

# SASH<sup>®</sup> for All

SUPPORT AND SERVICES AT HOME

*a caring partnership*



## ABOUT

The SASH for All (SFA) model has proven effective in preventing homelessness, improving health, and fostering connected communities for residents in affordable housing at the Brattleboro Housing Partnerships and the Windham Windsor Housing Trust in Southeastern Vermont.

## CHALLENGE

Affordable housing residents, many of whom have experienced homelessness, face critical barriers to accessing available community services. This leads to housing instability and homelessness, isolation and loneliness, chronic health conditions, and preventable emergency room visits. Additionally, many residents who enter permanent housing after experiencing homelessness need support to build the skills needed to stay housed, including paying rent and maintaining a safe and habitable apartment.

## SOLUTION

SASH for All offers concrete and consistent support for individuals and families to meet their self-directed goals for a secure and healthy life.



## PROGRAM STRUCTURE

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**Community-based Staff:** The team includes a full-time Community Health Worker, a part-time Wellness Nurse, and an Emotional Wellness Clinician who are embedded where people live. They build relationships to provide consistent access for residents and have strong connections to local resource providers.

## FOCUS AREAS

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### Preventing Homelessness

**Support for Stability:** The SFA team supports residents' goals for a stable and secure home, helping them maintain their housing, pay rent on time, and build positive relationships with neighbors, all of which are critical for housing security.

### Breaking Down Barriers

**Coordinated Care:** SFA team meets monthly with a broad network of service agencies and providers through a cooperative memorandum of understanding. During crises, this established network of providers reduces the burden of service navigation for individuals and can respond quickly before an issue gets out of control and puts housing or health at risk.

**Direct Referrals:** The SFA team also provides direct referrals to relevant services and acts as liaisons to advocate and ensure timely support for participants. Examples include school-based programs, employment services, financial assistance, food programs, legal services, mental health treatment, and substance use programs. SFA team can also act as an accountability partner with residents to ensure that plans of care are implemented.



### Access to Health Care

**Health Services:** The SFA team connects residents with health care providers, addresses barriers to health care access, provides health screenings and education, coaching, and evidence-based programs to shift utilization away from emergency services and toward preventive care. The emotional wellness clinician works with participants on urgent mental health needs and long-term goals, offering one-on-one coaching and group sessions.

### Healthy Neighbor Relations

**Community Building:** The SFA team, in collaboration with residents, organizes regular events to combat social isolation and foster community connections. Conflict between neighbors can put safety at risk and drive overutilization of police and other public safety services, whereas healthy neighbor relations help people remain stable in their homes and prevent evictions.

## LEARN MORE

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