

SASH for All is built on the existing population-based model of SASH[®] (Support and Services at Home) framework. It supports individuals and families living in affordable housing to achieve self-identified goals while addressing existing and emerging trends of needs and opportunities for the population of the housing community.

The SASH for All model is designed to make a difference to individuals, neighborhoods, and organizations by:

- **Supporting residents** to be secure in their tenancy.
- **Connecting residents and their families to community**, reducing the risk for social isolation and loneliness.
- **Focusing on activities that ensure basic needs are met**, and physical and mental health risks are lowered.
- **Encouraging residents** to have pride in place and social support networks.
- **Utilizing a program design that includes robust training and administrative support for staff**, wellness assessments and evidence-based programming, in addition to crisis interventions, to allow housing partners to use resources proactively.

Scan to hear a SASH for All success story from Jake Bursky of Brattleboro Housing Partnerships.



<https://bit.ly/SASHforAll>



“When people come to us in crisis, we’re able to help them with what they’re dealing with by making referrals, and giving them guidance.

The SASH for All coordinator has been very successful in stabilizing situations so people don’t lose their housing – I’d say that is a real benefit.”

BARBARA CAREY

SASH for All Wellness Nurse
Windham & Windsor Housing Trust

Why SASH for All?

Low-income residents are at a greater risk of health inequities. Through piloting the SASH model at affordable family housing sites operated by two well established community-based housing organizations, we are working together with residents toward the goal of improving the social drivers of health, preventing homelessness, alleviating food insecurity, increasing social connections, increasing stable employment, and improving access to reliable child care.

How do SASH for All teams work together?

- The SASH for All Coordinator works at the housing site(s) and helps residents identify their needs, offer to conduct the SASH for All assessment, create a plan, arrange appointments, and supports participants with follow up.
- The SASH for All Wellness Nurse is employed by the housing host or contracted with a home health agency. The Wellness Nurses also offers the program Wellness Assessment, providing those with chronic conditions with regular check-ins and health coaching.
- The SASH Emotional Wellness Clinician provides whole-person care coordination and support targeted to individual participants as well as the housing community. Specific interventions by the SASH Clinician will be flexible to meet the needs identified at each panel.

SASH for All teams use several evidence-based practices to support their work, including Strengthening Families™ and motivational interviewing. The Strengthening Families™ framework is a research-informed and evidence-based approach recognized both nationally and internationally to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. SASH for All teams, are trained in and apply this evidenced based framework to engage families and communities in building the five protective factors.

SASH for All teams work collaboratively with community partners to connect participants with resources such as mutual aid. Their goal is to support participants in building connections and community, and to ensure participants are part of the process. The lived experience of participants is at the center of all conversations.



Year One: 2023 Impacts & Data

OUR PARTNERS

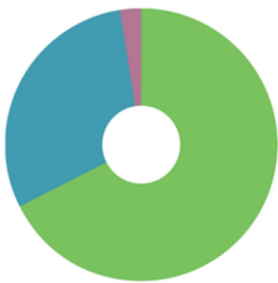


80 ADULT PARTICIPANTS
+ 73 DEPENDENTS

153
RESIDENTS

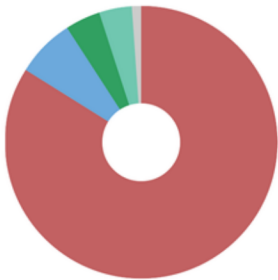
EARLY OUTCOMES

- **Housing Stability:** 10 evictions avoided
- **Community Building:** 72 group programs delivered with robust resident participation
- **Strengthened Partnerships:** Monthly team meetings with partner organizations and participants focusing on meeting self-identified goals
- **Relationship & Trust Building:** Large increase in program participation and assessment completion
- **Collected Baseline Data:** To evaluate our impact on individuals, neighborhoods, and organizations



Gender Demographics

- Female 67.5%
- Male 30%
- Non-binary / Trans 2.5%



Race Demographics

- White 84%
- Black / African American 7%
- Latinx / Hispanic 4%
- Two or more races 4%
- Asian 1%



SUPPORT

57 participants received a total of 136 referrals for:

- Financial assistance - 50
- Mental health - 31
- Food assistance - 16
- Housing assistance - 8
- Health education - 7



HEALTH

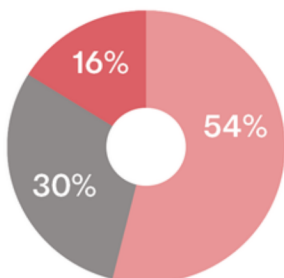
Top 3 chronic conditions:

- PTSD
- Anxiety
- Depression



FINANCIAL STABILITY

How hard is it for you to pay for the very basics like food, housing, medical care and heating?



- Very hard
- Somewhat hard
- Not hard at all



FOOD INSECURITY

65% of adult participants indicated food insecurity

58% of the families with children in the home indicated food insecurity