problem at her house that we can help with, to please call Pivot so we can vouch for her or support her in any way. This clinician will ask admin to help secure the client a planner and supportive backpack to carry around her documents and things (1330)."

PIVOT also recognizes that women need support beyond a nine-week period and staff communicated their availability and willingness to be ongoing members of their networks. By opening this line of communication for the years to come, PIVOT staff created a sense of trust and safety, allowing clients to reach out for help without fear of judgment or rejection:

"Also discussed pattern of not asking for help and offered to be a member of her "bench" of contacts to call when she was in need (2559)."

Discussion

This evaluation provides descriptive estimates of program impacts and valuable insights into the mechanisms underlying the success of PIVOT, a community-based re-entry program for women impacted by the carceral system in Maryland. While PIVOT's primary mission is to help women gain employment, the findings illuminate the holistic, client-focused approach employed by PIVOT to address the diverse and complex needs of re-entering women, contributing to the success of 75% of women completing the program. Among program completers, 71% gained employment, 57% received employment training, and 8% were charged on a new arrest, with only 1% becoming reincarcerated within one year after program participation. Women who completed PIVOT were statistically less likely to recidivate than non-completers. Five key themes emerged from the detailed qualitative analysis of case notes: addressing the whole person, understanding challenges unique to women, supporting mental health and substance use recovery, delivering empowerment-oriented workforce development, and matching high needs with high support. Although the program was not built based on a specific model for re-entry programs, these themes echo Bloom et al.'s (11) five key principles of gender responsive services across the criminal justice system: gender matters, environments must promote safety, respect, and dignity, relationships are central and must be addressed, substance use, trauma, and mental health must be addressed in culturally relevant ways, programs must improve socioeconomic status, and community support must be comprehensive and collaborative. Collectively, this suggests that PIVOT provides effective, evidence-based, gender-informed re-entry support.

Overall, PIVOT's 75% program completion rate is higher than other community-based programs that have demonstrated around a 50-60% program completion rate (23-25), and PIVOT's 71% employment rate is higher than two similar employment focused re-entry program in Los Angeles that reported employment rates between 35-68% (26). Among all participants, 16% of women were charged on a new arrest within one year after completing PIVOT and 4% were re-incarcerated. This re-arrest rate is on the lower side of similar community-based re-entry programs for women that have found between a 10-40% re-arrest rate within one year (24,25,27), and much lower than national estimates that 58% of women are re-arrested within three years (3). PIVOT program completion was associated with lower risk of recidivism which is consistent with most findings from other community-based programs (23,24,28).

The literature is mixed as to what factors are associated with program completion, employment, and desistance among women participating in re-entry programs (24,29-31). This reflects the diversity of

women's pathways into criminogenic behavior, their diversity of needs upon re-entry, and therefore the tailored programming needed to support pathways of desistance. This mixed evidence is also likely a function of the diversity of program content, program delivery, program fidelity, participant populations, and measures used (16). In this analysis, inconsistent data collection resulted in high missingness across several key variables, the potential misclassification of individuals, low statistical power, and an inability to assess other factors, such as housing and parental responsibilities, that the qualitative findings suggested were important in understanding a woman's re-entry path.

While this limits the confidence to draw conclusions from this quantitative evidence, it is noteworthy that maintenance medication use was the only factor associated with a lower likelihood of program completion, no factors were associated with employment outcomes, and only SMI was associated with a higher likelihood of receiving employment training. Qualitative data support these findings, with documentation of women in residential drug treatment programs struggling to balance multiple program requirements, and documentation of workforce development staff prioritizing employment training over employment placement when individuals were not job ready. The success among participants with SMI suggests that PIVOT was successfully matching high needs with high support.

Prior studies have found significant differences in attrition based on education and drug use (29) as well as by factors not systematically assessed by PIVOT, such as adverse childhood experiences and self-control (24). Previous literature has also shown decreased post-incarceration employment among women with mental health diagnoses compared to those without (30), and there is mixed evidence as to whether individuals with mental health diagnoses are more likely to recidivate (30,31). No mental health diagnoses were associated with recidivism among PIVOT participants. Licensed clinicians provide one-on-one mental health therapy to interested PIVOT participants, but PIVOT's group work challenges women to move beyond the expectations and labels of their mental health diagnoses in the same way that PIVOT encourages women to move beyond their criminogenic labels to seek their freedom mindset. This evaluation suggests this approach is effective, but this approach may over emphasize personal responsibility and under emphasize structural constraints, a common critique of gender-informed programs (32,33).

Older age was protective against recidivism among PIVOT participants, which may be due to older women having more positive social support (34). People with a history of substance use were less likely to be charged with a new offense compared to individuals without a history of substance use, which is contrary to previous research (35,36). This measure of substance use encompassed a wide range of drugs and severity of use but overall suggests that when criminal behavior is tied to drug dependence, achieving sobriety provides additional protective factors for desistance, including engagement in more pro-social networks and meaningful activities (37). For women living in residential drug treatment facilities, the provision of housing likely was also protective for women (13).

Early qualitative work was foundational to understanding the distinct pathways into criminal behavior among women: a pathway from child abuse to mental health and self-medication through substance use, a pathway from poverty and homelessness to educational and employment challenges, and a pathway from early abuse to relationships with antisocial men, domestic violence, and antisocial behaviors (10). These pathways influenced the development of gender-informed re-entry programs and are echoed in the challenges PIVOT participants face and how PIVOT works to disrupt these pathways as described in the case notes.

More recent qualitative work has continued to explore particularly the relationships between abuse, mental health, and substance use that is more common among female offenders (35,38,39) and was common among PIVOT participants. PIVOT's focus on empowerment and freedom also aligns with prior qualitative work that highlighted the importance of an individual's personal orientation on their success in re-entry, with those who were more able to accept themselves and maintain a solutions-based mindset demonstrating larger re-entry success (39).

Overall, case notes demonstrate that PIVOT works to both directly address structural barriers impeding women's success and help women heal and grow from the trauma those structural barriers have caused. While group work includes programming around healthy boundaries, forgiveness, and anger management, there was limited qualitative documentation of discussion of romantic relationships, parental stress and family conflict, or antisocial attitudes, suggesting these may be gender-informed and gender-neutral areas of growth for PIVOT. Finally, the substantiveness of case notes declined as cohort sizes increased over time. PIVOT staff has grown to accommodate larger caseloads, and more data is being tracked quantitatively, but efforts to ensure program fidelity and quality of workforce and personal development services are warranted as the program continues to expand.

Beyond what was described qualitatively in the case notes, many aspects of PIVOT follow best practices for gender-informed programs (11). The staff is primarily composed of Black females, which mirrors the majority of PIVOT participants. This facilitates tailored programming and provides role models and mentors that PIVOT participants can more easily identify with. Some staff also have criminal histories and/or are PIVOT alumni, furthering the staff's abilities to provide culturally relevant programming and demonstrating their commitment to uplifting the population they serve. Finally, the emphasis on group learning promotes relationship-building among participants and provides the basis for developing new support networks. This group work also provides an important empowerment space for some women who struggle with self-affirmation and self-expression, facilitating their journey toward personal freedom. While previous research has not demonstrated clear evidence supporting the use of gender-informed programs (16), many of the mechanisms underlying the success of PIVOT demonstrate the need and value of gender-informed programming for women.

Limitations

First, there is no control group in this evaluation and therefore we cannot compare the impact of PIVOT to the impact of no intervention or other programs. Due to PIVOT's eligibility criteria and staff discretion based on how a woman presents herself during screening and enrollment interviews, women accepted into PIVOT may be systematically more likely to desist compared to the general population of women with criminal histories in Maryland. Second, only state-level charges were assessed for criminogenic outcomes, and 21% of women could not be exactly matched to any record in MCS, largely because a significant portion of cases in MCS do not report the individual's date of birth. These factors may have resulted in undetected instances of re-arrest or re-incarceration. Data sharing agreements with correctional partners that could provide this information directly would improve the validity of these recidivism metrics. As previously mentioned, quantitative data was not captured systematically and therefore was highly missing for some variables, and some individuals may have been misclassified.

While this reflects challenges common to small organizations that must continually adjust to changing grant requirements and organizational growth, this limited the sample sizes to assess relationships associated with program outcomes and decreased the confidence in the quantitative analysis. Finally, no relationships between program fidelity and participant outcomes could be addressed because no implementation or process data has been systemically tracked. Differential program fidelity has been shown to influence program effectiveness (40), and PIVOT’s curriculum, requirements for program completion, and instrumental supports have all changed over time. To address many of these limitations, PIVOT launched a quasi-experimental study in July 2023 to compare women enrolled in PIVOT to eligible waitlist controls. This forthcoming evaluation will provide a more rigorous and comprehensive understanding of the effect of PIVOT on women’s desistance.

Conclusions

This evaluation of the PIVOT program highlights its commitment to a holistic, gender-informed, and empowerment-oriented approach to re-entry support for justice-impacted women. Metrics of program outcomes suggest that PIVOT is highly effective in helping women gain employment and maintain desistance. The five key themes that emerged from the qualitative analysis reflect best practices for gender-informed programming. By using a novel approach of a secondary data analysis of case management notes, this study provides valuable insights into the mechanisms underlying gender-informed, community-based re-entry program success that can be used to guide the implementation and evaluation of similar programs.

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