

SILVER HILL HOSPITAL

Community Health Needs Assessment



2025 FINAL SUMMARY REPORT – SUBMITTED BY HOLLERAN



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EXECUTIVE SUMMARY

Beginning in September 2025, Silver Hill Hospital undertook a comprehensive Community Health Needs Assessment (CHNA) to evaluate the mental health and substance abuse needs of individuals living in Fairfield County, Connecticut. The aim of the assessment was to reinforce Silver Hill Hospital's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of mental health and substance use indicators including, but not limited to, mental health and substance use status, disparities among population groups, access to care, and awareness of services. Silver Hill Hospital contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute this project.

The findings from the assessment will be utilized by Silver Hill Hospital to prioritize issues related to mental health and substance abuse and develop a community health implementation plan focused on meeting community needs. Silver Hill Hospital is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of the secondary data and primary key informant research conducted for this report.

Key Issues

Silver Hill Hospital, in conjunction with community partners, will examine the findings of the Secondary Data Profile and the Online Key Informant Survey to prioritize key issues related to mental health and substance use pertinent to its service area. The report highlights the following issues:

- Accessing Mental Health/Substance Use Care
- Adult and Adolescent Mental Health and Other Risk Behaviors
- Adult and Adolescent Substance Use and Other Risk Behaviors
- Social Determinants of Health

Prioritized Issues

Based on feedback from community partners, including mental health and substance use providers, public health experts, social service organizations, education/school organizations, and other community representatives, Silver Hill Hospital plans to focus community health improvement efforts on the following priorities over the next three-year cycle:

- **Substance Use Education and Prevention**- Prioritize community education with particular attention to evolving risks associated with cannabis use.
- **Access to Care**-Improve access to high-quality mental health and addiction care.
- **Mental Health Care**-Address mental health needs with a focus on increasing mental health literacy and reducing stigma.

These priorities were adopted by the Board of Directors in January 2026. All key health issues were considered in the prioritization process. These priorities are of greatest importance to the organization and are ones they believe to be able to impact the most. Some issues were not selected as priorities and these are believed to be issues that the organization may not have the resources to address, may not have the ability to have a significant impact on, or may not affect most of the population in their service area and therefore consequences and results may be limited.

Previous CHNA and Prioritized Health Issues

Silver Hill Hospital conducted comprehensive CHNAs in 2014, 2017, 2020¹ and 2022 to evaluate the mental health and substance use needs of individuals in the service area. The purpose of these assessments was to gather information about local needs and behaviors related to mental health and substance use. The assessments helped Silver Hill Hospital prioritize health issues and develop a community health implementation plan to improve the mental health of the surrounding community.

The **2022** prioritized health issues included:

- Adolescent Mental Health
- Mental Health and Substance Misuse
- Substance Misuse

Major outcomes for these 2022 priority areas include the following.

Prioritized Health Issue #1 - Mental Health and Substance Misuse

- Collaborated with and hosted numerous events to educate and inform community members, staff and professionals.
- Established the Behavioral Health Alliance in New Canaan
- 390 individuals received no-cost, comprehensive clinical assessments
- Awarded 85 scholarships to support access to treatment at Silver Hill Hospital

Prioritized Health Issue #2 Adolescent Mental Health

- 50% of Assessment Program patients are 19 years old or younger.
- 15 scholarships awarded for adolescent residential treatment at Silver Hill Hospital.
- Adolescent Residential Care is eligible for out-of-network coverage
- Launched the Young Minds Group Outpatient Program
- Hired a Director of Family Therapy

Prioritized Health Issue #3 – Substance Misuse

- F facility in Bridgeport
- Awarded 17 scholarships to support access to substance use disorder treatment at Silver Hill Hospital
- Hosted 20 community education and engagement events focused on substance misuse prevention and treatment.

¹ In 2020, Silver Hill Hospital changed its fiscal year to January to December, necessitating a change in the three-year cycle of the CHNA.

- Offered open, weekly support groups
- A full description of outcomes can be found in Appendix E.

The **2020** prioritized health issues included:

- Substance Abuse
- Mental Health
- Access to Care
- Teens/Adolescents
- Underserved Populations
- Mental Health Awareness
- Social Stigma
- Service Coordination

Major outcomes from the 2020 priority areas included:

Prioritized Health Issue #1: Substance Misuse

- Number of community educational/advocacy events and number of attendees; 26 events, 800
- Number of medical Grand Rounds hosted and number of attendees; 7 Grand Rounds; 808 attendees

Prioritized Health Issue #2: Mental Health

Number of community educational/advocacy events and number of attendees: 27, 810

- Number of medical Grand Rounds hosted and number of attendees; 35, 3042
- Number of trainings hosted or led/attendees: 6, 120

Prioritized Health Issue #3: Adolescent Mental Health

- Number of new community partnerships formed: 12
- Number of community educational/advocacy programs and attendees: 76; 2,285:
- Number of trainings hosted or led/attendees: 6,125

A full description of outcomes can be found in Appendix F.

The **2017** prioritized health issues included:

- Substance Abuse: Alcohol Abuse, Underage Drinking, Marijuana, and Misuse of Prescription Medications
- Mental Health: Anxiety, Depression, Suicide Risk, and the effects of Trauma
- Access to care (lack of support in navigating the mental health system)
- Lack of resources/services for certain populations (teens, young adults, and seniors)
- Social stigma of mental health issues
- Societal acceptance of certain drugs/alcohol
- Limited coordination of services/outreach

Major outcomes from the 2017 priority areas included:

- Provided 57 substance abuse programs to 2,450 attendees;

- 39 mental health programs to 980 attendees;
- 25 scholarships provided to community members;
- 14,645 patients served in all mental health and substance abuse programs;
- 45 NARCAN trainings provided to the community with 469 NARCAN kits distributed;
- Participated in and sponsored over 40 community events related to substance abuse to more than 4,500 attendees.

A full description of outcomes can be found in Appendix G.

The **2014** prioritized health issues included:

- Substance Abuse Programs for Adults
- Enhanced Adolescent Programming
- Enhanced Eating Disorder Program
- Community Outreach

Major outcomes from the 2014 priority areas included:

- Opened Outpatient Addiction Program - detoxification and intensive outpatient program to treat the population of patients for whom insurance is no longer authorizing an inpatient admission.
- Opened an adolescent intensive outpatient program and opened a second intensive outpatient program during the high demand summer months;
- Extended adolescent transitional living program from four to six weeks;
- Opened Eating Disorders program for adults;
- Hired Director of Community Relations; and
- Participated in over 150 community events related to substance abuse and/or mental health issues with over 11,000 attendees. Silver Hill dedicated over 600 employee hours to these events, including 372 hours from psychiatrists.

A full description of outcomes can be found in Appendix H.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Silver Hill is an independent, not-for-profit psychiatric hospital located in Fairfield Connecticut on 34 acres that is nationally accredited by the independent Joint Commission for their hospital, behavioral health program, and opioid treatment program. The hospital is also licensed by the State of Connecticut as a Hospital for the treatment for the mentally ill and certified by the Centers for Medicare and Medicaid Services (Medicare only). Silver Hill has been a standout among the top psychiatric hospitals in Connecticut and beyond, for adults and adolescents (ages 13 to 17), since its founding in 1931. Silver Hill offers three levels of care: inpatient, transitional, and intensive outpatient treatment and through a broad range of therapies and services, treats substance misuse, anxiety disorders, mood disorders, personality disorders, post-traumatic stress disorders, and psychotic illnesses as well as co-occurring disorders for each. Expert clinicians include 15 board-certified psychiatrists who treat over 3,500 patients annually.

Silver Hill Hospital has an 18-bed traditional psychiatric acute care unit plus a 24-bed locked unit for lower-risk inpatients, including 10 adolescent inpatient beds. Silver Hill also offers six different residential programs, known as Transitional Living Programs (TLPs), treating co-occurring disorders, personality disorders, and psychotic disorders. Multiple dialectical behavioral therapy (DBT) programs, an adult addiction and co-occurring program, and a women-only trauma and addiction program comprise the Hospital's Intensive Outpatient Programs. Comments from the Key Informant Online survey highlight the value of Silver Hill to the community.

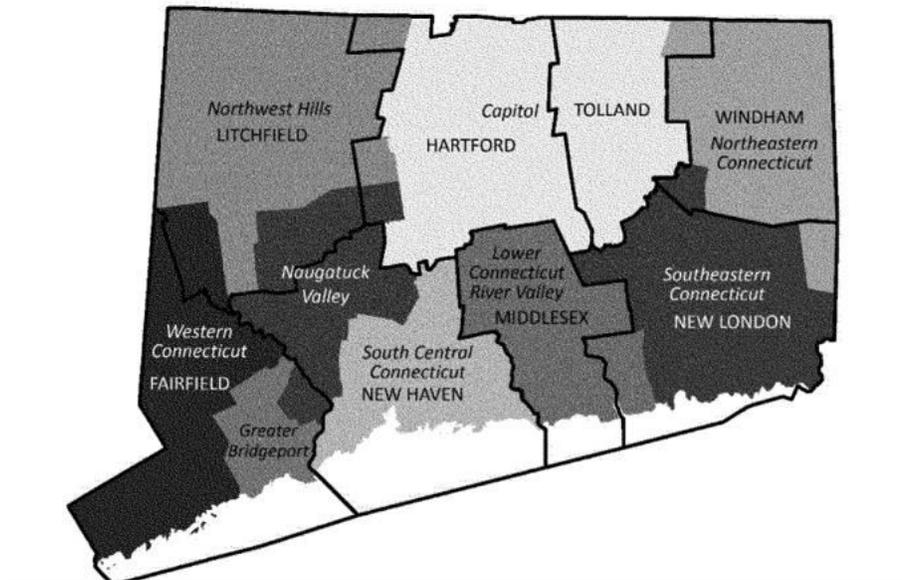
- *"I loved the all day mental health & addiction services programs/ conferences that were organized and run by Ingrid Gillespie in collaboration with Silver Hill when she was the Director of The Lower Fairfield County Regional Action Council (that then became) Communities 4 Action. The topics were always so relevant and had multidisciplinary contact hours. I wish we could get those back again."*
- *"Thanks for doing this. We need to bring these issues out of the shadows"*
- *"It is very important that Silver Hill and its partners continue to support the community in mental health and substance abuse services."*
- *"Thank you."*
- *"I generally love SH programs I only wish the residential services were covered by insurance."*
- *"I have always appreciated Silver Hill's expertise and assistance. The community is better off for having more SHH engagement."*
- *"I think Silver Hill does very good outreach."*

Community Service Area Overview

Fairfield County, Connecticut is the primary community served by Silver Hill Hospital. Fairfield County is comprised of 23 towns including: Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Shelton, Sherman, Stamford, Stratford, Redding, Ridgefield, Trumbull, Weston, Westport, and Wilton.



Data are also provided in this report for an area called the Western Connecticut Planning District, pictured below in the bottom left corner. The Western Connecticut Planning District is within Fairfield County and excludes Bridgeport. Data for this area are necessary as county data is no longer provided to the U.S. Census Bureau by the state of Connecticut.



Methodology

The CHNA is comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below:

- A Statistical Secondary Data Profile compiles existing secondary data from county, state and national sources depicting population and household statistics, health care access, substance use status, mental health status, and disparity statistics for Fairfield County or the Southwest Region (as collected by SAMHSA²). Where applicable, these data are compared to state and national level data. Additionally, in 2022, Connecticut began reporting data (such as Social Determinants of Health) to the U.S. Census Bureau by Planning Districts rather than counties. This is the first full cycle for which the Western Connecticut Planning District (WCPD) data are included in the Secondary Data Profile. Caution should be exercised when comparing these data across CHNAs. In 2025, County Health Rankings, another significant source of data is in the midst of converting from Fairfield County to the WCPD. For this source, data are from 2024 as this is the most recent data available for the most local geography.
- An Online Key Informant Survey was conducted with a total of 37 key informants between November 3 and November 20, 2025. Key informants are considered to be community stakeholders with expert knowledge and include public health and health care professionals,

² Substance Abuse Mental Health Services Administration.

social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Participants in this survey included public health and social services providers, education/school specialists, mental health/substance use clinicians, government housing/transportation agencies, local municipal representatives including New Canaan, Westport and Darien, public health organizations, and community members. Questions focused on mental health and substance use key issues and barriers for people in the community, health care access, underserved populations, and how to increase the overall mental health of the service area.

Research Partner

Silver Hill Hospital contracted with Holleran, an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 30 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected, analyzed, and interpreted data from secondary data sources;
- Collected, analyzed, and interpreted data from key informants through an online survey; and
- Prepared all reports.

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Silver Hill Hospital sought community input through key informant surveys with community leaders and partners and will seek inclusion of community leaders in the implementation planning process. Public health and health care professionals as well as leaders and representatives of non-profit and community-based organizations shared knowledge about mental health and substance use and provided insight into the community, including underserved populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. In some cases, local-level data may be limited or dated. This is an inherent limitation with secondary data. The most recent data are used whenever possible. Importantly, data related to Mental Health and Substance Use at the local level has not been published by SAMHSA for this cycle. Data for Connecticut and the U.S. are available and have been updated in this report. In addition, timeline and other restrictions may have impacted the ability to survey all community stakeholders. Silver Hill Hospital sought to mitigate limitations by including representatives who serve diverse and underserved populations throughout the research components.

Prioritization of Needs

From this CHNA research, Silver Hill Hospital will prioritize community health issues in collaboration with community leaders and partners and developed an implementation plan to address prioritized community needs.

KEY HEALTH FINDINGS

The components of the CHNA come together to reveal a unique perspective of the health status of residents living in Fairfield County and/or the Western Connecticut Planning District. It is interesting to note that the Department of Mental Health and Addiction Services (DMHAS) 2024-25 Regional Behavioral Health Priority Report for Region 1 (Southwestern CT) confirms these local findings. The report, which serves as a foundational tool for DMHAS, state and municipal partner, coalitions, funders and providers to understand and respond to behavioral health needs across the region, identified key findings as follows.

1. Mental health needs, especially among youth, young adult and LGBTQIA+ populations have escalated, with rising rates of anxiety, depression, suicidal ideation, and isolation.
2. Substance misuse remains pervasive. Cannabis and alcohol are highly normalized among youth and adults, while stimulant-related and polysubstance overdose deaths have surged.
3. Adult alcohol use and gambling are under acknowledged despite mounting evidence of harm, particularly among men aged 18-34.
4. Systemic gaps, including workforce shortage, inadequate crisis response, poor care coordination, and lack of culturally competent services – create barriers across all levels of care.

This CHNA found a number of similar health issues through the analysis of the Secondary Data Profile and the Key Informant Survey. It includes a summary of each issue derived from primary and secondary data as well as powerful comments by key informants. Key findings, which are presented alphabetically are:

- Accessing Mental Health/Substance Use Care
- Adult and Adolescent Mental Health and Other Risk Behaviors
- Adult and Adolescent Substance Use and Other Risk Behaviors
- Social Determinants of Health

Accessing Mental Health/Substance Use and Supportive Care

The ability to access mental health and substance use treatment is key to community health. Identifying and decreasing barriers which impede access can markedly improve the mental health and well-being of individuals and families. Several measurable factors are discussed here, including social support systems, health insurance coverage, mental health and substance use, provider density, and prenatal care.

- Having social support systems in place is important in terms of accessing health care. Family and friends may help with transportation, assist with ambulation or the acquisition of prescriptions. Family and household statistics in this study speak to the presence of greater social support for residents in the WCPD than in the state and nation. Over half the population (52.7%) in the WCPD is married and fewer are divorced than in Connecticut or the U.S. Also, WCPD has a greater percentage of family households (70%) than either the state (65.8%) or the nation (64.8%) as well as more families with children under age 18. There is also a lower percentage of female headed households with no spouse present (10.5%). However, In WCPD, there are somewhat more householders who live alone and are 65 years and older. A key informant noted that *“Isolation of the older population is a major concern. Many of these residents do not have family nearby.”*
- Health insurance coverage may be an indicator as well as a determinant of the overall health of a community. Higher coverage rates are consistently associated with better health outcomes, improved access to medical care, and greater financial stability for individuals and families. Slightly fewer individuals have health insurance coverage in the WCPD than in Connecticut. However, a greater percentage of those covered in the WCPD have private coverage (72.3%) rather than public coverage such as Medicaid. A key informant raised an important issue related to the lack of health insurance. *“Sometimes those most in need of support don't know how to link to services, e.g., those who are under-insured or have no insurance.”*
- The ability to access primary care and mental health providers is critical in maintaining good physical and mental well-being. When access is difficult due to a shortage of providers, an unavailability of appointments, a lack of transportation or issues of affordability, individuals and families may delay treatment. When this occurs, they may not receive critical preventive services, frequently waiting until a crisis develops. Provider density (the number of individuals per provider) is measured by County Health Rankings. In Fairfield County, primary care physician density is 1,090:1, lower than in Connecticut (1,210:1) and much lower than in the U.S. (1,330:1). The provider density ratio for dentists is 1,060:1, lower than in Connecticut (1,150:1) and much lower than in the U.S. (1,360:1). This demonstrates that provider density for medical and dental services is better in the county than in the state and the nation. In other words, primary care physicians and dentists must serve fewer patients than in the state and nation.

Unfortunately, the mental health provider density is worse in the county (280:1) than in the state (220:1), but better than the nation (320:1). Simply put, there is one mental health clinician for every 280 individuals in the county. This seems adequate according to a portion of key informants. In the online Key Informant Survey, respondents were asked their perception of mental health provider sufficiency. 42.4% of key informants Strongly Agree or Agree that there are a sufficient number of providers in the community providing treatment for mental health issues. Positively, this has increased since 2022 when just 30.0% responded

affirmatively. This may indicate that there has been an increase in the availability of providers or improvement in access. County Health Rankings does not report provider density for substance use providers. Unlike mental health, there is a perception that there are fewer substance use providers than are needed now as opposed to 3 years ago.

Key informants perceive a lack of specific providers as well. In terms of the availability of providers accepting Medicaid or are bilingual mental health and substance use providers, a large majority disagree that there is a sufficient number.

- Issues of access may affect early infant development. The inability to access prenatal care in a timely and effective manner may lead to infants born with low birth weight (defined as under 5 pounds 8 ounces). These individuals may have neurodevelopmental problems, attention-deficit/hyperactivity disorder and learning difficulties which may affect socialization and self-worth. In Fairfield County, 7.0% of babies are born with low birth weight. In contrast, the percentage of low birth weight babies is 8.0% in the state and nation.

Perceptions by key informants such as public awareness of services, understanding where to go to get these services, the reasons why individuals do not access treatment and system gaps also inform the discussion of access to supportive services. One key informant commented *“Access includes so much more than a service just being available; i.e.: affordable, approachable, welcoming, culturally aware of customs, family roles & cultural traditions, as well as transportation to & from the program.”* Since the 2022 CHNA, there seems to have been an erosion in the public’s awareness and understanding of mental health and substance use concerns. In particular, a very low percentage of those agreed or strongly agreed with the statement that the public understands addiction and substance abuse issues (5.6%).

- The reasons cited for why individuals do not seek treatment were described by key informants. The most common reason is Social Stigma (73.0%). One respondent stated *“Cultural barriers and the stigma of mental health issues continue to prevent people from seeking professional help.”* This is followed by an issue of affordability, the Inability to Pay Out of Pocket Expenses as well as Not Ready for Treatment (both 62.2%). Another issue of affordability, Lack or Insufficient Health Coverage is perceived by 56.8% to be among the most common reasons that individuals do not seek treatment. Not Ready for Treatment (62.2%) was also selected. A steep decrease in the percentage of respondents selecting Don’t Know Where to Go for Treatment (45.9% in 2025, down from 70.0% in the 2022 study) may signal a perception of improved awareness on the part of individuals about where to find treatment. The Lack of Programming/Providers or Transportation is cited less frequently.
- When key informants were asked where the majority of individuals go first when they are in need of mental health/substance use treatment, about one-third of respondents selected Primary Care Provider/Family Doctor. A relatively similar percentage selected the hospital emergency department (27.3%). This is followed by local psychologists and private practice

- clinicians (if affordable). Community health centers, social service agencies, schools, and Silver Hill Hospital are thought to receive fewer individuals first seeking treatment.
- One key informant asked critical access questions. *“Are services located in a safe neighborhood? Are they offered across a wide range of hours & days of the week so working people can attend? How & where is advertising done for non-English speaking people? Are resources made available for multicultural people & across the age span?”* Another stated, *“Most families and individuals in crisis need significant help understanding and navigating the systems of care.”*
 - Key informants were also asked their opinions about the system gaps that currently exist in the community. Insurance Barriers was selected by 73.0% as the most prevalent system gap. This is followed by a Lack of Support in Navigating the Mental Health System (56.8%). Long Waiting Lists, Limited Service Coordination and Lack of Providers continue to be perceived as gaps in the system as well. *“Still finding that people are not aware of where to go to get help or don't know where to find info while in crisis, prevention and early intervention is not reaching everyone effectively, Barriers to access, cost, there are very high rates of access to substances for children, sandwich generation has elevated stress levels and potential neglect to one's own health and lastly stigma and reluctance still exists.”*
 - Positively, one key informant applauded community collaboration. *“Many professional organizations have grouped together over the years to help form collaborations. Multidisciplinary professionals have done the same to bring workshops & conferences to improve care & treatment. A big focus on the importance of developing cultural awareness & sensitivity has been in place for years now.”*
 - Limited and poor access to mental health and substance use treatment leads to underserved populations. Almost half of the key informants identified those without insurance, those with public insurance (Medicaid) and those who cannot afford out of pocket expenses as underserved. Low-income and uninsured individuals are perceived to be the most underserved, followed by immigrant/refugees, the unhoused (homeless) and people with disabilities. These responses are consistent with the issue of affordability of services. This seems to involve an overwhelming number of individuals. *“We cannot handle the needs of the current un & under-insured people in need of these services.”* Seniors are also perceived as underserved. *“Some of our seniors who have low income access Medicare and Medicaid, thus it can be difficult to locate a clinician who takes both. With lower income sometimes comes lack of access to reliable transportation or inability to pay copays.”*
 - Favorably, over half of key informants perceive that preventive education and outreach regarding mental health and substance use is occurring frequently. This is similar to the results in 2022. Despite these positive results, one key informant pointed out the need for more preventive services. *“We must elevate a focus on prevention as a vital link in the care & treatment of people with mental health & addiction services. The extreme importance of prevention is not, in my estimation & experience, given recognition for its role in the totality of the entire process.”*

Adult and Adolescent Mental Health

Mental health services for adults and youth are invaluable for enabling people to overcome challenges, thrive in their environments and lead healthier, more productive lives. Mental health data for the Silver Hill service area is collected by SAMHSA³ by substate (local) regions. The Silver Hill service area is included in the Southwest substate region. Data for state estimates have been released for 2022 – 2023, however Southwest substate region data for the same period are not available.

- Mental illness is on the rise in Connecticut, affecting 24.1% of adults aged 18 or older. It is slightly less in the nation (23.0%). Fortunately, serious mental illness in Connecticut (5.3%) is slightly lower than the nation (5.8%). The percentage of adults aged 18 or older who experienced a major depressive episode in 2023 is 8.7%. This has risen from 7.7% in the previous study. The percentage of individuals who attempted suicide in the past year is 0.5% in Connecticut.
- Favorably, a greater percentage of individuals aged 18 or older in Connecticut received mental health services in the past month (24.3%) than in the previous study. However, according to one informant, *“There's a void in care for those who are experiencing a non-life threatening mental health crisis (for more serious mental health issues than typical anxiety and depression).”*
- County Health Rankings reports that 14.0% of county residents experience frequent mental distress compared to 13.0% in the state and 15.0% in the nation. Frequent mental distress is defined as adults reporting 4 or more days of poor mental health per month (age-adjusted). Also, 11.0% of the county's population are reported to be in poor or fair health. On average Fairfield County individuals experienced 2.9 days of poor physical health in the past 30 days and 4.5 days of poor mental health. Adversely, the average number of poor mental health days per month has risen from 3.6 days in the previous study.

Key informants were asked to determine the top three (3) mental health concerns in their community from a list of twelve (12) focus areas identified in the survey.

- A majority (73.0%) stated that Anxiety is the top mental health concern in the community. The second top mental health concern is Depression (67.6%). The third top mental health concern is Addictions (40.5%) which varies from the third top concern in the 2022 CHNA which was suicide (chosen by 30% of respondents during that survey). Social Media Use and Social Isolation are also concerns (27.0% each). Trauma, which was typically higher on the list in past years was selected by 21.6% of respondents. Key informants were also asked to rank which 1 mental health concern is the most significant. For mental health, Anxiety and Depression were selected, consistent with the top concerns. Suicide and Trauma were also selected as being the most significant by some.

³ Substance Abuse and Mental Health Services Administration

As it relates to adolescent mental health, the Youth Risk Behavior Survey provides data for 2023 for Connecticut and the United States.

- When Connecticut adolescents are compared to peers in the U.S., a smaller percentage (15.7%) have seriously considered attempting suicide during the 12 months before the YRBS survey. Fewer have also attempted suicide (7.7%). Fewer also feel sad or hopeless in Connecticut when compared to the nation. A greater percentage of Hispanic adolescents feel hopeless or sad and seriously considered attempting suicide. Hispanic adolescents are also more likely to follow through and attempt suicide.

A key informant said this about adolescent mental health services. *“Youth facilities are limited. Yale is the closest for mental health and that is often too far and not a possibility for kids who are sent via hospital thus they go to Stamford or Norwalk where the care is not (like what) Yale could have provided at their juvenile facility thus no help happens often or just a band aid.”*

- Cyberbullying or electronic bullying is defined as repeated, harmful behavior using technology to harass, threaten, or humiliate adolescents. It includes spreading rumors, posting embarrassing photos or videos, sending hateful messages, or sharing private information without consent. This form of bullying is often persistent, happening 24/7 online, and difficult to notice, leading to negative impacts like anxiety, depression, social isolation, and, in severe cases, suicidal thoughts. Electronic bullying is slightly more prevalent in Connecticut than in the nation with 17.0% of high school students reporting having been electronically bullied. This type of bullying has increased since 2019 from 14.3%. Female and White students are more likely to be bullied electronically than males.

Crime may significantly impact mental health through direct exposure as a victim or witness, and indirectly through factors like fear of crime in the community. Feeling insecure or unsafe may increase the risk of developing mental health conditions such as depression, anxiety and Post-Traumatic Stress Disorder (PTSD) and a general decline in well-being. Exposure to trauma, especially during childhood, can increase the likelihood of mental illness, suicide, chronic health conditions, and social problems such as poverty and violence. A key informant mentioned the long lasting effects of trauma, *“Due to ICE tactics implemented in 2025, we have a generation of young people who are experiencing severe Early Childhood Trauma that will likely have impact on them & their mental health over many years to come.”* Another advocated for those with mental illness. *“More education is needed for the public to understand that a person with mental illness is far more likely to be the victim of abuse than the cause of violence.”*

- Data from the Federal Bureau of Investigation (FBI and CrimeGrade.org demonstrate that reported offenses of property crime per 100,000 population, such as breaking and entering, larceny and motor vehicle theft have risen from 1,487 to 1,567 in Fairfield County from 2021

to 2025. Fortunately, reported offenses of violent crime (homicides, rape, robbery, and aggravated assault) have declined from 209 per 100,000 population in 2021 to 154.5 in 2025.

- Injury deaths per 100,000 population in Fairfield County have risen from 54 in 2021 to 59 in 2024 according to County Health Rankings. Deaths from injury may be related to intentional causes (homicide and suicide) to unintentional causes such as motor vehicle accidents and falls. Prevention of injury death preserves intergenerational family and community health and social and economic wellbeing and speaks to safety and social support.

It is important to consider the sufficiency of mental health and substance use treatment services in the Silver Hill service area as viewed by key informants.

- The results of the key informant survey show that there may have been some improvement in the (perception of) the adequacy of services for most age groups since the 2022 CHNA. Still, few key informants (15.6%) perceive mental health services to be adequate for seniors. In terms of racial/ethnic populations, Latino, Black/African American and Asian are reported to be the most underserved.
- Key informants raised issues related to the normalization and denial of mental health and substance use concerns and trust in the system. *“Awareness of services does not always equate with a willingness to access them or to stick with the programs.”* And *“This is highly educated community with (for most part) good healthcare. Issue isn’t awareness but normalization and denial.”*
- Key informants were also asked about new and emerging trends in mental health. The use of artificial intelligence was highlighted. *“More use of AI and algorithms to identify early warning signs for anxiety and depression, digital platform and teletherapy make it easier to access, early intervention.”* Also, social media is perceived to be harmful. *“Digital landscape for children is extremely dangerous right now and parents don’t know what it looks like and how it’s affecting their children.”*

Adult and Adolescent Substance Use and Other Risk Behaviors

Substance use in adults can impact physical health, potentially leading to liver disease, cardiovascular problems, and compromised immune function, as well as mental health issues such as addiction, depression, and cognitive decline. The impact extends to social and professional spheres, often resulting in strained relationships, financial instability, and reduced work productivity or job loss. Alcohol misuse may precede mental health conditions or make ongoing mental health conditions worse. *“Drinking is socially acceptable but incredibly harmful to the family structure. The example it sets for children is particularly dangerous because it sets an expectation that alcohol use is an adult behavior which teenagers emulate.”*

SAMHSA tracks several indicators related to substance misuse by individuals age 12 and older including alcohol, tobacco, and drug use. Excessive drinking includes binge drinking and heavy drinking. Binge drinking is consuming 5 or more drinks at one time for a man and 4 or more drinks

for a woman in about 2 hours. Heavy drinking for women is more than 8 drinks in an average week and more than 15 drinks on average per week for men.

- Alcohol use has increased slightly for those aged 12 and older (58.3%) in Connecticut but decreased in the nation (48.1%) since the previous study. According to County Health Rankings, the percentage of excessive drinking in Fairfield County is 18.0%, decreasing from 22%. Binge alcohol use has declined for both geographies. About one-third of driving deaths in the county are related to alcohol impairment which has increased slightly from 2021 to 2024.
- For key informants, Alcohol Use remains the top substance use concern, selected by 81.1% of respondents. The second top concern is Cannabis/Marijuana (64.9%). The third top concern(s) remain(s) E-cigarette/Vaping and Underage Drinking. The Misuse of Prescription Drugs was also chosen by a large number of key informants. Alcohol Use, Cannabis/Marijuana, and Underage Drinking are reported to be the most significant.
- A key informant expressed concern for the geriatric community related to increasing numbers of anti-anxiety and anti-depressants being routinely prescribed. *"We have seen firsthand, how seniors become socially isolated when facing chronic diseases."*

In adolescents, the consequences of substance use are often more severe due to the ongoing development of the brain, affecting decision-making, impulse control, and emotional regulation and potentially lowering academic performance. Substance use at a young age is associated with a higher risk of developing a substance use disorder later in life and engaging in risky behaviors, including unsafe sex and impaired driving.

- Key informants addressed substance use by young people. *"We have seen increases in unprescribed medications for adolescents. We have seen how the unrelenting forces of social media distort our children's sense of identity and self-worth, amplifying insecurities and promoting false ideals. The consumption of alcohol by underage population is another concern. There is access to alcohol in the homes for the underage drinkers."*
- Under-age drinking is of particular concern. *"Darien's youth seem to be starting drinking very young (8th grade is now the socially acceptable age at parties), and high school freshmen are now partying frequently (once or twice a weekend). By junior year, they report that 'everyone is drinking'." Another key informant commented, "In most of Fairfield County, we see a large amount of underage drinking, more than in the rest of the country. Also, the Counselors that I supervise who see children in schools in Fairfield County, trauma has been an increasing issue."*

Alcohol use among high schoolers is measured in the Youth Risk Behavior Survey.

- Results from 2023 indicate that 21.1% of students in Connecticut currently drink alcohol which is slightly lower than in the U.S. (22.1%). However, the percentage of high school students who drink 5 or more drinks in a row is much higher in the state (11.6%) than in the nation

(8.8%). Overall, the percentage of students who currently drink alcohol has dropped and a higher percentage of female high school students drink alcohol than male students. More Hispanic students are reported to start drinking before age 13 years. Finally, the data finds that a greater percentage of White high schoolers than other races and ethnicities are currently drinking and having 5 or more drinks in a row.

Other risk behaviors include cigarette smoking and electronic vaping.

- In 2024, 11% of adults in Fairfield County are reported to smoke some days or every day. For adults living in Connecticut, the percentage is slightly higher (12%), but lower in comparison to the U.S. (15%). Adversely, the percentage of adult smokers in the county has increased from 10% in the previous study while decreasing in the state and nation.
- Fortunately for adolescents, there has been a drop in the use of tobacco and cigarette use in Connecticut and the U.S. In the state, 3.0% of high school students smoked cigarettes at least one day in the previous 30 days. In the U.S., this figure is 3.5%. A smaller percentage of female students than male students report smoking. Also, a lower percentage of high school students in Connecticut use electronic vaping products than in the U.S.

SAMHSA also provides data related to illicit drug use among individuals ages 12 years and older.

- Marijuana is used more frequently than cocaine, but for both substances, the percentage of use among individuals is higher in Connecticut than in the nation. Marijuana use in the past year in Connecticut is 25.4%, up from 20.2% and Cocaine use is 2.1%, a slight increase from the previous study.
- As it relates to high schoolers, the Youth Risk Behavior Survey (YRBS) finds that illicit drug use is less pervasive among Connecticut high schoolers than in the U.S. More White students than either Black or Hispanic in the state have used marijuana one or more times in the last 30 days. A slightly higher proportion of Hispanic students tried marijuana before the age of 13 years. The percentage of students in the state who use inhalants is 5.5%.
- A few key informants expressed a concern about the highly engineered, more potent cannabis and one stated, *"I'm also very concerned about the impact of high potency THC products on young people, including cannabis induced mania and psychosis."*

Key informants were asked to estimate the percentage of cases where a mental health diagnosis is accompanied by a substance abuse or addiction problem (co-occurring) as well as the adequacy of services and new and emerging trends.

- About 42% of key informants note that a co-occurring disorder is likely to be 25% to 50% of the time. One respondent commented *"Other age groups (with the exception of seniors) see an increase in the percentage of the population who have substance abuse issues with a mental health diagnosis."* Another said, *"I am concerned about binge drinking among teens and adults"*

and mixing this with prescription drugs. Also using these substances to help treat anxiety and depression or trauma.”

- As it pertains to the adequacy of Substance Use services by age group, few perceive that treatment for children and adolescents is adequate. Since the 2022 study, the perception of the adequacy of services for teens seems to have lessened. 12.2% and 13.3% of respondents respectively perceive services for children (birth to 12 years) and teens (ages 13 to 17) to be adequate. Only services for adults are perceived by almost half (48.4%) to be adequate while all other age groups are far less.
- In terms of new and emerging trends in substance use, key informants discussed high potency THC use, marijuana induced psychosis, vaping laced with marijuana, oral nicotine pouches, gambling, and alcohol use among elders. A key informant commented, *“The interaction of social media use on mental health and substance misuse-availability of drugs through snap chat etc.”* Another stated, *“Marijuana-induced psychosis appears to be on the rise. Use has been normalized and is affecting mental health, also resulting in addiction, and driving under the influence.”*

Social Determinants of Health

An individual’s health is influenced by numerous factors including a range of personal, social, economic, and environmental factors known as social determinants of health. For example, research demonstrates that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions. Addressing social determinants of health is important for improving health outcomes and reducing disparities.

Secondary data from the U.S. Census provide insight into the population, households, and families in the Western Connecticut Planning District.

- A greater percentage of the population speaks a language other than English in comparison to the state and the nation. The majority of those who speak a language other than English, speak Spanish.
- A larger proportion of residents in the WCPD have a secondary education. In terms of educational attainment, 91.7% in the WCPD have a high school degree or higher while 55.0% have a bachelor’s degree. This may speak to the ability to obtain employment. Median earnings for workers in the WCPD are \$59,268.

Income is an important factor in the social determinants of health.

- According to County Health Rankings, in Fairfield County, households with higher incomes had income 5.9 times that of households with lower incomes. This disparity is greater than in the state and nation.
- The median annual household income in the WCPD is much higher in comparison to Connecticut and the nation (\$124,553). Yet, 7.4% of people in WCPD live below 100% of the

federal poverty level. 9.1% of children under the age of 18 live below this level. The percentage of households receiving food stamps/SNAP benefits in the last 12 months is 6.7% and 3.0% receive supplemental security income (SSI).

When housing is substandard or unaffordable, physical, and mental health may be affected.

- The median home value is higher in the WCPD compared to the state and the nation. However, the cost of renting and owning homes creates a housing cost burden (defined as households that spend 30% or more of their income on rent or a mortgage and other housing cost such as utilities). Over half (51.3%) of renters and 34.9% of homeowners are housing cost burdened in the WCPD. This is greater than both the state and the nation. When individuals and families are burdened with housing costs, they must make choices each month about whether to buy food, prescriptions, and medical bills or to pay their housing costs. One key informant noted, *"In the hierarchy of needs, I expect many are placing things like access to food, shelter, & 'safety' over overcoming an addiction or combating mental illness as they may not recognize the risks to health & life of these maladies."*
- Also, 20% of households have severe housing problems (defined as having at least one of the following: overcrowding, high housing cost, lack of kitchen facilities or plumbing facilities).

Access to food is a basic need for all individuals and families and good nutrition impacts both physical and mental health.

- The food environment index measures the availability, affordability, and quality of healthy food options in a specific geographic area on a scale of 1 (worse) to 10 (best). In Fairfield County the food environment index is 8.5, slightly better than 8.3 in Connecticut and much better than 7.7 in the U.S This is a relatively good outcome. However, County Health Rankings reports that 10.0% of Fairfield County residents are food insecure (not having enough to eat or knowing where their next meal will come from). Many households must utilize food stamps/SNAP payments to cover the cost of food.
- In Connecticut 31.0% of the population is considered obese with a Body Mass Index equal to or greater than 30. Obesity negatively affects physical health and may also impact mental health. Being overweight may result from only having access to poor food choices such as fast food. It may also be a risk behavior resulting from depression, anxiety, and stress. Although 93% of Connecticut residents are reported to have access to exercise opportunities, 23% of adults aged 20 years and older are said to be physically inactive.

County Health Rankings provides information about the health of the population in Fairfield County. "Health Outcomes" describe how long people live on average within a community and how much physical and mental health people experience while they are alive. In 2024, Fairfield County is slightly better than the state average in Connecticut for Health Outcomes, and better than the average county in the nation. "Health Factors" represent those things in the county that can be improved to

live longer and healthier lives. They are indicators of the future health of a community. According to County Health Rankings, for "Health Factors," Fairfield County is about the same as the state average in Connecticut, but better than the average county in the nation. Furthermore,

- Data for premature death (or years of potential life lost before age 75 per age-adjusted 100,000 population) also speaks to the health of a population. Fairfield County has a lower premature death rate (5,000 per 100,000) than either Connecticut or the U.S. (6,500 and 8,000 respectively.) However, the rate for the county has risen from 4,442 in 2021.

Key informants discussed the link between needing to meet basic needs and taking care of a mental health or substance use concern.

- *"In the hierarchy of needs, I expect many are placing things like access to food, shelter, & 'safety' over overcoming an addiction or combating mental illness as they may not recognize the risks to health & life of these maladies."*
- *In addition to issues of basic needs, one key informant mentioned a lack of systemic trust. "Thinking of our urban core areas, I feel there is a lack in trust and safety to seek resources in our political climate, especially those who struggle with mental health, lack of health insurance, unstable housing, etc. Also transportation and costs are huge barriers when someone is seeking a diagnosis." "I still think many individuals that want to get connected to care for mental health, substance use still do not get to the care they need and or deserve. Some reasons are insurance, other reasons not knowing where to start also not wanting to stop use. Impact on employment for some."*
- *Finally, this respondent called for addressing social determinants of health. "Addressing social drivers of health e.g. affordable housing -lack of bilingual clinicians (e.g. Spanish, Polish, Haitian Creole) - stigma which appears stronger in some communities e.g. in Latino community MH and SUD concerns are kept in the family - too many smoke shops."*

COMMUNITY HEALTH REPORT CARDS

The Community Health Report Card which follows highlights statistics that vary between Fairfield County, the WCPD, Connecticut, and the United States. To be classified as an area of strength, the local figure (either county or service area) must exceed the state and national figure. To be classified as an area of need, the local figure must be unfavorable compared to the state and national statistics. Not all figures on the Community Health Report Card will have accompanying state and national comparisons. Some questions were only asked of the local key informants. When a comparison is unavailable the cell is omitted.

SILVER HILL HOSPITAL

2025 Community Health Needs Assessment Report Card



DOMAIN	INDICATOR	MEASURE	WESTERN CT PLANNING DISTRICT	CT	U.S.
SOCIO-ECONOMIC FACTORS	LANGUAGE	Population 5 Years and Older who speak English less than "very well"	11.7%	8.6%	8.4%
	INCOME	Population below 100% of the poverty level	7.4%	10.0%	12.4%
		Households with Food Stamp/SNAP benefits	6.7%	11.7%	11.8%
	EDUCATION	% of bachelor's degree or higher in adults 25 years and over	55.0%	41.9%	35.0%
	AFFORDABLE HOUSING	Renter households spending more than 30% of their income on housing	51.3%	51.3%	50.4%
		Owner households spending more than 30% of their income on housing	34.9%	29.8%	27.6%
	SOCIAL SUPPORT	Percentage of Divorced Population	8.9%	10.4%	10.7%
		Female householder, no husband present	10.5%	12.6%	12.2%
		Nonfamily households	30.8%	35.4%	35.5%
		Householders Living Alone	24.9%	28.7%	28.5%
		Percent of key informants who strongly disagree or disagree that the public understands mental and behavioral health issues	—	—	58.3%
	HEALTH CARE ACCESS	% of population without health insurance coverage	7.5%	5.3%	8.6%
		Percent of key informants who agree or strongly agree that there are a sufficient number of organizations that provide treatment for mental health issues	—	—	42.4%
		Percent of key informants who agree or strongly agree that there are a sufficient number of organizations that provide treatment for substance abuse issues	—	—	24.2%
		Percent of key informants who chose "insurance barriers" as system gaps/barriers to receiving treatment	—	—	73.0%
		Percent of key informants who chose "those without insurance" as the most underserved population	—	—	51.4%
		Percent of key informants who chose "Latino/Hispanics" and/or "Black/African American" as the most underserved racial/ethnic group	—	—	65.0%

● = Areas of Greatest Strength
 ● = Areas of Moderate Need
 ● = Areas of Greatest Need

— Data not available

SILVER HILL HOSPITAL

2025 Community Health Needs Assessment Report Card



DOMAIN	INDICATOR	MEASURE	FAIRFIELD COUNTY	CT	U.S.	
SOCIO-ECONOMIC FACTORS	BUILT ENVIRONMENT AND SOCIAL/ECONOMIC FACTORS	Food environment index=food access and insecurity (ranking from 1=worst to 10=best)	8.5	8.3	7.7	
		Severe housing problems	20%	17%	17%	
		Access to exercise opportunities	98%	93%	84%	
		High School Graduation rate	90%	91%	89%	
HEALTH BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Population reporting "fair" or "poor" overall health	11%	12%	14%	
		Percent of key informants who chose "anxiety" as most significant mental health issue	—	—	36.1%	
		Poor mental health days (average within past 30 days)	4.5	4.4	4.8	
		Mental health providers to population ratio	280:1	220:1	320:1	
		% of population with adult obesity (BMI ≥ 30)	25%	31%	34%	
		Physical inactivity (Adults aged 20 years and over)	20%	22%	23%	
		Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	—	17%	16.3%	
		Being bullied at school	—	18%	19.2%	
		Social Associations per 10,000	9:1	8.9	9.1	
			MEASURE	SOUTHWEST CONNECTICUT	CT	U.S.
			Any mental illness in the past year – Adult Aged 18 or Older	—	24.1%	23.0%
			Serious mental illness - Adult Aged 18 or Older	—	5.3%	5.8%
			Major depressive episode - Adult Aged 18 or Older	—	8.7%	8.6%
			Individuals who had serious thoughts of suicide in the past year - Adult Aged 18 or Older	—	4.7%	5.1%
	Attempted suicide in the past year - Adult Aged 18 or Older	—	0.5%	0.6%		
	Received mental health services in the past year – Adult Aged 18 or Older	—	24.3%	22.4%		

● = Areas of Greatest Strength
 ● = Areas of Moderate Need
 ● = Areas of Greatest Need

— Data not available

SILVER HILL HOSPITAL

2025 Community Health Needs Assessment Report Card



DOMAIN	INDICATOR	MEASURE	FAIRFIELD COUNTY	CT	U.S.
HEALTH BEHAVIORS	TOBACCO USE/ SUBSTANCE USE	Adults who are current smokers	11%	12%	15%
		Excessive drinking in adults	18%	17%	18%
		Alcohol-impaired driving deaths	33%	32%	26%
		Percent of key informants who chose "alcohol abuse" as most significant substance abuse issue	—	—	36.1%
		MEASURE	SOUTHWEST CONNECTICUT	CT	U.S.
		Illicit Drug Use in the Past Year 12 Years and Older	—	19.9%	16.7%
		High School Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	—	3.0%	3.5%
		High School Students who currently used marijuana (one or more times during the 30 days before the survey)	—	14.7%	17.0%
		High School Students who ever used cocaine (any form of cocaine, such as powder, crack or freebase, one or more times during life)	—	1.8%	2.5%

= Areas of Greatest Strength
 = Areas of Moderate Need
 = Areas of Greatest Need

— Data not available

SECONDARY DATA PROFILE

I. Demographic Statistics

Population Statistics

The U.S. Census in Connecticut is now reported by Planning District. Fairfield County is located in the Western Connecticut Planning District (WCPD) and data for this district is provided in the updated tables in this section.¹ Caution should be exercised when comparing this local level data in the 2025 CHNA with the data from the 2022 CHNA due to the change in source.

Population figures from 2019 to 2023 indicate that the U.S. and Connecticut populations have increased since the previous study and the proportion of female population relative to the male population is declining slightly.

Table 1. Overall Population (2023; 2019 - 2023)

	U.S.	Connecticut	WCPD
Population (2020-2024)	332,387,540	3,598,348	621,232
Male population	49.5%	49.1%	49.1%
Female population	50.5%	50.9%	50.9%
Population Change from 2020	1.8%	0.8%	N/A

Source: U.S. Census Bureau

Table 2. Overall Population (2020; 2016 - 2020)

	U.S.	Connecticut	Fairfield County
Population (2016-2020)	326,569,308	3,570,549	944,306
Male population	48.7%	48.2%	48.0%
Female population	51.3%	51.8%	52.0%
Population Change from 2010	7.4%	0.7%	4.3%

Source: U.S. Census Bureau

The median age of the population in the U.S. and Connecticut has risen slightly. The median age in the WCPD is somewhat higher in comparison to what it was in Fairfield County in the 2022 study.

¹ The Census Bureau adopted the State's nine planning regions as county-equivalent geographic units for purposes of collecting, tabulating, and disseminating statistical data, replacing the eight counties which ceased to function as governmental and administrative entities in 1960. The Census Bureau implemented this in late 2022. By 2024, all Census Bureau operations and publications, both internal and external uses the nine new county-equivalent boundaries, names, and codes.

Table 3. Population by Age (2019 - 2023)

	U.S.	Connecticut	WCPD
Under 5 years	5.7%	5.0%	5.3%
5 to 14 years	12.5%	11.4%	12.4%
15 to 24 years	13.1%	13.1%	12.5%
25 to 44 years	26.8%	25.0%	24.4%
45 to 59 years	18.7%	20.1%	21.2%
60 to 74 years	16.4%	17.6%	17.0%
75 years and over	6.8%	7.6%	7.3%
Median Age (Years)	38.7	41.2	41.5

Source: U.S. Census Bureau

Table 4. Population by Age (2016 - 2020)

	U.S.	Connecticut	Fairfield County
Under 5 years	6.0%	5.1%	5.5%
5 to 14 years	12.6%	11.6%	12.8%
15 to 24 years	13.2%	13.6%	13.4%
25 to 44 years	26.6%	24.3%	24.0%
45 to 59 years	19.4%	21.3%	22.1%
60 to 74 years	15.6%	16.5%	15.2%
75 years and over	6.7%	7.5%	7.2%
Median Age (Years)	38.2	41.1	40.8

Source: U.S. Census Bureau

The percentage of White and Black or African American population has increased or remained steady in the nation and Connecticut. The percentage of Hispanic/Latino in the WCPD is slightly higher than in the state and nation. These data represent a population that reports one of more races. The percentage of the population in the WCPD that is "some other race" is higher than in Connecticut and the United States.

Table 5. Race Alone or in combination with one or more races (2019 - 2023)

	U.S.	Connecticut	WCPD
White	73.4%	76.2%	74.6%
Black/African American	14.4%	13.6%	12.9%
American Indian/Alaska Native	2.2%	1.2%	1.0%
Asian	7.2%	5.8%	6.6%
Native Hawaiian and Pacific Islander	0.5%	0.2%	0.2%
Some Other Race	13.9%	13.5%	17.1%
Hispanic or Latino (<i>of any race</i>) ^a	19.0%	17.8%	19.9%

Source: U.S. Census Bureau

^a Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

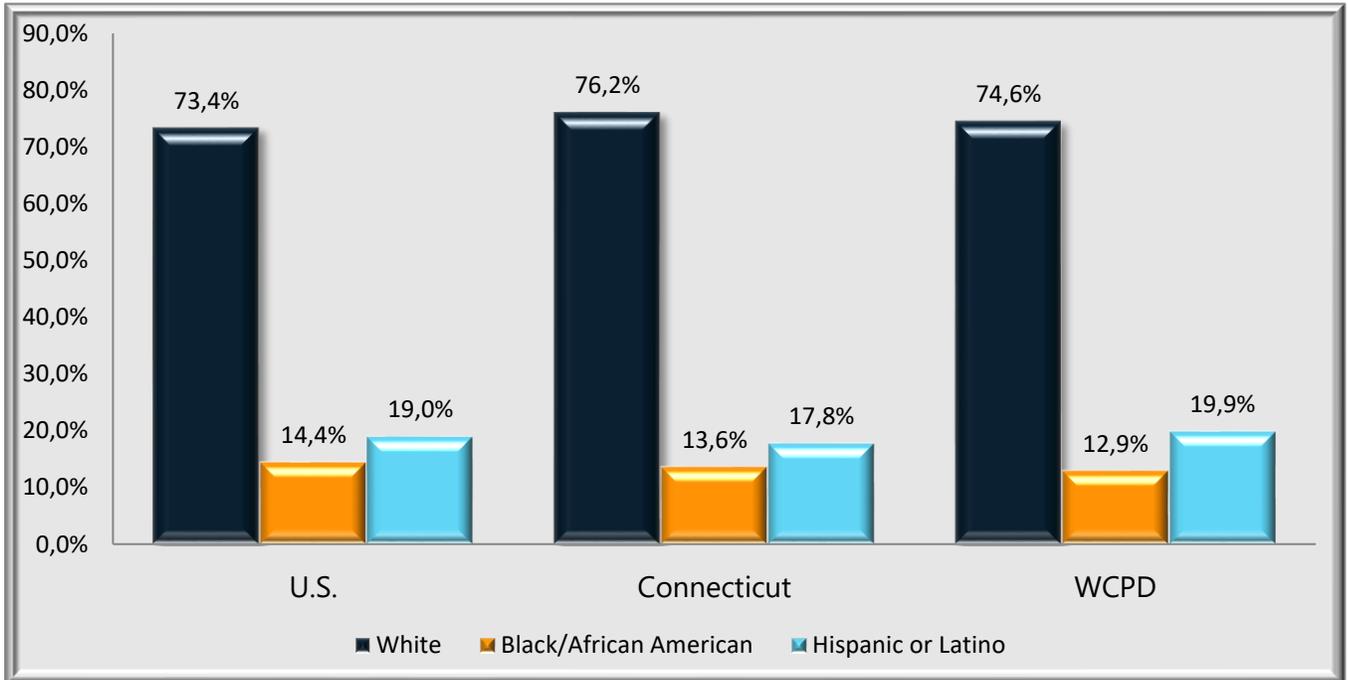
Table 6. Race Alone or in combination with one or more races (2016 - 2020)

	U.S.	Connecticut	Fairfield County
White	70.4%	74.2%	70.8%
Black/African American	12.6%	10.7%	11.4%
American Indian/Alaska Native	0.8%	0.3%	0.2%
Asian	5.6%	4.6%	5.4%
Native Hawaiian and Pacific Islander	0.2%	0.0%	0.1%
Some Other Race	5.1%	5.4%	7.0%
Hispanic or Latino (<i>of any race</i>) ^a	18.2%	16.4%	20.0%

Source: U.S. Census Bureau

^a Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure 1. Racial breakdown of the two major races and one ethnic group, 2019 - 2023



A greater percentage of the population speaks a language other than English in the WCPD in comparison to the state and the nation. The majority of those who speak a language other than English, speak Spanish. This is similar to the situation in Fairfield County.

Table 7. Language Spoken at Home, 5 Years Old and Older (2019 - 2023)

	U.S.	Connecticut	WCPD
English only	78.0%	77.0%	70.7%
Language other than English	22.0%	23.0%	29.3%
Speak English less than "very well"	8.4%	8.6%	11.7%
Spanish	13.4%	12.6%	15.6%
Speak English less than "very well"	5.3%	5.0%	7.3%
Other Indo-European languages	3.8%	6.9%	10.1%
Speak English less than "very well"	1.2%	2.3%	3.1%
Asian and Pacific Islander languages	3.5%	2.5%	2.9%
Speak English less than "very well"	1.6%	1.0%	1.0%
Other languages	1.2%	1.0%	0.8%
Speak English less than "very well"	0.4%	0.3%	0.2%

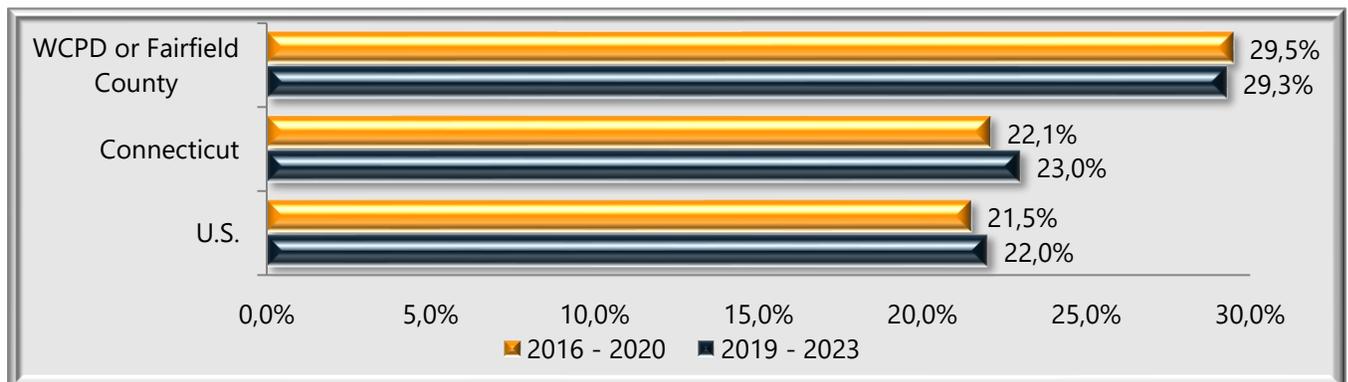
Source: U.S. Census Bureau

Table 8. Language Spoken at Home, 5 Years Old and Older (2016 - 2020)

	U.S.	Connecticut	Fairfield County
English only	78.5%	77.9%	70.5%
Language other than English	21.5%	22.1%	29.5%
Speak English less than "very well"	8.2%	8.1%	11.7%
Spanish	13.2%	11.9%	16.0%
Speak English less than "very well"	5.2%	4.7%	7.2%
Other Indo-European languages	3.7%	6.8%	9.9%
Speak English less than "very well"	1.1%	2.2%	3.3%
Asian and Pacific Islander languages	3.5%	2.3%	2.6%
Speak English less than "very well"	1.6%	0.9%	1.0%
Other languages	1.1%	1.1%	1.18%
Speak English less than "very well"	0.3%	0.3%	0.2%

Source: U.S. Census Bureau

Figure 2. Percentage of population speaking a language other than English at home, 2016 – 2020 vs. 2019 – 2023



Household Statistics

Most people are married in the nation, state and in the WCPD. This is followed by those who have never been married. Over half (52.7%) of the population in the WCPD are married, a greater percentage than those married in Fairfield County (48.8%) in the previous study and also more than in the state and the nation in the current data.

Table 9. Marital Status, 15 Years and Over (2019 - 2023)

	U.S.	Connecticut	WCPD
Never married	34.1%	35.4%	32.4%
Now married, except separated	47.9%	47.6%	52.7%
Separated	1.7%	1.2%	1.3%
Widowed	5.6%	5.4%	4.7%
Divorced	10.7%	10.4%	8.9%

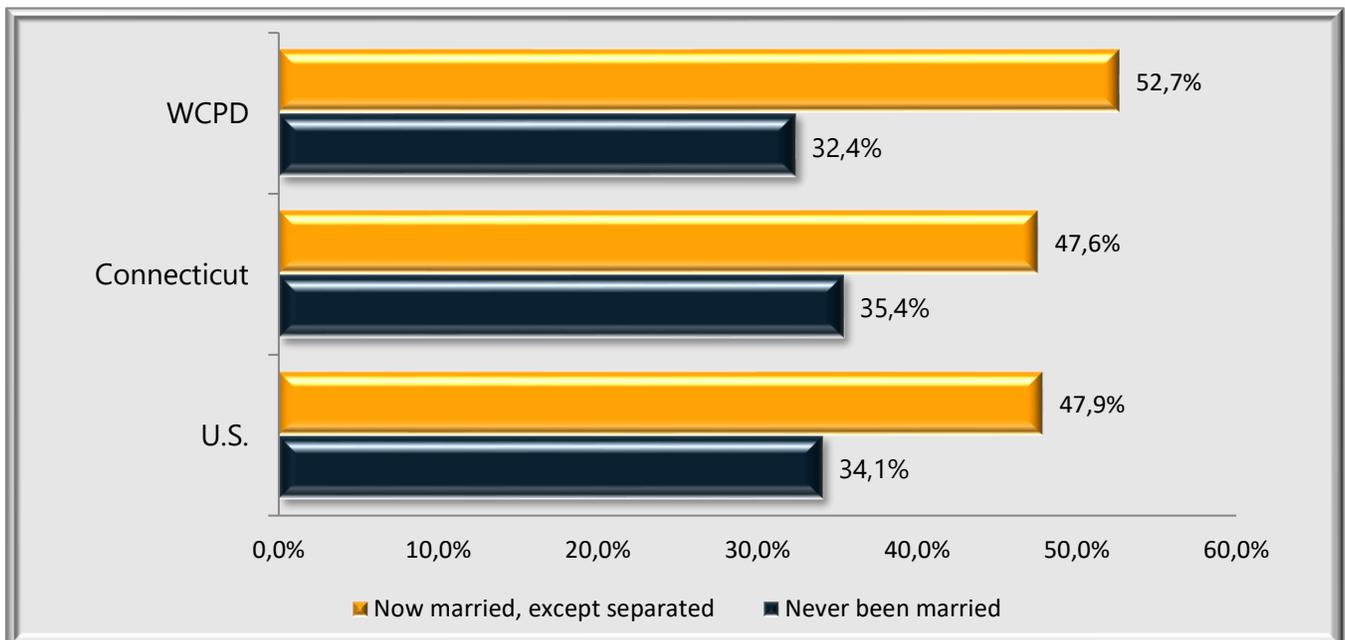
Source: U.S. Census Bureau

Table 10. Marital Status, 15 Years and Over (2016 - 2020)

	U.S.	Connecticut	Fairfield County
Never married	33.6%	34.1%	33.9%
Now married, except separated	48.2%	48.0%	48.8%
Separated	1.9%	1.6%	1.6%
Widowed	5.7%	5.6%	5.5%
Divorced	10.8%	10.6%	10.2%

Source: U.S. Census Bureau

Figure 3. Married and Never Married (2019 - 2023)



The median home value is highest in the WCPD as compared to the state and the nation. This is also true about the Fairfield County data from 2016 – 2020. Renters are more housing cost burdened (in that these households spend 30% or more of their income on rent and other housing cost such as utilities) than homeowner households in all three geographies.

Table 11. Housing Characteristics (2019 – 2023)

	U.S.	Connecticut	WCPD
Owner-Occupied Housing			
Owner-occupied units	82,892,037	939,912	153,760
Housing units with a mortgage	61.2%	65.4%	67.7%
Housing units without a mortgage	38.8%	34.6%	32.3%
Median value	\$303,400	\$343,200	\$625,400
Households spending 30% or more of income on mortgage/Owner costs	27.6%	29.8%	34.9%
Renter-Occupied Housing			
Occupied units paying rent	41,515,732	450,683	74,814
Median dollars	\$1,348	\$1,431	\$2,060
Households spending 30% or more of income on rent	50.4%	51.3%	51.3%

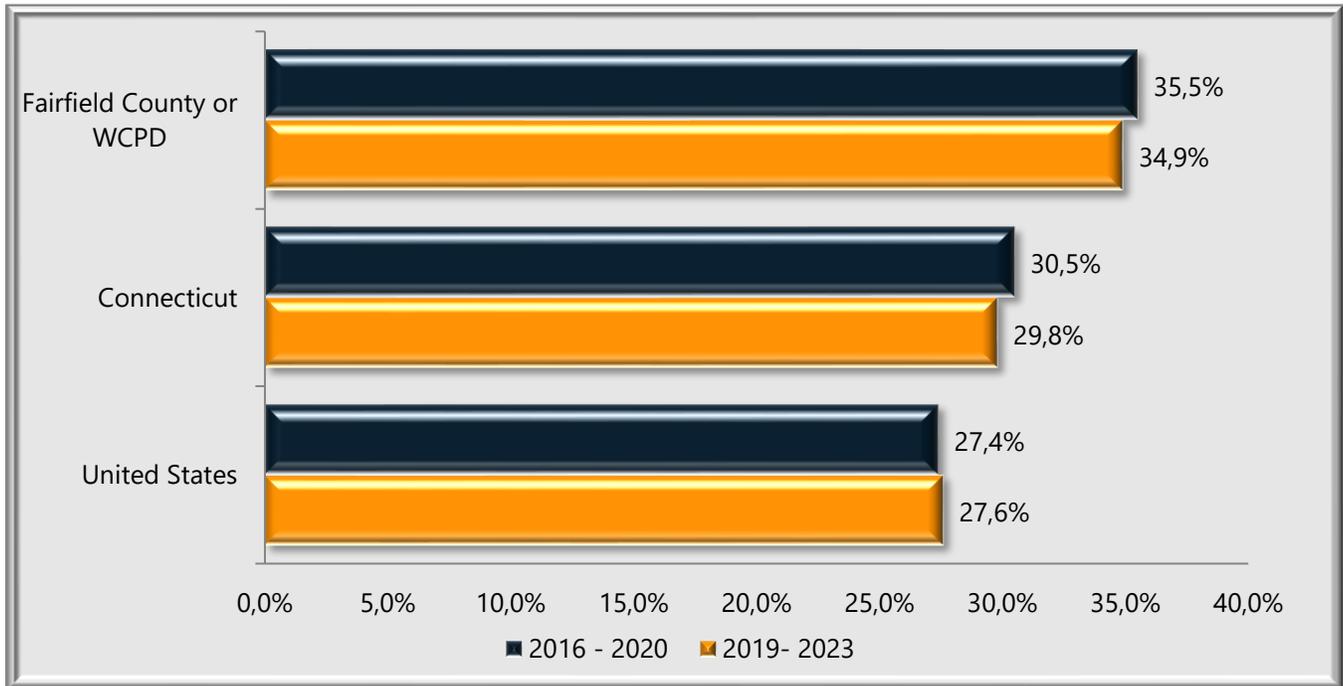
Source: U.S. Census Bureau

Table 12. Housing Characteristics (2016 - 2020)

	U.S.	Connecticut	Fairfield County
Owner-Occupied Housing			
Owner-occupied units	122,354,21	1,385,437	345,070
Housing units with a mortgage	62.1%	67.4%	69.0%
Housing units without a mortgage	37.9%	32.6%	31.0%
Median value	\$229,800	\$279,700	\$433,000
Households spending 30% or more of income on mortgage/Owner costs	27.4%	30.5%	35.5%
Renter-Occupied Housing			
Occupied units paying rent	41,390,514	451,178	110,782
Median dollars	\$1,096	\$1,201	\$1,511
Households spending 30% or more of income on rent	49.1%	51.4%	54.1%

Source: U.S. Census Bureau

Figure 4. Households spending more than 30% of income on mortgage, 2016 – 2020 vs. 2019 – 2023



The WCPD has a greater percentage of family households (70%) than either Connecticut (65.8%) and the U.S. (64.8%) as well as more families with children under age 18. For all geographies, there are fewer male householders, no wife present than female householders, no husband present. There are fewer female householders (10.5%) in WCPD than in the state or the nation, however. In the WCPD, somewhat more householders living alone are 65 years and older than in Connecticut and the U.S.

Table 13. Households by Type (2019 – 2023)

	U.S.	Connecticut	WCPD
Family Households	64.8%	65.8%	70.0%
With own children under 18 years	29.9%	28.7%	32.5%
Married-couple family	47.2%	47.1%	54.4%
With own children under 18 years	18.2%	18.0%	23.2%
Male householder, no wife present	5.0%	4.8%	4.3%
With own children under 18 years	1.2%	1.1%	0.9%
Female householder, no husband present	12.2%	12.6%	10.5%
With own children under 18 years	4.9%	5.1%	4.2%
Nonfamily households	35.5%	35.4%	30.8%
Householder Living Alone	28.5%	28.7%	24.9%
65 years and older	32.7%	35.8%	37.6%

Source: U.S. Census Bureau

Table 14. Households by Type (2016 - 2020)

	U.S.	Connecticut	Fairfield County
Family Households	65.3%	65.2%	69.4%
With own children under 18 years	30.7%	29.4%	33.6%
Married-couple family	48.1%	48.0%	53.1%
With own children under 18 years	20.1%	19.4%	24.3%
Male householder, no wife present	4.9%	4.7%	4.4%
With own children under 18 years	2.7%	2.3%	2.3%
Female householder, no husband present	12.3%	12.5%	11.9%
With own children under 18 years	7.7%	7.5%	6.8%
Nonfamily households	34.7%	34.8%	30.6%
Householder Living Alone	28.0%	28.5%	25.1%
65 years and older	42.9%	44.6%	42.2%

Source: U.S. Census Bureau

Income Statistics

A substantially larger proportion of households earn \$200,000 or more per year in the WCPD, and the median household income is also much higher than the state and the nation. Families are demonstrated to earn more than households in median income.

Table 15. Household and Family Income (2019 – 2023)

	U.S.	Connecticut	WCPD
Household Income			
Less than \$10,000	4.9%	4.4%	3.3%
\$10,000 TO \$14,999	3.6%	3.2%	2.0%
\$15,000 to \$24,999	6.6%	5.6%	4.4%
\$25,000 to \$34,999	6.8%	5.6%	3.8%
\$35,000 to \$49,999	10.4%	8.6%	6.7%
\$50,000 to \$74,999	15.7%	13.4%	10.7%
\$75,000 to \$99,999	12.7%	12.0%	10.0%
\$100,000 to \$149,999	17.4%	17.8%	16.4%
\$150,000 to \$199,999	9.3%	11.2%	11.1%
\$200,000 or more	12.6%	18.2%	31.7%
Median household income	\$78,538	\$93,760	\$124,553
Mean household income	\$110,491	\$135,332	\$209,168
Family Income			
Median family income	\$96,922	\$120,011	\$156,520
Mean family income	\$130,215	\$164,258	\$248,252
Individual Median Earnings			
Median earnings for workers	\$44,587	\$51,475	\$59,268

Source: U.S. Census Bureau

Table 16. Household and Family Income (2016 – 2020)

	U.S.	Connecticut	Fairfield County
Household Income			
Less than \$10,000	5.8%	4.9%	4.1%
\$10,000 TO \$14,999	4.1%	3.4%	2.9%
\$15,000 to \$24,999	8.5%	6.8%	5.8%
\$25,000 to \$34,999	8.6%	6.9%	6.0%
\$35,000 to \$49,999	12.0%	10.0%	8.6%
\$50,000 to \$74,999	17.2%	15.4%	13.4%
\$75,000 to \$99,999	12.8%	12.2%	10.3%
\$100,000 to \$ 149,999	15.6%	17.6%	16.6%
\$150,000 to \$199,999	7.1%	9.6%	10.2%
\$200,000 or more	8.3%	13.2%	22.2%
Median household income	\$64,994	\$79,855	\$97,539
Mean household income	\$91,547	\$115,337	\$157,765
Family Income			
Median family income	\$80,069	\$102,061	\$120,156
Mean family income	\$107,335	\$139,506	\$187,766
Individual Median Earnings			
Median earnings for workers	\$36,280	\$42,996	\$45,847

Source: U.S. Census Bureau

Table 17. Health and Human Services Poverty Guidelines (2025)

Size of Family/ Household	48 Contiguous States and the District of Columbia 100% of Poverty Level
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For each additional person after 8, add: \$5,880	

Source: U.S. Department of Health and Human Services

While 7.4% of people in the WCPD live below 100% of the federal poverty level, 9.1% of children under the age 18 experience poverty. Of those 65 years and over, fewer (6.9%) live in poverty in the WCPD. The data for the WCPD is slightly better than for Fairfield County.

Table 18. Percent of Population Below Poverty Level (2019 - 2023)

	U.S.	Connecticut	WCPD
All people	12.4%	10.0%	7.4%
Under 18 years	16.3%	13.1%	9.1%
Related children under 18 years	16.0%	12.8%	8.4%
18 to 64 years	11.6%	9.5%	6.9%
65 years and over	10.4%	8.3%	6.9%

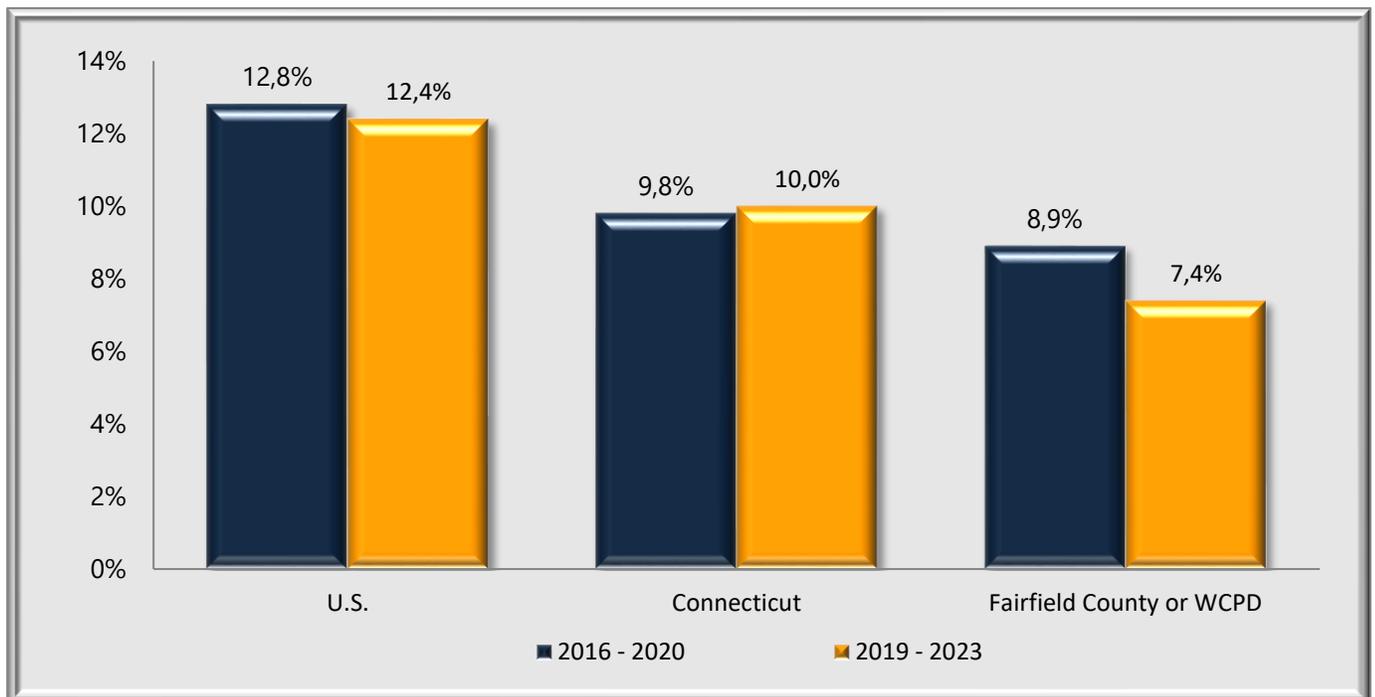
Sources: Bureau of Labor Statistics & U.S. Census Bureau

Table 19. Percent of Population Below Poverty Level (2016 - 2020)

	U.S.	Connecticut	Fairfield County
All people	12.8%	9.8%	8.9%
Under 18 years	17.5%	13.0%	11.6%
Related children under 18 years	17.2%	12.7%	11.3%
18 to 64 years	12.1%	9.4%	8.5%
65 years and over	9.3%	7.2%	6.9%

Sources: Bureau of Labor Statistics & U.S. Census Bureau

Figure 5. Percentage of people below the poverty level, 2016 – 2020 vs. 2019 - 2023



The data demonstrate that mean supplemental security and cash public assistance income has risen since the previous study (when comparing Fairfield County to the WCPD). The percentage of recipients of cash assistance has risen in Connecticut while recipients of supplemental security benefits has remained declined. Households receiving food stamps has risen slightly and the percentage in WCPD with food stamps is somewhat less than Fairfield County.

Table 20. Households with Supplemental Benefits in the Past 12 Months (2019 – 2023)

	U.S.	Connecticut	WCPD
Households below poverty level	12.5%	10.5%	7.7%
Households with supplemental security income	5.1%	4.7%	3.0%
Mean supplemental security income	\$11,361	\$11,555	\$11,275
Households with cash public assistance income	2.7%	2.9%	2.0%
Mean cash public assistance income	\$4,420	\$4,734	\$4,948
Households with food stamps/SNAP benefits in the past 12 months	11.8%	11.7%	6.7%

Source: U.S. Census Bureau

Table 21. Households with Supplemental Benefits in the Past 12 Months (2016 – 2020)

	U.S.	Connecticut	Fairfield County
Households below poverty level	12.5%	10.0%	9.6%
Households with supplemental security income	5.2%	4.7%	3.9%
Mean supplemental security income	\$10,115	\$10,210	\$9,855
Households with cash public assistance income	2.4%	3.3%	1.8%
Mean cash public assistance income	\$3,271	\$4,078	\$3,724
Households with food stamps/SNAP benefits in the past 12 months	11.4%	11.6%	8.3%

Source: U.S. Census Bureau

Education Statistics

The proportion of nation, state and county or planning district population with a high school diploma or higher has risen from the previous study as did those with a bachelor's degree (when comparing the WCPD with Fairfield County).

Table 22. Educational Attainment, Population 25 Years and Over (2019 – 2023)

	U.S.	Connecticut	WCPD
Less than 9 th grade	4.7%	4.0%	4.5%
9 th to 12 th grade, no diploma	5.9%	4.7%	3.8%
High school graduate (includes equivalency)	26.2%	25.5%	18.0%
Some college, no degree	19.4%	16.0%	12.9%
Associate's degree	8.8%	7.6%	5.7%
Bachelor's degree	21.3%	23.0%	29.8%
Graduate or professional degree	13.7%	19.0%	25.2%
Percent high school graduate or higher	89.4%	91.3%	91.7%
Percent bachelor's degree or higher	35.0%	41.9%	55.0%

Source: U.S. Census Bureau

Table 23. Educational Attainment, Population 25 Years and Over (2016 - 2020)

	U.S.	Connecticut	Fairfield County
Less than 9 th grade	4.9%	4.0%	5.2%
9 th to 12 th grade, no diploma	6.6%	5.1%	4.6%
High school graduate (includes equivalency)	26.7%	26.3%	20.8%
Some college, no degree	20.3%	16.8%	14.4%
Associate's degree	8.6%	7.8%	6.1%
Bachelor's degree	20.2%	22.2%	27.1%
Graduate or professional degree	12.7%	17.9%	21.8%
Percent high school graduate or higher	88.5%	90.9%	90.2%
Percent bachelor's degree or higher	32.9%	40.0%	48.9%

Figure 6. Population with a high school diploma, 2016 – 2020 vs. 2019 – 2023

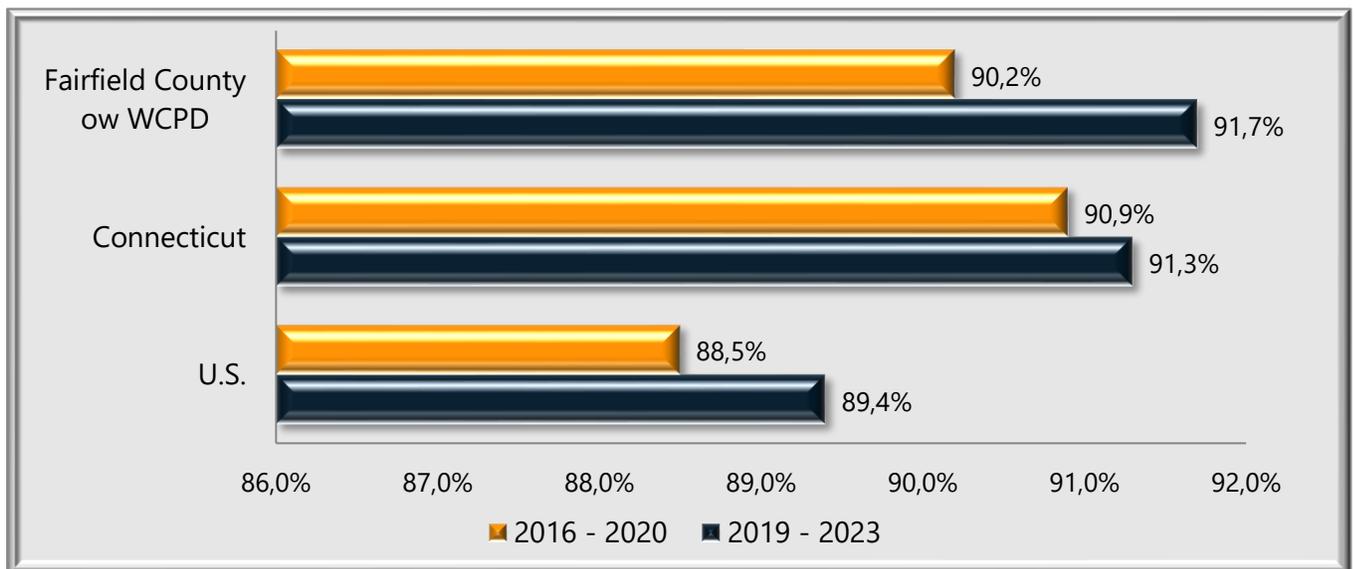
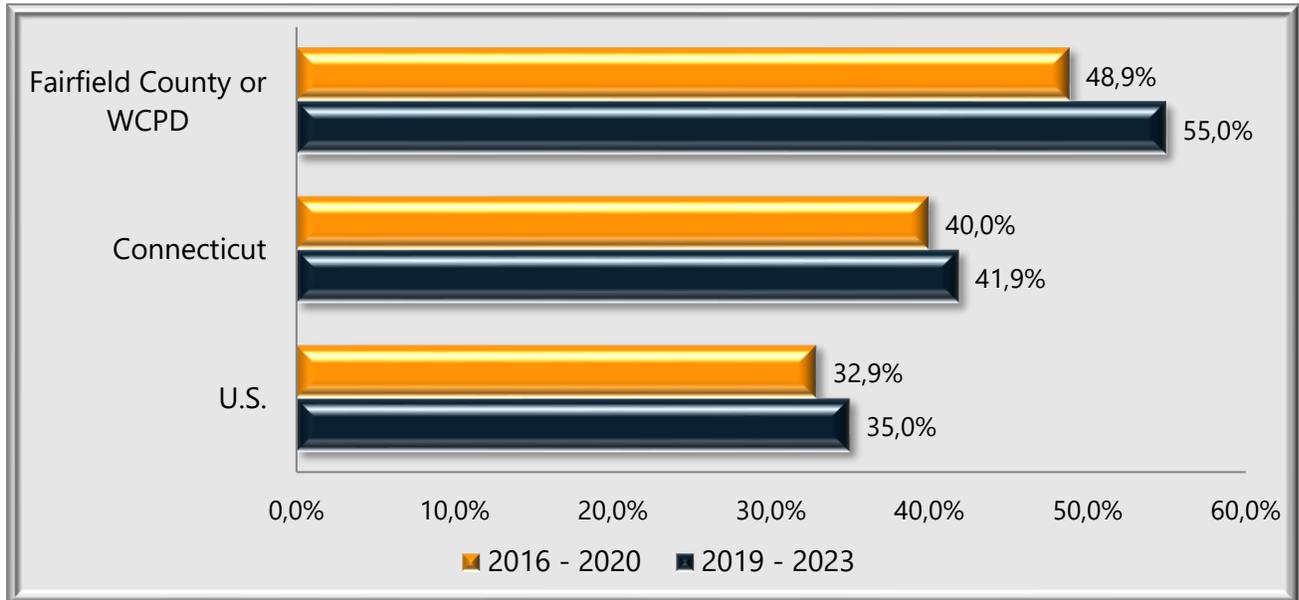


Figure 7. Population with a bachelor’s degree or higher, 2016 – 2020 vs. 2019 – 2023



II. Health Access Statistics

Health Care Access Statistics

The percentage of population with (and without) health insurance coverage has remained steady from the previous study. Slightly fewer have health insurance coverage in the WCPD than in Connecticut however, a greater percentage of those covered in the WCPD have private coverage (72.3%) rather than public coverage.

Table 24. Health Insurance Coverage (2019 - 2023)

	U.S.	Connecticut	WCPD
% of population with health insurance coverage	91.4%	94.7%	92.5%
With private health insurance	67.3%	69.4%	72.3%
With public coverage	36.3%	37.2%	30.7%
% of population without health insurance	8.6%	5.3%	7.5%

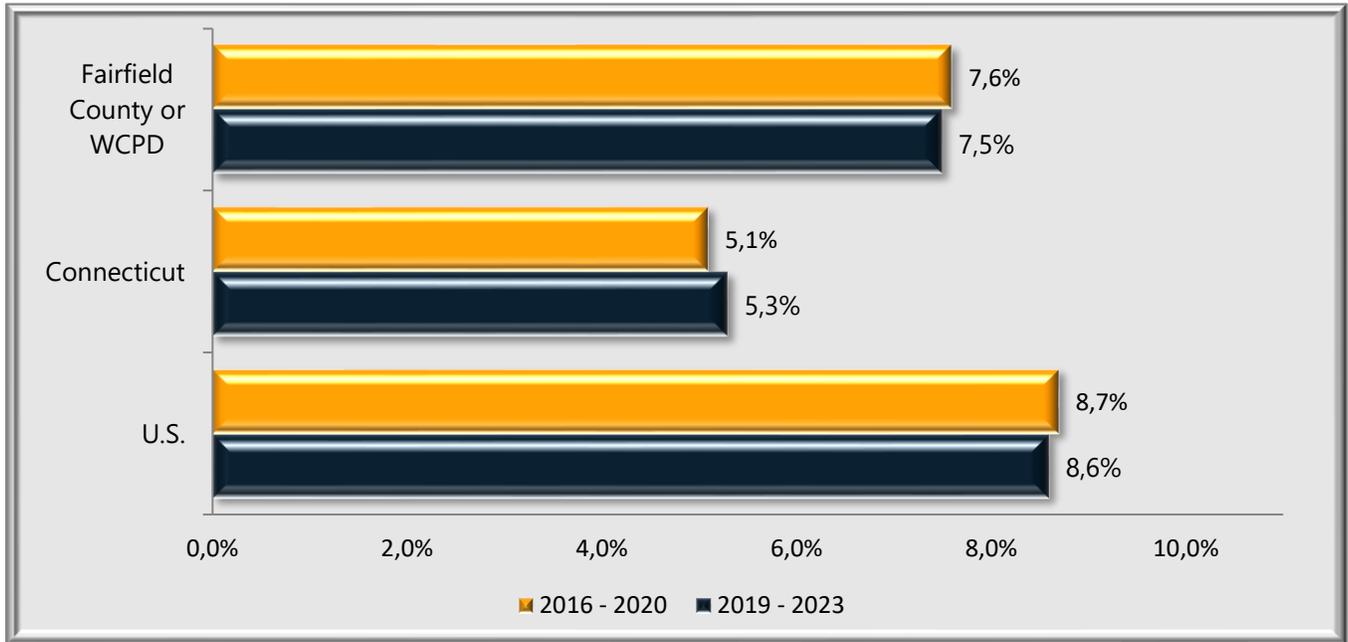
Source: U.S. Census Bureau

Table 25. Health Insurance Coverage (2016 - 2020)

	U.S.	Connecticut	Fairfield County
% of population with health insurance coverage	91.3%	94.9%	92.4%
With private health insurance	68.1%	71.3%	71.1%
With public coverage	35.3%	35.7%	31.7%
% of population without health insurance	8.7%	5.1%	7.6%

Source: U.S. Census Bureau

Figure 8. Civilian non-institutionalized population without health insurance, 2016 - 2020 vs. 2019 - 2023



III. Substance Use

The Substance Use and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

SAMHSA tracks several indicators related to mental illness, suicide, and depression as well as alcohol, tobacco, and drug use. In Connecticut, data is supplied by substate region and Silver Hill lies in the Southwest CT substate. Data for state estimates have been released for 2022 – 2023, however substate region (local) level data for 2022 – 2023 were expected to be released in 2025. At this writing of this report, these data are not available. The most recent data available for the substate region is from 2018 to 2020 which was included in the 2022 CHNA. Updated data for the United States and Connecticut (2022 – 2023) are displayed in the most recent tables below alongside data from 2018 -2020 for the substate region Southwest CT.

Alcohol

Alcohol use in the past month has increased slightly in the state and decreased in the nation. Binge alcohol use has also declined.

Table 26. Alcohol Use in the Past Month (2022- 2023)

	United States	Connecticut	Southwest CT
Alcohol Use in the Past Month Aged 12 or Older	48.13%	58.3%	--
Binge Alcohol Use in Past Month Aged 12 or Older	21.67%	23.5%	--

Source: SAMHSA/NSDUH

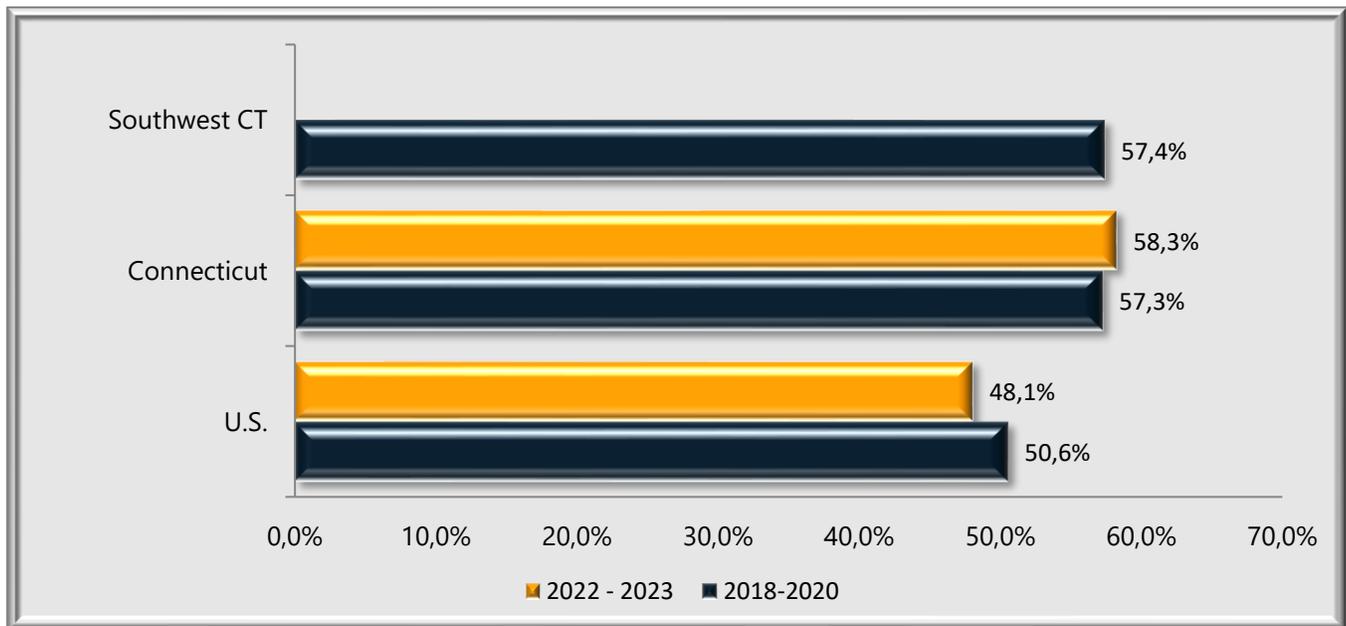
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Table 27. Alcohol Use in the Past Month (2018 - 2020)

	United States	Connecticut	Southwest CT
Alcohol Use in the Past Month Aged 12 or Older	50.6%	57.3%	57.4%
Binge Alcohol Use in Past Month Aged 12 or Older	24.21%	28.07%	--

Source: SAMHSA/NSDUH Substate Data

Figure 9. Alcohol Use Disorder in the Past Month - 12 years or older, 2018 – 2020 vs. 2022 – 2023



Data from the Youth Risk Behavior Survey (YRBS) is available for Connecticut and the United States. A majority of indicators related to Alcohol Use among High School Students in 2023 have decreased somewhat from data obtained from 2019. This includes drinking before the age of 13 years, students who currently drink and those who have 5 or more drinks in a row.

Table 28. Alcohol Use among High School Students (2023)

	U.S.	Connecticut
Percentage of students who drank alcohol before age 13 years	13.3%	10.7%
Percentage of students who currently drink alcohol	22.1%	21.1%
Percentage of students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol)	42.1%	--
Percent of high school students who drink five or more drinks of alcohol in a row	8.8%	11.6%

Source: YRBS

(--) Data Unavailable

Table 29. Alcohol Use among High School Students (2019)

	U.S.	Connecticut
Percentage of students who drank alcohol before age 13 years	15.0%	11.7%
Percentage of students who currently drink alcohol	29.2%	25.9%
Percentage of students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol)	40.5%	--
Percent of high school students who drink five or more drinks of alcohol in a row	13.7%	12.9%

Source: YRBS

(--) Data Unavailable

Favorably, the percentage of students who currently drink alcohol has dropped. Overall, a higher percentage of female high school students drink than male students which is a change from 2019 data.

Table 30. Alcohol Use among High School Students by Gender (2023)

	U.S.		Connecticut	
	Male	Female	Male	Female
Percentage of students who drank alcohol before age 13 years	12.7%	14.0%	10.3%	11.1%
Percentage of students who currently drink alcohol	22.1%	24.4%	17.6%	24.5%
Percentage of students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol)	42.7%	42.1%	--	--
Percent of students who drink five or more drinks of alcohol in a row	7.7%	10.0%	9.1%	14.1%

Source: YRBS

(--) Data Unavailable

Table 31. Alcohol Use among High School Students by Gender (2019)

	U.S.		Connecticut	
	Male	Female	Male	Female
Percentage of students who drank alcohol before age 13 years	16.9%	13.0%	12.8%	10.4%
Percentage of students who currently drink alcohol	26.4%	31.9%	22.8%	29.2%
Percentage of students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol)	35.0%	45.4%	--	--
Percent of students who drink five or more drinks of alcohol in a row	12.7%	14.6%	14.4%	11.5%

Source: YRBS

(--) Data Unavailable

In Connecticut, more Hispanic students are reported to start drinking before age 13 years and the fewest are White. However, a greater percentage of White high schoolers are currently drinking and having 5 or more drinks in a row, than Black or Hispanic. These results are similar to the data from 2019.

Table 32. Alcohol Use among High School Students by Race (2023)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Percentage of students who drank alcohol before age 13 years	12.2%	13.0%	16.2%	8.9%	11.9%	13.8%
Percentage of students who currently drink alcohol	25.8%	16.6%	20.1%	27.4%	8.7%	17.3%
Percentage of students who usually obtained the alcohol they drank by someone giving it to them	44.1%	35.8%	39.1%	--	--	--
Percent of students who drink five or more drinks of alcohol in a row	11.7%	4.1%	7.6%	15.2%	3.9%	9.9%

Source: YRBS (--) Data Unavailable

Table 33. Alcohol Use among High School Students by Race (2019)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Percentage of students who drank alcohol before age 13 years	13.0%	17.4%	18.4%	9.6%	14.9%	16.0%
Percentage of students who currently drink alcohol	34.2%	16.8%	28.4%	27.4%	8.7%	17.3%
Percentage of students who usually obtained the alcohol they drank by someone giving it to them	40.3%	38.2%	40.6%	--	--	--
Percent of students who drink five or more drinks of alcohol in a row	17.3%	6.2%	12.4%	15.8%	4.6%	12.8%

Source: YRBS (--) Data Unavailable

Tobacco Use

There has been a drop in the use of tobacco and cigarette use in the last month in Connecticut and the U.S. in comparison to previous data.

Table 34. Tobacco Use in the Past Month among Individuals Aged 12 year or Older (2022 - 2023)

	U.S.	Connecticut	Southwest CT
Tobacco Use in the past month	17.8%	15.7%	--
Cigarette Use in the past month	14.1%	12.6%	--

Source: SAMHSA/NSDUH

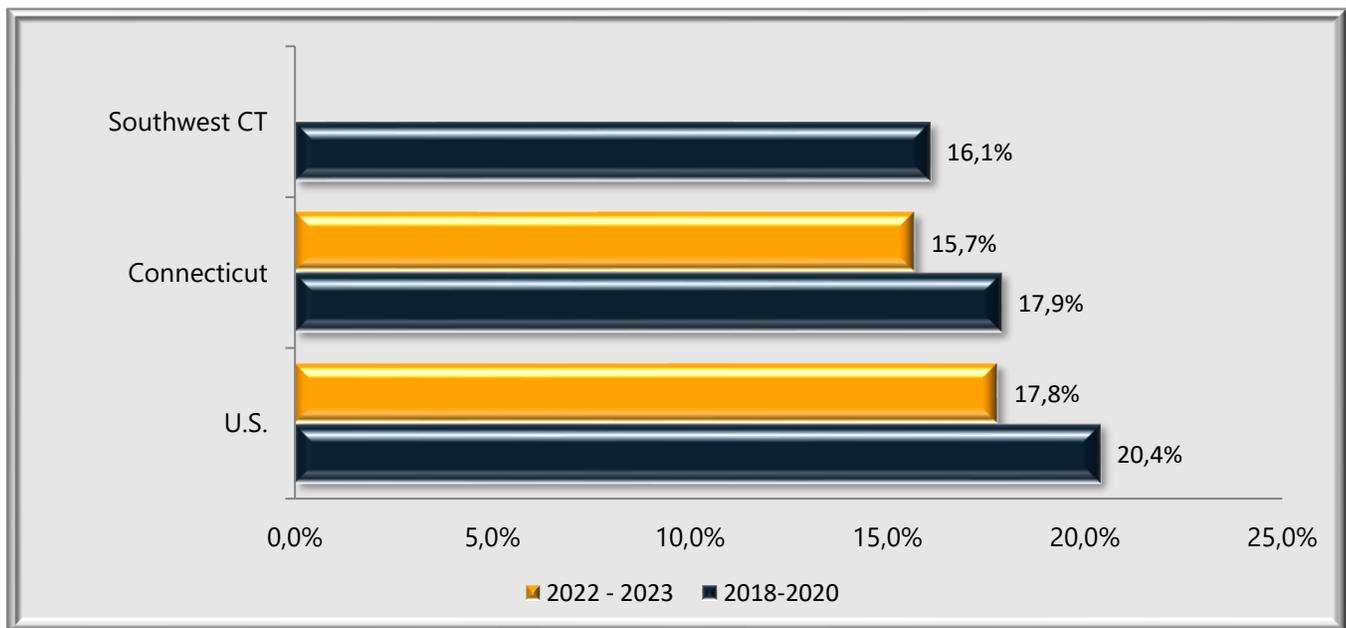
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Table 35. Tobacco Use in the Past Month among Individuals Aged 12 year or Older (2018 - 2020)

	U.S.	Connecticut	Southwest CT
Tobacco Use in the past month	20.4%	17.9%	16.1%
Cigarette Use in the past month	16.3%	13.1%	11.5%

Source: SAMHSA/NSDUH Substate Data

Figure 10. Tobacco Use in the Past Month among Individuals Aged 12 year or Older, 2018–2020 vs. 2022 – 2023



Data regarding smoking is similar in Connecticut and the United States for students who are currently smoking. One exception is students who currently smoke cigarettes (on at least 1 day during the 30 days before the survey.) This percentage is higher in the U.S. (3.5%) than in Connecticut (3.0%). Favorably, this is a higher percentage than those who smoke more routinely (on 20 or 30 or more days).

Table 36. Tobacco Use among High School Students (2023)

	U.S.	Connecticut
Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	3.5%	3.0%
Students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	0.6%	0.7%
Students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	0.5%	0.5%

Source: YRBS

Table 37. Tobacco Use among High School Students (2019)

	U.S.	Connecticut
Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	6.0%	3.7%
Students who frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	1.3%	1.3%
Students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	1.1%	1.1%

Source: YRBS

A smaller percentage of female students than male students smoked at least 1 day, 20 or more days or 30 or more days in the last month in the 2023 data.

Table 38. Tobacco Use among High School Students by Gender (2023)

	U.S.		Connecticut	
	Male	Female	Male	Female
Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	3.7%	3.2%	3.5%	2.4%
Students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	0.6%	0.5%	1.1%	0.2%
Students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	0.6%	0.4%	0.9%	0.2%

Source: YRBS

Table 39. Tobacco Use among High School Students by Gender (2019)

	U.S.		Connecticut	
	Male	Female	Male	Female
Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	6.9%	4.9%	3.7%	3.7%
Students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	1.4%	10.2%	1.9%	0.6%
Students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	1.3%	0.9%	1.6%	0.6%

Source: YRBS

White students are most likely to smoke a cigarette on at least 1 day during the 30 days before the survey. This is followed by Hispanic students.

Table 40. Tobacco Use among High School Students by Race (2023)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	4.8%	1.6%	2.5%	3.9%	1.5%	2.6%
Students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	0.5%	0.4%	0.7%	0.7%	0.7%	0.7%
Students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	0.5%	0.3%	0.6%	0.4%	0.3%	0.7%

Source: YRBS

Table 41. Tobacco Use among High School Students by Race (2019)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	6.0%	3.3%	6.0%	3.2%	3.5%	4.8%
Students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	1.6%	0.4%	1.4%	0.9%	0.0%	2.6%
Students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	1.3%	0.4%	1.2%	0.7%	0.0%	2.6%

Source: YRBS

A lower percentage of high school students in Connecticut use electronic vaping products than in the U.S. This is true for more frequent smoking during the past 30 days in Connecticut as well.

Table 42. Electronic Vaping Use among High School Students (2023)

	U.S.	Connecticut
Currently Used Electronic Vapor Products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods on at least 1 day during the 30 days before the survey)	16.8%	11.5%
Currently Used Electronic Vapor Products Frequently on 20 or more days during the 30 days before the survey)	6.4%	4.8%
Currently Used Electronic Vapor Products Daily (on all 30 days during the 30 days before the survey)	5.0%	3.6%

Source: YRBS

Table 43. Electronic Vaping Use among High School Students (2019)

	U.S.	Connecticut
Currently Used Electronic Vapor Products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods on at least 1 day during the 30 days before the survey)	32.7%	27.0%
Currently Used Electronic Vapor Products Frequently on 20 or more days during the 30 days before the survey)	10.7%	8.5%
Currently Used Electronic Vapor Products Daily (on all 30 days during the 30 days before the survey)	7.2%	6.1%

Source: YRBS

Illicit Drug Use

The use of marijuana has escalated in the state and nation since the previous study. Marijuana use in the past year in Connecticut is now 25.4% among individuals aged 12 years and older. In the U.S. it is lower (21.9%) in the current data. In the 2018 – 2020 data the percentage for Connecticut was 20.2%. The use of cocaine has increased slightly.

Table 44. Drug Use by Type among Individuals Aged 12 years or Older (2022 - 2023)

	U.S.	Connecticut	Southwest CT
Marijuana			
Marijuana use in the past year	21.9%	25.4%	--
Marijuana use in the past month	15.2%	17.8%	--
First use of Marijuana (Average annual initiation)	2.3%	3.3%	--
Cocaine			
Cocaine use in the past year	1.8%	2.1%	--

Source: SAMHSA/NSDUH

-- Data not available

Table 45. Drug Use by Type among Individuals Aged 12 years or Older (2018 - 2020)

	U.S.	Connecticut	Southwest CT
Marijuana			
Marijuana use in the past year	17.1%	20.2%	18.9%
Marijuana use in the past month	11.2%	12.7%	11.2%
First use of Marijuana (Average annual initiation)	2.2%	3.1%	2.7%
Cocaine			
Cocaine use in the past year	2.0%	2.0%	1.9%

Source: SAMHSA/NSDUH Substate Data

Figure 11. Marijuana Use in the Past Year among Individuals Aged 12 years or Older, 2018 – 2020 vs. 2022 – 2023

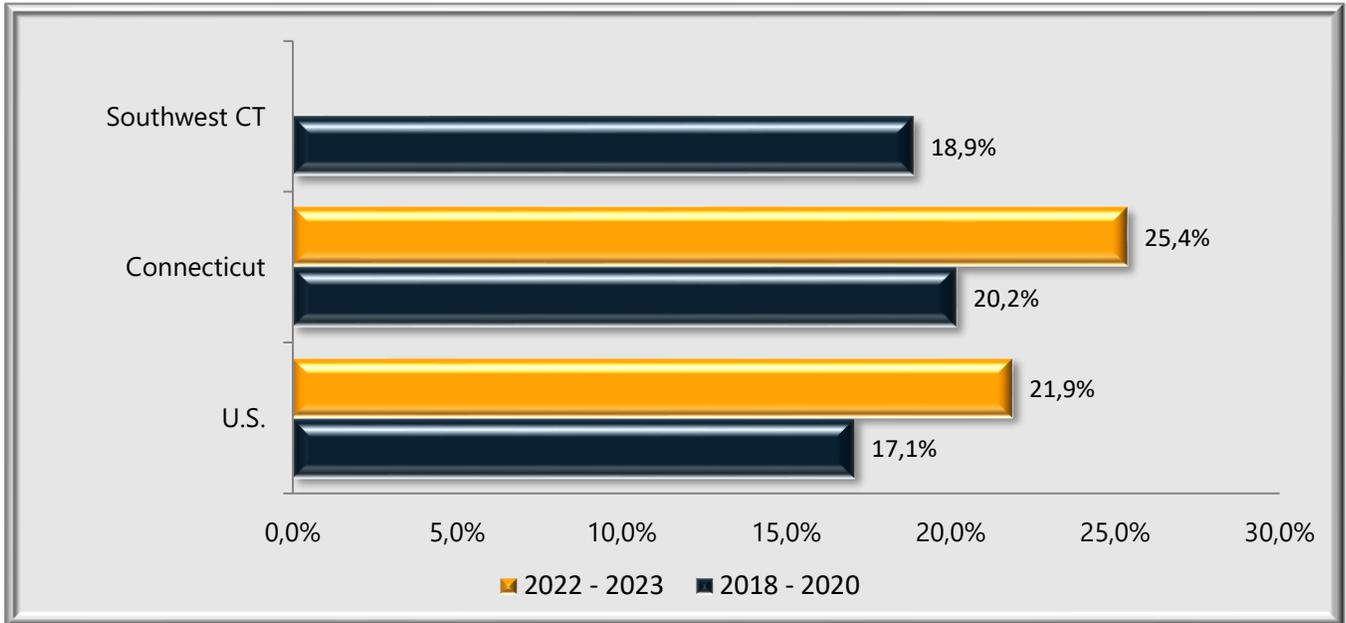
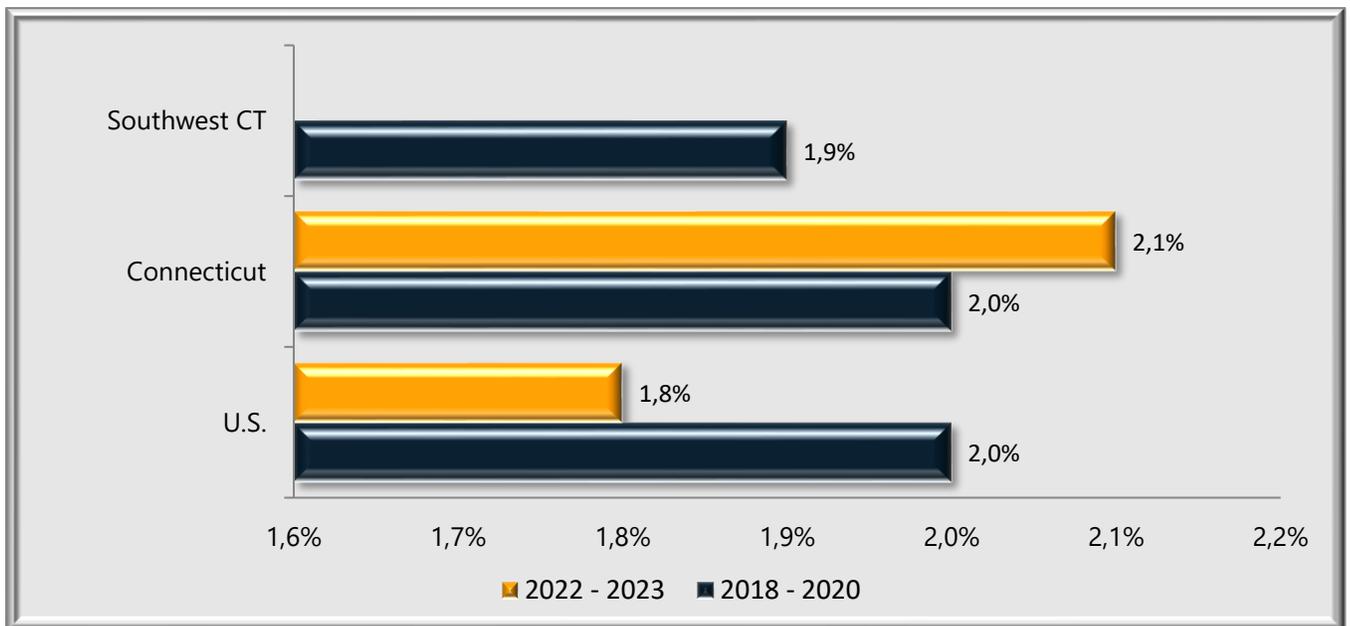


Figure 12. Cocaine Use in the Past Year among Individuals Aged 12 years or Older, 2018 – 2020 vs. 2022 – 2023



Illicit drug use in the past year is higher in Connecticut than in the U.S. (19.9%).

Table 46. Illicit Drug Use and Prescription Pain Reliever Misuse in the Past Year 12 Years and Older (2022 – 2023)

	U.S.	Connecticut	Southwest CT
Illicit Drug Use in the Past Year 12 and Older	16.7%	19.9%	--
Prescription Pain Reliever Misuse in the Past Year	3.0%	2.3%	--

Source: SAMHSA

-- Data not available

Table 47. Illicit Drug Use and Prescription Pain Reliever Misuse in the Past Year 12 Years and Older (2018 – 2020)

	U.S.	Connecticut	Southwest CT
Illicit Drug Use in the Past Year	12.7%	15.0%	13.5%
Prescription Pain Reliever Misuse in the Past Year	3.5%	3.3%	3.3%

Source: SAMHSA/NSDUH Substate Data

Illicit drug use is less pervasive among Connecticut high schoolers than in the U.S. including marijuana and cocaine.

Table 48. Illicit Drug Use among High School Students (2023)

	U.S.	Connecticut
Students who tried marijuana before age 13 years (for the first time)	4.8%	2.8%
Students who currently used marijuana (one or more times during the 30 days before the survey)	17.0%	14.7%
Students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	2.5%	1.8%
Students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high)	5.7%	--

Source: YRBS

Table 49. Illicit Drug Use among High School Students (2019)

	U.S.	Connecticut
Students who tried marijuana before age 13 years (for the first time)	5.6%	3.8%
Students who currently used marijuana (one or more times during the 30 days before the survey)	21.7%	21.7%
Students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	3.9%	2.6%
Students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high)	6.4%	--

A greater percentage of high school students of all genders in the U.S. have used marijuana than cocaine and inhalants. Most recently, in Connecticut a lower percentage of male students (13.2%) than female (16.1%) have used marijuana one or more times in the last 30 days. More females than males (in the U.S.) tend to use inhalants.

Table 50. Illicit Drug Use among High School Students by Gender (2023)

	U.S.		Connecticut	
	Male	Female	Male	Female
Students who tried marijuana before age 13 years (for the first time)	4.7%	4.7%	2.7%	2.8%
Students who currently used marijuana (one or more times during the 30 days before the survey)	15.4%	18.6%	13.2%	16.1%
Students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	2.7%	2.1%	2.5%	1.2%
Students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	5.0%	6.2%	--	--

Source: YRBS

Table 51. Illicit Drug Use among High School Students by Gender (2019)

	U.S.		Connecticut	
	Male	Female	Male	Female
Students who tried marijuana before age 13 years (for the first time)	7.2%	4.0%	5.3%	2.2%
Students who currently used marijuana (one or more times during the 30 days before the survey)	22.5%	20.8%	20.5%	22.9%
Students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	4.9%	2.7%	3.6%	1.5%
Students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	5.7%	6.9%	--	--

Source: YRBS

In Connecticut, more White students than either Black or Hispanic have used marijuana one or more times in the last 30 days. A slightly higher proportion of Hispanic students tried marijuana before the age of 13 years.

Table 52. Illicit Drug Use among High School Students by Race (2023)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Students who tried marijuana before age 13 years (for the first time)	3.7%	4.4%	6.3%	2.2%	3.0%	3.9%
Students who currently used marijuana (one or more times during the 30 days before the survey)	17.6%	17.6%	16.8%	16.0%	9.5%	14.9%
Students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	1.8%	1.7%	3.6%	1.6%	1.6%	2.1%
Students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	5.8%	3.7%	5.5%	--	--	--

Source: YRBS

Table 53. Illicit Drug Use among High School Students by Race (2019)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Students who tried marijuana before age 13 years (for the first time)	4.6%	8.3%	6.3%	1.9%	5.1%	8.0%
Students who currently used marijuana (one or more times during the 30 days before the survey)	22.1%	21.7%	22.4%	22.4%	15.5%	24.3%
Students who ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	2.9%	4.0%	5.6%	1.6%	1.6%	2.1%
Students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	6.3%	7.2%	6.6%	--	--	--

Source: YRBS

-- Data not available

IV. Mental Health

Adult Mental Health

Mental illness is on the rise in the state reaching 24.1% of adults aged 18 or older. It is slightly less in the nation; however serious mental illness (5.3%) is lower than the nation (5.8%). The percentage of those who have attempted suicide in the past year is 0.5% in Connecticut. Favorably, a greater percentage of individuals aged 18 or older received mental health services in the past month in the state than reported in the data from 2018 -2020.

Table 54. Mental Health Diagnosis among Adults Aged 18 or Older (2022 - 2023)

	U.S.	Connecticut	Southwest CT
Any mental illness in the past year	23.0%	24.1%	--
Serious mental illness	5.8%	5.3%	--
Major depressive episode	8.6%	8.7%	--
Individuals who had serious thoughts of suicide in the past year	5.1%	4.7%	--
Attempted Suicide in the past year	0.6%	0.5%	--
Received mental health services in past year	22.4%	24.3%	--

Source: SAMHSA/NSDUH

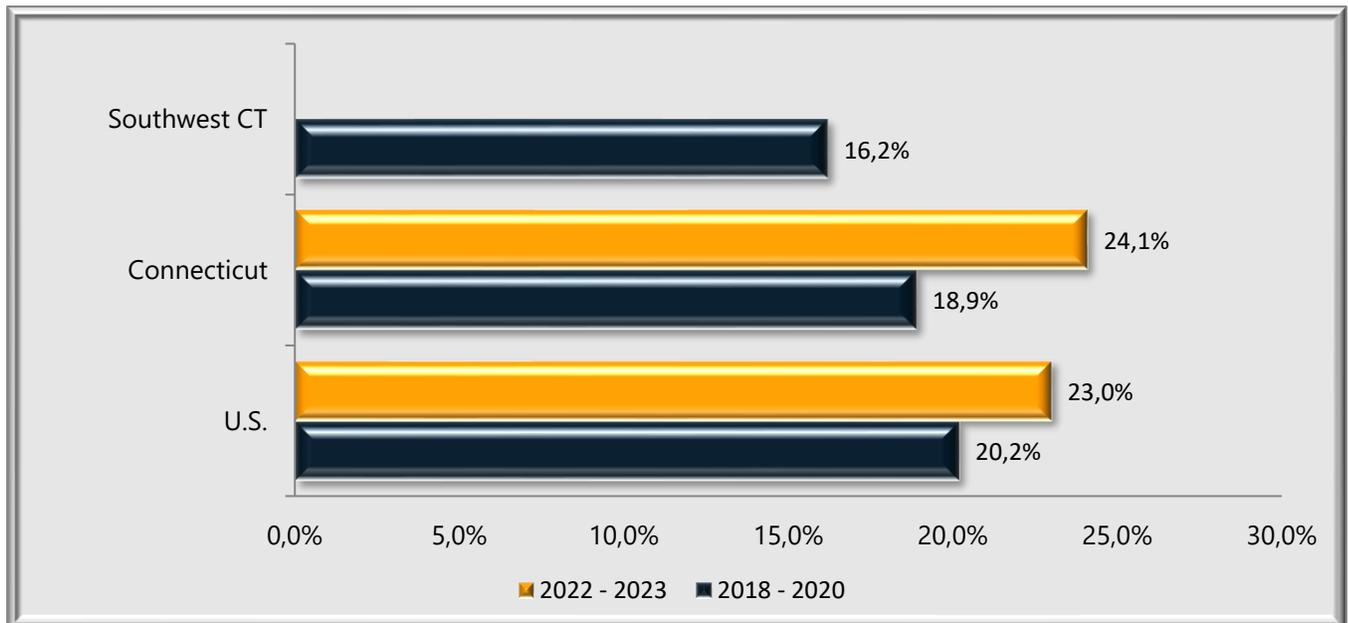
-- Data not available

Table 55. Mental Health Diagnosis among Adults Aged 18 or Older (2018 - 2020)

	U.S.	Connecticut	Southwest CT
Any mental illness in the past year	20.2%	18.9%	16.2%
Serious mental illness	5.1%	4.7%	3.5%
Major depressive episode	7.8%	7.7%	6.2%
Individuals who had serious thoughts of suicide in the past year	4.7%	4.4%	4.0%
Attempted Suicide in the past year	0.5%	0.5%	0.5%
Received mental health services in past year	16.0%	16.7%	14.0%

Source: SAMHSA/NSDUH Substate Data

Figure 15. Any Mental Illness in the Past Year among Adults Aged 18 or Older, 2018 – 2020 vs. 2022 – 2023



Adolescent Emotional Health

When Connecticut adolescents are compared to peers in the U.S., a smaller percentage (15.7%) have seriously considered attempting suicide during the 12 months before the YRBS survey. Fewer have also attempted suicide (7.7%). Fewer also feel sad or hopeless in Connecticut when compared to the nation. This is similar to the results in 2019, however overall, somewhat greater percentages of students have thought about or attempted suicide in the 2023 data.

Table 56. Adolescents Emotional Health Status (2023)

	U.S.	Connecticut
Percentage of students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities)	39.7%	35.2%
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	20.4%	15.7%
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	9.5%	7.7%

Source: YRBS

Table 57. Adolescents Emotional Health Status (2019)

	U.S.	Connecticut
Percentage of students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities)	36.7%	30.6%
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	18.8%	12.7%
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	8.9%	6.7%

Source: YRBS

Female adolescents report feeling sad or hopeless, seriously considering suicide or attempting suicide far more than male adolescents.

Table 58. Adolescents Emotional Health Status by Gender (2023)

	U.S.		Connecticut	
	Male	Female	Male	Female
Percentage of students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities)	27.7%	52.6%	23.6%	46.5%
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	14.1%	27.1%	11.7%	19.4%
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	6.4%	12.6%	5.9%	9.3%

Source: YRBS

Table 593. Adolescents Emotional Health Status by Gender (2019)

	U.S.		Connecticut	
	Male	Female	Male	Female
Percentage of students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities)	26.8%	46.6%	21.0%	40.5%
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	13.3%	24.1%	9.3%	15.9%
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	6.6%	11.0%	5.2%	8.3%

Source: YRBS

A greater percentage of Hispanic adolescents feel hopeless or sad and seriously consider attempting suicide. Hispanic adolescents are also more likely to attempt suicide in Connecticut and the U.S.

Table 60. Adolescents Emotional Health Status by Race (2023)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Percentage of students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities)	38.9%	39.6%	42.4%	33.5%	33.4%	40.6%
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	22.1%	19.6%	18.2%	16.0%	11.5%	16.5%
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	8.3%	10.3%	10.8%	6.4%	7.5%	10.0%

Source: YRBS

Table 61. Adolescents Emotional Health Status by Race (2019)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Percentage of students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities)	36.0%	31.5%	40.0%	28.7%	30.3%	36.8%
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	19.1%	16.9%	17.2%	12.5%	11.0%	13.9%
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	7.9%	11.8%	8.9%	5.7%	5.8%	10.1%

Source: YRBS

Adolescent Bullying

Electronic bullying is slightly more prevalent in the state with 17.0% of high school students reported having been electronically bullied. This type of bullying has increased since 2019.

Table 62. Electronic Bullying and Bullying at School Among High School Students (2023)

	U.S.	Connecticut
Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	16.3%	17.0%
Being bullied at school	19.2%	18.0%

Source: YRBS

Table 63. Electronic Bullying and Bullying at School Among High School Students (2019)

	U.S.	Connecticut
Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	15.7%	14.3%
Being bullied at school	19.5%	17.8%

Source: YRBS

Female students are more likely to be bullied electronically than males and are also reported to be more likely to be bullied at school. This is true in 2019 as well.

Table 64. Electronic Bullying and Bullying at School Among High School Students by Gender (2023)

	U.S.		Connecticut	
	Male	Female	Male	Female
Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	12.0%	20.7%	13.2%	20.4%
Being bullied at school	16.6%	21.9%	14.9%	20.9%

Source: YRBS

Table 65. Electronic Bullying and Bullying at School Among High School Students by Gender (2019)

	U.S.		Connecticut	
	Male	Female	Male	Female
Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	10.9%	20.4%	11.4%	17.3%
Being bullied at school	15.4%	23.6%	14.3%	21.3%

Source: YRBS

White students report a higher percentage of electronically bullying than either Black or Hispanic.

Table 66. Electronic Bullying and Bullying at School Among High School Students by Race (2023)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	19.6%	10.8%	13.7%	19.1%	13.4%	16.6%
Being bullied at school	23.2%	14.2%	15.8%	20.0%	14.5%	16.7%

Source: YRBS

Table 67. Electronic Bullying and Bullying at School Among High School Students by Race (2019)

	U.S.			Connecticut		
	White	Black	Hispanic	White	Black	Hispanic
Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	18.6%	8.6%	12.7%	15.6%	9.7%	13.8%
Being bullied at school	23.1%	15.1%	14.8%	19.7%	10.8%	17.2%

Source: YRBS

V. County Health Rankings

Indicators reported by County Health Rankings for Fairfield County are included in the following tables when available. Beginning in 2024, County Health Rankings is in the process of transitioning to Planning Districts similar to what is used in the U.S. Census data.² Therefore, the most recent Fairfield County data from this source is reported here for 2024 and is compared here to previous 2021 data for Connecticut and the U.S.

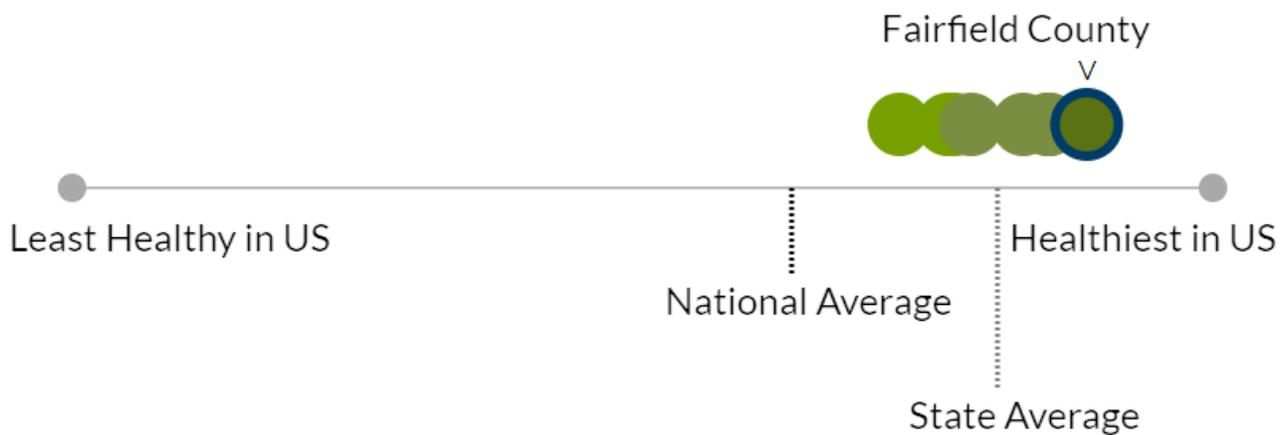
Also, since the last study, County Health Rankings 2025 has changed significantly from when it was reported in the Silver Hill 2022 CHNA. Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color, and placed on a scale from least healthy to healthiest in the nation. The new visual tool displays where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties. Also, the data tables provide a percentage for the United States, rather than a National Benchmark which was used in previous reports. County Health Rankings no longer ranks Length of Life, Quality of Life, Clinical Care, Social and Economic Factors or Physical Environment as it did in 2021.

² Connecticut has changed its administrative geographies from counties to planning regions. County Health Rankings & Roadmaps provides data for planning regions when available, and for counties in other cases.

Health Outcomes describe how long people live on average within a community and how much physical and mental health people experience while they are alive.

- In 2024, Fairfield County is slightly better than the state average in Connecticut for Health Outcomes, and better than the average county in the nation.

Figure 16. Health Outcomes in Fairfield County Compared to the State and Nation



Within Health Outcomes, Premature death (years of potential life lost before age 75) is far less in Fairfield County than in Connecticut and substantially less than in the U.S. Fairfield County is reported to have a smaller percentage of the population with poor or fair health and poor physical health in the past 30 days. For mental health, people in the county experienced 4.5 days of poor mental health compared to 4.4 in the state and 4.8 in the nation. The percentage of low birth weight infants is also less in the county.

Table 68. Health Outcome Rankings (2024)

	United States	Connecticut	Fairfield County
Premature death (Years of potential life lost before age 75 per age-adjusted 100,000)	8,000	6,500	5,000
Poor or fair health	14%	12%	11%
Poor physical health in past 30 days (Average number of days)	3.3	2.9	2.9
Poor mental health in past 30 days (Average number of days)	4.8	4.4	4.5
Low birth weight	8%	8%	7%

Source: County Health Rankings

Table 69. Health Outcome Rankings (2021)^a

	National Benchmark ^b	Connecticut	Fairfield County
Length of Life			1
Premature death (Years of potential life lost before age 75 per age-adjusted 100,000)	6,900	5,748	4,442
Quality of Life Rank			3
Poor or fair health	17%	13%	12%
Poor physical health in past 30 days (Average number of days)	3.7	3.3	3.2
Poor mental health in past 30 days (Average number of days)	4.1	3.8	3.6
Low birth weight	8%	8%	8%

Source: County Health Rankings

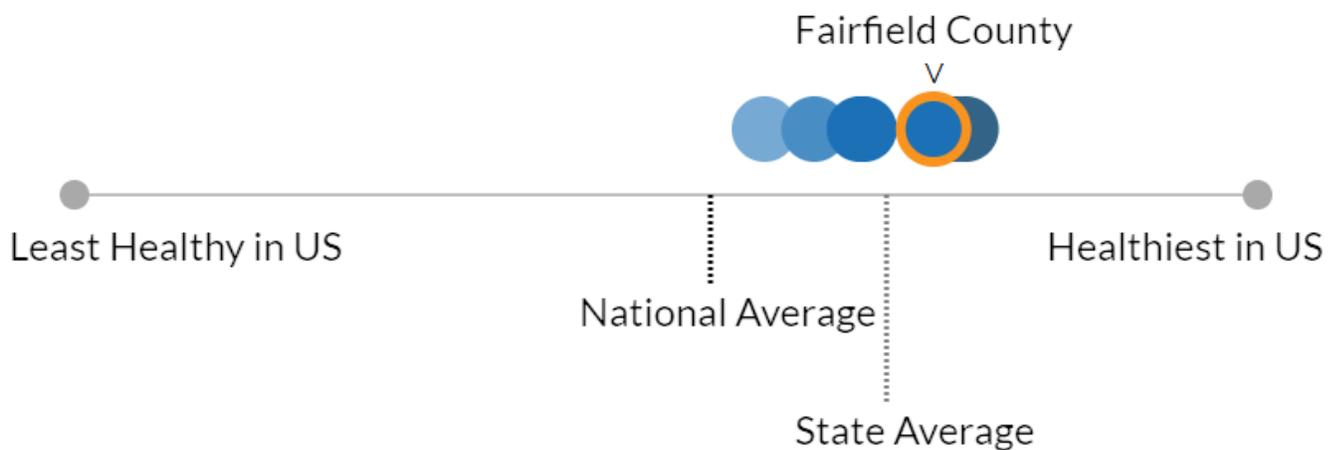
^a Rank is based on all 8 counties within Connecticut State. A ranking of “1” is considered to be the healthiest.

^b National benchmark represents the 90th percentile, i.e., only 10% are better.

Health Factors represent those things that can be improved to live longer and healthier lives. They are indicators of the future health of a community.

- According to County Health Rankings, for Health Factors, Fairfield County is about the same as the state average in Connecticut, but better than the average county in the nation.

Figure 17. Health Factors in Fairfield County Compared to the State and Nation



Positively, adult smoking, obesity, physical inactivity, sexually transmitted infections, and the teen birth rate in Fairfield County are reported to be better when compared to Connecticut and the U.S. The food environment index which measures access to quality food is highest in the county. However, alcohol impaired deaths in Fairfield County are somewhat higher than Connecticut and the U.S. at 33%. This is slightly higher than in the 2021 data from County Health Rankings.

Table 70. Health Factors and Behaviors Rankings (2024)

	United States	Connecticut	Fairfield County
Adult smoking	15%	12%	11%
Adult obesity (BMI ≥ 30)	34%	31%	25%
Food environment index	7.7	8.3	8.5
Physical inactivity (Adults aged 20 years+)	23%	22%	20%
Access to exercise opportunities	84%	93%	98%
Excessive drinking	18%	17%	18%
Alcohol-impaired driving deaths	26%	32%	33%
Sexually transmitted infections	495.5	409.1	354.4
Teen birth rate per 1,000 (Aged 15–19)	17	8	7

Source: County Health Rankings

Table 71. Health Factors and Behaviors Rankings (2021)^a

	National Benchmark ^b	Connecticut	Fairfield County
Adult smoking	17%	13%	10%
Adult obesity (BMI ≥ 30)	30%	26%	21%
Food environment index	7.8	8.2	8.6
Physical inactivity (Adults aged 20 years+)	23%	20%	17%
Access to exercise opportunities	84%	94%	97%
Excessive drinking	19%	20%	22%
Alcohol-impaired driving deaths	27%	32%	32%
New chlamydia cases per 100,000	539.9	466.3	368.7
Teen birth rate per 1,000 (Aged 15–19)	21	10	15

Source: County Health Rankings

^a Rank is based on all 8 counties within Connecticut State. A ranking of “1” is considered to be the healthiest.

^b National benchmark represents the 90th percentile, i.e., only 10% are better.

Provider density is the number of individuals in Fairfield County for each primary care provider or dentist. This indicator is better in the county than in the state and the nation for primary care providers and dentists. In other words, there are more primary care providers and dentists available per person than in Connecticut or the U.S. However, the mental health provider density in Fairfield County is higher than in Connecticut, indicating that there are more people for each clinician in the county than in the state. This continues to be less than in the nation, however. There are also fewer preventable hospital stays in the county in comparison, and more individuals received a mammography and flu vaccine.

Table 72. Clinical Care Rankings (2024)

	United States	Connecticut	Fairfield County
Uninsured (Population <65 years)	10%	6%	7%
Primary care physician density	1,330:1	1,210:1	1,090:1
Dentist density	1,360:1	1,150:1	1,060:1
Mental health provider density	320:1	220:1	280:1
Preventable hospital stays per 100,000 Medicare enrollees	2,681	2,651	2,437
Mammography screening among females Medicare enrollees age 65 – 74 ^c	43%	47%	49%
Flu vaccinations of fee-for-service (FFS) Medicare enrollees*	46%	54%	54%

Source: County Health Rankings

Table 73. Clinical Care Rankings (2021)

	National Benchmark ^b	Connecticut	Fairfield County
Clinical Care Rank			5
Uninsured (Population <65 years)	10%	6%	8%
Primary care physician density	1,320:1	1,183:1	1,074:1
Dentist density	1,400:1	1,139:1	1,049:1
Mental health provider density	380:1	242:1	315:1
Preventable hospital stays per 1,000 Medicare enrollees	26	40	38
Mammography screening among female Medicare enrollees age 65 – 74	42%	46%	48%
Flu vaccinations of fee-for-service (FFS) Medicare enrollees*	48%	56%	55%

Source: County Health Rankings

^a Rank is based on all 8 counties within Connecticut State. A ranking of "1" is considered to be the healthiest.

^b National benchmark represents the 90th percentile, i.e., only 10% are better.

In Fairfield County, households with higher incomes had income 5.9 times that of households with lower incomes. This ratio is greater than in the state and nation. Also, fewer children are living in poverty and fewer live in single-parent households. Positively, injury deaths per 100,000 are substantially fewer in Fairfield County (59) than in Connecticut or the United States.

Table 74. Social and Economic Factors Rankings (2024)

	United States	Connecticut	Fairfield County
High school completion	89%	91%	90%
Some college	68%	71%	73%
Unemployment	3.7%	4.2%	4.1%
Children in poverty	16%	13%	11%
Income inequality (Ratio of household income at the 80 th percentile to income at the 20 th percentile)	4.9	5.1	5.9
Children in single-parent households	25%	25%	20%
Social associations per 10,000	9.1	8.9	9.1
Violent crime rate per 100,000	No longer collected		
Injury deaths per 100,000	80	80	59

Source: County Health Rankings

Table 75. Social and Economic Factors Rankings^a (2021)

	National Benchmark ^b	Connecticut	Fairfield County
Social & Economic Factors Rank			4
High school graduation	88%	91%	90%
Some college	66%	69%	71%
Unemployment	3.7%	3.7%	3.6%
Children in poverty	17%	14%	12%
Income inequality (Ratio of household income at the 80 th percentile to income at the 20 th percentile)	4.9	5.1	5.8
Children in single-parent households	26%	25%	20%
Social associations per 10,000	9.3	9.4	9.5
Violent crime rate per 100,000	386	232	238
Injury deaths per 100,000	72	72	54

Source: County Health Rankings

^a Rank is based on all 8 counties within Connecticut State. A ranking of "1" is considered to be the healthiest.

^b National benchmark represents the 90th percentile, i.e., only 10% are better.

Air pollution as defined by particulate matter is higher in the county than in the state and the nation. Likewise, 20% of households had severe housing problems (defined as having at least one of the following: overcrowding, high housing cost, lack of kitchen facilities or plumbing facilities). Drinking violations are also cited in the county.

Table 76. Physical Environment Rankings (2024)

	United States	Connecticut	Fairfield County
Air pollution – particulate matter	7.4	7.4	8.0
Drinking water violations	--	--	Yes
Severe housing problems	17%	17%	20%
Driving alone to work	72%	72%	65%
Long commute – driving alone	36%	35%	37%

Source: County Health Rankings

-- Data not available

Table 77. Physical Environment Rankings^a (2021)

	National Benchmark ^b	Connecticut	Fairfield County
Physical Environment Rank			8
Air pollution – particulate matter	7.2	7.2	9.5
Drinking water violations	--	--	Yes
Severe housing problems	18%	18%	21%
Driving alone to work	76%	78%	72%
Long commute – driving alone	37%	34%	36%

Source: County Health Rankings

^a Rank is based on all 8 counties within Connecticut State. A ranking of "1" is considered to be the healthiest.

^b National benchmark represents the 90th percentile, i.e., only 10% are better.

-- Data not available

VI. Criminal Activity

Crime Statistics³

Data for Violent crime and Property crime are displayed in the nation, state, and county. Comparisons between geographies and across timeframes are difficult due to data reporting sources and methods. Data from the Federal Bureau of Investigation (FBI and CrimeGrade.org demonstrate that reported offenses of property crime per 100,000 population, such as breaking and entering, larceny and motor vehicle theft have risen from 1,487 to 1,567 in Fairfield County from 2021 to 2025. Fortunately,

³ From the FBI Crime Data Explorer: Please be aware that, due to changes in the reporting practices of some agencies, figures may not be comparable to previous years' data. This may be especially noticeable as agencies transition from reporting offenses via SRS to reporting offenses via NIBRS.

reported offenses of violent crime (homicides, rape, robbery, and aggravated assault) have declined from 209 per 100,000 population in 2021 to 154.5 in 2025.

Table 78. Reported Offenses per 100,000 Population (2025)

	U.S.	Connecticut	Fairfield County
Violent crime	--	--	154.5
Homicides	0.35	12	5.48
Rape*	2.88	40	37.50
Robbery	4.26	111	45.73
Aggravated assault	17.82	167	65.79
Property crime	--	--	1,567
Breaking or entering	16.38	264	123.5
Larceny	93.87	2,822	1,260
Motor vehicle theft	17.56	516	179.2

Source: Federal Bureau of Investigation Crime Data Explorer and CrimeGrade.org (retrieved October 24, 2025) for Fairfield Connecticut

* U.S. figure estimated using the legacy UCR definition of rape.

-- Data not available

Table 79. Reported Offenses per 100,000 Population (2021)

	U.S.	Connecticut	Fairfield County
Violent crime	398.5	181.6	209.0
Homicides	6.5	3.9	6.5
Rape*	38.4	--	23.5
Robbery	73.9	57.2	71.8
Aggravated assault	279.7	103.8	107.2
Property crime	1,958.2	1,565.1	1,487.0
Breaking or entering	314.2	187.1	248.0
Larceny	1,398	1,141.2	1,030
Motor vehicle theft	246	236.8	199.8

Source: Federal Bureau of Investigation and CrimeGrade.org for Fairfield Connecticut

* U.S. figure estimated using the legacy UCR definition of rape.

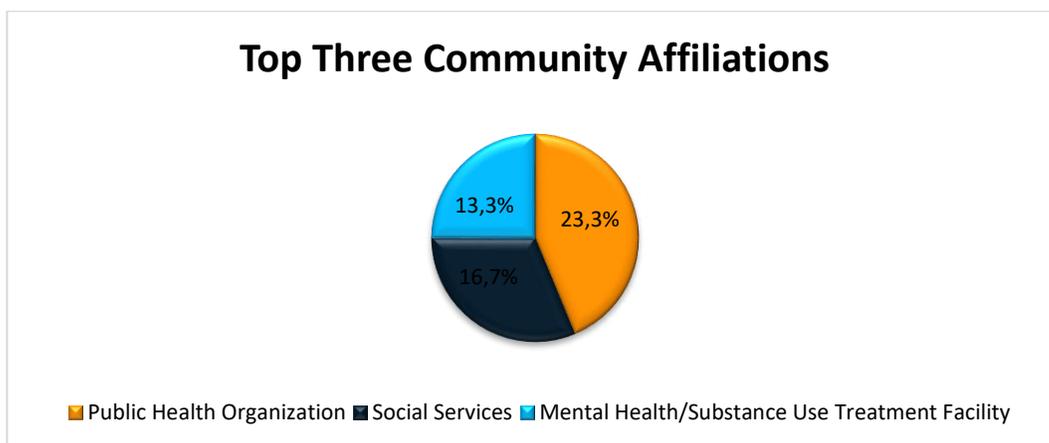
KEY INFORMANT SURVEY

A key informant online survey was conducted between November 3 and November 20, 2025. Key informants are defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit professionals, faith-based organizations, and other community leaders. Participants included public health and social services providers, mental health/substance use clinicians, local municipal representatives including New Canaan, Westport, Greenwich, Ridgefield, Weston and Darien, youth services and faith based organizations, community members, and education/school specialists. Questions focused on mental health and substance abuse issues and barriers for people in the community, health care access, underserved populations, and how to increase the overall mental health of the service areas.

Silver Hill Hospital identified key informant participants. A total of 37 key informants completed the survey. The largest group of key informants (23.3%) are affiliated with public health organizations (23.3%), local municipalities (23.3%), and Social Services (16.7%). This is followed by Mental Health/Substance Use Treatment Facilities (13.3%), youth services (10.0%), community members (6.7%), education/school (3.3%), and faith-based/cultural organization (3.3%). "Other" includes private practitioners, a non-profit organization, a local prevention council and an outpatient mental health and substance abuse practice (23.3%). In the chart, "Other" is not displayed.

Table 1. Percentage Respondents by Community Affiliation

Community Affiliation	Count	Percentage of respondents
Public Health Organization	7	23.3%
Other	7	23.3%
Social Services	5	16.7%
Mental Health/Substance Use Treatment Facility	4	13.3%
Youth Services	3	10.0%
Community Member	2	6.7%
Education/School	1	3.3%
Faith-Based/Cultural Organization	1	3.3%



A full list of key informants and their organizations is found in Appendix D. The data were gathered and integrated into the report by Holleran. It is important to note that while the results reflect the perceptions of some community leaders, they may not represent all community perspectives.

The results of the online survey follow.

A. Key Concerns

Key informants were asked to determine the top three (3) mental health and substance abuse concerns in their community from a list of twelve (12) focus areas identified in the survey. The results are shown in Table 2. A majority (73.0%) stated that Anxiety is the top mental health concern in the community. The second top mental health concern is Depression with 67.6% of key informants choosing this issue. The third top mental health concern is Addictions (40.5%) which varies from the third top concern in the 2022 CHNA which was suicide (chosen by 30% of respondents during that survey). Social Media Use and Social Isolation were also concerns (27.0% each). Trauma, which is typically higher on the list in past years, was selected by 21.6% of respondents.

There is also a change in the top 3 substance use concerns. In 2022, the top three substance abuse concerns selected by key informants were Alcohol Abuse (90.0%), Underage Drinking (65.0%), and E-cigarette/Vaping (45.0%). In this 2025 survey, alcohol use remains as the top substance use concern, selected by 81.1% of respondents. However, the second top concern is replaced with cannabis/marijuana (64.9%). This was not available as an option in 2022. The third top concern(s) remain(s) E-cigarette/Vaping (40.5%) and Underage Drinking (40.5%). The misuse of prescription drugs was also chosen by a large number of key informants.

Table 2: Ranking of the Top Three Mental Health and Substance Abuse Issues 2025 and 2022

Mental Health Issue	Count	2025	2022
		Percent of respondents who selected the issue*	Percent of respondents who selected the issue
Anxiety	27	73.0%	100.0% (1)
Depression	25	67.6%	85.0% (2)
Addictions	15	40.5%	N/A
Social media use	10	27.0%	N/A
Social isolation	10	27.0%	N/A
Trauma	8	21.6%	25.0% (4)
Suicide	7	18.9%	30.0% (3)
Self-harming behaviors	4	10.8%	20.0% (5)
Personality Disorders	2	5.4%	0.0% (9)
Psychotic Disorders	2	5.4%	15.0% (7)
Gambling	1	2.7%	N/A

Substance Abuse Issue	Count	Percent of respondents who selected the issue*	Percent of respondents who selected the issue
Alcohol Use	30	81.1%	90.0% (1)
Cannabis/Marijuana	24	64.9%	N/A
E-cigarette/Vaping	15	40.5%	45.0% (3)
Underage Drinking	15	40.5%	65.0% (2)
Misuse of Prescription Drugs	10	27.0%	45.0% (4)
Use of Illicit Drugs	6	16.2%	15.0% (6)
Drug Overdose	5	13.5%	10.0% (7)
Impaired Driving	1	2.7%	25.0% (5)
Tobacco Use	1	2.7%	5.0% (8)

* Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

** Concerns labeled as N/A were not offered as an option in the 2022 survey.

Key informants were also asked to rank which 1 mental health and substance use concern is the most significant. For mental health, Anxiety and Depression were selected, consistent with the top concerns. Suicide and Trauma were also selected as being the most significant by some. For substance use, Alcohol Use, Cannabis/Marijuana, and Underage Drinking are most significant. The results are displayed in Figures 1 and 2.

Figure 1. Ranking of top most significant mental health concerns in the community

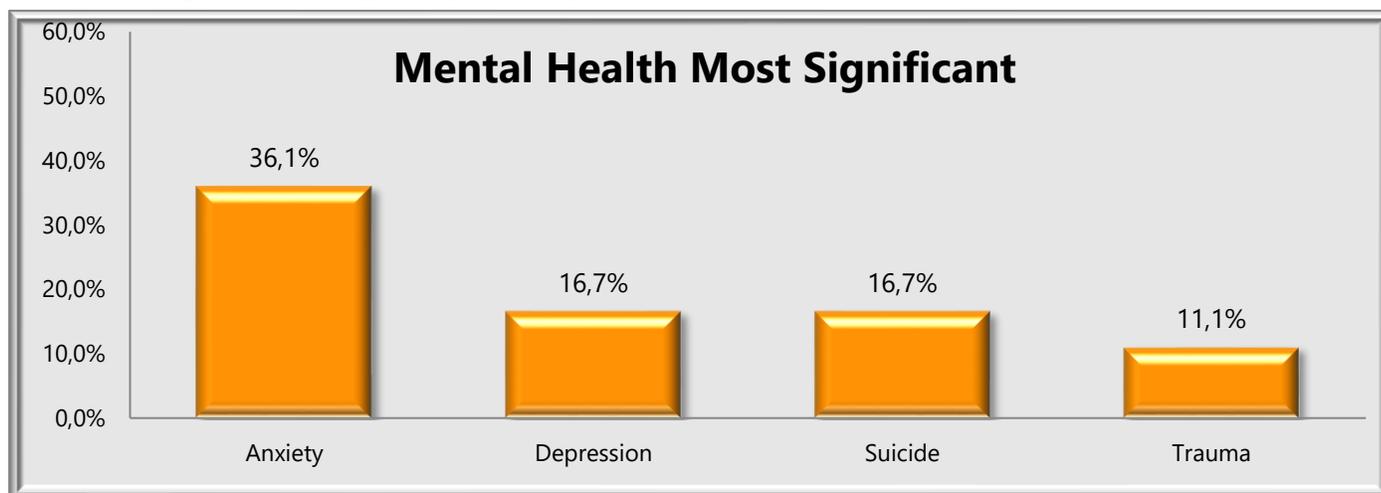
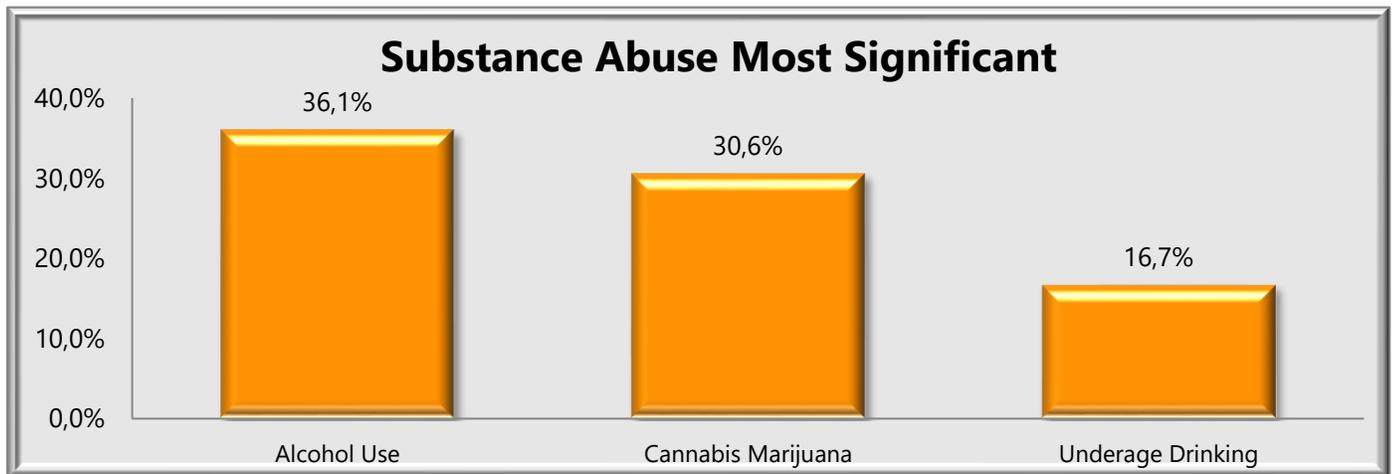


Figure 2. Ranking of top most significant substance use concerns in the community



Key informants were given the opportunity to discuss these key concerns and their reasons for ranking them this way. Underage drinking and the influences of adult drinking behavior as well as self-medicating due to trauma, the impact of social isolation and the use of marijuana are prevalent themes. Select responses are listed below:

Select Comments Regarding the Ranking of Key Concerns:

- *"I am concerned about binge drinking among teens and adults and mixing this with prescription drugs. Also using these substances to help treat anxiety and depression or trauma."*
- *"Darien's youth seem to be starting drinking very young (8th grade is now the socially acceptable age at parties), and high school freshmen are now partying frequently (once or twice a weekend). By junior year, they report that 'everyone is drinking'."*
- *"We have seen increases in unprescribed medications for adolescents and seniors alike. We have seen how the unrelenting forces of social media distort our children's sense of identity and self-worth, amplifying insecurities and promoting false ideals. And we have seen firsthand, how seniors become socially isolated when facing chronic diseases."*
- *"Drinking is socially acceptable but incredibly harmful to the family structure. The example it sets for children is particularly dangerous because it sets an expectation that alcohol use is an adult behavior which teenagers emulate."*
- *"Isolation of the older population is a major concern. Many of these residents do not have family nearby. The consumption of alcohol by underage and adult population is another concern. There is access to alcohol in the homes for the underage drinkers. There are a lot of people driving under the influence of alcohol and other substances, putting everyone at risk on the road."*
- *"In most of Fairfield County, we see a large amount of underage drinking, more than in the rest of the country. Also, the Counselors that I supervise who see children in schools in Fairfield County, trauma has been an increasing issue."*
- *"Specifically for our work, we are seeing more and more folks struggling to reprocess past*

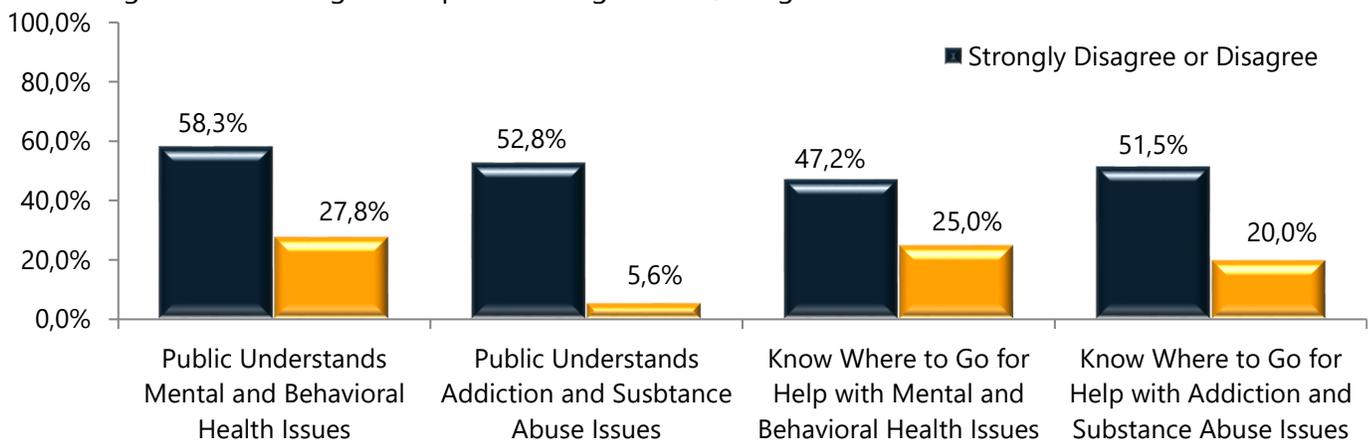
trauma who are also using a lot of marijuana, even sometimes with a medical marijuana card."

- *"I'm also very concerned about the impact of high potency THC products on young people, including cannabis induced mania and psychosis."*
- *"There's a void in care for those who are experiencing a non-life threatening mental health crisis (for more serious mental health issues than typical anxiety and depression)."*
- *"What many historically recall as a mild social drug (cannabis) is now a highly engineered, far more potent substance. For the geriatric community, we are seeing increasing numbers of anti-anxiety and anti-depressants being routinely prescribed."*

B. Awareness

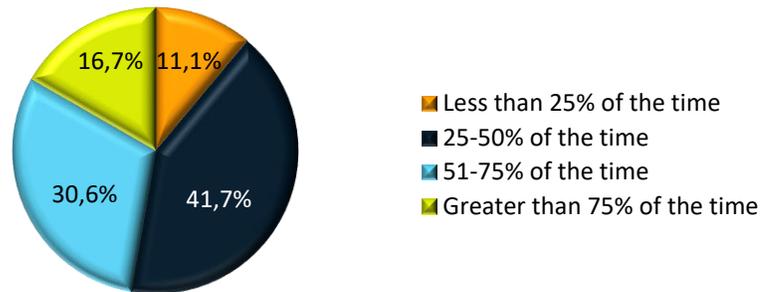
The next set of questions focused on the awareness and understanding of mental health and substance use related concerns on the part of the general public. Key informants were asked to rate specific statements regarding the community’s awareness on a five-point scale of Strongly Disagree to Strongly Agree. Generally speaking, fewer respondents than in the 2022 CHNA agreed with the statements regarding the public’s understanding of mental health and substance use concerns as well as their understanding of where to go for both types of treatment. This seems to indicate that there may have been an erosion in the public’s awareness and understanding of these concerns and how to access supportive services during the past 3 years. Based on the very low percentage of those who agree or strongly agree with the statement that the public understands addiction and substance abuse issues (5.6%), substance use as a concern seems to be especially misunderstood.

Figure 3. Percentage of respondents’ agreement/disagreement with awareness statements



In addition, respondents were asked to estimate the percentage of cases where a mental health diagnosis is accompanied by a substance abuse or addiction problem (i.e., co-occurring disorder, dual diagnosis). About 42% of key informants note that a co-occurring disorder is likely 25% to 50% of the time. In the 2022 study, 60% responded that this problem occurs 51% to 75% of the time. About half as many thought this to be the case (51% to 75%) in 2025. In summary, most key informants perceive that a mental health diagnosis and substance abuse problem occur simultaneously up to half the time.

Figure 4. Respondent estimates of co-occurring disorders



Key informants were asked to provide feedback on the awareness of mental health and substance abuse concerns. In addition to concerns related to awareness and understanding, respondents raised concerns about the normalization and denial of mental health and substance use concerns, trust and the impact of basic needs and insurance coverage. Two key informants point out that substance use disorders often have a co-occurring mental health diagnosis. Select responses are listed below:

Select Comments Regarding the Awareness of Mental Health and Substance Abuse Issues:

- *"Awareness of services does not always equate with a willingness to access them or to stick with the programs. In the hierarchy of needs, I expect many are placing things like access to food, shelter, & 'safety' over overcoming an addiction or combating mental illness as they may not recognize the risks to health & life of these maladies."*
- *"Thinking of our urban core areas, I feel there is a lack in trust and safety to seek resources in our political climate, especially those who struggle with mental health, lack of health insurance, unstable housing, etc. Also transportation and costs are huge barriers when someone is seeking a diagnosis."*
- *"This is highly educated community with (for most part) good healthcare. Issue isn't awareness but normalization and denial."*
- *"The senior population does not seem to have a co-occurring addiction when being diagnosed with a mental health diagnosis. Other age groups see an increase in the percentage of the population who have substance abuse issues with mental health diagnosis."*
- *"I still think many individuals that want to get connected to care mental health, substance use still do not get to the care they need and or deserve. Some reasons are insurance, other reasons not knowing where to start also not wanting to stop use. Impact on employment for some. More information and campaigns at the primary care level for substance use and mental health treatment."*
- *"Believe that SUD always has a mental health component. But your question was reverse i.e. primary MH diagnosis accompanied by a SUD problem. In this case, I would venture to say that it is 75% of the time."*
- *"Sometimes those most in need of support don't know how to link to services, e.g., those who are under-insured or have no insurance."*

C. Access

The next set of survey questions pertain to the ability of local residents to access services and education for mental health and substance use concerns. Key informants were asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are summarized below in Table 3 and displayed in the figures.

As shown, 42.4% of respondents Strongly Agree or Agree that there are a sufficient number of providers in the community who provide treatment for mental health issues. Positively, this has increased since 2022 when just 30.0% responded positively, possibly indicating an increase in the availability of providers. However, fewer key informants in 2025 (24.2%) than in 2022 (35.0%) feel there are a sufficient number of providers available to treat substance use concerns. Unlike mental health, there is a perception that there are fewer substance use providers than are needed now as opposed to 3 years ago. In terms of the availability of providers accepting Medicaid or are bilingual mental health and substance use providers, a large majority disagree that there is a sufficient number. However, preventive education and outreach services are perceived to be available. These are similar to the results in 2022.

Table 3. Agree or Strongly Agree about Access for Mental Health and Substance Abuse Services

Mental Health	Percentage of respondents who "Agree" or "Strongly Agree"
There are a sufficient number of organizations/providers in the community that provide treatment for mental health concerns.	42.4%
There are a sufficient number of mental health providers that accept Medicaid or provide financial assistance for low-income patients and families.	3.0%
There are a sufficient number of mental health providers that are bilingual.	3.0%
Prevention education and outreach regarding mental health occurs frequently in the community.	54.5%
Substance Abuse	Percentage of respondents who "Agree" or "Strongly Agree"
There are a sufficient number of organizations/providers in the community that provide treatment for substance use concerns.	24.2%
There are a sufficient number of substance use providers that accept Medicaid or provide financial assistance for low-income patients and families.	3.0%
There are a sufficient number of substance use providers that are bilingual.	3.0%
Prevention education and outreach regarding substance use occurs frequently in the community.	57.5%

Figure 5. Agreement and disagreement about sufficiency of mental health providers

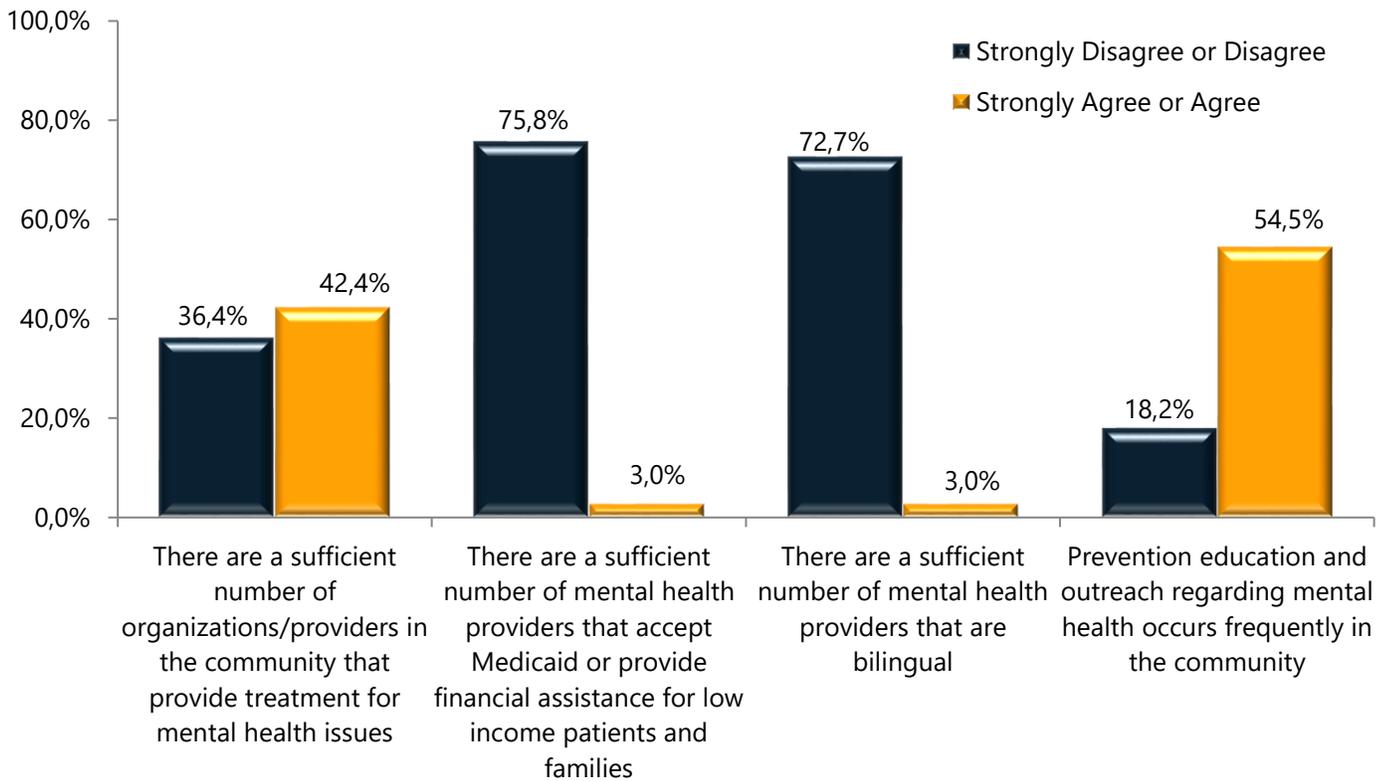
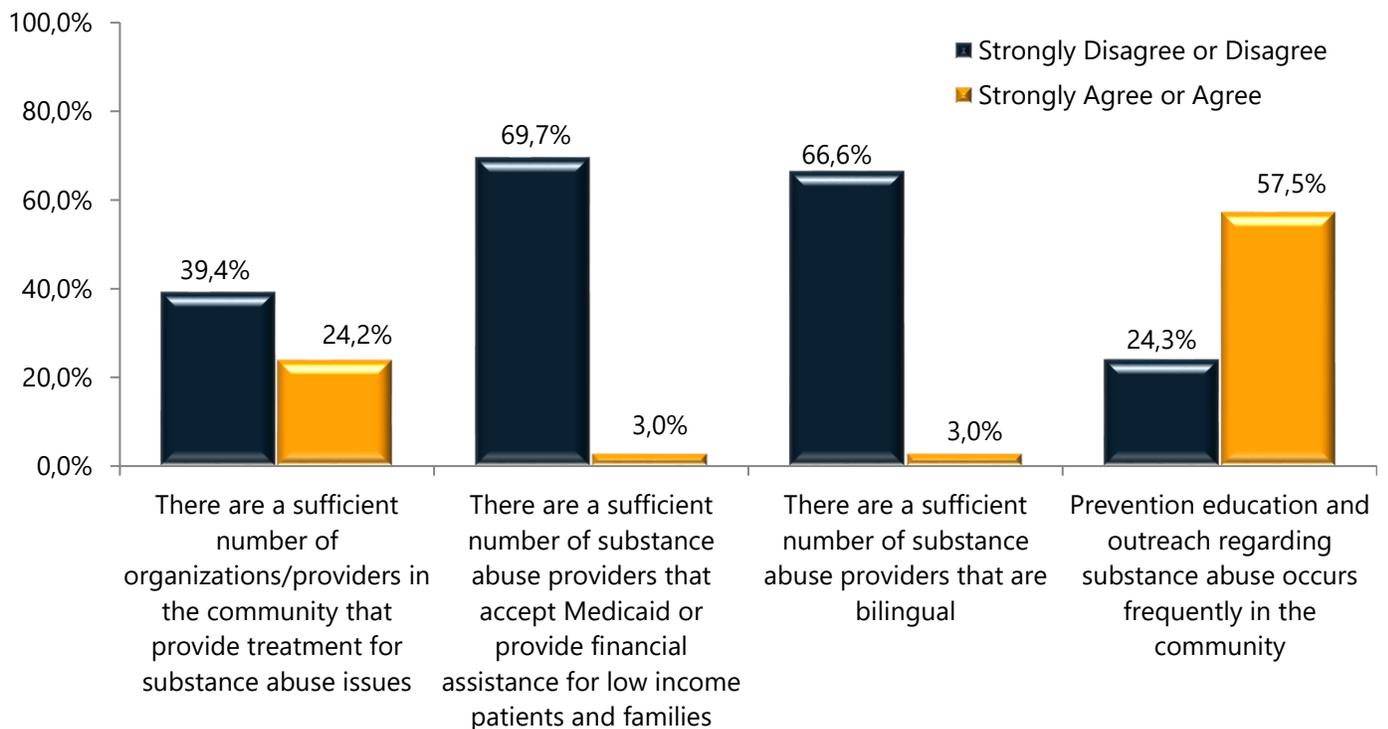


Figure 6. Agreement and disagreement about sufficiency of substance use providers



When asked where the majority of individuals go first when they are in need of mental health/substance use treatment, one-third of respondents selected Primary Care Provider/Family Doctor as the first stop. A relatively similar percentage selected the hospital emergency department next (27.3%). Perceptions about both locations increased from the 2022 study. In this case, “other” includes a local psychologist and private practice clinicians (if affordable). Community health centers, social service agencies, schools, and Silver Hill Hospital are thought to receive fewer individuals first seeking treatment.

Table 4. Key Informant Opinions Regarding Mental Health/Substance Use Treatment Locations

Location	Count	Percentage of respondents
Primary Care Provider/Family Doctor	11	33.3%
Hospital Emergency Department	9	27.3%
Other (specify):	4	12.1%
Community Health Center/FQHC	3	9.1%
Social Service Agency	3	9.1%
School	2	6.1%
Silver Hill Hospital	1	3.0%
Religious Institutions	0	0.0%

Key informants were also asked their opinions about what system gaps that currently exist in the community related to mental health and substance use services. Insurance Barriers was selected by 73.0% of key informants as the most prevalent system gap. In 2022, Insurance Barriers were selected by 80.0%. This is followed in 2025 by a Lack of Support in Navigating the Mental Health System (56.8%). Long Waiting Lists, Limited Service Coordination and Lack of Providers continue to be perceived as gaps in the system. “Other” includes denial, stigma, and social pressure as well as a lack of providers who accept Medicaid or no insurance. The number and percentage of respondents who selected each system gap are outlined in Table 5 below.

Table 5: Key Informants Opinions Related to System Gaps

System Gaps	Count	Percent of respondents who selected the issue*
Insurance Barriers	27	73.0%
Lack of Support in Navigating Mental Health System	21	56.8%
Long Waiting List	19	51.4%
Limited Coordination Between Providers and Services	16	43.2%
Lack of Providers	13	35.1%
Language/Cultural Barriers	12	32.4%
Limited Assistance with Medication Management	12	32.4%
Lack of Community-Wide Prevention Efforts	4	10.8%
Other (specify)	2	5.4%
None	0	0.0%

* Respondents could select more than one option; therefore, percentages may sum to more than 100.0%.

Lastly, respondents were asked what they felt were the most common reasons individuals in the community do not seek treatment for mental health/substance use concerns. As depicted in Table 6, the most commonly identified reason is Social Stigma (73.0%), somewhat lower than in 2022. This is followed by an issue of affordability, the Inability to Pay Out of Pocket Expenses as well as Not Ready for Treatment (both 62.2%). Another issue of affordability, Lack or Insufficient Health Coverage is perceived by 56.8% to be among the most common reasons that individuals do not seek treatment. In 2022, 70.0% of respondents selected Don't Know Where to Go for Treatment. In 2025, this decreased to 45.9%, perhaps indicating a perception of improved awareness on the part of individuals. The Lack of Programming/Providers or Transportation is cited less frequently for why individuals do not seek treatment. "Other" includes having not hit "rock bottom" yet.

Table 6: Perceptions of Reasons for Not Seeking Treatment

Reasons	Count	Percent of respondents who selected the issue*
Social Stigma	27	73.0%
Inability to Pay Out of Pocket Expenses	23	62.2%
Not Ready for Treatment	23	62.2%
Lack of or Insufficient Health Coverage	21	56.8%
Don't Know Where to Go For Treatment	17	45.9%
Too Busy/No Time To Go	14	37.8%
Immigration Status	11	29.7%
Lack of Programming/Providers	8	21.6%
Lack of Transportation	8	21.6%

*Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

Respondents were asked to share any additional comments regarding access to mental health and substance use services. One respondent points out that even when services are available, concerns such as affordability, cultural competency and transportation will impact access. As was noted in the 2022 study, mental health services for youth are perceived as lacking. Selected comments are outlined below.

Select Comments Regarding the Access to Mental Health and Substance Abuse Services:

- *"Access includes so much more than a service just being available; i.e.: affordable, approachable, welcoming, culturally aware of customs, family roles & cultural traditions, as well as transportation to & from the program. Are services located in safe neighborhood? Are they offered across a wide range of hours & days of the week so working people can attend? How & where is advertising done for non-English speaking people. Are resources made available for multicultural people & across the age span?"*
- *"Youth facilities are limited. Yale is the closest for mental health and that is often too far and not a possibility for kids who are sent via hospital thus they go to Stamford or Norwalk where the care is not (like what) Yale could have provided at their juvenile facility thus no help happens often or just a band aid."*

D. Underserved Populations

The next set of questions in the survey asked respondents about specific groups that may be underserved by local mental health and substance use services. First, respondents were asked which groups were most underserved based on their health insurance status. Almost half of respondents identified those without insurance, those with public insurance (Medicaid) and those who cannot afford out of pocket expenses as underserved.

Table 7. Most Underserved Based on Insurance Status

Most Underserved Populations	Count	Percentage of respondents selected the issue*
Those without insurance	19	51.4%
Those with private health insurance who cannot afford their out of pocket expenses	19	51.4%
Those with public health insurance (i.e. Medicaid)	18	48.6%

*Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

Next, key informants were asked to rate their level of agreement, on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), on the adequacy of both mental health services and substance use services in the community for specific age groups. The results are summarized in Table 8. The results show that there may have been some improvement in the (perception of) the adequacy of services since the 2022 study. However, few key informants (15.6%) perceive mental health services to be adequate for seniors.

As it pertains to the adequacy of Substance Use services by age group, few perceive that treatment for teens and children is adequate. Since the 2022 study, the perception of the adequacy of services for teens seems to have lessened. Only services for adults are perceived by almost half of respondents as adequate.

Table 8. Ratings of Adequacy of Mental Health and Substance Use Services by Age Group

Mental Health	Percentage of respondents who "Disagree" or "Strongly Disagree"	Percentage of respondents who "Agree" or "Strongly Agree"
Children (Birth-12 years)	45.2%	29.0%
Teens (13-17 years)	45.2%	38.7%
Young Adults (18-25 years)	50.0%	25.0%
Adults (26-64 years)	42.0%	38.7%
Seniors (65 years and older)	37.5%	15.6%

Substance Abuse	Percentage of respondents who "Disagree" or "Strongly Disagree"	Percentage of respondents who "Agree" or "Strongly Agree"
Children (Birth-12 years)	38.7%	12.9%
Teens (13-17 years)	53.3%	13.3%
Young Adults (18-25 years)	40.0%	23.4%
Adults (26-64 years)	32.3%	48.4%
Seniors (65 years and older)	35.5%	22.6%

Figure 7. Ratings of Adequacy of Mental Health Services by Age Group

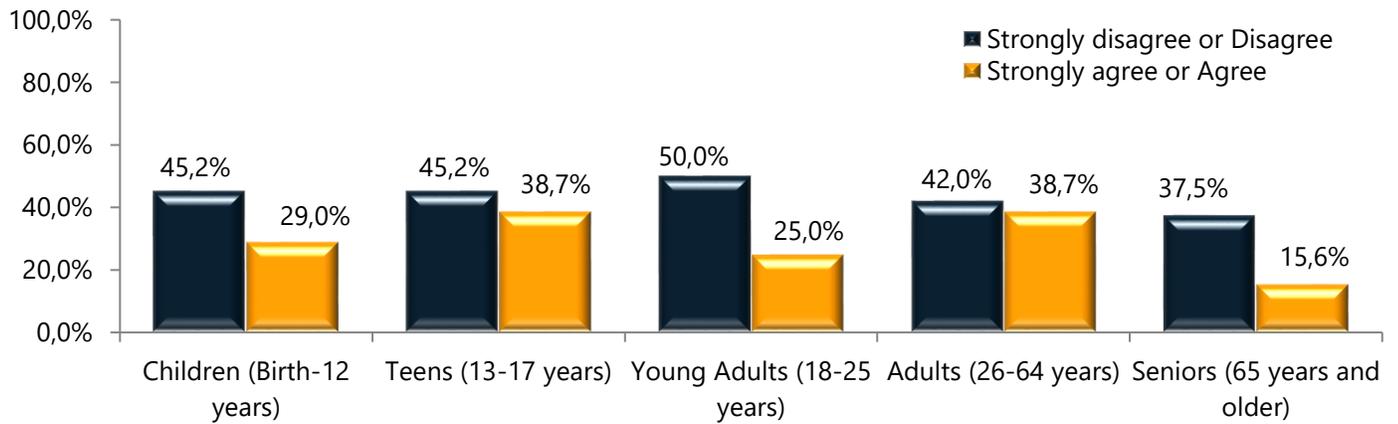
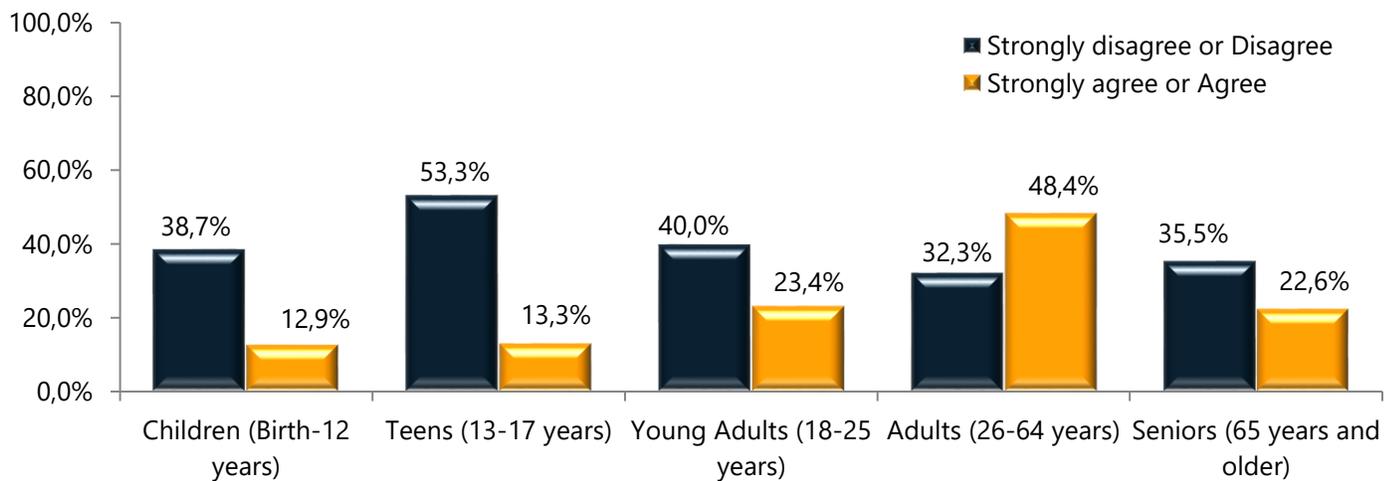


Figure 8. Ratings of Adequacy of Substance Use Services by Age Group



Lastly, key informants were asked if there are specific Racial/Ethnic Populations, as well as any Other

Population Groups, such as Homeless, Disabled, etc., who are underserved in terms of receiving Mental Health and Substance Use services. In 2025, a smaller percentage of respondents than in 2022 perceive Latino/Hispanic, Black/African America and Asian to be underserved. Positively, in this study only 18.9% of key informants perceive Asians to be underserved (a decrease from 30.0%).

Other populations perceived to be underserved continue to be very similar to the ranking in 2022. Low-income and Uninsured individuals are perceived to be the most underserved, followed by Immigrant/Refugees, the unhoused (homeless) and people with disabilities. The results are summarized in Table 9 and Table 10.

Table 9. Underserved Racial/Ethnic Populations

	Count	Percent of respondents who selected the issue (2025)*	Percent of respondents who selected the issue (2022)*
Latino/Hispanic	18	48.6%	65.0%
Black/African-American	17	45.9%	65.0%
Asian	7	18.9%	30.0%
None	4	10.8%	15.0%
White	3	8.1%	10.0%
Other	1	2.7%	20.0%

* Respondents could select more than one option; therefore, the percentages may sum to more than 100.0%.

Table 10. Underserved Other Population Groups

	Count	Percent of respondents who selected the issue (2025)*	Percent of respondents who selected the issue (2022)*
Low-income/Poor	24	64.9%	70.0%
Uninsured/Underinsured	23	62.2%	70.0%
Immigrant/Refugee	19	51.4%	50.0%
Homeless	17	45.9%	45.0%
Disabled	12	32.4%	40.0%
None	3	8.1%	5.0%
Other (specify)	0	0.0%	10.0%

* Respondents could select more than one option; therefore, the percentages may sum to more than 100.0%.

Respondents were asked to share any additional comments regarding underserved populations. Key informants emphasized the lack of insurance or dual coverage (Medicare and Medicaid), cultural barriers, stigma, low income, and the expense of co-pays as an explanation for why some populations are underserved. Select comments are listed here.

Select Comments Regarding Underserved Populations:

- *“We cannot handle the needs of the current un & under-insured people in need of these services. I think more measures are needed to entice multi-cultural people to enter these fields. We must at least maintain parity between health and mental health care if not improve it, and as a healthcare industry, we must elevate a focus on prevention as a vital link in the care & treatment of people with mental health & addiction services. The extreme importance of prevention is not, in my estimation & experience, given recognition for its role in the totality of the entire process.”*
- *“Cultural barriers and the stigma of mental health issues continue to prevent people from seeking professional help.”*
- *“Some of our seniors who have low income, access Medicare and Medicaid, thus it can be difficult to locate a clinician who takes both. With lower income sometimes comes lack of access to reliable transportation or inability to pay copays. We have a senior complex in Ridgefield that includes residents who have low income, as well there are many who exhibit behavioral health challenges. Within that complex there are also adults who qualify to live there because of disability. We have struggled to provide adequate resources and services for many of these residents.”*

E. Challenges and Solutions

Finally, key informants were given the opportunity to provide additional feedback in the form of open-ended comments.

Key informants were first asked, “What challenges does the community face in regard to addressing mental health and substance use concerns?” Many respondents took this opportunity to speak about stigma, social determinants of health, the difficulty navigating the system, the uninsured and young adults as underserved, and the need for public education and more collaboration between providers.

Select Comments regarding Challenges Facing the Community

- *“Still finding that people are not aware of where to go to get help or don't know where to find info while in crisis, prevention and early intervention is not reaching everyone effectively, Barriers to access, cost, there are very high rates of access to substances for children, sandwich generation has elevated stress levels and potential neglect to one's own health and lastly stigma and reluctance still exists.”*
- *“There are many providers in Town, but the landscape is challenging to navigate. How do you choose the right provider? How do we reduce the stigma of seeking help? Leaning on meds and not doing the counseling. Many providers do not accept insurance or make it difficult for patients to submit claims on their own.”*
- *“Mental health issues are pervasive and unfortunately, under reported, and rarely identified early on.”*
- *“More education is needed for the public to understand that a person with mental illness is far more likely to be the victim of abuse than the cause of violence. More training needs to be done with law enforcement groups as well as juvenile & adult prison workers about*

how to recognize signs of mental illness & escalating mental health decline, & how to de-escalate such crises. Our prisons have become home to many with mental illnesses yet staff are I'll prepared to understand or therapeutically deal with this population."

- *"Mistrust within the community. Lack of safety to reach out to organizations within uninsured populations."*
- *"Fear in the immigrant community. Lack of insurance."*
- *"The rates of suicide in New Canaan in comparison to other local towns is alarming. There should be a better understanding of why this is the case. There should also be community buy-in for researching why and delivering programming that reduces suicide rates."*
- *"Because there is wealth here, specialized providers are able to make good money per session charging out of pocket, which seems to make it harder to find specialized providers willing and able to provide that care for insurance (commercial and/or HUSKY) rates."*
- *"We need more collaboration, more sharing of information and services so that people know what is available. Funding. Awareness and stigma reduction."*
- *"Most families and individuals in crisis need significant help understanding and navigating the systems of care. The only way they receive this help generally is the pro bono phone/ emails help of out patient providers who understand the many systems and have the knowledge to match the patients acuity to the right level of care and type of services."*
- *"Waiting lists for children and adolescent services - addressing social drivers of health e.g. affordable housing -lack of bilingual clinicians (e.g. Spanish, Polish, Haitian Creole) - stigma which appears stronger in some communities e.g. in Latino community MH and SUD concerns are kept in the family - too many smoke shops."*
- *"Stigma will always be an issue. We sometimes hear anecdotally that people will travel to surrounding towns for substance use related services or NARCAN in order to avoid recognition here in town. No larger clinic has a footprint in Ridgefield, thus making us dependent on the surrounding towns/cities to provide services."*
- *"RCCASA⁴ could be a power player, as many town leaders meet regularly to discuss these issues but their ability to make progress is slow and not as well organized as when there was a dedicated coordinator. The school systems are active in these areas; however it can be difficult to coordinate between the community and RPS, we sometimes operate in silos."*
- *"There are no independent analyses that we are aware of that measures program effectiveness. We do seem, as a community, to survey and discuss the identification of mental health issues--New Canaan Community Foundation comes to mind, but we never seem to implement, track, measure, and adjust to maximize effectiveness."*
- *"We have been working for years on breaking the stigma of seeking treatment. There is momentum in acceptance. However, there are national forces at play that could curtail the progress due to misinformation and movement of more conservative principles."*
- *"Parents of young adults with MH and SA care are getting help through grass roots organizations, however we need more help for parents with older children/ adult children with serious mental illness getting the help they need."*

⁴ Court Appointed Special Advocates

Next key informants were asked to comment on what is being done well in the community in regard to mental health and substance use. Many spoke of collaborations between community organizations and positive attempts to increase coordination.

Select Comments regarding What is Being Done Well in the Community:

- *"The Town is partnering with many agencies to reduce barriers—Silver Hill, Positive Directions, and other private organizations that offer pro bono or sliding-scale services upon referral from Town Human Services. Strong collaboration between town departments - police, fire, EMS & Human Service to provide intervention and access to services. Strong relationship with the schools to bridge school/community."*
- *"Many professional organizations have grouped together over the years to help form collaborations. Multidisciplinary professionals have done the same to bring workshops & conferences to improve care & treatment. A big focus on the importance of developing cultural awareness & sensitivity has been in place for years now, but is rapidly being eroded in this current year."*
- *"Community coordination between service providers and organizations with System of Care meetings and collaborative/CHIP meetings."*
- *"School based health clinics offering services regardless of ability to pay."*
- *"For most part, community is well educated except, perhaps, the long-term impact of cannabis use."*
- *"I think the Assessment Programs have been stellar, also many of the social services/human services, prevention councils, non-profits helping with provider support/services are great. There a lot of prevention efforts, early intervention."*
- *"I think there are a variety of providers, and a number of town-specific 'mental health task forces' that are looking at the issue seriously."*
- *"I think Silver Hill does very good outreach."*
- *"Existence of the Stamford Youth Mental Health Alliance, Stamford Prevention Council, VITA - all community wide collaboratives. BH unit at the police department which has been very successful in supporting police to address calls involving MH concerns."*
- *"Youth Commission, Project resilience, Compassionate Ridgefield all have a place in discussing and disseminating information. There is generally good participation from the school district and PTA. We have a well-educated population."*

Key informants were asked about the new and emerging issues and trends that when understood may benefit Silver Hill Hospital. Several respondents focused on the harmful effects of cannabis, especially on young people as well as the isolation and damage brought about by social media.

Select Comments regarding New and Emerging Trends in Mental Health and Substance Abuse:

- *"More use of AI and algorithms to identify early warning signs for anxiety and depression, digital platform and teletherapy make it easier to access, early intervention."*
- *"Marijuana-induced psychosis appears to be on the rise. Use has been normalized and is affecting mental health, also resulting in addiction and driving under the influence."*

- *Neurotoxicity of cannabis for young adults."*
- *"Loss of affordable insurance for millions of our people. Rising out-of-pocket medication costs. Due to ICE tactics implemented in 2025, we have a generation of young people who are experiencing severe Early Childhood Trauma that will likely have impact on them & their mental health over many years to come."*
- *"I think the post high school years are the toughest Young adults in their 20's can often fall off the 'track' that a community like New Canaan expects."*
- *"Suicidality."*
- *"Oral nicotine pouches."*
- *"Isolation caused by social media or cyber bullying."*
- *"All things vaping, laced marijuana,"*
- *"The interaction of social media use on mental health and substance misuse-availability of drugs through snap chat etc."*
- *"Some trends are still seeing a lot of psychosis, young adult /emerging adult needs. Also in some areas individuals /families struggling with basic necessities, housing."*
- *"I don't know how broad the application of this issue is, but I am seeing more and more folk legally using marijuana (either recreationally or with a medical card) where that use is having a nice impact on their ability to engage in trauma treatment."*
- *"Digital landscape for children is extremely dangerous right now and parents don't know what it looks like and how it's effecting their children."*
- *"High potency THC use, gambling, especially sports gambling addiction, and alcohol and drug abuse among elders."*
- *"Introduction to substances initially for kids with tobacco and nicotine, and the relatively low levels of harm associated with adolescent use of both alcohol and marijuana."*

Key informants were then asked for any additional suggestions or recommendations to improve mental health and substance use concerns in the community. Suggestions include increased funding for prevention and awareness/education. Advertising around what resources are available and the harmful effects of substance use is recommended. Throughout, there seems to be a concern for the treatment of youth.

Select Comments regarding Recommendations and Suggestions:

- *"More funding for our Prevention Coalitions and requiring a degree of participation by families at earlier ages to help them understand the risk factors and protective factors."*
- *"Acting early to prevent a crisis is far more humane, effective, and affordable than responding after harm has occurred."*
- *"Increase the focus on substance use and suicide prevention. Continue to expand multicultural access to mental health & addiction services for people of all ages. Work with legislators to expand access to MH&A services, insurance, medications, transportation. Target high-risk groups/cultures with MH&A services ads to increase awareness of different group. Place these within the targeted communities'/appropriate social media sites/venues. Have discussions with institutes of higher learning that educate & train our developing mental health & addiction services to get their input on new/pending needs as well as with,*

religious leaders, law enforcement.”

- *“More curriculum in the High School.”*
- *“More bilingual treatment providers and LGBTQI focused providers.”*
- *“We need a 24-hour provider/house visit for teen with mental health issues, an alternative to Yale.”*
- *“More providers paneled with insurance companies; ability to work from home for parents with young children or ability to take a career break; financial supports for inpatient stays.”*
- *“We need mental health professionals and substance abuse counselors available for quick treatment of residents (actual treatment and not educational outreach).”*
- *“More collaboration, more referrals, more awareness around what everyone is doing. More funding!”*
- *“Non-profit case managers/ help lines to help people move through the system that are NOT biased towards only one or two organizations, more social support for families with teens experiencing behavioral issues.”*
- *“Multi-strategy approach that includes: - education and awareness in multiple languages and strategies - universal screening of all students - increase advertising of available resources - ensuring that public health is at the city planning table to ensure that some neighborhoods are not inundated with products that are extremely addicting to youth. Advocating for sufficient funds for education when legalizing products that are harmful to youth. Promoting opportunities for accessible, affordable healthy activities for individuals and families.”*
- *“It would be great to have a clinic with an actual footprint and a shingle here in Ridgefield.”*
- *“1. Continually train educators, coaches, and counselors on identifying symptoms early on and appropriate intervention. 2. Help dispel the stigma for parents to acknowledge an issue. 3. Help general practitioners from overly prescribing medications without considering holistic approaches to treatment. 4. Help town officials fund programming by showing effectiveness. 5. Find grant funding for geriatric psych programming.”*

Lastly, key informants were asked to provide any additional feedback to help inform Silver Hill Hospital and its partners during their health improvement activities.

Select General Feedback for Silver Hill Hospital:

- *“I loved the all day mental health & addiction services programs/ conferences that were organized and run by Ingrid Gillespie in collaboration with Silver Hill when she was the Director of The Lower Fairfield County Regional Action Council (that then became) Communities 4 Action. The topics were always so relevant and had multidisciplinary contact hours. I wish we could get those back again. Ingrid is now at Liberations heading their prevention programs.”*
- *“Thanks for doing this. We need to bring these issues out of the shadows”*
- *“It is very important that Silver Hill and its partners continue to support the community in mental health and substance abuse services.”*
- *“Thank you.”*
- *“I generally love SH programs I only wish the residential services were covered by*

insurance.”

- *“I have always appreciated Silver Hill's expertise and assistance. The community is better off for having more SHH engagement.”*

APPENDIX A. DEFINITIONS

Alcohol Dependence – A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress.

Illicit Drugs – Include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Tobacco – Includes products such as cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

Serious Mental Illness – Defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. It also refers to individuals with diagnoses resulting in serious functional impairment.

Social Determinants of Health - are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes. These include access and quality of education and health care, economic stability, social and community context, and neighborhood and built environment.

APPENDIX B. REFERENCES

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APPENDIX C: KEY INFORMANT SURVEY TOOL



Key Informant Online Questionnaire

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Silver Hill Hospital is conducting a comprehensive Community Engagement Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be Fairfield County, Connecticut.

KEY CONCERNS

1. What are the top 3 concerns related to mental health that you see in your community? (CHOOSE 3)

<input type="checkbox"/> Addictions	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Self-harming behaviors
<input type="checkbox"/> Depression	<input type="checkbox"/> Social media use
<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Social isolation
<input type="checkbox"/> Gambling	<input type="checkbox"/> Suicide
<input type="checkbox"/> Personality Disorders	<input type="checkbox"/> Trauma
<input type="checkbox"/> Psychotic Disorders	<input type="checkbox"/> Other (specify):

2. Of those mental health concerns mentioned, which 1 is the most significant? (CHOOSE 1)

<input type="checkbox"/> Addictions	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Self-harming behaviors
<input type="checkbox"/> Depression	<input type="checkbox"/> Social media use
<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Social isolation
<input type="checkbox"/> Gambling	<input type="checkbox"/> Suicide
<input type="checkbox"/> Personality Disorders	<input type="checkbox"/> Trauma
<input type="checkbox"/> Psychotic Disorders	<input type="checkbox"/> Other (specify):

3. What are the top 3 concerns related to substance use that you see in your community? (CHOOSE 3)

<input type="checkbox"/> Use of Illicit Drugs (i.e. heroin, cocaine)	<input type="checkbox"/> Impaired Driving
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Misuse of Prescription Drugs

<input type="checkbox"/> Cannabis/Marijuana	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Drug Overdose	<input type="checkbox"/> Underage Drinking
<input type="checkbox"/> E-cigarette/Vaping	<input type="checkbox"/> Other (specify):

4. Of those substance use concerns mentioned, which **1** is the most significant? (CHOOSE 1)

<input type="checkbox"/> Use of Illicit Drugs (i.e., heroin, cocaine)	<input type="checkbox"/> Impaired Driving
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Misuse of Prescription Drugs
<input type="checkbox"/> Cannabis/Marijuana	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Drug Overdose	<input type="checkbox"/> Underage Drinking
<input type="checkbox"/> E-cigarette/Vaping	<input type="checkbox"/> Other (specify):

5. Please share any additional information regarding these mental health and substance use concerns and your reasons for ranking them this way in the box below:

AWARENESS

6. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement with each of the following statements about the public’s awareness of mental health and substance use issues in the area.

Strongly Disagree ← → Strongly Agree

	1	2	3	4	5
The majority of the public understands mental and behavioral health issues.	<input type="checkbox"/>				
The majority of the public understands addiction and substance abuse issues.	<input type="checkbox"/>				
In general, residents in the community know where to go to get help with mental or behavioral health issues.	<input type="checkbox"/>				
In general, residents in the community know where to go to get help with addiction and substance use issues.	<input type="checkbox"/>				

7. If you had to estimate the percentage of cases where a mental health diagnosis is also accompanied by a substance abuse or addiction problem (co-occurring disorders), what would that figure be?

<input type="checkbox"/> Less than 25% of the time
<input type="checkbox"/> 25-50% of the time
<input type="checkbox"/> 51-75% of the time
<input type="checkbox"/> Greater than 75% of the time

8. Please share any additional information regarding awareness of mental health and substance abuse concerns in the community in the box below:

ACCESS

9. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Access to Mental Health** in the area.

Strongly Disagree ← → Strongly Agree

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of organizations/providers in the community that provide treatment for mental health issues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of mental health providers that accept Medicaid or provide financial assistance for low-income patients and families.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of mental health providers that are bilingual.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Prevention, education and outreach regarding mental health occurs frequently in the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

10. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Access to Substance Abuse Services** in the area.

Strongly Disagree ← → Strongly Agree

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of organizations/providers in the community that provide treatment for substance abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of substance abuse providers that accept Medicaid or provide financial assistance for low-income patients and families.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of substance abuse providers that are bilingual.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Prevention education and outreach regarding substance abuse occurs frequently in the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

11. In your opinion, where is the FIRST place that the majority of community residents go for help with mental health and/or substance use concerns? (CHOOSE 1)

<input type="checkbox"/> Community Health Center/FQHC	<input type="checkbox"/> Self-Help Group (i.e. Alcoholics Anonymous, NAMI, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> Silver Hill Hospital
<input type="checkbox"/> Primary Care Provider/Family Doctor	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Religious Institutions	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> School	

12. What are the system gaps that currently exist in the community regarding mental health and substance abuse services? (Check all that apply)

<input type="checkbox"/> Insurance Barriers	<input type="checkbox"/> Limited Assistance with Medication Management
<input type="checkbox"/> Lack of Community-Wide Prevention Efforts	<input type="checkbox"/> Limited Coordination Between Providers and Services
<input type="checkbox"/> Lack of Providers	<input type="checkbox"/> Long Waiting List
<input type="checkbox"/> Lack of Support in Navigating Mental Health System	<input type="checkbox"/> None
<input type="checkbox"/> Language/Cultural Barriers	<input type="checkbox"/> Other (specify):

13. In your opinion, what are the most common reasons individuals in the community do not seek treatment for mental health/substance abuse? (Check all that apply)

<input type="checkbox"/> Don't Know Where to Go For Treatment	<input type="checkbox"/> Lack of Transportation
<input type="checkbox"/> Hours of Operation	<input type="checkbox"/> Not Ready for Treatment
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Social Stigma
<input type="checkbox"/> Inability to Pay Out of Pocket Expenses	<input type="checkbox"/> Too Busy/No Time To Go
<input type="checkbox"/> Lack of or Insufficient Health Coverage	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Lack of Programming/Providers	

14. Please share any additional information regarding access to mental health and substance abuse services in the community in the box below:

UNDERSERVED POPULATIONS

15. Which of the groups with the following health insurance status do you see as **most underserved** in regard to receiving mental and substance abuse services? (Check all that apply)

<input type="checkbox"/> Those without insurance
<input type="checkbox"/> Those with public health insurance (i.e., Medicaid)
<input type="checkbox"/> Those with private health insurance who cannot afford their out-of-pocket expenses

16. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement on the adequacy of mental health services in the community for each of the following age groups:

Strongly Disagree ← → Strongly Agree Don't Know

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Children (Birth-12 years)	<input type="checkbox"/>					
Teens (13-17 years)	<input type="checkbox"/>					
Young Adults (18-25 years)	<input type="checkbox"/>					
Adults (26-64 years)	<input type="checkbox"/>					
Seniors (65 years and older)	<input type="checkbox"/>					

17. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement on the adequacy of substance use services in the community for each of the following age groups:

Strongly Disagree ← → Strongly Agree Don't Know

Children (Birth-12 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Teens (13-17 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Young Adults (18-25 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Adults (26-64 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Seniors (65 years and older)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

18. Which of the following racial or ethnic groups do you see as **most underserved** in regards to receiving mental health and substance abuse services? (Check all that apply)

<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African-American
<input type="checkbox"/> White
<input type="checkbox"/> None
<input type="checkbox"/> Other (specify):

19. Which of the following other population groups do you see as **most underserved** in regards to receiving mental health and substance abuse services? (Check all that apply)

<input type="checkbox"/> Disabled
<input type="checkbox"/> Homeless
<input type="checkbox"/> Immigrant/Refugee
<input type="checkbox"/> Low-income/Poor
<input type="checkbox"/> Uninsured/Underinsured
<input type="checkbox"/> None
<input type="checkbox"/> Other (specify):

20. Please share any additional information regarding underserved populations in regard to mental health and substance abuse services in the community in the box below:

CHALLENGES & SOLUTIONS

21. What challenges does the community face in regard to addressing mental health and substance use?

22. In your opinion, what is being done **well** in the community in regard to mental health and substance use? (Community Assets/Strengths/Successes)

23. What new, emerging issues or trends in mental health and/or substance use should the community have on their radar?

24. What recommendations or suggestions do you have to improve mental health and substance use issues in the community?

CLOSING

25. Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

<input type="checkbox"/>	Aging Services
<input type="checkbox"/>	Community Member
<input type="checkbox"/>	Education/School
<input type="checkbox"/>	Faith-Based/Cultural Organization
<input type="checkbox"/>	Government/Housing/Transportation Sector
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Mental Health/Substance Use Treatment Facility
<input type="checkbox"/>	Public Health Organization
<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Youth Services
<input type="checkbox"/>	Other (specify):

26. Silver Hill Hospital and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

APPENDIX D: KEY INFORMANT PARTICIPANTS

First Name	Last Name	Agency
Kevin	O'Brien	Board Member Darien Depot
Melissa	Perez-Constantine	Catalyst CT
Bryce	Brown	Darien Public School, resource officer
Jessica	Giovannetti McGwire	Family Centers
Meredith	Gold	Former Greenwich YWCA
Stephanie	Paulmeno	Greenwich Together
Elizabeth	Jorgensen, CADC	Insight Counseling
Ellen	Brezovsky, LCSW	Kids in Crisis
Denise	Vestuti	Laurel House
Ingrid	Gillespie	Liberation Programs
Gail	Melanson	Mid-Fairfield Child Guidance
Maureen	Asiel	New Canaan Cares
Colleen	Proster	New Canaan Cares
Laura	Budd	New Canaan Chamber of Commerce
Tucker	Murphy	New Canaan First Selectman Office
Ellen	Samai	New Canaan Health Department
Amy	Lehaney	New Canaan Health Department
John	DiFederico	New Canaan Police Department
Nicole	Vartuli	New Canaan Police Department
Jesse	Buccolo	Norwalk Acts
Carol T.	Malhstedt, Psy.D.	Project Resilience
Ariella	Mendoza	Recovery Network of Programs
Emily	Segal, LCSW	Stamford High School-Based Health Center
Amy	Daniels	The Depot, ED
Luke	Robbins	The Rowan Center
Sharon	Walker Epps	The Rowan Center
Leonora	Campbell	The Rowan Center
Ali	Ramsteck	Town of Darien
Demetria	Nelson, LCSW	Town of Greenwich
Jacqueline	D'Louhy, LCSW	Town of New Canaan
Tony	Phillips, LCSW	Town of Ridgefield
Allison	Lisbon	Town of Weston Director of Social Services
Erica	Forti	Town of Weston, Superintendent
Elaine	Daignault	Town of Westport
Russ	Barksdale	Waveny LifeCare
Caroline	Ainsworth	Wilton Congregational Church
Chandra	Ring	Wilton Youth Council

APPENDIX E. 2022 IMPLEMENTATION STRATEGY OUTCOMES

Major Outcomes from 2022 Priority Areas

Prioritized Health Issue #1: Mental Health and Substance Misuse

- Silver Hill Hospital hosted or collaborated on 88 community events focused on mental health and substance misuse, engaging more than 14,000 participants.
- Through the Community Resilience Program, Silver Hill hosted 422 resilience seminars for over 35 organizations, reaching more than 8,000 participants.
- Dedicated over 200 staff hours to community training, education, and engagement efforts.
- Hosted 58 Medical Grand Rounds, engaging 12,500 clinicians, health professionals, and community members in evidence-based education and best practices in mental health and addiction treatment.
- Supported and helped establish the Behavioral Health Alliance in New Canaan, strengthening collaboration among service providers, community leaders, and residents to increase awareness and access to behavioral health care.
- Expanded the Assessment Program for residents of New Canaan, with additional expansion to the towns of Weston and Westport.
- 390 individuals received no-cost, comprehensive clinical assessments by a Silver Hill psychiatrist, along with referrals and recommendations for ongoing care.
- The Patient Financial Aid Program awarded 85 scholarships to support access to treatment at Silver Hill Hospital.
- Successfully reclassified residential programs to be eligible for out-of-network insurance reimbursement, improving affordability and increasing access to care.

Prioritized Health Issue #2: Adolescent Mental Health

- Hosted 22 community events tailored to youth mental health and substance use education.
- Conducted 6 Medical Grand Rounds focused on youth and family mental health.
- 15 scholarships awarded for adolescent residential treatment at Silver Hill Hospital.
- Delivered 14 resilience workshops for underserved youth in Bridgeport.
- Adolescent Residential Care is eligible for out-of-network coverage and in-network Optum coverage, expanding availability and access for families.
- 50% of Assessment Program patients are 19 years old or younger.
- One-third of Assessment Program referrals originate from schools, highlighting strong partnerships with educational institutions.
- Launched the Young Minds Group Outpatient Program to support college-age young adults.
- Hired a Director of Family Therapy, strengthening family-centered and adolescent care services.

Prioritized Health Issue #3: Substance Misuse

- The Community Resilience Program facilitated 16 resilience training sessions at an alcohol and drug addiction treatment facility in Bridgeport.
- Awarded 17 scholarships to support access to substance use disorder treatment at Silver Hill Hospital.
- Hosted Medical Grand Rounds on:
 - Substance Use Disorders, with a focus on current understandings, efficacy, and risks of cannabis.
 - Harm Reduction Psychotherapy for Substance Use.
- Hosted 20 community education and engagement events focused on substance misuse prevention and treatment.
- Offered open, weekly support groups at Silver Hill Hospital to provide ongoing community support.

APPENDIX F. 2020 IMPLEMENTATION STRATEGY OUTCOMES

Major outcomes from the 2020 priority areas included:

Prioritized Health Issue #1: Substance Misuse- Address substance misuse issues with a focus on alcohol misuse; underage drinking; vaping; marijuana, THC, and cannabinoids

- Number of community educational/advocacy events and number of attendees; 26 events, 800
- Number of medical Grand Rounds hosted and number of attendees; 7 Grand Rounds; 808 attendees
- Number of patients served through all of Silver Hill's substance misuse programs: 2200
- Number of Scholarships Provided for SA tx:4
- Number of community members served in open support groups: 1100 (total attended; not a count of discrete individuals)

Prioritized Health Issue #2: Mental Health- Address mental health issues with a focus on depression, anxiety, and trauma

- Number of community educational/advocacy events and number of attendees: 27, 810
- Number of medical Grand Rounds hosted and number of attendees; 35, 3042
- Number of trainings hosted or led/attendees: 6, 120
- Number of patients served through all of Silver Hill's Adult MH tx: 2700
- Number of Scholarships Provided for MH tx:16

Prioritized Health Issue #3: Adolescent Mental Health- Address adolescent mental health with a focus on depression and suicidality

- Number of new community partnerships formed: 12
- Number of community educational/advocacy programs and attendees: 76; 2,285:
- Number of trainings hosted or led/attendees: 6, 125
- Number of patients served through all of Silver Hill's adolescent MH tx:1300
- Number of community events participated in on suicide prevention: 27
- Number of medical Grand Rounds hosted and number of attendees; 3, 295

APPENDIX G. 2017 IMPLEMENTATION STRATEGY OUTCOMES

Priority One: Substance Abuse			
Goal	Objective	Key Indicators	Outcome Measure
Address substance abuse issues, with a focus on alcohol abuse, underage drinking, marijuana use, and misuse of prescription medications	Work with community organizations to provide educational events	# of educational programs and attendees	57 programs; 2,450 attendees
	Participate in the development of diversionary programs for at risk youth	# of youths served by diversionary programs	N/A – programs unavailable due to limited staff resources
	Provide trainings on the administration of Narcan and free Narcan to those trained in its use	# of community scholarships provided	8 scholarships provided
	Provide access to Silver Hill Hospital programs for those requiring inpatient, residential or outpatient treatment	# of Narcan administration training programs and Narcan kits dispensed	45 trainings, 469 kits distributed
		# of patients served in each program	5,834 patients served
Priority Two: Mental Health			
Goal	Objective	Key Indicators	Outcome Measure
Address mental health issues with a focus on anxiety, depression, suicide risk, and the effects of trauma	Work with community organizations to provide educational events	# of educational programs and attendees	39 programs, 980 attendees

	Continue to expand outpatient DBT and women’s IOP to meet community demand	# of community scholarships provided	17 scholarships provided
	Continue to participate in community forums for suicide prevention	# of patients served in each program	8,811 patients served
	Provide access to Silver Hill Hospital programs for those requiring inpatient, residential or outpatient treatment		

Priority Three: Access to Care

Goal	Objective	Key Indicators	Outcome Measure
Access to care – lack of support in finding resources and navigating the mental health system	Establishment of the Family Resource Program	# of families served	760 families served through SHH’s family programs*

***SHH had established a family and alumni program, but it was closed in the summer of 2019 because its structure was found not to be an effective one for accomplishing its mission. Anyone who accessed the family and alumni program will also have been family program participants, however, so those numbers are captured above, and the content of the hospital’s family programs likewise address the need identified in priority area 3.**

Priority Four: Teens/Adolescents			
Goal	Objective	Key Indicators	Outcome Measure
Lack of resources/services for certain populations – teens	Expansion of the residential eating disorder program to include adolescent patients	# of patients served	N/A – after further assessment, resources allocated towards other service areas according to demand
Priority Five: Underserved Populations (indirectly)			
Goal	Objective	Key Indicators	Outcome Measure
Lack of resources/services for certain populations – teens, young adults and senior	Provide professional education programs for clinicians working with teens, young adults and seniors to identify and address the high priority problems of underage drinking, marijuana use and heavy drinking in older adults	# of educational programs provided	17 presentations in the community; 27 Grand Rounds hosted (audience: MDs, PhDs, social workers, LPCs, nurses) with 40.5 hours of CME credits awarded
	Provide education to enhance the quality of clinical resources available in the community	# of clinicians educated	253 clinicians educated through community programs: 1,451 through Grand Rounds

Priority Six: Mental Health Awareness (indirectly)			
Goal	Objective	Key Indicators	Outcome Measure
Reduce stigma of mental health issues through community education	Increase awareness of mental health and addiction issues through participation in educational programs, mental health fairs, mental health walks, media interviews, and social media	# of educational programs and other community events # of media interviews Social media indicators	36 community events Unknown Announcements of community education events, educational and advocacy information posted daily on Facebook and Twitter platforms (Instagram added, January 2020)
	Increase number of libraries that stock Mental Health-To-Go Kits	# of libraries stocking Mental Health -To-Go-Kits	N/A - (none in addition to those that were reported in prior assessment)
Priority Seven: Social Stigma (indirectly)			
Goal	Objective	Key Indicators	Outcome Measure
Reduce societal acceptance of certain drugs/alcohol	Participate in local community campaigns to change beliefs around underage drinking and marijuana use	# of events sponsored #of event attendees	41 events sponsored 4,510 event attendees

Priority Eight: Service Coordination (indirectly)			
Goal	Objective	Key Indicators	Outcome Measure
Limited coordination of services/outreach	Director of Community Relations will continue to participate in local prevention councils, youth councils, and community agencies in the towns of Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport, and Wilton. Expand reach to Fairfield, CT.	# of meetings attended	191 meetings attended

APPENDIX H. 2014 IMPLEMENTATION STRATEGY OUTCOMES

Priority One: Substance Abuse Programs for Adults			
Goal	Objective	Key Indicators	Outcome Measure
Address substance abuse issues among adults in the community.	Utilization of the Chronic Pain and Recovery Center.	<ul style="list-style-type: none"> # served through the Chronic Pain and Recovery Center 	166 adults served
	Open the comprehensive outpatient substance abuse program, which includes opioid detoxification and an intensive outpatient program.	<ul style="list-style-type: none"> # served through the comprehensive outpatient program 	18 adults served for Detoxification 136 adults served for IOP
Priority Two: Enhanced Adolescent Programming			
Goal	Objective	Key Indicators	Outcome Measure
Enhance existing transitional living program and develop an integrated intensive outpatient program.	Open an adolescent intensive outpatient program.	<ul style="list-style-type: none"> # of adolescents served through the intensive outreach program. 	134 adolescents served

Priority Three: Expanded Eating Disorder Program			
Goal	Objective	Key Indicators	Outcome Measure
Increase resources for those suffering from eating disorders in the community. Improve understanding of professionals regarding how to handle an emerging or suspected eating disorder.	Open Eating Disorders program for adolescents and adults.	<ul style="list-style-type: none"> # of patients served through the Eating Disorders program. 	43 patients served
Priority Four: Community Outreach			
Goal	Objective	Key Indicators	Outcome Measure
Raise visibility of services, offer information referrals, and provide education for both individuals/families and practitioners.	<p>Create a full-time Community Liaison position.</p> <p>Increase provider education for those who can benefit from professional development.</p> <p>Expand outreach to local community members.</p>	<ul style="list-style-type: none"> Fill the role of the Community Liaison position. # of education sessions held; # of providers educated # of outreach sessions; # of participants at outreach sessions 	<p>Hired a Director of Community Relations</p> <p>40 education sessions; 2,125 clinicians educated</p> <p>Participated in approximately 170 events with over 11,000 in attendance: Silver Hill dedicated over 600 hours to these events, including 371.5 hours from psychiatrists</p>