

TO: Senate Appropriations Committee  
FROM: Molly Dugan, SASH Director  
RE: Proposed Cut to SASH Funding  
DATE: April 16, 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. Cathedral Square is the statewide administrator for SASH. I am here today because the Governor's SFY 2020 budget included a proposed 55% cut to SASH funding in the DAIL budget. As you likely know, our funding was fully restored by the House and I urge you to retain the full restoration because quite simply a 55% 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.

We have proven outcomes. We know, through a multi-year, third party evaluation that we are improving the quality of life for our participants and reducing the growth of health care spending. In fact, our most recent evaluation report shows a reduction in the growth of spending in Medicaid for our participants in some panels. This reduction is primarily being driven by less nursing home placements for SASH participants versus a control group.

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. We are extremely grateful for the support and partnership with the Agency of Human Services through the years and eager to continue this work. Please retain the restoration of full SASH funding within the DAIL budget as passed by the House.

Thank you very much.

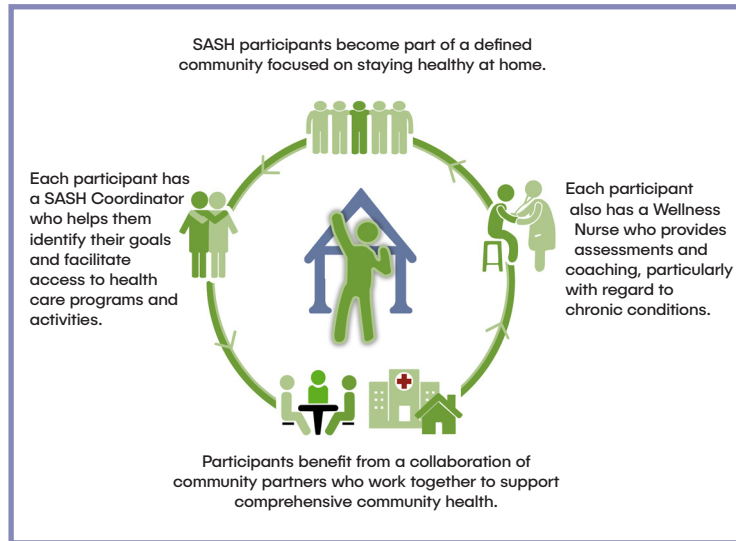
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# BETTER CARE, HEALTHIER PEOPLE, SMARTER SPENDING

## 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.

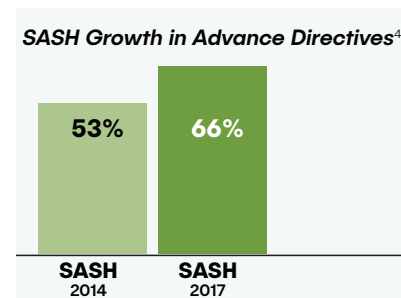
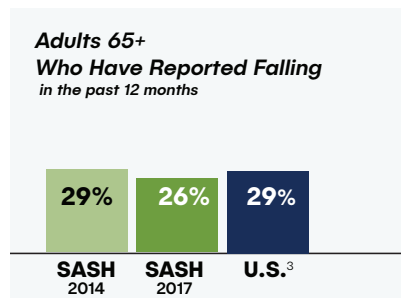
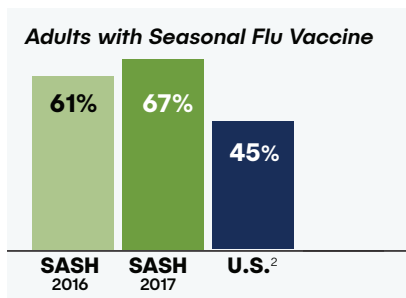
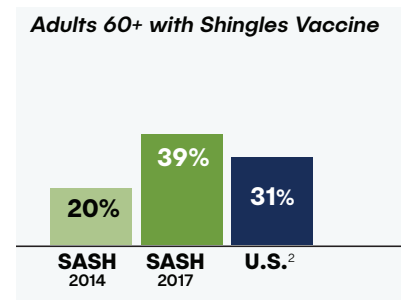
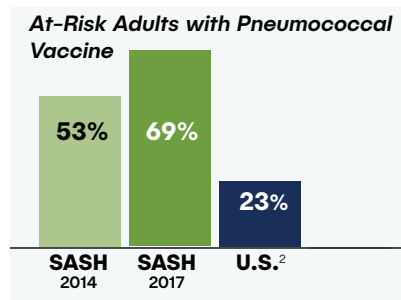
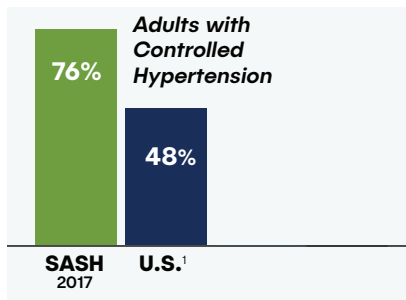
## HEALTHIER PEOPLE

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](http://cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1_down)  
 2) [cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf](http://cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf)  
 3) [cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm](http://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](http://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.