

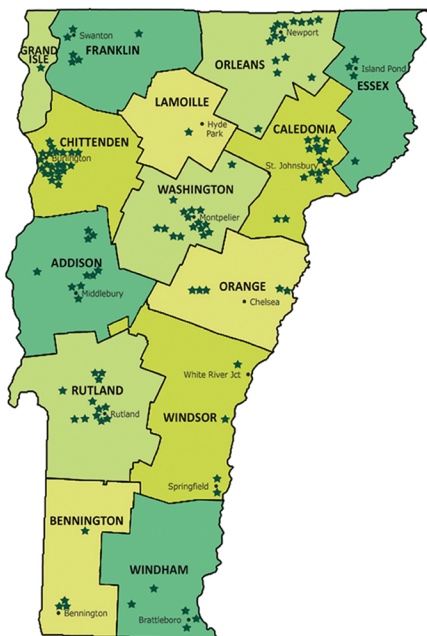
What is SASH?

SASHSM, part of Vermont's Blueprint for Health, is a care management model that harnesses the strengths of social service agencies, community health providers and non-profit housing organizations to work together to support Vermonters to live safely and healthfully at home.



Who is served?

SASH STATEWIDE LOCATION MAP



SASH Demographics

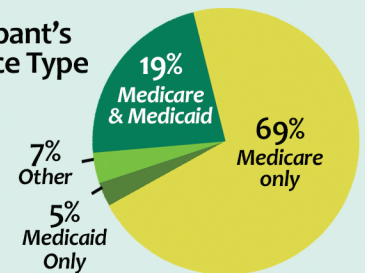
(*As of 8/31/15)

4485 total SASH Participants*

Average age: 72

Age range: 20 - 101

Participant's Insurance Type



SASH Facts

- Created over 67 jobs (FTEs) across the state
- SASH is available in 138 affordable housing sites
- SASH is available in every county and Health Service Area in the state
- Wellness Nurse and SASH Coordinator embedded in affordable housing
- 65 partner agencies have signed SASH Collaboration Agreements. Key Partners include: Hospitals, Primary Care, Home Health Agencies, Affordable Housing Organizations, Area Agencies on Aging, and Designated Mental Health Agencies

What's Next?

- Need to secure a permanent funding source for the SASH Model (Current MAPCP Demonstration funding expires Dec 31, 2016)
- Improvement in the following outcome measures:
 - Reduce premature nursing home placements
 - Increase end-of-life planning
 - Increase immunization levels
 - Reduce falls & social isolation
 - Continue improvements in chronic disease management
- Continue to decrease the rate of growth in Medicare spending



SASH Outcomes

Better Care, Healthier People, Smarter Spending

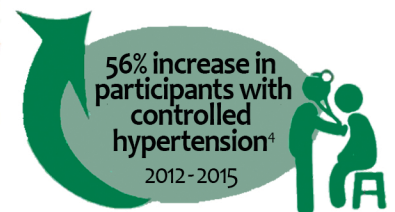
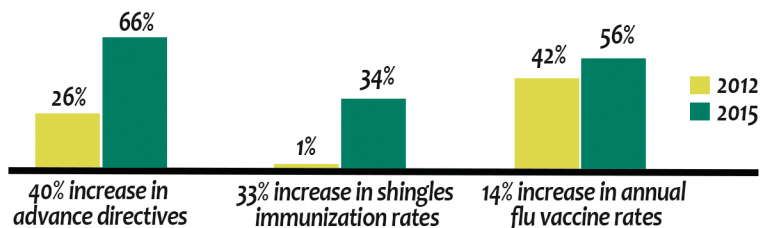
Better Care

The SASH model provides

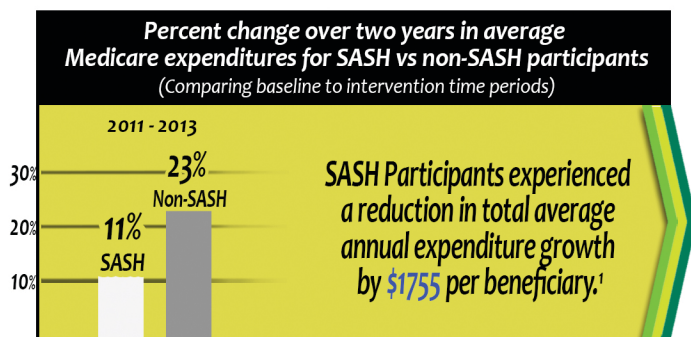
- **Individualized and person-centered care coordination** by fully trained SASH Coordinator and SASH Wellness Nurse
- **Transitions support from hospital or rehabilitation** facility, including in-home visit(s) following discharge
- **Health Coaching** focused on self-management of chronic health conditions
- **Wellness Nursing** providing one-on-one visits and group health education sessions
- **Multi-disciplinary team approach** to service provision (SASH team members include: Home Health Agencies, Area Agencies on Aging, Housing Organizations, Community Mental Health Organizations and Blueprint Community Health Teams)
- **Weekly blood pressure clinics** led by Wellness Nurse
- **Comprehensive health assessment**
- **Referral services**
- Regular offerings of Evidence Based Programs including **Chronic Disease Self-Management workshops** and **Tai Chi**

Healthier People

SASH Participants experienced improvements in the following clinical areas from 2012 - 2015



Smarter Spending



Estimated cost of SASH...
\$1,000
per participant/year

\$1,574,970

Potential cost avoidance in end of life care costs resulting from increase in SASH participants with advance directives.²

\$153,175

Potential cost avoidance for SASH participants with newly controlled hypertension through self-monitoring and SASH support.³