

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	Has racial equity has been considered for this strategy	Voting Record for this Strategy		
Housing	Safe Landing and Stabilization for those Exiting or at High Risk of Incarceration	New Program	20, 48, 37, 23, 47, 52	0,1	1) Transportation from jail or prison to Safe Landing Hub or housing site. 2) Increase access to emergency triage and linkages support through a Safe Landing Hub to place people into motels, interim housing, mental health, wellness, life skills program. Potential example: DHS's Safe Landing Interim Housing/Diversion Program	1a) To create safe and easy access to services upon release 1b) To reduce the likelihood of recidivism within the first 72 hours 2a) Provide one-stop resource center for returning residents to create linkages to culturally competent resources and all needed services to safely reintegrate into the community 2b) Provide immediate housing stability and connections to appropriate temporary housing as soon as people are released from the carceral system	(1) People in the community who are high risk of incarceration (2) Priority for people with health conditions (3) Returning residents	TBD	CENS system to navigate people to SUD treatment, Measure H	Yes	Within first 6-months of FY 22	DHS-ODR	Yes	100 Yes 1 No		
Housing	Balance Immediate and Long-term Solutions that Expand Affordable Housing Models	Expansion of Existing Program	20, 31, 48, 58	0,1	Expand and leverage funding for existing Interim Housing, Rapid Rehousing, and Permanent Supportive Housing programs that are specifically for individuals impacted by the carceral system. Guidelines for using Measure J dollars on housing interventions: - Any interim housing funded by Measure J should be tied to and include a pathway to permanent housing. - Any programs funded must 1) allow for new/alternative referral pathways (separate from law enforcement and/or Probation) and 2) identify persons being diverted from and/or exiting the carceral system as primary target populations.  Some examples of programs that were uplifted during the subcommittee process include: 1) Interim housing: DPH-SAPC's Recovery Bridge Housing 2) Rapid Rehousing: DHS-ODR's Breaking Barriers Rapid Rehousing and Jobs program 3) Permanent Supportive Housing: ODR's PSH programs	(1) Increase the number of individuals and families safely housed through the creation of more temporary and permanent housing slots, including housing for people re-entering the workforce. (2) Develop community-based referral pathways to housing (3) Divert and decarcerate thousands of individuals from the LA County jail system by moving them into community-based housing	(1) Individuals in the community who are experiencing homelessness and at high risk of incarceration (2) Individuals who are incarcerated in LA County with a serious mental health disorder, substance use disorder, or physical health ailment (3) Individuals who can be diverted from jail or prison, with a focus on individuals with serious mental or physical illness (4) For rapid re-housing, the target population is people who are assessed as ready to re-enter the workforce	TBD	AB109, SB678, NCC, Mental Health Services Act	Yes	There are existing programs that can be expanded/scaled within the first 5 months of FY22	Keep administrators of existing programs	Yes	100 Yes 1 No		
Housing	Expand Hiring and Contracting with Peer Providers with Lived Experience of Incarceration	Expansion of Existing Program	108	0,5	Increase number of community health workers / peer providers who are individuals with lived experience of incarceration, such as extending DHS's Whole Person Care Reentry Pre-Release Program, which employs community health workers who were previously incarcerated to provide release planning and linkage to community services for individuals in LA County jails experiencing chronic or complex medical condition, mental illness, substance use disorders and/or homelessness.	Improved level of care due to service providers that have higher level of cultural competency and understanding. Providing individuals with lived experience of incarceration stable jobs	(1) Individuals in LA County jails experiencing chronic or complex medical condition, mental illness, substance use disorders and/or homelessness.	TBD	Whole Person Care	Yes	This program currently exists and is expiring December 31st 2021. Measure J funding would continue the existing program and in turn this would need very minimal implementation time, if any.	DHS	Yes	100 Yes 1 No		
Housing	Balance Immediate and Long-term Solutions that Expand Affordable Housing Models: Identify Youth-Specific Housing Interventions	New Program	20, 31	0,1	Invest in housing programs and interventions that are tailored for at-risk youth and system-impacted transition-age youth. Housing for youth should be informed by individuals with lived experience with the foster care and/or juvenile justice systems, and also implemented by providers with lived experience. As should be the case for all sub-populations, Measure J dollars should not be used to fund youth housing interventions that expand the surveillance of families, and supportive services should be provided but not required in order to access youth housing programs.	(1) Reduce the number of youth who become homeless as they transition out of the foster care system (2) Provide trauma-informed housing interventions that center youth	(1) System-impacted youth (individuals who have been in the foster care and/or juvenile justice systems) (2) Youth / transition age youth (TAY) experiencing homelessness or housing instability	N/A	N/A	Yes	N/A	N/A	Yes	100 Yes 1 No		
Housing	Balance Immediate and Long-term Solutions that Expand Affordable Housing Models: Expand Specialized Housing Options for Impacted Populations	Expansion of Existing Program	20, 56, 31	0,3	Expand housing programs should include population-specific solutions that create housing opportunities for subpopulations that have been disproportionately harmed by historic and systemic racism and/or the criminal justice system, including but not limited to: Black people, Native Americans, Youth/Transition Age Youth, transgender and gender non-conforming people, gay/lesbian/queer people, and young mothers/pregnant women, particularly Black women. Potential population specific programs can include: a) DPH's African American Infant and Maternal Mortality (AAIMM) A Restorative Care Village for Black pregnant people with community-based prenatal health and wellness services; b) ODR's Maternal Health Division PSH program, which would help divert women from jails with permanent housing and supportive services; c) The WDACS proposal to address housing insecurity and homelessness in the American Indian and Alaska Native Population.	(1) To create and expand holistic, culturally competent housing options that address the specific ways that systemic racism impact certain sub-populations (2) Especially for programs focused on pregnant people / young parents: to break intergenerational cycles of homelessness, poverty, incarceration, and trauma, while ensuring the health and well-being of the mother, child, and family (3) Decrease both homelessness/housing instability and contact with the carceral system through access to housing and services	(1) Black and Indigenous peoples and other low-income people of color (2) Youth / Transition Age Youth (3) Transgender and gender non-conforming people (4) Gay/lesbian/queer people (5) Young mothers and pregnant women, especially Black women (6) Other sub-populations that have been disproportionately harmed by systemic racism	TBD	AB109, SB678, Community Services Block Grant Native American Set-Aside funding	Yes	a) DPH's AAIMM Restorative Care Village would be a new program and require 1 year for construction/renovation and program development b) ODR's Maternal Health Diversion program is an existing program that could be expanded immediately c) WDACS' proposal is to layer flexible financial support on top of existing funding. Needed decision making processes and implementation could happen within the first 6-months of FY 22.	Keep as proposed	Yes	100 Yes 1 No		



