

# RE-LINK: Improving Health Outcomes, Reducing Recidivism

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*Connecting Released Inmates with Community Services*

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## OVERVIEW

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Reentry is the transition from incarceration to life in the community. According to the Office of Minority Health (OMH), 95% of those in state or federal prison will eventually return home. However, approximately two-thirds of those formerly incarcerated will be rearrested within three years of release.

Successful reintegration is made challenging due to a lack of resources or connection to resources that aid this process. Incarceration exacerbates psychological and physical health issues and can create additional social and economic barriers. A disproportionate number of those incarcerated (approximately 60%) are African American or Latino—populations that already face greater social and health inequities in the US.

Arbor Circle—a comprehensive mental health, substance use and family service provider located in Kent County, Michigan—recognized a need for more comprehensive reentry support to address these challenges in their local community.

Through their ten years of providing services to the populations in the area's correctional facility; strong collaborative relationships with community health, social service and behavioral health providers; and a commitment to providing culturally competent services to a diverse client population, Arbor Circle believed a better model was possible.

Funded via a Department of Health and Human Services (DHHS) grant, the Re-Entry Community Linkages (RE-LINK) program was launched in August 2016.

REA Analytics provided grant writing assistance during the application process. Once funded, REA developed a data methodology and comprehensive evaluation design that measured the success of the grant objectives and the needs of the target population.





## THE RE-LINK PROGRAM

RE-LINK was designed to successfully navigate the transition from incarceration to community. The program addresses the needs of BIPOC and/or disadvantaged male re-entrants ages 18-26 through intensive and assertive engagement in a collaborative approach with community health, social service, and behavioral health providers.



Arbor Circle spearheaded this interdisciplinary wraparound project with numerous Health and Social Service Network (HSSN) community partners. These organizations are committed to providing a collaborative and accessible approach to serving those young persons transitioning from Kent County Correctional Facility (KCCF) to the community and help to provide coordinated health, education, basic needs assistance, employment, and behavioral health services.



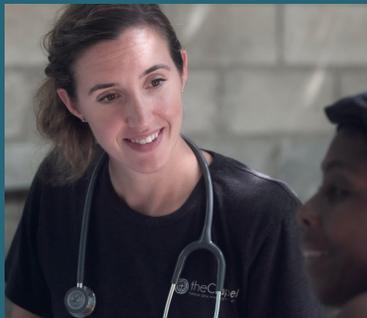
Prior to release, young adults are connected with a Peer Navigator via Arbor Circle, who provides on-going support (at least 12 months), case management and acts as a link to HSSN partner organizations for seamless community transition. This was a five-year program.



# GOALS & OBJECTIVES

<b>Assess</b>	clinical and social needs, and public safety risks
<b>Plan</b>	for treatment and services required
<b>Identify</b>	required community/correctional; programs for post-release services
<b>Coordinate</b>	transition plan to ensure use of community-based services & avoid gaps in care

**Utilize APIC Transitional Planning Model-** Implement a comprehensive transitional planning process in KCCF to improve coordination and linkages to community services upon reentry.



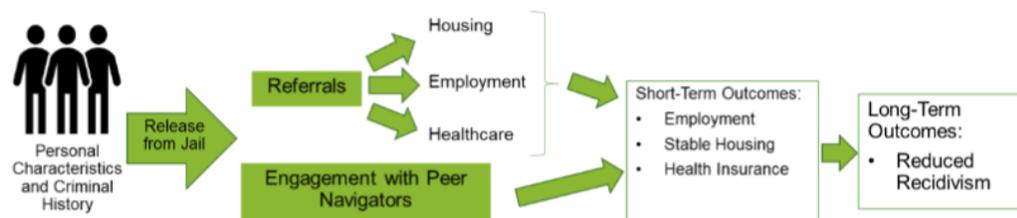
**Improved Health Management-** Reduce health disparities experienced by young men of color transitioning from jail and increase self-efficacy in managing health care needs.

**Sustainable Community Reentry System -** Develop a coordinated, person-centered reentry system and provide accessible programs and services for young men leaving the KCCF.



**Reduce Recidivism -** Program participants will have fewer re-arrests, new convictions, days in jail and days in state prison.

Figure 2: RELINK Theory of Change Process



# EVALUATION DESIGN

## The Value Of Propensity Scoring

Propensity scoring is a technique used to construct an artificial control group w/ similar characteristics to experimental (treatment) group to measure the impact of an intervention.

*Non Participant  
(Control) Group*



*Participant Group*

It is useful for answering difficult yet important questions about causal relationships and for determining impact where non-comparison group designs cannot. It also saves time and resources, since justice and corrections-related outcomes data is highly secure.

A comparison analysis reveals different rates of change between RE-LINK participants and equivalent nonparticipants, which can be assumed to be due to the RE-LINK intervention.

### The RE-LINK program evaluation uses two research designs:

**Pre-experimental one group pre-test post-test : provides description of non-causal participant change before RE-LINK to post-program completion.**

- Survey completed w/ Peer Navigators every 3 mos. until discharge
- Housing, employment, & health outcomes updated every 6 mos.

**Quasi-experimental matched comparison group design: Provides meaningful causal differences in the treatment and non-treatment groups.**

- Instruments grouped by objectives
  - Enhance healthcare linkages
  - Reduce health disparities
  - Increase access to health services
  - Reduce recidivism

## GROUPS WERE EVENLY MATCHED BY..

- RACE
- AGE
- EDUCATION
- CRIMINAL RECORD
- REOFFENSE RISK
- TIME SINCE RELEASE



Peer Navigators fulfilled a mentorship role when helping program participants navigate their transition back into the community.

Those who completed the program—i.e. those with the greatest amount of exposure to Peer Navigators—showed greater reduction in recidivism over time.



“ He gave me an extra push. He gave me a reason to keep going. He cared about me as a human being.

Mainly I like the big brother aspect. He was there for me.

Gave me ways to think about things and navigate life in a more positive way.

Guided me to a better direction.”

## OUTCOMES



**Employment:** Participants increase employment rates from 22% to 71% by 12 months.



**Housing:** Over 90% of participants report stable housing rates at intake, which is maintained throughout the program, yet struggle with independent housing (owning/renting)—increasing from 10% to just over 25% at follow-up.



**Healthcare:** By 12 months, roughly 95% of participants report health insurance. All participants report a medical crisis plan at 12 months. However, healthcare remains a low priority for program participants with all reporting at least one unmet health need at 12-months.



**Reduced Recidivism:** Participants show significantly reduced recidivism compared to matched nonparticipants, with 74% fewer new convictions and 84% fewer days reincarcerated in the county jail.



## Customized and Collaborative

REA works in tangent with organizations—they are partners in the evaluation process. We rely on their expertise as practitioners in order to build something better together.

We maintain engaged and ongoing feedback and support throughout the duration of the grant cycle and beyond.

Our Implementation Workgroup (IWG) provides project staff and collaborators opportunity to provide feedback and discuss next steps.



## BENEFITS

### Comprehensive Services

*For RE-LINK, REA provided the following:* Data collection and analysis, customized evaluation design, monitoring of progress toward meeting outcomes, dissemination of results.

### Assessing Effectiveness

Are the health improvement and disparity reduction efforts really making a difference and producing meaningful results?

For RE-LINK, REA provided feedback on not just outcomes but also data collected during the process.

We developed a specialized system that allowed Peer Navigators to use deidentified IDs to make sure that they were maintaining contact with all participants in the program.

This system also triggered reminders for follow-ups, which allowed RE-LINK partners not only to stay on top of data collection, but also helped to identify the participants that they were struggling to keep engaged.

### Continuous Improvement

Annual reports over the 5-year duration of the grant aided continuous quality improvement of program efforts.

**In-depth, data-driven evaluation not only fulfills the requirements of funders, it is critical to the success of programs such as RE-LINK.**

**Working with external evaluators who have the staff expertise and technical infrastructure to ensure rigorous and high quality data analysis provides accurate, relevant and applicable information for partner organizations.**



## SUMMARY

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Our report concluded that the 5 years of programming positively impacted employment, housing, and healthcare navigation; successful completion of the program also resulted in reduced recidivism.

Identifying factors that increase overall program engagement is important for successful transition back into the community for reentrants.

Expansion of employment and housing services, while tailoring of healthcare navigation to areas of need, such as identifying a primary care doctor should be considered.

**Due in part to the evaluation analysis and the observable positive impact of the program, funding was continued via a HSSN partner organization, allowing Arbor Circle to begin to implement recommendations and increase the impact they have on those they serve.**



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