

Family SASH Program Description

Family SASH (Support and Services at Home) will bring a caring partnership together at housing sites for low-income individuals and families to support families *where they live*. One of the significant strengths Family SASH will bring is the marriage of SASH's existing population health model and the Strengthening Families framework. The organizations consulted in the design of the Family SASH program include, but are not limited to, the following:

Downstreet Housing and Community Development

Central Vermont Home Health and Hospice

Family Center of Washington County

Capstone Community Action

Washington County Mental Health

Central Vermont Medical Center

Vermont Foodbank

Primary Care Practices

What Research and Evidence Based Framework will Family SASH be based upon?

- Input from families living in affordable housing and existing agencies and organizations working with families.
- The core elements of the statewide SASH® program which was evaluated for 5 years by a third party evaluator and shown to have positive impacts on participant health, care coordination and reduced health care spending for many adult participants living in affordable housing and other community settings.
- The Center for the Study of Social Policy's (CSSP) Strengthening Families™- Protective Factors Framework and Youth Thrive™ - Promotive Factors Framework

What will Family SASH Provide?

Family SASH will provide a broad and flexible spectrum of support through a partnership between the new housing-based Family SASH staff (details below), partner community organization staff, and the individuals and/or families who choose to participate (a voluntary program). Importantly, the program will support and assist with individuals and families' specific needs and circumstances as well as address existing and emerging trends of needs and opportunities for the population of the community.

Five Core Elements of Family SASH

1. Housing-based staff will work out of affordable residential communities providing an organized and consistent presence in the community.
2. A person-driven and strength based approach to all aspects of support provided to residents.
3. An "all-in" approach. A population based structure serving all interested residents regardless of risk level or duration of support needed. Prevention based community health...
4. Individual healthy living planning and goal setting focused on building protective and promotive factors.
5. Partnership based approach with multiple disciplines and organizations working collaboratively with participating families.

Proposed Staffing Structure

Based upon lessons learned from the staffing structure in the existing SASH model and the focus of the Strengthening Families framework of reaching families in their most familiar places to match their culture and traditions we propose the following:

- 1 FTE SASH Coordinator (Community Health Worker type position) per 70-100 residents
- .5 FTE Wellness Nurse (RN) per 70-100 residents
- .5 FTE Flexible Support Position contracted with partner agency- recovery coach, mental health clinician, other specialized support

All Family SASH staff will work out of the designated housing community during both traditional and non-traditional hours. The consistent presence (often daily) of Family SASH staff in the housing communities will allow for trust building and the ability for them to mobilize to be prevention agents and early warning responders as envisioned by the Strengthening Families framework.

How will the Family SASH program benefit Participating Residents?

Participating residents will have regular access where they live to professional staff trained in the Strengthening Families (SF) and Youth Thrive framework focused on helping them set and meet the goals that will be framed around the SF protective factors of:

- Parental Resilience
- Social Connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

The Family SASH staff will work in partnership with the existing community provider organizations to ensure the needed support and expertise is available.

Participating residents will receive:

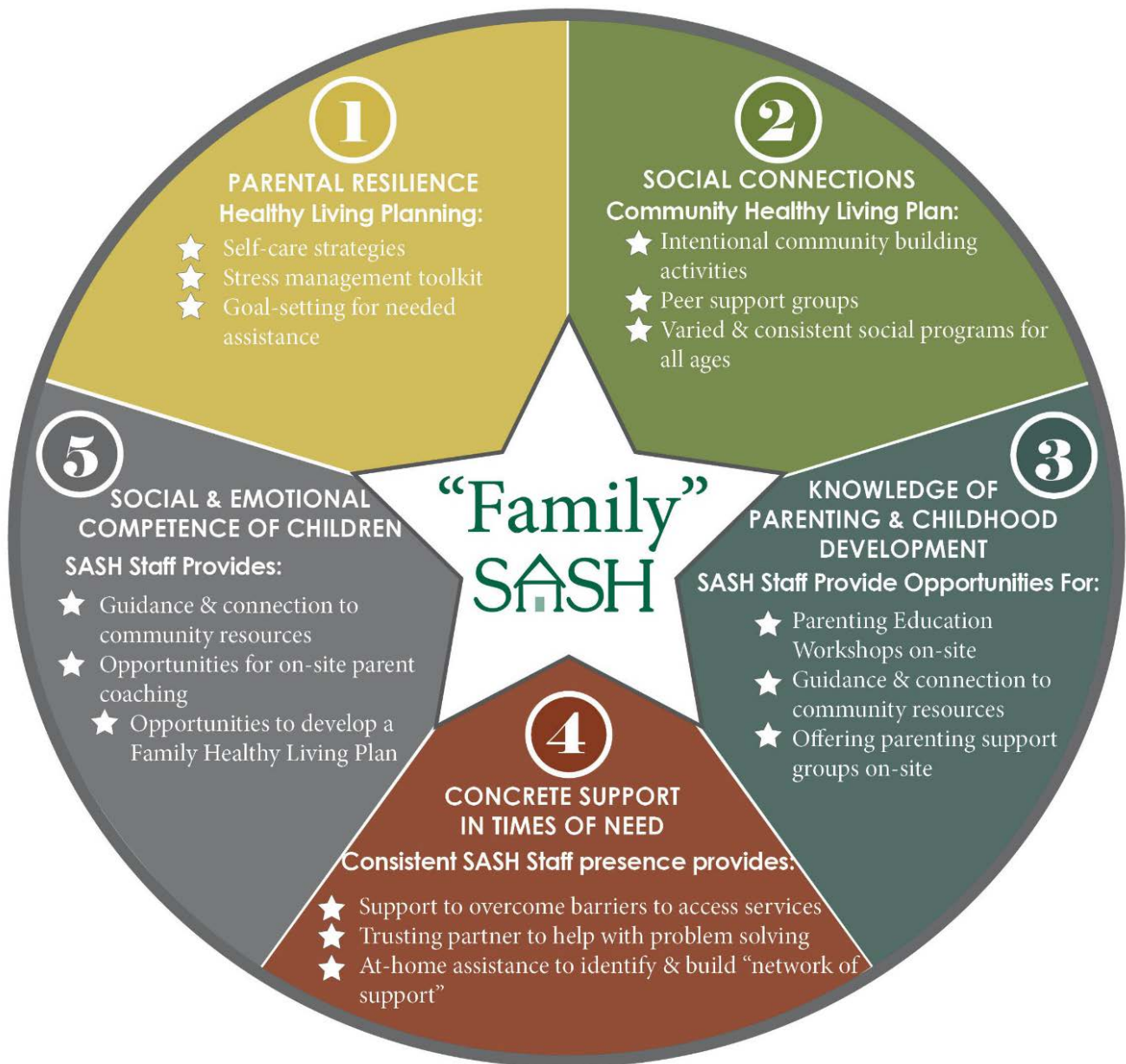
- Access to trusted guides and coaches where they live;
- Person, family and community directed planning
- Informed team to help in a crisis
- Population based preventative programs and activities coordinated and available at housing site
- Wellness Nurse supports such as immunization clinics, asthma, smoking cessation, diabetes and blood pressure supports
- Support with navigating resources from home

Timeline

- Winter 2018 – Summer 2019: Initiate community partner and resident outreach about program concepts and begin fundraising plan for program development
- Summer 2019 – Winter 2019: Refinement of program description, development of initial budget, continue community partner and resident outreach, create pilot fundraising strategy
- Winter 2019 – Summer 2020: Finalize program description, solicit pilot funding, begin recruitment of personnel and contracts with community partners
- Summer 2020 – Summer 2021: Pilot fully initiated

Intersection of SASH® and Strengthening Families™

Interventions and best practices proven to be impactful in the existing SASH model will be woven together with the Strengthening Families approach – small but significant changes, integrated into existing practice with cross-sector implementation required- to positively build the protective and promotive factors essential for successful families. Examples of these intersections include:



How will we measure success?

Family SASH will measure success by naming our desired outcomes and metrics at the onset of the pilot and having a data management and analysis system in place to track results over time.

Desired Outcomes (within 24 months of pilot):

Social Connections	Health & Wellness	Food Access & Security
Decreased percentage of residents at risk for social isolation and loneliness	Increased percentage of residents who visited a primary care doctor for routine care in last year (Include adolescent well visit)	Increase percentage of residents using a food shelf at least once per month
Increased percentage of youth who believe they have a say in improving their community	Decreased percentage of residents using a hospital ER in last year for non-emergency care	Decreased percentage of residents experiencing hunger
Increased percentage of youth who can identify one or more non-relative adult(s) they can confide in	Increased percentage of residents with preventative screenings (colorectal, breast cancer, etc.)	Decreased percentage of residents who cut the size of their meals or skipped meals
Increased percentage of households with an unexpected household emergency plan	Increased percentage of residents with flu vaccines and other preventative vaccinations	Decreased percentage of residents who worry whether their food will run out
	Increased percentage of residents with oral health checkup	
	Increased percentage of residents (youth and adults) screened for depression and suicide	
	Increased percentage of residents screened for generalized anxiety disorder	

Transportation	Housing Stability and Income	Education and Child Care
Increased percentage of residents who feel satisfied with their transportation plan	Decreased percentage of households with lease violations	Increased percentage of parents who read to their children (birth to 7) most days
Decreased percentage of residents who experienced 2 or more transportation obstacles within the last month	Increased percentage of residents employed at time of recertification	Increased percentage of parents with a plan to overcome child care barriers
Increased percentage of residents with a plan for overcoming transportation barriers	Increased percentage of households with a checking or savings account	Increased percentage of adults with a desire to further their education who have an established plan

Information Gathering Tools: Family SASH will systematically collect information from participating residents through a small number of assessment tools including:

- Family Self-Sufficiency Index
- SDOH assessment
- Validated screens from existing SASH assessment – Nutrition, Depression, Anxiety, Substance Misuse, Suicide Risk, Social Isolation, etc.
- ACE- Adverse Childhood Experience