

Testimony to Senate Committee on Appropriations – April 4, 2018

Molly Dugan, Director, SASH Program

Good afternoon, I am Molly Dugan, Director of the Statewide SASH program. I work for Cathedral Square - we own, manage, & develop affordable housing and we are the Statewide Administrator of SASH (Support and Services at Home). Thank you for your support of SASH, the Vermont Housing and Conservation Board, and the Housing Revenue Bond.

Vermont Housing & Conversation Board

Today I am asking for your support to fully fund VHCB. The housing bond does not replace the need for VHCB's regular funding. VHCB funds helps in a variety of ways – they supplement new construction - each housing development takes 10-12 funding sources to build. We recently started construction on Allard Square, named after Doris Allard, a resident who has lived with Cathedral Square for 39 years. We will open this coming fall and will have project-based section 8 making the rents truly affordable. We continue to see a growing need for subsidized age restricted housing – we have over 800 people currently on our waiting list, up from 700 last year at this time. VHCB has helped with funding on almost all of our 30 properties around Chittenden and Franklin counties.

We also rely on VHCB for feasibility funding. We recently opened the first *affordable* memory care facility in the State – called Memory Care at Allen Brook. VHCB provided \$10K in feasibility money so we could pursue the purchase of this property. Most of the facilities in the Chittenden County area charge \$10K per month for memory care, which none of our residents could afford. In fact, we had an applicant who saved \$400K for retirement, was diagnosed with Alzheimer's and moved into one of these facilities, within 3 years her funds were depleted and she was asked move out. We secured a special Medicaid rate from the State and a project based section 8 contract through VSHA, so our 14 homes are truly affordable. We hope to build more in the future.

Please fully fund VHCB.

Support and Services at Home (SASH)

In addition, please support the Governor's recommend for SASH, which was approved by the House - level funding at \$974,000 through Global Commitment funds. This is a solid and cost effective investment. As you will see in the handout I provided, we are saving over \$1,200 per person per year in healthcare expenditures. SASH serves over 5,000 Vermonters, out of affordable housing sites across the state. SASH is a partnership with local service agencies. We provide person-centered care coordination, chronic disease self-management programs, Tai Chi, diabetes prevention classes, walking programs and many other offerings at over 140 housing sites in communities all over the state. We have built a platform throughout the state for the effective delivery of health and wellness programs to some of the



most vulnerable populations- I have provided you a handout that includes the many initiatives that SASH has taken on at the request of various departments and divisions within the state- VDH, DMH, DAIL, etc.. These include hypertension management, cognitive health, substance misuse, suicide awareness and many more.

I will end with a success story that highlights the value of bringing health and housing together.

We opened Elm Place last year in Milton, 30 homes for older adults near transportation and services. When Mary moved in she needed oxygen and was overweight. She signed up for SASH supports and programming. Within 4 months she no longer needed the oxygen, had lost weight, and is now walking 4 miles per day. Mary attributes this change to the person-centered support and wellness programming through SASH, the socialization with her peers, and the indoor air quality in the building – all supporting good health. Elm Place was fully occupied within 3 weeks of opening!

Thank you for your continued support of SASH and VHCB-

Thank you very much.

Molly Dugan

802.863.2224

dugan@cathedralsquare.org

Through the years, various departments and divisions of the State of Vermont have requested the SASH program's involvement, due to its statewide service delivery platform and training infrastructure, in order to meet statewide goals and objectives. These initiatives include, but are not limited to, the following:

Vermont Department of Health:

- Tobacco cessation through the Community Transformation Grant.
- Hypertension prevention and management through the CDC 1305 grant.
- Diabetes prevention and management.
- Asthma control in areas of the state with highest rates of asthma for older adults.
- Community pharmacy pilot focused on diabetes management and medication assistance.
- Current request for partnership in an arthritis prevention and management initiative funded through the CDC.

Vermont Department of Disabilities, Aging and Independent Living (DAIL)

- Cognitive health and memory care resources throughout the state. SASH used grant funds from DAIL to develop on-line and video training materials and a resource exchange on the website: <https://sashvt.org/forum-2/?p=%3Fforum%3D357308>.
- Substance misuse and substance use disorders among older adults- in partnership with DAIL we have developed a uniform protocol for assessing for substance misuse and developing a plan with participants. <https://sashvt.org/forum-2/?p=post%2Fguideline-for-alcohol-screening-and-interventions-9646318%3F>
- Falls prevention efforts and participation in Falls Free Vermont- we offer evidence-based falls prevention programs such as Tai Chi, Stay Steady, etc. in our panels throughout the state.

Vermont Department of Mental Health

- Suicide awareness and prevention across the lifespan. SASH uses our statewide training network to train staff in Gatekeeper training, Mental Health First Aid (in partnership with Designated Agencies), and Umatter™ Suicide Prevention Awareness classes. SASH includes a suicide risk validated screen in the annual SASH assessment.

Department for Vermont Health Access (DVHA)

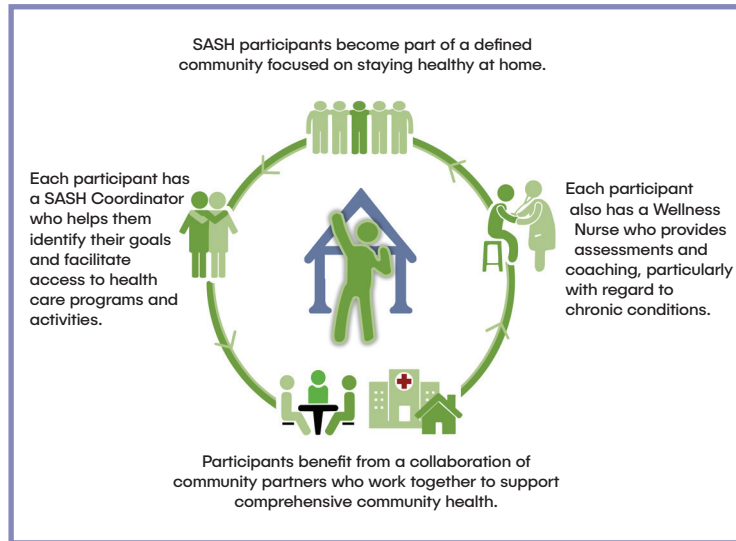
- Chronic Disease Self- Management program delivery in concert with the Blueprint for Health. We have SASH staff trained leaders in all counties of the state.

BETTER CARE, HEALTHIER PEOPLE, SMARTER SPENDING

HEALTH & WELL-BEING BEGIN AT HOME

SASH[®] uses the home as a platform to provide comprehensive care management and coordination.

One of the country's best-known and widely cited housing-and-health models, **SASH has been shown to improve population health, reduce costs and enable people to age in place safely and healthfully,** helping older adults avoid the distress and expense of unnecessary hospitalization or nursing care.



SASH primarily serves Medicare recipients living in congregate housing and in the surrounding community. It is available in every Vermont county and currently

serves about 5,000 people ranging in age from 20 to 101, with an average age of 72.

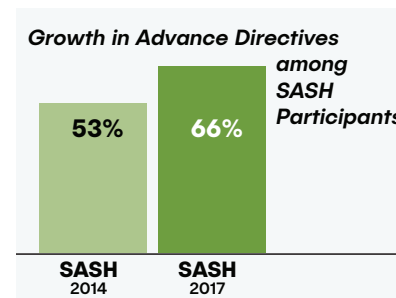
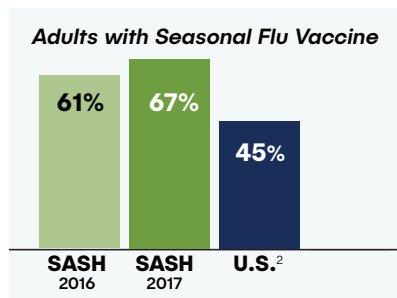
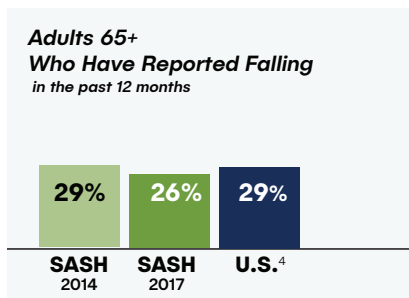
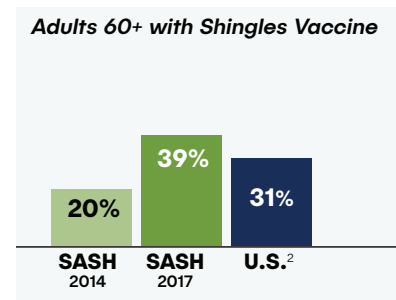
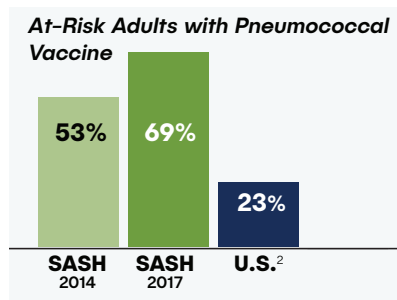
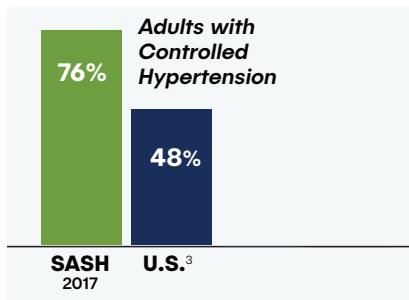
HEALTHIER PEOPLE

SASH has demonstrated consistent and significant improvements in quality metrics, in many cases exceeding national benchmarks (see charts).

SMARTER SPENDING

From July 2011 to June 2015, **SASH participants**

realized an average savings of \$1,227 per person per year in Medicare expenditures.* In addition, a study published in the *Journal of the American Medical Association*** indicates that the 3,300 SASH participants with advance directives could translate into a **savings of \$18.4 million in end-of-life care.**



1) Analysis of statewide SASH data
2) cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf
3) cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1_down
4) cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm

* Highlights of the First Four Years of SASH (summary of four-year evaluation), U.S. Dept. of Health & Human Services, Assistant Secretary for Planning and Evaluation: aspe.hhs.gov/pdf-report/support-and-services-home-sash-evaluation-highlights-first-four-years-research-summary

** *Journal of the American Medical Assn.*, 2011 Oct 5; 306(13):1447-53. doi: 10.1001/jama.2011.1410. Regional variation in the association between advance directives and end-of-life Medicare expenditures; cites \$5,585 savings per decedent in Vermont's 2 Hospital Referral Regions.