We are trying to find a project to propose to the county to fund, that ends in a specific ask for the budget.

Intros and ideas for what we do with high utilizers of emergency services and criminal justice system
- Homeless rights education
- Realistic mental health crisis unit, easier referral process to get an evaluation, crisis response team that is responsive (more peer specialists)
- More coordination with the jail upon release
- See what HUD recommendations come out in the fall to prevent discrimination against applicants to public housing based on criminal record
- Revisit local restrictions at CDA and DCHA
- Hospitals do not routinely ask questions about if people are experiencing homelessness and consider that in discharge
  - EPIC has homeless checkbox - convince hospitals to use it
  - Use the social determinants of health survey
  - Agencies have provided info to hospitals about commonly used addresses (Beacon, shelter, etc) for people who are experiencing homelessness, but hospitals so far have been reluctant to track
- Mental health system improvements/AODA systems improvements
- Something like Dairy Drive for high utilizers

Catalyst Proposal
- Pilot project based on studies done for high utilizers of services
- Transitional housing, with on-site case management, mental health and addiction support, for people with a combination of 15 arrests or emergency room visits in a twelve-month period
- Provide housing units and provide services (case management, mental health, SUD)

Questions/Comments on Catalyst Proposal
- Details, how long will people stay (6 months to 1 year?), cost, how many units (20?), staffed 24/7, etc, but that can be worked out
- How would this work with Coordinated Entry system? What if people don’t have a VI-SPDAT? How can we make sure they are included?

More ideas
- Continue to build on the improvements that have been made connecting homeless services with jail discharge planners at the jail
- More access to supports for people who are in jail - hard to maintain communication with that the person, etc.
- Get involved with H2 (housing and healthcare) meeting when we
- Jail discharge planners coming to outreach meetings
- Two helpful workers
  - Rachel Ellis no longer at DCJ but open to sharing experience
    (rachel.ellis@unitypoint.org). Current social worker is Alyce, ekoon@wellpath.us,
    (608)266-4228
  - Sarah Wampole-Maciejeski - wampole-maciejeski@danisheriff.com,
- Statistics that might be helpful
  - 176 of 400 from Vulnerable Population Hotel project have gotten into housing according
    to the spreadsheet (but it may be more - not sure if the spreadsheet is up-to-date).
  - 11 of 30 people at Dairy Drive have gotten into housing
- CFC says they will ask the hospitals to provide the info but Healing House has been trying to
  get info and have not been able to get it, but maybe there are new people in place?
- Possible Meriter funding possibilities but hospitals generally have not worked with Healing
  Health - likely due to liability. Meriter foundation may give money separately.

Next steps
- Michelle will look into contact for Meriter Foundation
- Marjorie will talk with Heidi about what she needs to make a proposal to the County
- MACH share 6 month report on Dairy Drive when its done