Co-Design of Services for Health and Reentry (CO-SHARE)

An Experience-Based Co-Design (EBCD) Pilot Study with Individuals Returning to Community from Jail and Service Providers in Los Angeles County

Peter Mendel, Lois M. Davis, Susan Turner, Gabriela Armenta,
Cedric Farmer, Cheryl Branch, Glenn Robert
Preface

Individuals returning to the community from jail or prison often face difficulties accessing the varied health, social, and other services (e.g., educational and vocational) required to improve reentry and reduce recidivism. This report describes a pilot study, the Co-Design of Services for Health and Reentry (CO-SHARE), that used an innovative, evidence-based method known as Experience-Based Co-Design (EBCD) to engage individuals returning to community from jail and service providers who support reentry to collaboratively work toward improving health and reentry services in Los Angeles County.

CO-SHARE is the first pilot study of EBCD in the United States. EBCD is a tested and proven method for engaging service users and providers in system design that has been applied in at least 60 health and related service projects across six developed countries over the past decade. The study team from RAND and Los Angeles Metropolitan Churches identified EBCD as a promising approach to the challenges of improving access, quality, and coordination of services for returning citizens due to its focus and specific techniques for designing system changes and for eliciting experiences and preferences from individuals with varied levels of education and technical knowledge. EBCD’s co-design and empowerment strategies also address health equity by enabling users of safety net services with a means to collaborate with service providers and meaningfully participate in system change. Results of the CO-SHARE project focused on both the feasibility of applying EBCD in a community-wide system in the United States, and the recommendations generated by study participants for improving services for the reentry population in Los Angeles County.

Support for this project was provided by the Robert Wood Johnson Foundation (Grant No. 74212) as part of an effort to learn from programs, policies, and practices around the globe that could improve health and well-being in the United States. The views expressed here do not necessarily reflect the views of the foundation.

The project was carried out within the Quality Measurement and Improvement Program in RAND Health Care. The findings should be of interest to a range of policy and practice audiences, including politicians and legislators, funding organizations, safety net agencies and other service providers, potential service users, and researchers interested in adapting EBCD methods to other settings and issues.

RAND Health Care, a division of the RAND Corporation, promotes healthier societies by improving health care systems in the United States and other countries. We do this by providing health care decisionmakers, practitioners, and consumers with actionable, rigorous, objective evidence to support their most complex decisions.
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Safety net services in the United States are notoriously fragmented, which creates challenges for many people in need, including individuals returning to the community from prison or jail. A large body of research has documented the varied health, social, and other services (e.g., educational and vocational) required to improve reentry and reduce recidivism among this high-need and stigmatized population. Some attempts have been made to coordinate services for this population using such approaches as multiservice centers, integrated access teams, and interagency reentry programs. However, the impact of these efforts is poorly understood, and, further, most efforts to coordinate services are largely designed from the perspective of providers and system-level decisionmakers.

Safety net providers have also struggled with how to meaningfully engage service users (patients, clients) in service improvement. Although there have been attempts in the health care system to include patient experience as a dimension of quality, such efforts often do not readily point to specific trouble spots or improvements of concern to service users. Initiatives to include service users directly in the improvement process through roles on patient advisory boards or community-based participatory improvement projects typically require substantial clinical, technical, and subject-area background as well as time and other resources that many returning citizens do not possess.

The Co-Design of Services for Health and Reentry (CO-SHARE) project sought to address both these issues through an approach called Experience-Based Co-Design (EBCD), an evidence-based method applied in health and related sectors in several developed countries over the past decade that is well suited to the challenges of improving services for returning citizens. EBCD offers an innovative, tested set of narrative and group-based facilitative techniques to engage both service users and providers so that they can work collaboratively to jointly identify priorities and develop solutions for improving service systems. Conducted by the RAND Corporation in partnership with Los Angeles Metropolitan (LAM) Churches, CO-SHARE is the first pilot study of the EBCD approach in the United States, and one of the first EBCD studies to apply the methods to a community-wide population and set of service providers.

The objective of the study was to engage individuals returning to the community from county jail and providers of health, social, and justice services in LA County in an EBCD process. The aims of this process were to bring these two groups together to jointly identify priority areas for improvement, co-design promising ideas and solutions, and develop lessons on how to adapt EBCD to improve health and reentry services for returning individuals as well as services for other vulnerable and underserved populations in the United States. Results of the project focused on both the recommendations generated by study participants for improving health and reentry
services in LA County, and the process of implementing EBCD in such a community-wide system in the United States.

The CO-SHARE Study Approach

Participants

The CO-SHARE pilot study included 54 individuals returning to the community from county jail and 23 service providers from 11 agencies in LA County. The individuals returning to the community—referred to in the study as “returning citizens” based on the preference of participants—were all adults living in or near the South LA area, released from jail within the year prior to the study, and who had a mental health, substance abuse, and/or chronic or serious physical health condition during or after incarceration. Nearly 90 percent were persons of color (predominantly African-American and Latino), three-quarters were male and a quarter female, and more than half had a mental health and/or substance abuse condition.

The service providers represented three county government agencies, a regional community reentry coalition, and seven community-based organizations (CBOs). These agencies also reflected a range of service sectors, including health and behavioral health, housing, employment, homelessness, criminal justice, reentry, and family and social services.

Implementation of the EBCD Process

Starting in August 2017 and continuing for a year and a half, the returning citizens and service providers participated in a multistep, group-facilitated EBCD process. This involved first gathering experiences with reentry from both groups’ perspectives; second, identifying priorities for improvement; and third, co-designing potential solutions. The first step—gathering experiences—consisted of focus groups and interviews with each group separately and production of a short film of returning citizens describing reentry experiences in their own words. This film was used to stimulate or “trigger” discussion during the second step, in which participants from both groups discussed reentry needs and priorities, and jointly identified four high-priority topics for improvement of health and reentry services in LA County. In the third step, co-design workgroups comprised of both returning citizens and service providers were formed for each of the four high-priority topics—the prerelease process from jail, one-stop service hubs, housing, and long-term support—to further identify gaps and recommend promising solutions to address these priorities.

Participant Recommendations for Improving Health and Reentry Services in Los Angeles County

Returning citizens highlighted several overall experiences and problems with the reentry process that formed the basis for the priorities they identified. These included a desire for
“normalization,” the fact that reentry is often an overwhelming and exhausting process, not being seen and treated as an individual with human potential, limits on support or resources, and aging issues for older returning citizens.

Through the EBCD process, returning citizens and service providers jointly identified four high-priority service topics to help improve the health and reentry system in LA—the prerelease process, one-stop service hubs, housing, and long-term support—and developed the following recommendations for improvement in each area. Given their breadth, these topics exhibit a number of areas of overlap, which reflects the interrelatedness among health and reentry needs, services, and solutions.

Prerelease Process from Jail

The prerelease process focuses on preparing for key reentry needs before release from jail, including securing housing, referrals to health and mental health providers, and obtaining IDs and documentation, Medicaid, and other benefits. Key recommendations on this service topic include the following:

- Improve returning citizens’ connections with services before release from jail
  - Improve the ability of CBOs to access the jails to establish earlier relationships with returning citizens.
  - Ensure returning citizens are met directly upon release by trusted service providers.
  - Build on innovations being developed by the Whole Person Care-LA program for individuals at risk for high utilization of Medicaid services, including service hotlines and videoconferencing for providers to establish and maintain continuity of care.
  - Provide mobile phones to inmates and returning citizens (as currently available to some through Medicaid) and a phone “app” to help clients connect and manage the reentry process with service providers.

- Improve communication among service providers so that they can better prepare for and coordinate services for returning citizens.
  - Increase communication among CBOs, such as through a shared database to update information on available services, and help onboard clients into the reentry system.

One-Stop Service Hubs

One-stop service hubs are sites that offer a range of services in one location or nearby locations, help returning citizens develop a structured comprehensive reentry plan, and provide up-to-date, useful information on available services to returning citizens and on client backgrounds and needs to providers. Key recommendations on this service topic include the following:
• Provide as many direct services in one place as possible and minimize referrals to services in other areas.
• Include a comprehensive array of services needed for successful reentry, involving
  – both county agencies and CBO service providers
  – both court-ordered services and other services needed for successful community reentry, including services for basic needs, housing and employment, health and behavioral health, family support, documentation and legal issues, benefits assistance, and social and emotional support.
• Locate service hubs outside of probation-branded facilities to increase comfort of returning citizens with utilizing the hubs for other services. Consider two types of one-stop models:
  – service hub located next to or near probation facilities
  – “neutral zone” model, where the service hub location is independent of probation but includes probation as one of many other services being provided.
• Closely link service hubs with the prerelease process to help ensure quick access to comprehensive assistance for reentry needs upon release.

Housing

Participants agreed that returning citizens require housing opportunities that are affordable, safe, long term, and located near work and family obligations. Key recommendations on this service topic include the following:

• Pursue creative options to utilize existing infrastructure to increase housing capacity more quickly, such as
  – converting currently unused or about-to-be-closed residential-type structures into housing, such as former county juvenile facilities that have recently been shuttered
  – leveraging existing rental markets by building relationships with individual landlords who may be willing to rent to returning citizens, and having service providers who are willing to provide support and vouch for returning citizens as tenants.
• Improve awareness among service providers and returning citizens of programs that have been successful in finding housing for returning citizens by
  – increasing the number of “homeless liaisons” in the Probation Department and providing probation officers with updated training and information on housing programs
  – promoting peer-to-peer sharing of housing opportunities among returning citizens, as well as mentoring and support for how to navigate and self-advocate within the housing system
  – providing court co-located advocates capable of providing housing assistance.
Long-Term Support

Services and resources for returning citizens are also needed to sustain reentry and integration into community over the long term. Key recommendations for providing this support include the following:

- Provide continual access to “reentry navigators” to help returning citizens develop individually tailored long-term plans, identify programs, and connect to services as needed.
- Develop formal peer and mentor support programs to provide encouragement, information, and a sense of purpose, belonging, and accomplishment along the challenging reentry journey.
- Leverage efforts in other high-priority topics to promote long-term support by
  - increasing supportive housing capacity, especially facilities that do not place limits on how long residents can stay
  - improving linkages to services that address long-term support needs, such as accessing benefits (income support, health insurance) or support to reobtain custody of children in foster care.
- Advocate for state policies to facilitate long-term reentry and integration back into society, such as legislation for easier or automatic expungements of criminal records after time served.

Lessons Learned

The study team identified lessons learned regarding the feasibility of applying the EBCD process in a community-wide system to improve health and reentry services. We organize these lessons in terms of successes, adaptations, and limitations.

Successes

The CO-SHARE study was able to engage both returning citizens and service providers in LA in an EBCD process lasting over a year and a half. EBCD methods such as the “trigger” film and group-facilitated exercises and events were highly effective in empowering participants, especially returning citizens, to engage in joint discussions and decisionmaking. This and other features of the EBCD process facilitated the ability of returning citizens and service providers to work together in a respectful and collaborative environment toward a common objective of finding solutions for reentry problems.

Although the process was lengthy and included many steps, participants reported that the time invested allowed organic and authentic building of familiarity and trust between returning citizens and service providers. Feedback from participants on the timing and facilitation of the study indicated that this process could have been improved by reducing the time between study activities and increasing the time spent in activities.
The CO-SHARE study also demonstrated the utility of EBCD as a systematic method for ensuring that the voice of service users—in this case, returning citizens—is heard and meaningfully incorporated into service system design. The emphasis of the EBCD process on narrative and consensus-based methods proved valuable in understanding the reentry journey and identifying interrelated gaps and needs from the perspective of returning citizens.

**Adaptations**

The main adaptations of the EBCD methods were mostly related to the community-wide scope of the CO-SHARE project, rather than directly to characteristics of the U.S. context. Compared to typical EBCD projects, which focus on a single health service site or unit, the CO-SHARE study included multiple agencies providing a variety of services needed by returning citizens across numerous locations. Adaptations included scoping the study and sampling participants for a community-wide context, additional facilitation techniques to empower returning citizen participants, and abridging the extent of the co-design workgroups.

**Limitations**

The study was limited in its ability to design or implement concrete improvements across such a spatially and organizationally diffuse set of service systems for returning citizens. In addition, although many EBCD projects must cope with attrition and additional recruitment throughout the study, returning citizens are an especially transient population, and the reentry process is a particularly transient period in people’s lives.

**Conclusions and Next Steps**

Despite these limitations, the CO-SHARE study was effective at identifying common high-priority topics for improvement, comprehensive perspectives on service needs and gaps in these areas, and key design principles for each. The study thus demonstrates the utility of an EBCD process for systematic engagement and elicitation of feedback on the design and improvement of community service systems. At the same time, the effectiveness of the CO-SHARE study in engaging returning citizens and service providers to meaningfully collaborate on shared improvement goals and solutions suggests the potential of a fully realized EBCD process to both co-design and implement changes for more targeted components, programs, or specific populations within these systems.

Next steps identified by CO-SHARE participants and the study team include dissemination of co-design workgroup recommendations, resources, and lessons learned, as well as potential follow-on EBCD projects and extensions.
We gratefully acknowledge the 54 returning citizens and 23 service providers who participated in the CO-SHARE pilot study, whether for only one or two events or the entire EBCD process of more than a year. The results concerning recommendations for improving health and reentry services and on lessons learned with implementing the EBCD process are the culmination of their willingness and commitment to engage toward common goals—to help individuals returning from jail integrate as quickly and successfully as possible back to community life. These results represent summary conclusions and recommendations based on input across participants, although not all participants necessarily agreed with each conclusion. The service provider organizations who participated in the CO-SHARE study include (in alphabetical order) A New Way of Life Re-Entry Project, Brilliant Corners, Chrysalis, healthRIGHT 360, Homeless Outreach Program Integrated Care System (HOPICS), Los Angeles County Probation Department, Los Angeles County Sheriff’s Department - Community Transition Unit, Los Angeles Regional Reentry Partnership, Shields for Families, and Telecare Corporation’s TABS 109 Program. These agencies generously provided the time of their staff to participate in the project, as well as meeting space and other support necessary for the success of the study. We also greatly appreciate the helpful comments on the report from our reviewers—Rebecca Wright of Johns Hopkins University School of Nursing, and Malcolm Williams, Carrie Farmer, and Paul Koegel of the RAND Corporation. Finally, we thank Maryjoan Ladden, senior program officer at the Robert Wood Johnson Foundation, for her guidance and support throughout the project.
# Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AB</td>
<td>Assembly Bill</td>
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<tr>
<td>CBO</td>
<td>community-based organization</td>
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<tr>
<td>CBPR</td>
<td>community-based participatory research</td>
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<tr>
<td>CO-SHARE</td>
<td>Co-Design of Services for Health and Reentry</td>
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<tr>
<td>CRRC</td>
<td>Community Re-entry and Resource Center</td>
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<tr>
<td>CTU</td>
<td>Community Transition Unit</td>
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<tr>
<td>DCFS</td>
<td>Department of Children and Families</td>
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<tr>
<td>EBCD</td>
<td>Experience-Based Co-Design</td>
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<tr>
<td>IRB</td>
<td>institutional review board</td>
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<tr>
<td>LA</td>
<td>Los Angeles</td>
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<tr>
<td>LAM</td>
<td>Los Angeles Metropolitan Churches</td>
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<tr>
<td>LARRP</td>
<td>Los Angeles Regional Reentry Partnership</td>
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<tr>
<td>NIMBY</td>
<td>not in my back yard</td>
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<tr>
<td>SB</td>
<td>Senate Bill</td>
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<td>WPC</td>
<td>Whole Person Care</td>
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1. Introduction

Purpose of This Report

This report documents the process and results of the Co-Design of Services for Health and Reentry (CO-SHARE) pilot study. This study used an innovative, evidence-based method—Experience-Based Co-Design (EBCD)—to directly engage individuals returning to the community from jail and varied service providers who support them to collaboratively prioritize needs and generate recommendations for improving health and reentry services in Los Angeles (LA) County.

CO-SHARE is the first pilot study of EBCD in the United States. EBCD offers a tested and proven process for engaging service users and providers in system design that has been applied in at least 60 health and related service projects across six developed countries over the past decade. The study team from RAND and Los Angeles Metropolitan (LAM) Churches identified EBCD as a promising approach to the challenges of improving access, quality, and coordination of services for returning citizens due to its focus and specific techniques for designing system changes and for eliciting experiences and preferences from individuals with varied levels of education and technical knowledge. EBCD’s co-design and empowerment strategies also address health equity by enabling users of safety net services with a means to collaborate with service providers and meaningfully participate in system change. The results of the project focused on both the recommendations generated by study participants for improving health and reentry services in LA County, and the process of implementing EBCD in such a community-wide system in the United States.

The CO-SHARE project involved 54 individuals returning to the community from county jail and 23 service providers from 11 agencies in LA County. The individuals returning to the community were all adults living in or near the South LA area, released from jail within the year prior to the study, and had a mental health, substance abuse, and/or chronic or serious physical health condition during or after incarceration. Nearly 90 percent were persons of color (predominantly African-American and Latino), three-quarters were male and a quarter female, with more than half having had a mental health and/or substance abuse condition. Most had a high-school or lower level of education, many had been incarcerated more than once, only a few were employed at the time of the study, and several were homeless or at severe risk for homelessness. The service providers represented three county government agencies, a regional community reentry coalition, and seven community-based organizations (CBOs). These agencies also reflected a range of service sectors supporting returning citizens in the South LA and other local areas, including health and behavioral health, housing, employment, homelessness, criminal justice, reentry, and family and social services.
Over the course of more than a year starting in August 2017, the individuals returning to the community and service providers participated in a multistep, group-facilitated EBCD process of gathering experiences with reentry from both groups’ perspectives, identifying priorities for improvement, and co-designing potential solutions. The first step—gathering experiences—consisted of focus groups and interviews with each group separately and production of a short film of individuals returning to the community describing reentry experiences in their own words. This film was used to stimulate discussion during the second step, in which participants from both groups discussed reentry needs and priorities and jointly identified four high-priority topics for improvement of health and reentry services in LA County. In the third step, co-design workgroups were formed for each of the four high-priority topics—the prerelease process from jail, one-stop service hubs, housing, and long-term support—to further identify gaps and recommend promising solutions to address these priorities.

Organization of the Report

The rest of this chapter provides background on the motivation, context, approach, and aims of the CO-SHARE study. Chapter 2 describes the CO-SHARE study design, including adaptation of the EBCD methodology and details on participants.

Chapters 3 and 4 present results on outputs of the EBCD process. Chapter 3 focuses on the needs and priorities for health and reentry services in LA identified by CO-SHARE participants, and Chapter 4 describes their specific recommendations for improving four high-priority service topics for returning citizens.

Chapter 5 presents results on implementation of the EBCD process, including participants’ experiences in the study and lessons learned applying the EBCD methods to health and reentry services in LA.

Chapter 6 concludes with a discussion of the use and feasibility of the EBCD process for improving complex community-wide services systems, as well as potential next steps for disseminating results of the CO-SHARE study and developing follow-on EBCD projects for improving health and reentry services.

Challenges with Improving Health and Reentry Services

The CO-SHARE project described in this report addresses two problems at the core of improving community-based services for vulnerable populations such as individuals returning to the community after incarceration: (1) how to coordinate the fragmented health, social, and other community services so critical to the health and well-being of vulnerable populations; and (2) how to meaningfully engage users of these services in quality and service improvement. Both of these issues have been particularly challenging for services and stakeholders attempting to support successful reentry of individuals released from incarceration and returning to community life. This population has been referred to, with little consensus in the United States, by such
terms as “formerly incarcerated” or “ex-offenders” (Fox, Lane, and Turner, 2018; Noble, 2016). Based on the preferences of participants in the CO-SHARE study, the project and this report use the term “returning citizen,” which is not meant to exclude noncitizens but rather to emphasize the rights and dignity of all individuals returning from incarceration on par with other members of the community.

Safety net services in the United States are notoriously fragmented, and especially so for returning citizens, a high-need and stigmatized population requiring services from varied health, social services, and other providers to successfully transition into community life. In California, for example, the composition and capacity of the health care safety net—including hospitals, clinics, mental health services, and substance abuse treatment services—for individuals returning from prison or jail has been shown to vary widely between and within counties. Similarly, access to health care resources for this population varies by type of these services, geographic area, and race/ethnicity (Davis et al., 2009). Returning citizens also tend to experience multiple health and social morbidities as well as persistent health care disparities. For example, service providers in four California counties described this population as having large amounts of unmet and varied needs such as housing, employment, and family reunification, as well as illnesses like uncontrolled diabetes, asthma, and hypertension, typically as a result of neglect or lack of access to care (Davis et al., 2011). Such health needs have been shown to affect successful reentry into local communities, and poor reentry has traditionally exacted a high cost on the health and well-being of both returning citizens and their communities (Binswanger et al., 2007; Mallik-Kane and Visher, 2008; Davis et al., 2011). A large body of research has documented the varied health, social, and other services (e.g., educational and vocational) required to improve reentry and reduce recidivism among this population (Petersilia, 2003; Travis and Visher, 2005; Lipsey and Cullen, 2007; Davis et al., 2013, Davis et al., 2014; Lattimore et al., 2012). How these services are organized and interact can greatly affect the experiences of returning citizens in trusting and interacting successfully with service providers (Marlow, White, and Chesla, 2010) and the outcomes of returning citizens on the “road to reentry” (Mijs, 2016). Yet current attempts to coordinate services for this population—such as multiservice centers and transition clinics (Wang et al., 2010), integrated access teams, patient navigators, and interagency reentry and diversion programs (Heiss, Somers, and Larson, 2016)—are poorly understood in terms of impact and suffer a potential limitation in being largely designed from the perspective of providers and system-level decisionmakers.

At the same time, the U.S. health care system has struggled with how to meaningfully engage service users (patients, clients) in service improvement. There has been a strong movement to include patient experience as a dimension of health care quality through both quantitative and qualitative measurement (e.g., patient surveys and collection of “patient stories”) (Elliott et al., 2015; Schlesinger et al., 2015; Grob et al., 2016). But these approaches provide limited opportunities for input from patients and often do not readily point to specific trouble spots or improvements of concern to service users (Coulter et al., 2014). Other initiatives have attempted
to include patients directly in the improvement process through roles on patient advisory boards, site quality and safety councils, and improvement teams (Agency for Healthcare Research and Quality, 2013; Carman et al., 2013), or similarly through community-based participatory research (CBPR) projects (Mendel et al., 2008; Mendel et al., 2011; Israel et al., 2013; Wallerstein et al., 2018). However, these approaches typically require substantial clinical, technical, and subject-area background, and dedicated time and resources to attain the necessary background for typical quality improvement approaches that many service users do not possess—especially individuals from vulnerable populations such as returning citizens.

The CO-SHARE project addresses both of these issues using EBCD methods, a systematic approach developed and implemented in the United Kingdom and other countries for over a decade. As explained further below, EBCD provides a tested set of facilitated narrative and group-based techniques to engage both service users and providers to jointly identify priorities and develop solutions for improving service systems (Robert et al., 2015). The CO-SHARE project is the first pilot study of the EBCD approach in the United States, and one of the first EBCD studies within a community-wide population and set of service providers.

Health and Reentry Services in Los Angeles County: A Large and Complex Set of Systems

LA County is home to the largest jail system in the world, operated by the LA County Sheriff’s Department. On any given night, the LA County Jail houses more than 16,000 inmates, and recent estimates suggest that nearly half of all inmates have at least one chronic disease, about two-thirds have a substance use disorder, and about a quarter have serious mental illness (Hamai, 2015; Gorman, 2018). LA County Jail is also located in an area that is experiencing one of the most acute homelessness problems in the country. According to the 2017 Point-In-Time count, there are more than 57,000 people experiencing homelessness within LA County (LA Homeless Services Authority, 2017). Due to the lack of affordable housing and social services in the community, LA County Jail has become by default a housing and services provider to homeless individuals with health service needs. In LA, the recidivism rate among the general jail population has been estimated at 70 percent.

In addition, changes in California policy over the past decade intended to reduce the state prison population, which had reached over 160,000 inmates in 2006, have greatly affected local county justice departments (Goss and Hayes, 2018). In 2009, a three-judge panel ruled that the state must reduce its prison population to 137.5 percent of capacity in order to provide a constitutionally mandated level of mental and medical health care (Reinhardt, Karlton, and Henderson, 2009). The California Public Safety Realignment Act of 2011, known colloquially as “AB [Assembly Bill] 109,” was the state’s response. This legislation shifted management of nonserious, nonviolent, nonsex felony offenders to the local level in several ways: felons newly convicted of such offenses for the first time were to be handled locally, rather than being
sentenced to state prison; individuals leaving prison after serving time for one of these offenses would no longer be placed under state-level parole but rather probation at the county level under new “post release community supervision”; and violators of state parole would no longer be revoked to prison but would instead serve any incarceration time received in local county jails (California State Legislature, 2011a, 2011b). By providing local counties funding to enhance evidence-based rehabilitative programming, state legislators hoped that the state’s high recidivism rate could also be reduced (Petersilia, 2014). As expected, the California prison population dropped substantially, but jail populations rose (Lofstrom and Raphael, 2013).\(^1\) By the end of January 2014, it was clear that California needed additional reduction strategies to meet the three-judge panel target (Lofstrom and Martin, 2015). In 2014, voters approved California Proposition 47: The Safe Neighborhoods and Schools Act; this reduced certain drug and property felonies to misdemeanors, which was expected to reduce the state prison population still further. It also had the effect of reducing pressure on jails as individuals being held or serving time for Proposition 47 offenses declined (Bird et al., 2016; Couzens and Bigelow, 2017). Thus, as a result of these state-level initiatives, county jails in California are now housing inmates who previously would have been sentenced to state prison, and they are housing inmates for much longer periods of time. Local county probation departments are now supervising a large number of offenders who previously would have been placed on state parole (Grattet, Bird, and Nguyen, 2016; Turner, Fain, and Hunt, 2015).

The sheer size of LA County also makes it challenging to organize and provide health and reentry services to those returning to local communities. LA County covers an area of 4,084 square miles and is the most populated county in the United States, with more than 10 million inhabitants (Los Angeles County, 2018). The clustering of the reentry population in certain regions of the county helps to target services to some degree, but providing adequate services to returning citizens in LA remains a daunting task (Davis et al., 2011).

In an attempt to address the needs of this population, there have been a number of major initiatives in LA County over the past decade intended to provide health care and reentry services to individuals in jail and returning to local communities. These include programs funded under California Senate Bill (SB) 678, California Proposition 47, and Whole Person Care-Los Angeles (WPC-LA). In addition, California’s Drug Medicaid Waiver Program has been an important initiative to meet the treatment needs of those with substance abuse problems. We describe each of these in more detail below.

SB 678, passed in 2009, was designed to provide state funding to counties to improve their probation supervision practices and capacities (California Courts, 2018). Counties received funds based on reductions in the numbers of probationers sent to prison on a probation violation, with

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\(^1\) Jails have historically housed inmates sentenced to serve a year or less; under AB 109, there was technically no cap to the length of term an offender could serve in jail. See Petersilia, 2014.
the goal of funding the implementation of evidence-based practices in probation. SB 678 was one of the early efforts by the state of California to reduce its prison population, and county performance has been monitored by the California Judicial Branch. LA County is designing two programs using SB 678 funds, including a Clinical Services program that provides mental health, substance use, and supportive housing; and a Reentry Support Services program that provides intensive case management to medium- and high-risk offenders (Naimo, 2017).

As mentioned previously, Proposition 47 attempted to focus state spending on higher-risk offenders who commit more serious offenses by downgrading certain drug and property offenses from felonies to misdemeanors (Board of State and Community Corrections, 2014). In turn, a portion of the cost savings from this change was to be reinvested into local communities to support programs serving justice-involved individuals with mental health and/or substance use concerns (Taylor, 2016). Most jurisdictions were eligible to apply for up to $6 million in funding from the state reinvestment funds; however, given the size of the target population, LA County was awarded $20 million in funding to support programming (Board of State and Community Corrections, 2017), including Substance Use Recovery and Interim Housing, Mental Health Prevention and Early Intervention, and Diversion and Reentry Support Services (California, State of, 2017).

WPC-LA is a program designed to provide health, behavioral health, and social services to underserved populations in LA County who are eligible for Medicaid (Health Services, LA County, undated-a). One of the six priority groups for WPC-LA is jail inmates who are “high utilizers” of health or behavioral health services and are considered “high-risk” due to their medical, behavioral health, housing, and/or pregnancy status (Health Services, LA County, undated-b). Services include prerelease services, provided within the jail, and postrelease programming designed to engage individuals with needed community-based services.

California is the only state that applied for and received the Drug Medicaid Waiver, which enabled the state to develop a Drug Medicaid Organized Delivery System (DMC-ODS) at the county level (California Health Care Foundation, 2018). The DMC-ODS will allow for better coordination of care and a full continuum of care for substance use disorder (SUD) treatment services, including residential treatment services that were previously unfunded. Through the waiver, California’s Department of Health Care Services (DHCS) established regional continuums of care for Medicaid addiction treatment to provide services not typically covered by Medicaid, ranging from early intervention to intensive outpatient and residential treatment. As of July 2018, 19 counties (including LA County) were implementing plans and providing services under the CMD-ODS waiver.

LA County also has a diverse set of CBOs that have long been active in working with the reentry population and with county agencies to provide services and facilitate reentry. Many of these organizations belong to the LA Regional Reentry Partnership (LARRP), which is a countywide network of public, community, and faith-based agencies and advocates to address the functioning and organization of the “reentry system,” both in terms of capacity and public
policy. LARRP and its members have been active in many aspects of reentry in LA County including, for example, establishing a Community Advisory Committee for AB 109 for the LA County Probation Department, later expanded to address all community reentry issues; organizing or co-hosting free record change clinics targeting individuals affected by California State Ballot Propositions 47 and 64; representing LARRP members on numerous official county bodies such as the Public Safety Realignment Team (AB 109), Office of Diversion and Reentry Permanent Steering Committee, Public Safety Blue Ribbon Commission, Probation Community Advisory Committee, Mayor’s Office Employment Blue Ribbon Commission, Law Enforcement Assisted Diversion Policy Team, and the California Department of Corrections and Rehabilitation Advisory Committee. Participating agencies in the CO-SHARE project included several organizational members of LARRP, as well as LARRP itself.

The variety of recent initiatives and diverse stakeholders involved in promoting change in the health and reentry systems in LA have opened opportunities to develop new approaches to organizing services for returning citizens. However, questions remain about the best ways to design these services around the needs of returning citizens and incorporate perspectives from the range of service users and providers within these systems in LA County.

The Experience-Based Co-Design Approach to Service Improvement

EBCD is an evidence-based, structured process for meaningfully engaging service users throughout all stages of service improvement (Robert et al., 2015; Point of Care Foundation, 2018). The EBCD approach combines participatory and user-centric design methods to bring service users and providers together to jointly identify improvement priorities, devise solutions, and work toward implementing changes. First developed in a head and neck cancer outpatient service in the United Kingdom, the approach has been used extensively in several countries for more than a decade to improve services ranging from hospital emergency departments to community mental health centers and drug, as well as alcohol, treatment programs.

EBCD methods are well suited to the challenges of improving services for returning citizens, since a promising way to overcome entrenched interagency and other barriers to service coordination for this population is to fundamentally design services from the perspective of service users. The EBCD approach offers several advantages for engaging returning citizens and representatives of the varied services on which they rely in a collaborative process for system improvement, including

- specific methods and tools for meaningful engagement of individual service users in system design
- narrative techniques especially well suited to eliciting experiences and preferences of individuals with lower levels of literacy and numeracy
- co-design and empowerment strategies to facilitate collaborative communication and decisionmaking between individual service users and service providers.
The empowerment and collaborative features of EBCD are especially well suited to the often fraught relationship between the reentry population and service providers, such as the lack of trust and occasional antagonism based on prior experiences between returning citizens and service providers in both the criminal justice system and health and social service sectors (Johnson et al., 2015; Sturgess, Woodhams, and Tonkin, 2016). Other challenges in the interaction between the two groups include some service providers not being familiar with addressing the particular needs of this population, and the transiency of the reentry population and resulting difficulty in engaging individuals over long periods of time (Davis et al., 2011). We leveraged the strengths of the EBCD approach as well as adapted certain components to address these challenges, for example, by recruiting service providers who had interests and experience working with reentry populations, collecting additional contact information from returning citizen participants, and other modifications, which are explained in Chapter 2.

Key Steps of the EBCD Process

EBCD generally follows a multistage process of

(1) gathering experiences of service users and service providers through focus groups, videotaped narrative interviews, and other means (e.g., nonparticipant observation of routine practices, surveys, etc.)
(2) identifying priorities for improvement through separate feedback sessions with service users and providers, and a joint event with both groups, to enable sharing of experiences, joint reflection, and prioritization of problems and needs
(3) co-designing solutions through collaborative workgroups consisting of both service users and providers, which often aim to prototype, test, and implement service improvements but may also focus on co-creating practice guides or other information resources (Tsianakas et al., 2012; Robert et al., 2015; Van Deventer, Robert, and Wright, 2016; Point of Care Foundation, 2018).

An essential feature of EBCD consists of narrative methods for eliciting, sharing, and collaboratively identifying key processes and “touchpoints”—especially positive, negative, or indicative moments—of user experiences. In particular, a film distilling a range of service user, family, and other caregiver experiences is typically used as a powerful feedback technique to ground and “trigger” or stimulate discussion in the feedback sessions and joint events. These techniques recognize service users as the experts in their own experiences, and as possessing a special form of knowledge that can yield unique and often unexpected insights (Bate and Robert, 2007; Robert et al., 2015).

Another strength of the EBCD process is eliciting and including the perspectives of service providers and other stakeholders (Boaz et al., 2016), as service provider and user experiences are in many ways closely intertwined (Bate, Mendel, and Robert, 2008). Service users and provider stakeholders then come together to compare perspectives and collaboratively prioritize design issues. This co-design process ensures that new models and improvements to services genuinely
focus on the service users’ experience, while incorporating perspectives of all key stakeholders. This encourages joint ownership of the change process and facilitates the identification of feasible solutions of greatest impact (Bate and Robert, 2006; Robert et al., 2015).

Previous Applications and Evidence of the EBCD Approach

The ECD approach has been implemented in at least 60 health and related service projects in five developed countries other than the United Kingdom over the past decade (Canada, Australia, New Zealand, Sweden, and the Netherlands), with accumulated evidence for its effectiveness (Donetto et al., 2015; Robert et al., 2015). Following several early process evaluations of the approach, such as applied in emergency departments in Australia (Iedema et al., 2010), more recent evaluations have begun to robustly assess its impact, such as through small-scale feasibility trials in the United Kingdom to develop support interventions for caregivers of outpatient chemotherapy patients (Tsianakas et al., 2015) and a stepped wedge randomized controlled trial in Australia to improve psychosocial outcomes in community mental health centers (Palmer et al., 2015). A worldwide survey of such ECD projects indicated strengths of the method in engaging both service users and providers, making improvements, and sustaining cultural change in service systems (Donetto et al., 2015). Limitations included the length of the process and proper organizing of co-design workgroups, which have been the focus of more recent refinements to accelerate the ECD method (Locock et al., 2014). A range of case studies has also been published, including more recent projects within the mental health sector and vulnerable populations (e.g., Larkin, Boden, and Newton, 2015; Springham and Robert, 2015; A. Mulvale et al., 2016; G. Mulvale et al., 2019; Van Deventer, Robert, and Wright, 2016).

CO-SHARE Study Aims

The objective of the CO-SHARE study was to engage returning citizens and providers of health, social, and justice services in LA County in an ECD process. The specific aims of the process were to

- identify key areas to improve community health and reentry services
- co-design proposed solutions for addressing gaps and barriers to access, quality, and coordination of services for returning citizens
- develop lessons on how to adapt ECD to design user-centric health and related systems of care for returning citizens, as well as other vulnerable and underserved populations in the United States.
CO-SHARE Study Team

The CO-SHARE project leveraged the work of the RAND Corporation and its community partner, Los Angeles Metropolitan Churches (LAM), with the returning citizen community and health and reentry services in LA County over the past several decades. The RAND team included senior researchers and other members specializing in health care improvement and participatory research, health and education services for incarcerated and formerly incarcerated populations, and correctional and parole reform.

LAM is a nonprofit association of 25 African-American churches that together address poverty, education, and health concerns in LA communities. LAM’s Ex-Offender Action Network advocates for improved reentry services and hosts weekly and monthly meetings of returning citizens and family members. Several staff at LAM, including a key member on the CO-SHARE study team, have had personal experiences as returning citizens. In addition to helping adapt the EBCD methods for the reentry population and services in LA, LAM played a critical role in recruiting returning citizen participants and co-facilitating EBCD activities.

The study also engaged a community-based facilitator with over three decades of experience providing health-related services to reentry and other underserved communities in LA, who moderated focus groups and helped conduct interviews with returning citizens.

Prof. Glenn Robert of King’s College London, a co-developer of the EBCD approach, provided consulting and training to the project on EBCD methods throughout the study.
2. Study Design

This chapter describes the design of the CO-SHARE study, including the scoping of the project within the LA County reentry system, the particular EBCD methods and adaptations implemented, and the study’s recruitment process and participants. As with most EBCD projects, the study design and methods had to be adapted to the context of the services and service populations being addressed, and the goals of the project (G. Mulvale et al., 2019). This was an explicit concern of the study team in implementing the first EBCD project in the United States and one of the first addressing a community-wide service system. Where applicable, we describe our initial adaptations of the design and methods for the reentry context in LA, as well as adaptations made later in response to issues that emerged during implementation of the study.

Scoping of the CO-SHARE Study

Figure 2.1 shows the general types of stakeholders that represent building blocks of community support for returning citizens. These groups include family and friends, medical and behavioral health services (including mental health and substance abuse treatment), criminal justice agencies (such as jail, probation, and the courts), and community social and other reentry services (such as social services, housing, employment, faith-based, and other organizations).

As noted previously, the reentry system in LA County is large and complex. In this megalopolis, each of these stakeholder categories includes multiple governmental agencies and CBOs addressing a variety of returning citizen populations, released from different types of incarcerated settings, and reentering to specific local communities and service areas. In order to enable participants to focus meaningfully on a subset of the reentry system in LA within the time frame and resources of the study grant, the study team arrived at the following decisions to scope the participants and services included in the CO-SHARE project:

**County jail population.** In California, as in many states in the United States, the largest proportions of individuals being released from incarceration are from state prisons or county jails. In California, the state parole system that supervises individuals released from prison provides relatively more robust reentry services than the probation systems that supervise individuals released from county jails. In addition, with recent changes
occurring due to the new programs for jail, probation, and related reentry services described previously, we determined that the CO-SHARE study was likely to have greater utility and impact for the reentry process from county jails.

- **Health and reentry services.** The initial grant was designed to focus on health needs—including physical health, mental health, and substance abuse—of returning citizens. However, based on prior research and community experience, it was clear that health needs are not always the highest priority of returning citizens and often are intertwined with other reentry needs (e.g., housing, employment, social services, etc.) (Davis et al., 2011). Thus, we decided to limit participants to returning citizens who had experienced major health-related needs, but also to include the range of key reentry services to allow participants to prioritize needs and co-design solutions across services.

- **Family support issues, but family members not added as study participants.** In EBCD projects conducted in standard health care settings, family members and others who provide substantial caregiving and support to service users are often also included as participants, given their unique role and perspective on the service process. As indicated in Figure 2.1, family members of returning citizens may serve similar support functions during an individual’s reentry journey. However, family reconnection and reunification is often complicated after an individual’s incarceration. While family relationships are an important feature of the reentry journey for many returning citizens—as evidenced by the themes raised by participants in the CO-SHARE project—we decided that to meaningfully include family members as participants in the EBCD process was beyond the resources of this pilot study.

- **South LA service area.** Given the geographic breadth of LA County, the study team believed it important to scope the study to a particular community so that returning citizens and providers would have the same frame of reference when sharing experiences of the reentry process, even if individual participants did not have prior direct service interactions with each other. We selected the South LA service area based on the diversity of the community, range of service providers, and its prominence as a main destination for individuals released from the county jail system (Davis et al., 2009).

**Overview of the EBCD Process**

Table 2.1 presents the specific stages and activities of the CO-SHARE study. The preparation stage of the study included refining the scope of the study as described above, developing study activity and data collection protocols, training on EBCD for study team members, obtaining ethics approval from RAND’s institutional review board (IRB), and initial recruiting of participants. Due to the multistep nature of the EBCD process, securing the participation of returning citizens who represent a vulnerable population, and the collection and use of sensitive personal data (e.g., videotaping and film production of firsthand reentry experiences), the IRB application process and revisions of protocols took considerable time.

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1 Protocols for different steps of the EBCD process in the CO-SHARE study are available upon request from the authors.
Table 2.1. CO-SHARE Project Stages, EBCD Steps, and Study Activities

<table>
<thead>
<tr>
<th>Project Stage</th>
<th>Study Activities</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Refine study scope, develop initial protocols, and conduct EBCD training</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Human subjects (IRB) application, revision of protocols, and approval</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>Initial recruitment of EBCD participants (returning citizens and service providers)</td>
<td>1.5 months</td>
</tr>
<tr>
<td>EBCD Step 1</td>
<td>Gathering experiences</td>
<td>11 months</td>
</tr>
<tr>
<td></td>
<td>• Focus groups with returning citizens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Focus groups with service providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Interviews/video with returning citizens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Trigger film production from interview video</td>
<td></td>
</tr>
<tr>
<td>EBCD Step 2</td>
<td>Identifying priorities</td>
<td>1.5 months</td>
</tr>
<tr>
<td></td>
<td>• Returning citizen feedback event</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Joint returning citizen and service provider event</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service provider debrief call</td>
<td></td>
</tr>
<tr>
<td>EBCD Step 3</td>
<td>Co-designing solutions</td>
<td>2 months</td>
</tr>
<tr>
<td></td>
<td>• Co-design workgroups on high-priority needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reflection interviews with EBCD participants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Closure event with EBCD participants</td>
<td></td>
</tr>
<tr>
<td>Communication of results</td>
<td>Summarize workgroup recommendations, lessons learned, and next steps</td>
<td>1 month</td>
</tr>
<tr>
<td></td>
<td>Produce project report</td>
<td>1 month</td>
</tr>
<tr>
<td>Total project duration</td>
<td></td>
<td>24 months</td>
</tr>
</tbody>
</table>

The CO-SHARE study divided the EBCD process into three steps:

- **Step 1: Gathering Experiences.** This step began with gathering experiences of returning citizens and service providers through separate focus groups. Individual returning citizens were then invited for interviews to elaborate on their experiences and stories in more depth. The interviews were videotaped with permission and served as the basis of the trigger film for use in Step 2.

- **Step 2: Identifying Priorities.** This step included a feedback session for all returning citizens who participated in the focus groups and interviews to view the trigger film, participate in facilitated group exercises, and come to consensus on high and low “touchpoints” (i.e., especially positive, negative, or indicative experiences) and key needs during the reentry process. Returning citizens and service providers were then invited to a joint workshop event that similarly used the trigger film to stimulate discussion, followed by a review of key themes generated from each group’s prior EBCD activities, and joint identification of high-priority topics for improvement. EBCD projects typically also include a feedback session for service providers before the joint event. As explained

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2 EBCD is often described in six stages (Robert et al., 2015). The CO-SHARE study included the same number of activities but grouped them into three larger steps for simplicity of presentation. For example, we grouped the gathering experiences of staff and the gathering experiences of patient stages into one “gathering experiences” step. Similarly, we grouped the feedback events and co-design joint meeting into an “identifying priorities” step, and the codesign teams and celebration event into a final “co-designing solutions” step. As shown in Table 2.1, the CO-SHARE project had a preparation or setting-up stage like other EBCD projects, but since this is common to non-EBCD projects as well, we did not identify that as a separate EBCD step.
below, the study team decided to forgo the service provider feedback session, but later added a provider debrief call after the joint event.

- **Step 3: Co-Designing Solutions.** In this step, participants were invited to join “co-design” workgroups that included both returning citizens and service providers and that focused on developing solutions and suggested practices for the high-priority topics identified in Step 2. Each workgroup followed a similar discussion protocol facilitated by senior members of the study team. The study team compiled the output from the workgroups into a set of recommendations for improvement for each high-priority topic. The workgroup recommendations, along with preliminary lessons learned on the EBCD process, were presented at a closure event to gather comments and revisions, celebrate progress, and identify the next steps of interest to participants.

We collected formative evaluation data on the EBCD process through observation notes at each study activity, participant evaluation forms at the joint and closure events, and a series of reflection interviews between the joint and closure events with randomly sampled returning citizen and service provider participants.

Details on the activities within each step of the EBCD process are provided further below.

**Human Subjects Protection and Participation Protocols**

All research protocols for the CO-SHARE study were approved by RAND’s IRB, the Human Subjects Protection Committee. Written consent was obtained from all participants prior to each EBCD activity. Since it was difficult to predict the comfort of returning citizens with participating in group-facilitated exercises with service providers, the study team decided at the beginning of the project not to include procedures for taking pictures or video in the protocols for CO-SHARE study activities, except for the interviews needed to produce the trigger film.

Given the length and multistep nature of the EBCD process, the study provided incentive payments to participants as a gesture of appreciation for the effort and commitment required over the course of the CO-SHARE project. Returning citizens were offered $30 each per focus group and interview, $40 each per half-day event (feedback, joint, and closure event), and $50 each per Co-Design Workgroup meeting (for up to two meetings). Individual service providers were offered $40 each per half-day event in which they participated (joint and closure), and $50 each per Co-Design Workgroup meeting (for up to two meetings). Some service providers from county government agencies who were prohibited from accepting outside monies donated their payments to CBOs participating in the project. The study also offered $200 at the end of the study to each participating CBO in the project as appreciation for the agency’s support and allowing staff to devote time and effort toward the CO-SHARE study. Refreshments were provided at all EBCD activities attended by participants in person.
Study Recruitment and Participants

Study Recruitment Process

RAND and LAM jointly developed the recruitment procedures for returning citizen and service provider participants. LAM then took the lead recruiting returning citizens, and RAND took the lead recruiting service providers.

Returning Citizens

Based on the scoping decisions for the study, the eligibility criteria for returning citizen participants included being an adult (aged 18 years or older), living in or near the South LA area, comfortable speaking English, released from jail within the past year, and having had a mental health, substance abuse, and/or chronic or serious physical health condition during or after incarceration. RAND and LAM also set recruitment goals of approximately 50 returning citizens who were roughly 75 percent male and 25 percent female, with more African-American and Latino participants (40% each) than Caucasian, Asian, or other races/ethnicities (20%).

LAM recruited returning citizens at five transitional housing residences for individuals recently released from jail in LA County—delivering presentations and distributing flyers about the CO-SHARE study—as well as through similar efforts through its Ex-Offender Action Network, affiliated services for returning citizens, and social media such as Facebook. These sources also included transitional residences and reentry services devoted to serving women. Returning citizens interested in the study contacted a senior LAM study member dedicated to recruitment, who confidentially screened potential participants, and obtained contact and background information on all eligible individuals.

Service Providers

To recruit service providers, the study team began by purposively identifying key countywide agencies involved in health and reentry services in LA—including county government agencies operating the county jail, probation, health and behavioral health systems—as well as community coalitions providing support and advocacy for returning citizens and reentry services. The study team then purposively identified CBOs that provide various health and reentry services to returning citizens in the South LA area. CBOs were identified through RAND and LAM knowledge of health and reentry services in the South LA area, suggestions from contacts at the county agencies and the LARRP community coalition, and service agencies that returning citizen participants in the focus groups reported utilizing.

The main inclusion criteria for all service provider agencies and individual participants were having interests and experience supporting the return of citizens from jail into the community. When multiple agencies were identified in the same service sector, agencies were prioritized based on the extent and duration of their involvement with the returning citizen community and focus on the South LA area.
RAND recruited leading administrators from the agencies identified through email and telephone invitation. Higher-level contacts at agencies frequently designated themselves as a participant in the study and/or designated other individuals within their agency familiar with specific services for returning citizens.

**Study Participants**

The CO-SHARE study recruited a total of 77 participants: 54 returning citizens and 23 service providers from 11 organizations.

**Returning Citizens**

As shown in Table 2.2, the characteristics of the returning citizens who participated in the CO-SHARE project were relatively close to the study’s initial recruitment goals, with approximately a quarter being women, and African-American and Latino participants outnumbering other race/ethnicities, albeit with a higher weighting of African-American individuals than originally anticipated. As also shown in Table 2.2, of the 37 returning citizen participants who self-reported their specific health conditions during screening, more than half had a mental health condition (e.g., depression, anxiety or panic attacks, bipolar disorder, post-traumatic stress disorder) or substance abuse problem (e.g., alcohol, cocaine, methamphetamine, heroin or other opioids), while approximately one-fifth had a physical health condition (e.g., diabetes, asthma, high blood pressure, heart disease, hepatitis C, HIV, major injury).

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>(n=54)</th>
<th>Sex</th>
<th>(n=54)</th>
<th>Health Condition*</th>
<th>(n=37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>63%</td>
<td>Male</td>
<td>74%</td>
<td>Mental health</td>
<td>57%</td>
</tr>
<tr>
<td>Latino</td>
<td>24%</td>
<td>Female</td>
<td>26%</td>
<td>Substance abuse</td>
<td>54%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>11%</td>
<td></td>
<td></td>
<td>Physical health</td>
<td>19%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 2.2. Returning Citizen Recruitment by Race/Ethnicity, Sex, and Health Condition**

SOURCE: CO-SHARE recruitment records.

* Not mutually exclusive.

In terms of age, the returning citizen participants tended toward older groups, with the largest portion—a third—in the 40–50-year-old category (33%; n=45); only 11 percent were in the 18–30-year-old group. Fourteen percent (n=44) were employed at the time of the study, and more than 90 percent (n=13) had a high school or lower level of education. Based on interaction with returning citizen participants during the study, we knew that many had been incarcerated more than once, and several were homeless or at severe risk for homelessness.
Service Providers

The 23 service providers who participated over the course of the CO-SHARE study came from 11 different agencies in LA County. As shown in Table 2.3, these included three county government agencies, one countywide community coalition, and seven CBOs. The 11 agencies also reflected a range of service sectors supporting returning citizens, from health and behavioral health providers, housing, employment, and homelessness services to criminal justice, reentry, family and social services. Many of the agencies, in particular the homelessness and reentry agencies, tended to offer a variety of supportive and other services, such as behavioral health. Between one and three individuals per service agency participated in the study.

Table 2.3. Participating Service Agencies by Sector and Type

<table>
<thead>
<tr>
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<td>Reentry, family &amp; social services</td>
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Recruitment Across Events

Figure 2.2 depicts the recruitment process and number of participants across EBCD activities. The CO-SHARE study started with 37 returning citizens and 18 service providers participating in focus groups. Fifteen returning citizens participated in videotaped interviews for the trigger film. Of these, 11 had participated in the focus groups and four were newly recruited to increase the diversity of the interviewees, as discussed below. Those who were recruited after the study began are indicated by the number over the dotted arrows in Figure 2.2. EBCD studies frequently recruit new participants over the course of the project to offset attrition (Wright et al., 2017). In the CO-SHARE project, there was particularly noticeable attrition of returning citizen participants in the several-month lag between the interviews and feedback session. This led the study team to recruit additional returning citizens, as well as gather additional contact information to help maintain connection, as recommended for studies with especially transient participants (Hall et al., 2003). The causes for attrition among returning citizens varied, from returning to jail, relapsing on drugs, other personal health issues, and expired phone numbers to becoming unavailable due to moving out of the area, obtaining a job, or attending school. The implications of these are discussed in Chapter 5.
The solid arrows indicate that participants from previous EBCD activities were invited to partake in future study events. However, the flow of participants was not necessarily directly from one event to another and could include participants from earlier stages in the project. For example, the 20 returning citizens who participated in the joint event included some directly from the feedback session, others who had participated in the initial focus groups but not the
feedback session, as well as several new recruits. Similarly, the nine returning citizens and eight service providers who attended the closure event were not the exact same set of participants who had participated in the co-design workgroups. However, all returning citizens and service providers who attended the closure event had participated in at least one previous CO-SHARE activity (i.e., no new recruits).

Of the 54 returning citizen participants, 39 percent participated in two or more study activities; ten of these individuals participated in activities across two EBCD steps, and six participated in activities across all three EBCD steps. Of the 23 service providers, 52 percent participated in two or more study activities; eight of these individuals participated in activities across two EBCD steps, and four participated in activities across all three EBCD steps.

Description of EBCD Steps

EBCD Step 1: Gathering Experiences

Returning Citizen Focus Groups, Interviews, and Video

Returning citizens were recruited for the study as described further below and invited to meet in person at a location in the South LA area for a focus group discussion of reentry experiences with other returning citizens. We held four focus groups of returning citizens—the first three were for men and the last for women—to generally reflect the proportion of each group among the returning citizen population.

The original grant proposal had planned for eight to ten participants per focus group, with three groups for individuals from different ethnic and racial backgrounds (African-American, Latino, White and/or Asian, and mixed race). This proposed composition was based on RAND study members’ previous experience with focus groups in incarcerated settings to separate members of different gangs, which tend to be organized by race or ethnicity. However, the study’s community partners at LAM suggested that this dynamic was less likely given the decision to scope the study to individuals released from county jail facilities that contain fewer individuals convicted of violent crimes, and was outweighed by the advantages of individuals from varied backgrounds able to discuss their experiences together. As a consequence, all focus groups included a diversity of racial and ethnic backgrounds. The initial grant proposal also allowed for a fourth focus group for family members. Given the scoping decision to only include returning citizens, this focus group was instead reserved for women, in the likelihood that they might have certain health and reentry experiences and needs they would be less comfortable discussing in a mixed-sex group. The three men’s focus groups contained between nine and 11 participants each, and the women’s focus group contained seven participants. The section above on Study Recruitment and Participants provides details on the distribution of all study participants across racial, ethnic, and other attributes.
Each focus group met at night for approximately two hours at either LAM’s office or a residence for recently released returning citizens. A community-based facilitator experienced with the returning citizen population moderated the focus groups, assisted by LAM and RAND team members to manage logistics and note-taking. Topics discussed included any release planning and health services received before leaving jail, needs and priorities upon reentry to the community, community resources available and experiences getting needs met, challenges and frustrations obtaining services and support, help and success experienced obtaining services and support, and ways to improve care and support to returning citizens and advice for others reentering the community. Focus group discussions were audio-recorded with participants’ permission and professionally transcribed.

Ten participants from the returning citizen focus groups were invited to participate in individual interviews to discuss their personal experiences and stories with health and reentry services in more depth. Participants for the interviews were selected purposively from the focus groups to obtain a range of reentry experiences, as well as to include individuals who appeared relatively comfortable or interested in relating their personal stories. Of the initial ten participants selected, the study was only able to contact half by the time invitations were extended, due to the transiency of returning citizens and delays in the project (see also the implementation lessons in Chapter 5). Additional recruitment of focus group participants was able to supplement the other half. However, after the tenth interview was completed, we determined that additional diversity was required to represent the study sample, particularly to include women and Latino/a perspectives. Five other interview participants were therefore recruited, one from the focus groups and four new recruits, for a total of 15 interviews completed.

The interviews were conducted by the community-based facilitator and one of the RAND study team members in private rooms in LAM’s office building. Interviews lasted between 20 and 40 minutes. Interview topics mirrored those covered in the focus groups, with additional prompts and probes to elicit details and chronologies of the participants’ individual reentry experience. A professional videographer was engaged by the study to video- and audio-record the interviews and later to edit the video into the trigger film for use in the workshop events. Audio of the interviews was also sent for professional transcription.

Interview participants were given a choice of one of three formats for how their interview could be used for the trigger film: video and audio (i.e., the individual’s image and voice would be included); audio only (i.e., the individual’s voice would be included); or their comments read by an actor (i.e., the individual’s words would be used but voiced by an actor to be videoed in their stead). All interview participants consented to use of both video and audio, except for one who asked that his or her comments be read by an actor. However, several interviews did not yield clips that were used in the video for topical reasons, including from the latter participant.

After completion of the interviews, the study team reviewed the interview transcripts to identify quotations that exemplified high and low touchpoints of returning citizen experiences by type of health and reentry need. The study team then worked iteratively with the videographer on
which corresponding video clips to include, their length, and order to edit into the film. The final trigger film included quotations from 11 individuals covering 7 health and reentry needs, lasting approximately 27 minutes. In addition to use of the film for the CO-SHARE study, participants consented for use of the film for other research, educational, and service improvement purposes.

Service Provider Focus Groups

Focus groups were also the first EBCD activity for service providers. We had initially planned to conduct three or four focus groups with providers from different types of services (e.g., health, mental health and substance abuse, housing and employment, social services, etc.). However, in reviewing the service landscape of reentry services and funding programs in LA County, and in conversations with knowledgeable community leaders, we realized a more meaningful distinction existed between (1) county agencies who administered key funding and core programs for returning citizens and (2) CBOs who provided many of the direct health and reentry services to clients. Thus, we formed two service provider focus groups—one for each set of agencies. We expected that this would allow CBOs to more candidly discuss issues they might have with the county systems (and vice versa) and allow greater discussion in both groups about cross-sector and interagency issues from multiple perspectives. The county agency focus group included eight participants from four agencies, and the CBO focus group included ten participants from seven agencies.

Each focus group lasted approximately two hours and was held during the day in a community setting located centrally to service providers. RAND study members moderated the discussions and managed logistics and note-taking. Focus group topics for service providers included preparing incarcerated individuals for reentry, providers’ perspectives on challenges and key needs of returning citizens after release from jail, providing services to returning citizens, and improving health and reentry services for returning citizens. Focus group discussions were also audio-recorded with participants’ permission and professionally transcribed.

EBCD Step 2: Identifying Priorities

Returning Citizen Feedback Event

This event was a facilitated half-day workshop that invited all returning citizens who had participated in the focus groups or interviews to come together for the first time to develop their collective feedback about health and other services for reentry. Bringing the returning citizens together as a group was designed to build their confidence about speaking in a meeting environment before convening later with service providers, and to help participants understand how they may not only be speaking for themselves but for a wider group of returning citizens.
The study team facilitators from RAND and LAM began with an introduction to the event and review of the study as a whole, setting out the agenda for the day. The facilitators endeavored to create as relaxed an environment as possible with an atmosphere of trust, respect, and acknowledgment that returning citizens were experts in their own experiences. To help establish this atmosphere, clear ground rules were set to honor the privilege of hearing each other’s stories and that no one was required or expected to share personal experiences they did not wish to reveal in a group setting. To ease familiarity and comfort talking within the group, everyone—including the facilitators—was invited to participate in an icebreaker in which individuals shared three facts about themselves they wanted others to know. Some of these facts related to the details of participants’ incarceration (e.g., where incarcerated, when released), and some participants used the opportunity to begin sharing recent reentry experiences.

Next, participants were shown the film of returning citizen experiences. Following the film, the facilitators used the video to stimulate discussion among participants about their own experiences. Discussion prompts included “What experiences in the film really stuck or resonated with you? Why?” and “What experiences would you have added to the film?”

After a break, facilitators led an “emotional mapping” exercise to help participants identify emotionally charged moments reflecting key positive or negative experiences (i.e., high or low “touchpoints”) in their reentry journey. Cards were taped on a wall with ten components of the reentry process and several specific “touchpoints” within each (for a total of 34 touchpoints) that were derived from themes identified in the returning citizen focus groups and interviews. For example, the first component of the reentry process was JAIL/LEAVING JAIL, which had four corresponding touchpoint cards affixed below it on the wall: Help with Medical/health problems in jail; Help with Mental health problems in jail; Help preparing to leave jail; Place to stay right out of jail. Participants were encouraged to reposition cards up or down on the wall depending on whether the card was considered a “high” or “low” touchpoint. This provided an opportunity for physical movement as well as interaction among participants, such as when deciding where to place the same card. Participants were then provided sticky notes to affix to the cards on which they could write the types of emotions or further details describing the experience with specific components. By the end of the exercise, the group had created a visual representation of their collective reentry journeys, with placement of cards and sticky notes highlighting especially positive experiences or those that might benefit from improvement. An example is shown in Figure 2.3.
Initially the agenda planned to split participants into small groups to discuss their emotional mapping of the reentry journey and rate the priority of specific touchpoints. However, due to the postfilm discussion running longer than expected, the facilitators instead led a whole-group review of the emotional mapping, asking why individuals raised or lowered each touchpoint card, reading aloud elaborations written on sticky notes, and noting touchpoints that had particular resonance with the group. Due to rushed instructions, some participants placed cards higher (or lower) to indicate greater (or lesser) importance rather than to indicate the positivity (or negativity) of a touchpoint. However, the group review allowed for calibrating these different rating approaches and for a relatively straightforward listing and prioritizing of especially salient touchpoints by group consensus. This process produced a shortlist of potential areas for service improvement to be raised at the joint event with service providers.

The returning citizen feedback event was held in a community conference center near the study area and included 12 returning citizen participants. As described under the Study Recruitment and Participants section above, only five previous participants from the returning citizen focus groups and interviews were able to be contacted and available for the feedback event. Per the recruitment plan, seven additional returning citizens were recruited using the same procedures. Study team members took notes of the discussion and group dynamics during the event. Evaluation forms were created for the feedback event but were not distributed as planned at the end of the workshop due to an administrative oversight. In earlier study design discussions,
it was decided not to audio- or video-record the feedback and other study events, given the potentially sensitive nature of returning citizens’ experiences with incarceration and postincarceration interactions with law enforcement and the criminal justice system.

Joint Event with Returning Citizens and Service Providers

This half-day workshop brought together the returning citizen and service provider participants to hear each other’s perspectives on problems with health and reentry services and identify joint priorities of issues needing improvement. The event opened with an overview of the study’s EBCD process up to that time and the goals and agenda for the event. The study team sought throughout the joint event to address any relative unease among returning citizens with speaking in a group workshop setting or engaging with service professionals on a co-equal basis outside the usual client-provider relationship. During the sign-in period, study staff were attentive to welcoming each participant and provided name stickers showing only first names. During the overview, the study team facilitators emphasized the unique experiences and perspectives of all participants, the contributions both groups had already made to the study, and the goal to arrive at a common set of priorities and ultimately solution-focused recommendations.

Participants then watched the film of returning citizen experiences, followed by a whole-group discussion. To encourage participation, the opportunity for first remarks after the film was offered to returning citizens. To allow enough time for participants to share their reactions and hold a meaningful dialogue before moving on to priorities, the group discussion of the film was extended to approximately double the initially allotted length.

Next, short presentations were made summarizing the needs and priorities for improvement identified by returning citizens and service providers separately in their previous EBCD activities (i.e., focus groups, interviews, feedback session). A study team member from LAM with personal experience as a returning citizen presented the summary of returning citizen priorities. A study team member from RAND familiar with service systems in LA County presented the summary of service provider priorities.

After a break, participants were divided into four small roundtable groups of approximately eight participants each, with an even mix of returning citizens and service providers per table. The roundtables were tasked with reviewing and ranking the priorities for improving health and reentry services discussed in the prior presentations. Each roundtable was moderated by a study team member using a structured discussion guide to standardize the prioritization process across tables. Before the discussion, participants introduced themselves to others around the table (a planned table icebreaker exercise had to be skipped to save time). To balance participation, the roles of table note-taker and of “table voice” for reporting back to the whole group were split between a returning citizen and a service provider, who were free to volunteer for either role. Next, each participant around the table was asked to state their highest-priority topic and why. The table moderator then read back the list of priorities and asked participants how they would rank the topics. After that ranking, participants were asked if there were any priorities not on the
list they felt should be added, and why. The group then discussed the ranking of all items to arrive at a final ordered list of between four and six topics for their table.

Participants were brought back together for a whole-group discussion, in which each “table voice” shared their group’s prioritized topics, which a study team member listed on a whiteboard at the front of the room. Four topics were identified that appeared in some form across each of the table lists. These issues were agreed by consensus as the high-priority topics for improvement around which separate co-design workgroups would be formed.

The joint event was held during the morning in a community conference space near the study area and included 20 returning citizens and 13 services providers. Study team members took notes of the discussion and group dynamics during the event and administered event evaluation forms to participants at the end of the workshop. The overall response rate for the evaluation forms was 79 percent (of 33 total participants); 70 percent for returning citizens and 61 percent for service providers, taking into account four evaluation forms that did not specify type of participant.

Service Provider Debrief Call

EBCD projects typically include a feedback session for service providers, as well as for service users, before the joint event (Point of Care Foundation, 2018). Since the number of service provider focus groups had been reduced to two, and earlier delays necessitated moving quickly to the joint event, the CO-SHARE study team decided to forgo the service provider feedback event.

In reviewing the notes from the joint event, however, the study team observed that some service providers appeared more reticent to participate in the event discussions. We speculated that this partially may have resulted from service providers not having a prior opportunity to share perspectives before meeting with the returning citizens. In an effort to improve engagement, a one-hour teleconference “debrief” call was held two weeks after the joint event, in which content and participant reactions from the workshop were reviewed. Eight service providers participated in the call, including two who had not been able to attend the joint event.

EBCD Step 3: Co-Designing Solutions

Co-Design Workgroups

Co-design workgroups comprised of both returning citizens and service providers were formed for each of the four high-priority topics decided upon at the end of the joint event. Co-design groups in EBCD projects often aim at implementation but may also focus on creating practice guides or other information resources (Tsianakas et al., 2012; Robert et al., 2015; Van Deventer, Robert, and Wright, 2016). Given the time constraints as a pilot study, the co-design workgroups for the CO-SHARE project focused on outlining ideas and promising solutions to
address the identified needs and gaps in each of the four high-priority areas of health and reentry services.

Each workgroup met twice for two hours at a time on a weekday morning or afternoon over an approximately one-month period in conference space donated by two of the CBO service agencies in the study. Returning citizens and service providers were free to volunteer for as many workgroups or meetings as they wished depending on their availability and interests. Each workgroup meeting included six to eight returning citizens and two to four service providers, and were facilitated by two study team members, one to lead the discussion and another to take notes. All workgroup participants had attended at least one other prior CO-SHARE activity, except for one returning citizen who came to accompany one of the previous participants.

Facilitators followed a common set of discussion questions to guide each workgroup toward agreed-upon recommendations of solutions and ideas for its priority topic:

- What are the main needs related to this topic in LA County?
- What current programs or resources in LA County are or could be used to address those needs?
- What are the main gaps related to this topic that need to be filled in LA County?
- What ideas or solutions might work to address those gaps in LA County?

Facilitators emphasized a collaborative process to involve both returning citizens and service providers equally in discussions. Strategies to achieve this collaborative process included reducing status differentials by using first names and intermingled seating, brainstorming without judgment to allow creative ideas to emerge, encouraging less vocal participants, especially returning citizens, to contribute opinions and ideas, listing suggestions for group reflection and prioritization, and solution-focused rephrasing of expressed gripes and complaints about needs and problems.

At the conclusion of the meetings, the study team summarized the notes on main gaps and the ideas and solutions to address those gaps into a set of recommendations for improvement for each high-priority topic. These recommendations were presented and further discussed at the closure event for the study.

Reflection Interviews

In between the co-design workgroups and the closure event, the study team conducted short “reflection interviews” with six randomly selected returning citizens and service providers to obtain more confidential feedback on participants’ experiences and perceptions of the EBCD process. The reflection interviews lasted 15–20 minutes, and asked participants what they liked the most and least about participating in the study, whether they felt that their opinions and the opinions of others were heard, which parts of the study they would have changed, what changes they would suggest, and if they had any other thoughts to share about the study.
To ensure a range of perspectives among the three returning citizens interviewed, one was randomly selected from the female returning citizen participants, one from all remaining returning citizen participants who had attended four or five events, and one from all remaining returning citizen participants who had attended at least two events. To ensure a range of perspectives among the three service providers interviewed, one was randomly selected from the county agency participants, one from the CBO agency participants, and one from all remaining service provider participants who had attended at least two events. Reflection interviews were conducted by telephone by one RAND study team member who documented responses using detailed manual notes. Passages related to participant experiences in the study were extracted from the reflection interview notes, write-in event evaluation form comments, and activity observation notes into a spreadsheet, which were grouped and sorted by theme (see Chapter 5 for implementation process results).

Closure Event

This last CO-SHARE activity was a half-day event to present the workgroup recommendations, along with lessons learned on the EBCD process, in order to gather comments and revisions, celebrate progress, and identify next steps of interest to participants. As described above, the workgroup recommendations for each of the four high-priority topics was summarized from the workgroup notes by the study team. To fulfill another of the primary goals of the CO-SHARE pilot, the study team also reviewed observation notes of EBCD activities, participant feedback from the evaluation surveys administered after the joint event, and the reflection interviews with participants and internal study team reflections to identify lessons on implementing the EBCD process for health and reentry services in a U.S. context.

The closure event began with an overview of the CO-SHARE activities over the course of the study and acknowledgment of the investment and contribution made by participants. The study team then presented the preliminary lessons learned on the EBCD process, regularly stopping to ask for feedback and other insights from participants. Next, the study team presented summaries of the main gaps and recommended ideas and solutions from each co-design workgroup on its high-priority topic, again pausing repeatedly to elicit participant feedback. Last, the study team presented potential next steps derived from study team deliberations and previous conversations with participants for using and disseminating the workgroup recommendations, as well as for future applications of the EBCD process. As before, participants were asked for and gave reactions and additional suggestions.

Similarly with earlier CO-SHARE events, the study team worked to ensure all participants felt comfortable at the event and provided opportunities for individual participants to share experiences and testimonials of their involvement in the project (e.g., first names only on name tags, building in periodic opportunities for discussion within each presentation, soliciting responses from participants who had not yet spoken up, thanking all participants for their input, etc.). The closure event included nine returning citizen participants and eight service provider
participants from seven agencies. Study team members took notes on the discussion and group dynamics during the event and administered event evaluation forms to participants at the end of the workshop. The overall response rate for the evaluation forms was 82 percent; 89 percent for returning citizens and 75 percent for service providers. The feedback and comments from the closure event were incorporated in the final results on workgroup recommendations for improving health and reentry services, lessons learned on implementing the EBCD process, and next steps, which are presented in Chapters 3–6 below.
3. Results on Needs and High-Priority Topics Identified by Participants for Health and Reentry Services in Los Angeles

This chapter describes the health and reentry needs and priorities identified by the participants in the CO-SHARE study. The first part of the chapter presents overall experiences and problems with the reentry process in LA from the perspectives of both returning citizens and service providers. The second part of the chapter details the specific needs and priorities for improving reentry from both perspectives, ending with a description of the four high-priority service topics selected jointly by the groups and used as the basis of the co-design workgroups in the last step of the EBCD process.

The four high-priority topics selected by participants were

- prerelease process
- one-stop service hubs
- housing
- long-term support.

Chapter 4 then presents the recommendations for improvement generated by participants for each topic.

Needs and Priorities for Improving Health and Reentry Services in Los Angeles from Each Group’s Perspective

As described in Chapter 2, health and reentry needs and priorities were identified by returning citizen participants in their feedback session event, which utilized results of the returning citizen focus groups, interviews, and trigger film. Health and reentry needs and priorities from the perspective of service providers were summarized based on results from the focus groups conducted with county agencies and CBOs.

Overall Experiences and Problems with Health and Reentry from Each Group’s Perspective

Returning Citizens

Returning citizens highlighted several general experiences and problems with the reentry process from their perspectives, which formed the basis for the specific priorities they later identified. These included
• a desire for “normalization”
• reentry as an often overwhelming and exhausting process
• not being seen and treated as an individual with human potential
• limits on support or resources
• aging issues for older returning citizens.

Desire for “Normalization”

Returning citizens discussed their experience that once they had been incarcerated, they often faced stigma from family and friends, as well as employers and others in the community. Reacclimating to the stimulation, choices, and responsibilities of community life can also be highly challenging compared with the structure and basic necessities provided in incarcerated settings.

Overcoming these challenges to reclaim a sense of normalcy was reported as more difficult for individuals experiencing longer periods of incarceration, such as in state prisons or inmates who have been “realigned” from state prisons to county jails under the AB 109 program, from which they are released into the community. However, these challenges can still be significant for individuals experiencing shorter jail sentences, especially those who recidivate frequently.

Reentry Is Often an Overwhelming, Exhausting Process

Many returning citizens reported having multiple needs and requiring support from multiple agencies. Managing wait times, bureaucratic processes, and getting to and from various services is demanding, especially with the geographic size and fragmented service and transportation systems in LA. Prioritizing efforts to obtain different services was also noted to be often challenging, including balancing court-mandated services and probation requirements with other services critical to sustaining reentry.

Returning citizens described how the relentlessness of the process may easily lead to lack of hope, inclinations to give up, and even a desire to return to the relative structure and certainty of incarceration.

Being Seen and Treated as an Individual, with Human Potential

Returning citizens reported frequently being provided “cookie-cutter” plans and services that do not address their particular needs and priorities. Some returning citizens attributed this to overloaded service providers who, whether by habit, constraints, or orientation, appear to be focused on “pushing paper” rather than helping people.

Limits on Support or Resources

According to participants, services available to returning citizens are often limited in scope and duration and restricted in access by varying eligibility criteria and lack of capacity. Housing was observed to be especially problematic due to the limited duration of transitional residences and lack of more permanent affordable housing options.
Aging Issues for Older Returning Citizens

Older returning citizens noted facing accumulated health, mental health, and substance abuse issues, and difficulty obtaining employment due to a lack of low-skilled jobs applicable to older workers and ageist job discrimination. These challenges felt even more daunting with advancing age.

Service Providers

Based on the discussions in the county agency and CBO focus groups, service providers emphasized a set of underlying general issues and problems from their perspectives with the reentry process in LA:

- Individuals often have multiple reentry needs.
- The point of transition immediately upon release from jail is a critical and challenging point in the reentry process.
- A large influx of funding for reentry services in the county over the past several years poses both opportunities and challenges.

The first two themes contain much overlap with those identified by returning citizens above, but with slightly differing emphases or additional considerations from the perspectives of service providers. For example, the first theme on multiple reentry needs focuses on providers’ perspectives on challenges identifying and prioritizing the various needs of an individual client, while returning citizens emphasize how overwhelming and exhausting it can be to navigate service systems to address their multiple needs. Similarly, providers in their second theme focus on the need to set up reentry plans and make linkages early in the transition-from-jail process, while returning citizens emphasize reentry plans needing to be tailored to address their individual needs and priorities.

Reentry Needs Are Multiple

Service providers similarly noted that the typical individuals leaving county jail in LA have multiple, often chronic and severe needs, including those related to employment, housing, health, mental health, and substance abuse. From the service providers’ perspectives, these multiple needs create challenges in identifying the key sets of service priorities for an individual and coordinating necessary services.

Immediate Transition upon Release Is Critical and Challenging

Service providers observed that the most vulnerable time for ensuring a successful reentry process is the point when a returning citizen leaves jail. Both county agency and CBO service providers believed it to be critical to set up reentry plans and link returning citizens with a reentry navigator or community health worker to help manage this transition. From the CBOs’ perspectives, access to jail facilities has become more limited over time due to changes in jail
policies and difficulty obtaining authorized access, which affects their ability to develop relationships and sustainable plans with returning citizens prior to release.

Large Influx of Funding for Reentry and Services for Los Angeles County

Service providers observed that the influx of funding programs for reentry services in the county over the past several years poses both opportunities and challenges. These relatively recently initiated programs have provided substantial new funding and led to certain improvements in coordination among agencies and organizations. Yet county agency and CBO service providers reported common confusion over which programs an individual may be eligible for and how to make referrals to programs. Others noted that the use of inconsistent language and terminology among programs also hinders coordination (e.g., definitions of “transitional” versus “permanent supportive housing”). Service provider participants similarly reported that with so many new initiatives, courts, judges, and other key members of the justice and other service systems may not fully understand changes made to programs or their limitations.

The WPC-LA program, which provides care coordination to six high-risk Medicaid beneficiary populations (one of which is justice-involved individuals), was considered to hold particular promise. However, many service providers described uncertainty about eligibility criteria, numbers of clients to be served, the referral process, and the duration of support of the program.

In general, CBO service providers were concerned about the capacity of local service systems to quickly and adequately accommodate the increased number of clients that the slew of new funding and programs are expected to serve.

Specific Needs and Priorities for Health and Reentry from Each Group’s Perspective

This section details the specific needs and priorities for improving health and reentry services identified by each group of participants, which tended to flow from discussions of the general experiences and problems reviewed above. As described in Chapter 2, based on the emotional mapping exercise and subsequent discussion at the feedback event, returning citizen participants identified six top priorities for improving health and reentry services, as listed in Table 3.1. Returning citizen participants desired to have key services arranged before leaving jail to reduce the stress and time to become established after release, and to have as many services as possible after release in one location or near each other to reduce wait and travel times. They assigned priority to a reentry plan that was not only tailored but also structured with clear tasks and timelines. They identified a need for programs providing individual reentry mentors or peer

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1 Recent programs that focus on or significantly serve the reentry population in Los Angeles include California State Proposition 47, SB 678, AB 109, the Medicaid-sponsored Drug Waiver Program, and the WPC-LA. See Chapter 1 for descriptions of these programs.
support groups that could help with both specific challenges and maintaining hope, optimism, and camaraderie. Housing was mentioned in both setup before leaving jail and long-term support but was also identified as a separate priority given the lack of affordable housing in LA County, especially in safe areas close to family and work obligations. Long-term support encompassed a range of needs such as housing, jobs, mentor/peer support, as well as help navigating services to address returning citizens’ experiences with being timed out of services and the uncertainty and difficulties that creates for sustaining a successful reentry trajectory.

Table 3.1. Returning Citizen Participants: Specific Needs and Priorities

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<thead>
<tr>
<th>Top Returning Citizen Priorities</th>
<th>Other Returning Citizen Priorities</th>
</tr>
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<tbody>
<tr>
<td>1. <strong>Key setup before leaving jail</strong></td>
<td>Place to stay, appointments with health providers, all needed IDs and documentation upon release</td>
</tr>
<tr>
<td>2. <strong>One-stop service shopping</strong></td>
<td>As many services in one location or near each other as possible; reduce wait times and hassles within and between services</td>
</tr>
<tr>
<td>3. <strong>Structured, comprehensive, and tailored reentry plan</strong></td>
<td>Developed before or as soon as released from jail; checklist and timeline</td>
</tr>
<tr>
<td>4. <strong>Mentor/peer support</strong></td>
<td>Individual mentors who have navigated the reentry process; peer groups going through same process</td>
</tr>
<tr>
<td>5. <strong>Affordable, appropriately located housing</strong></td>
<td>Close to family and work, safe areas</td>
</tr>
<tr>
<td>6. <strong>Long-term support</strong></td>
<td>For housing, jobs, mentor/peer support, navigating services, etc., as long as needed by an individual</td>
</tr>
</tbody>
</table>

| 1. **Transportation** | Getting to/from needed services; work and family obligations |
| 2. **Job access** | Reduce discrimination for criminal record or age, and learn relevant job skills |
| 3. **Finding a doctor or mental health clinic** | When needed, timely caring treatment |
| 4. **Help with substance abuse** | Support for staying sober/off drugs, staying away from drug-abusing places and influences |
| 5. **Trying not to violate probation** | Making court dates, knowing probation conditions, and avoiding violating behavior to stay out of jail |
| 6. **Staying on mental health medications** | Having enough during transitions; not becoming complacent about adherence |
| 7. **Reconnecting with family** | Desire for family support highly variable based on individual circumstances. For many women, the focus with this issue (and often a top priority) was on regaining custody of children. |

Returning citizen participants also identified seven other priorities that, while important, were not considered as essential as the top priorities or whose relevance appeared more variable across participants. The latter was particularly the case for reconnecting with family. Depending on individual circumstances, the availability of and desire or prudence for reconnecting with
family members varied widely among returning citizens. This need also appeared to differ for female returning citizens with younger children, whose goal often was to regain custody and establish a household. For women in these circumstances, this may even be their top priority.

Table 3.2 shows the top priorities of service providers identified from analysis of the focus groups for county agencies and for CBOs. Two of these top priorities—increased housing options and centralized locations or hubs for services—are nearly identical to top priorities identified by the returning citizen participants. The priority to ensure benefits are reinstated and IDs obtained prior to leaving jail is similar to the top priority of returning citizens, although the latter more comprehensively includes setting up prior connections with key services such as housing and health providers needed for reentry. Increased availability of substance and co-occurring disorder treatment programs is most closely related to the returning citizens’ other set of priorities for help with substance use. However, returning citizens tended to refer to support for staying sober or off drugs, as opposed to formal treatment programs. The remaining service provider priority to streamline referral and application processes does not appear on the list of returning citizen priorities, although it would facilitate receipt of services valued by returning citizens.

### Table 3.2. Service Provider Participants: Specific Needs and Priorities

<table>
<thead>
<tr>
<th>Top Service Provider Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Increase housing options</strong> Including range from transitional to more permanent supportive and sustainable housing</td>
</tr>
<tr>
<td><strong>2. Increase availability of treatment programs</strong> Particularly for individuals with co-occurring mental health and substance abuse problems</td>
</tr>
<tr>
<td><strong>3. Streamline referral and application processes</strong> Rationalize and standardize processes across programs to make referrals quicker and easier</td>
</tr>
<tr>
<td><strong>4. Centralized locations or hubs for services</strong> To help returning citizens more easily access all needed services and improve service coordination</td>
</tr>
<tr>
<td><strong>5. Ensure individuals have benefits reinstated and obtain IDs and other documents prior to leaving jail</strong> Having Medicaid, disability and other benefits, and IDs, birth certificates, and other documents improves support and continuity of services after release</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Service Provider Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Integrated and updated information systems to share data across agencies</strong> To more efficiently identify individual client needs, services being received, and eligibilities for other programs, and to improve coordination of services</td>
</tr>
<tr>
<td><strong>2. Programs and policies addressing the needs of special populations</strong> To address specific needs of populations poorly served by current programs and policies, such as elderly, sex offenders, individuals with chronic health conditions</td>
</tr>
</tbody>
</table>
Two other priorities were discussed by service providers in the focus groups but were not included in the top set of priorities. The first, integrated information systems across agencies, was mentioned as requiring a larger, longer-term cross-agency effort. The second, programs and policies addressing the needs of special populations, while considered an important priority and a key focus of several current initiatives, was not as prominently discussed as the others.

Joint Identification of Four High-Priority Topics for Improving Health and Reentry Services in Los Angeles

As described in Chapter 2, the needs and priorities relating to health and reentry services identified by both groups were presented at the joint returning citizen/service provider event. Returning citizen and service provider participants then broke into small mixed-group roundtables to discuss and prioritize topics for service improvement. Participants had discretion to modify priorities or raise additional priorities not presented. The priority topics generated by each of the roundtables were listed side by side and reviewed as part of a whole-group discussion, during which four high-priority topics were selected by consensus to be addressed by the subsequent co-design workgroups.

The four high-priority topics selected by participants at the joint event are presented in Table 3.3. While all four topics appeared in some form on the prior separate lists from one or both groups, the joint event participants recognized how several of the other priority services and needs could naturally be incorporated within the four topics selected, as indicated in the descriptions in Table 3.3. For example, the two topics from each of the groups’ separate lists that directly matched—one-stop service hubs and housing—were selected as high-priority topics, with the former now including the concepts of a structured comprehensive reentry plan and better processes to provide up-to-date, useful information to both returning citizens and service providers. The high-priority topic related to the prerelease process combined the range of

<table>
<thead>
<tr>
<th>High-Priority Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerelease process</td>
<td>Setting up key reentry needs before release from jail—including housing, health, and mental health providers; IDs and documentation; Medicaid and other benefits, etc.</td>
</tr>
<tr>
<td>One-stop service hubs</td>
<td>Key services located in same location or nearby; structured comprehensive reentry plan; getting up-to-date, useful info on available services to returning citizens and on client background and needs to providers</td>
</tr>
<tr>
<td>Housing</td>
<td>Affordable, safe, long-term; located near work and family</td>
</tr>
<tr>
<td>Long-term support</td>
<td>Mentoring and peer support; housing, financial stability, family reunification, and DCFS navigation support; drug treatment; wraparound services</td>
</tr>
</tbody>
</table>
services needed prior to release from both groups’ separate lists, as well as an emphasis in the joint event discussion on ensuring “warmer” handoffs upon release—that is, transitions in which returning citizens are accompanied by staff to meet a referred service or provider to decrease apprehension and ensure a connection has been made.

The long-term support priority still centered on the concept of maintaining the availability of a range of key services needed to support sustained successful reentry. At the joint event, this range of services was expanded to possibly include financial stability more widely defined beyond employment (e.g., financial literacy), drug treatment and other wraparound services, and family reunification and support navigating the Department of Children and Families (DCFS) process for regaining child custody, an issue that received greater prominence at the joint event than in previous EBCD activities. As with the previous separate lists, the four high-priority topics exhibit a number of areas of overlap given the breadth of the topics, such as the connections to housing in the prerelease process and long-term support, and reentry planning associated with both the prerelease setup and one-stop service hubs. These were viewed by the study team as strengths in recognizing the interrelatedness among health and reentry needs and services.

Summary of Needs and Priorities Identified by CO-SHARE Participants

The participant groups for returning citizens and service providers each highlighted several general experiences and problems with the reentry process from their perspectives, which formed the basis for the specific priorities they later identified. For returning citizens, these included a desire for “normalization,” the fact that reentry is often an overwhelming and exhausting process, not being seen and treated as an individual with human potential, and limits on support or resources. Service providers noted related points that returning citizens often have multiple reentry needs and that the transition immediately upon release from jail is a critical and challenging time in the reentry process. Service providers also discussed the opportunities and challenges posed by the large influx of initiatives and funding for reentry services in the county over the past several years.

From these general experiences and observations, each group then identified specific priorities for improvement, including both a set of top priorities (6 by returning citizens and 5 by service providers) and a list of additional priorities (7 by returning citizens and 2 by service providers). Two of the top priorities identified by each group—increased housing options and centralized locations or hubs for services—were nearly identical in label and relatively easily identified as common high-priority topics. In these cases, combining perspectives from both groups resulted in more comprehensive definitions of these topics by including aspects that were mentioned by only one or the other group. The other two common high-priority topics identified—prerelease process and long-term support—also incorporated top priorities on both groups’ lists that joint event participants agreed cohered together.
Critical to the ability to characterize and agree on these priorities was the series of group-facilitated EBCD activities in which returning citizens and service providers engaged—both in separate groups and then together in the joint event. As explained in Chapter 5, this EBCD process was especially important for the returning citizens to collectively develop comfort sharing experiences and developing an “agenda” of priorities prior to engaging with service providers. The EBCD process also facilitated building rapport and trust, and a safe and respectful space, for returning citizens and service providers to reach consensus on the common set of high-priority topics for improvement.

The next chapter presents the recommendations for improving health and reentry services in LA County generated collaboratively by participants for each topic.
4. Participant Recommendations for Improving Four High-Priority Health and Reentry Service Topics in Los Angeles

As described in Chapter 2, co-design workgroups that included both returning citizens and service providers were formed to address each of the four high-priority topics decided upon at the joint event: prerelease process, one-stop service hubs, housing, and long-term support. Each workgroup met twice for two hours at a time over the course of approximately one month. This period represents a much shorter co-design process compared with typical EBCD projects focusing on a single service setting, in which co-design workgroups may meet for up six months or more. The rationale for this shorter process in the CO-SHARE study was twofold, both rooted in the system-wide scope of the project. First, it reduced the burden on returning citizens and service providers who were gathering multiple times from long distances within LA, and second, it recognized that returning citizens tend to be a transient population and thus more difficult to keep engaged over a longer period of time. The workgroup process undertaken enabled participants to scope out specific issues within the broader domains of the health and reentry service systems and to offer recommendations and key design insights for how they might be addressed.

To help standardize the co-design discussions, facilitators guided each workgroup through the following set of questions:

- What are the main needs related to this topic in LA County?
- What current programs or resources in LA County are or could be used to address those needs?
- What are the main gaps related to this topic that need to be filled in LA County?
- What ideas or solutions might work to address those gaps in LA County?

Workgroup participants had discretion to focus on particular gaps, ideas, and solutions that they considered best addressed the specific high-priority topic. The study team summarized the discussion of these questions at the conclusion of the workgroup meetings. Summaries of the discussions and solutions generated by each workgroup were then discussed at the study’s closure event to obtain additional feedback from participants.

Below we describe the main gaps and solutions identified for each of the high-priority topics based on the summaries of workgroup discussions and the additional input received at the closure event. Gaps refer to the main needs identified by service providers and returning citizens that are currently unaddressed by existing programs or resources in LA County. Ideas and solutions refer to key design principles and specific programs that could be implemented to address existing gaps in the system.
Prerelease Process

The prerelease process refers to setting up services for key reentry needs before an individual leaves jail to facilitate transition to life in the community. Services provided during the prerelease process may include assistance with and linkage to service providers for housing, employment, education and job skills training, health care (e.g., including mental health, substance abuse treatment, Medicaid support), family reunification, and assistance with administrative resources such as documentation and personal identification.

Identified Gaps in the Prerelease Process

The workgroup for this topic identified several key gaps in the current prerelease process (see Table 4.1). The first gap centered on the relatively limited availability of prerelease planning and up-to-date information on community services provided to jail inmates prior to release. The LA County Jail’s Community Transition Unit (CTU) attempts to provide such services through several programs, including a coordinated release process and a Community Re-Entry and Resource Center (CRRC) within jail. However, these programs face many challenges, including the sheer number of inmates in need of prerelease services on a daily basis and often unpredictable timings of release before planning can be completed.

Table 4.1. Prerelease Process Workgroup Results

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Limited prerelease planning and availability of up-to-date information on community services</td>
<td>• Improve returning citizens’ connections with services before release from jail</td>
</tr>
<tr>
<td>• Lack of familiarity and trust between returning citizens and service providers before release</td>
<td>o Improve access of CBOs within jails to establish earlier relationships with returning citizens</td>
</tr>
<tr>
<td>o Difficulty gaining access to jail facilities by CBO providers</td>
<td>o Ensure returning citizens are met directly upon release by trusted service providers</td>
</tr>
<tr>
<td>• Gap at point of release between returning citizens and service providers</td>
<td>o Build on innovations being developed by the WPC-LA program for individuals at-risk for high utilization of Medicaid services, including service hotlines and videoconferencing for providers to establish and maintain continuity of care</td>
</tr>
<tr>
<td>o Lack of immediate housing/place to stay and transportation</td>
<td>o Provide mobile phones to inmates and returning citizens (as currently available to some through Medicaid) and a phone “app” to help clients connect and manage the reentry process with service providers</td>
</tr>
<tr>
<td>• Lack of information needed by service providers to prepare for and serve returning citizens after release</td>
<td>o Ensure wider availability of above solutions to all returning citizens upon release, beyond specific facilities or special population programs</td>
</tr>
<tr>
<td>• Lack of continuity of care for medical and behavioral health services</td>
<td>• Improve communication among service providers so that they can better prepare for and coordinate services for returning citizens</td>
</tr>
<tr>
<td>• Variation in prerelease planning and connection to services (by facility and special populations)</td>
<td>o Increase communication among CBOs, such as through a shared database to update information on available services and help onboard clients</td>
</tr>
</tbody>
</table>
A critical factor to successful prerelease planning noted especially by CBO service providers was to establish familiarity and trust between providers and inmates leading up to release. Without this relationship, inmates are less likely to discuss all reentry needs and concerns or to follow through with release plans once they have left jail. In this regard, participants reported that it had become increasingly difficult for CBO service providers (including community health workers) to obtain security clearances to county jail facilities, which severely inhibited their ability to establish relationships with inmates prior to release and to coordinate with the jail’s CTU and other in-custody programs.

A number of workgroup participants referenced the CRRC within the jail facility, which represents a range of services including mental health, public health, and probation. Workshop participants recognized the value in making information on resources available as individuals prepared to leave jail. However, they noted that the information provided is occasionally out-of-date, and that it can be overwhelming to returning citizens to receive such information right at the point of their departure. As one participant noted, the CRRC’s kiosk is located inside the jail next to the exit doors, and individuals may be hesitant to stop by the kiosk in the midst of being released. Further, if an individual is released in the evening, the kiosk may not be open. The kiosk, although a resource for reentry needs prior to release, is also not conducive to building familiarity and trust between the soon-to-be returning citizens and services in the community.

Participants noted that the point of immediate release from jail is an especially challenging and critical point of the reentry process. A number of returning citizen participants reported lacking immediate housing or a place to stay after release, transportation, or a plan on how to start even initial steps, including getting to their first mandated meeting with their assigned probation officer. In addition, without a trusted provider to meet individuals upon release, many returning citizens do not follow through with such plans even if they have been prearranged. This increases the difficulty for CBOs of finding and engaging such clients once in the community.

Another persistent gap in the prerelease process has been a lack of continuity of care for medical and behavioral health services. However, participants’ experience of this appeared to vary depending on the jail facility and whether they had been designated for particular programs in the jails. Many returning citizens commented on the length of time between release from jail and accessing health services in the community. Other workshop participants reported being unable to obtain their psychiatric medications prior to their release from the women’s jail facility, and that it took several weeks to see a psychiatrist in the community. Similarly, participants noted not having a primary health care provider set up prior to release for help with chronic conditions. Another participant reported being released with one month’s worth of medication for a mental health condition but could only obtain an appointment with a primary care provider instead of a psychiatrist before the medication ran out. In contrast, returning citizens who had been identified with mental health conditions and placed into designated Department of Mental Health programs within the jails reported having few problems obtaining needed medications and transitioning to mental health providers after release.
In general, workgroup participants noted the degree to which prerelease services are provided and individuals are connected to community services can vary by correction facility. For example, based on participants’ shared experiences, prerelease planning and community referral programs appeared more robust at the main men’s jail (Twin Towers) than other facilities in the county jail system.

One program identified by workshop participants with promise to partially fill these gaps is the WPC-LA program, described in Chapter 1. This program is intended to provide care coordination for high-risk Medicaid beneficiaries, including a focus on those in the reentry population. The program centers on a community health worker who meets with clients prior to release from jail and works to link them to needed community-based health, behavioral health, and social service providers as they return to the community. WPC-LA also seeks to provide a 30-day supply of prescription medications for clients with chronic health or mental health conditions, a continuity of care document for a client’s health care provider in the community, and in-person or videoconference visit with the community health worker assigned to a client once in the community.

However, participants noted that at the time of the study the program was designed to enroll only approximately 1,000 clients from the jail system per month. Many individuals within the county jail system are eligible for Medicaid, but the eligibility criteria are additionally restricted to those who have had a recent emergency department or hospital visit (within the past six months and 12 months, respectively). As the program ramped up during the period of the study, participants also reported some confusion about eligibility criteria and the process of accessing it. Of more significance, participants noted that WPC-LA works with reentering clients for a delimited period of 90 days. Designed to address the short-term needs of returning citizens, it will not provide longer-term support often necessary for successful reentry.

Last, service provider participants described lacking comprehensive and up-to-date information on other community services, as well as information on clients that could help them prepare for and better serve returning citizens. Participants noted that WPC-LA was in the process of developing an online platform to connect CBOs and track services received by clients in the program. But again, this system would be limited to service providers and clients within the WPC-LA program.

**Ideas and Solutions for the Prerelease Process**

The first set of ideas to address these gaps focused on better-connecting returning citizens with services before release from jail. First, this involved improving access of CBOs within jails to establish earlier relationships with returning citizens. Workshop participants were uncertain as to why this recently had become more difficult. Emphasis was also placed on ensuring returning citizens are met directly upon release by a trusted service provider, which occurs for some individuals (e.g., those in one of the Department of Mental Health forensic programs) but not for others, even those who have received some degree of prerelease planning.
There was also interest among participants to build on the innovations being developed by the WPC-LA program focused on individuals at risk for high utilization of Medicaid services. Service hotlines and videoconferencing for providers to establish and maintain continuity of care pre- and postrelease from jail seemed like useful solutions applicable to other returning citizens. Participants also discussed similar solutions, such as providing mobile phones to returning citizens (as currently available to some through Medicaid), as well as introducing a phone “app” to help clients connect and manage the reentry process with probation, health care providers, and other services.

These ideas aligned with suggestions to ensure wider availability of the above solutions to all returning citizens upon release, whether from a particular facility or participating in a particular program (e.g., WPC-LA or ones sponsored by the Department of Mental Health).

The second set of ideas to address these gaps centered on improving communication among service providers so that they can better prepare for and coordinate services for returning citizens. It was acknowledged that many efforts in this regard have been attempted, and that the ideal solution—a shared database to update information on available services and help onboard clients, such as one being developed by WPC-LA but for the wider reentry community—would represent an expensive and longer-term effort.

**One-Stop Service Hubs**

One-stop service hubs refer to sites that offer a range of services needed by returning citizens in one location or nearby locations. A one-stop service hub reduces burdens for both service providers and returning citizens. For returning citizens, it helps facilitate access to services they need and eliminates having to travel to multiple locations. For service providers, it facilitates the assessment, screening, and eligibility process to determine which individuals qualify for their services. The hubs also enable service providers to more quickly link returning citizens to other programs and services.

**Identified Gaps Related to One-Stop Service Hubs**

Specific gaps identified by participants that underline the need for one-stop service hubs particularly in LA and that point to specific design principles for solutions are shown in Table 4.2. Returning citizens in LA, as in other urban areas, typically have multiple reentry needs, many of which must be addressed simultaneously. Participants also observed that referrals to services often require substantial time and effort on the part of returning citizens to follow through on, which creates opportunities for missed services and individuals to fall through the cracks of service systems. Returning citizen participants desired encounters in which they received services rather than additional referrals to services. These dynamics are especially exacerbated in a large metropolitan area such as LA County with services widely dispersed geographically and a notoriously underdeveloped public transportation system.
Table 4.2. One-Stop Service Hubs Workgroup Results

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Returning citizens typically have multiple needs, many of which must be simultaneously addressed</td>
<td>• Provide as many direct services in one place as possible; minimize referrals</td>
</tr>
<tr>
<td>• Referrals to services require time and effort to follow through, creating opportunities for falling through the cracks</td>
<td>• One-stop service hubs ideally would include</td>
</tr>
<tr>
<td>• Geographically disparate services and underdeveloped public transportation systems in LA</td>
<td>o both county agencies and CBO service providers</td>
</tr>
<tr>
<td>• Lack of coordination and up-to-date information among service providers</td>
<td>o both court-ordered services and other services needed for successful community reentry.</td>
</tr>
<tr>
<td>• Probation relationship to returning citizens primarily one of supervision; limited as a central source of referrals for the full range of needed reentry services</td>
<td>• Locate service hubs outside of probation-branded facilities to increase comfort of returning citizens with utilizing the hubs for other services. Consider two types of one-stop models:</td>
</tr>
<tr>
<td></td>
<td>o The service hub is located next to or near probation facilities.</td>
</tr>
<tr>
<td></td>
<td>o The “neutral zone” model, where the service hub location is independent of probation but includes probation as one of many other services being provided.</td>
</tr>
<tr>
<td></td>
<td>• Closely link service hubs with the prerelease process to help ensure quick access to comprehensive assistance for reentry needs upon release</td>
</tr>
</tbody>
</table>

As noted previously, service agencies also have difficulties referring to and coordinating with other providers, and often lack comprehensive and up-to-date information on other services available. Closer proximity of services could alleviate some of these interagency coordination and informational challenges.

Participants also discussed the role—and the potential role—that the Probation Department plays in referrals to services, given that many returning citizens are on probation and must report regularly to their probation officer. Many instances were noted of probation officers going out of their way to connect clients with needed housing, employment, medical, and other services, as well as attempt to provide basic needs on-site, such as clothing. However, it was also noted how probation is limited as a central source of referrals for the full range of needed reentry services. Probation officers typically have heavy caseloads, and information on available services, including those listed in the department’s computer system, can be out of date. Probation officers also tend to focus on connecting clients to court-ordered services (e.g., anger management classes) to help returning citizens avoid violating probation but may not be able to equally emphasize other services needed for successful reentry. Last, the relationship of probation to returning citizens is primarily one of supervision, which can make probation facilities a stressful and intimidating setting.
Ideas and Solutions for One-Stop Service Hubs

As a general design principle for one-stop service hubs, participants suggested providing as many direct services in one place as possible to minimize referrals to services in other areas. These services ideally would include both county agencies (e.g., Departments of Public Health, Mental Health, Probation, etc.) and CBO service providers. Offerings also would include both court-ordered services (e.g., mandated anger management classes, sex-offender counseling, support for court-monitored visits) and other services needed for successful community reentry (see Table 4.3).

Table 4.3. Suggested Services for One-Stop Hubs

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court-ordered services</td>
<td>(e.g., mandated classes for anger management or counseling for batterers and sex offenders, supervised court-monitored visits)</td>
</tr>
<tr>
<td>Basic needs</td>
<td>(e.g., clothing, showers, hygiene products, hot food)</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>(e.g., short-term and long-term; assistance for those who face even more pressing challenges in finding housing such as transgender individuals or convicted sex offenders)</td>
</tr>
<tr>
<td>Family support services</td>
<td>(e.g., family reunification services, domestic violence services)</td>
</tr>
<tr>
<td>Employment services</td>
<td>(e.g., job training programs, assistance with seeking jobs, assistance with résumé preparation, interviewing skills, etc.)</td>
</tr>
<tr>
<td>Health and behavioral health services</td>
<td>(e.g., medical, dental, mental health, substance abuse treatment)</td>
</tr>
<tr>
<td>Benefits assistance</td>
<td>(e.g., Medicaid, Supplemental Security Income, etc.)</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>(e.g., short-term and long-term; assistance for those who face even more pressing challenges in finding housing such as transgender individuals or convicted sex offenders)</td>
</tr>
<tr>
<td>Family support services</td>
<td>(e.g., family reunification services, domestic violence services)</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>(e.g., bus passes, route planning)</td>
</tr>
<tr>
<td>Documentation services</td>
<td>(e.g., assistance with citizenship applications and Deferred Action for Childhood Arrivals renewal, support obtaining identification documents and a driver’s license)</td>
</tr>
<tr>
<td>Legal services</td>
<td>(e.g., assistance with immigration questions and procedures)</td>
</tr>
<tr>
<td>Community center services</td>
<td>(e.g., peer groups and interaction, classes on coping and recovering life passion, TV room) and maintaining connectivity (e.g., phone charging, computer lab)</td>
</tr>
</tbody>
</table>

Participants suggested that an important feature of a one-stop service hub would be having “community navigators” or similar staff available who could help individual returning citizens develop a reentry plan tailored to their needs and who would know resources within the hub and community in general well enough to link or refer clients to appropriate services.

Workshop participants also discussed different models for locating and organizing service hubs. One concern was to locate service hubs outside of probation-branded facilities to increase comfort of returning citizens with utilizing the hubs for other services. Suggestions centered on two models. The first model would locate a service hub next to or near a probation facility. This arrangement would enable clients to get to the hub more easily to obtain additional services they may need after their regular probation visits.
The second, “neutral zone,” model would be a service hub location that is independent of probation but includes probation as one of many other services being provided. Participants suggested that this model would be even more convenient for returning citizens and facilitate even closer coordination among probation and other services (e.g., probation officers receiving training from CBOs on available services, preventive measures for homelessness, etc.). A hub that is not located within a probation facility may also have more room to include components of both a community center and a resource center. At the same time, workshop participants noted that a key challenge of this model is the difficulty of obtaining approval or support from neighborhoods for this type of facility.

A particular case of a successful one-stop service hub cited by participants was the San Diego Community Transition Center, which incorporates many of the ideas suggested in the workgroup (Probation Department, San Diego County, undated). For example, this service hub both enables assessment of individuals’ needs and provides direct services or linkages to services. The Center has an updated Community Resource Directory that affords probation officers with a listing of a full range of community resources for returning citizens. The Center also brings a variety of services together in one location (e.g., their AB 109 intake center is located next to their mental health and residential treatment programs). While participants noted the difficulties of scaling the San Diego model to a metropolitan area of the size and complexity of LA County, it was considered a demonstration of key design principles, which also included close linkage of the hub to the prerelease process (e.g., inmates are transported directly from jail to the Center).

**Housing**

As noted previously, housing is a core need to which other high-priority health and reentry topics were prominently linked. It is, for example, a key component of the prerelease process (having a place to stay immediately upon release), of one-stop service hubs (assistance with finding housing), and of long-term support (especially housing with supportive services). Consequently, the housing co-design workgroup was specifically formed to identify main gaps in services and promising approaches for addressing housing needs of returning citizens.

**Identified Gaps in Housing**

The workgroup for this topic identified seven areas where there were gaps with respect to housing for returning citizens (see Table 4.4).
Lack of affordable and safe housing was a key issue identified by workshop participants. As noted previously, like many other urban areas in the United States, LA County has experienced a steady rise in home costs and rental rates over the past decade. Returning citizens discussed that being close to family and work was necessary for rebuilding relationships, support, and independence. Problems with transportation in LA further underscored the need to co-locate close to family and work; workshop participants noted this was especially important for low-income individuals such as many returning citizens. Furthermore, for many returning citizens, reentry is not just about returning to any community but to their community, which was critical in their view for reestablishing a sense of belonging, identity, and normalcy, and to provide a foundation for successful reintegration.

Lack of housing with supportive services such as case management or mental health and substance abuse treatment services, and linkage to those services, was another key concern of workshop participants. They noted a particular lack of transitional or permanent housing units for certain special populations (e.g., those with specific restrictions such as individuals convicted of sex or arson offenses).

Lengthy wait times for placement in housing was also discussed. Workshop participants reported long waits to receive federal Section 8 subsidized housing vouchers through the local housing authority and a lack of private housing units willing to take Section 8 vouchers, especially in safer areas. Workshop participants additionally commented on the lack of programs to support individuals on the long road to stable housing. Several service providers who assist returning citizens with housing needs emphasized that successfully attaining and maintaining longer-term housing can entail a lengthy process (several months or longer) of obtaining a down payment, furnishings for a household, and enough income to pay rent, especially for individuals
who have experienced chronic homelessness and may be unfamiliar with the requirements to sustain independent housing.

Exacerbating this situation, workshop participants observed that most transitional housing programs for returning citizens time out within one to two years, creating stress, uncertainty, and an inability to confidently make longer-term plans, frequently resulting in spells of homelessness. At the same time, individuals who had maintained stable living situations prior to incarceration and were most likely to succeed once in permanent housing were frustrated that the program criteria of the county’s Coordinated Entry System\(^1\) used by local housing authorities assigned them lower priority for placement to available housing opportunities, even if they were at risk for homelessness.

In addition to a lack of current housing stock in LA County, participants commented on the length of time needed to construct new housing units and expand housing capacity. In the past several years, the City and County of Los Angeles have passed multibillion-dollar bond measures to address the homelessness crisis through homeless services and investments in transitional, supportive, and other forms of affordable housing. However, CO-SHARE participants had yet to see an appreciable increase in the stock of affordable, safe housing opportunities for returning citizens.

Housing discrimination and the attitude of “not in my back yard” (NIMBYism) were also discussed by workshop participants. Returning citizen and service provider participants reported noticeable discrimination in housing against those on probation or with a felony record. This form of discrimination appeared evident to both individual returning citizens when submitting rental applications to landlords and to service providers involved in efforts to overcome NIMBYism when advocating for the construction of new affordable housing in communities.

Last, there appeared to be a lack of awareness of housing and housing services currently available. As described in Chapter 5, returning citizens participating in the CO-SHARE study often exchanged information among themselves on programs that might assist others with housing and other services. Many were unaware of the housing assistance and opportunities offered by several of the service agencies participating in the study, although some citizens were able to take advantage of this assistance over the course of the project. Moreover, service providers in the study were not always aware of housing services provided by other agencies, limiting their capacity to connect individuals with housing needs. Some returning citizens reported receiving useful referrals to appropriate housing programs from probation officers; however, returning citizens in the workgroups also described probation officers as being overwhelmed due to high caseloads and with only spotty (and sometimes out-of-date) information on available housing services.

\(^1\) The LA County Homeless Services Administration operates a county-wide Coordinated Entry System that aims to quickly and efficiently match the highest need, most vulnerable, and chronically homeless individuals to available housing resources and services that best fit their needs (Los Angeles County Homeless Authority, undated).
Ideas and Solutions for Housing Gaps

Given the expected wait and uncertainty of construction of new affordable and supportive housing that might be available for returning citizens, participants recommended pursuing creative options to utilize existing infrastructure to increase housing capacity more quickly. These strategies included converting currently unused or previously closed residential-type structures into housing units (e.g., county juvenile facilities that had recently been shuttered). Another recommendation was to leverage existing housing stock by building relationships with individual landlords who may be willing to rent to returning citizens, and having service providers who are willing to provide support and can vouch for returning citizens as tenants.

Workgroup participants also noted there was a need to increase awareness among returning citizens, service providers, and probation officers about available housing for returning citizens. To increase awareness, recommendations included providing court co-located advocates capable of providing housing assistance; increasing the number of “homeless liaisons” in the Probation Department who can serve as resources to probation officers on homelessness and housing services; providing probation officers with updated training and information on housing options and programs; promoting peer-to-peer sharing of housing opportunities among returning citizens; and providing mentoring support to returning citizens on how to navigate and self-advocate within the housing system.

Workshop participants at the same time acknowledged that there was no easy fix to meet the housing needs of returning citizens, particularly given the magnitude of the housing and homelessness crisis in LA County.

Long-Term Support

Key supports are needed to sustain successful reentry. In addition to specific service needs, this co-design workgroup identified two general gaps important to successful long-term reentry—assistance with developing long-term goals and plans, and social and emotional support for maintaining hope and persistence.

Identified Gaps in Long-Term Support

The workgroup for this topic identified three overarching areas where there were gaps with respect to long-term support for returning citizens (see Table 4.5).
Table 4.5. Long-Term Support Workgroup Results

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty developing long-term goals and plans</td>
<td>Provide continual access to “reentry navigators”</td>
</tr>
<tr>
<td>Lack of social and emotional support</td>
<td>Develop formal peer and mentor support programs</td>
</tr>
<tr>
<td>Key long-term service gaps include</td>
<td>Facilitate linkages to programs that provide these types of services</td>
</tr>
<tr>
<td>• permanent housing with supportive services</td>
<td>Increase supportive housing capacity</td>
</tr>
<tr>
<td>• financial stability assistance</td>
<td>Advocate for state policies to facilitate long-term reentry, including legislation</td>
</tr>
<tr>
<td>• family reunification services</td>
<td>for easier expungement of criminal records</td>
</tr>
<tr>
<td>• substance abuse treatment and recovery support</td>
<td></td>
</tr>
<tr>
<td>• transportation assistance</td>
<td></td>
</tr>
<tr>
<td>• legal assistance with expungement of records.</td>
<td></td>
</tr>
</tbody>
</table>

In discussing the experience of trying to identify long-term needs, several returning citizen participants described how daunting it can be to choose and prioritize from a variety of programs that could potentially provide needed services, especially when presented with incomplete and inaccurate information. Others offered that this difficulty is exacerbated by the fact that many returning citizens have not seriously considered what they are truly interested in and need help in establishing long-term goals or plans.

Workshop participants also discussed how the reentry process can be overwhelming and exhausting. Similar to experiences reported in Chapter 3, they pointed to examples such as managing wait times to get services, dealing with bureaucracies and paperwork, and just getting to and from various locations to access services as being demanding—especially given the geographic size of LA County and difficult-to-navigate transportation systems. Thus, returning citizens spoke about the need for social and emotional support for maintaining optimism and persistence in the face of a seemingly relentless process. Such support, they felt, would keep them from losing hope, giving up, and turning back to the relative structure and certainty of incarceration.

In discussing the range of specific services currently not available or difficult to access, workshop participants highlighted several services as being critical to meet the long-term needs of returning citizens. These included permanent housing with supportive services for individuals who need them; financial stability assistance (attaining benefits and/or long-term employment); family reunification support and advocacy for the potentially lengthy process with DCFS to regain custody of children, especially for women; substance abuse recovery support, focusing as much on “check-ins” and informal support as formal treatment, for which some individuals may not feel ready or be receptive; transportation; and expungement of criminal records, which had not been raised as a prominent issue prior to the co-design workgroup but was considered important for addressing discrimination that hampers the attainment of longer-term employment and housing.
Ideas and Solutions for Long-Term Support

Workgroup recommendations in this area focused on the general needs for long-term planning and for social and emotional support considered important for successful reentry. To address the lack of information on programs that may help address returning citizens’ needs, workshop participants recommended having reentry navigators in place who would be important in improving awareness of programs and resources and in ensuring that individuals are able to follow through on referrals and access services. A reentry navigator ideally would help an individual to identify long-term goals, develop a tailored plan for long-term support, and be continually available as an ongoing resource as needed. The reentry navigator also could provide assistance in finding and choosing programs, as well as help with navigating the different service systems. Several participants noted that some programs currently provide reentry navigation services, such as the community health workers in the WPC-LA program, but that these services tend to be limited in how long they serve an individual returning citizen.

With respect to recommendations about peer and mentor support, workgroup participants discussed that individual mentors or peer support groups could provide similar information in helping to navigate health and reentry services, as well as provide encouragement and social and emotional support to individuals so they can maintain hope, optimism, and persistence through the reentry process. The value of peer group support in sharing with others dealing with health and reentry issues was evident in the experiences of returning citizen participants in this study’s focus groups and other study activities. Mentors with a personal history of incarceration could help offer advice and assurance based on their own experiences in navigating their reentry process back into the community. Some service providers who themselves had a returning citizen background were currently offering these types of support to their clients.

Workgroup participants expected that several of the specific long-term service gaps would be addressed by recommendations from workgroups on other topics, such as housing and one-stop service hubs. Solutions for other specific long-term service gaps focused on awareness of and linkage to programs that address those needs (e.g., for help with DCFS advocacy), or on state policy changes (e.g., legislation making expungements after time served easier or more automatic). Participants also observed that although some longer-term needs may be addressed through linkages to existing services (e.g., benefits for financial support), others would require larger infrastructure or legal changes (e.g., housing, expungements).

Summary of Participant Recommendations

The co-design workgroups in the CO-SHARE study provided balanced and rather comprehensive perspectives on key gaps and suggested ideas and solutions for improving health and reentry services on four service topics. Although the pilot study was limited in its ability to fully redesign or implement concrete improvements across such a spatially and organizationally diverse set of community systems in LA County, it was effective at identifying high-priority
topics for improvement and key design principles for each. For example, the co-design workgroups noted the importance of building trusting relationships between returning citizens and service providers prior to the point of release from jail, and of locating one-stop service hubs in “neutral” areas outside of probation-branded facilities. Likewise, co-design workgroups stressed the need for creatively leveraging unused infrastructure and existing rental markets given the likely time before new affordable housing from recent local bond measures will be realized, as well as for social and emotional support to sustain returning citizens over the long term of the reentry process.

The study thus demonstrates the utility of an EBCD process for systematic engagement and elicitation of feedback on the design and improvement of community service systems. At the same time, the effectiveness of the CO-SHARE study in engaging returning citizens and service providers to meaningfully collaborate on shared improvement solutions suggests the potential of a fully realized EBCD process to both co-design and implement changes for more targeted components, programs, or specific populations within these systems.
5. CO-SHARE Results on the EBCD Process: Participant Experience and Implementation Lessons

This chapter reports on process results of the CO-SHARE study related to participants’ experience in the project and lessons learned on implementing the EBCD methods for health and reentry services in LA County. As discussed in Chapter 1, these process results relate to one of the central objectives of the CO-SHARE study, namely to pilot the feasibility of EBCD and develop lessons for adapting the approach to the design of community-wide services for returning citizens and other vulnerable populations in the United States.

These process results are based on observation notes taken at all study activities and events with participants, evaluation forms from the joint and closure events, and participant responses to the reflection interviews.

Participant Experience in the Study

Results on participants’ experience in the CO-SHARE project are organized below into four general themes mirroring the process goals of the study: engagement and participation, empowerment and validation, trust and working together, and the perceived utility and outcomes of the EBCD process. The event evaluation forms included multiple-choice scaled items (ranging from 1-Very poor to 5-Excellent) on the first, third, and fourth themes. The evaluation forms also allowed write-in comments after each scaled item, as well as additional open-ended questions (two for the joint event, and three for the closure event evaluation form). The write-in and open-ended comments were used with the event observation notes and the reflection interview responses to illustrate dynamics of the EBCD process as well as identify variations in experiences.

In general, participants rated engagement and participation, trust and working together, and the perceived utility and outcomes of the EBCD process highly on the scaled items of the event evaluation forms. The film of returning citizen experiences and resulting discussions played a key role in promoting a sense of empowerment and validation that served as a foundation for working collaboratively with service providers. Respectful interactions and familiarity over the course of multiple events and activities appeared as factors in developing trust and deeper interactions between the two sets of participants. At the same time, observations and participant comments identified issues with the facilitation and timing of the study, underrepresentation of certain perspectives, and other opportunities for improvement of the EBCD process implemented in the CO-SHARE pilot study.
Engagement and Participation

Observations of the returning citizen focus groups that began as the first step of the EBCD process indicated that most of the participants in the men’s focus groups engaged in the discussions by the end of each session. Individuals described challenges with different health, behavioral, and reentry issues, and varying experiences with receiving support and services for these needs. Participants who recounted receiving services frequently were asked to share information with others on the specific organizations and providers they had utilized, which they did. Several individuals noted the focus groups had been the first time they had been asked about their reentry experiences. They found it supportive to be able to share experiences with others facing similar circumstances and were interested in continuing participation in future discussions offered by the study. The women’s focus group also appeared to engage the majority of participants, although the lack of serious engagement of several individuals was more noticeable given the smaller size of the group (seven participants) compared with the average size of the men’s focus groups (ten participants). The study moderators and other team members attending the focus groups were quick to agree on two to three individuals per focus group who appeared to be good candidates to interview for the trigger film, based on the diversity of their reentry journeys and comfort articulating experiences.

Returning citizens who participated in the videotaped interviews were often excited, nervous, or both before the interviews began. These differences did not appear related to whether the individual had participated in a focus group or was newly recruited, although the former had the benefit of familiarity with the study team and questions to be asked. A few participants commented on the novelty of being in front of a video camera. All appeared to become accustomed to the experience within several minutes into the interview. Several video interview participants and one reflection interviewee expressed appreciation for “[getting] a chance to provide answers to different questions.”

The service provider focus groups were also relatively small groups with generally engaged participants. As service providers reported in the reflection interviews, “We were all answering questions, and everyone got a chance to say something,” and “The focus group was well rounded, and we got good feedback across the board.” Participants in the county agencies’ focus group were candid in sharing service challenges within their organizations as well as the larger reentry system. Participants in the CBO focus group shared a range of service challenges supplementing each other’s perspectives from the vantage point of the types of services they provide. Participants in both groups expressed interest in the opportunity to engage directly with returning citizens later in the project.

The returning citizen feedback event, which initiated the second step of the EBCD process, included substantial numbers of newly recruited participants, as described previously. Many of these individuals knew each other from living in the same transitional residences but were not necessarily familiar with the participants from the initial focus groups. An icebreaker exercise in
which the participants and facilitator shared three facts about themselves with the group helped familiarize everyone. However, the showing of the trigger film represented a sharp inflection point in engagement among participants. At the end of the film, the returning citizens in attendance spontaneously applauded. The subsequent whole-group discussion was extremely rich, even passionate at moments. One participant openly wished that the discussion was recorded. In discussing what would improve reentry after jail, another participant suggested events like the feedback session that bring returning citizens together to discuss their experiences. The emotional mapping exercise proved highly engaging as well. Participants enjoyed the kinetic activity of moving out of their seats, milling around with each other to read the reentry domains posted on the wall, and raising or lowering the specific touchpoint cards under each domain. That activity sparked ad hoc conversations of small groups on how to place particular touchpoints. A number of participants similarly became immersed in annotating various touchpoint cards with descriptive words or more detail using the sticky notes.

Figure 5.1 presents the numerical results pertaining to responses to engagement and participation questions on the evaluation forms for the joint and closure events. These items ranged on a scale from 1 (Very poor) to 2 (Poor), 3 (Average), 4 (Good), and 5 (Excellent). As shown in the figure, the mean response on all three items for both returning citizens and service providers was between Good and Excellent.

Figure 5.1. Engagement and Participation (Scaled Items), Event Evaluation Forms

Scale range: 1-Very poor, 2-Poor, 3-Average, 4-Good, 5-Excellent.
Evaluation form response rates for joint event (79%, n=33) and closure event (82%, n=17). RC = returning citizen.
Both service providers and returning citizens rated the trigger film highly. This was reflected in comments from service providers, such as “great film” (evaluation form), and from returning citizens, which included “the team made good decisions on which clips to include in the video” and “the video summarized the different things we are dealing with” (reflection interviews). The first service provider to speak after showing of the film at the joint event told returning citizens how courageous he thought they were to go on film and candidly share their experiences, including those that did not go well with service providers. The service providers in attendance then applauded the returning citizens, which set the tone for a rich and lengthy whole-group discussion with alternate sharing by both groups.

Perspectives Underrepresented

At the same time, participants noted that the film lacked or underrepresented reentry populations with different sets of experiences and challenges, particularly women: “The video had no black women. It was predominantly men” (Service provider, reflection interview). Similar comments were noted on the joint event evaluation forms, including other underrepresented groups: “More diversity, women, LGBTQ” (Service provider, comment on viewing the film) and “Interviews from other gender” (Returning citizen). Participants provided similar remarks at the end of the study after the closure event, suggesting “allowing more female populations . . . into the study” (Service provider, evaluation form) and addressing “LGBT concerns” (Returning citizen, evaluation form). These concerns were also raised by service providers in the interviews reflecting on the study: “Include family reunification, trauma, and younger populations” and “There were not enough conversations about the needs of women.”

Observation notes indicated that women, including female returning citizens, appeared comfortable speaking up and contributing across the variety of study activities. Female returning citizens participants also raised issues particular to women, such as differences in substance treatment services in women’s jail facilities and a focus on regaining custody of children and reconstituting households when discussing family reunification issues. While, as noted earlier, there was difficulty recruiting interview candidates from the initial women’s focus group, new women were recruited and participated throughout the project, and many of the reasons for attrition among female returning citizens were similar to those for their male counterparts (e.g., work obligations, moved out of area, personal health issues).

Thus, the observation that women were underrepresented in the study appeared largely based in their limited representation in the trigger film. Although new women were recruited in later stages of the project, only two women were interviewed, and clips from only one woman made it into the film. Given the central role of the trigger film in stimulating and setting the tone for group discussions, the lack of representation in this component reverberated through the rest of the project. It was also not clear if female participants refrained from bringing up other women-specific issues due to the male-dominated composition of returning citizen participants or
whether it would have made a difference in terms of discussion and retention if the moderator for the women’s focus group or the interviewer for the women’s interviews had been a woman.

Facilitation and Timing

As shown in Figure 5.1, returning citizens and service providers also rated their comfort participating and contributing in the joint and closure events very highly. These results are important given the emphasis of the study team and event protocols on engaging returning citizens and encouraging them to participate as co-equals with service providers. A returning citizen at the joint event noted that “it was great” to contribute thoughts and experiences (evaluation form), and another confirmed that “yes, returning citizens opinions were heard” (reflection interview). Some of this comfort was attributed to the facilitation provided at the event. To one service provider, the most valuable aspects of the closure event were the “discussions and facilitation,” while a returning citizen commented the event was “well organized, easy to attend. Great facilitators” (evaluation forms).

However, based on observations and comments at the joint event, the whole-group discussion after the showing of the trigger film could have benefited from “more controlled facilitation” (Service provider, evaluation form). The absence of this limited the amount of time available for the small group roundtable discussions in which returning citizens and service providers were observed to engage more directly and intensely with one another. As one service provider commented, “It was good but more time in the group was necessary because the discussions were deep” (evaluation form). Another service provider recalled that “we ran out of time in the round tables. Difficult balance between letting people express their opinions and finish within the schedule” (reflection interview). There was also relatively limited time for the final exercise to discuss results of the roundtable discussions and jointly identify the high-priority topics: “For the most part, yes, people were heard [at the joint event]. I don’t know if everyone felt the same way, particularly because we had to rush at the end” (Returning citizen, reflection interview). Other comments suggested that the three-hour length of the event might not have been sufficient. Suggestions for improving the joint event in the future included “more time” (Returning citizen, evaluation form) and “more time—the process is organic and needs time” (Service provider, evaluation form).

Participants remarked on similar dynamics with the co-design workgroups. The ability for returning citizens and service providers to engage more intimately with one another was highly valued in the co-design groups, even if there was a desire for additional partners with whom to engage: “The [co-design group] small sessions were excellent; the only thing is that the last three meetings were with the same service providers” (Returning citizen, reflection interview). Likewise, facilitation in the co-design workgroups was not always as controlled as some participants thought necessary: “The conversation didn’t stay focused and the individual leading the meeting was not able to maintain the main topic of the conversation” (Service provider, reflection interview).
Last, some participants commented on the overall timing of study. One service provider in the reflection interview noted an unevenness in the pace of the study: “Our timeline was compressed toward the end. During the first part of the study, it felt like there was a long time in between meetings, but at the end of the study all the meetings happened super-fast.” Another called for “more time and frequency days long (2–3) to enable in depth discussion and strategy” \((\text{closure event evaluation form})\). These remarks suggest the study could have benefited from less time between events and greater frequency and length of events, particularly in the latter co-design phase to devise strategies.

**Empowerment and Validation**

A key ingredient underlying the ability of returning citizens to engage in collaborative communication and decisionmaking with service providers appeared to be empowerment and validation provided through the EBCD process. The sense of having one’s voice heard, hearing others going through similar struggles, and receiving feedback that those struggles are real was not only supportive but validating for many participants. As described above, participants in the returning citizens focus groups expressed their appreciation simply for others to be interested in hearing about their reentry experiences, as well as for the opportunity to share their experiences with peers.

The film of returning citizen experiences proved to play an especially powerful role in the validation process. The standing ovation returning citizens gave to the film and the ensuing discussion provided an opportunity to validate their experiences among each other, while the reaction and applause of service providers after the showing of the film at the joint event provided an opportunity to receive that validation from others within the reentry system.

Several returning citizens described these themes in their reflections at the end of the study:

I liked the knowledge gathered, the camaraderie. I liked sharing experiences with others. You get a sense that you’re not alone when you are struggling. You are in a group and other people are experiencing the same things and struggling just like you do. I liked connecting with service providers. \((\text{reflection interview})\)

The ability to interact and be heard was really important. Providers actually listened to us. \((\text{reflection interview})\)

A tremendous experience . . . . I felt like an important part of the study. Thank you for offering this life-changing study. \((\text{closure event evaluation form})\)

Service providers also described valuing the opportunity to engage with returning citizens both to receive “excellent feedback” \((\text{joint event evaluation form})\) and to explain the constraints and frustrations they face as well as express the compassion and dedication they feel for the people they serve. “People were allowed to talk and if there was a difference in opinions, then people were able to understand and did what they could to educate others about the issue” \((\text{Service provider, reflection interview})\). For example, during one pointed exchange at the joint
event, returning citizens questioned why many transitional residences are located in drug- and gang-infested areas not conducive to reentry. Service providers from CBOs then discussed their frustrations overcoming NIMBY resistance to creating housing opportunities for returning citizens in better areas. Similarly, a representative from the Probation Department was candid and responsive to critiques of the probation process and the commitment to improve reentry services. Several service providers who had been returning citizens themselves pointed out how the challenges being described by the returning citizen participants resonated with their own reentry journeys. Based on observed reactions and the tone of resulting discussions, these exchanges tended to lead to more mutual understanding than conflict and appeared to be a validating experience for service providers as well.

**Trust and Working Together**

The EBCD engagement and empowerment strategies may have laid a foundation for collaboration and collective decisionmaking among returning citizens and services providers. But trust between the two groups was not immediate; it was first necessary to overcome initial skepticism about working together. As one service provider described in the reflection interview, “Returning citizens [in the joint event] had a lot to say and had a lot of complaints, but they don’t understand the other side. It’s not that they don’t want to listen, but they feel fed-up by the system and we [service providers] are part of the system.” A returning citizen acknowledged these doubts: “Yes [opinions were heard], but their [service providers’] opinions were taken with a grain of salt from returning citizens” (reflection interview).

Other participants described their perceptions of how levels of trust grew over time through respectful interactions. “It was respectful. Returning citizens were skeptical and challenging. Returning citizens did challenge what service providers said, but they were respectful” (Service provider, reflection interview). Likewise, “Everyone was courteous, nobody got mad, everybody got a chance to speak” (Returning citizen, reflection interview).

These interactions allowed for an atmosphere in which “Everyone [in the joint event] got to know each other a little bit more, and shared common ideas” (Service provider, reflection interview). A returning citizen likewise described, “We spent a lot of time at each table coming-up with conclusions and we got to interact and share information. They [service providers] interacted with us [returning citizens] to come-up with decisions. The interaction was good” (reflection interview). Another returning citizen summed up the atmosphere by the end of the joint event:

> Returning citizens and providers connected and there was communication across the table. You just got this feeling that everyone was respecting each other and that we all wanted to get to the main goal of improving the system. (reflection interview)

These sentiments were also reflected in the numerical responses to questions on trust and working together on the event evaluation forms. Figure 5.2 below shows that both returning
citizens and service providers rated sharing of experiences and discussing and deciding on joint priorities at the joint event very highly (between Good and Excellent).

Reflections on the co-design workgroups indicate that this spirit of working together carried over into the third step of the EBCD process. A returning citizen remarked on “the willingness [in the co-design groups] to work on the ideas we had and in cooperation with each other” (reflection interview), while a service provider felt that “it was helpful [in the co-design groups] to have the providers listen to the input and concerns from the individuals with lived experiences” (reflection interview). Consequently, trust was able to develop over time: “[The level of trust] varied from group to group, and meeting to meeting. The more we got to know them [service providers], the more we trusted them” (Returning citizen, reflection interview).

At the closure event, as shown in Figure 5.2, both returning citizens and service providers rated sharing feedback on study participation at the closure event very highly.

**Figure 5.2. Trust and Working Together (Scaled Items), Event Evaluation Forms**

![Bar chart showing trust levels](chart.png)

Scale range: 1-Very poor, 2-Poor, 3-Average, 4-Good, 5-Excellent.
Evaluation form response rates for joint event (79%, n=33) and closure event (82%, n=17)
RC = returning citizen, SP = service provider.

Appreciation for how trust and working together developed over the course of the study was also evident in comments from both returning citizens and service providers. In response to what participants found most valuable, service providers commented:

The fact that returning citizens and service providers together in one room working toward one cause. (closure event evaluation form)

The authentic atmosphere of sharing. (closure event evaluation form)
One returning citizen similarly valued “the sharing of our experience [and] being able to interact with representatives from service providers” (closure event evaluation form), while another appreciated that “a lot of us were on the same page in terms of realizing how much need there is, and how things should change. We all came to an agreement” (reflection interview).

Perceived Utility and Outcomes of the EBCD Process

In addition to engaging, empowering, and encouraging a trustful working relationship among participants, a key implementation result was participants’ perception of the utility and outcomes of the EBCD process. Although it is too early to assess any impact of the study and its products on local policy and the health and reentry system, here we review a set of intermediate outcomes, including participants’ views on the high-priority topics selected to be addressed in the co-design workgroups, appraisal of the recommendations generated by the workgroups on those topics, and interest in discussing and participating in the next steps after the CO-SHARE pilot study. We also note an important and unexpected outcome of the EBCD process in enabling the sharing of information, resources, and assistance among participants.

As Figure 5.3 shows, both returning citizens and service providers believed the high-priority topics selected at the end of the joint event strongly accorded with their own experiences (average between Good and Excellent). A returning citizen wrote in the comments on the evaluation form for this question that “we had great input,” which also reflects the previous results on participation and engagement.

Participants similarly rated their experience of hearing the summary of co-design workgroup results and recommendations at the closure event very highly, as shown in Figure 5.3 (average rating between Good and Excellent). As one returning citizen reported, “Everyone’s concern was: What are they going to do with this information and what is going to be the impact?” (reflection interview). A service provider wrote that one of the most valuable aspects of the closure event was “learning about the workgroup discussions and findings” (closure event evaluation form). Another service provider even felt “it would have been nice to spend more time on [the workgroup results and recommendations]—maybe we could have started with this topic and then end with lessons learned?” (closure event evaluation form).

In terms of reactions to the content of the workgroup results and recommendations, the presentation prompted active discussion, with many participants voicing agreement and service providers in particular adding or elaborating on points, which were incorporated in the final summary presented in Chapter 4. Several returning citizens expressed hope and appreciation for, as one participant wrote, the “opportunity to get to make a better impact in the community” (joint event evaluation form). Or as another returning citizen commented, “I liked the possibility that this project may improve services. The outcome will hopefully be easier integration” (reflection interview). A number of service providers echoed the sentiment written on an evaluation form that the workgroup results were “on the right path and right direction” (Service provider).
In contrast, other participants were more critical. One returning citizen considered “some [workgroup recommendations] better than others” (event evaluation form). Another returning citizen believed the workgroup recommendations “sound well for the provider and not of the re-entryers!” (event evaluation form). A service provider suggested that the workgroup results could have been improved with “a more narrow view of specific aspects [out] of the very broad group of needs within the overall population e.g., focus on housing/women/education, etc.” (event evaluation form).

Discussing next steps on what to do with the study results and workgroup recommendations was similarly rated highly by participants, as shown in Figure 5.3, and generated much dialogue about opportunities to disseminate the workgroup results within specific agencies and the community more generally, as well as potential future extensions and applications of the EBCD process. Although many of the suggestions were offered by service providers, several returning citizens also expressed interest during or after the closure event in participating in dissemination efforts and possible extensions of the EBCD process. Likewise, in a reflection interview, a returning citizen “found [the study] to be a tremendous experience” and thought “it would be great to expand to other states.” Mirroring the comment above for the workgroups to have focused on narrower sets of issues, a service provider would have preferred “having more concrete next steps” (closure event evaluation form). These suggestions were incorporated into the summary of next steps in Chapter 6.

Last, although an unplanned outcome of the EBCD process, the study events and activities served as opportunities for CO-SHARE participants to naturally share information, resources,
and assistance. As mentioned previously, returning citizens frequently shared knowledge of needed and helpful services with their peers during the focus groups. Later in the project, returning citizens commented that some of the most valuable aspects of events were resources such as “information on how to get from point A to point B” and “new info on homeless outreach” (closure event evaluation form), especially from service providers: “The events had valuable information that was helpful to our needs and we found out about resources and things providers could do for us” (Returning citizen, reflection interview). This sharing of information was also valued by service providers. As one noted, “[I liked] learning what other providers are doing and what returning citizens are doing as well” (reflection interview).

As familiarity and trust developed, service providers understood more intimately the needs and desires of returning citizens, and returning citizens became more comfortable approaching or receiving assistance from service providers.

I thought it was useful because some of the people who were there talked about their issues and the service providers answered some of their questions. For instance, how to navigate and get probation on board to understand these programs. It was useful to make programs accessible to these people [returning citizens]. (Service provider, reflection interview)

Other specific examples of service providers directly assisting returning citizen participants included reconnecting them with employment services and obtaining placement in supportive housing. In these instances, CO-SHARE participants modeled a key workgroup recommendation discussed below on the importance of establishing trusting relationships between returning citizens and the providers and agencies attempting to support their reentry.

Lessons Learned Applying the EBCD Process to Health and Reentry Services in Los Angeles

During the various events involved with the EBCD process, the project team and participants had opportunities to discuss what was working well with the process and where there were opportunities to improve it. Below is a summary of what was discussed.

Strength of the EBCD Process in Engaging Returning Citizens and Service Providers

The EBCD process was designed to engage both returning citizens and service providers in a series of interactive sessions intended to build rapport, enable discussion of what they saw as critical needs to improve services, and work together to identify possible solutions. Based on the feedback from participants described previously, the success in engaging both sets of participants in the design process proved to be a strength of the EBCD method.

The gathering of experiences through focus groups and interviews, and the feedback event (including viewing the trigger film and the emotional mapping exercise), helped returning citizens develop their own agenda of priorities to better engage as coequals with service providers.
providers. The trigger film was especially powerful in validating and empowering returning citizens and focusing the design process on the experience of individuals going through the reentry process. The focus groups and joint event also afforded service providers with opportunities to share their perspectives and develop priorities. These methods, which culminated in the co-design workgroups and closure event, enabled a meaningful design process that leveled the playing field among participants with varying levels of professional status and technical knowledge, and recognized both service users and providers as experts in their own experiences.

**EBCD Is a Lengthy, Multistep Process**

The EBCD process involves multiple activities within each of the three EBCD steps—gathering experiences, identifying priorities, and co-designing improvements. These activities and steps require repeated engagement of both groups of participants over many months. The methods used in these activities must also be adapted to the particular types of services and participants involved.

In addition, the CO-SHARE study team was on a learning curve implementing its first EBCD project and one of the first EBCD studies adapted to a community-wide set of services. Working through these issues lengthened the time between activities. In retrospect, the study team recognized ways it could have shortened implementation of the CO-SHARE pilot, such as more efficiently analyzing the video interviews to generate the trigger film, and more rapidly sequencing events to reduce opportunities for attrition and the time needed for additional recruitment.

At the same time, service providers and returning citizens reported that the length of the EBCD process enabled familiarity and trust between the two groups that rarely develops in more typical one-time events that attempt to bring stakeholders together. As a result, the EBCD process allowed participants to model one of the key recommendations from the co-design workgroups—the need to build rapport and trust between returning citizens and service providers in the service provision process.

**Community-Wide Scope Both a Strength (Holistic) and Challenge (Complexity)**

This was one of the first times the EBCD process was applied to a community-wide set of services for a particularly vulnerable population (i.e., justice-involved individuals). As noted earlier, most prior applications of the EBCD process have been in a single setting (e.g., hospital) and within that setting in a particular unit (e.g., a cancer unit). Piloting the EBCD process for a community-wide set of systems represented by health and reentry services and, in particular, such a large county created unique challenges of complexity for the scope of the project. LA County historically has been known for having “stovepipes” of county services (health, mental health, social services, etc.) as well as of community-based and reentry services. The variety of initiatives and programs currently underway to provide services to specific groups within the
reentry population, as described in Chapter 1, also has added to the complexity of the service landscape in LA County. To attempt to address this complexity, we delimited the study area by focusing on returning citizens in the South LA area. However, the county agencies and many of the CBOs served multiple and overlapping service areas. Implementation of the EBCD process in smaller counties or communities with more contained service systems may make scoping of the project and participants easier.

At the same time, needs and services for health and other facets of the reentry process are inherently interrelated. The broad scope of the CO-SHARE study allowed returning citizens and providers the latitude to address the issues they considered of highest priority for improving health and reentry services and the interconnections among them, as evidenced in the results on identified needs and participant recommendations in Chapters 3 and 4.

**Challenges of Maintaining Contact with Participants**

As noted earlier, the length of the EBCD process for the CO-SHARE study required engaging participants over a period of more than a year. As might be expected, there was some turnover among service providers, although the majority of service provider participation was remarkably stable. As discussed in Chapter 2, however, engaging returning citizens over the course of the study was more challenging. Community reentry after incarceration can be an especially transient period of life, and returning citizens participants changed housing or phone numbers, relapsed in substance abuse, or in some cases were reincarcerated, making it difficult to maintain contact. After the first round of recruitment, the project’s community partner, LAM, began collecting additional contact information from participants on family and friends who may know their whereabouts, and through proactively staying in touch with returning citizens and their community networks was able to retain individuals over the course of the study and even reengage certain participants.

**Inclusion of Returning Citizen Groups and Perspectives in the EBCD Process**

As noted in the section above on participant experience, there was concern that women’s perspectives were underrepresented, particularly in the trigger film, due to early difficulties in recruiting and retaining female returning citizens in the study. Although the project was able to recruit additional women and eventually attain its overall goal of at least a quarter female returning citizens, several co-design workgroup sessions at the end of the study only included one female returning citizen after other women who were expected to participate could not attend for family or personal reasons.

Participants at the closure event noted that women represent only 14 percent of the returning citizen population and suggested a wider net should have been cast for returning citizen residences and programs for women as part of the initial recruitment. In addition, it was noted that many returning citizen women are mothers with families and focused on reestablishing households, which presents different constraints and schedules than many male returning
citizens. Accommodations with child care and times of activities would have better ensured the
ability of these women to maintain participation in such an EBCD process.

Service providers familiar with the range of groups within the reentry population also
commented that the relatively older composition of returning citizens in the CO-SHARE study
underrepresented the perspectives of younger returning citizens who likely have different sets of
needs and priorities. Similarly, other participants noted the lack of attention to LGBTQ
experiences and the issues faced by this population with reentry. Recruitment and participation
strategies would need to be tailored for these groups in order for an EBCD process to address
these perspectives and identify potential ways to better serve these populations.

Logistic and Transportation Challenges

The community-wide scope of the CO-SHARE project and focus on the reentry population
and range of agencies that support them posed several notable logistic challenges that the study
team had not foreseen. The first set of logistic challenges involved commute time and distances,
even with the focus of the project on returning citizens and services in the South LA area. While
most returning citizen participants resided in or close to the South LA area, few owned or had
access to a car or other vehicle they could use to get to study events and activities. Like many
metropolitan areas in the United States, LA has an underdeveloped and fragmented public
transportation system. Bus lines—a common mode of transport for returning citizens—were
described by participants as slow, frequently unreliable, and requiring multiple transfers. The
study team was creative in finding solutions to help returning citizens with transportation to
study activities, including study team members picking up participants in their own cars,
borrowing a van from one residential facility when available, and occasionally arranging Uber
and Lyft rideshares from group homes. Although most service providers had their own cars,
commuting to study activities still posed a burden. Compared to typical EBCD projects focused
on a single service site, CO-SHARE provider participants needed to commute to study events
from multiple agencies and sites, many outside the study area even though their agency provided
direct services to individuals in South LA.

A second set of logistic challenges involved accommodating schedules of service provider
and returning citizen participants. Having service providers participate from multiple agencies
and commuting from different sites similarly presented complexities in coordinating availability.
Accommodating schedules between service providers and returning citizens also presented
diculties for some participants once the EBCD process shifted to activities that involved both
groups together. Daytime hours were the least problematic for both groups. Service agencies
were generous in allowing staff to participate in the project during work hours, and any returning
citizen participants who were living in transitional residences and still attempting to secure more
permanent employment and living situations had relatively flexible schedules during the day.
However, returning citizens who had jobs, were in school or, as noted above, reestablishing
households with children found it more difficult to attend the daytime events, although several participants were committed to making the effort and were able to do so regularly.

**Summary of CO-SHARE Process Results**

Despite unevenness in the facilitation and pacing of the project, the CO-SHARE study was able to engage both returning citizens and service providers in a collaborative design process, with high levels of reported trust and perceived utility of the outcomes of the EBCD process. The film of returning citizen experiences and resulting discussions played a key role in promoting a sense of empowerment and validation for returning citizens to work collaboratively with service providers. Although EBCD is a lengthy multistep process in which maintaining engagement—especially with highly transient populations such as returning citizens—can be challenging, participants reported that the time involved afforded opportunities to develop greater familiarity and build authentic relationships. The community-wide scope of the CO-SHARE study similarly appeared to be a double-edged sword in terms of allowing participants greater discretion to identify the interrelated issues most critical to their health and reentry needs, but increasing the complexity of the stakeholders, systems, and design problems involved. The perspectives of women returning citizens were underrepresented, particularly in the earlier stages of the EBCD process and the trigger film, and perspectives from other underrepresented groups such as LGBTQ and younger returning citizens were noted as relatively lacking in the CO-SHARE study.
6. Conclusions and Next Steps

The purpose of the CO-SHARE pilot study was to use the EBCD method—an evidence-based approach successfully applied in several other developed countries over the past decade—to engage returning citizens and providers of health and reentry services in LA County. We sought specifically to bring these two groups together to jointly identify priority areas for improvement, co-design promising ideas and solutions, and develop lessons on how to adapt EBCD to improving health and reentry services for returning citizens as well as services for other vulnerable populations in the United States. Here we summarize the results of the study related to the

- feasibility of applying the EBCD process in a community-wide system in the United States to improve health and reentry services
- recommendations of study participants for improving health and reentry services for returning citizens in LA County
- next steps identified by participants for disseminating results of the CO-SHARE study and developing follow-on EBCD projects.

Feasibility of Applying the EBCD Process in a Community-Wide System to Improve Health and Reentry Services

The CO-SHARE study was able to engage both returning citizens and service providers in an EBCD process lasting over a year and a half. EBCD methods such as the trigger film and group-facilitated exercises and events enabled participants to engage in joint discussions about what was needed and how to improve service delivery. This and other features of the EBCD process facilitated the ability of returning citizens and service providers—who often find themselves at odds within the service and reentry system—to work together in a respectful and collaborative environment toward a common objective of identifying possible solutions to reentry problems. Although EBCD is a lengthy, multistep process, participants reported that the time invested allowed organic building of familiarity and trust between returning citizens and service providers. Feedback from participants on the timing and facilitation of the study indicated that this process could have been improved by reducing the time in between study activities and increasing the amount of time spent on these activities.

The main adaptations of the EBCD methods were mostly related to the community-wide scope of the CO-SHARE project, rather than directly to characteristics of the U.S. context. Health and reentry services in LA County represent a large, complex, and fragmented set of systems. Compared to typical EBCD projects that focus on improving care processes within a defined single health service site or unit, the CO-SHARE study included multiple agencies.
involved in providing a variety of services to returning citizens across numerous locations within LA County. The emphasis of the EBCD process on narrative and consensus-based methods proved valuable in understanding the reentry journey and identifying interrelated gaps and needs from the perspective of returning citizens. However, our study was limited in its ability to design or implement concrete improvements across such a spatially and organizationally diverse service delivery system. In addition, although many EBCD projects must cope with attrition and additional recruitment throughout the study, returning citizens are an especially transient population, and the reentry process is a particularly transient period in people’s lives.

The CO-SHARE study also demonstrated the utility of EBCD as a systematic method for ensuring that the voices of service users—in this case, returning citizens—are heard and meaningfully incorporated into discussions about service system design. As discussed further below, future extensions of the CO-SHARE study could usefully focus on the reentry process for women and other specific populations such as LGBTQ and younger returning citizens. In addition, future extensions might consider co-designing service improvements at the beginning stages of new programs to inform the design of initiatives before they are implemented.

Recommendations for Improving Health and Reentry Services in Los Angeles County

Returning citizens highlighted several overall experiences and problems with the reentry process that informed the specific priorities they identified. These included a desire for “normalization,” the fact that reentry is often an overwhelming and exhaustive process, not being seen and treated as an individual with human potential, limits on support or resources, and aging issues for older returning citizens.

Given this context, the returning citizen participants identified the following top priorities for improving health and reentry services:

- key services arranged before leaving jail, including a reentry plan tailored to the individual’s needs but also structured with clear tasks and timelines
- programs that provide individual reentry mentors or peer support groups
- housing setup before leaving jail
- long-term support to meet a range of needs such as housing, jobs, mentor/peer support, as well as help in navigating services.

Other priorities identified by returning citizens included

- assistance with finding jobs and learning job skills
- transportation assistance
- health care assistance including finding a doctor or mental health clinic, securing mental health medications, and support to address substance abuse issues
- assistance with family reunification.
The top priorities identified by service providers were

- increased housing options and centralized locations or hubs for services
- increased availability of treatment programs, particularly for individuals with co-occurring mental health and substance abuse disorders
- streamlining of referral and application programs processes
- centralizing of services and locations (e.g., centralized hubs) to improve access and service coordination
- ensuring benefits are reinstated and IDs obtained prior to leaving jail.

Other priorities service providers identified were

- integrating and updating information systems to allow for sharing of data across agencies (e.g., services received, eligibility for programs, to improve coordination of services)
- developing programs and policies that address the needs of special populations (e.g., the elderly, sex offenders, individuals with chronic health conditions)
- streamlining referral and application processes.

Through the EBCD process, returning citizens and service providers jointly identified four high-priority service topics for the health and reentry system in LA—prerelease process, one-stop service hubs, housing, and long-term support—and developed the following recommendations for improvement in each. Given their breadth, these topics exhibit a number of areas of overlap, which reflects the interrelatedness among health and reentry needs, services, and solutions.

**Prerlease Process from Jail**

The prerelease process focuses on preparing for key reentry needs before release from jail—including housing, health and mental health providers, IDs and documentation, Medicaid, and other benefits. Key recommendations on this service topic include the following:

- Improve returning citizens’ connections with services before release from jail
  - Improve access of CBOs within the jails to establish earlier relationships with returning citizens.
  - Ensure returning citizens are met directly upon release by trusted service providers.
  - Build on innovations being developed by the WPC program for individuals at risk for high utilization of Medicaid services, including service hotlines and videoconferencing for providers to establish and maintain continuity of care.
  - Provide mobile phones to inmates and returning citizens (as currently available to some through Medicaid) and a phone “app” to help clients connect and manage the reentry process with service providers.
  - Ensure wider availability of the above solutions to all returning citizens upon release, beyond specific facilities or special population programs.
• Improve communication among service providers so that they can better prepare for and coordinate services, for returning citizens.
  – Increase communication among CBOs, such as through a shared database to update information on available services, and help onboard clients into the reentry system.

One-Stop Service Hubs

One-stop service hubs are sites that offer a range of services in one location or nearby locations, help returning citizens develop a structured comprehensive reentry plan, and provide up-to-date, useful information on available services to returning citizens and on client background and needs to providers. Key recommendations on this service topic include the following:

• Provide as many direct services in one place as possible and minimize referrals to services in other areas.
• Include a comprehensive array of services needed for successful reentry, involving
  – both county agencies and CBO service providers
  – both court-ordered services and other services needed for successful community reentry, including services for basic needs, housing and employment, health and behavioral health, family support, documentation and legal issues, benefits assistance, and social and emotional support.
• Locate service hubs outside of probation-branded facilities to increase comfort of returning citizens with utilizing the hubs for other services. Consider two types of one-stop models:
  – service hub located next to or near probation facilities
  – “neutral zone” model, where the service hub location is independent of probation but includes probation as one of many other services being provided.
• Closely link service hubs with the prerelease process to help ensure quick access to comprehensive assistance for reentry needs upon release.

Housing

Participants agreed that returning citizens require housing opportunities that are affordable, safe, long term, and located near work and family obligations. Key recommendations on this service topic include the following:

• Pursue creative options to utilize existing infrastructure to increase housing capacity more quickly, such as
  – converting currently unused or about-to-be-closed residential-type structures into housing, such as former county juvenile facilities that have recently been shuttered.
  – leveraging existing rental markets by building relationships with individual landlords who may be willing to rent to returning citizens, and having service providers who are willing to provide support and vouch for returning citizens as tenants.
• Improve awareness among service providers and returning citizens of programs that have been successful in finding housing for returning citizens by
  – increasing the number of “homeless liaisons” in the Probation Department, and providing probation officers with updated training and information on housing programs
  – promoting peer-to-peer sharing of housing opportunities among returning citizens, as well as mentoring and support for how to navigate and self-advocate within the housing system
  – providing court co-located advocates capable of providing housing assistance.

Long-Term Support

Services and resources for returning citizens are also needed to sustain reentry and integration into community over the long term. Key recommendations for providing this support include the following:

• Provide continual access to “reentry navigators” to help returning citizens develop individually tailored long-term plans, identify programs, and connect to services as needed.
• Develop formal peer and mentor support programs to provide encouragement, information, and a sense of purpose, belonging, and accomplishment along the challenging reentry journey.
• Leverage efforts in other high-priority topics to promote long-term support by
  – increasing supportive housing capacity, especially facilities that do not place limits on how long residents can stay
  – improving linkages to services that address long-term support needs, such as accessing benefits (income support, health insurance) or support to reobtain custody of children in foster care.
• Advocate for state policies to facilitate long-term reentry and integration back into society, such as legislation for easier or automatic expungements of criminal records after time served.

Next Steps

As a pilot study, the CO-SHARE project was by design limited to identifying high-priority needs and promising solutions for gaps or problem areas in health and reentry services in LA County. Unlike other EBCD projects, the third “co-design” step of the process did not attempt to implement the solutions reached, given the size and complexity of the health and reentry systems in LA. Rather, the CO-SHARE project focused on testing the feasibility of applying an EBCD process to engage returning citizens and service providers in jointly prioritizing needs and potential solutions. At the closure event, CO-SHARE participants and the study team discussed suggestions of next steps for disseminating results of the pilot and further applying the EBCD process to specific reentry services and populations.
Dissemination of Co-Design Workgroup Results

A key concern of CO-SHARE participants voiced early in the study, as well as during the closure event, was the degree to which the project would focus on impact and promoting change in health and reentry services. Toward that objective, it was important to many study participants that the main gaps identified and recommendations generated by the co-design workgroups for the four high-priority topics be made available in a publicly available report that could be disseminated to various policy and practice audiences. Service provider participants noted that the results—although possibly similar to previous analyses and recommendations—would have particular value and resonance with stakeholder groups and decisionmakers as the product of a process that directly involved returning citizens working collaboratively with service providers to use their lived experiences to prioritize gaps and potential solutions.

The CO-SHARE study team and participants suggested taking the following steps to disseminate the co-design workgroup results:

- **Online posting and dissemination of the summary report.** Both RAND and Robert Wood Johnson should post this report on their websites and disseminate to distribution lists via email and electronic newsletters. Other interested organizations may link to either website for the report.
- **Community presentations and dissemination opportunities.** With the support of several service provider participants, the study team presented the CO-SHARE project and results at the LA County Probation Department’s Symposium on Shaking Up Reentry held on May 30, 2019. This symposium included policymakers, service providers, and stakeholder groups from across the county interested in improving the reentry system.
- **Direct dissemination to policymakers.** Participants at the closure event encouraged sharing the study results and workgroup recommendations directly with politicians and legislators, particularly at the county level. The study team will collaborate with interested participants to identify and present results with key local policymakers.
- **Direct dissemination within service agencies.** Service providers also encouraged sharing the study results with leaders and others within their own agencies. One participant at the closure event had already identified a list of department leaders within her own agency she wanted to make sure received a copy of the report. The study team will offer all service provider participants the chance to distribute the report to leaders they identify within their organization and collaborate to present or discuss results.

Dissemination of Resources

Participants at the closure event made several suggestions for disseminating resources for health and reentry in the county that were shared during the CO-SHARE study. These suggestions included providing participants with a list of the agencies and contacts who participated in the study, and a “campaign” to inform returning citizens of various helpful health and reentry services discussed in the study. Individual participants also mentioned their own
efforts to disseminate resources they learned about through the study, including a service provider who posted information from networking with other study participants on a shared bulletin board, and a returning citizen who produced a document of resources and processes she had learned about from the study and her own experience navigating the reentry process, which could be provided by her residential facility to newer returning citizens who come after her.

Dissemination of Lessons Learned

The study team mentioned its intention to disseminate both the workgroup results and lessons learned of the study through research journal articles for others who may be interested in adapting EBCD methods to other settings and issues. For study participants, it was most important that the lessons learned were applied to potential follow-on projects and extensions to the CO-SHARE study.

Follow-On EBCD Projects and Extensions

Both service provider and returning citizen participants expressed a strong interest in extending and applying the EBCD process to specific populations of returning citizens whose needs and perspectives were underrepresented in the CO-SHARE study. These groups included women, LBGTQ people, and younger returning citizens. Several participants identified an EBCD follow-on project for women returning citizens as a particularly promising next step, which could also include additional stakeholders and service providers, such as the LA County DCFS.

Follow-on projects could also more narrowly focus on specific components of the health and reentry system. This would also permit developing and implementing more concrete service solutions and utilizing a fuller range of co-design and improvement methods, such as rapid prototyping and plan-do-study-act improvement cycles. For example, an EBCD process would be well suited to designing a client-centered one-stop service hub, which would take the general recommendations developed in the CO-SHARE study further by prototyping and implementing an actual service hub in LA. This type of EBCD effort would likely be most effective if it were integrated at the beginning of such an initiative or a new program.

Concluding Thoughts

We set out in this project to pilot the EBCD method in the United States for a particularly vulnerable population and in a community setting. This was a novel application of EBCD with a key objective to assess whether such a co-design process that brings together service users and providers could work beyond a specific clinical setting to address improvement of the tangled set of service systems for health and reentry services in a major U.S. metropolitan area. This pilot was able to demonstrate that, with some modifications to the EBCD methodology, the process could be successfully applied to engage returning citizens and service providers in identifying
service gaps, common priorities, promising solutions, and key design principles for health and reentry services within a community.

Indeed, several features of the EBCD methodology proved to be well suited to this endeavor. Like other CBPR approaches (Israel et al., 2013; Wallerstein et al., 2018), EBCD offers methods for engaging community members and bridging gaps in understanding; but instead of bridging between community members and academics, EBCD focuses on bringing together two unique, intertwined, and central perspectives on change in service systems—the users and providers of services. EBCD also represents an evidence-based methodology focused on the collaborative design and implementation of solutions. CO-SHARE participants from both groups reported appreciating how the co-design process helped ensure that priorities and proposed ideas were genuinely centered on the returning citizens’ experiences, while incorporating perspectives of service providers and other stakeholders. The narrative and group-facilitated techniques utilized by EBCD (e.g., the trigger film and emotional mapping exercise) recognize participants as experts in their own experiences and can be especially effective at enabling individual community members who may not be leaders of community-based groups or possess specific technical knowledge to meaningfully engage in service improvement efforts. Several returning citizens noted their satisfaction with participating in a project that may positively effect change for others reentering the community from jail. In these ways, EBCD can be considered another instrument in the CBPR toolkit and one that provides a frequently missing method for transforming engagement and goodwill into shared insights, development of improvements, and strategies for change.

Our study was limited in its ability to redesign or implement concrete improvements across such a spatially and organizationally diverse set of systems represented by health and reentry services in LA County. However, the study was effective at identifying high-priority topics for improvement and key design principles for each. For example, the co-design workgroups noted the importance of building trusting relationships between returning citizens and service providers prior to the point of release from jail, and of locating one-stop service hubs in “neutral” areas outside of probation facilities. Likewise, co-design workgroups stressed the need for creatively leveraging unused infrastructure and existing rental markets given the likely time before new affordable housing from recent local bond measures will be realized, as well as for social and emotional support to sustain returning citizens over the long term of the reentry process.

As described in Chapter 1, this pilot study was undertaken soon after LA County had begun to implement several major initiatives to redesign reentry, mental health, and other related services for returning citizens. In our initial scoping discussions for the project, county agency representatives noted that such systematic engagement and elicitation of feedback from returning citizens on key design priorities for services had been missing from the planning process for these initiatives and wished this pilot had been started a year earlier. Thus, an EBCD process such as the CO-SHARE study may be helpful for other communities or counties at the beginning of the planning process for services within their locality.
At the same time, the effectiveness of the CO-SHARE study in engaging returning citizens and service providers to meaningfully collaborate on shared improvement goals and solutions suggests the potential of a fully realized EBCD process to both co-design and implement changes for more targeted programs (e.g., a particular one-stop service hub) or specific populations (e.g., LGBTQ returning citizens).


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