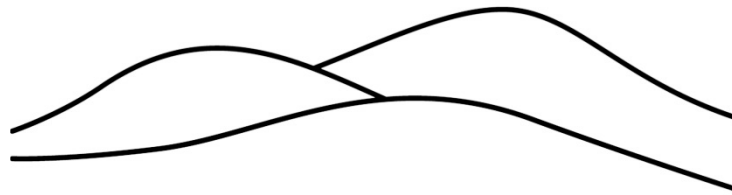


# Community Health Needs Assessment

2017

FINAL SUMMARY REPORT



SILVER HILL HOSPITAL

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RESTORING MENTAL HEALTH SINCE 1931

SUBMITTED BY



HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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## EXECUTIVE SUMMARY

Beginning in September 2016, 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 goal of the assessment is 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 abuse indicators including, but not limited to, mental health and substance abuse status as well as 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 completion of the CHNA enabled Silver Hill Hospital to take an in-depth look at its community. The findings from the assessment were 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 each research component.

### CHNA Research Components

- Secondary Data Profile
- Online Key Informant Survey
- Face-to-Face/Phone Key Informant Interviews

### Key Issues

Silver Hill Hospital examined the findings of the Secondary Data, Online Key Informant Survey and Face-to-Face/Phone Key Informant Interviews to select Key Issues related to mental health and substance abuse pertinent to Fairfield County. Silver Hill Hospital plans to focus community health improvement efforts on the following priorities over the next three-year cycle.

- 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

### Previous CHNA and Prioritized Health Issues

Silver Hill Hospital conducted a comprehensive CHNA in 2014 to evaluate the mental health and substance abuse needs of individuals in Fairfield County. The purpose of the assessment was to gather information about local needs and behaviors related to mental health and substance abuse. The assessment helped Silver Hill Hospital to prioritize four health issues and develop a community health

implementation plan to improve the mental health of the surrounding community. The prioritized health issues from the 2014 CHNA include:

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

Outcomes from the 2014 priority areas:

- 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. The program size and scope was expanded to include the treatment of alcohol and co-occurring psychiatric disorders
- 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 residential Eating Disorders program adults
- Hired Director of Community Relations
- 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.

As a whole, key informants felt that Silver Hill Hospital is actively working in all of these priority areas. Nearly all of the key informants agreed that Silver Hill Hospital has been very visible in the community over the past three years and has had a greater presence at the table with other mental health and substance use treatment and referral agencies. In particular, the Director of Community Relations, a position created as a result of the 2014 CHNA, has succeeded in creating valued partnerships between Silver Hill Hospital and organizations throughout Fairfield County. The Director has helped foster relationships with agencies from different communities. This is accomplished by the Director acting as the conduit to share best practices among agencies.

In this role, the Director of Community Relations has worked with agencies to sponsor many community-wide events, as well as keeping the community informed of what is happening at Silver Hill Hospital and how related agencies can assist with any local initiatives. Professional expertise from Silver Hill Hospital is being brought into the community at no-cost and in a way that is understandable, helpful and meaningful. Key informants acknowledge that clinical literature is being offered by Silver Hill clinicians, providing the most up-to-date information to their organizations and the community. The Director of Community Relations is active on coalitions and teams throughout the community ensuring that Silver Hill Hospital is an active and valued participant offering support to agencies throughout the local community. Tony Phillips, LCSW, Director of Social Services for Ridgefield, emphasized Silver Hill's visibility in the community, "This time I feel like staff has made continuous efforts to integrate

themselves with the different providers, the programs and prevention, and I feel that Silver Hill is everywhere, at all levels, whether we're talking about adults or teens."

Key informants did acknowledge and commend Silver Hill's work around the other priority areas as well. The enhanced eating disorder program was recognized as one of the most recent programs with increased capabilities. Lastly, some key informants acknowledged that the outpatient addiction program has helped to partially fill a gap for those that are ready for treatment but have difficulty getting into an inpatient program for detox.

A full description of the 2014 CHNA priority areas can be found in Appendix D.

## COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

### Organization Overview

Silver Hill Hospital is a not-for-profit Institution for Mental Diseases as defined under The Social Security Act 1905(i) and Title 42 Paragraph 435.1009 of the Code of Federal Regulations. Silver Hill's mission is to provide patients with the best available treatment of mental illness and addiction and to offer continuing support, counseling and education to patients and their families in every phase of illness and recovery. Silver Hill has a first-class hospital staff and a wide range of treatment options encompassing both traditional medicine and complementary and integrative therapies, as well as family programs which help both patients and their families. The facility is set within a serene countryside environment that is conducive to healing.

Silver Hill provides comprehensive treatment for a wide range of disorders -- from schizophrenia to addictions -- and along the care continuum, including acute inpatient care, residential (transitional living) programs, intensive outpatient programs, and in some cases, a 12-month post-discharge follow-up program. An affiliation with the Yale University School of Medicine Department of Psychiatry helps Silver Hill to stay on the cutting edge of treatment advances.

Silver Hill Hospital has two adult psychiatric units for a total of 29 beds and a 10-bed adolescent acute care unit. Silver Hill also offers six different residential programs, known as transitional living programs (TLPs), treating adults with addiction/co-occurring disorders, personality disorders, psychotic disorders, chronic pain and eating disorders and a transitional living program dedicated to the treatment of adolescents. Six intensive outpatient programs are also offered: two dialectical behavior therapy programs, a trauma and addiction program for women, an evening program for addiction/co-occurring disorders, a program for adolescents and the outpatient addiction program.

### Community 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. The Director of Community Relations focuses her efforts on Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport and Wilton.

### Methodology

The CHNA was 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 data from local and national sources depicting population and household statistics, health care access, substance abuse status, mental health status, and disparity statistics for Fairfield County or the Southwest Region. Where applicable, these data are compared to state and national level data.

- An Online Key Informant Survey was conducted with a total of 71 key informants between September 2016 and October 2016. The survey gathered a combination of quantitative ratings and qualitative feedback through both closed and open-ended questions. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Questions were asked regarding overall key mental health and substance abuse issues impacting the community as well as questions pertaining to awareness, access to services, underserved populations, strengths and opportunities.
- Face-to-Face/Phone Interviews were conducted with a selection of 16 key informants, which took place during 13 separate meetings. Five of the interviews were conducted by phone on October 7 and October 11, 2016. Eight interviews were conducted in person on October 18, 2016 throughout Fairfield County, CT. The face-to-face/phone interviews provide a more detailed insight into many questions asked through the online survey.

### 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 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources;
- Collected, analyzed and interpreted data from key informants through both the online survey as well as the face-to-face/phone interviews; 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 interviews with community leaders and partners. 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 abuse and provided insight on 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 is used whenever possible.

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.

## COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

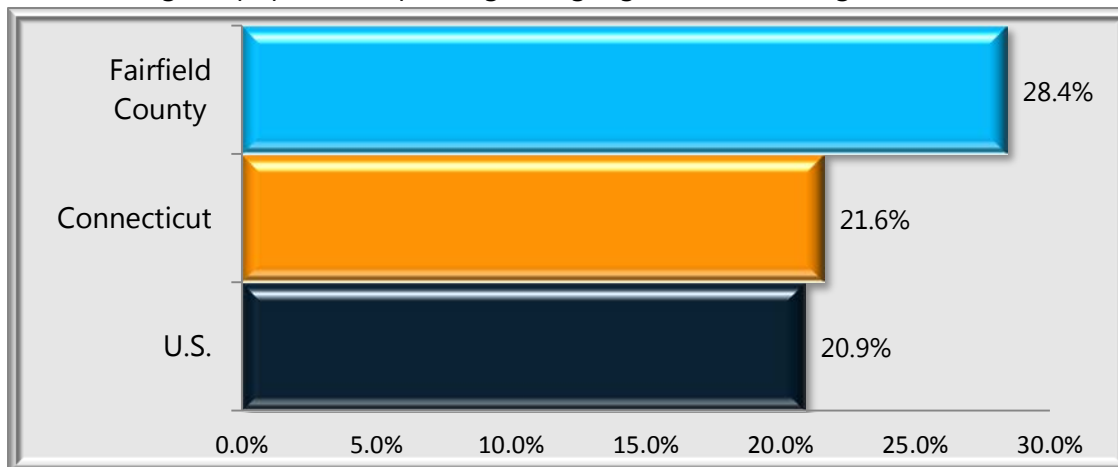
The following sections present the results of the analysis of the secondary data, online key informant survey, and the face-to-face/phone key informant interviews.

### I. Socio-Demographic Statistics Overview

The population of Fairfield County has experienced a similar population growth (5.9%) between 2000 and 2014 when compared to Connecticut (5.5%). However, the population growth in both the county and state has been much slower than the growth in the nation (11.6%). Additionally, the population in both Fairfield County and Connecticut is slightly older when compared to the nation. This is evidenced by the median age, which is 39.6 in Fairfield County, 40.3 in Connecticut, and 37.4 in the United States.

The population in Fairfield County is predominantly white (76.3%), which is similar to both the state and the nation. However, there is a larger Hispanic/Latino population in Fairfield County (17.9%) than in Connecticut (14.3%) and the United States (16.9%). The racial breakdown of Fairfield County provides a foundation for primary language statistics. Approximately 28% of residents in Fairfield County speak a language other than English at home, which is higher than the state (21.6%) and the nation (20.9%). Of the 28%, approximately 12% speak English less than “very well”. Residents in Fairfield County that speak a language other than English at home are most likely to speak Spanish (14.9%) followed by another 10% who speak other Indo-European languages.

Figure 1. Percentage of population speaking a language other than English at home, 2010 - 2014



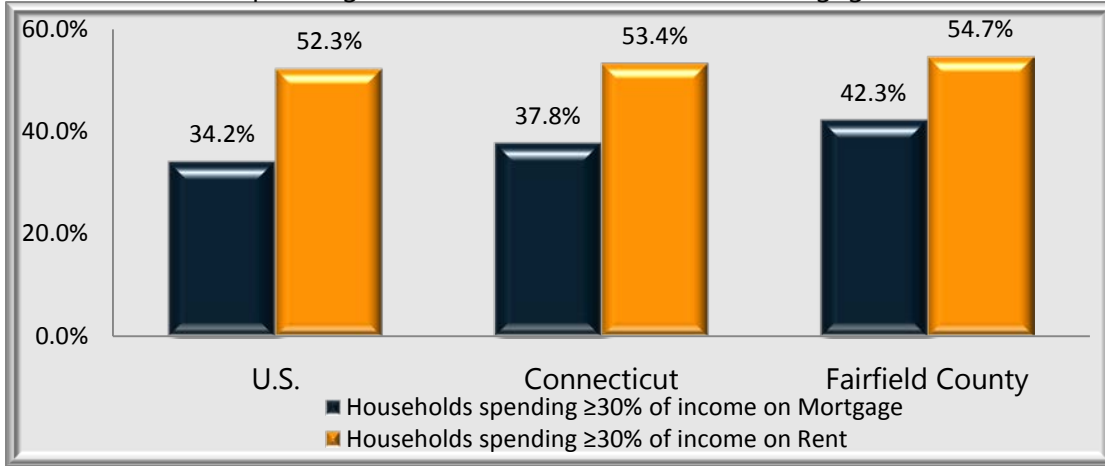
Source: U.S. Census Bureau

Housing can be a very important social determinant of health. Affordable housing can alleviate the financial burden and makes more household resources available to pay for health-related costs. When looking at housing costs, the median home value (\$422,400) and median rental cost (\$1,327) in Fairfield County is much higher when compared to both Connecticut (\$274,500; \$1,069) and the United States (\$175,700; \$920). Not surprising given the high costs of housing, the percentage of home owners spending 30% or more of their income on mortgage/owner costs (42.3%) is higher in Fairfield County when compared to both the state (37.8%) and the nation (34.2%). There is also a higher percentage of



renters spending 30% or more of their income on rental costs in Fairfield County (54.7%) than renters in Connecticut (53.4%) and the United States (52.3%).

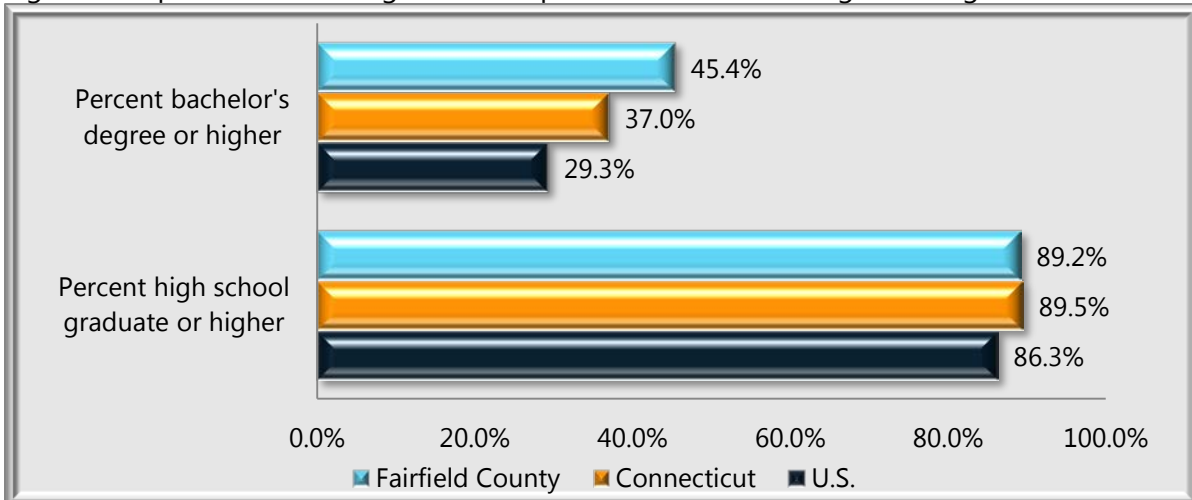
Figure 2. Households spending more than 30% of income on mortgage and rent, 2010 - 2014



Source: U.S. Census Bureau

Education is also an important social determinant of health. Evidence indicates that individuals who are less educated tend to have poorer health outcomes. However, residents in Fairfield County are actually more educated than their peers in the state and the nation. In Fairfield County, approximately 45% of residents have at least a bachelor’s degree or higher compared to 37% in Connecticut and only about 29% in the nation.

Figure 3. Population with a high school diploma or bachelor’s degree or higher, 2010 - 2014



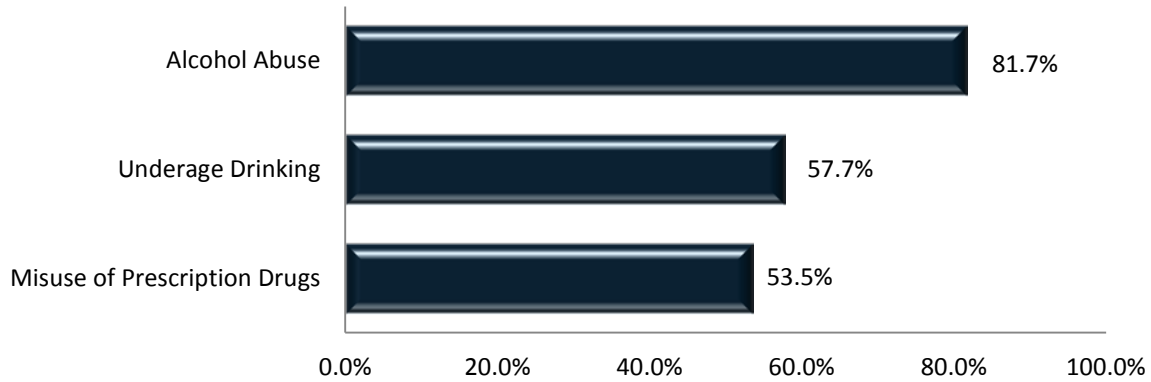
Source: U.S. Census Bureau

## II. Substance Abuse

Online key informant survey respondents were asked to rank the three most pressing substance abuse issues in Fairfield County. Alcohol abuse, by far, was identified as the top issue with 81.7% of

respondents selecting the issue. Underage drinking and misuse of prescription drugs were selected as the second and third most concerning substance abuse issues in the community.

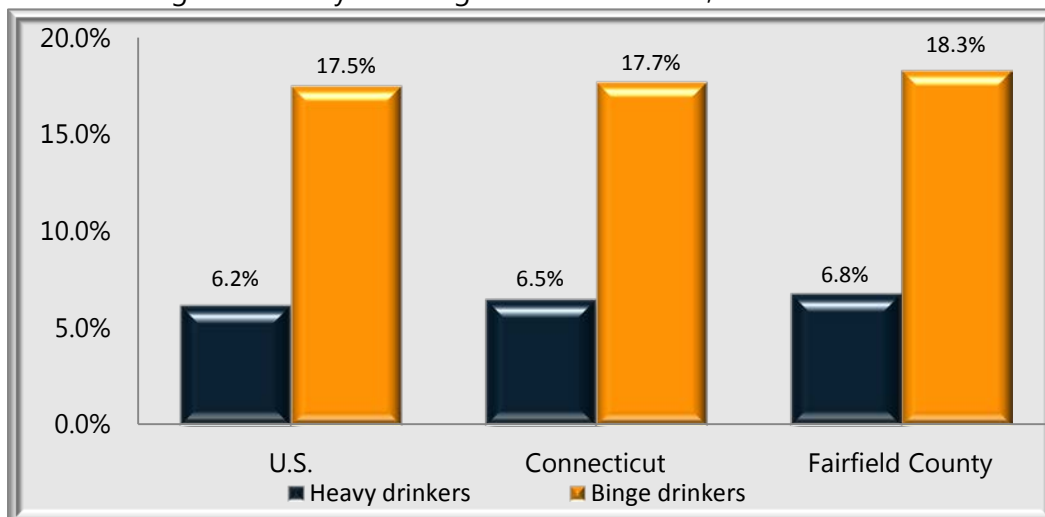
Figure 4. Ranking of key substance abuse issues



**Alcohol**

The key informant’s selection of alcohol as a top concerning issue in the community is supported by secondary data. Both heavy drinking and binge drinking among Fairfield County adults (6.8% and 18.3% respectively) is slightly higher than both the state (6.5% and 17.7%) and the nation (6.2% and 17.5%). This trend for heavy drinking is seen in the older adult population aged 55 and older in Fairfield County as well. About 6.4% of adults aged 55 and older in Fairfield County were heavy drinkers compared to only 5.6% in Connecticut and 4.7% in the United States. Furthermore, in the Southwestern Connecticut Region, a quarter of individuals aged 12 years or older engaged in binge drinking compared to 23.7% in Connecticut and 22.9% in the United States. Data from County Health Rankings provides further concern related to alcohol use in Fairfield County. Thirty-one percent of driving deaths in Fairfield County are attributed to alcohol impairment. This percentage is comparable to the state (33%) but much higher than the National Benchmark of 14%.

Figure 5. Heavy and Binge Alcohol Drinkers, 2011 - 2012



Source: BRFSS

While alcohol use among high school students in Connecticut was generally lower than the United States, approximately 30% of students still reported currently drinking alcohol. For youth, those students who currently drink alcohol are slightly more likely to be female (32%) than male (28%), and White (31.9%) or Hispanic (31.8%) than Black (21.1%). Additionally, according to local data from the Darien Youth Asset Survey, which compared the towns of Westport, Wilton, Weston, Newtown, Harwinton-Burlington and Glastonbury, 62% of 11<sup>th</sup> - 12<sup>th</sup> grade students reported having at least one drink of alcohol in the past 30 days.

### **Tobacco Use**

Adult tobacco use is lower in Fairfield County than in both the state and the nation. Only 14% of adults in Fairfield County report smoking every day or some days compared to nearly 17% of adults in Connecticut and 19% in the United States. For youth, tobacco use rates are similar between Connecticut and the nation. Approximately 10% of Connecticut students currently smoke while nearly 11% of students across the nation report currently smoking. In the state, students who currently smoke are more likely to be male (12.3%) than female (8.2%), and White (10.4%) or Hispanic (10.6%) than Black (7.4%).

### **Illicit Drug Use**

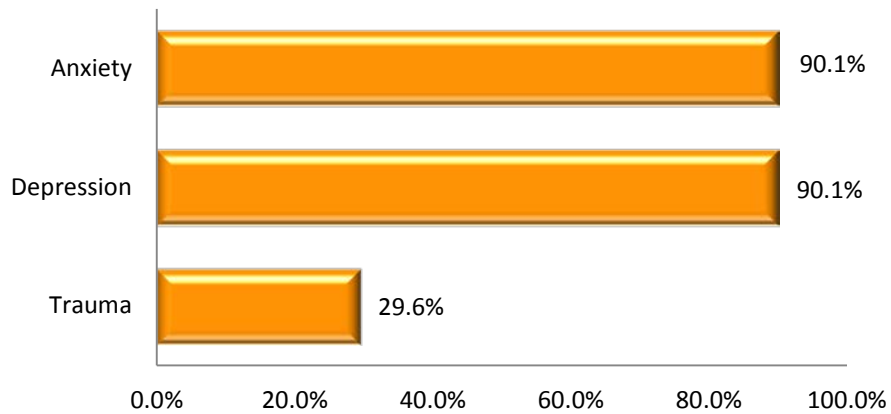
Illicit drug use in the past month is similar in the Southwestern Connecticut Region compared to both Connecticut and the United States. Unlike the non-medical use of pain relievers and cocaine use, marijuana use is slightly higher in the Southwestern Connecticut Region and Connecticut than in the nation. Approximately 9% of individuals in the Southwestern Connecticut Region and the state used marijuana in the past month compared to nearly 8% across the nation.

Among youth, use of marijuana, cocaine, and inhalants are all slightly lower in Connecticut than in the nation although the percentages are very similar. Marijuana use was similar between males and females as well as all races. However, there were differences seen in regard to cocaine and inhalant use. Male students are more likely to have ever used cocaine and inhalants (6.1% and 7.2% respectively) than their female counterparts (2.6% and 5.0% respectively). In terms of race, students who ever used cocaine are more likely to be Hispanic (6.5%), and students who ever used inhalants are more likely to be Black (8.7%). Additionally, local data from the Darien Youth Asset Survey show that over a third of students in 11<sup>th</sup> - 12<sup>th</sup> grade had used marijuana in the past 30 days.

## **III. Mental Health**

Online key informant survey respondents were also asked to rank the top three most pressing mental health issues in the Fairfield County community. Anxiety and depression were tied for the top issues with approximately 90% of respondents selecting these issues. Trauma also fell within the top three mental health issues, although far fewer key informants selected this issue.

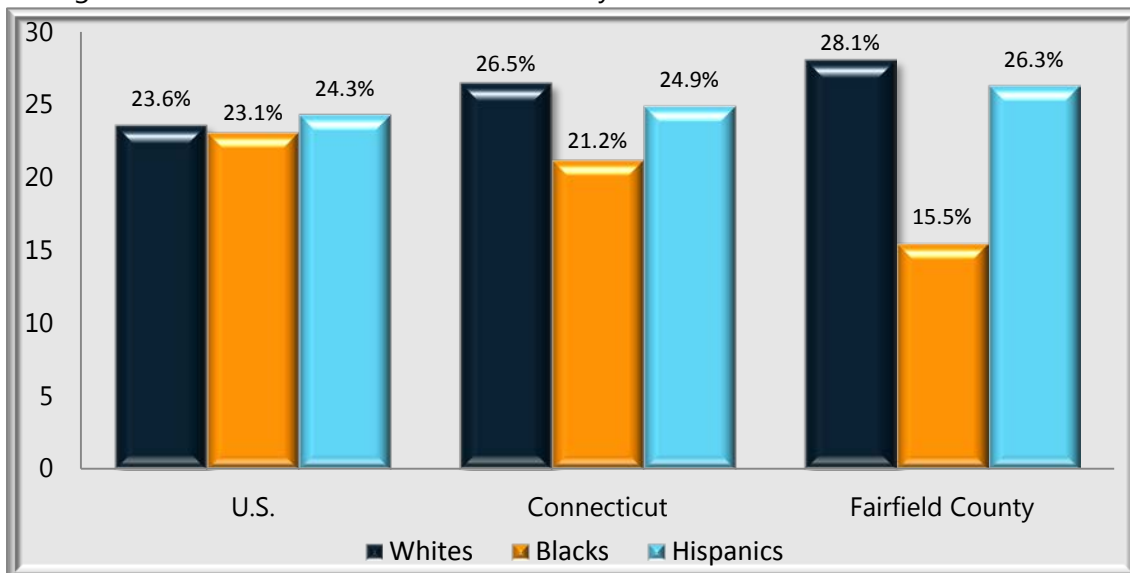
Figure 6. Ranking of key mental health issues



**Poor Mental Health Days**

According to secondary data, overall, Fairfield County appears to fair better than the state and the nation in regard to mental health. While approximately 26% of Fairfield County residents suffered from 1 - 13 poor mental health days, which is slightly higher than the nation, Fairfield County had a lower percentage of residents suffering from 14 - 30 poor mental health days (9.2%) than both Connecticut (10.5%) and the United States (12.0%). In Fairfield County, those who report poor mental health for 1 - 13 days are more likely to be female (27.1%), and White (28.1%) or Hispanic (26.3%). The percentages of White and Hispanic residents in Fairfield County suffering from 1 - 13 poor mental health days are both higher than the percentages in the state and the nation. Furthermore, those who report poor mental health for a longer length of time (14 - 30 days) are also more likely to be female (9.7%), but in terms of race/ethnicity, are most likely to be Hispanic (12.0%).

Figure 7. Poor Mental Health for 1 – 13 Days in the Previous Month, 2011 - 2012



Source: BRFSS

## Mental Health Diagnosis

In regard to mental health diagnosis among adults aged 18 or older, the percentage of those who have been diagnosed with any mental illness in the past year is lower in the Southwestern Connecticut Region (15.7%) than in Connecticut (16.8%) and the United States (18.4%). Although percentages of those individuals who have been diagnosed with a serious mental illness, a major depressive episode, or had serious thoughts of suicide in the past year are lower in the Southwestern Connecticut Region, the percentages are similar to those individuals in the rest of the state and the nation.

Service utilization for mental health and substance abuse issues was also reported for the Southwestern Connecticut Region. In the Southwestern Connecticut Region, the Department of Mental Health and Addiction Services (DMHAS) served approximately 17,000 clients, which is approximately 2.4% of the region's total population. Nearly half of clients served by DMHAS in the region were treated for a primary diagnosis of substance abuse disorders while approximately 42% were treated for a primary diagnosis of mental health disorders. Consequently, about 9% of residents were treated for co-occurring disorders. Additionally, when online survey respondents were asked to estimate the percentage of cases where a mental health diagnosis is also accompanied by a substance abuse or addiction problem, over half of respondents felt this occurred 51-75% of the time. Another quarter believed it occurred 25-50% of the time.

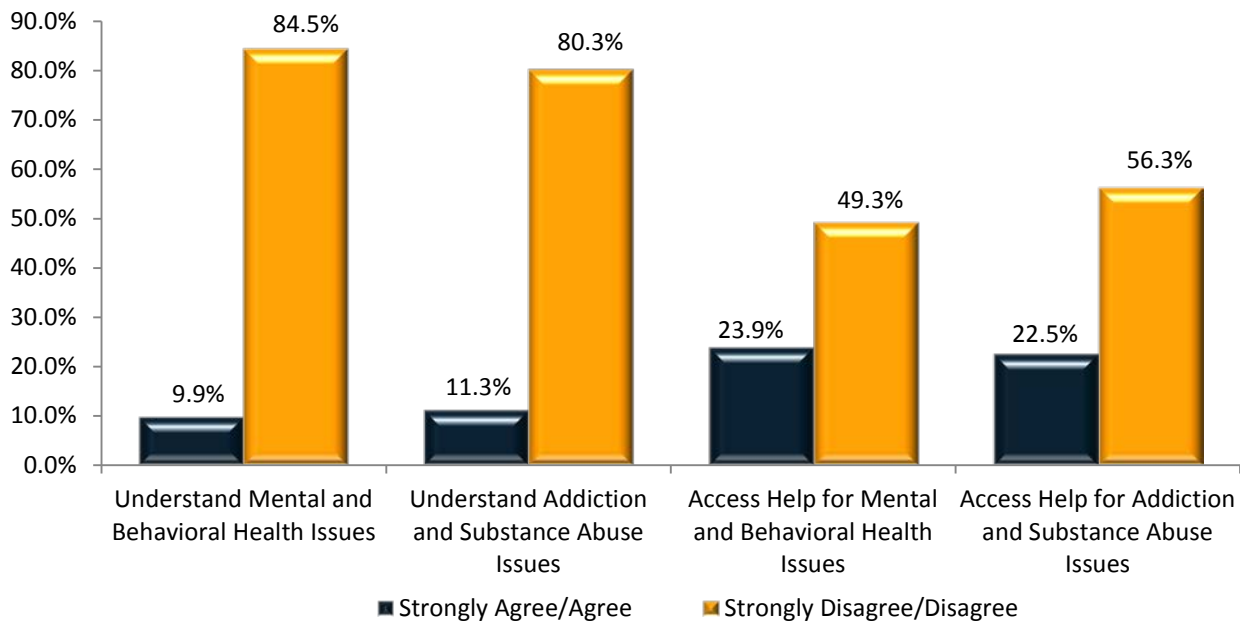
## Adolescent Emotional Health

The emotional health status of adolescents was better as a whole in Connecticut than in the United States as well. Nearly 27% of students in Connecticut reported feeling sad or helpless, which is slightly lower than the percentage across the United States. Additionally, the percentage of students who seriously considered suicide (13.4%) and those students who attempted suicide (7.9%) are lower in Connecticut when compared to the percentages in the United States (14.6% and 8.6% respectively). However, although these percentages in Connecticut are slightly lower, they are very similar to the rest of the United States and still a concern.

## IV. Awareness of Issues and Services

Online key informant survey respondents were asked about the community's awareness of mental health and substance abuse issues as well as the services available in the community to address these issues. Respondents were asked to rate their agreement with a series of statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). As a whole, the majority of respondents did not feel the public has a strong understanding of mental health issues or substance abuse issues. Notably, a higher percentage of key informants felt that residents in the community know where to go to get help with mental health and substance abuse issues, but it was still less than a quarter of respondents who felt this way.

Figure 8. Percentage of online survey respondents' agreement/disagreement with awareness statements



### Interview Feedback

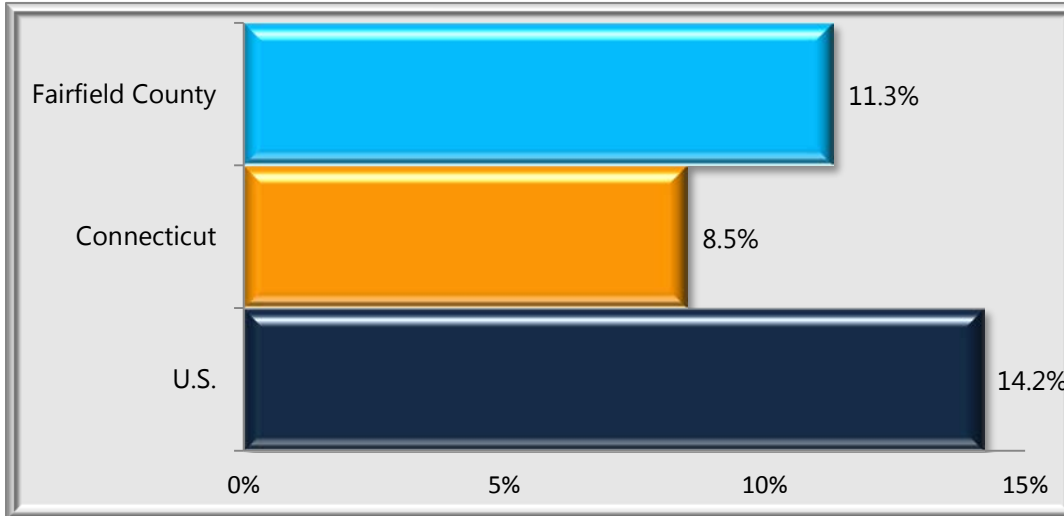
The key informants that participated in the face-to-face/phone interviews reiterated what was recognized by the online survey respondents. While there was a general consensus among key informants that resources and information are available, most believe that people are only aware of resources when they are looking for them and need them. As Margaret Watt, Executive Director of the Southwest Regional Mental Health Board said, "They're never aware enough. I think really no matter how much information is out there, people only pay attention when it feels important to them."

Key informants further emphasized that information and education are reaching those individuals that want to be reached. These are the individuals that are coming to events, presentations, subscribed to newsletters, etc. They are getting the information because they want to be educated about it and to know what services are out there. The challenge is reaching the other part of the community that is not actively seeking the information.

### V. Access to Services

Health insurance coverage statistics in Fairfield County differ slightly from the state and the nation. In Fairfield County, there is a higher percentage of the population without health insurance (11.3%) when compared to Connecticut (8.5%) but is slightly better when compared to the United States (14.2%). Additionally, Fairfield County has a lower percentage of individuals with public health insurance coverage (26.4%) than both the state (30.3%) and the nation (31.1%)

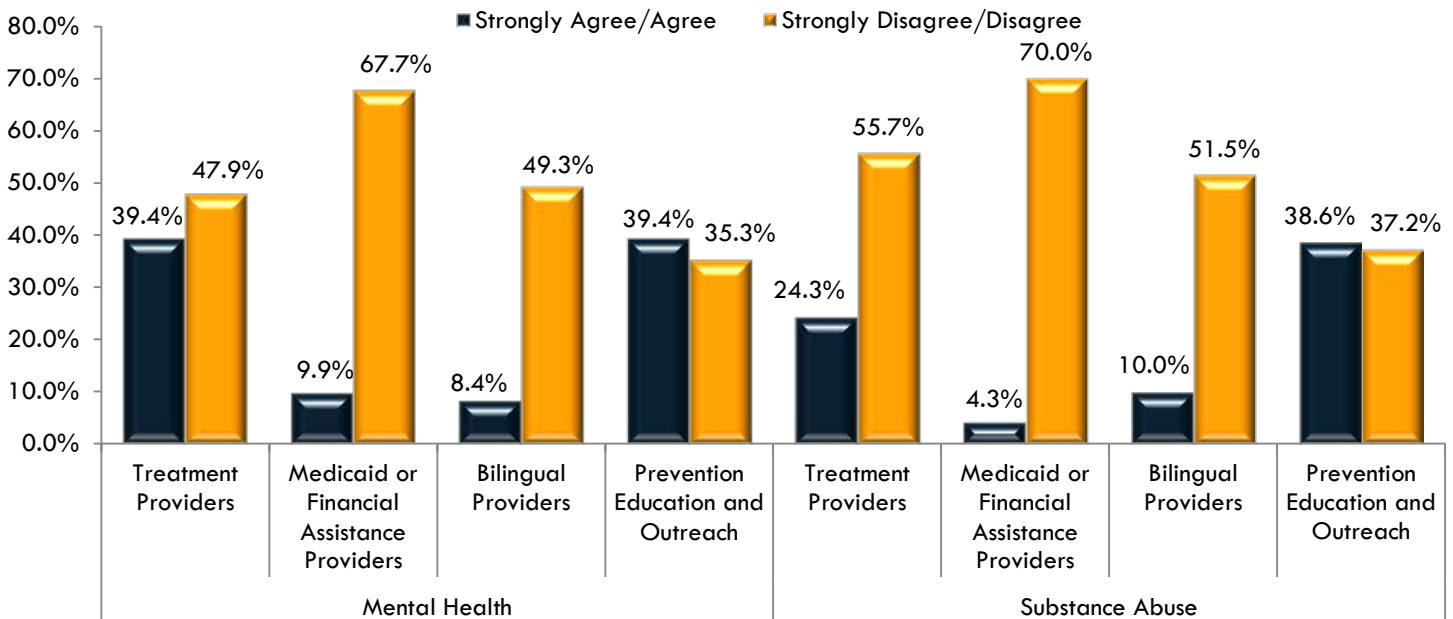
Figure 9. Civilian non-institutionalized population without health insurance, 2010 - 2014



Source: BRFS

Online key informant survey respondents were also asked about the ability of local residents to access services and education for mental health and substance abuse issues. Again, respondents rated their agreement with statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). Respondents tended to agree that there are not a sufficient number of providers available to treat mental health issues or substance abuse issues in the community. Furthermore, respondents also felt there are not a sufficient number of mental health or substance abuse providers that accept Medicaid, provide financial assistance, or that are bilingual. Not surprisingly, less than 40% of respondents feel that prevention education and outreach regarding mental health and/or substance abuse occurs frequently in the community.

Figure 10. Percentage of online survey respondents' agreement/disagreement with access statements



Online survey respondents were also asked their opinions on what system gaps currently exist in the community in regard to mental health and substance abuse services as well as the most common reasons individuals in the community do not seek treatment for mental health/substance abuse issues. In regard to system gaps, by far, insurance barriers and lack of support in navigating the mental health system were most frequently selected by respondents. Yet still, nearly half of key informants felt lack of providers, long waiting lists, and limited coordination between providers and services are serious issues as well. In regard to reasons individuals do not seek treatment, the most commonly identified reason was social stigma. However, over 60% of respondents felt that not being ready for treatment, not knowing where to go for treatment, inability to pay out of pocket expenses, and lack of insufficient health coverage were major reasons for not seeking treatment as well.

### **Interview Feedback**

Many of the key informants that were interviewed felt the largest gap in regard to treatment of mental health and substance abuse is the sheer lack of clinicians in the community, particularly psychiatrists, as well as the lack of beds. Related to lack of providers are the insurance barriers. Margaret Watt explained this best, "Insurance is probably the biggest issue in terms of people getting the services they need because depending on what you have, if you have the ability to pay completely out of pocket, you can see a psychiatrist. If you have state insurance, Medicaid, Medicare, there are a bunch of providers who will service you. The middle class probably has the hardest time getting care because there just are a lot of barriers such as insurance not covering stuff and providers not taking insurance, especially with psychiatrists. We did a survey last year and got a decent response rate from the main psychiatrists in our region. Over half of them do not take any form of insurance or offer a sliding fee scale." Additionally, support in navigating the system was also frequently mentioned as lacking in the community.

Barriers recognized by the key informants that were interviewed are closely related to the system gaps that were identified. Cost of treatment and services was of utmost concern to most key informants as the majority felt it is one of the biggest barriers facing the community. Again, particular concern for middle income individuals was expressed acknowledging that Connecticut has a higher wage gap. Much of the cost concerns were, again, very closely related to the insurance barriers that were previously discussed. In particular, one key informant explained, "You are paying out of pocket for quite a while before any kind of reimbursement is going to kick in. I see that as a barrier. I think it's intimidating to start treatment if you know that you're paying out of pocket for quite a long time. With mental health treatment there is no definitive, oh you're going to come for five sessions and be done. If you break an arm and you need treatment for that, it's much more cut and dry. If you have mental health issues, you have no idea how long. A practitioner can't make you any promises, nor should they, about how long you can expect to be in treatment."

Stigma was also voiced as a big barrier to treatment in the community, particularly among adults, parents, and some cultures such as the Hispanic population. Unfortunately, stigma in the adult population can lead to many individuals, or their children, not seeking treatment at all or at least not within the community where they reside. Related to stigma, many key informants agreed that parents in the community like to do things for their kids and may try to rescue them in certain situations. This can be challenging when a child goes off to college and doesn't always have the skills necessary to be



independent. Some key informants felt that there is a culture of substance abuse within the community that leads to a societal approval of drugs and alcohol and ultimately minimizing the danger.

While not all areas in Fairfield County had transportation issues, some key informants did feel it was a barrier in some communities. Key informants explained that many of the services are located in the urban areas of Fairfield County and may be more challenging for individuals living in the suburbs to access. Transportation for youth to get to needed services was also a concern expressed by key informants, particularly if provider hours are limited and parents can't take them during those timeframes.

## VI. Underserved Populations

Online key informant participants were asked about specific population groups that may be underserved by local mental health and substance abuse services. In terms of health insurance status, 62% of respondents felt individuals without insurance are most underserved. However, more than half of key informants felt those with public health insurance and those with private health insurance who cannot afford their out of pocket expenses are underserved as well. This may indicate that individuals that fit into any of these health insurance groups face their own unique challenges in receiving mental health and substance abuse services.

Survey respondents 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 abuse services in the community for particular age groups. Results are summarized in Table 1 below.

Table 1. Ratings of adequacy of mental health and substance abuse services by age group

| <b>Mental Health</b>         | <b>Percentage of respondents who "Agree" or "Strongly Agree"</b> | <b>Percentage of respondents who "Disagree" or "Strongly Disagree"</b> |
|------------------------------|--|--|
| Children (Birth-12 years)    | 43.5%  | 35.5%  |
| Teens (13-17 years)          | 38.1%  | 39.7%  |
| Young Adults (18-25 years)   | 27.7%  | 50.8%  |
| Adults (26-64 years)         | 39.4%  | 42.4%  |
| Seniors (65 years and older) | 30.2%  | 41.3%  |
| <b>Substance Abuse</b>       | <b>Percentage of respondents who "Agree" or "Strongly Agree"</b> | <b>Percentage of respondents who "Disagree" or "Strongly Disagree"</b> |
| Children (Birth-12 years)    | 23.2%  | 35.7%  |
| Teens (13-17 years)          | 25.4%  | 55.6%  |
| Young Adults (18-25 years)   | 22.2%  | 55.6%  |
| Adults (26-64 years)         | 34.3%  | 35.8%  |
| Seniors (65 years and older) | 31.0%  | 43.1%  |

In terms of mental health, there were a larger percentage of key informants who felt services are not adequate for both the young adult and senior age group compared to those key informants who thought services were adequate for these age groups. For seniors, however, approximately a quarter of respondents neither agreed nor disagreed on the adequacy of mental health services, which may indicate a lack of awareness of available services for seniors. For substance abuse, with the exception of the adult age group, there were a larger percentage of key informants who felt services are not adequate in the community across all age groups.

Key informants were also asked if there are particular racial/ethnic populations as well as any other population groups, such as homeless, disabled, etc., who are underserved in regards to receiving mental health and substance abuse services. Approximately 69% of key informants felt the Latino/Hispanic population is most underserved in the community while nearly 57% felt that the African/American population is underserved in the community as well. For other population groups, nearly three quarters of respondents felt the low-income/poor population is most underserved in regards to mental health and substance abuse services. Additionally, nearly two thirds of key informants thought the underinsured/uninsured population is underserved in the community as well.

### **Interview Feedback**

Key informants that participated in the interviews were also asked about underserved population groups in the community. Many expressed a concern for immigrant and undocumented populations. Key informants felt these population groups encounter a variety of barriers in accessing services including lack of health insurance, fear of deportation, and language. Language and an insufficient number of bilingual providers were also acknowledged as barriers for the Hispanic community as well.

Key informants expressed concern for the elderly population being underserved as well. Like the undocumented/immigrant populations, the elderly have their own unique barriers. These barriers may include financial isolation, physical limitations, difficulty recognizing mental health and substance abuse issues, and a lack of geriatric psychiatrists in the community who are specialized in working with this population.

Both low income populations and middle income populations encounter difficulties seeking treatment in the community as well. Those who are low income may be more likely to encounter wait lists while middle income individuals have more difficulty affording out of pocket expenses. The young adult population was also frequently mentioned as they are moving on to a new stage in life where they are no longer under the close supervision of their parents. A lot of mental illness has the possibility of presenting itself during this stage in life.

## **VII. Strengths, Challenges and Recommendations**

### **Strengths**

When asked what is being done well in the community in regard to mental health and substance abuse, the majority of key informants felt there has been an increased attempt to raise awareness in the community through increased outreach and presentations. However, key informants did question the

reach of these efforts. One of the participants that participated in the face-to-face interviews, Giovanna Pisani, Director of the Mid-Fairfield Substance Abuse Coalition, emphasized this challenge, "...I think that's what we are doing wrong. It's now thinking about how we can get the people that haven't been there, that are harder to reach, to come and see these events and be participants in it. Whether it be in a coalition meeting or a series event, how can we get them to the table?" Additionally, excellent collaboration among organizations and across different sections was commonly stated as being done well in the community. Organizations are working together to try to bridge gaps and be creative in service delivery and education. However, many did feel that coordination of education efforts and programs could be improved.

On the treatment side, many felt that there are a number of quality therapy treatment options and providers in the community, if individuals have good insurance and the ability to pay. However, key informants did express concern that due to funding cuts and insurance issues, treatment options aren't always accessible for much of the community with many expressing particular concern for middle income individuals.

### Challenges

When asked what challenges people in the community face in regard to addressing mental health and substance abuse issues, the majority of key informants felt social stigma and access to care were the two biggest issues. In terms of social stigma, individuals in the community don't want others to know their problems, and then, therefore, are less likely to ask for and get help. Many believed the high pressure society and pursuit of perfection in the community contributes to the stigma.

In terms of access to care, lack of affordable quality providers and a lack of beds were frequently expressed as concerns by key informants. There are many private practice providers that do not accept insurance or individuals lack adequate insurance making it difficult to afford mental health and substance abuse services. Key informants expressed their concerns over continued budgets cut and lack of funding for prevention efforts and other services as well.

### Recommendations

Key informants recommended that the most important critical issues to be addressed should be focusing on prevention and improving access to services. The community should continue to take advantage of opportunities to raise awareness in efforts to break down stigma and the societal acceptance of substance abuse. Both accessibility and affordability of services need to be improved, particularly for those in the highest need to quickly access services. Related to both prevention and access is the need for more funding and resources. The community needs funding and resources in order to collectively address widespread mental health and substance abuse issues.

### CONCLUSION

According to both secondary data and input from key informants, Fairfield County as a whole has many advantages as a community. Residents in Fairfield County are better educated than their peers across the state and the nation. It is a wealthy area with many resources. There are a number of quality providers and professionals throughout the region with expertise in both mental health and substance

abuse. Professionals are willing to offer their expertise for awareness and outreach efforts, which are occurring frequently in the community. Additionally, collaboration efforts among organizations are strong. Lastly, as a whole, much of the secondary data shows that the region is better or comparable to the nation in regard to many substance abuse and mental health statistics.

However, despite these advantages, Fairfield County also faces several challenges:

#### *Alcohol Abuse*

Alcohol was selected by key informants as the top concerning issue in the community and is supported by secondary data. Both heavy drinking and binge drinking among adults are slightly higher in Fairfield County than both the state and nation. The trend for heavy drinking continues with older adults aged 55 and older. The Darien Youth Asset Survey also found alcohol use in the youth population with well over half of 11<sup>th</sup> to 12<sup>th</sup> grade students reported having at least one drink of alcohol in the past 30 days. Even alcohol impaired driving deaths are much higher than the National Benchmark.

#### *Access to Care*

Although there are a number of quality providers in the area, finding providers in the community that are affordable is a serious challenge. Insurance barriers, individuals not knowing where to go for treatment, and lack of support in navigating the mental health system compound these challenges. Cost of services was recognized as one of the biggest barriers to treatment. Additionally, there are certain sectors of the population that may be underserved in the community due to their own unique challenges they face in accessing services. These sectors include individuals of middle or low income, undocumented and immigrant populations, the Hispanic population, young adults and seniors.

#### *Social Stigma*

Social stigma is prevalent throughout Fairfield County particularly among the adult population, including parents, and certain cultures, such as the Hispanic culture. Stigma is a big barrier to treatment in the community. Individuals are less likely to seek help when they need it for fear of being labeled or judged. Stigma also may play a role in the societal approval of drugs and alcohol that exists in the community, which ultimately minimizes the danger and normalizes the behavior.

#### *Coordination of Outreach and Services*

While strong collaboration among organizations is an asset to the community, there were concerns regarding a lack of coordination of services and outreach efforts. There is no one guiding body or agency in the community that helps to organize and coordinate services, which may lead to duplication of services. In addition to a lack of coordination for outreach, these efforts are generally only reaching the individuals who want to be educated. The challenge remains on how to reach the other part of the community that is not actively seeking the information.

## COMMUNITY HEALTH IMPLEMENTATION PLAN

### Strategies to Address Community Health Needs

Silver Hill Hospital reviewed the CHNA findings and applied the following criteria to determine the most critical and appropriate needs for the hospital to address:

- The extent to which Silver Hill has resources and competencies to address the need;
- The impact that Silver Hill could have on the need
- The extent of community support for Silver Hill to address the issue and potential for collaboration or partnerships to address the issue.

By applying the criteria, Silver Hill determined that it will address the significant health needs either directly or indirectly (i.e., by initiatives to help education professional who provide treatment to under-served populations).

The Implementation Strategy also illustrates the hospital's specific programs and resources that support ongoing efforts to address the identified priorities. This work is supported by community-wide efforts and leadership from the Executive Team and Board of Directors. The goal statements, objectives and key indicators for each of the priority areas are listed below.

#### Prioritized Health Issue #1:

**Goal:**

Address substance abuse issues, with a focus on alcohol abuse, underage drinking, marijuana use, and misuse of prescription medications

**Objectives:**

1. Work with community organizations to provide educational events
2. Participate in the development of diversionary programs for at risk youth
3. Provide trainings on the administration of Narcan and free Narcan to those trained in its use
4. Provide access to Silver Hill Hospital programs for those requiring inpatient, residential or outpatient treatment

**Key Indicators:**

1. Number of educational programs and attendees
2. Number of youths served by diversionary programs
3. Number of community scholarships provided
4. Number of Narcan administration training programs and Narcan kits dispensed
5. Number of patients served in each program

**Prioritized Health Issue #2:****Goal:**

Address mental health issues with a focus on anxiety, depression, suicide risk and the effects of trauma

**Objectives:**

1. Work with community organizations to provide educational events
2. Continue to expand outpatient DBT and women's IOP to meet community demand
3. Continue to participate in community forums for suicide prevention
4. Provide access to Silver Hill Hospital programs for those requiring inpatient, residential or outpatient treatment

**Key Indicators:**

1. Number of educational programs and attendees;
2. Number of community scholarships provided;
3. Number of patients served in each program

**Prioritized Health Issue #3:****Goal:**

Access to care – lack of support in finding resources and navigating the mental health system

**Objectives:**

Establishment of the Family Resource Program

**Key Indicator:**

Number of families served

**Prioritized Health Issue #4:****Goal**

Lack of resources/services for certain populations – teens

**Objective:**

Expansion of the residential eating disorder program to include adolescent patients

**Key Indicator:**

Number of patients served

**Prioritized Health Issue #5: (indirectly)****Goal:**

Lack of resources/services for certain populations – teens, young adults and seniors

**Objectives:**

1. 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
2. Provide education to enhance the quality of clinical resources available in the community

**Key Indicators:**

Number of educational programs provided  
Number of clinicians educated

**Prioritized Health Issue #6: (indirectly)****Goal:**

Reduce stigma of mental health issues through community education

**Objectives:**

1. Increase awareness of mental health and addiction issues through participation in educational programs, mental health fairs, mental health walks, media interviews and social media
2. Increase number of libraries that stock Mental Health-To-Go Kits

**Key Indicators:**

1. Number of educational programs and other community events
2. Number of media interviews
3. Social media indicators
4. Number of libraries stocking Mental Health -To-Go-Kits

**Prioritized Health Issue #7: (indirectly)****Goal:**

Reduce societal acceptance of certain drugs/alcohol

**Objective:**

Participate in local community campaigns to change beliefs around underage drinking and marijuana use

**Key Indicator:**

1. Number of events sponsored
2. Number of event attendees

**Prioritized Health Issue #8: (indirectly)****Goal:**

Limited coordination of services/outreach

**Objective:**

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.

**Key Indicator:**

Number of meetings attended

## Appendix A. Secondary Data Sources

Behavioral Risk Factor Surveillance System (2011-2012). Retrieved from [http://www.cdc.gov/brfss/annual\\_data/annual\\_2012.htm](http://www.cdc.gov/brfss/annual_data/annual_2012.htm)

Community Fund of Darien (2014). *Darien youth asset survey results* [PowerPoint slides].

DMHAS. (2016). *Behavioral health priority services report for Southwestern CT*.

Robert Wood Johnson Foundation. (2016). *County health rankings & roadmaps*. Retrieved from <http://www.countyhealthrankings.org>

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (2014). Retrieved from <http://www.samhsa.gov/data/population-data-nsduh/reports?tab=34>

U.S. Census Bureau. (2010-2014). *American fact finder*. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

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Youth Risk Behavior Survey, U.S. (2015). Retrieved from <http://www.cdc.gov/healthyyouth/data/yrbs/results.htm>



## Appendix B. Key Informant Online Survey Participants

| Name                           | Agency                                     |
|--------------------------------|--|
| Caroline Ainsworth             | The Congregational Church of New Canaan    |
| Michelle Albright              | Weston Youth Services                      |
| Mallory Arents                 | Darien Library                             |
| Michael Askew                  | CCAR - CT Community for Addiction Recovery |
| Charlanne Zepf Baulerlein, MSW | Greenwich Academy                          |
| Carrie Bernier*                | The Community Fund of Darien               |
| Holly Betts, MPS, RN           | Westport Senior Services                   |
| Lynda Romig Bond               | Lapham Community Center                    |
| Kathleen Bordelon              | Silver Source Inc.                         |
| Suzanne Brennan                | Ridgefield Playhouse                       |
| Eliot Brenner, Ph.D.           | Child Guidance Center of Southern CT       |
| Susan Carroll                  | New Canaan High School                     |
| Charlene Chaing-Hillman, LCSW  | Town of Weston                             |
| Christle Chumney, MLIS         | New Canaan Library                         |
| Laura Cleary, MSW*             | Ridgefield Coalition Coordinator           |
| Lori Contadino, MS             | Greenwich Commission on Aging              |
| Tina Corlett, LCSW             | Greenwich Social Services                  |
| Christina Crain, MSW           | Stamford Senior Center                     |
| Margaret Creeth, MA            | Wilton Youth Services                      |
| Elaine Daignault*              | Westport Social Services                   |
| Elizabeth Day, LPC             | Greens Farms Academy                       |
| Jacqueline D'Louhy, LCSW*      | New Canaan Youth and Family Services       |
| Eileen Donellan, LCSW          | New Canaan High School                     |
| Vanessa Elias                  | Wilton Youth Council                       |
| Colleen Fawcett, LCSW*         | Wilton Youth Services                      |
| Peter Flierl                   | Greenwich Social Media Maven               |
| Mike Flynn                     | Boys and Girls Club of Ridgefield          |
| Connie Freeman                 | Jewish Community Center                    |
| Ingrid Gillespie*              | Communities 4 Action                       |
| Kevin Godburn                  | Westport Teen Center                       |
| Lauren Goodman                 | N/A  |
| Carol Harvey                   | New Canaan Food Pantry                     |
| Mary Ellen Hass, LCSW          | Family and Children's Agency               |
| Sarah Heath                    | Westport Social Services                   |
| Jeff Holland                   | N/A  |
| Lauren Hughes, LCSW            | Wilton Senior Services                     |
| Nicki Jezairian                | New Canaan YMCA                            |
| Debra Katz                     | Kids in Crisis                             |

| Name                             | Agency                                  |
|----------------------------------|---|
| David Knauf                      | Darien Health Department                |
| Jeremy Kosbob                    | Domus Foundation                        |
| Bryan Luizzi, Ed.D.              | New Canaan Public Schools               |
| Carol T. Malhstedt, Psy.D.       | Project Resilience                      |
| Janice Marzano                   | The Depot, Darien Teen Center           |
| Karen Mazarin-Stanek, LMFT, MA   | Stamford Counseling Center              |
| Marjorie Micklos, LCSW           | DDS West Region                         |
| Catherine P. Miller, MA, MS, LPC | Norwalk Community College               |
| Ed Milton, MSW                   | Town of Westport                        |
| Pat Morrissey                    | Darien YMCA                             |
| Eve Moskowitz, LCSW              | Jewish Family Service                   |
| Sarah Muccio                     | Wilton Social Services                  |
| Elizabeth Murdoch, LCSW          | Family and Children's Agency            |
| Tucker Murphy                    | New Canaan Chamber of Commerce          |
| Geraldine Nuzzo                  | Stamford High School Guidance           |
| Lisa Oldham                      | New Canaan Library                      |
| Tony Phillips, LCSW*             | Ridgefield Social Services              |
| Cathy Pierce, LCSW               | Wilton Social Services                  |
| Giovanna Pisani, MSW*            | Mid-Fairfield Substance Abuse Coalition |
| Mary Pomerantz, LCSW*            | New Canaan Youth and Family Services    |
| Denise Qualey                    | Kids in Crisis                          |
| Camille Quattrocchi              | Westhill High School                    |
| John Roche                       | Ridgefield Police Department            |
| Lauren Rosenkranz, MEd*          | Westport Social Services                |
| Dawn Schneider                   | NAMI Stamford/Greenwich                 |
| Patsy Schumacher, LCSW           | Greenwich Social Services               |
| Meghan Skelton, LCSW             | Weston High School                      |
| Lisa Slade                       | Norwalk Community College               |
| Kathy Steiner                    | Greenwich High School                   |
| Dennis Torres, LCSW              | Family Centers                          |
| Margaret Watt*                   | Southwest Regional Mental Health Board  |
| Denique Weidema-Lewis            | Positive Directions                     |
| Linda Ziac                       | Caregiver Resource Center               |

\*Also participated in the face-to-face/phone interviews

## Appendix C. Key Informant Face-to-Face/Phone Interview Participants

| Name                     | Agency                                   |
|--------------------------|--|
| Linda Autore             | Laurel House                             |
| Ellen Brezovsky          | Silver Hill Hospital                     |
| Carrie Bernier           | The Community Fund of Darien             |
| Kathy Carly-Spanier, RN  | Greenwich Health Improvement Partnership |
| Laura Cleary, MSW        | Ridgefield Coalition Coordinator         |
| Elaine Daignault         | Westport Social Services                 |
| Jacqueline D'Louhy, LCSW | New Canaan Youth and Family Services     |
| Colleen Fawcett, LCSW    | Wilton Youth Services                    |
| Ingrid Gillespie         | Communities 4 Action                     |
| Kate Mattias, MPH, JD    | NAMI CT                                  |
| Tony Phillips, LCSW      | Ridgefield Social Services               |
| Giovanna Pisani, MSW     | Mid-Fairfield Substance Abuse Coalition  |
| Mary Pomerantz, LCSW     | New Canaan Youth and Family Services     |
| Lauren Rosenkranz, MEd   | Westport Social Services                 |
| Margaret Watt            | Southwest Regional Mental Health Board   |
| Bethany Zaro, RN, MPH    | New Canaan Health and Human Services     |

**Appendix D. 2014 Implementation Strategy Outcomes**

**Silver Hill Hospital**

**2014 Implementation Strategy Outcomes**

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

| <b>Priority Three: Expanded Eating Disorder Program</b>  |   |  |   |
|--|---|--|---|
| <b>Goal</b>  | <b>Objective</b>  | <b>Key Indicators</b>  | <b>Outcome Measure</b>  |
| <b>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.</b> | Open Eating Disorders program for adolescents and adults.                             | <ul style="list-style-type: none"> <li># of patients served through the Eating Disorders program.</li> </ul>     | 43 patients served  |
| <b>Priority Four: Community Outreach</b>   |   |  |   |
| <b>Goal</b>  | <b>Objective</b>  | <b>Key Indicators</b>  | <b>Outcome Measure</b>  |
| <b>Raise visibility of services, offer information referrals, and provide education for both individuals/families and practitioners.</b>   | Create a full-time Community Liaison position.  | <ul style="list-style-type: none"> <li>Fill the role of the Community Liaison position.</li> </ul>               | Hired a Director of Community Relations   |
|  | Increase clinician education for those who can benefit from professional development. | <ul style="list-style-type: none"> <li># of education sessions held; # of providers educated</li> </ul>          | 40 education sessions; 2,125 clinicians educated  |
|  | Expand outreach to local community members.   | <ul style="list-style-type: none"> <li># of outreach sessions; # of participants at outreach sessions</li> </ul> | 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 |