

SASH<sup>®</sup>

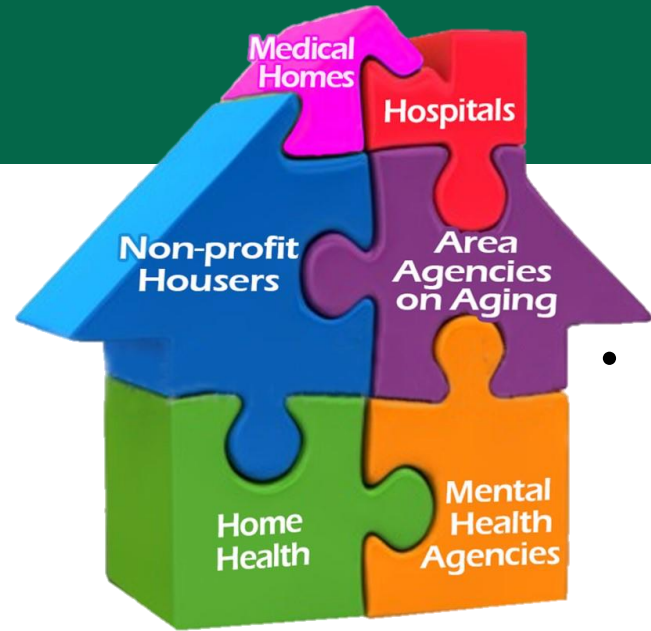
SUPPORT AND SERVICES  
AT HOME

*a caring partnership*

[sashvt.org](https://sashvt.org)

Better Care.  
Healthier People.  
Smarter Spending.

# Improving Health, Saving Money

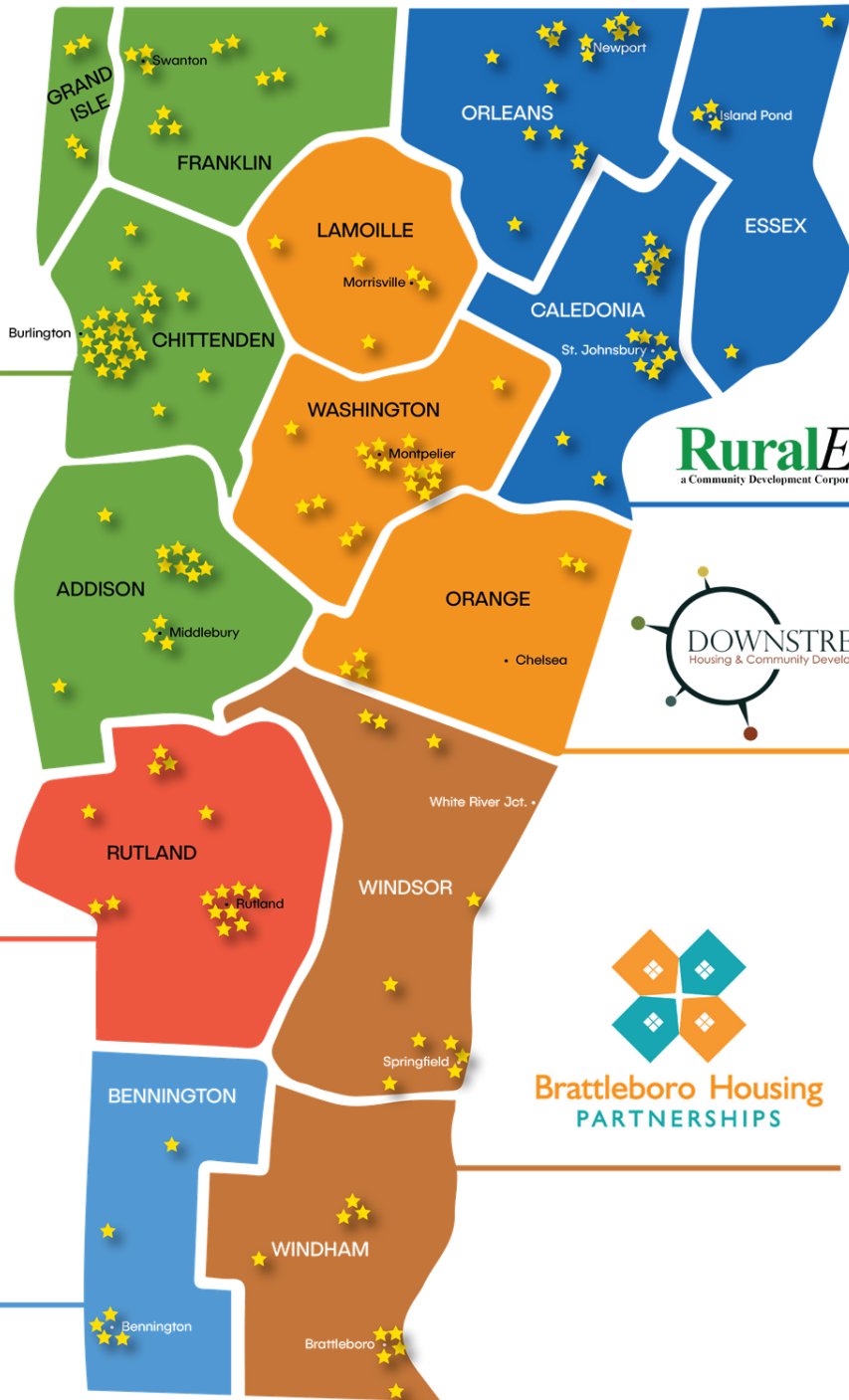


- A partnership among community organizations and agencies in housing and health care

- Based in nonprofit affordable housing
- Part of Vermont's All-Payer Model (APM) health-care improvement and payment-reform initiative
- Able to target high-cost and high-risk populations
- Focused on evidence-based wellness and prevention to serve whole population



# Statewide Presence



## HOME HEALTH AGENCIES

Addison County Home Health & Hospice  
 Central Vermont Home Health & Hospice  
 Franklin County Home Health Agency  
 Lamoille Home Health & Hospice  
 Northern Counties Health Care  
 Orleans, Essex Visiting Nurse Assoc. & Hospice  
 VNA & Hospice of the Southwest Region  
 Visiting Nurse & Hospice for Vermont & NH  
 UVM Health Network Home Health & Hospice  
*(formerly VNA of Chittenden & Grand Isle Counties)*

## AREA AGENCIES ON AGING

Age Well  
 Central Vermont Council on Aging  
 Northeastern Vermont Area Agency on Aging  
 Senior Solutions-Council on Aging for Southeastern Vermont  
 Southwestern Vermont Council on Aging

## HOUSING

Addison County Community Trust  
 Barre Housing Authority  
 Bennington Housing Authority  
 Brattleboro Housing Partnerships  
 Burlington Housing Authority  
 Cathedral Square  
 Champlain Housing Trust  
 Downstreet Housing & Community Development  
 Housing Trust of Rutland County  
 Lamoille Housing Partnership  
 Montpelier Housing Authority  
 National Church Residences  
 Randolph Area Community Development Corporation  
 RuralEdge  
 Rutland Housing Authority  
 Shires Housing  
 Springfield Housing Authority  
 Twin Pines Housing  
 Valley Cares  
 Vermont State Housing Authority  
 Windham & Windsor Housing Trust  
 Winooski Housing Authority

## HOSPITALS

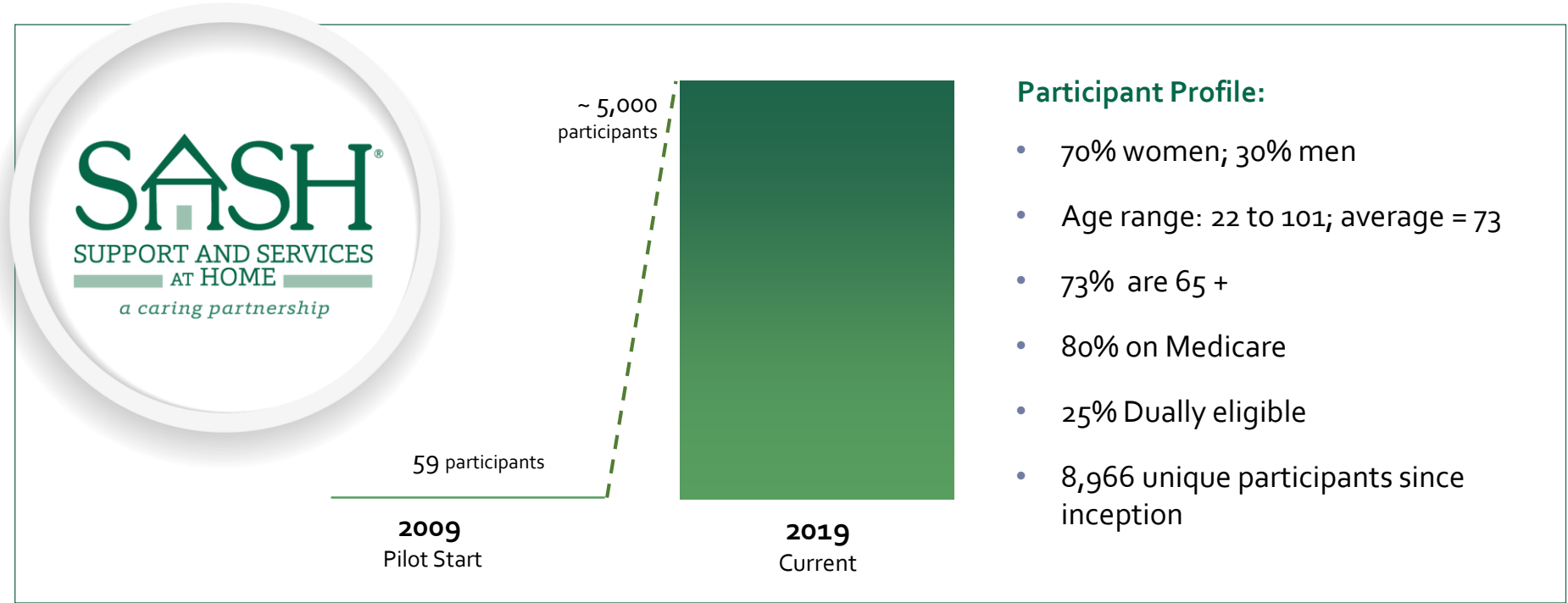
Brattleboro Memorial Hospital  
 Central Vermont Medical Center  
 Copley Hospital  
 Gifford Health Care  
 Mt. Ascutney Hospital & Health Center  
 North County Hospital  
 Northeastern Vermont Regional Hospital  
 Northwestern Medical Center  
 Porter Medical Center  
 Rutland Regional Medical Center  
 Southwestern Vermont Medical Center  
 Springfield Hospital  
 University of Vermont Medical Center

## DEVELOPMENTAL, MENTAL HEALTH & ADDICTION SERVICES

Clara Martin Center  
 Counseling Service of Addison County  
 Health Care & Rehabilitation Services  
 Howard Center  
 Lamoille County Mental Health  
 Northeast Kingdom Human Services  
 Northwestern Counseling & Support Services  
 Rutland Mental Health Services  
 United Counseling Service  
 Washington County Mental Health Services

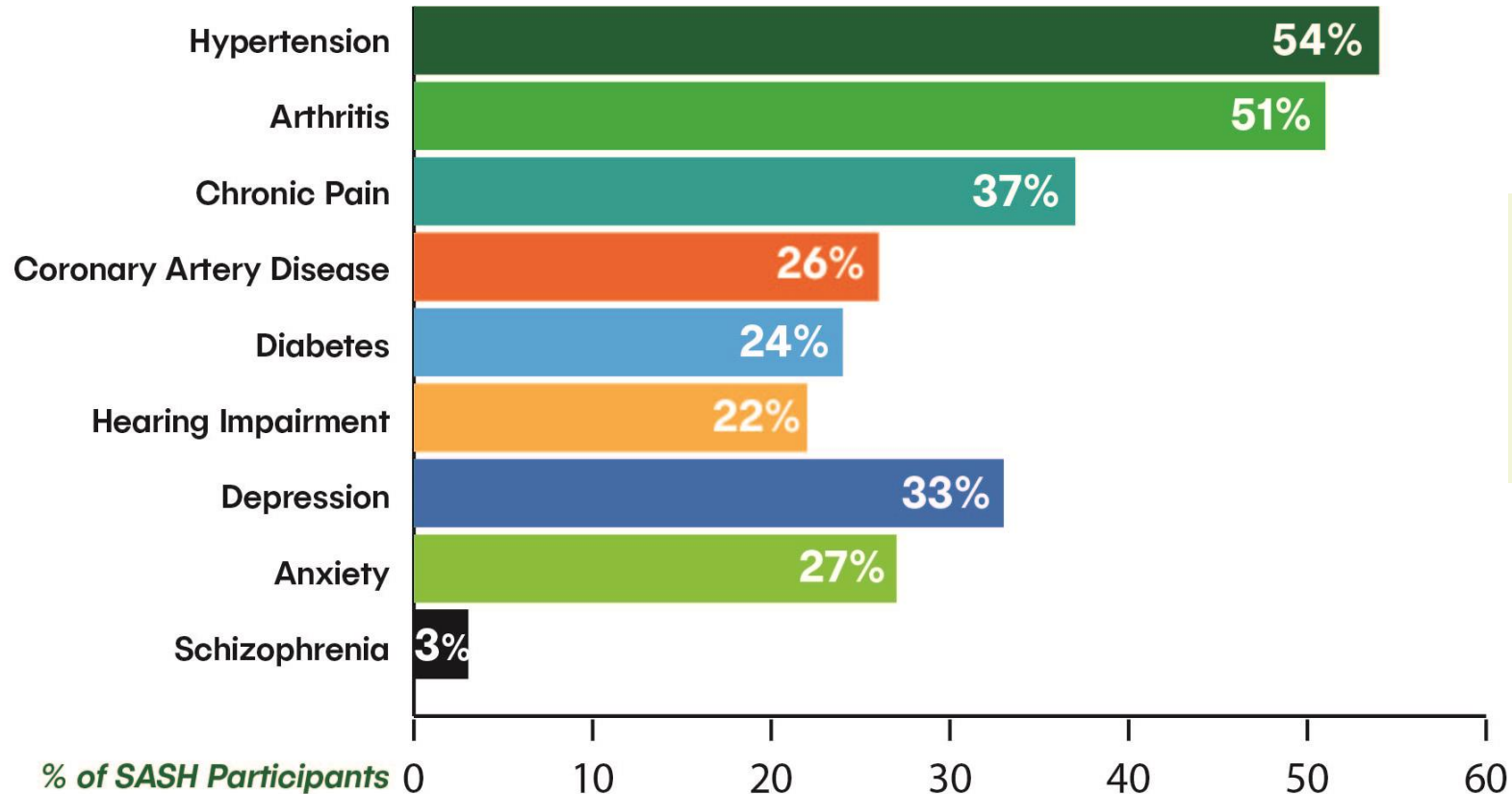
## OTHER HEALTH PROGRAMS

Castleton Undergraduate School of Nursing  
 Graduate Counseling Program,  
 Northern Vermont University  
 United Health Alliance  
 University of Vermont Center on Aging  
 Vermont Chronic Care Initiative  
 Vermont Health Foundation



# Health of SASH Participants Statewide

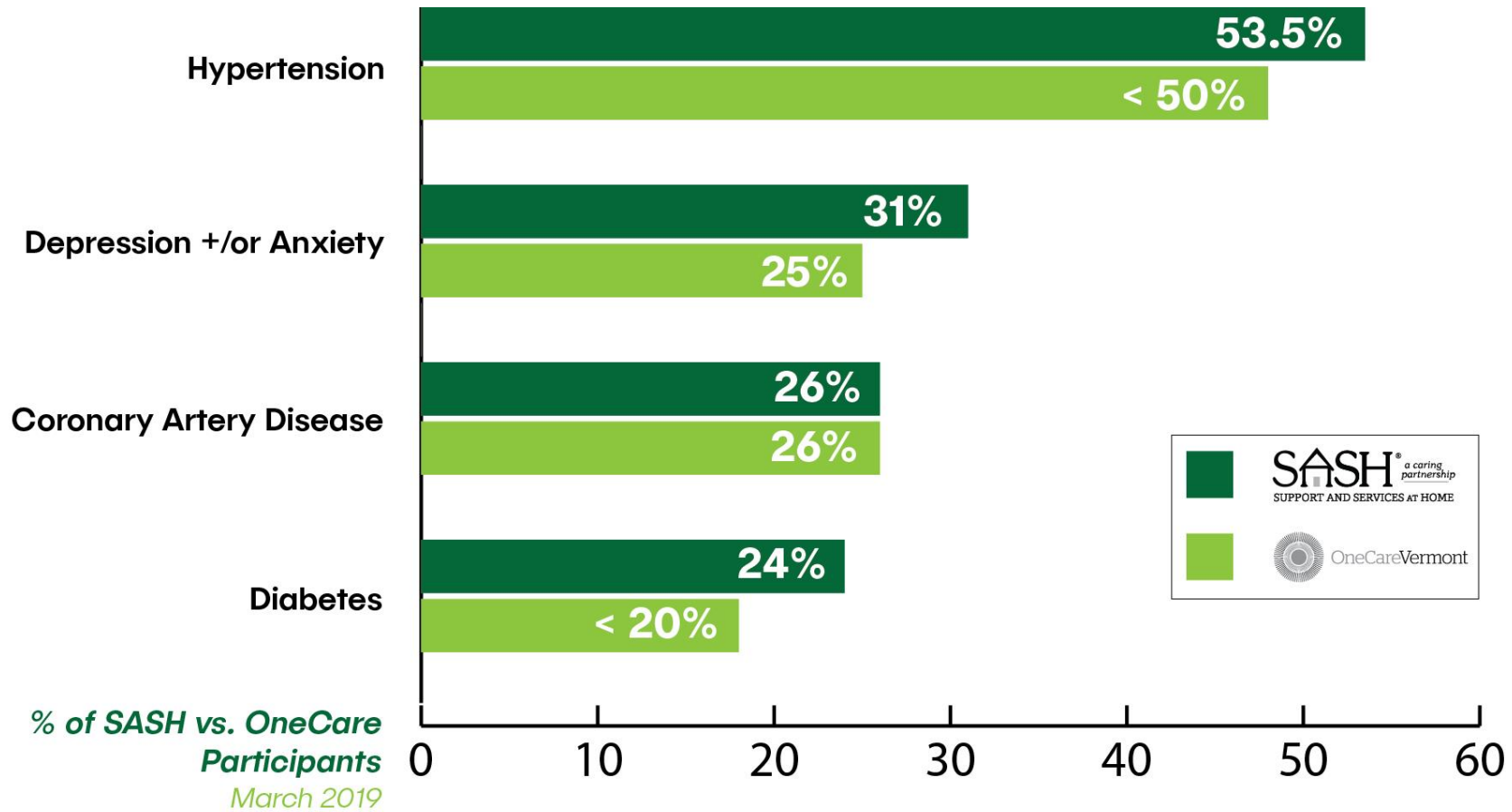
Median # of chronic conditions: **6**  
People with 3 or more diagnoses: **75%**



## HEALTH SCREENS

Risk of Falls ..... 58%  
Social Isolation ..... 37%  
Suicide Ideation ... 10%

# SASH vs. OneCare Participants Statewide



# Elements of SASH



# Evidence-Based Prevention & Wellness Programs



70+ SASH staff throughout Vermont are trained and certified to lead these programs

- **Stanford Chronic Disease Self-Management**
- **Falls prevention:** Tai Chi for balance and arthritis
- **Physical Activity:** chair yoga, walking programs, strength training, “Bone Builders” and more
- **Cognitive impairment and mental health** interventions
- **Nutrition** education and programming (DASH, etc.)





# Alignment with OneCareVermont Priorities

- **85% have annual exams** (staff assess annually)
- Staff provide **reminders and health coaching**
- Staff share medication reconciliation & vitals monitoring with PCP

Improve Access  
to Primary Care

- Staff **assess annually** for chronic conditions
- “**Healthy Living Plan**” developed to manage conditions
- Staff lead regular **chronic disease self-management classes**
- SASH focus on HTN and diabetes focus → **positive clinical change**

Reduce Chronic  
Disease

- Staff **screen annually** for suicide risk and alcohol/drug misuse
- SASH staff trained in **Umatter Suicide Prevention** and **SBIRT**
- Part of **Zero Suicide Initiative** with mental health partners & VDH

Reduce Suicide  
& Drug  
Overdose



OneCareVermont

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SUPPORT AND SERVICES AT HOME

# Alignment with 2019-23 State Health Improvement Plan

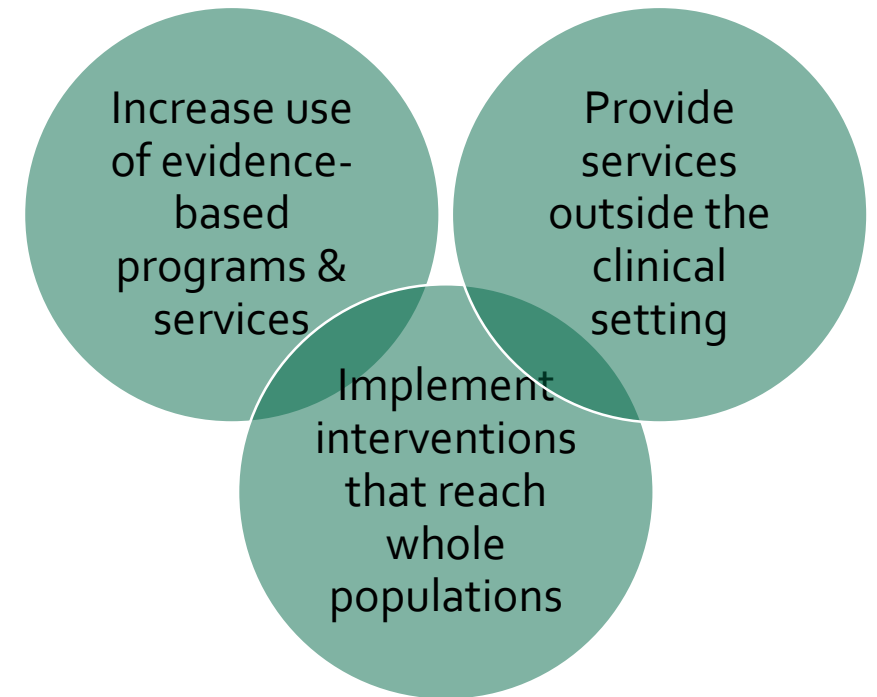
“Expand housing...”

“...support healthy living and healthy aging.”

“...promote norms that encourage physical activity and healthy eating, and discourage tobacco, alcohol, drug use/misuse.”

“Implement *Zero Suicide*....”

## The “Three Buckets of Prevention”





# Current Pilots

# Hypertension

- Consistent hypertension-management protocol using Wellness Nurse, SASH Coordinator & PCP
- Home blood pressure monitoring with automatic cuffs (provided)
- Coaching on lifestyle behavior changes to < blood pressure



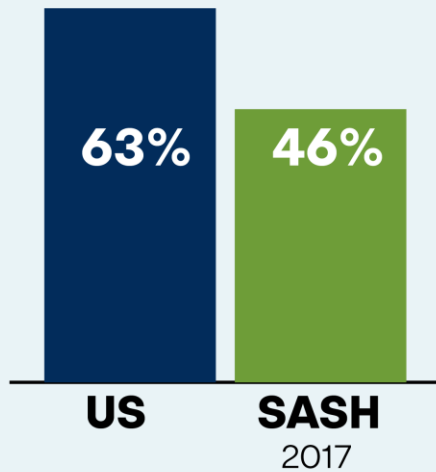
Department of Health  
Agency of Human Services

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SUPPORT AND SERVICES AT HOME

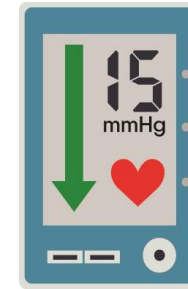
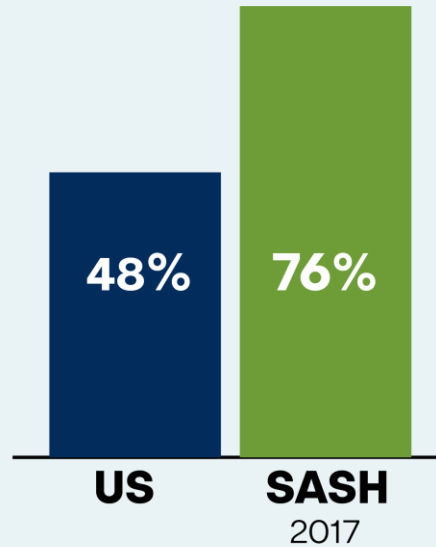
# Hypertension

## OUTCOMES

Adults with Hypertension



Adults with **Controlled** HTN



70% reduced their systolic BP an average of **15 mmHg** within 3 to 6 months.

Of these, more than **50%** moved into a lower risk category.

*Comparison data from October 2017 CDC data brief "Hypertension Prevalence and Control Among Adults: United States, 2015-2016"*

# Hypertension Profile



- 79-year-old female in Addison County SASH
- Recovering from a recent fall
- Stopped taking her blood-pressure medication after it had run out
- Was confused about how to take her blood-pressure medication
- Other medical issues: obesity, hyperlipidemia

	BEFORE:	AFTER 5 MONTHS:
Blood Pressure	172/90	138/74

# Diabetes Pilot

- Disease-prevention collaboration with the Vermont Department of Health targeting SASH participants in Rutland with diabetes or pre-diabetes
- Pilot with Rutland SASH Team, Beauchamp & O'Rourke Pharmacy, and diabetes educator from Southwestern Vermont Health Care
- Measuring outcomes based on hemoglobin A1c, cholesterol profile, blood pressure, heart rate and BMI
- Pharmacist included in SASH team-based care and regular multi-sector meetings



# Diabetes Pilot Results

November 1, 2017 - June 30, 2018

Clinical Measure	Before	After	Average Change	Range of Change	Sample with More than 1 Measurement
HgA1c	7.9%	6.9%	-1.03%	-0.4% to -4.1%	13
Systolic Blood Pressure	127mmHg	126mmHg	-0.3mmHg	-60 to -30mmHg	23
LDL Cholesterol	101 mg/dl	65 mg/dl	-35.5 mg/dl	-117 to -20 mg/dl	8
BMI	33.0	31.8	-1.2	-15.1 to -2.3	22
Weight	203 lbs.	195 lbs.	-7.7 lbs.	-99 to -13 lbs.	22

Total weight lost: **170 lbs.**





# Mental Health Pilot



- Full-time Howard Center clinician embedded in SASH team
- Underway at 2 Cathedral Square sites in Burlington
- Aimed at improving emotional well-being of individuals and groups
- Natural extension of SASH services
- Goals: Improved access to mental-health services, reduction in avoidable ER visits, better patient experience, enhanced inter-agency coordination



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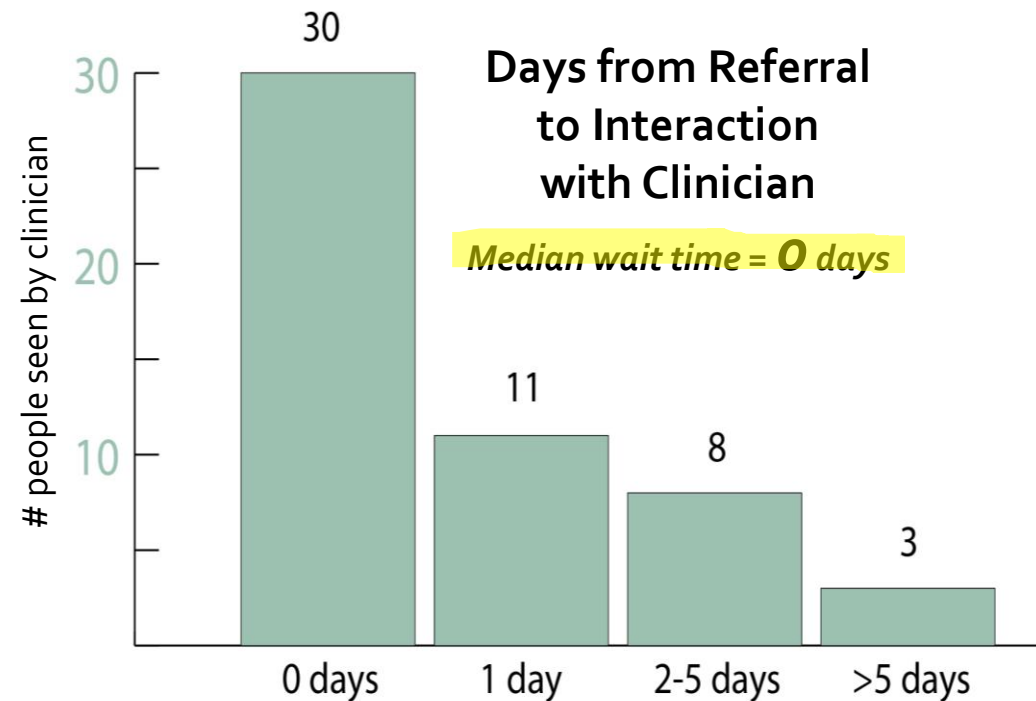


HOWARD  
CENTER

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SUPPORT AND SERVICES AT HOME

# Improved Access to Mental Health Services

November 1, 2017 – December 31, 2018



- **80% of those referred were seen either the same day or the next day.**
- **Clinician had 2,059 unique encounters with participants at both sites.**  
(includes individual visits, consults with staff, group programs, educational activities, social-wellness visits)



# The Participant Perspective

## *Findings from Surveys of Group Participants:*

- **72%** of group participants said they **“learned new skills to help cope.”**
- **91%** agreed that they had **“learned about a new resource”** through a group program.

*“I just felt comfortable talking about my anxiety with the group.”*

*“...feeling I am not alone, and empowered to cope.”*

*“I met a new friend.”*



OneCareVermont



HOWARD  
CENTER

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SUPPORT AND SERVICES AT HOME

# A Life Changed

*60-year-old resident experiencing delusions, hallucinations and paranoia:*

## **Before:**

- Not open to accessing traditional medical or mental health services
- At risk of eviction due to lease violations

## **Now:**

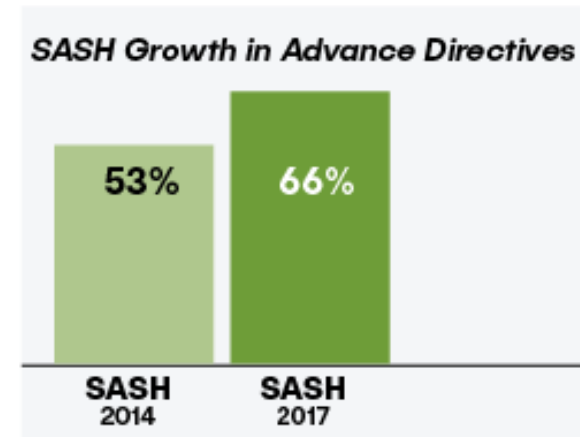
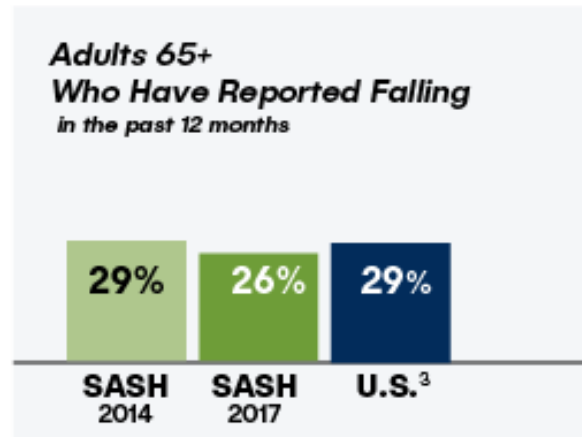
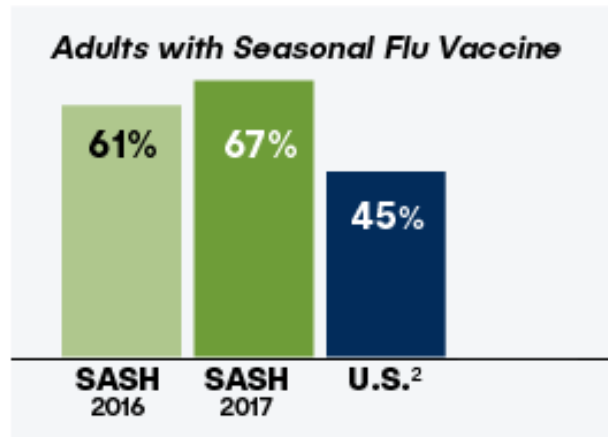
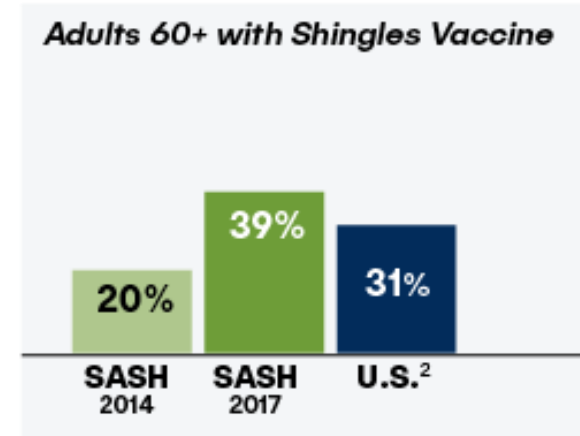
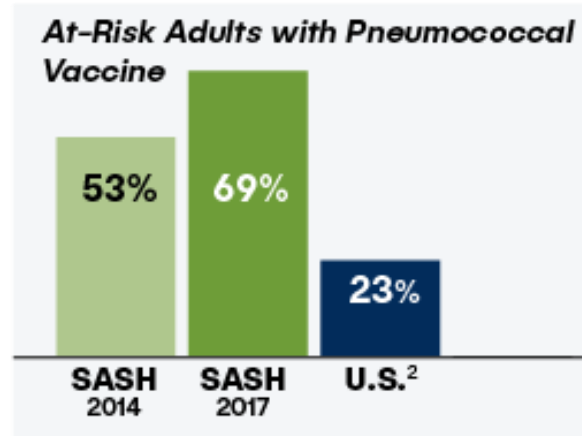
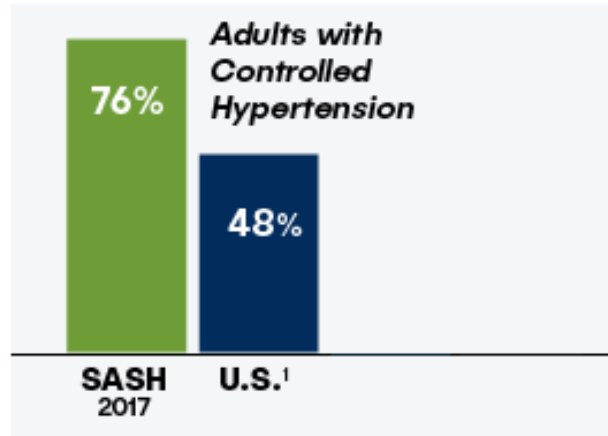
- Has been engaged in weekly individual therapy for 1 year
- Has met with PCP and is open to coordination between therapist and PCP
- Has avoided conflicts with other residents / lease violations
- Says he feels heard and validated while also focusing on his goals and coping skills
- Staff are employing strategies learned to respond to complaints and concerns





# SASH Outcomes

# Outcome: Healthier People



1) [cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1\\_down](https://www.cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1_down)

2) [cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf](https://www.cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf)

3) [cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm](https://www.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm)

4) Analysis of statewide SASH data

# Outcome: Health-Care Savings

The latest independent federal evaluation found **statistically significant Medicare savings** of \$1,100\* to \$1,400\* per person per year.



*"SASH participants and wellness nurses were able to identify health issues early before those issues progressed to more serious incidents."*

—RTI/Leading Age Four-Year SASH Evaluation (Summary), March 2017

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\*rural panels | \*urban (Chittenden Co.) panels  
—RTI/Leading Age Five-Year SASH Evaluation,  
October 2018

# Outcome: Lower Costs for ER & Specialist Visits



Study by SASH third-party evaluator published August 2018; examines which panel characteristics have the strongest impacts on reducing Medicare expenditures

## KEY FINDINGS:

- **ER Medicare expenditures trended lower for ALL SASH panels** compared to the control group.
- **Expenditures for specialist visits trended lower for ALL panels;** statistically significant findings in urban and early panels.
- Statistically significant **reduction in Medicare expenditures for dually eligible participants** in early and urban panels.



# Outcome: Reduced Medicaid Spending

**KEY FINDING** from October 2018 analysis by same third-party evaluator (to be published June 2019):

**SASH is helping Vermonters stay in their homes as they age and not move to long-term care settings.**



- SASH participants living in affordable-housing communities where SASH is based AND participants in all rural panels (i.e., outside Chittenden County) showed **a statistically significant reduction in growth in Medicaid spending for nursing-home care.**
- **All other panels had lower spending for long-term care as well,** although the findings did not reach statistically significant levels.



# New Initiatives

# Telemedicine Initiative

- Collaboration with UVM Medical Center and Northwestern Medical Center
- Five locations: Burlington, Elm Place, St. Albans, South Burlington, Williston



- SASH nurse accompanies patient during online meeting with PCP



# SASH in Family Housing



## Of 81 Housing Vermont Evictions in 2016:

- 42% of heads of household were 21-30 years old
- 61% of households had children
- At least 49% were single-parent households

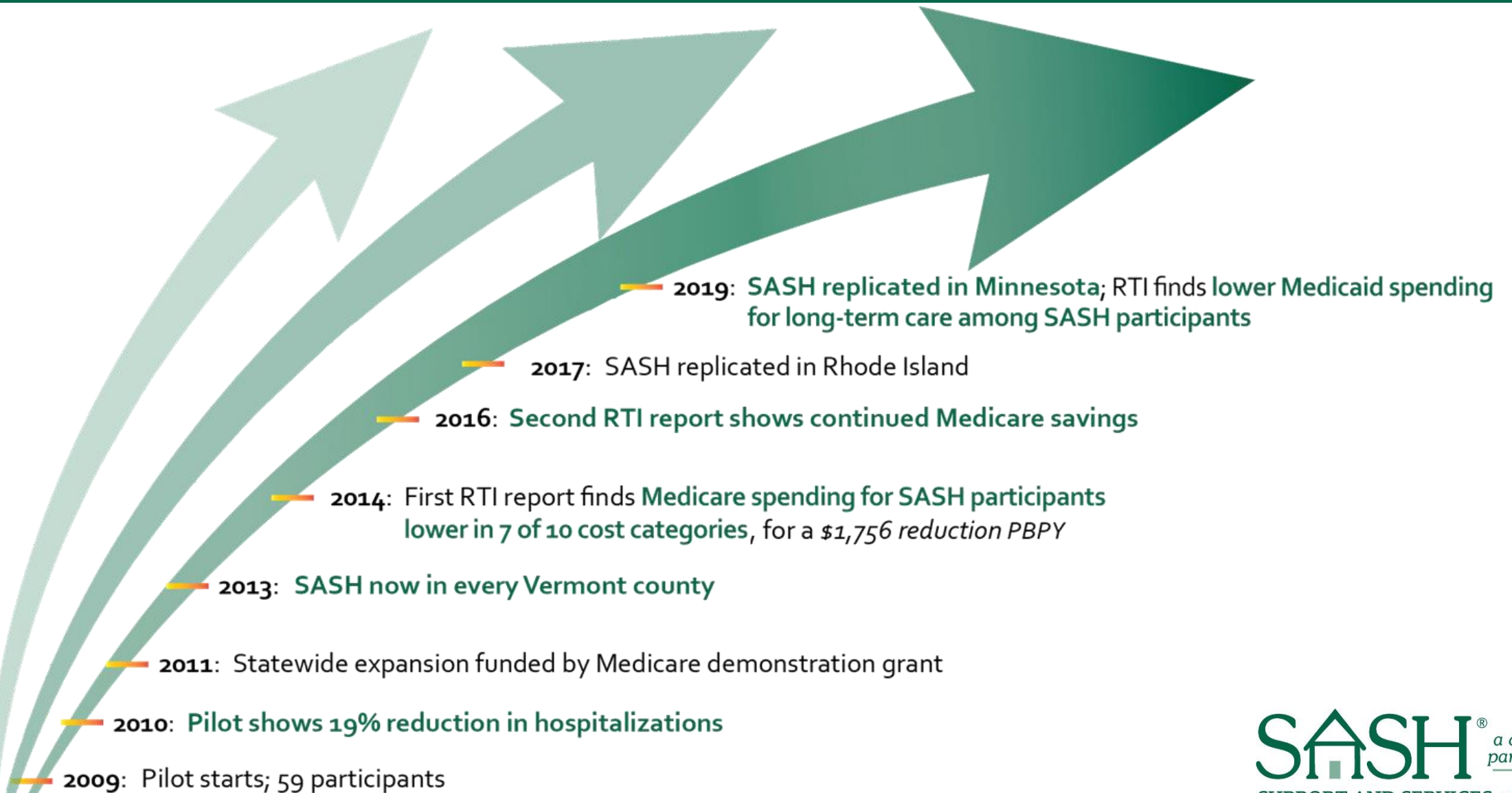
## Areas to Address:

- Immunizations
- ER visits
- Mental health
- Preventive screenings
- Evictions
- Nutrition

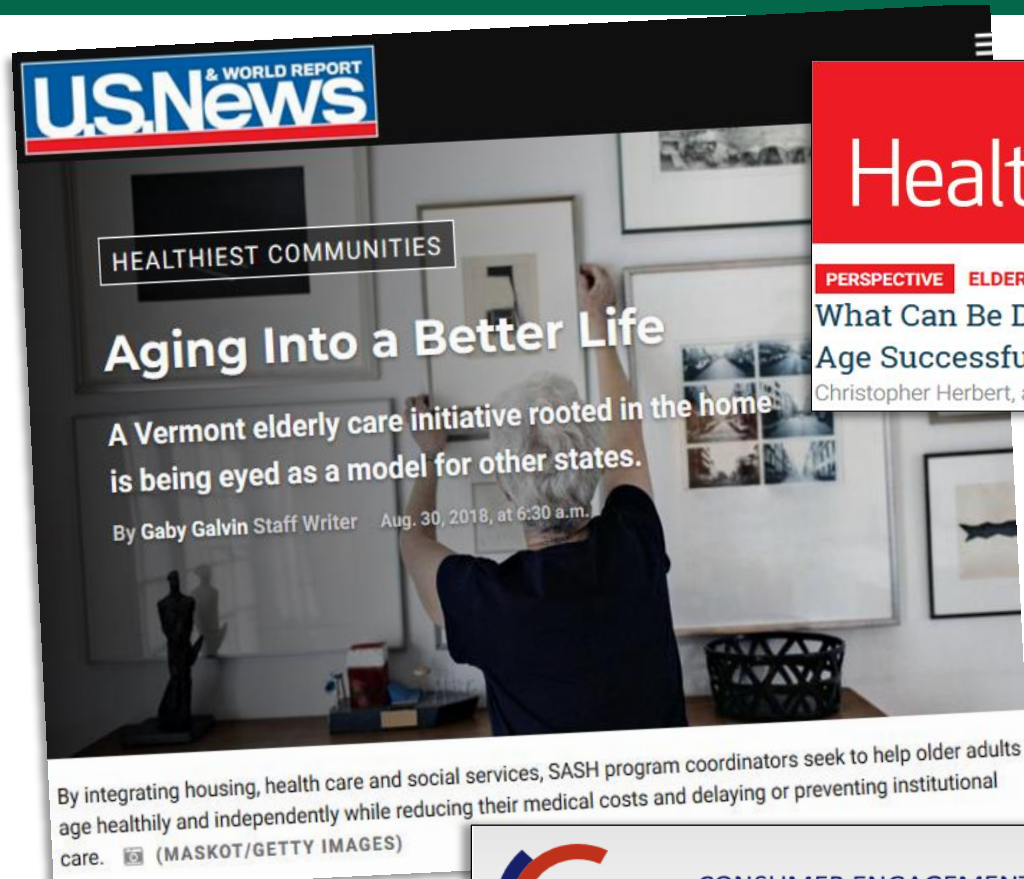


Moving  
Forward

# Timeline of Growth & Success



# Attracting the Attention of Major Media



**U.S. News & World Report**

HEALTHIEST COMMUNITIES

## Aging Into a Better Life

A Vermont elderly care initiative rooted in the home is being eyed as a model for other states.

By Gaby Galvin Staff Writer Aug. 30, 2018, at 6:30 a.m.

By integrating housing, health care and social services, SASH program coordinators seek to help older adults age healthily and independently while reducing their medical costs and delaying or preventing institutional care. (MASKOT/GETTY IMAGES)



**Health Affairs**

VOL. 38, NO. 5  
MAY 2019

JOURNAL

PERSPECTIVE ELDER CARE

### What Can Be Done To Better Support Older Adults To Age Successfully In Their Homes And Communities?

Christopher Herbert, and Jennifer H. Molinsky



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Cityscape

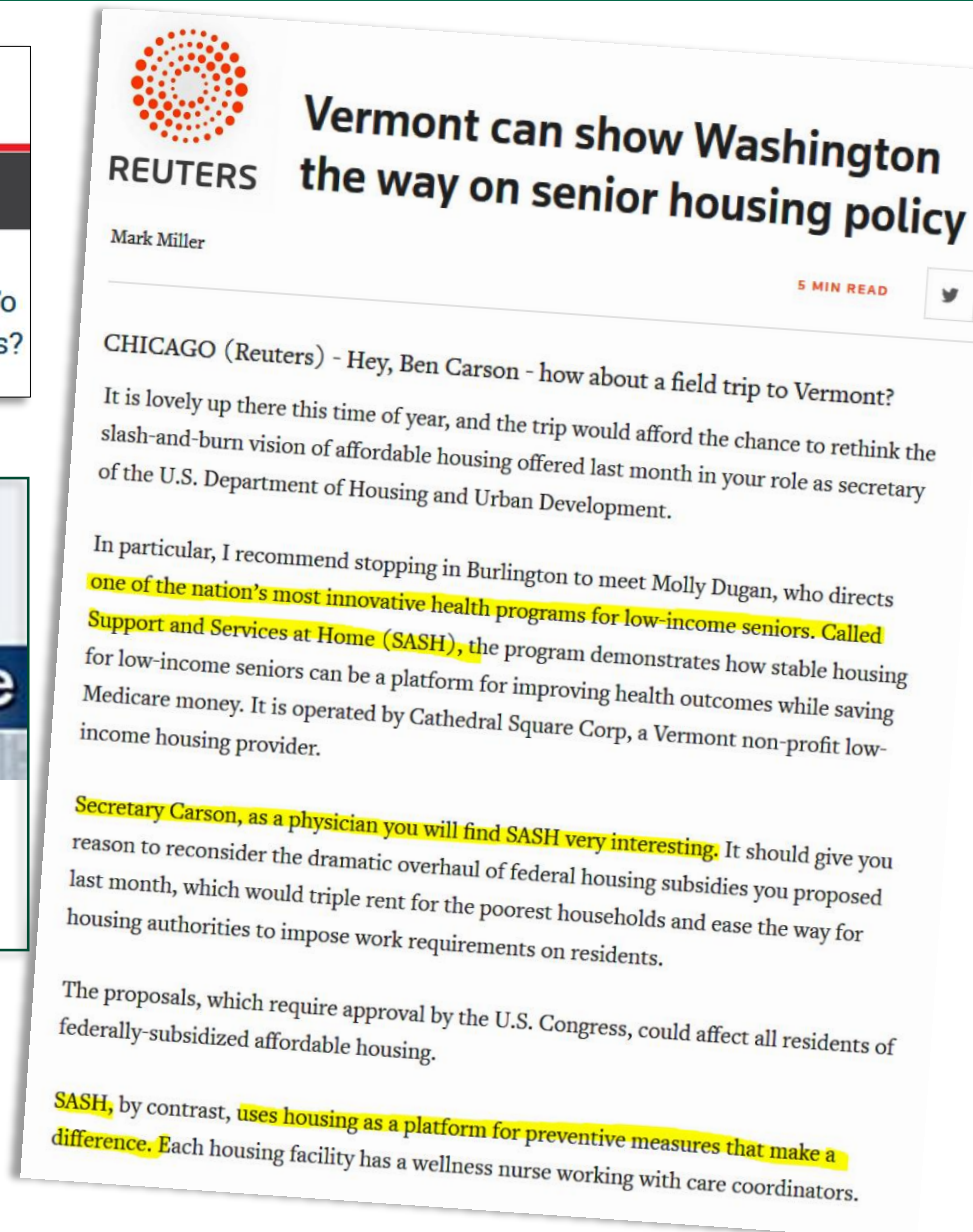
### The Impact of the Vermont Support and Services at Home Program on Healthcare Expenditures



**CENTER FOR CONSUMER ENGAGEMENT**  
*in health innovation*  
A better way to better health. For everyone.

## Care That Works: SASH

August 06, 2018



**REUTERS**

## Vermont can show Washington the way on senior housing policy

Mark Miller

5 MIN READ

CHICAGO (Reuters) - Hey, Ben Carson - how about a field trip to Vermont? It is lovely up there this time of year, and the trip would afford the chance to rethink the slash-and-burn vision of affordable housing offered last month in your role as secretary of the U.S. Department of Housing and Urban Development.

In particular, I recommend stopping in Burlington to meet Molly Dugan, who directs **one of the nation's most innovative health programs for low-income seniors. Called Support and Services at Home (SASH),** the program demonstrates how stable housing for low-income seniors can be a platform for improving health outcomes while saving Medicare money. It is operated by Cathedral Square Corp, a Vermont non-profit low-income housing provider.

**Secretary Carson, as a physician you will find SASH very interesting.** It should give you reason to reconsider the dramatic overhaul of federal housing subsidies you proposed last month, which would triple rent for the poorest households and ease the way for housing authorities to impose work requirements on residents.

The proposals, which require approval by the U.S. Congress, could affect all residents of federally-subsidized affordable housing.

**SASH, by contrast, uses housing as a platform for preventive measures that make a difference.** Each housing facility has a wellness nurse working with care coordinators.

# What Participants Say



**"I don't know if I would still be walking without the [SASH] program, and I really mean that. I don't think my diabetes would be so much in control if it wasn't with their help."**

**"Before SASH, I was going straight downhill. I honestly didn't know what to do or where to turn. I was fighting just to stay alive."**

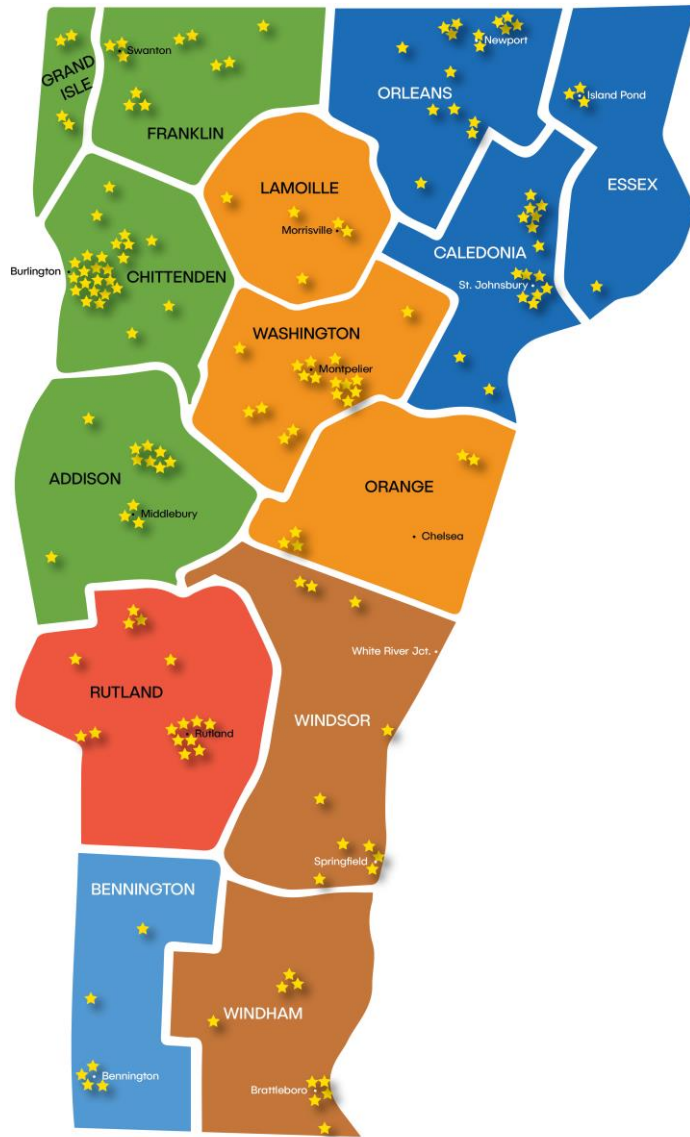
**"Before I came here I had high blood pressure. It's better since SASH got me to start taking my pills and help me keep track of it."**

**"Because they have all these programs and workshops, I know that I am not alone. If I was all by myself I would get depressed."**

**"I've lost 30 pounds since last year...and that's due a lot to the exercise programs SASH offers here."**

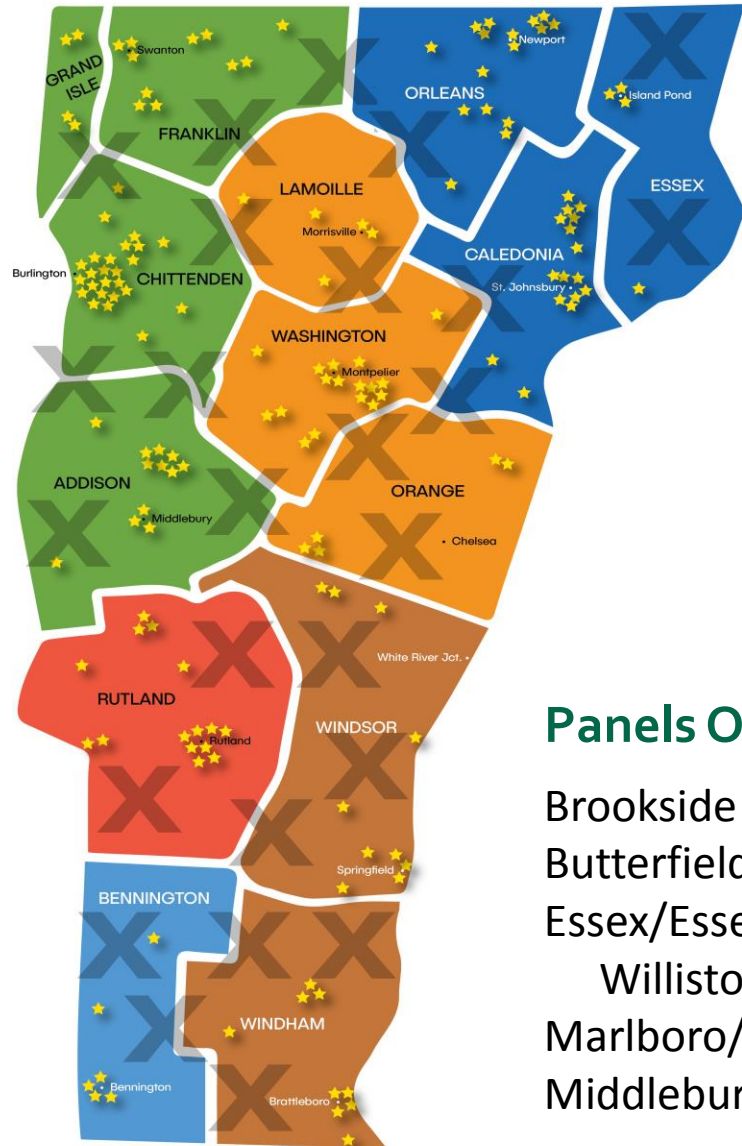


# A Growing Need throughout Vermont



- Currently limited to 54 panels
- Vast areas unserved
- Need especially high in rural areas, where health challenges are greater and health-care resources are limited
- High SASH waiting lists within each DRHO
- Aging population = greater need
- More affordable housing coming online; should not lose opportunity to improve population health and save health-care dollars

# Over-Capacity Panels & Unserved Communities



## Unserved/Underserved Communities with High Interest

- |               |                        |            |             |
|---------------|------------------------|------------|-------------|
| Bellows Falls | Chester                | Marlboro   | Sudbury     |
| Bennington    | Cornwall/<br>Salisbury | Pittsford  | Vernon      |
| Benson        | Dummerston             | Putney     | Wallingford |
| Berkshire     | Fairfax                | Richford   | Warren      |
| Bethel        | Fairfield              | Rockingham | Wells       |
| Brandon       | Georgia                | Sharon     | Westminster |
| Bridgewater   | Guildford              | Sheldon    | Woodstock   |
| Castleton     |                        | Stratton   |             |

## Panels Over Capacity and/or with Waiting Lists

- |   |                          |
|---|--------------------------|
| Brookside                                   | South Burlington         |
| Butterfield                                 | Vergennes                |
| Essex/Essex Junction/<br>Williston/Richmond | Walloomsac               |
| Marlboro/Stratton                           | Warren/Lamoille/Hardwick |
| Middlebury                                  | Westfield/North Troy     |

# Questions?



# Contact Information

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