

**Senate Committee on Health and Welfare Testimony on SASH for All SFY 2024 Budget Request**  
**April 7, 2023**

Thank you Chair Lyons for the opportunity to testify today. My name is Molly Dugan and I am the Director of Policy and Strategic Initiatives at Cathedral Square. I have been with Cathedral Square (CS) for 15 years, my previous position at CS being the founding Director of the statewide SASH model (which has now been replicated in other states).

I am here today to ask your committee to support a budget request to continue the SASH for All pilot that launched at two SASH housing organizations (BHP and WWHT) in the Brattleboro area this past September. We would also like you to consider a modest expansion of the pilot to serve more Vermonters in need of this homelessness prevention and population health model.

The SASH for All pilot was in the planning stages for about 3 years and with one-year funding from a CDS allocation through Senator Sander's office it began in September.

**What is SASH for All?** It is modeled on the traditional SASH model, operating across the state since 2011 and that has been independently evaluated and shown to increase the health and wellbeing of participants and reduce the growth of health care expenditures – both Medicare and Medicaid spending. SASH for All shifts the focus population of the SASH interventions to younger adults and families with children. The model provides three housing-based staff- a full-time support coordinator and half time Wellness Nurse and Peer Support Advocate (through the local Designated Agency) to partner with participants and their families to set goals, develop action plans and provide evidence based health interventions for both the individuals and entire population of the affordable housing community. (See slide 1)

**What are Expected Outcomes from the SASH for All Pilot?** We expect both short-term positive outcomes as well as long-term benefits. These include: fewer move-outs and evictions, reduced barriers to preventative health, increased engagement with mental health services, decreased emergency room visits and low-barrier preventative screening for a whole host of health and wellbeing areas. (See slide 2)

**How is the Pilot Going?** Since its launch on September 1<sup>st</sup> staff is on board at both pilot sites, they have completed the 4-week onboarding training on SASH core elements and interventions as well as the evidence based 6-hour Strengthening Families framework training. MOU with partner agencies has been fully executed with partners to date including HCRS, Brattleboro Memorial Hospital, Winston Prouty, and Turning Point). Staff are building relationships and enrolling and assessing participants, holding monthly SASH team meetings with partner agencies and participants, and working with individuals and their communities to identify challenges and help find solutions. We collect data through the same data management

system that is in place for SASH the next slide shows some basic information on who we are serving and what we are identifying.

- 78 total participants to date, average age 40.
- 74% of participants are male, 23% female and 3% identify as non-binary or trans.
- Participants are more diverse racially than in our traditional SASH model.
- 76% of participants find it hard to pay for basic living expenses, more than 1/3 have food insecurity, top chronic conditions identified are depression, anxiety and PTSD and the average BP is at a number that is considered Stage 1 hypertension.

**We are seeing positive outcomes already.** For example, to date staff have helped secure \$10,000 in funding to keep 9 families housed that had gotten behind on their rent.

**Budget Request** – We need more time than one year to prove the SASH for All concept. Our CDS funding will end August 31<sup>st</sup>. We have applied for another CDS allocation but the earliest the funding would be available is likely summer of 2024. We need Year 2 funding for the existing pilots at a minimum. We also believe that given our success modest expansion across the state via the existing SASH delivery infrastructure would be an efficient and effective use of state funds. Three options are offered on slide.