



TO: House Appropriations Committee
FROM: Molly Dugan, SASH Director
RE: Proposed Cut to SASH Funding
DATE: February 20, 2019

My name is Molly Dugan and I am Director of the statewide SASH program which utilizes the network of affordable housing providers across the state (twenty-two), all funded by VHCB investments, to provide support and care coordination to help approximately 5,000 vulnerable Vermonters stay at home throughout their lives. I have provided a few documents to describe the SASH program and its impact over the years and will therefore limit my testimony to the effects of a proposed 55% cut to SASH funding in the DAIL budget included in the Governor's SFY2020 budget. In short, this cut will start the dismantling of the SASH program across the state.

Who Benefits from SASH? We know a lot about our participating Vermonters because our Wellness nurses assess their medical and non-medical needs and circumstances at least annually - more often if they have a new diagnosis, are transitioning home from a hospital or nursing home stay or have exacerbations with an existing health condition. In summary, statewide we know that:

- 75% of our participants have three or more chronic health conditions with the median at six conditions.
- Over 50% have hypertension and arthritis. Close to 40%, live with chronic pain every day.
- Mental illness is prevalent and affects our participants' ability to successfully manage their other health issues.
 - 34% of our participants have depression;
 - 30% have anxiety,
 - 47% are at risk of depression and almost 40% report being socially isolated. Almost 10% screen positive for suicidal ideation,
 - 30% screen at risk for cognitive impairment.

The cut proposed in the Governor's budget will drastically affect the systematic program implementation we have built over the past eight years to ensure there is a consistent, rigorous, and flexible model of supports implemented in Island Pond, Townshend, Castleton, Barre, Burlington, Morrisville, etc.

I want to quote one of our SASH regional leaders in the Brattleboro area who wrote a letter when she heard about the proposed cut- she writes:

Most SASH participants are living in their final home. SASH Coordinators get to know SASH participants over many years. They know their history, family, community and values. This information is invaluable when supporting participants in setting their own life goals. The SASH model is implemented so seamlessly that many participants don't remember life without it. The seamless implementation is a product of the robust and



deliberate administration of the program statewide. Without the full funding, the SASH program will cease to offer the same benefits and Vermonters will suffer.

The SASH program has been showcased and highlighted repeatedly in the media- VPR, NPR, the Wall Street Journal, US News and World Report, a Reuters reporter even challenged the then new Secretary of HUD, Ben Carson, to come visit Vermont to learn about the SASH program that has figured out how simultaneously to improve lives and saves health care dollars. SASH is being replicated in Rhode Island and Minnesota.

This kind of success doesn't happen by accident. It requires the statewide administration and implementation the DAIL funds support. Please reject the proposed cut to SASH in the Governor's budget.

Outcome: Lower Costs for ER & Specialist Visits



Study by SASH third-party evaluator published August 2018; examines which panel characteristics have the strongest impacts on reducing Medicare expenditures

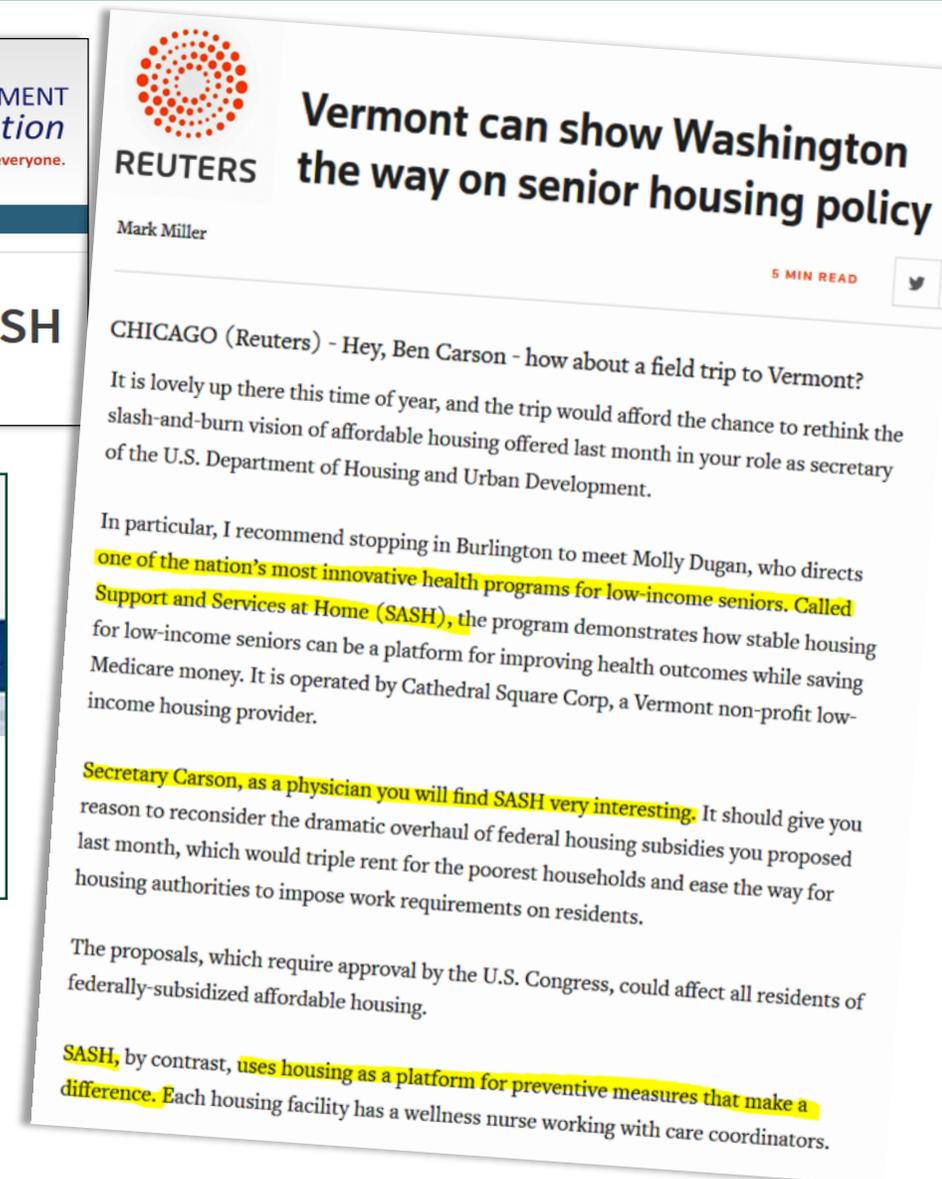
KEY FINDINGS:

- **ER Medicare expenditures trended lower for ALL SASH panels** compared to the control group.
- **Expenditures for specialist visits trended lower for ALL panels;** statistically significant findings in urban and early panels.
- Statistically significant **reduction in Medicare expenditures for dually eligible participants** in early and urban panels.

Growing Recognition & Media Attention



By integrating housing, health care and social services, SASH program coordinators seek to help older adults age healthily and independently while reducing their medical costs and delaying or preventing institutional care. (MASKOT/GETTY IMAGES)



“As a member of the Democratic leadership, I am proud of the initiatives I fought for in this bill on behalf of Vermonters. The bill contains a number of victories for Vermont including: support for Vermont’s farmers and agricultural producers; recognition of the innovative Support and Services at Home (SASH) program that helps seniors stay healthy and live at home; investments in our infrastructure; funding to help clean up Lake Champlain; and protection for rural post offices.” – Sen. Bernie Sanders, August 2018

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.

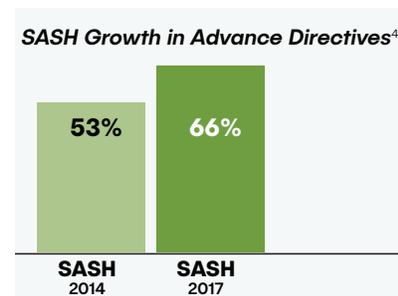
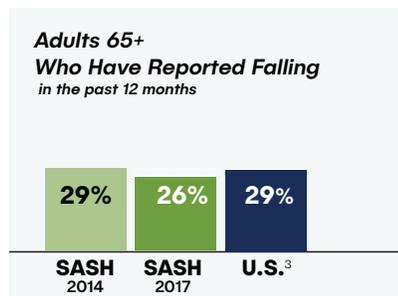
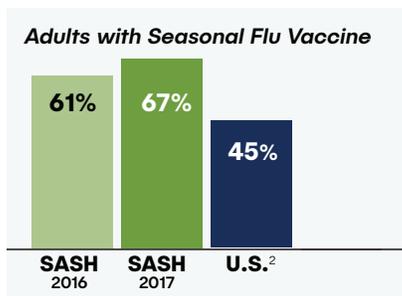
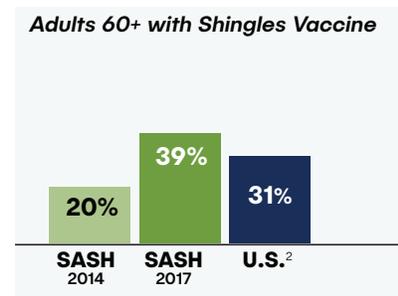
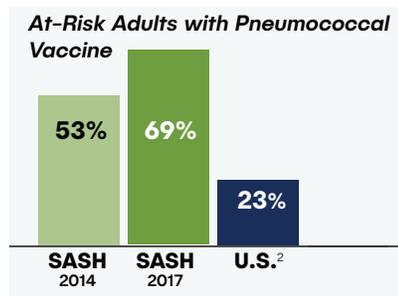
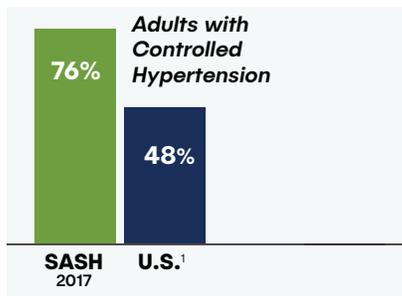
HEALTHIER PEOPLE

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

* 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.