Medically Vulnerable People (MVP) Interim Housing Program Report October 8, 2024

Quarter 3
July 2024 - September 2024













Why is the MVP program needed?



Number of seniors age 62+ experiencing homelessness is rising so MVP Interim Housing is critical



Individuals experiencing homelessness with chronic health conditions is prevalent in overall population



Housing and health care work together to help individuals to prevent a return to homelessness



Health conditions and injury can cause a person to experience homelessness, especially the aging population, and may delay recovery



Address an immediate gap of supportive care for this especially vulnerable population









Bi-Annual Safety Review

Police & Fire Department Collaboration

- Weekly meetings with leadership from Sandy Fire and Police Departments
 - High-utilizer management
 - Critical incident review
 - Safety protocols
 - Program improvements
 - Community feedback

Enhanced Safety Protocols

- Increased room checks
- Established quiet hours
- Improved intake procedures & pre-admission screenings
- Scheduled quarterly fire drills
- Increased on-site medical support



Security Facility Improvements

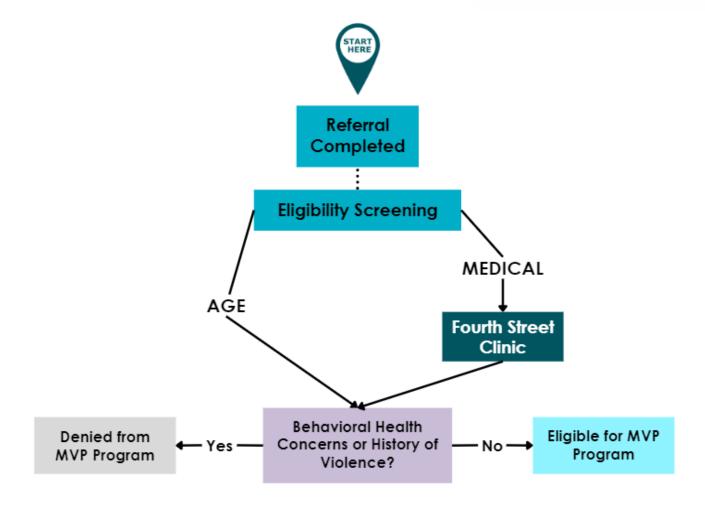
- Improved entry screening
- Conducted bi-annual Security Plan Review
- Added cameras
- Implementing remote lockdown system and access control
- Considering additional communication systems







Enhanced Screening Process









Outcomes



Redesigned permanent housing process for MVP's unique population



Specialized partnerships



Housing stability workshops





Collaboration between The Road Home and Fourth Street Clinic to ensure continuity of care in housing







Community Engagement

Volunteerism

- There are several ways to get involved at MVP!
 - Group activities with clients
 - Donation drives for specific needs
 - Meal delivery for lunch and dinner
- Email <u>volunteers@theroadhome.org</u> for more info









Fourth Street Clinic

- Added an additional day on site with a medical provider:
 - 1 Day a week with Mobile
 - 1 Day a week with Physician using the onsite clinic
- EMT swing shifts began
 - Currently Monday-Wednesday
 - Monday to Friday by early November
- Pharmacist is seeing diabetic patients with elevated A1C's to provided diabetes management and counseling

Patient Example – Male over the age of 62 with

- Chronic Heart Failure (CHF) with poor heart/circulation perfusion complicating his Chronic Obstructive Pulmonary Disease (COPD).
- Recent heart attack
- Multiple acute exacerbation of chronic illness issues
- Poor Diabetes management due to being homelessness
- Limited vision due to cataracts and glaucoma with postponed surgery intervention until Diabetes and cardiac issues are better controlled
- Assisting to place in higher level of care
- ❖ Services provided: Case Management for medication management, follow up care, application to long term care, transportation assistance, Diabetes management









Facility Updates

- 23,570 hot meals served
- Anti-slip surface in group room
- Exterior: new asphalt, ADA stalls, mulch
- Permitting in progress for large, fenced courtyard

Shelter the Homeless

Security Updates

Bi-Annual Security Review

Magnetometer & window seals

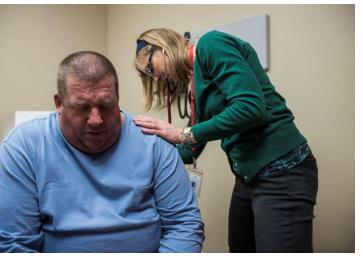
Q4 Upgrades

- Wayfinding Signage
- Remote entry lockdown, intercom, & Knox Box
- Additional cameras
- Exploring facility-wide paging system & nurse call system for ADA rooms













Thank you.

Program Contacts:

Laurie Hopkins, 801-359-0698; info@homelessutah.org
Sarah Strang, 801-819-7367; sstrang@theroadhome.org
Jeniece Olsen, 385-234-0604; jolsen@fourthstreetclinic.org

Media Contacts:

Laurie Hopkins, 801-359-0698; info@homelessutah.org
Kat Kahn, 801-529-6822; kkahn@theroadhome.org
Laurel Ingham, 385-234-5726; laurel@fourthstreetclinic.org





