MEDICALLY VULNERABLE PEOPLE PROGRAM QUARTERLY REPORT

JANUARY 21, 2025

PROGRAM OVERVIEW

Total People Served YTD: 388

Average Age Served in Q4: 62

Youngest Age Served in Q4: 31

Oldest Age Served in Q4: 85

People Served Currently: 143

Average Length of Stay in Q4: 111 days

Outcomes: 8 individuals moved into housing, skilled nursing facilities, or in with family/friends.

REFERRAL OVERVIEW

From October 2024 to December 2024, MVP had **275** referrals from **35** referral sources including **16 hospitals/medical providers, 11 homeless services providers, 2 community agencies** and **6 City, County, & State agencies**.

2025 VISION

The Road Home, Fourth Street Clinic, & Shelter The Homeless remain committed to continual programmatic growth & improvement in 2025. To continue to address the critical needs of this vulnerable population, some key priorities include:

- **Establish an Aging Task Force** to address the growing challenge of elderly homelessness across Salt Lake County, bringing together stakeholders across multiple sectors.
- **Build additional strategic partnerships** with long-term care facilities and senior housing providers to expand housing options and support services for older adults.
- **Increase positive client health and housing outcomes** through integrated care coordination and evidence-based interventions
- **Expand volunteer engagement programs** that support both individual and group service opportunities.

FOURTH STREET CLINIC

High Acuity Beds - Q4

- 21 patients currently in high acuity beds
- Average patient age is 61
- 24% female, 76% male
- Common conditions include COPD (43%), hypertension (86%), diabetes (43%), congestive heart failure (33%), mental illness (81%), & substance use disorder (57%).
- 29% had 2-4 conditions
- 71% had 5+ conditions
- 76% had multiple chronic conditions
- 100% have a Kantz medical score of 6+. A Kantz score is a medical risk score based on number of chronic conditions, advance disease status, and current acute care needs.

The FSC team at MVP continues to provide primary care, nursing visits, behavioral health services, medical case management, urgent medical assessments, care planning, transportation support, and onsite specialty services. In Q4, our team was enhanced through the hiring of a Clinic Manager, a Medical Case Manager Team Lead, a Nurse, and a Transportation Specialist. In December we provided 103 transports to 29 patients at MVP, ensuring that they were able to attend critical healthcare appointments.

Of those who engaged in FSC services in Q4 (N = 190), the highest levels of engagement were with Case Management (93%), Emergency Medical Technicians (46%) and primary care via the Mobile bus (39%). 55% of patients were seen by more than one FSC service at MVP.

PROGRAM IMPACT

Tory came to MVP in July after her landlord didn't renew her lease. As someone experiencing homelessness for the first time as a medically vulnerable individual, Tory was very nervous. She received comprehensive support from The Road Home and Fourth Street Clinic. Staff helped her obtain social security benefits, coordinated medical care including surgery & transportation, and supported her in reconnecting with her faith community. Showing great resilience, she moved into her new apartment before Christmas and plans to give back to the community through her singing talents.

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the ROAD HOME
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4TH
FOURTH STREET CLINIC
HOMELESSNESS HURTS. HEALTH CARE HELPS!