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Health Link Program Provided Health and Community Services to Current and Former Inmates of New York City's Rikers Island Jail

Implementation of a community reintegration model to reduce substance abuse among jail inmates

SUMMARY

From 1992 through mid-2002, the Hunter College Center on AIDS, Drugs and Community Health designed and ran Health Link, which provided in-jail and post-release services to women and adolescent inmates ages 16 to 18 at New York City's Rikers Island correctional complex. The center is now called the Hunter College Center for Urban and Community Health.

Beginning in 1997, researchers at Mathematica Policy Research conducted a formal, quantitative evaluation of Health Link using randomization of inmates to control and experimental groups, examining the impact of its community services on former inmates' substance abuse, recidivism, education, use of health services and other issues after clients' release to the community.

Key Evaluation Findings

The evaluators reported that participation in Health Link's Jail and Community Program:

- Increased receipt of drug treatment services and may have had a small beneficial effect on drug use.
- Increased use of education services and receipt of GEDs among males.
- Increased receipt of preventive health care services among females.

Participation in Health Link had no impact on:

- Reducing criminal activity.
- Reducing behaviors that cause the spread of HIV infection.
- Other factors such as employment rates, housing or social and family situations.

Evaluation Methodology

Health Link received an experimental design outcome evaluation during its third and final phase. The evaluation design involved assigning inmates to the experimental or control group shortly after, rather than before, they had attended at least one Health Link empowerment group in prison.

When an inmate attended at least one empowerment group session and expressed interest in participating in the full Health Link program, Health Link workers met with the inmate to verify eligibility, secure informed consent and conduct the intake interview.

Immediately upon completing the intake interview, the evaluators, Mathematica Policy Research randomly assigned the participant to the experimental group that received the full Health Link program, or the control group that did not.

Funding

The Robert Wood Johnson Foundation (RWJF) supported the project and its evaluation with nine grants totaling $12,257,572 to:

- To design and run Health Link: The Research Foundation of the City University of New York - Hunter College for the Hunter College Center on AIDS, Drugs, and Community Health (ID#s 018331, 019681, 029583, and 036950) and the Fortune Society (ID# 030132).
- To plan two different evaluations: The National Development and Research Institutes (ID# 019458) and Abt Associates (ID# 024852), to plan two different evaluations.
- To plan and conduct the formal experimental design evaluation of the project: Mathematica Policy Research (ID#s 030226, and 031735).

THE PROBLEM

The federal government's war on drugs was the largest single factor behind the rise in prison populations, according to a 1990 report by the Sentencing Project, a national organization that analyzes criminal justice data and policies. Between 1980 and 1989, arrests by state and local police for drug manufacture or sales increased by almost 300 percent, according to the Hunter College Center for Community and Urban Health. In 1990, the Institute of Medicine (IOM) estimated that between 700,000 and 1.9 million arrestees annually needed drug treatment.

The vast majority of jail inmates return to their communities within a few weeks or months of incarceration, according to the IOM study. Efforts to assist inmates to start drug treatment while in jail were meager at the time of the study. The IOM estimated that only 4 percent of inmates confined on any day received drug treatment.

Women and adolescents represented a growing proportion of jail inmates, according to researchers at the Hunter College center. A 1992 report by the New York City Department of Correction noted that a drug felony was the most severe charge for half of all women detained in New York City. The Council on Scientific Affairs conducted a survey that found that 63 percent of juveniles in custody used drugs regularly.

New York City's Rikers Island Correctional Complex is the largest detention center in the United States. In the 1980s, more than 125,000 people came through Rikers Island each year, and the average daily census was 16,000 people. Substance abuse is a major problem for detainees, with nearly 80 percent testing positive for drugs at admission, according to the Hunter center.

CONTEXT

RWJF's support for Health Link grew out of its interest in substance abuse. In addition, RWJF has funded an array of projects focused on prisoners and prisons, including some supporting release and aftercare programs.

Among the projects RWJF has supported are:

- Development of Substance Abuse Programs in the Juvenile Justice System (see Program Results on ID# 021232). RWJF funded the Robert F. Kennedy Memorial to establish the National Juvenile Justice Project, a comprehensive juvenile justice reform model designed to rehabilitate, rather than simply incarcerate, young offenders through programs that deal with the possible causes of criminal behavior, including illegal drugs and alcohol, family problems and lack of education and job opportunities.
- Report on Youth Crime, Delinquency and Substance Abuse (see Program Results on ID# 030696). The report provides information about which youth are most likely to commit juvenile crimes and why and identifies programs that have reduced youth criminal activity. The report's main finding was that the key to preventing youth crime and substance abuse is to improve the meaningful day-to-day connections between responsible adults and young people.
- Demonstration of an Aftercare Program for Substance Abusing Ex-Offenders (see Program Results on ID# 020660). RWJF funded the planning, implementation and evaluation of the Opportunity to Succeed demonstration program, which was designed to reduce substance abuse relapse and criminal recidivism by providing post-incarceration supportive services to felony offenders with drug- and alcohol-offense histories. Two agencies of the U.S. Department of Justice—the National Institute of Justice and the Bureau of Justice Assistance—cofunded the project.

THE PROJECT AND ITS RESULTS

Health Link was a 10-year project that provided in-jail and community-based services to inmates and ex-offenders released from Rikers Island correctional complex and evaluated the impact of some of the services on substance abuse and other behaviors.

The project was proposed and directed by the Hunter College Center on AIDS, Drugs, and Community Health (now called the Hunter College Center for Community and Urban Health) at the City University of New York, which conducts interdisciplinary research and evaluation; develops community programs; and provides training, technical assistance, consultation and advice regarding health policy.

Nicholas Freudenberg, Dr.P.H., directed the project throughout its life. For a list of other co-directors, see Appendix 1.

The Hunter center secured additional funding from the New York City and State Departments of Health, the New York State Department of Health AIDS Institute, the federal Centers for Disease Control and Prevention (CDC) and others. See Appendix 2 for a complete list of funders.

The philosophy behind Health Link was that jails provide an opportune setting in which to identify substance abuse and health problems, engage inmates in planning to address those problems and connect them with services upon their release.

Health Link's primary goal was to reduce drug use, HIV risk behavior and criminal activity among adult women and adolescent inmates aged 16 to 18 at Rikers Island. Its secondary goals were to enhance the capacity of community organizations to serve ex-offenders; to institutionalize discharge planning and services in New York City jails; and to provide materials and assistance for others seeking to replicate Health Link.

Health Link provided inmates with a core set of services:

- **Empowerment Groups:** These group health education sessions sought to help inmates identify their goals, develop the ability to achieve those goals and identify services they would need when they returned home. Topics covered in the sessions included:
  - Survival Skills: Adaptive Behavior, Internal and External Styles of Survival
  - Violence in Relationships
  - Substance Abuse
  - Self-Esteem and Respect
  - Decision-Making

- **Individual Counseling and Discharge Planning:** Working with Health Link case managers, inmates drew up written discharge plans in which they established their goals and laid out specific steps they would take after their release.
- **Post-Release Services:** Health Link case managers and participating community-based organizations provided ongoing group meetings and helped clients secure welfare and Medicaid benefits, enter substance abuse treatment, improve family relationships, secure training or jobs, locate adequate housing and resolve outstanding legal problems. Released prisoners could participate in Health Link for up to one year.

The Hunter College center provided financial support, training and technical assistance to the community-based organizations providing post-release services, allowing them to expand or tailor their services to meet the needs of ex-offenders.

Health Link ran from 1992 to mid-2002, and comprised three phases: a feasibility project (Phase I), full implementation (Phase II) and implementation coupled with a formal evaluation (Phase III).

Phase I: Health Link Feasibility (1992–93)

Health Link began in 1992 as a two-year feasibility project (grant ID# 018331) to test whether the Health Link model could recruit inmates to participate, retain them for up to one year after their release from Rikers Island and provide post-release services with the cooperation of community-based organizations. Its specific objective was to recruit 100 women and 65 adolescents (males and females) for post-release services.

During this phase, the project's health educators and case managers started empowerment groups for inmates, developed protocols for recruiting them into Health Link and helped inmates prepare for the community services they would receive upon their release.

When inmates were released from jail, case managers followed up with them to be sure they attended treatment and counseling sessions and that they kept appointments with other service providers. This often involved prolonged efforts to locate clients and re-interest them in Health Link.

To serve released prisoners, the Hunter College center contracted with and provided technical assistance to two community-based organizations in the Mott Haven section of the Bronx—St. Benedict the Moor Neighborhood Center served adult women Health Link clients, and Argus Community served 16 to 18 year olds.

The two community organizations provided substance abuse treatment, counseling, housing and other services to inmates after their release from Rikers Island. The Hunter center case managers and the community agency social services staff collaborated on efforts to ensure that clients received all of the services they required.

Phase I Results

Health Link project staff reported the following results:

- **Health Link recruited 89 women and 75 adolescents to participate in the project.** These inmates participated in empowerment groups, prepared discharge plans and were eligible to receive community services upon their release. About half of the recruited inmates subsequently participated in activities or received services at the two community organizations. At the time this phase ended in 1993, Health Link case managers and community organization staff were still in touch with 67 percent of the women and 84 percent of the adolescents who had received any community services. People served by the project included:

  — *F.G., a woman who was removed from a family with a history of violence and substance abuse at age 9 and cycled in and out of foster care, jail and drug treatment programs for 19 years. F.G. was recruited into Health Link through a Health Link empowerment group. She was referred to several programs and was placed in a mother-child residential program with her youngest child. Her progress led the city to stop adoption proceedings for her oldest child, whom she visited regularly while he was in foster care.*

  — *R.S. had a long history of substance abuse within her family, was a victim of incest and first injected heroin at age 10. She had been in and out of jail several times. Upon learning that she was positive for HIV infection, R.S. joined a Health Link empowerment group because she heard that many other women with HIV attended the groups and found them helpful. Health Link lost contact with her upon her release from Rikers Island, during which time her medical condition worsened, but six months later she contacted her case manager and subsequently received medical treatment, a new apartment and an opportunity for reconciliation with her daughter.*

  — *M.L., a young man, had spent months at Rikers waiting for the disposition of a robbery charge. He subsequently graduated with distinction from a training program at Argus Community and took a job as a data entry clerk at Hunter College.*

- **More than 400 adult women and 600 adolescents participated in at least one Health Link empowerment group.** While most youths attended only one session, about half of the adult women attended three or more sessions.

- **Health Link helped community-based agencies improve services to clients and improve their ability to identify and secure additional resources,** according to Health Link staff. They provided technical assistance to staff at St. Benedict the Moor Neighborhood Center and Argus Community on topics such as conducting reviews of client cases and dealing with crises. Health Link staff also helped these organizations connect with other agencies that had resources for ex-offenders and helped them identify possible sources of funding.

Assessment Recommendations

RWJF funded National Development and Research Institutes (ID# 019458) to assess Health Link's feasibility and make recommendations regarding whether the project should be expanded to additional communities and evaluated more rigorously. The researchers reported that Health Link was promising and feasible enough to warrant further support by RWJF, and made the following recommendations for implementation in the next phase:

- Implement an effective system for client tracking and general record-keeping.
- Carefully monitor relationships between the Hunter College center and collaborating community organizations, and be sensitive to differences in treatment philosophies and organizational culture.
- Use a five-year-renewal of Health Link to evaluate its long-term impact on those served, especially in comparison to inmates in other programs or those who receive no post-release services. Project managers should ensure that needed data for such an assessment is collected, maintained and analyzed.

Phase II: Health Link Implementation (1994–96)

In late 1993, RWJF awarded a $3,000,000 five-year follow-up grant (ID# 019681) to Hunter College to implement an expanded version of Health Link over five years. Under the objectives of the new grant, Health Link was to provide post-release community services to 75 adult women and 75 male and female adolescents per year in two New York City communities.

RWJF expected the Hunter College center to raise project funds from other sources, and RWJF structured grant payments to decrease from 94 percent of project costs in the first year to 13 percent of costs by the final year as new funding became available. RWJF also sought to establish an independent evaluation of Health Link, and hoped to find outside funding for this effort.

In 1994–95, the Hunter College center expanded Health Link to a second community—East Harlem—and negotiated contracts with six more community organizations to provide services to released inmates. It also provided technical assistance to about two dozen other organizations that were serving ex-offenders. This assistance included help developing new housing, expanding health services and working with the city's Department of Correction.

The Hunter College center received funding from the New York City Department of Youth Services to establish a job training program for adolescents in the Health Link program, a grant from the CDC to hold a conference on jail-community partnerships, and general support for Health Link from the Aaron Diamond Foundation (see Appendix 2

for details). But it was unable to raise the matching operating funds that RWJF program staff had envisioned.

Phase II: Planning the Health Link Evaluation

RWJF's interest in continuing Health Link beyond Phase II centered on whether the project could be rigorously evaluated using an experimental design that involved randomly assigning inmates to receive either full Health Link services (the experimental group) or services as usual (the control group). Creating an acceptable evaluation design posed significant challenges:

- The volatile environment at Rikers Island, characterized by overcrowding, turnover of inmates and staff, sudden changes in rules and lack of private space to conduct interviews is not conducive to rigorous research methods that require access to inmates, time and privacy to meet with them and access to administrative data regarding criminal history.
- A core element of Health Link, and one that made it popular among both inmates and staff at Rikers Island, was that all inmates were welcome to participate in the Health Link empowerment groups. This meant that all inmates, whether assigned to the experimental or control group for research purposes, received some Health Link services, making it difficult to create a true control group—one that did not receive any services from the intervention.
- Research protocols and forms would require approval from the New York City Department of Health Institutional Review Board (IRB).

In October 1994, RWJF awarded a seven-month contract (ID# 024852) to Abt Associates, a policy and research firm based in Cambridge, Mass., to create an evaluation design for Health Link that included random assignment of inmates and to explore possible sources for funding of the evaluation.

RWJF staff had expressed a strong preference for a research design in which Rikers inmates would be randomly assigned to a treatment group receiving full Health Link services, or a control group that received no Health Link services other than the empowerment groups.

The Abt project team decided that a randomized control group study was not feasible and proposed a less rigorous, quasi-experimental evaluation design in which the outcomes of Health Link clients would be compared to outcomes of other groups of inmates. Abt submitted that evaluation design to the National Institute on Drug Abuse (NIDA) for possible funding, but NIDA did not approve the application.

RWJF subsequently issued a request for proposals to several evaluation firms for an evaluation of Health Link, asking that the organizations also provide suggestions about

potential sources of funding. Abt Associates was the only firm to respond, and in late 1996, RWJF decided not to fund that proposal.

Phase II Results

The Hunter College center reported the following results for this shortened phase of Health Link:

- **Hunter College center Health Link case managers recruited 227 incarcerated women and 174 incarcerated adolescents into Health Link between January 1994 and March 1996, when the program stopped recruiting inmates for post-release services.** Of those receiving post-release services, 72 percent of adolescents and 46 percent of adult women remained with the program at least six months after their release from Rikers Island. Some 54 percent of adolescents and 35 percent of adult women remained with the program for a full year.
- **The project established a Community Coordinating Council to support cooperation among and advocacy by community organizations engaged in serving ex-offenders.** The council grew to 45 member organizations by 1996. The council's achievements included:
  - Establishing an ongoing dialogue with the city's Department of Correction on discharge planning, post-release services and other issues.
  - Developing an advocacy agenda to coordinate member efforts and raise policy concerns with the city.
  - Increasing coordination of services provided by its member organizations.
  - Sponsoring health fairs and other community events.

Health Link Phase III: The Evaluation Phase (1997–2002)

RWJF originally planned Phase II to extend to the end of 1998. However, as noted in internal documents, project staff found it extremely difficult to secure cofunding for ongoing support and an independent evaluation.

Foundation staff recommended in internal documents that Phase III funding of Health Link begin in 1996 because of the "importance to the Foundation's substance abuse goal area—and to the nation—of targeting high-risk individuals in the criminal justice system, the degree to which the model is innovative and well implemented, the difficulty of securing cofunding in the current funding climate, and expert confirmation that a sound, feasible outcome evaluation design exists."

Anticipating a Phase III designed to permit a rigorous evaluation of Health Link, in mid-1996, RWJF created a Health Link technical advisory committee, chaired by Thomas Cook, Ph.D., of Northwestern University (see Appendix 3 for a list of members).

The committee played an active role throughout the waning days of Health Link Phase II and the duration of Phase III, advising project and RWJF staff in structuring Health Link operations so they could be rigorously evaluated and in designing an evaluation that would not interfere with Health Link services.

Despite Abt Associates' conclusion that it was not feasible to evaluate Health Link using an experimental design, RWJF staff, Health Link project staff and the technical advisory committee continued its pursuit of an experimental design for the evaluation of Phase III.

In December 1996, at RWJF's request, the Hunter center contracted with the research firm Mathematica Policy Research to review and assess the feasibility and scientific merit of an evaluation design that had been suggested by members of the technical advisory committee.

Stuart Kerachsky, a senior vice president, led the effort at Mathematica, in consultation with Robinson Hollister, Ph.D., a professor at Swarthmore College and a member of the Health Link technical advisory committee.

They concluded that it was feasible to design an evaluation that would allow for random assignment of inmates, but that would not compromise project operations and that the NYC Department of Health's Institutional Review Board would be able to approve.

By this time, RWJF had decided to close the implementation grant two years early, at the end of 1996, and to fund a separate Health Link evaluation phase in which the program's implementation would be evaluated. In fact, RWJF funded Phase III solely so that the intervention could receive a rigorous evaluation.

In 1997, RWJF launched the formal evaluation of Health Link with three major grants.

- ID# 029583, to the Research Foundation of the City University of New York - Hunter College for the Hunter College center, to manage the overall Health Link project, provide technical assistance to community groups serving released inmates, and support the development of community networks.
- ID# 030132, to the Fortune Society, a New York City nonprofit organization that helps ex-offenders and at-risk youth break the cycle of crime and incarceration, to take over the case management and other services that had been provided by the Hunter center in the earlier phases of the project.
- ID# 031735, to Mathematica Policy Research, to carry out an evaluation comparing Rikers inmates who received Health Link's in-jail services and its community-based services when they were released from jail with a control group of Rikers inmates who received only limited in-jail services and no services when they were released. Mathematica also received a small grant (ID# 030226) for preliminary work on planning for the evaluation while waiting for the larger grant.

Inmates were eligible for Health Link if they:

- Were an adult female or an adolescent male ages 16 to 18.
- Expected to be released from Rikers Island within 12 months and did not expect to be sent to a state prison.
- Had not been involved with the full Health Link program since 1994—although they could have participated in a Health Link empowerment group.
- Were willing to live in and receive services in Harlem or the South Bronx.
- Agreed to participate in the random assignment process, provide contact information and give permission for research staff to access data about services they used.

The key feature of the evaluation design involved assigning inmates to the experimental or control group shortly after, rather than before, they had attended at least one Health Link empowerment group.

When an inmate attended at least one empowerment group session and expressed interest in participating in the full Health Link program, Health Link workers met with the inmate to verify eligibility, secure informed consent and conduct the intake interview. Immediately upon completing the intake interview, the worker called staff at Mathematica Policy Research, who randomly assigned the participant, using a computer database, and told the Health Link worker whether the participant was assigned to the experimental or the control group.

Participants in the experimental group received all Health Link benefits—participation in empowerment groups, intensive discharge planning, case management and community services after their release.

Those assigned to the control group could participate in empowerment groups, and they received a less intensive form of discharge planning. (Because the Health Link empowerment groups were open to all female and adolescent Rikers Island inmates, it was impossible to compare recipients of the full range of Health Link services to those who had not participated in any part of Health Link.)

RWJF had chosen to divide programmatic responsibility for Health Link between the Hunter College center and the Fortune Society to take advantage of the expertise of both organizations. JoAnne Page of the Fortune Society became co-director of Health Link (see Appendix 1).

In particular, RWJF and Hunter College center staff believed that the Fortune Society would be able to expand the range of services available to clients. The Hunter College center, housed at a university, was better positioned to provide program management and technical assistance.

Separating case management from project oversight and staff supervision proved difficult, however, creating tension between Hunter and the Fortune Society that detracted from their ability to focus all energies on their main tasks. As there was no formal mechanism in place to resolve differences between the organizations, the Hunter College center took over responsibility for case management in March 1999.

RWJF transferred the unused portion of the Fortune Society's grant to the center (ID# 036950). Subsequently, the Fortune Society served as a subcontractor to the Hunter College center, providing advocacy on behalf of clients in court, placing clients in residential substance abuse treatment and offering other services that would either expedite discharge from Rikers Island or prevent reincarceration.

Evaluation Methodology

Health Link recruited 1,416 subjects at Rikers Island 710 adult women and 706 males ages 16 to 18—between July 1997 and May 2000. Female adolescents had been included in Health Link's prior phases, but there were too few adolescent females at Rikers Island to create a third Health Link group to allow a statistically significant evaluation. Further, they differed enough from both adult women and adolescent males that they could not be combined with either of those groups for the purposes of evaluating Health Link's effects. They were therefore dropped from the third phase of Health Link implementation.

The evaluators attempted to conduct in-person follow-up interviews with all 1,416 subjects 15 months after they had been released from jail. Some 74 percent of subjects participated in the follow-up interviews; 35 percent of interviewed adolescent males and 29 percent of interviewed females were reincarcerated at the time of the interview.

The follow-up interviews obtained information regarding:

- Rearrests
- Substance abuse
- Participation in drug treatment programs
- Sexual activity
- HIV risk behaviors
- Health services sought and received
- Educational activities
- Subjects' interaction with Health Link.

The evaluators asked all subjects who were not incarcerated at the time to provide a hair sample for chemical analysis for drug use. (They could not get hair samples from

incarcerated subjects because prison rules banned scissors.) Some 80 percent of the non-incarcerated clients voluntarily provided a hair sample; most of the rest were males with hair too short to provide a sample.

Finally, researchers collected administrative records on subjects' criminal justice involvement, and they collected data from case manager logs regarding contacts with or on behalf of subjects.

The original evaluation plan included a process analysis to document topics such as how Health Link evolved, how problems were identified and addressed, how staff experienced Health Link or how agencies changed the way they worked. RWJF decided that these resources could be better used in a detailed analysis of data on caseworkers' caseloads and interactions with clients, and chose not to fund this assessment.

EVALUATION FINDINGS

The evaluators reported the following findings in a report to RWJF, *The Evaluation of Health Link: The Community Reintegration Model to Reduce Substance Abuse Among Jail Inmates:*

- **Participants—in both the experimental and control groups—were severely disadvantaged, in poor health, with limited education and employment, and most had prior encounters with the criminal justice system.** Less than 20 percent had been employed when they were arrested. More than 70 percent of the adult females and almost 40 percent of the adolescent males had been incarcerated at least once before. More than 85 percent said they had used drugs in the six months before they were arrested.
- **About 60 percent of the experimental group reported some contact with their Health Link case manager after their release, but the amount of time case managers spent with them or working on their behalf was limited.** Half of the females and about 40 percent of the adolescent males reported that they still had contact with their case managers six months after their release, and a third of both groups maintained contact for a full year. Many reported following through on their discharge plans and said they valued the support of the program. Clients spent an average of 6 to 8 hours with their case managers while still in jail, and case managers spent an average of 6.5 hours (for females) or 9.5 hours (for adolescent males) working with or for each client post-release. (Note: clients also spent time in programs to which Health Link had steered them.)
- **Health Link had a modest beneficial impact in some areas, but no impact on a wide range of other outcomes examined by the evaluators.** A comparison of outcomes for the experimental and control groups yielded the following findings about the benefits of the post-release community services:

- **Drug Use:** Both women and adolescents in the experimental group made greater use of drug treatment services (particularly services other than detoxification) than their control-group counterparts. There may have been a small beneficial effect on their drug use, although the data is not consistent.
- **Education:** Adolescent males in the experimental group were more likely to participate in education and earn a GED certificate than were members of the control group, although overall completion rates remained very low.
- **Health Care:** There was no difference in overall use of health care or the likelihood of being insured, but females in the experimental group did make greater use of preventive care services.
- **Crime:** Three was no difference in involvement in criminal activity or contact with the criminal justice system.
- **Risky Behaviors:** There was no difference in sexual activities that can cause the spread of HIV (e.g., having multiple partners, failure to use condoms, sex-for-drug exchanges).
- **Other:** There was no difference in clients' employment rates or their housing, social or family situations.

Limitations

- There was no group of clients that did not receive any Health Link services. All clients attended the empowerment groups, and all received some level of discharge planning, both of which are Health Link services. Therefore, it is possible that the net effect of the full Health Link intervention is understated, because members of both the experimental and control groups received some services not generally available to inmates.
- Some clients in the control group received services from the same community-based organizations that had Health Link contracts to serve clients in the experimental group. Clients in the control group were able to access community services through a variety of methods, including prior experience with the organization, word of mouth or referrals from other agencies.

CONCLUSIONS

The evaluators noted that the data could not explain why the overall impact of the program was more modest than expected.

- The limited amount of case manager contact, and the availability of community services to members of the control group, meant that the differences in services received by the two groups were quite small.

- The evaluation principal investigator, John Burghardt, Ph.D., also noted that female clients had more severe addictions and more other problems than anticipated, and therefore may have needed more intense help than Health Link could provide.

Communications

The evaluators at Mathematica Policy Research produced summary and technical reports on their findings. They also published an article, "Community Case Management For Former Jail Inmates: Its Impacts On Rearrest, Drug Use, and HIV Risk" in the *Journal of Urban Health.* The evaluation team also made a presentation on findings at the Annual Association for Public Policy Analysis and Management conference in November 2003.

The Hunter College center produced a set of 12 manuals summarizing the project's experience, noting lessons learned and offering extensive resource lists, which it compiled, under the title, *Serving People Returning from Jail: The Health Link Guide to Community Reentry*.

Hunter College center staff also wrote six journal articles, appearing in the *American Journal of Public Health, Journal of Urban Health, Health Education and Behavior,* the *Journal of the American Medical Women's Association, Crime and Delinquency* and *Health Education Research* and three book chapters. Project leaders made presentations at the American Public Health Association, the Society for Public Health Education and other forums.

The Hunter College center also received a grant from the CDC to sponsor a day-long public forum entitled "Stop the Revolving Door: A Conference Examining the Role of Jail/Community Partnerships in the Prevention of HIV, TB, Other Infectious Diseases and Drug Abuse." For more details on publications, see the Bibliography.

LESSONS LEARNED

1. **It is feasible to identify and recruit inmates who engage in risky behaviors, and to ascertain the location of these clients over a period of time.** Concerns about whether Health Link would be able to recruit enough volunteer clients and whether evaluators would be able to track clients for 15 months proved unfounded. Health Link attained its target size within the anticipated period of time, and evaluators were able to interview 74 percent of participants 15 months after they were released from jail. (Project Director, Evaluators)

2. **When designing projects that involve community-based organizations, researchers or planners should establish clear criteria for participation and select organizations that have strong administrative structures, commitment from senior managers and a vision and mission that relate specifically to the population served.** While all of the community organizations involved with Health Link were committed to helping people, some of them suffered from inadequate staff

resources, lack of experience serving people with criminal records, limited capacity to collect and analyze data for management purposes and overburdened administrators. (Project Director)

3. **When providing services to inmates or when working in jails and with corrections agencies, staff must take the time to learn jail procedures, develop trusting relationships with corrections officers and wardens and be prepared to make adjustments as jail situations change.** At Rikers Island, rules for meeting with inmates would change depending on factors such as whether there had been a recent escape attempt or which correction officer was on duty. Health Link staff had to convince jail staff that Health Link would not mean more work for them or disrupt the detainees under their jurisdiction. (Project Directors, Project Staff)

4. **When clients have several problems and are involved with many agencies, initiatives designed to address those problems cannot focus solely on the interactions between clients and front-line staff. Front-line case managers cannot be expected to resolve problems resulting from large gaps in services or from conflicting policies among agencies.** Projects that involve direct services to clients have to develop relationships with service provider agencies and the policy-making public systems that drive services. (Project Director)

5. **Community coalitions can play a critical role in building skills among members, enriching the scope of services for clients, creating shared community vision and providing a forum for community organizations to speak to public officials.** Members of the Community Coordinating Council (established in Phase II) reported that the meetings were exciting and informative. They learned about agencies and resources that were previously unknown to them, participated in discussions and training regarding the needs of formerly incarcerated people and developed policy recommendations for city officials. (Project Staff)

6. **Prior to starting operations, agencies and planners should allow adequate time to establish detailed work protocols, create mechanisms for sharing confidential information and protecting client privacy, hire and train staff, and develop relationships with community and city agencies.** There is often pressure to start programs immediately upon receiving funds, but it is important that all of the logistical, administrative and training tasks be completed and in place before beginning to serve clients. (Project Staff)

7. **Projects that give priority to training and educating community organizations and agencies about criminal justice, addiction and ex-offenders can shape and improve the careers of the organizations' staff members beyond the original project.** Over the 10 years of Health Link, many agency employees received high-quality professional development and training experiences that made them more aware of and better able to serve people with criminal and substance abuse histories. These workers tend to have a variety of jobs over the course of their careers and will bring with them the skills and values they learned through Health Link. (Project Staff)

8. **Before starting projects such as Health Link, project staff should be sure they can sustain the effort for more than several years and that they have backing and administrative support from their organizations.** Health Link took fully 10 years to create, test, implement and evaluate. (RWJF Program Officer, Project Director)

9. **Researchers and community organizations should be sure that they have shared understanding of and commitment to evaluation designs that involve random assignment, in which some people will not be allowed to receive specialized services.** Agency administrators should fully understand and be comfortable with this evaluation design before they agree to participate. Front-line service staff may become frustrated and angry when they cannot offer services to particular clients who may most benefit from those services, and both staff supervisors and researchers should be prepared to help them with these frustrations. (Project Director, Project Staff)

10. **When asking community organizations and agencies to provide services under a specific program, it is beneficial to offer them some funding that can be used flexibly and that is tied to performance outcomes.** As Health Link evolved, the Hunter College center increased the number of agencies with which it contracted and tied funding to specific services and outcomes. These strategies made it easier for agencies to participate in Health Link, clarified expectations and improved accountability. (Project Directors)

11. **Researchers and program planners should carefully weigh the balance between serving more people with lower intensity and serving fewer people more deeply, as this decision may affect resource needs. Health Link served a lot of people with a relatively low "dose" of new services.** Case management was the key Health Link service, while other important services such as housing and substance abuse treatment drew from whatever resources already existed in the community. It is possible that people with many problems and needs require more intensive levels of service than Health Link could provide, even if providing those services means that fewer people can be helped. (Project Director, Evaluators)

12. **Projects that pay attention to community level interactions and public policies prompt changes that take a long time to emerge and may not be reflected in program evaluations.** Health Link brought different agencies together through the Community Coordinating Council, and those agencies continue to share resources and develop coordinated strategies for influencing public policy in areas such as discharge planning, escorting clients directly from jail to a community service provider and changing the city's procedures for releasing clients in the middle of the night. The results of these coordinated strategies may not be apparent for years. (Project Staff)

AFTERWARD

Many of the services provided by Health Link ended when RWJF funding ended, although aspects of the project continue to function and some have been expanded to other locations.

- The Hunter College Center for Community and Urban Health received funds from the New York Academy of Medicine to help substance abuse treatment providers in East Harlem improve their treatment services.
- The Hunter College center received a grant from the Soros Foundation Center for Crime, Culture and Community to build on lessons from the Health Link Community Coordinating Council in guiding other coalitions to help ex-offenders return to their communities.
- Hunter College center staff provided assistance to organizations in Syracuse, N.Y., that wanted to develop a project modeled on Health Link.
- The New York City Department of Health replicated Health Link for adult males at Rikers Island. Health Link staff trained Department of Health staff and is evaluating that program using administrative records.
- The Hunter College center is working with the nonprofit Friends of Island Academy to provide services to incarcerated adolescents. The Hunter College center runs health education groups for inmates and helps them connect with caseworkers at Friends of Island Academy. The New York Academy of Medicine and the National Institute on Drug Abuse fund this project.
- In 2005, the NYC City Council passed and Mayor Michael Bloomberg signed a new law requiring the city's Department of Correction to prepare discharge plans for all sentenced inmates in city jails.

In 2001, RWJF created a national program, *Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol, and Crime*, designed to build community solutions to substance abuse and delinquency by developing community infrastructures to deliver comprehensive care within the juvenile justice system.

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APPENDIX 1

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APPENDIX 2

Health Link Funding Sources

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

- New York City Department of Health (2 grants), $683,292
- New York State Department of Health and federal Centers for Disease Control and Prevention, $210,000
- New York State Department of Health AIDS Institute, $254,194
- New York Academy of Medicine, $147,261
- Open Society Institute, $290,000
- New York City Bureau of Youth Services, $70,000
- Aaron Diamond Foundation, $25,000

APPENDIX 3

Technical Advisory Committee

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