Los Angeles County Reentry Health Advisory Collaborative

Have you been impacted by the criminal justice system and want to impact local policy?

We are seeking 7-10 formerly incarcerated individuals or those who have had contact with the criminal justice system to apply for membership on the Los Angeles County Reentry Health Advisory Collaborative. Members of the Collaborative will provide real-time feedback on healthcare and social service needs related to the incarcerated/formerly incarcerated community and play an integral role in the implementation and monitoring of a Countywide roadmap of Alternatives to Incarceration.

Advisory Collaborative members will share from their own personal experiences and knowledge base, while working alongside mentors and facilitators to build their understanding and analysis of the criminal justice and other partnering systems (homelessness, housing, workforce development, etc.). Key activities include advising on best practices for capacity building at the organizational level, community asset mapping of local resources that address social determinants of health and feedback on primary, behavioral, community and correctional health care delivery.

MEMBER TIME REQUIREMENTS:
- Participate for a minimum of 9 months, starting March 2020
- Attend Monthly Collaborative Meetings (est. 2-4 hours)
- Collaborate with the Countywide Alternatives to Incarceration Workgroup
- Share from your own experiences of incarceration, not on behalf of an agency
- Inform and lead ways to gather consumer input separate from the Reentry Health Advisory Collaborative
- Respect the views and experiences of other members

ALL MEMBERS WILL BE PROVIDED:
- Compensation per meeting
- Travel/transportation assistance
- Professional development
- Mentorship support

ELIGIBILITY REQUIREMENTS
- Formerly incarcerated (experience in the LA County Jail system preferred)
- Family member/Friend of someone who is currently/formerly incarcerated
- LA County community member

APPLICATION TIMELINE:
Last Day to Apply: January 15, 2020

SUBMIT YOUR APPLICATION TODAY!

ONLINE:
Submit your application at
https://www.surveymonkey.com/r/YL2DLMZ

EMAIL:
take a photo or scan and email your application to sstone3@dhs.lacounty.gov

IN PERSON:
You can drop off your application in-person at any of the Alternatives to Incarceration Workgroup meetings through January 16, 2020. To view meeting dates and location information visit:
https://lacalternatives.org/calendar/
APPLICATION
LA County Reentry Health Advisory Collaborative (page 2)

Member Application
Los Angeles County Reentry Health Advisory Collaborative

We appreciate your interest in the LA County Reentry Health Advisory Collaborative. To ensure diverse input that reflects a wide range of experiences, we have compiled the questions below. Please share as much or as little information as you are comfortable. All questions are optional. If you need additional support, please contact us via email at sstone3@dhs.lacounty.gov

Select One:

_____ I am applying to be a member of the group

_____ I am nominating an individual from the community to be a member of the advisory group.

*The personal information in this application has been provided WITH their knowledge and consent.*

Applicant Name:

Nominator Information: Name:

Email:

Email:

Phone:

Phone:

What region do you identify as your primary community? (i.e. you live/have lived here, or have accessed services in this region)

- Lancaster
- Long Beach
- Pacoima
- Pomona
- South Central
- East LA
- El Monte
- Other: ___________________________

Do you identify as an LA County Community Member?

- Yes
- No

Do you have experience in the LA County Jail System?

- Yes, I have been incarcerated in the LA County Jail system
- Yes, I know someone who is or has been incarcerated in the LA County Jail system
- No, I have been incarcerated in another correctional institution
- No, I do not know someone who is or has been incarcerated in the LA County Jail system
- Other: ___________________________
What is your racial or ethnic identity? (select all that apply)
- Native Hawaiian and other Pacific Islander
- Asian
- American Indian
- Alaska Native
- Black or African American
- Latinx/o/a
- White
- Other: ________________________________

What is your gender identity?
- Male
- Female
- Transgender
- Gender non-conforming
- Intersex
- Other: ________________________________

Please let us know which, if any, of the following groups you identify with. Feel free to select as many options as you would like:
- LGBQ+
- TGI (transgender/gender non-conforming intersex)
- Pregnant and/or parenting
- Experience with substance use
- Experience with mental health (living with a diagnosis, etc.)
- Experience with homelessness
- Experience with DV/IVP (Domestic, Intimate Partner Violence)
- Disability (physical, cognitive, etc.)
- Veteran
- Former Lifer
- Transition Age Youth (18 to 24)
- Adult (24 to 59)
- Senior (60 and above)

In a few sentences, tell us about your strengths and experiences that make you a good candidate for the Reentry Health Advisory Collaborative?
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
In a few sentences, please share why you are interested in joining the Reentry Health Advisory Collaborative?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

NEXT STEPS: Thank you for submitting your application! Below is the selection timeline:
December 9th-January 16, 2020: Application Period
January 16-February 17, 2020: Screening & Interview Period
February 17th-March 1st, 2020: applicants will be notified of a final decision

Background
In December 2018 with support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies Complex Care Innovation Lab (CCIL) kicked off a stream of work focused on exploring best practices for establishing meaningful and effective partnerships between communities and health care organizations to better serve populations with complex health and social needs. As part of this work, they launched a national Community Partnership Pilot (CPP) and Whole Person Care Los Angeles was competitively selected as one of the two national pilot sites.

Overall, the goal of the CPP project is to better understand how to effectively engage communities and use their insights along with health and other system resources to advance efforts to address the health and social inequities that impede healthy living for individuals with complex health and social needs. For this project, Whole Person Care Los Angeles, in collaboration with multiple stakeholders will be launching the Reentry Health Advisory Collaborative.