Medically Vulnerable People (MVP) Interim Housing Program Report

July 28, 2026

2026 Mid-Year Review

FOURTH STREET CLINIC
HOMELESSNESS HURTS. HEALTH CARE HELPS.

the ROAD HOME

shelter the HOMELESS

Why is the MVP program needed?

- **Number of seniors age 62+ experiencing homelessness** continues to be one of the fastest growing demographics
- **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**

2025 Year End Updates

2025 Impact Data

- **464 individuals served**, ranging in age from 36 to 83, with an average age of **62**
  - **20% increase** from 2024
- **57 moves** to permanent housing or long-term care
  - **More than double** our 2024 moves
- Ongoing collaboration with **Sandy Police** and **Fire**
- **1,085 referrals** from **78 different providers**

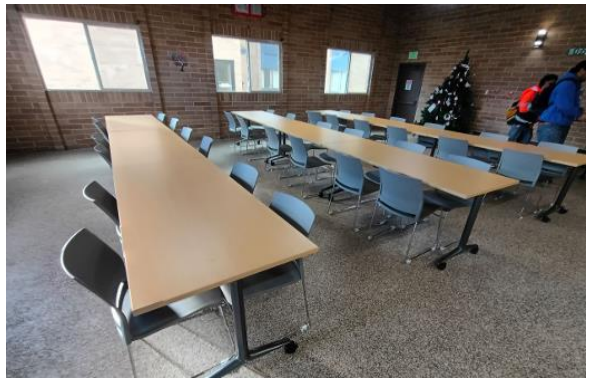
Partnership & Growth Focus

- Ongoing collaboration with **Sandy Police** and **Fire**
  - Safety protocols – continuing to adapt and respond
  - 3 referrals from Sandy Fire; 2 enrolled
- Balance of medical care needs with housing priorities
- Improved intake procedures & pre-admission screenings
- Supporting our senior clients truly takes a community

2025 Vision - Updates

- Senior Homelessness Task Force
  - Identified critical system gaps and brought together multiple groups to address and direct resources
- Additional strategic partnerships
  - Continuing work with senior housing partners; seeking opportunities for ongoing shared housing support
- More facility improvements
- Increase positive client health and housing outcomes

Successes



2026
NATIONAL CONFERENCE
ON ENDING HOMELESSNESS
AND CAPITOL HILL DAY
National Alliance to End Homelessness

Community Engagement

Volunteerism

- Throughout 2025, we had **266 volunteers** serving **678 hours**!
- 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 volunteer@theroadhome.org for more info**

Fourth Street Clinic Services at MVP

Report to Sandy City
January-June 2026

Patient Overview

January – June 2026

Demographics

279 patients served

Average age 62

73% male

27% female

Service Utilization

89% engaged with case management

64% engaged with EMT services

56% had a visit with a medical provider

28% had a visit with a therapist

Program Orientation

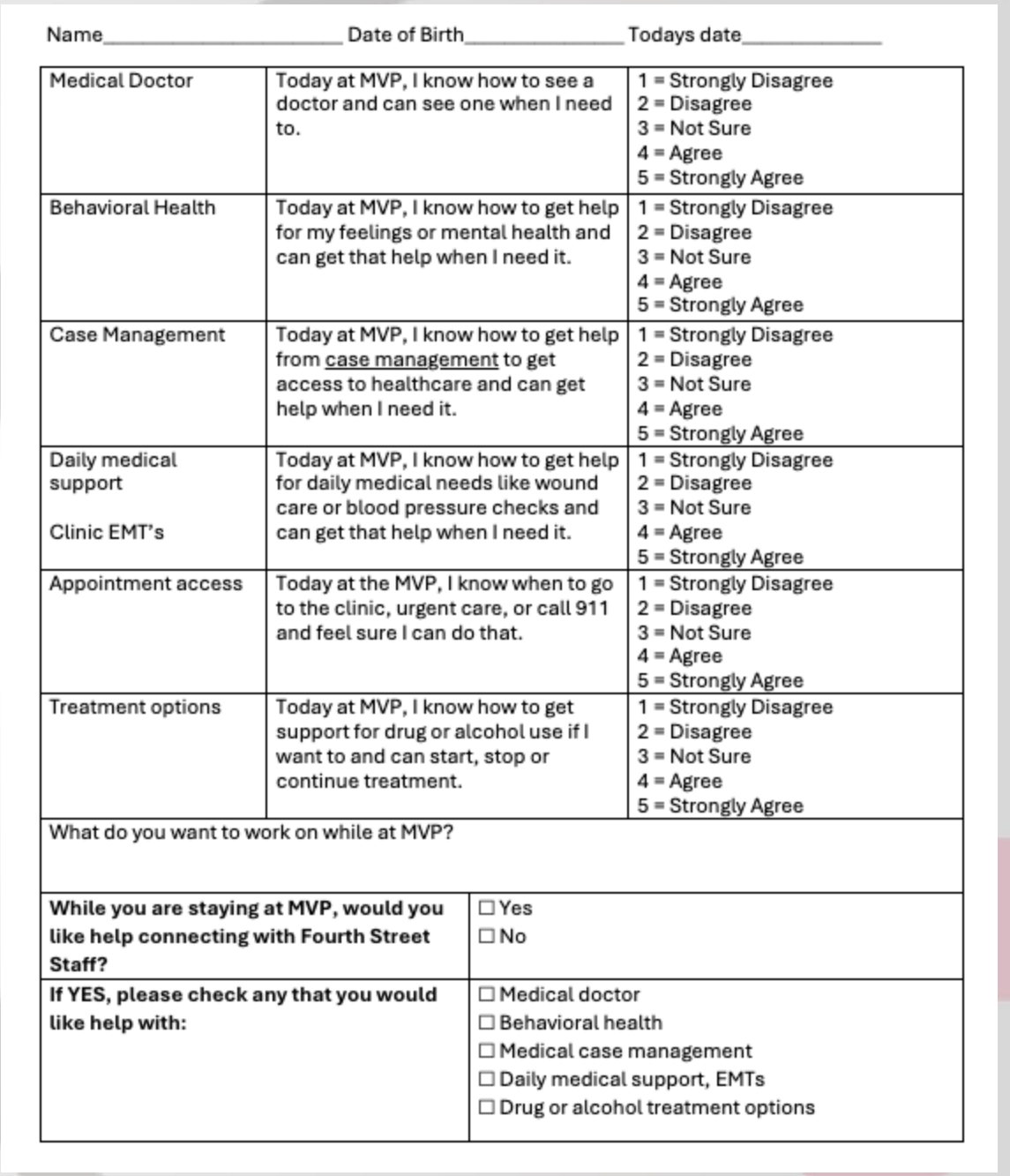
PROGRAM IMPROVEMENT

New orientation program implemented in March 2026

- **GOAL** - Connect patients to the right level of care at the right time by improving awareness of available onsite services

- **METRICS**
  - 53 patients attended orientation since March
  - 44 patients made an appointment for services

- **OUTCOMES**
  - Mindset shift in how patients access care
  - Improved understanding of available healthcare services - 42% improvement on follow-up survey
  - Increased connection to all services following orientation – highest engagement with medical, case management, EMTs and behavioral health



Name_____ Date of Birth_____ Todays date_____

Medical Doctor	Today at MVP, I know how to see a doctor and can see one when I need to.	1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree
Behavioral Health	Today at MVP, I know how to get help for my feelings or mental health and can get that help when I need it.	1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree
Case Management	Today at MVP, I know how to get help from case management to get access to healthcare and can get help when I need it.	1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree
Daily medical support Clinic EMT's	Today at MVP, I know how to get help for daily medical needs like wound care or blood pressure checks and can get that help when I need it.	1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree
Appointment access	Today at the MVP, I know when to go to the clinic, urgent care, or call 911 and feel sure I can do that.	1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree
Treatment options	Today at MVP, I know how to get support for drug or alcohol use if I want to and can start, stop or continue treatment.	1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree
What do you want to work on while at MVP?		
While you are staying at MVP, would you like help connecting with Fourth Street Staff?		☐ Yes ☐ No
If YES, please check any that you would like help with:		☐ Medical doctor ☐ Behavioral health ☐ Medical case management ☐ Daily medical support, EMTs ☐ Drug or alcohol treatment options

Primary Care

PROGRAM IMPROVEMENTS

Added a second provider day per week in Fall 2025

Introduced patient rounding in January 2026 for patients seeing a medical provider

- **GOAL** – Ensure access to primary & specialty care, enhance care coordination

- **METRICS**
  - 56% of patients engaged in FSC primary care
  - 163 patients have been part of the rounding process
  - Top referral categories: pain program and occupational therapy
  - 5,138 meds delivered to 167 patients – top 5 meds related to chronic disease treatment

- **OUTCOME**
  - Patients receive coordinated care before medical conditions become emergencies
  - Care gaps are identified early
  - Medication interruptions are prevented
  - Patients remain healthier and require fewer crisis interventions over time

Chronic Disease Management

- **GOAL** – Support patients to effectively manage chronic diseases

- **METRICS**
  - Diabetes Management
    - Monitoring A1Cs of 37 patients
    - 84% of patients remained stable or improved their A1C score

- **OUTCOME**
  - Improved health stability through ongoing chronic disease management
  - Increased use of preventive primary care services
  - Reduced risk of avoidable emergency medical utilization over time

FOURTH STREET CLINIC

Infectious Disease Management

- **GOAL** – Ensure patients have access to vaccines, testing, and screening to minimize the spread of infectious diseases

- **METRICS**
  - 46 vaccines administered to 18 patients
  - Top vaccines: RSV, Shingrix, pneumonia, flu
  - HIV Screenings
    - 47% of medically established patients screened

- **OUTCOME** – No infectious disease outbreaks at MVP

Behavioral Health

PROGRAM IMPROVEMENTS

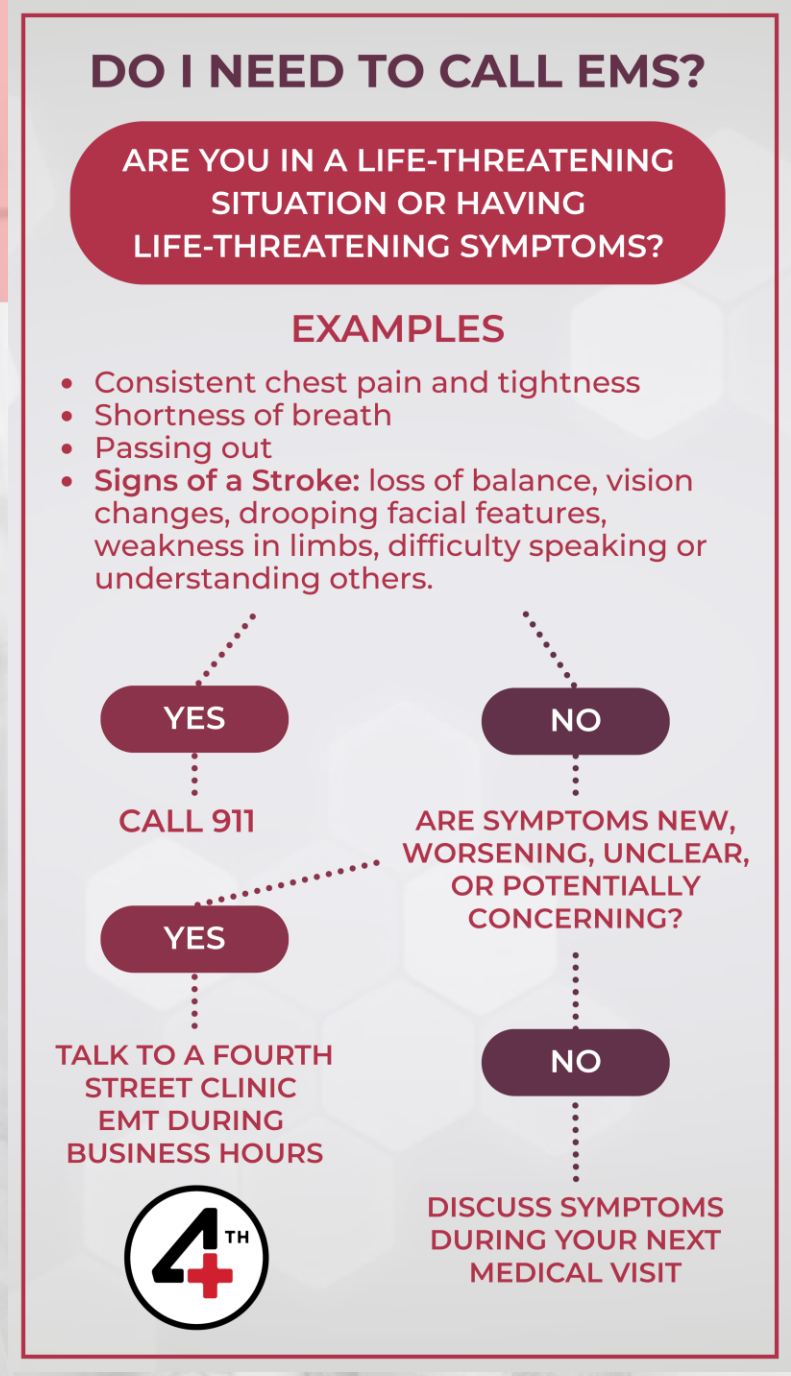
Talk With Us Campaign – May 2026
Group Sessions – Stress Management (May 2026), Recovery Management (June 2026)

- **GOAL** – Support patients to effectively manage mental health and substance use disorders
- **METRICS**
  - 28% of patients engaged in behavioral health services
  - 41% of these were administered a PHQ-9
- **OUTCOMES**
  - Improved behavioral health stability
    - 69% of patients demonstrated stable or improved PHQ-9 scores
  - Expanded access to treatment
    - 63 referrals from The Road Home connected patients to behavioral health and substance use services
  - Reduced risk of crisis
    - Earlier intervention and ongoing treatment help reduce the likelihood of behavioral health emergencies and reliance on crisis services

EMT Services – Deep Dive

PROGRAM IMPROVEMENTS

- EMS Reduction Strategies
  - Patient education
  - Targeted interventions for high utilizers
    - Weekly reviews with Sandy Fire
    - Weekly reviews with TRH – review high utilizers
    - Rounding
    - Individualized care plans
    - Chronic disease management
    - Medication adherence
    - Behavioral health access
    - Hospital discharge plans and follow-up



EMT Services – Deep Dive

What EMTs can handle

- On-site medical assessment and triage
- Treatment of minor illnesses and injuries
- Emergency stabilization and rapid EMS activation when needed
- Ongoing patient monitoring and follow-up care

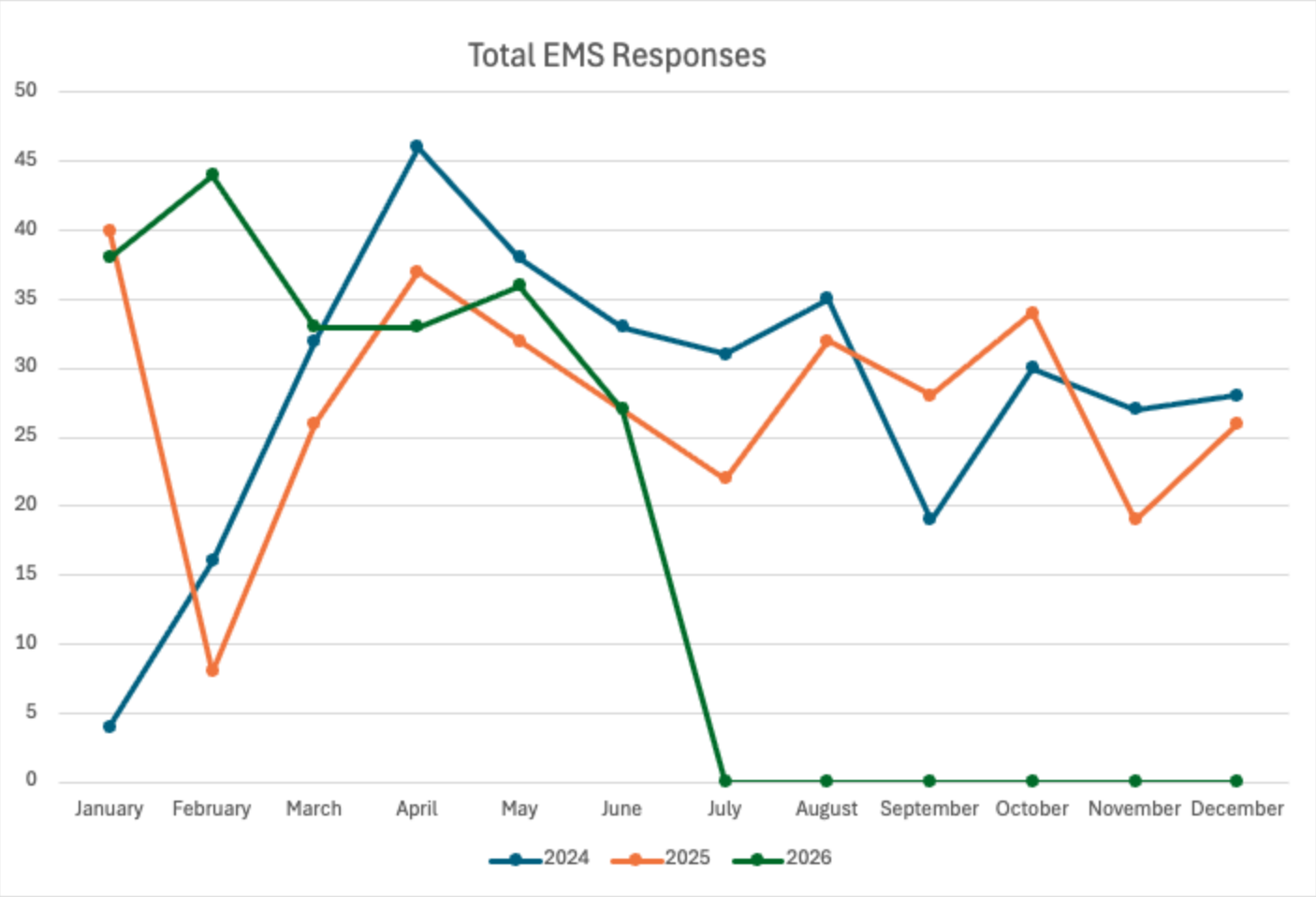
What EMTs hand over to EMS

- Respiratory emergencies
- Heart related emergencies
- Traumatic injuries
- Diabetic emergencies

What is out of our control

- Patients who call EMS without our support/assessment
- Emergencies outside the physical boundaries of the MVP Facility

EMT Services – Sandy City Fire Data

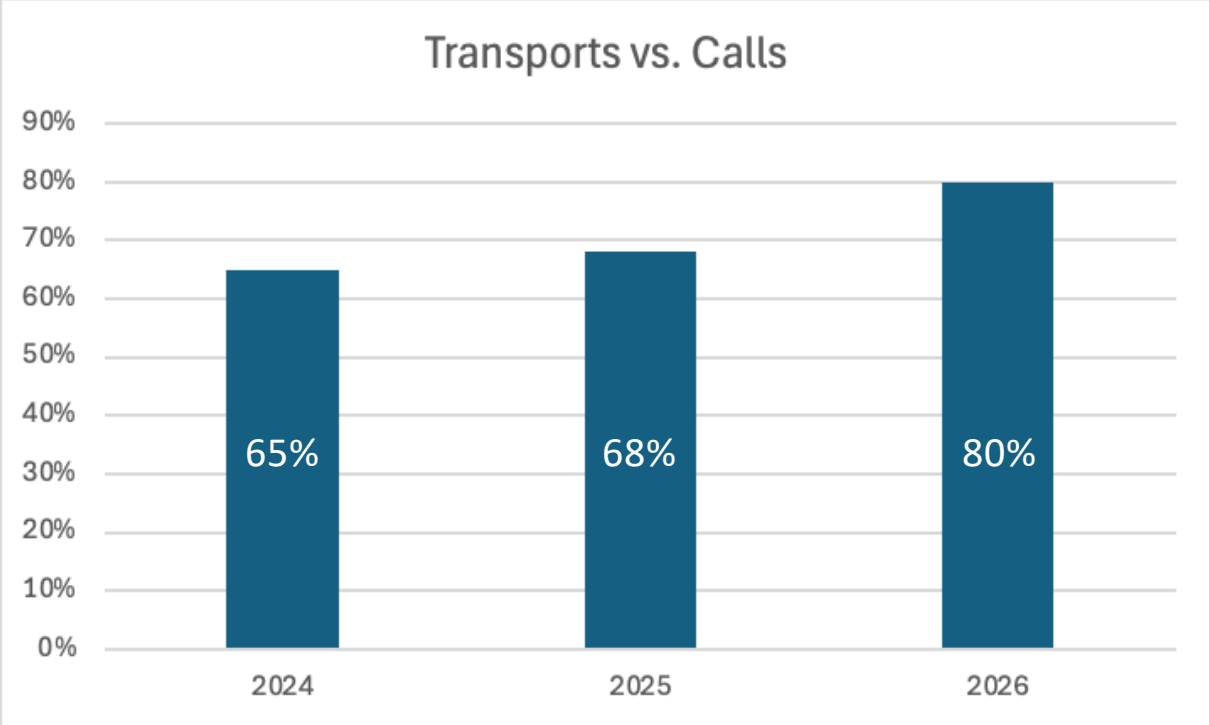


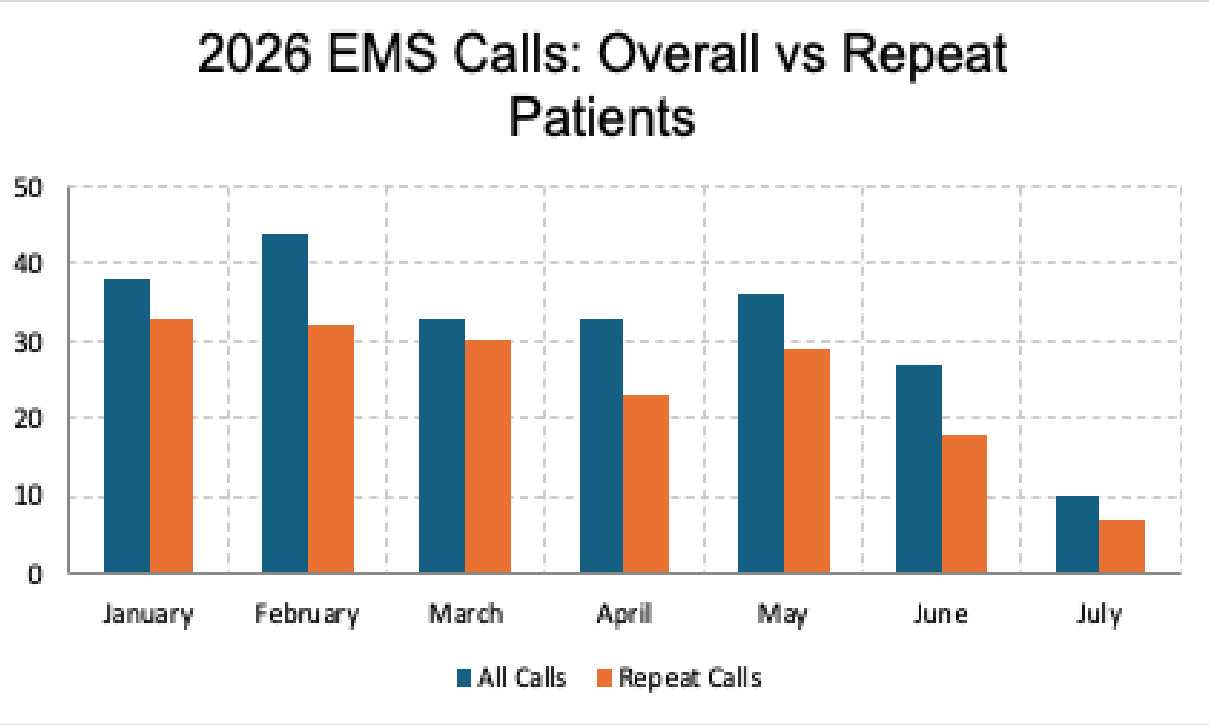
61% of patients engaged with Fourth Street EMT services

Calls by time of day/day of week

- Highest volume of calls
  - **6pm-midnight**
  - Noon-6pm
  - 6am-noon
- Busiest days
  - **Friday**
  - Wednesday
  - Tuesday

EMT Services – Sandy City Fire Data

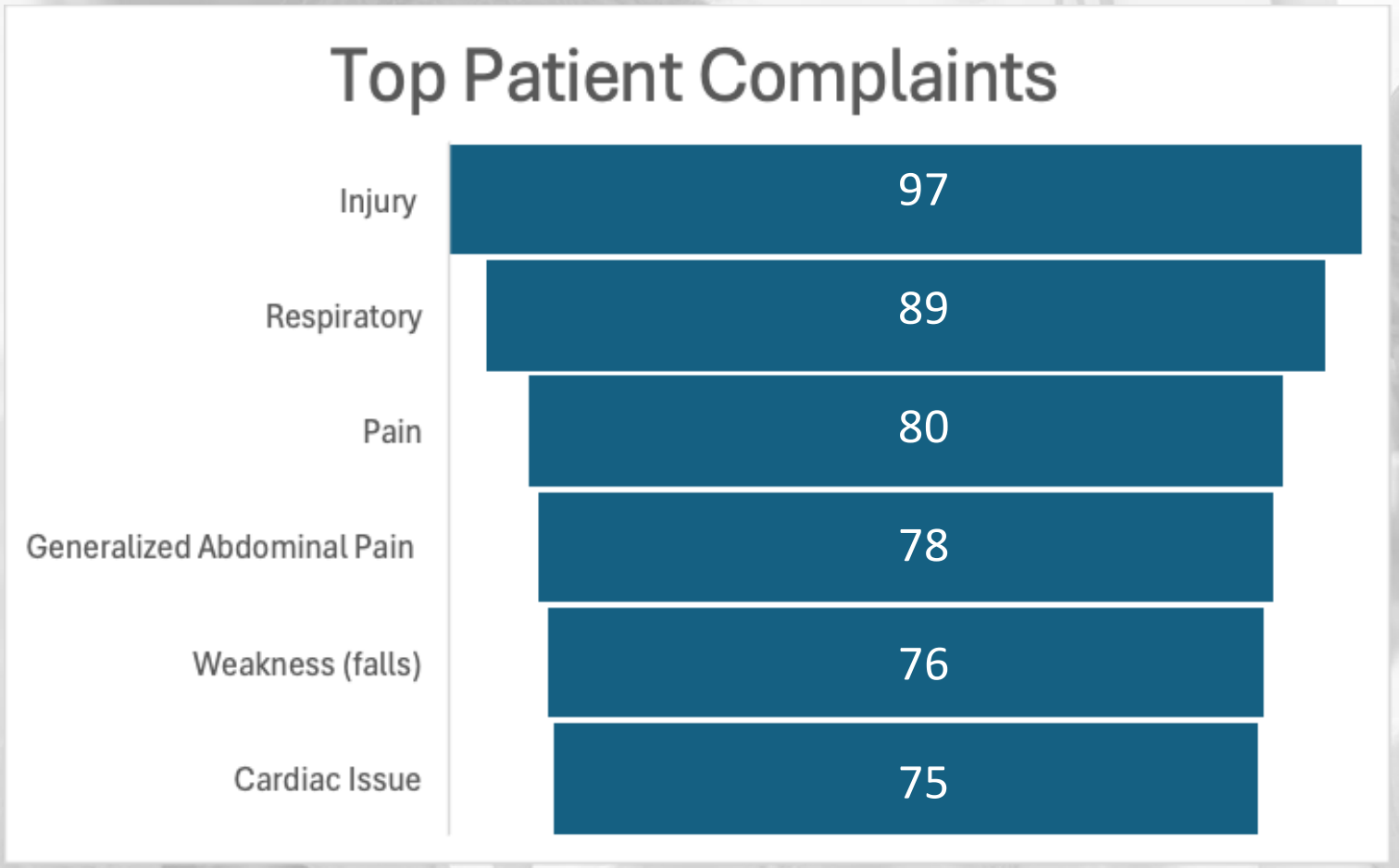




- 2026 = 150/189 transports were from repeat patients
- Sandy Fire has identified 28 repeat patients in 2026

- Nearly four out of five EMS responses in 2026 involved repeat patients (172 of 221 calls)

EMT Services – Sandy City Fire Data



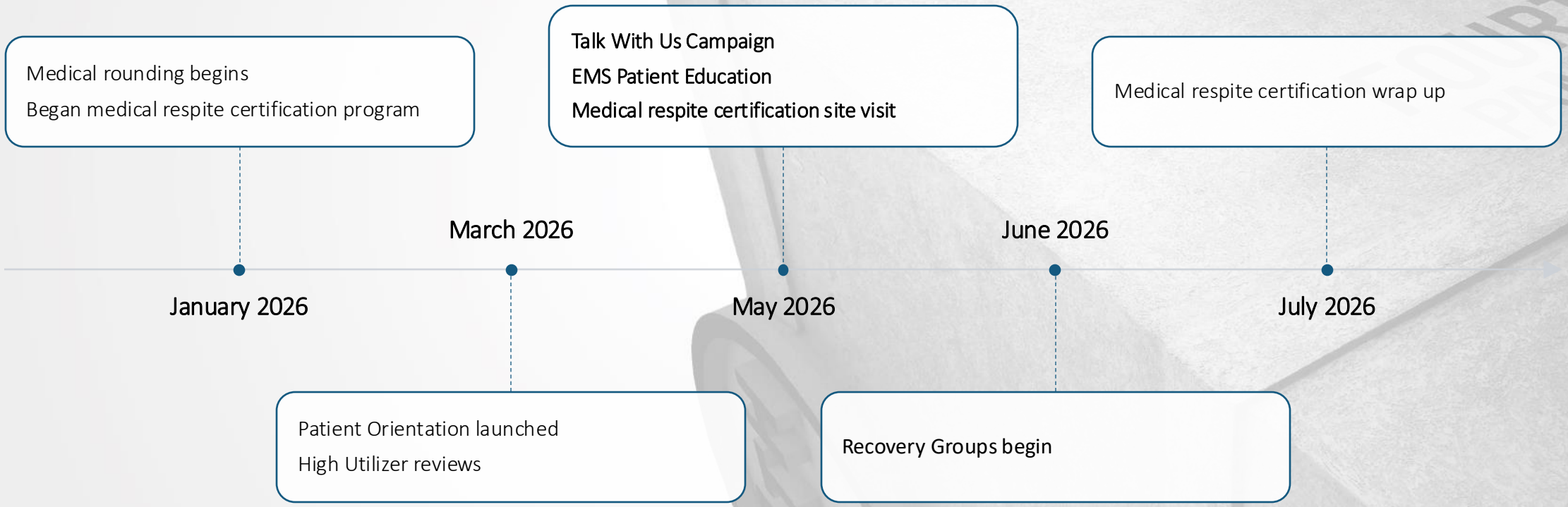
*Top complaints are consistent with general aging population complaints and issues

EMT Services – Case Presentations

- Case Study #1
  - 56-year-old male
    - Acute upper gastrointestinal hemorrhage
    - Hepatitis
    - Depression with suicidal ideation
  - Interventions
    - Coordinated support from EMTs
    - Patient education and healthcare navigation
    - Case management services
    - Offered behavioral health services (declined)
    - Cross-organizational care coordination

- Case Study #2
  - 61-year-old female
    - Symptomatic hernia
    - Substance use disorder
    - Post-traumatic stress disorder
  - Interventions
    - Coordinated medical care to reduce reliance on emergency services
    - Behavioral health services
    - Case management services
    - Community partner collaboration for SUD
    - Cross-organizational care coordination

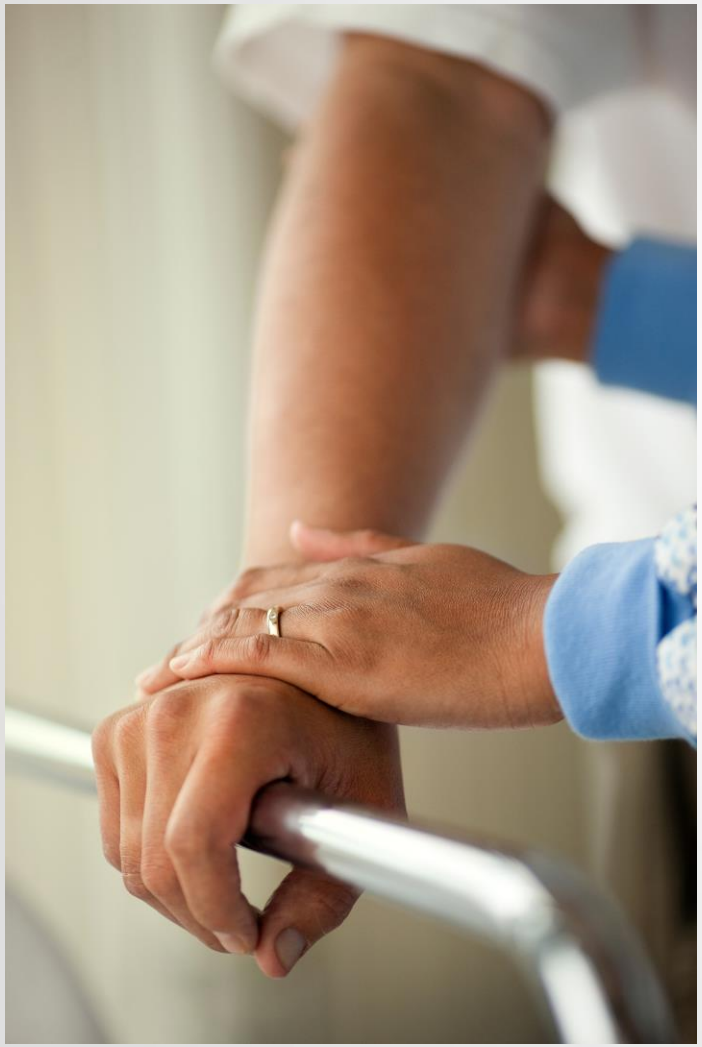
FSC Program Improvements Timeline Summary



ONGOING

- Weekly – Coordination with Sandy Fire and The Road Home
- Quarterly – Data review with Sandy Fire

Community Impact



- **Patients receive proactive, coordinated care** through primary care, specialty referrals, and medication management.
- **Care gaps are closed early**, reducing the likelihood of preventable medical crises.
- **Medication adherence improves**, helping patients remain medically stable.
- **Health is managed proactively rather than reactively**, reducing dependence on emergency services over time.

National Institute for Medical Respite Care Certification

MVP meets rigorous national standards for quality and patient care.

Why this matters:

- **Improves health outcomes** by providing safe, short-term medical recovery for people experiencing homelessness after hospitalization.
- **Reduces avoidable emergency department visits and hospital readmissions,** helping patients heal while lowering healthcare costs.
- **Strengthens community partnerships** between hospitals, health systems, housing providers, and social services.
- **Demonstrates accountability** through nationally recognized standards for clinical care, safety, care coordination, and program quality.
- **Positions Utah as a leader** in evidence-based solutions that improve health while reducing strain on hospitals and emergency services.

The result: Patients recover with dignity, hospitals have a safe discharge option, and the community benefits from more effective use of healthcare resources.

Special thanks to The Road Home for supporting the certification process.

Shelter the Homeless

Program and Security Updates

- 48,610 hot meals served in six months
- Safety & Community Liaison: businesses & neighbors have a point of contact for non-criminal concerns relating to homelessness near MVP
- Reduction of grave shift security: no changes to number of incidents since implementation

Facility Improvements

- Property Condition Assessment: create a 20-year capital plan & fundraising campaign
- ADA Improvements: entrance, second floor lift, bathroom grab bars, hallway railings
- Website refresh: improve communications to educate on services and non-congregate model

- Program information
- Referral process & contact information
- Image gallery

www.homelessutah.org

Partner City
Sandy, Utah

Operating Partner
The Road Home

Population & Program Focus
Located in Sandy, this program provides interim housing and medical services to seniors, veterans, and the medically frail who are experiencing homelessness. It provides a safe and supportive environment where individuals can connect with housing services, rehabilitate from illness, and access connections to the necessary health care and case management services with the goal to find stability and move toward permanent housing and other long-term solutions such as assisted living and nursing care homes.

Onsite Medical Partner
Fourth Street Clinic

Referral Only
Make a Referral:
https://theroadhome.org/mvpreferral/
Questions:
mvpintake@theroadhome.org

Pets Allowed
ADA Animals

Bed Capacity
165 Elderly and Medically Frail Men & Women

Bed Type
Non-Congregate Semi-Private Rooms

Opened
January 22nd 2024

Square Footage
108,596

Name & History
Over the last decade, homelessness has been rising in Salt Lake County, with seniors and medically frail individuals affected disproportionately. During the COVID-19 pandemic, Salt Lake County launched a program to provide hotel rooms for medically vulnerable adults and seniors, keeping this at-risk population safer during the spread of the pandemic, which evolved into a winter extension program to maintain services throughout 2023. From those experiences came a long-term vision. Shelter the Homeless partnered with The Road Home and Fourth Street Clinic to create a permanent facility, and after purchasing and renovating a former motel, the MVP facility opened in 2024, providing seniors a supportive place to stabilize their health and work toward lasting housing stability.

Gallery



Sandy Fire and Police

Mitigation Support

State funding to address concerns related to homelessness in the immediate vicinity of the MVP and across the broader Sandy community.

FY27

$725,000 awarded

- Supports 5 public safety positions (3 Fire/EMS, 2 Police), including benefits

FY27 funding increased by $150,000

- Contributes toward the purchase of a new ambulance (estimated cost: $400,000)

Previous Mitigation Investments

- 2 police vehicles purchased with first-year mitigation funding

Thank you.

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