



**Care That Works:
Support and Services at
Home (SASH)**

August 2018



Care That Works: Support and Services at Home (SASH)

This is the third in an occasional series highlighting promising strategies for person-centered care for people with complex care needs.

Introduction: Why Housing is Important to Health

Adequate housing provides for shelter, safety, privacy and independence, and gives a person access to supportive, stable relationships with neighbors, recreational opportunities, community activities and healthy food.¹ For older adults and younger people with disabilities, housing with access to supportive services can prevent hospital and nursing home stays.² Especially in rural areas, where access to health services can be particularly challenging,³ stable housing can serve as a platform for meeting individual health needs, improving the efficiency of health and social service delivery, and addressing community-wide health challenges. This issue brief examines one statewide program that has successfully used affordable housing communities to provide supportive services and care coordination to older adults and people with disabilities in rural areas.

Quick Facts about SASH

- Age range: 20-101
- Average age: 72
- Under age 65: 27 percent
- Medicare beneficiaries: 80 percent
- Living at an affordable housing site: 75 percent
- Living with a disability: 57 percent

Eligibility Criteria

- The target population for SASH is older adults and people with disabilities who are Medicare beneficiaries.

What is SASH?

History

In 2009, spurred by a dogged commitment to identify and meet the needs of its residents, the Cathedral Square Corporation, an affordable housing provider in South Burlington, Vermont, launched the Support and Services at Home (SASH) program. By way of a formalized partnership between affordable housing providers, home health agencies, area agencies on aging and local hospitals, SASH provides supportive services and care coordination to older adults and individuals with disabilities living in non-profit affordable housing properties and surrounding communities.

Through SASH, an on-site Wellness Nurse and SASH Care Coordinator work with participants to coordinate the assistance provided by social service agencies and community health providers with the services of the housing provider. Although community organizations serving older Vermonters and individuals with disabilities had collaborated on services for decades, until the implementation of SASH, the collaboration had not included affordable housing providers and was often short-term and fragmented.

SASH is distinctive in that it uses affordable housing sites across the state as the platform or locus of coordination. Using the existing network of affordable housing sites is particularly helpful in a rural state like Vermont, where roughly 625,000 residents are spread across more than 9,000 square miles – two-thirds of them outside the state’s sole metropolitan statistical area encompassing the city of Burlington and surroundings.⁴ In the nine years since SASH started, the program has grown exponentially. Starting with just 54 participants in 2009, SASH now serves over 5,000 participants at affordable housing sites and surrounding communities across Vermont.

How It Works

SASH participants range in age and level of need from age 20 to 101 and from active and healthy to having multiple, complex chronic conditions, including dementia. Participants are assigned to “panels” of approximately 70 to 100 participants served by a full-time care coordinator and a part-time wellness nurse. In rural parts of the state, a panel could include participants from multiple affordable housing properties as well as homes in the surrounding community.⁵ In working with SASH participants, the SASH care coordinator and wellness nurse focus on wellness and prevention, information sharing, person-centered goal setting and shared responsibility. SASH staff are embedded in the communities they serve, with offices located within the affordable housing sites. To facilitate collaboration, all SASH participants sign an agreement allowing health information sharing among all SASH partner agencies.

A core tool of the SASH program is the healthy living plan developed with each participant. The plan development process begins with a person-centered interview conducted by the SASH care coordinator, which aims to learn about the individual beyond solely medical needs and to identify the person’s broader life goals. The plan is also shaped by a uniform health assessment completed by the wellness nurse, which identifies illnesses and health conditions and screens for falls and nutrition risk. Using the information gathered through the interview and assessment, SASH staff create a healthy living plan for each participant that is structured around each person’s self-identified goals. With the participant’s sign-off on the plan, SASH engages community partners in helping to implement it.

In addition to developing the healthy living plan, SASH staff provide wellness check-ins and health coaching on chronic conditions, and assistance with medication management, care transitions, scheduling medical appointments and completing advance directives.⁴ Further, SASH staff use the information gathered from individual participants to identify common health issues faced by the community as a whole. They share the data with participants and use it as the basis for planning evidence-based workshops and community activities.

Funding

From 2011 through 2016, SASH received funding through a national demonstration program funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). With the demonstration now complete, SASH continues to receive government funding support through an all-payer Medicaid waiver agreement between Vermont and CMS. SASH also receives annual grants from the Vermont Department of Disabilities, Aging, and Independent Living;

the Department of Vermont Health Access (Health Information Technology Grant); foundations; and the Vermont Housing and Conservation Board.⁶

The SASH program has delivered positive results:

- In 2017, the percentage of SASH participants who suffered a fall was 26 percent, below the 29 percent U.S. average fall rate among older adults.⁷
- Seventy-six percent of SASH participants with hypertension have it under control, compared with the U.S. average among older adults of 30 percent.⁷
- Sixty-six percent of SASH participants have documented advance directives, compared to the national average of 26 percent.⁷
- From July 2011 to June 2015, SASH participants in early panels realized an average savings of \$1,227 per person per year in Medicare expenditures.⁸
- Knowing the end-of-life preference of the 3,300 SASH participants with advance directives could translate into a savings of \$18.4 million in unwanted medical treatment at end-of-life, according to a study published in the Journal of the American Medical Association.⁹
- SASH participants report having significantly less difficulty with common medication management tasks compared to Medicare beneficiaries who are not in the SASH program.⁸

The Consumer Experience: Ms. Regina Fournier



Ms. Regina Fournier (right) with her SASH care coordinator, Robin Burnash.

A SASH participant since 2015, Regina Fournier is retired and a secular Franciscan for the past 15 years who enjoys line dancing, playing Mahjong, sewing and quilting. She is an aunt to dozens of nieces, nephews, grandnieces and grandnephews across the United States.

Ms. Fournier believes that it is thanks in part to SASH that she is still dancing. She had just moved to Passumpsic View Apartments, a SASH site owned and operated by Rural Edge, a housing non-profit in St. Johnsbury, Vermont, in November 2015. On the day she moved in, a Passumpsic View neighbor noticed that Ms. Fournier did not seem well, and asked the onsite SASH wellness nurse, Hilary Adams, to check on her. The nurse found that Ms. Fournier was in the midst of having a stroke and sent her to the hospital. Ms. Fournier has been a SASH participant from that moment forward, enabling her to benefit from SASH supports and services as she transitioned from her hospital stay back to her new apartment home at Passumpsic View.

As Ms. Fournier recovered from her stroke, the SASH wellness nurse and SASH coordinator, working closely with their community SASH partners, ensured that she received services such as the home health and speech therapy that were ordered after her hospitalization. The wellness nurse took her blood pressure regularly. SASH staff worked with Ms. Fournier to develop a healthy living plan, including identifying strategies for staying engaged in recreational activities. As Ms. Fournier puts it, “They work with us to figure out what we need to do to keep going.” A couple of the things that keep Ms. Fournier going are line dancing and sewing, which she has enjoyed for many years. She says, “They helped me get right back into doing crafts and sewing...starting with big needles, and eventually working my way down to a finer needle. Now, I can put in a blind hem that you’d never notice!”

Ms. Fournier finds it helpful to have SASH staff available because it gives her “someone to talk to about health questions that come up.” She says, “Since you know the person, you can ask a simple question.” Knowing the person is something that Robin Burnash, the SASH Coordinator for Ms. Fournier’s building for the past six years, notes is a strength of SASH. She says “A big advantage of SASH is that it allows you to build relationships – with participants and with other service providers. Getting to know people fosters trust, so a participant will feel comfortable telling you if they’re struggling with something or if there’s a doctor’s instruction that they don’t understand.” In Ms. Fournier’s case, a medication side effect caused her stroke. The SASH wellness nurse has helped her understand more about her medications, potential side effects, and when to ask for help.

SASH also helps address barriers to getting routine care. Transportation can be a significant challenge in a rural state like Vermont. If a participant does not have access to transportation, SASH staff can help arrange for transportation to their appointments. Robin can connect participants to an organization that provides rides, or she may know of a community member with a car who is willing to provide a ride. Connecting participants to services like these helps to reduce participant reliance on emergency rooms for routine care.

Robin explains that, in addition to building relationships with participants, SASH also builds relationships among service providers, including hospitals, doctors’ offices, adult day programs, local government agencies and home health agencies. She says, “With SASH, the organizations work very collaboratively. There’s no feeling of competition. Everyone shares the load so that no one organization is overwhelmed with trying to meet the needs of an individual.”

SASH partner organizations for the region around St. Johnsbury meet twice a month to foster connections. Partner organizations include: Northeast Kingdom Human Services, Caledonia Home Health, Northeast Kingdom Council on Aging, and Northeastern Vermont Regional Hospital. The meetings include time for networking and information sharing, as well as time for confidential discussion of individual cases.

The SASH program provides person-centered care through:

- Participant goal-setting and self-management
- A personalized healthy living plan
- Coordination of services across organizations to help participants meet their goals

By building relationships and working together with a focus on participants, SASH helps Vermont’s older adults and people with disabilities stay healthy and engaged with life. Regina urges other Vermonters who have the opportunity to participate in SASH: “Don’t wait until you have a stroke to sign up!”

* * * * *

Acknowledgments: We would like to thank Molly Dugan, Director, Support and Services at Home (SASH), Deborah Bouton, Director of Marketing & Outreach, Cathedral Square Corporation, and Robin Burnash, SASH Coordinator, Rural Edge, for arranging the interviews and assisting with this Issue Brief.

References

1. Butler, S. and Cabello, M. Housing as a Hub for Health, Community Services, and Upward Mobility. The Brookings Institution. https://www.brookings.edu/wp-content/uploads/2018/03/es_20180315_housing-as-a-hub_final.pdf. Published March 2018. Accessed June 10, 2018.
2. Joint Center for Housing Studies of Harvard University. Housing America's Older Adults: Meeting the Needs of an Aging Population. Harvard University. http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014.pdf. Published 2014. Accessed June 11, 2018.
3. Libson, N. and Stone, R. Affordable Housing and Services for Seniors: The Challenges for Rural America. Rural Voice: The Magazine of the Housing Assistance Council. Winter 2011/2012; Volume 17(4): 4-5.
4. Rural Health Information Hub. SASH Summary. Rural Health Information Hub. <https://www.ruralhealthinfo.org/project-examples/932>. Published November 2016. Updated November 2017. Accessed June 10, 2018.
5. National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Health and Medicine Division; Board on Population Health and Public Health Practice; Board on Health Sciences Policy; Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Forum on Aging, Disability, and Independence. Developing Affordable and Accessible Community-Based Housing for Vulnerable Adults: Proceedings of a Workshop. Washington (DC): National Academies Press (US); 2017 May 17. 5, Models Connecting Affordable Housing and Services as a Platform for Health and Independence. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK453331/>
6. Association of State and Territorial Health Officials. Support and Services at Home: A Care Management Model Using Community Health Workers. Association of State and Territorial Health Officials. <http://www.astho.org/Prevention/Healthy-Aging/SASH-Issue-Brief/>. Published 2015. Accessed June 11, 2018.
7. Cathedral Square Corporation. SASH: Better Care, Healthier People, Smarter Spending. SASH Support and Services at Home. <https://sashvt.org/wp-content/uploads/2018/04/2018-Overview-BetterHealthierSmarter-1.pdf>. Published April 2018. Accessed June 11, 2018.
8. Kandilov, A, Keyes, V, Siegfried, N, et al. Supports and Services at Home (SASH) Evaluation: Highlights from the First Four Years Research Summary, U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/basic-report/support-and-services-home-sash-evaluation-highlights-first-four-years-research-summary>. Published March 1, 2017. Accessed June 11, 2018.
9. Nicholas LH, Langa KM, Iwashyna TJ, Weir DR. Regional variation in the association between advance directives and end-of-life Medicare expenditures. *Journal of the American Medical Assn.* 2011 Oct 5; 306(13):1447- 53. doi: 10.1001/ jama.2011.1410.



@CCEHI

healthinnovation.org

COMMUNITY CATALYST
ONE FEDERAL STREET, 5TH FLOOR
BOSTON, MA 02110
617.338.6035