Subcommittee Name	Strategy Name	New or Existing Program	ATI Foundational Recommendations this Strategy Addresses	Related Intercept Number(s)	Description of Program Services and Activities	Intended Program Outcomes	Population to be Served	Projected Cost	Leverage Opportunities	Feasible to Launch in Year 1	Suggested Implementation Timeline	Suggested Funding Administrator	Does this Strategy Pass the Racial Equity Assessment	Voting Record for this Strategy
Diversion, Behavioral Health, and Health	Community-Inspired Funding Recommendations	New Program	3, 12, 49, 50, 52,	Intercept 0, Infrastructure, Across all relevant intercepts	-**Funding Recommendation #1:** Expand access to community based harm reduction and trauma-informed services in health care, behavioral health, harm reduction Substance use services, and mental health in communities most disproportionately impacted by incarceration, poverty, covid-19, and other low social determinants of health. $15 million	These recommendations were created by subcommittee members to address systemic racial, gender and economic inequality through innovative communituy programs with a public heath lens. Guided by the Health & Diversion subcommitee's general funding guidelines and the most strict equity metrics legally applicable, programs should be developed and run by the community members who are most impacted by the issues they seek to address in the geographic areas most in need, with the support of the county or through 3rd party administrator funding. Programs could increase access to the arts, use libraries as service hubs, reduce houselessness, increase integrated heath services across the zip codes/SPAs most impacted, provide comminity jobs.	-Businesses led by the most impacted community members -Creative enterprises led by impacted community members -Community groups of impacted people not recognized as C3 non-profits or who are historically not funded or under-funded -Faith-based initiatives that are trauma informed and centered in harm reduction -People impacted by COVID-19 -People who are houseless or with housing insecurity -Justice-impacted Youth, at-risk youth and young people through age 26 -Families and people in school, seeking to be in school, or struggling in school -Families and parents dealing with harm, gender-based trauma or violence -Community members who need specialized training to provide basic health education in the community without being a professional health care worker -Impacted community members seeking employment from impacted SPAs and zip codes -People with SUD, MH or co-occuring disorder from the most	$15 million year 1	-COVID-19 support	Yes	First ten months of Fiscal budg	3rd Party Admin	Yes	Passed 11 Yes 1 No 2 3 Abstain
Diversion, Behavioral Health, and Health	Community-Inspired Funding Recommendations	New Program	2, 85	Intercept 0, Infrastructure, Across all relevant intercepts	-**Funding Recommendation #2:** Expand delivery of health care, behavioral health, harm reduction substance use services, and mental health services in partnership with communities in locations such as but not limited to community based organizations, barber shops, libraries, and parks. Creative art and music spaces, beauty shops, places of worship, and schools $15 million	These recommendations were created by subcommittee members to address systemic racial, gender and economic inequality through innovative communituy programs with a public heath lens. Guided by the Health & Diversion subcommitee's general funding guidelines and the most strict equity metrics legally applicable, programs should be developed and run by the community members who are most impacted by the issues they seek to address in the geographic areas most in need, with the support of the county or through 3rd party administrator funding. Programs could increase access to the arts, use libraries as service hubs, reduce houselessness, increase integrated heath services across the zip codes/SPAs most impacted, provide comminity jobs.	-Businesses led by the most impacted community members -Creative enterprises led by impacted community members -Community groups of impacted people not recognized as C3 non-profits or who are historically not funded or under-funded -Faith-based initiatives that are trauma informed and centered in harm reduction -People impacted by COVID-19 -People who are houseless or with housing insecurity -Justice-impacted Youth, at-risk youth and young people through age 26 -Families and people in school, seeking to be in school, or struggling in school -Families and parents dealing with harm, gender-based trauma or violence -Community members who need specialized training to provide basic health education in the community without being a professional health care worker -Impacted community members seeking employment from impacted SPAs and zip codes -People with SUD, MH or co-occuring disorder from the most impacted communities seeking employment opportunities	$15 million year 1	-COVID-19 support	Yes	First ten months of Fiscal budg	3rd Party Admin	Yes	Passed 11 Yes 1 No 2 3 Abstain
Diversion, Behavioral Health, and Health	Community-Inspired Funding Recommendations	Existing Program with Modifications	2, 18, 20, 21, 22, 23, 24, 31, 32, 34, 70, 72, 74,	Intercept 0, Infrastructure, Across all relevant intercepts	-**Funding Recommendation #3**: Increase access to housing first and housing that heals permanent supportive housing with access to wraparound behavioral health services, especially for: people ageing out of foster care, people coming out of incarceration from juvenile or adult jails or prisons, people who are parents, people with health, behavioral health, or mental health needs. $15 million	These recommendations were created by subcommittee members to address systemic racial, gender and economic inequality through innovative communituy programs with a public heath lens. Guided by the Health & Diversion subcommitee's general funding guidelines and the most strict equity metrics legally applicable, programs should be developed and run by the community members who are most impacted by the issues they seek to address in the geographic areas most in need, with the support of the county or through 3rd party administrator funding. Programs could increase access to the arts, use libraries as service hubs, reduce houselessness, increase integrated heath services across the zip codes/SPAs most impacted, provide comminity jobs.	-Businesses led by the most impacted community members -Creative enterprises led by impacted community members -Community groups of impacted people not recognized as C3 non-profits or who are historically not funded or under-funded -Faith-based initiatives that are trauma informed and centered in harm reduction -People impacted by COVID-19 -People who are houseless or with housing insecurity -Justice-impacted Youth, at-risk youth and young people through age 26 -Families and people in school, seeking to be in school, or struggling in school -Families and parents dealing with harm, gender-based trauma or violence -Community members who need specialized training to provide basic health education in the community without being a professional health care worker -Impacted community members seeking employment from impacted SPAs and zip codes -People with SUD, MH or co-occuring disorder from the most impacted communities seeking employment opportunities	$15 million year 1	-COVID-19 support	Yes	First ten months of Fiscal budg	3rd Party Admin	Yes	Passed 11 Yes 1 No 2 3 Abstain
Diversion, Behavioral Health, and Health	Community-Inspired Funding Recommendations	Existing Program with Modifications	26, 27, 28, 106	Intercept 0, Infrastructure, Across all relevant intercepts	-**Funding Recommendation #4:** Expand and create Home visitation/ promotoras model to provide access to resources, jobs, and services to impacted community zipcodes, hire community health workers. $15 million	These recommendations were created by subcommittee members to address systemic racial, gender and economic inequality through innovative communituy programs with a public heath lens. Guided by the Health & Diversion subcommitee's general funding guidelines and the most strict equity metrics legally applicable, programs should be developed and run by the community members who are most impacted by the issues they seek to address in the geographic areas most in need, with the support of the county or through 3rd party administrator funding. Programs could increase access to the arts, use libraries as service hubs, reduce houselessness, increase integrated heath services across the zip codes/SPAs most impacted, provide comminity jobs.	-Businesses led by the most impacted community members -Creative enterprises led by impacted community members -Community groups of impacted people not recognized as C3 non-profits or who are historically not funded or under-funded -Faith-based initiatives that are trauma informed and centered in harm reduction -People impacted by COVID-19 -People who are houseless or with housing insecurity -Justice-impacted Youth, at-risk youth and young people through age 26 -Families and people in school, seeking to be in school, or struggling in school -Families and parents dealing with harm, gender-based trauma or violence -Community members who need specialized training to provide basic health education in the community without being a professional health care worker -Impacted community members seeking employment from impacted SPAs and zip codes -People with SUD, MH or co-occuring disorder from the most impacted communities seeking employment opportunities	$15 million year 1	-COVID-19 support	Yes	First ten months of Fiscal budg	3rd Party Admin	Yes	Passed 11 Yes 1 No 2 3 Abstain
Diversion, Behavioral Health, and Health	Diversion and Safe Landing Center	New Program	12, 20, 58	Intercept 3	**The Diversion and Safe Landing Center** is a proposed project to accommodate persons who are acutely mentally or physically ill who are immediately discharged/released from jail on presumptive pre-trial diversion. The site would act both as a reception point/triage center and safe landing site.	Ensures that vulnerable persons exiting LA County jail in crisis are welcomed, oriented to necessary court follow-up, and have their health and mental health needs appropriately assessed and triaged to avoid unnecessary hospitalization or poor outcomes. At least 85% of funding goes direction to community-based organizations. Site would provide temporary accommodations (bed, shower, meal, clothing, etc) to ensure the person isn't being released from jail directly into houselessness, and has the opportunity to be connected to eligible housing	-People who are houseless -People who are in mental health or co-occurring crisis -People who are neurodivergent or differently abled -People who require culturally competent or gender-affirming responders -People who are disproportionately impacted by policing and incarceration	$5 million in Year 1		Yes	Year 1	Office of Diversion and Reentry	Yes	Passed 8 4 Yes 2 No 1 0 Abstain
Diversion, Behavioral Health, and Health	DHS Harm Reduction Program Expansion (HRPE)	Expansion of Existing Program	12	Intercept 0	**DHS Harm Reduction Program Expansion (HRPE)** will provide DHS Housing for Health and ODR-contracted providers with trainings to expand their harm reduction knowledge to improve quality engagement with people who use drugs and people who engage in sex work. Additionally, HRPE will maintain a clearinghouse of harm reduction supplies to reduce the spread of HIV, HCV, promote and support wound care and overdose prevention. These supplies will be available to the HFH, ODR staff, contracted providers and partners to distribute to their outreach contacts/ clients/ housing site residents or others they serve.	This program will be done in partnership with a community based harm reductoon organizations with a strong commitment to peer staff. The program will support individuals with lived experience of substance use, incarceration, homelessness and/ or sex work. 100% of directed to CBOs.	-People with justice involvement who use drugs and/or who are engaged in sex work.	$5.4 Million in Year 1		Yes	Year 1	Office of Diversion and Reentry	Yes	Passed 8 4 Yes 2 No 1 0 Abstain
Diversion, Behavioral Health, and Health	Overdose Education Naloxone Distribution (OEND)	Expansion of Existing Program	12	Intercept 5	**Overdose Education Naloxone Distribution (OEND)** program will provide overdose education and naloxone (narcan) distribution to people who are released from LAC jails, DHS providers and individuals in contact with DHS services. A Naloxone Access Point (NAP) will be located in each SPA.	People leaving jails and prisons are 40-75 times more likely to die from an opioid overdose in the 2-4 weeks after release than the general population. This program also expands overdose education and naloxone distribution to areas of the LAC where there are few harm reduction services. This program addresses a racial equity gap in getting a life saving intervention to people who need it most.	Individuals who are released from LA County jailsIndividuals in or	$6 Million in Year 1	Funded total of $1.587M by Whole Person Care until FY 21-22.	Yes	Year 1	Office of Diversion and Reentry	Yes	Passed 8 4 Yes 2 No 1 0 Abstain

Diversion, Behavioral Health, and Health	SUD Court Diversion	New Program	12, 16	Intercept 0, 3	Individuals booked into the LA County Jail system with SUD will be diverted into harm reduction case management services. At least 84% of funding directly to CBOs.	People with substance use needs that are disproportionately represented among those who are incarcerated will benefit. This program will reduce racial disparities by diverting individuals away from jail and into community based harm reduction services. This program will reduce the adverse impact that severity of substance use charges have on people.	-People who have SUD or co-occurring disorders -People who use drugs -Communities disproportionately impacted by incarceration	$2.1 Million in Year 1		Yes	Year 1	Office of Diversion and Reentry	Yes	Passed -84 Yes -2 No -10 Abstain
Diversion, Behavioral Health, and Health	SUD Jail Diversion	New Program	12, 16	Intercept 0, 2	Individuals in station jails or IRC with SUD will be diverted into harm reduction case management services in lieu of booking and prosecution. At least 85% of funds directly to CBOs.	Marginalized communities with substance use needs are disproportionately represented among those who are incarcerated. This program will reduce racial disparities by diverting individuals away from jail and into community based harm reduction services. This program will reduce adverse impact that severity of substance use charges have on people.	-Individuals with SUD who are arrested and are pending booking into station jails or IRC. -Individuals who need Pre-booking diversion, voluntary program, services offered indefinitely	$2.1 Million for Year 1		Yes	Year 1	Office of Diversion and Reentry	Yes	Passed -84 Yes -2 No -10 Abstain
Diversion, Behavioral Health, and Health	**INDEPENDENT PRETRIAL SERVICES:** Fund A Community-Based, Non-Law Enforcement, Pretrial Services Pilot Program that Will Help End Pretrial Incarceration	New Program	12, 53, 55, 56	Intercept 3	Expanded, independent, community-based pretrial services pilots in the communities most severely impacted by incarceration in LA county as identified by the JENI (Justice Equity Need Index) and the JESI (Justice Equity Supply Index), providing services and resources (including culturally-rooted, trauma informed survivor support), to pretrial populations in their communities, replacing law enforcement supervision, e-incarceration, and pretrial incarceration.	Community based service providers would help free the vast majority of people from pretrial incarceration, making pretrial detention a rare exception—not the rule. Pilots will conduct a strengths and needs-based assessment of all individuals in custody to determine a plan of support to get the individual released pre-trial; Provide all services to ensure successes like court date reminders to all individuals with pending court dates; providing peer navigation support; and coordinating all other services in order to connect individuals with supportive resources.	-People who would otherwise be incarcerated pretrial -People currently incarcerated pretrial -People arrested or incarcerated disproportionately pretrial because of race, gender, or gender presentation -People with health, mental health or SUD needs -People who are older, medically vulnerable and susceptible to COVID-19	$10 Million Yearly	AB 109 dollars COVID-19 Relief	Yes	Year 1	Office of Diversion and Reentry 3rd Party A	Yes	Passed 84 Yes 2 No 10 Abstain
Diversion, Behavioral Health, and Health	**CLOSE MEN'S CENTRAL JAIL & DIVERT PEOPLE WITH MH/SUD INTO TREATMENT:** Support the closure of Men's Central Jail by immediately expanding a mix of housing and beds for services for at least 3,600 justice-involved people and the communities most disproportionately impacted by incarceration, poverty, covid-19, and other low social determinants of health.	Existing Program with Modifications	Uplifts programs applicable to the following recs as priorities: 2, 58, 59, 20, 21 (Modified), 22, 23, 24, 10 (Modified), 31, 88 (Modified), 92	Across all necessary Intercepts and Infrastructure	Implement all eligible programs and services to scale up CBO services and decentralized care for MH/BH. Advocate to expand Medi-Cal and/or support services for system-involved people and their families. Note: during ATI implementation, create Measure J population specific Underserved Cultural Community unit (USCC) for LACDMH for MHSA services/funding; Expand/refine affordable housing models for justice-involved people with mental health and/or substance use needs; Create and scale up innovative programs that comprehensively provide housing, wraparound services, and career-track employment for justice-impacted individuals. Ensure the availability of programs that meet the needs of and are tailored to cis women/TGI/LGB+ and require existing programs to create a pathway to become completely separate from law enforcement in year one of funding; Develop partnerships to increase housing options and incentivize creation of housing options for people who identify as LGBQ+ and/or TGI); Work with Housing State Funding and DHS Housing programs for people experiencing homelessness, mental health and/or substance use and people who identify as LGBQ+ and/or TGI; increased AB 1810 diversion; Remove barriers to treatment, employment and housing due to record of past convictions; Fund comprehensive rehabilitative, evidence-based mental health and substance use care, as well as transitional housing with wraparound services, gender-affirming primary care, violence prevention, gang intervention, art therapy, family reunification, occupational therapy, and other programs in lieu of incarceration, i.e., interventions should take a holistic, whole person (or even family-centered) approach, and this programming should be inclusive of and tailored to people who identify as women, TGI, and LGBQ+ people including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration. Require existing programs to create a pathway to become completely separate from law enforcement in year one of funding); and use County capacity building programs with equity analysis	- At least 3,600 people in need of MH/co-occurring treatment who need to be immediately diverted from LA County Jails -Success metric: fewer, or zero arrests for health/behavioral health-related "infractions," limiting or ending law enforcement interaction with that community, such as removing law enforcement from hospitals and ensuring that the police are not who respond to mental and behavioral health emergencies (Example program: CAHOOTS). -Success metric: Establishing more independent CBO services that have incidental or no contact with law enforcement, with an emphasis on decriminalization, harm reduction services that don't penalize relapse, and permanent autonomous housing options where folks with behavioral health needs can create community together. -Success metric: Step down bed capacity to ensure that diverted people are being moved appropriately to lower levels of care as their health improves. - Success metric: The number of people who meet diversion criteria and yet are still incarcerated should be zero. -Success Metric: Closing Men's Central Jail and diverting	-Diverting all eligible people with MH/BH needs from LA County Jails and Closing Men's central jail will benefit disproportionately marginalized groups. (Example: Black people and Indigenous people, latinx folks and other communities of color, Trans*/TGI folks, cis women, queer and LGBQ+ individuals, those with substance use, mental health/other behavioral health needs (diagnosed or otherwise) or other disabilities, those who are unhoused or housing insecure, criminalized young people, and those neighborhoods and zip codes—often the most socioeconomically disadvantaged and publically disinvested from—that have been most heavily impacted by nature of being the home to impacted residents). -People impacted by COVID-19	$200 Million in Year 1	FIST State Project, AB 109, COVID Relief	Yes	Year 1-3	DHS Office of Diversion and Reentry DHS Hou	Yes	Passed 84 Yes 2 No 10 Abstain
Diversion, Behavioral Health, and Health	**SLATE #3, RECOMMENDATION 4:** Expand life affirming life responses to behavioral, mental, and co-occurring health crises to prevent law enforcement responses and incarceration.	Existing Program with Modifications	35, 42, 43, 44, 89	Intercept 1	1) Recommendation #35 Modified: Significantly increase the number of DMH Psychiatric Mobile Response Teams (PMRTs) to reduce service wait time. Funding Contingency: Create a plan in Year 1 to shift funding from County PMRT to CBO PMRT to be eligible for Measure J funding. 2) Recommendation #43 Modified: Train 911 operators and dispatch on mental health screening to direct calls involving behavioral health crises that do not require a law enforcement response towards Department of Mental Health's ACCESS line (e.g., integrate DMH line with 911, allow direct access from 911 operators to ACCESS) or an alternate dedicated response line (988). Train 911 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis. Develop a plan in Year 1 to separate the 911 dispatch system from law enforcement for mental health responders.	**1)** Funding the expansion of culturally competent, additional community healthcare workers/peers to the Department of Mental Health (DMH) Psychiatric Mobile Response Teams (PMRT) program would allow for 24/7 staffing and guaranteed response, reducing the contact of people with M/BH needs with law enforcement. Producing a plan in Year 1 to shift partial program funding to crisis response teams exclusively housed in CBOs will maintain the program's Measure J funding eligibility and reinforce community-based care. **2)** Training emergency responders to direct calls and responses relating to mental/behavioral health needs away from law enforcement; increasing awareness and efficacy of alternatives to 911 (including new community alternatives to 911; and 988) and expanding a culturally competent and improved 9-1-1 Diversion DMH program will help diver individuals in crisis from law enforcement-contact and bring people into community-based treatment instead of jails.	-People with health, mental health or SUD needs, especially those who are in danger of being harmed by policing and incarceration harmed by policing and incarceration -Impacted people who can be trained & hired to expand capacity	$20 Million in Year 1	-Federal Medical Dollars -COVID-19 Relief	Yes	Year 1	-Department of Mental Health -3rd Party Admin	Yes	Passed -84 Yes -2 No -10 Abstain