

Community Health Needs Assessment

2020

FINAL SUMMARY REPORT



SILVER HILL
HOSPITAL

SUBMITTED BY



HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in October 2019, 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 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, 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 Components

- Secondary Data Profile
- Online Key Informant Survey

Key Issues

Silver Hill Hospital, in conjunction with community partners, examined the findings of the Secondary Data and the Online Key Informant Survey to select Key Issues related to mental health and substance abuse pertinent to Fairfield County. The following issues were identified:

- Substance Abuse: Alcohol, Underage Drinking, Vaping, Marijuana/THC/Cannabinoids
- Mental Health: Depression, Anxiety, Trauma
- Adolescent Mental Health: Depression, Suicidality
- Barriers to treatment: Navigating the Mental Health System, Stigma, High Out-of-Pocket Costs for Insured, Lack of Medicaid Providers

Prioritized Issues

Based on feedback from community partners, including mental health and substance abuse 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 Abuse
- Mental Health
- Adolescent Mental Health
- Barriers to treatment

Previous CHNA and Prioritized Health Issues

Silver Hill Hospital conducted comprehensive CHNAs in 2014 and 2017 to evaluate the mental health and substance abuse needs of individuals in Fairfield County. The purpose of these assessments was to gather information about local needs and behaviors related to mental health and substance abuse. The assessment helped Silver Hill Hospital to prioritize seven health issues and develop a community health implementation plan to improve the mental health of the surrounding community.

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; and
- 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 D.

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. 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 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 E.

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 has a first-class hospital staff and a wide range of treatment options encompassing both traditional medicine and complementary and alternative therapies, as well as family programs, which help both patients and their families cope better. 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, and intensive outpatient programs. 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 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.

Silver Hill's Mission:

To provide our patients with the best available treatment of mental illness and addiction; and to offer continuing support, counseling and education to our patients and their families in every phase of illness and recovery.

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.

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 49 key informants between November 4 and December 2, 2019. Key informants are 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. Participants included public health organization professionals, youth and social services providers, education/school specialists, mental health/substance abuse clinicians, government housing/transportation agencies, and community members. Questions were focused around 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.

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 25 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 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 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 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.

Prioritization of Needs

Following the completion of the CHNA research, Silver Hill Hospital prioritized community health issues in collaboration with community leaders and partners, and developed an implementation plan to address prioritized community needs.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The following sections present the results of the analysis of the secondary data and online key informant survey.

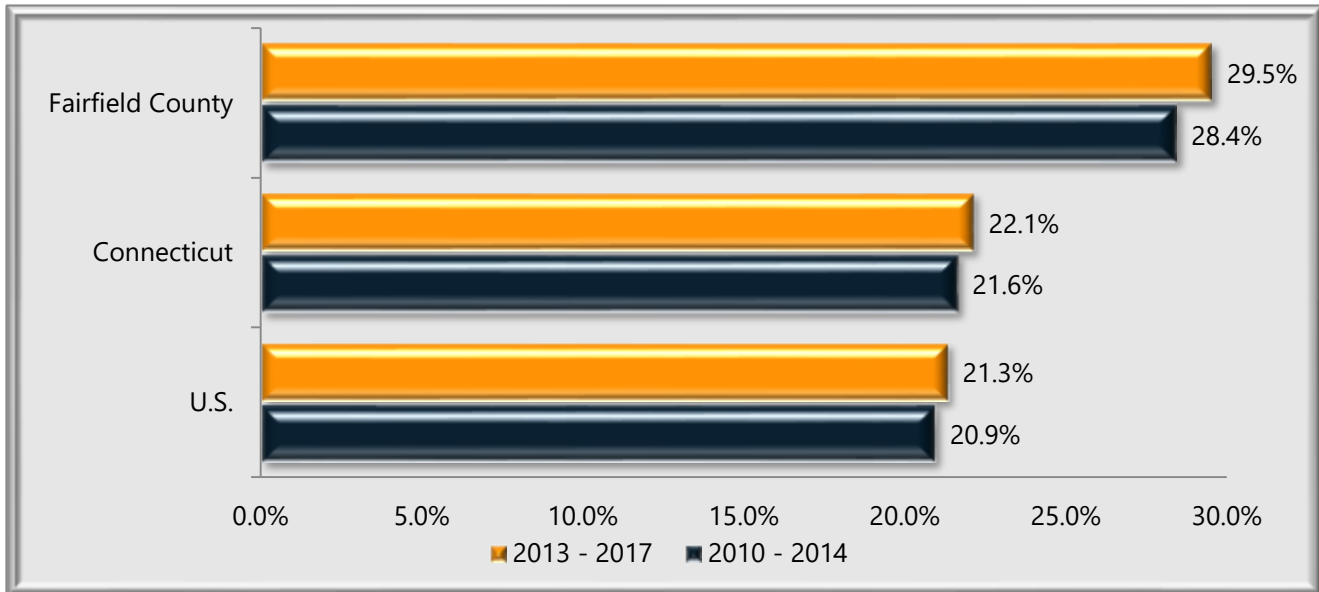
I. Socio-Demographic Statistics Overview

The population of Fairfield County has experienced larger population growth (3.3%) between 2010 and 2017 when compared to Connecticut (0.6%). However, the population growth in both the county and state has been slower than the growth in the nation (4.0%).

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 40.2 in Fairfield County, 40.8 in Connecticut, and 37.8 in the United States. These figures have all increased since 2014, indicating a nationally aging population.

The population in Fairfield County is predominantly white (75.6%), which is similar to both the state and the nation. However, there is a larger Hispanic/Latino population in Fairfield County (19.0%) than in Connecticut (15.4%) and the United States (17.6%). Approximately 30% of residents in Fairfield County speak a language other than English at home, which is higher than the state (22.1%) and the nation (21.3%). Of the 30%, 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 (15.8%) followed by 10% who speak other Indo-European languages.

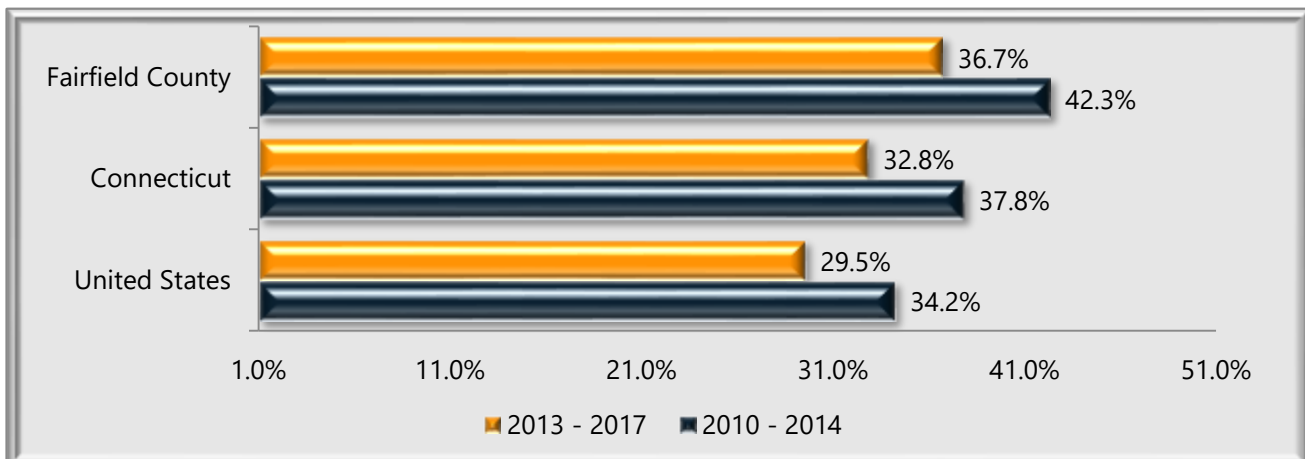
Figure 1. Percentage of population speaking a language other than English at home, 2013 – 2017 vs. 2010 – 2014



Source: U.S. Census Bureau

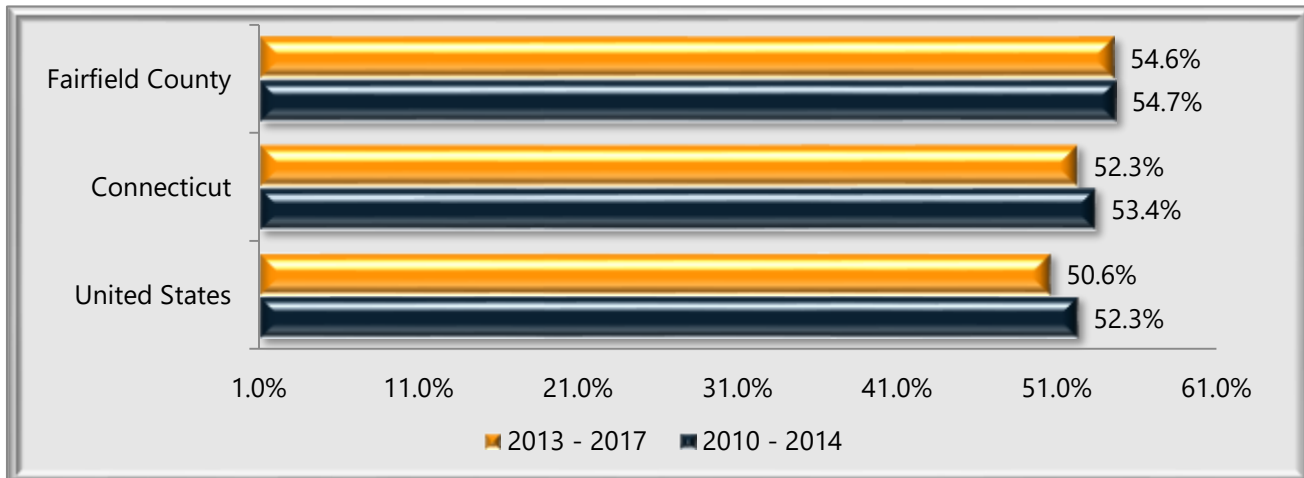
Housing can be a very important social determinant of health. Affordable housing can alleviate the financial burden and makes more household resources available to pay for health-related costs. When looking at housing costs in Fairfield County, the median home value fell 1.1% to \$417,800 and median rental cost rose 8.4% to \$1,439 per month. These figures are much higher when compared to both Connecticut (\$270,100; \$1,123) and the United States (\$193,500; \$982). The percentage of home owners spending 30% or more of their income on mortgage/owner costs (36.7%) is higher in Fairfield County when compared to both the state (32.8%) and the nation (29.5%). There is also a higher percentage of renters spending 30% or more of their income on rental costs in Fairfield County (54.6%) than renters in Connecticut (52.3%) and the United States (50.6%). However, these figures have all decreased since 2014.

Figure 2. Households spending more than 30% of income on mortgage, 2013 – 2017 vs. 2010 – 2014



Source: U.S. Census Bureau

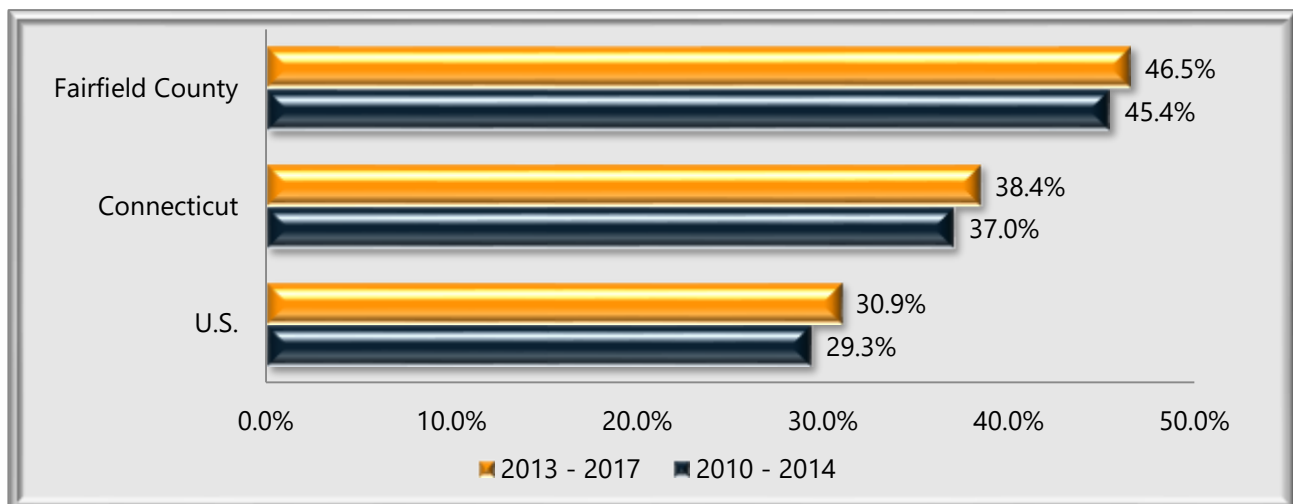
Figure 3. Households spending more than 30% of income on rent, 2013 – 2017 vs. 2010 – 2014



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. Residents in Fairfield County are actually more educated than their peers in the state and the nation. In Fairfield County, 46.5% of residents have at least a bachelor’s degree or higher compared to 38.4% in Connecticut and only about 30% in the nation.

Figure 4. Population with a bachelor’s degree or higher, 2013 – 2017 vs. 2010 – 2014



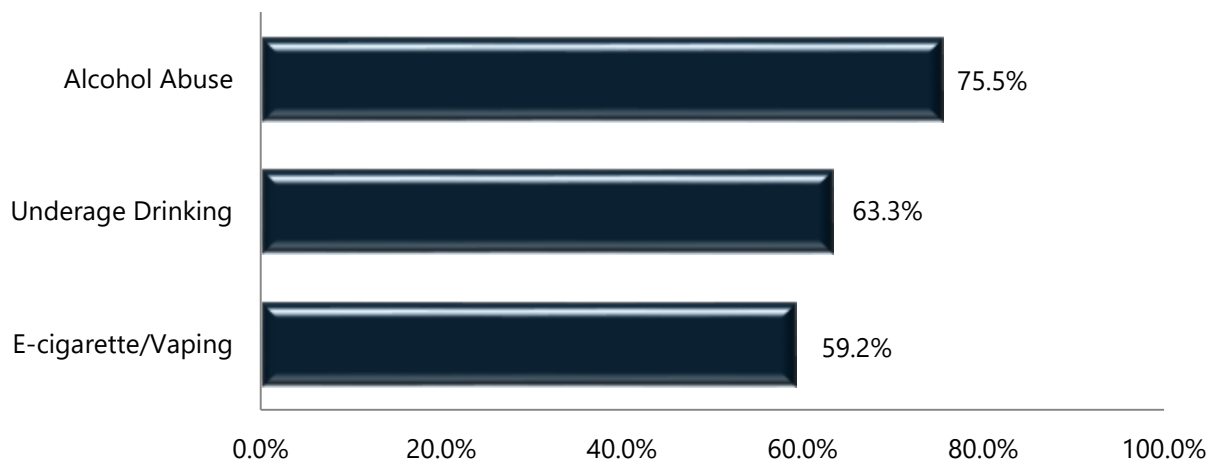
Source: U.S. Census Bureau

II. Substance Abuse

Key informant survey respondents were asked to rank the three most pressing substance abuse issues in Fairfield County. Alcohol abuse was, again, identified as the top issue with 75.5% of respondents selecting the issue. Underage drinking and E-cigarette/Vaping were selected as the second and third most concerning substance abuse issues in the community.

E-cigarette/Vaping jumped from 14.1% in 2017 to 59.2% in 2019. This increase could represent a heightened national focus on these relatively recent products, especially among teenagers and young adults. Misuse of Prescription Drugs and Abuse of Illicit Drugs both fell out of the top three, but still remain prevalent, with over 30% of key informants choosing them.

Figure 5. Ranking of key substance abuse issues by Key Informants



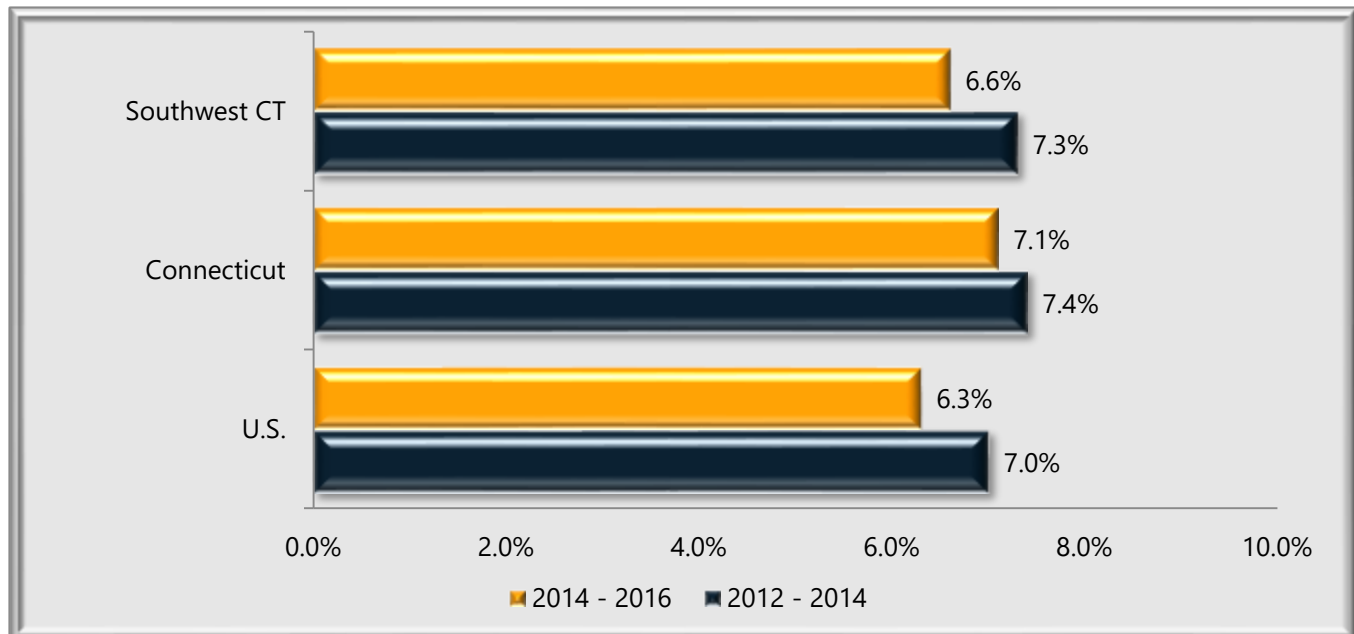
Alcohol

The key informant's selection of alcohol as a top concerning issue in the community is supported by secondary data. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. Excessive drinking (i.e., heavy drinking and binge drinking) among Fairfield County adults (20%) is slightly higher than both the state (18%) and the nation (13%). This figure has increased 2% since 2016. Furthermore, in the Southwestern Connecticut Region, 12.1% of individuals aged 12 to 17 years old report having used alcohol in the past month. This figure is down slightly since 2014. Sixty-six percent of those aged 17 or older reported alcohol use in the past month, which is also a decline from 2014. Alcohol dependence and abuse in the past year has also decreased among all age groups.

Data from County Health Rankings provides further concern related to alcohol use in Fairfield County. Thirty-three percent of driving deaths in Fairfield County are attributed to alcohol impairment. This percentage has risen slightly since 2016 and is now identical to the state but much higher than the National Benchmark of 13%.

The Community Wellbeing Survey found that nearly 30% of adults in Stamford and Darien report binge drinking on one or more occasion in the 30 days prior to responding to the survey. In Stamford, those between the ages of 18 and 34 are most likely to report binge drinking.

Figure 6. Alcohol Dependence or Abuse in the Past Year, 17 years or older, 2014 – 2016 vs. 2012 – 2014



Source: Connecticut Data Collaborative

While the percentage of high school students in Connecticut who reported using alcohol was generally lower than the United States, approximately 30% of students report currently drinking alcohol, which remains stagnant from 2015. For youth, those students who currently drink alcohol are slightly more likely to be female (32.7%) than male (28.3%) and White (34.5%) or Hispanic (27.9%) than Black (20.9%). Additionally, according to local data from the Darien Youth Asset Survey, which compared the towns of Westport, Wilton, Weston, Newtown, Harwinton-Burlington and Glastonbury, 38% of 9th - 12th grade students reported having at least one drink of alcohol in the past 30 days. This is a 5% decrease from 2014.

E-Cigarette and Tobacco Use

In Connecticut, 3.2% of those surveyed are current E-Cigarette users compared to 4.6% in the nation. Both of these figures have decreased since 2016. In addition, in Connecticut, males are more likely to vape than females and those aged 18 to 34 are more likely to vape than adults aged 35 or older.

Adult tobacco use is lower in Fairfield County than in both the state and the nation. Only 10% of adults in Fairfield County are current smokers, compared to nearly 13% of adults in Connecticut and 14% in the United States. For individuals 12 years or older, tobacco use rates in the past month are lower in Southwest Connecticut (18.4%) compared to the state (22.4%) and nation (24.2%). This is also a decrease from 2014 when 20.2% of individuals aged 12 and older stated they have used tobacco in the last month. Approximately 8% of Connecticut students currently smoke while nearly 9% of students across the nation report currently smoking. Both of these figures have decreased compared to 2015. In the state, students who currently smoke are more likely to be male (9.8%) than female (5.9%) and White (8.3%) or Hispanic (7.2%) than Black (5.9%). Again, these statistics have all decreased since 2015.

Illicit Drug Use

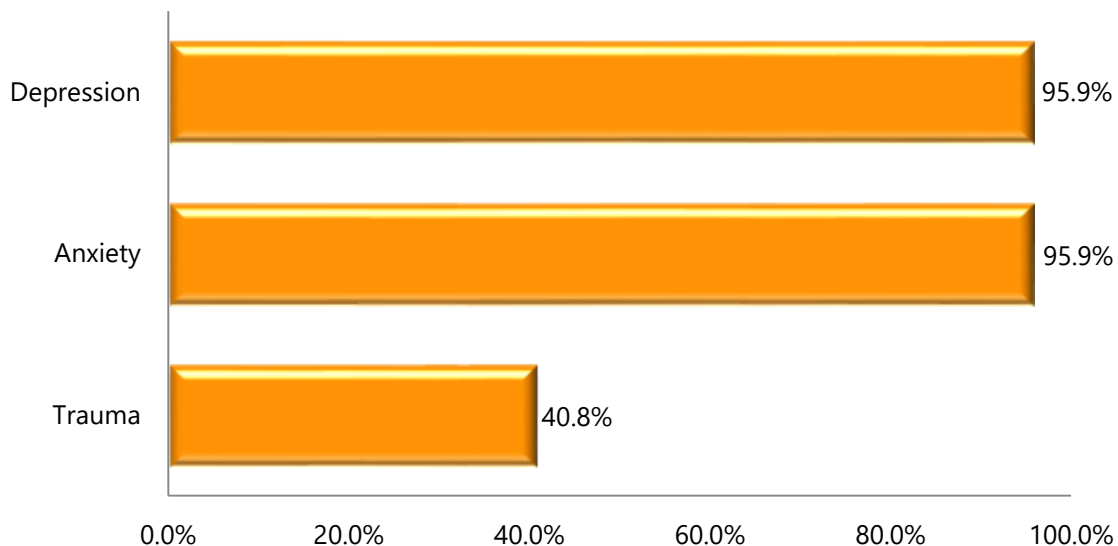
Illicit drug use in the past month is similar in the Southwestern Connecticut Region, the state of Connecticut, and the United States. Approximately 9% of individuals in the Southwestern Connecticut Region and the state used marijuana in the past month compared to 8.5% across the nation. These figures are similar when compared to 2014.

Among youth, rates of use of marijuana, cocaine, and inhalants are all very similar in Connecticut when compared to the nation. High school students in Connecticut using marijuana in the past 30 days remain stagnant at 20.4%. The percentage of Female students using marijuana has increased since 2015 (20.9% in 2015, 21.6% in 2017), while the same figure for Male students has decreased (19.7% in 2015, 19.3% in 2017). However, Male students are more likely to have ever used cocaine and inhalants (5.1% and 7.2% respectively) than their female counterparts (2.5% and 5.7% respectively). In terms of race, students who have ever used cocaine are more likely to be White (4.2%) and students who have ever used inhalants are more likely to be Hispanic (7.7%). Additionally, local data from the Darien Youth Asset Survey show that only 17% of students in 9th - 12th grade had used marijuana in the past 30 days. This figure is a 4% decrease from the 2014 survey.

III. Mental Health

Key informant survey respondents were also asked to rank the top three most pressing mental health issues in the Fairfield County community. The top issues selected mirrored the top selections in 2017. Anxiety and Depression were again tied for the top issues with nearly 96% of respondents selecting these issues. Trauma also fell within the top three mental health issues, although far fewer key informants selected this issue (40.8%).

Figure 7. Ranking of key mental health issues by Key Informants



Poor Mental Health Days

According to secondary data, Fairfield County appears to fair about the same as the state and the nation in regard to mental health. On average, Fairfield County residents experience 2.9 days of poor mental health in the last 30 days. This is consistent with state and national statistics, as well as the figure from 2016.

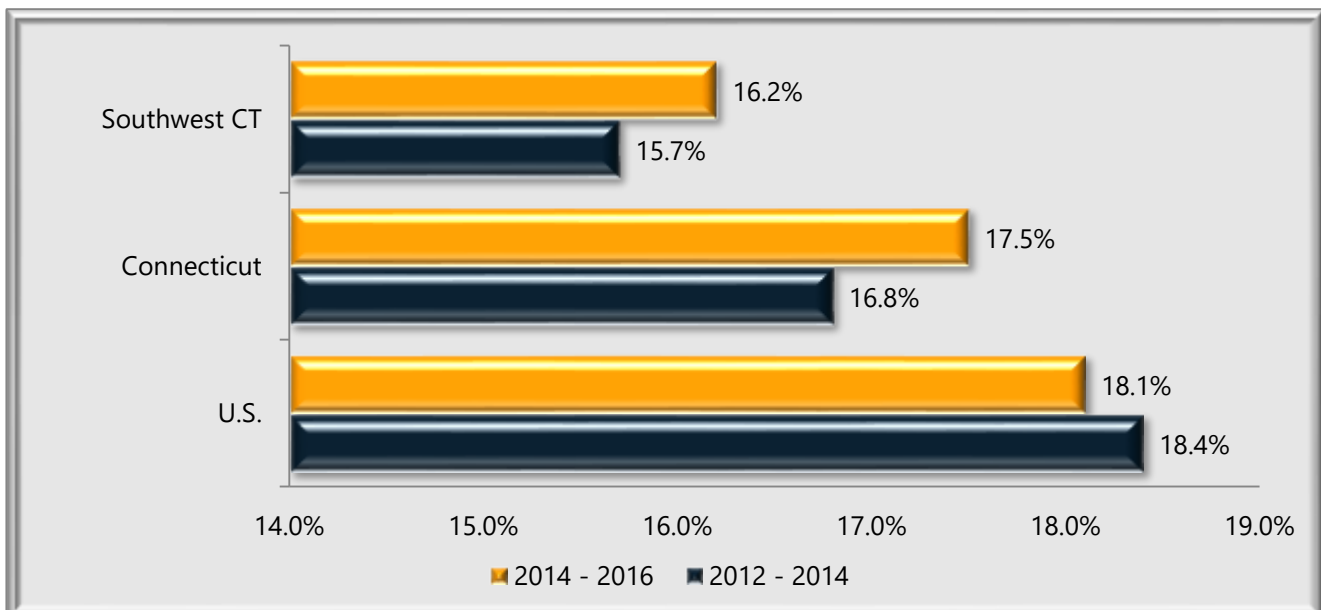
Community Wellbeing Survey results indicate that in both Stamford and Darien, approximately 20 – 25% of respondents reported feeling down, depressed or hopeless in the 14 days prior to responding to the survey.

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 (16.2%) than in Connecticut (17.5%) as a whole and the nation (18.1%). Except for the national statistic, these represent an increase from The National Survey on Drug Use and Health completed in 2014.

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, the nation, and the previous study, in 2014.

Figure 8. Any Mental Illness in the Past Year among Adults Aged 18 or Older, 2014 – 2016 vs. 2012 – 2014



Source: NSDUH

Table 1. Mental Health Diagnosis among Adults Aged 18 or Older (2014 – 2016; 2012 – 2014)

2014 – 2016	U.S.	Connecticut	Southwest CT
Any mental illness in the past year	18.1%	17.5%	16.2%
Serious mental illness	4.1%	3.6%	3.1%
Major depressive episode	6.7%	6.6%	5.7%
Individuals who had serious thoughts of suicide in the past year	4.0%	3.6%	3.5%
Received mental health services in past year	14.5%	16.9%	15.3%
2012 - 2014	U.S.	Connecticut	Southwest CT
Any mental illness in the past year	18.4%	16.8%	15.7%
Serious mental illness	4.1%	3.4%	3.1%
Major depressive episode	6.7%	6.2%	5.7%
Individuals who had serious thoughts of suicide in the past year	3.9%	3.6%	3.2%

Source: NSDUH

Adolescent Emotional Health

The emotional health status of adolescents was better as a whole in Connecticut than in the United States. While nearly 27% of students in Connecticut reported feeling sad or helpless, this is lower than the percentage across the United States, but slightly higher when compared to 2015. Additionally, the percentage of students who seriously considered suicide (13.5%) is lower than the nation (17.2%), but those students who attempted suicide (8.1%) is higher in Connecticut when compared to the United States (7.4%).

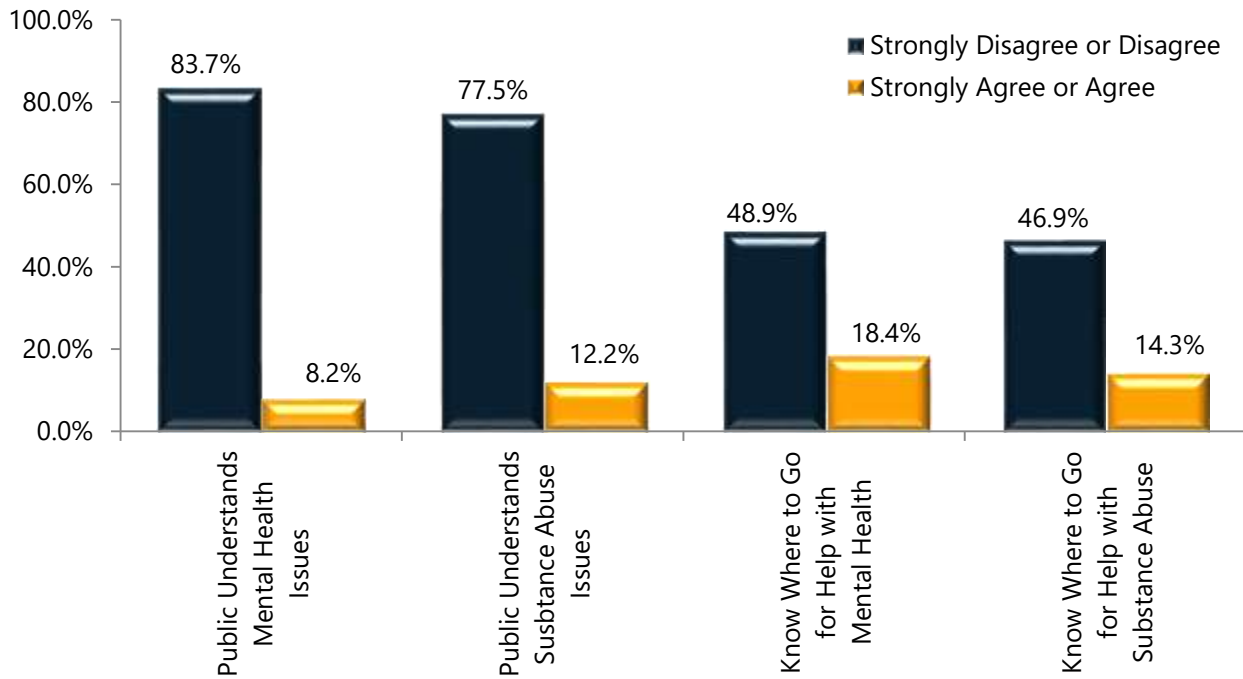
In Connecticut, students who felt sad or hopeless are more likely to be female (34.8%) than male (19.2%) and Hispanic (29.1%). Those who have attempted suicide are also more likely to be Black (10.5%).

The status of adolescents' emotional health is better in Connecticut than the rest of the nation, but still of 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). In general, the vast majority of respondents felt the public does not understand mental health or substance abuse issues. These figures are similar to what was reported in 2017. Notably, almost 50% of key informants felt that residents in the community do not know where to get help with mental health and substance abuse issues, but about a third neither agree nor disagree, indicating a potential lack of conclusiveness on these topics.

Figure 9. Percentage of key informants' agreement/disagreement with awareness statements

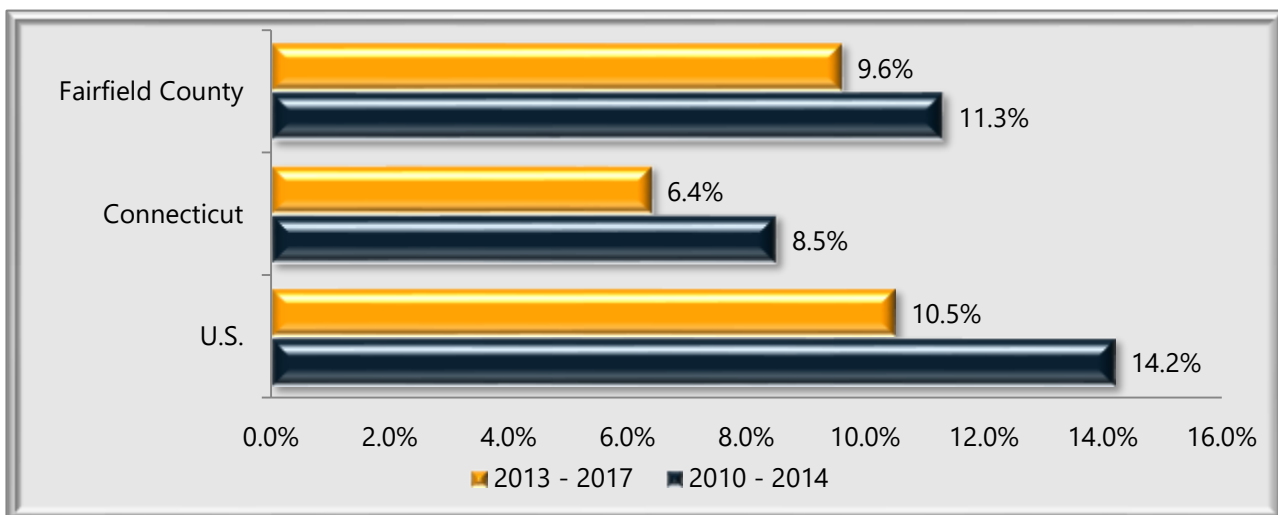


V. Access to Services

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 (9.6%) when compared to Connecticut (6.4%), but is slightly lower when compared to the United States (10.5%). These percentages have declined quite significantly since 2014, supporting the national trend.

Additionally, Fairfield County has a lower percentage of individuals with public health insurance coverage (29.6%) than both the state (33.4%) and the nation (33.8%), however these percentages have increased since 2014.

Figure 10. Civilian non-institutionalized population without health insurance, 2013 - 2017 vs. 2010 - 2014



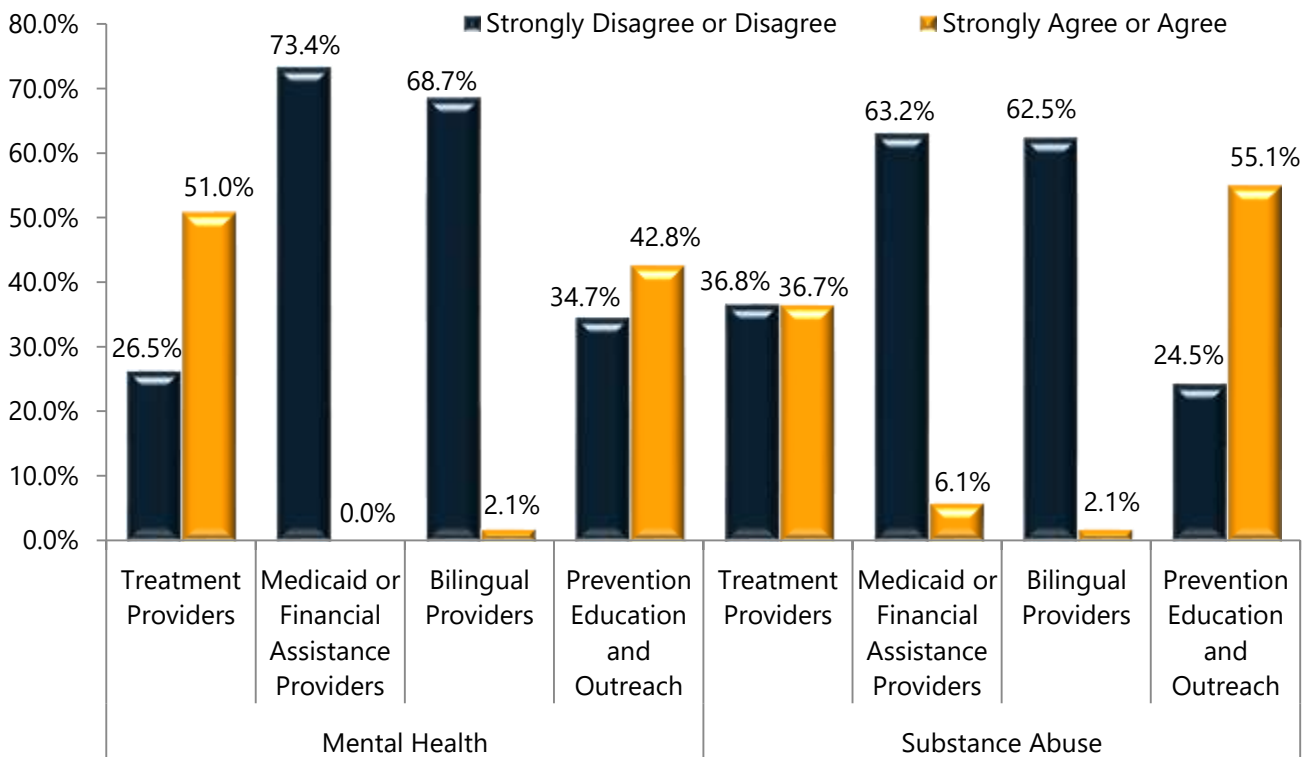
Source: U.S. Census Bureau

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). Fifty-one percent of respondents “Strongly Agree” or “Agree” that there are a sufficient number of providers in the community that provide treatment for mental health issues. This figure has increased since 2017 (39.4%), indicating a positive increase in this area. In addition, 36.7% of key informants feel there are a sufficient number of providers available to treat substance abuse issues. This number has also increased since 2017 (24.3%). Supporting these findings is an improved mental health provider density. In 2016, there was one provider for every 430 Fairfield County residents. Presently, this number improved to one provider for every 360 residents.

A concerning finding is the number of mental health and substance abuse providers that accept Medicaid or provide financial assistance. Only 6% “Agree” or “Strongly Agree” that there are a sufficient number of substance abuse providers in the community. This figure is a slight increase over the previous study (4.3%). However, sufficient mental health providers that provide financial assistance or accept Medicaid fell from 9.9% to 0%.

Similar to 2017, very few key informants felt that there are a sufficient number of bilingual providers for mental health (2.1%) or substance abuse (2.1%). Lastly, around 50% of respondents agree that prevention education and outreach regarding mental health (42.8%) and/or substance abuse (55.1%) occurs frequently in the community. These figures have also increased since the previous CHNA.

Figure 11. Percentage of key informants’ agreement/disagreement with access statements*



*See Appendix B: Key Informant Survey Tool.

When asked where the majority of individuals go first when they are in need of mental health/substance abuse treatment, nearly 37% of respondents selected Hospital Emergency Department as the first stop for those seeking mental health/substance abuse/treatment. This is followed closely behind by Primary Care Provider/Family Doctor with approximately 35% of key informants selecting this option. According to The National Survey on Drug Use and Health, 15.3% of the Southwestern Connecticut Region has received mental health services in the past year. This figure is below the state average (16.9%).

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. Identical to the previous study, Insurance Barriers and Lack of Support in Navigating the Mental Health System were most frequently selected by respondents with both garnering 77.1% of the responses. Over half of key informants also felt long waiting lists and limited coordination between providers and services are serious issues as well. A positive takeaway is the perceived decrease in Lack of Providers among key informants. This figure fell from 49.3% to 35.4% from 2017 to 2020.

Table 2: Ranking of the System Gaps by Key Informants

System Gaps	Count	Percent of respondents who selected the issue*
Insurance Barriers	37	77.1%
Lack of Support in Navigating Mental Health System	37	77.1%
Long Waiting List	26	54.2%
Limited Coordination Between Providers and Services	25	52.1%
Language/Cultural Barriers	22	45.8%
Limited Assistance with Medication Management	18	37.5%
Lack of Providers	17	35.4%
Lack of Community-Wide Prevention Efforts	13	27.1%
Other	7	14.6%
None	1	2.1%

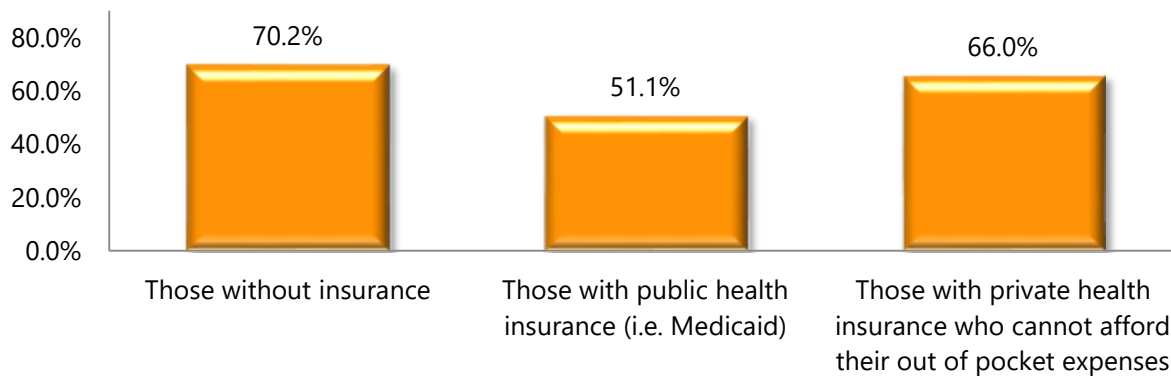
* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Regarding reasons individuals do not seek treatment, the most commonly identified reason was Social Stigma, which was the same result as the 2017 study. However, over 60% of respondents felt that not Knowing Where to go for Treatment, Inability to Pay Out of Pocket Expenses, Lack of Insufficient Health Coverage, and Not Being Ready for Treatment, were major reasons for not seeking treatment as well.

VI. Underserved Populations

Key informant participants were asked about specific population groups that may be underserved by local mental health and substance abuse services. First, respondents were asked which groups were most underserved based on their health insurance status. Although 70.2% of key informants felt “Those without insurance” are most underserved, there were still more than half of respondents that felt “Those with public health insurance” and “Those with private health insurance who cannot afford their out of pocket expenses” are most underserved. These results are similar to the previous study and 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.

Figure 12. Key informant opinions regarding underserved groups by health insurance status



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 3 below.

Table 3. Ratings of Adequacy of Mental Health and Substance Abuse 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)	35.4%	33.4%
Teens (13-17 years)	38.3%	40.4%
Young Adults (18-25 years)	56.3%	14.6%
Adults (26-64 years)	29.1%	33.4%
Seniors (65 years and older)	47.9%	20.9%
Substance Abuse	Percentage of respondents who “Disagree” or “Strongly Disagree”	Percentage of respondents who “Agree” or “Strongly Agree”
Children (Birth-12 years)	41.7%	10.4%
Teens (13-17 years)	46.8%	32.0%
Young Adults (18-25 years)	45.8%	27.1%
Adults (26-64 years)	29.2%	37.5%
Seniors (65 years and older)	41.7%	22.9%

In terms of mental health services, there was a nearly equivalent percentage between those respondents who “Agree” or “Strongly Agree” and those who “Disagree” or “Strongly Disagree” that there are adequate services for teens and adults. However, over 56% of respondents did not feel there are adequate mental health services for young adults. For seniors, nearly half of respondents “Disagree” or “Strongly Disagree” (47.9%) that there are adequate mental health services. This figure has increased since 2017, indicating a greater need for this type of service compared to three years ago.

Adequacy rankings for substance abuse services mirror the 2017 study. For instance, with the exception of the adult age group, there are a larger percentage of respondents who “Disagree” or “Strongly Disagree” that there are adequate substance abuse services in the community across all age groups. Relating to the increased prevalence of vaping and underage drinking in the community, key informants seemed to feel that services are most inadequate for teens and young adults with 46.8% and 45.8% of key informants choosing “Disagree” or “Strongly Disagree,” respectively.

CONCLUSION

According to both secondary data and input from key informants, there are many key data points that show improvement from the CHNA conducted in 2017. Fairfield County as a whole has many advantages as a community. For instance, feedback secured from key informants indicate that there are many organizations doing positive work in the areas of mental health and substance abuse. Research shows that Fairfield County residents continue to be more highly educated than their peers across the state and the nation.

There are many resources in the area that benefit the general health of residents. Between 2016 and 2019, there was a positive improvement in Primary care physician, Dentist, and Mental health provider densities. Key informants also recognize this increase of providers. When ranking system gaps, "Lack of Providers" fell from 49.3% to 35.4% from 2017 to 2020. In addition, only 22% feel a lack of providers is a reason why individuals in the community do not seek treatment for mental health/substance abuse issues. Awareness events, spearheaded by Silver Hill Hospital, continue to educate the populous on not only the dangers of substance abuse and mental health topics, but also the solutions to these issues.

Key informants indicate a reduced stigma surrounding mental health as one of the driving forces behind the improved outcomes in the county. Social stigma was identified by Silver Hill Hospital as a Priority Area following 2017's CHNA. Generally, key informants report that there are still major improvements to be made in this area. Social stigma was again rated as the most common reason individuals in the community do not seek treatment for mental health/substance abuse issues, with almost 10% more selecting it than in 2017.

However, despite these advantages, Fairfield County continues to face several challenges:

Alcohol Abuse was again selected by key informants as the top and most significant substance abuse issue. While alcohol dependence and abuse has decreased slightly since 2014, the Southwestern Region of Connecticut still has a higher percentage of teens and adolescents drinking in the past month, compared to the state and nation. In addition, excessive drinking has increased slightly among Fairfield County adults. Driving deaths attributed to alcohol has risen slightly since 2016 and is now identical to the state, but much worse than the National Benchmark.

Approximately 30% of students in Connecticut report currently drinking alcohol, which remains stagnant from 2015. The Darien Youth Asset Survey reports that over one-third of high school students have had at least one drink of alcohol in the past 30 days. While this is a 5% decrease from 2014, it is still a considerable subset of that population.

Depression and Anxiety continue to be at the forefront of key issues in the community, according to key informants. Both were again ranked as the top mental health issues plaguing residents in Fairfield County. The Southwestern Connecticut Region has also experienced a rise in the percentage of residents receiving a mental health diagnosis in the last year. This could be related to increased reporting or awareness. However, with an increase in mental health diagnoses, there were only 15% of residents that reported receiving services in the past year. A disconnect between diagnosis and treatment could have serious consequences if not adequately addressed.

Adolescent mental health continues to be a topic of national discussion and Connecticut is not immune from this issue. Over a quarter of students in Connecticut report feeling sad or hopeless almost every day for two or more consecutive weeks in a row. Female students, specifically, have higher rates of feeling sad, considering suicide, and attempting suicide.

Stamford Health conducted a Community Health Needs Assessment in 2019 and found similar mental health and substance abuse results. In Darien, stress and anxiety were rated as top issues, while in Stamford, loneliness among the elderly, as well as stress, were topics of concern. Vaping, and underage vaping, were also noted as areas of concern in both CHNAs. It may be beneficial for local organizations, such as Silver Hill Hospital and Stamford Health, to share information and resources in order to impact these areas in unique and unprecedented ways.

Another priority area identified during 2017's CHNA was Access to Care, specifically navigation of the mental health system. The majority of key informants agree that there are a sufficient number of mental health providers in the community. However, no key informant feels that there are a sufficient number of providers that accept Medicaid or provide financial assistance for low income patients and families. With nearly a third of Fairfield County utilizing public health insurance, this could serve as a barrier.

Key informants rank insurance barriers as a major system gap facing residents. It should be noted that the population without health insurance has decreased since 2014, so this sentiment could be related to other areas of insurance. For instance, two-thirds of key informants feel that an inability to pay out of pocket expenses and a lack of sufficient coverage are top reasons for not seeking treatment. One key informant commented on this exact barrier – "It is difficult for someone who does not have the funds or who is on state insurance to get quick and sometimes adequate services for addiction and mental health." Other key informants echoed this feeling by stating that those with public health insurance and those with private health insurance who cannot afford their out of pocket expenses are most underserved.

Rankings of the adequacy of mental health and substance abuse services mimic the 2017 study. For instance, with the exception of the adult age group, there are a larger percentage of respondents who "Disagree" or "Strongly Disagree" that there are adequate substance abuse services in the community across all age groups.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

Following the review of the key findings from the 2020 Community Health Needs Assessment, Silver Hill Hospital identified the top four priority areas. Silver Hill Hospital has decided to continue their focus on these prioritized health needs and bring measurable impact in these areas of need over the next three-year cycle:

- Substance Abuse
- Mental Health
- Adolescent Mental Health
- Barriers to treatment

Process

To determine the focus of efforts, Silver Hill Hospital reviewed the community feedback (secured through the key informant's survey results) as well as secondary data from the service area. Following this comprehensive review, a list of needs was established to create a "master list" of community priorities. Those priorities are listed below, based on the larger issue they fall under:

- Substance Abuse: Alcohol, Underage Drinking, Vaping, Marijuana/THC/Cannabinoids
- Mental Health: Depression, Anxiety, Trauma
- Adolescent Mental Health: Depression, Suicidality
- Barriers to treatment: Navigating the Mental Health System, Stigma, High Out-of-Pocket Costs for Insured, Lack of Medicaid Providers

COMMUNITY HEALTH IMPLEMENTATION PLAN (To be updated by 7/28/20)

Strategies to Address Community Health Needs

Silver Hill Hospital developed an Implementation Strategy to illustrate 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, suggested objectives, key indicators, intended outcomes and initiatives, and inventory of existing community assets and resources for each of the priority areas are listed below.

Prioritized Health Issue #1: Substance Abuse

Goal:

Objective:

Key Indicators:

Outcomes:

Existing Community Resources:

Prioritized Health Issue #2: Mental Health

Goal:

Objective:

Key Indicators:

Outcomes:

Existing Community Resources:

Prioritized Health Issue #3: Adolescent Mental Health

Goal:

Objective:

Key Indicators:

Outcomes:

Existing Community Resources:

Prioritized Health Issue #4: Barriers to Treatment

Goal:

Objective:

Key Indicators:

Outcomes:

Existing Community Resources:

Rationale for Community Health Needs Not Addressed

Appendix A. Secondary Data Sources

Behavioral Risk Factor Surveillance System (2011-2012). Retrieved from 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>

Stamford Health. (2019). *Community Health Needs Assessment & Outreach*. Retrieved from <https://www.stamfordhealth.org/about/community/#Community-Health-Needs-Assessment>

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

Youth Risk Behavior Survey, Connecticut (2015). Retrieved from http://www.ct.gov/dph/lib/dph/hisr/pdf/yrbs2015ct_survey_summary.pdf

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

APPENDIX B: 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 Health 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, CT.

KEY ISSUES

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

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

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

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

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

<input type="checkbox"/> Abuse of Illicit Drugs (i.e. heroin, cocaine)	<input type="checkbox"/> Impaired Driving
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Misuse of Prescription Drugs
<input type="checkbox"/> Alcohol Poisoning	<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 abuse issues mentioned, which **1** is the most significant? (CHOOSE 1)

<input type="checkbox"/> Abuse of Illicit Drugs (i.e. heroin, cocaine)	<input type="checkbox"/> Impaired Driving
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Misuse of Prescription Drugs
<input type="checkbox"/> Alcohol Poisoning	<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 abuse issues 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 abuse 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of the public understands addiction and substance abuse issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, residents in the community know where to go to get help with addiction and substance abuse issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 issues 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

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

There are a sufficient number of organizations/providers in the community that provide treatment for substance abuse 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 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 abuse issues? (CHOOSE 1)

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

12. What are the system gaps that currently exist in the community in regard to 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 issues? (Check all that apply)

<input type="checkbox"/> Don't Know Where to Go For Treatment	<input type="checkbox"/> Lack of Transportation
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Not Ready for Treatment
<input type="checkbox"/> Inability to Pay Out of Pocket Expenses	<input type="checkbox"/> Social Stigma
<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)						
Teens (13-17 years)						
Young Adults (18-25 years)						
Adults (26-64 years)						
Seniors (65 years and older)						

17. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement on the adequacy of substance abuse 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)						
Teens (13-17 years)						
Young Adults (18-25 years)						
Adults (26-64 years)						
Seniors (65 years and older)						

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:

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CHALLENGES & SOLUTIONS

21. What challenges does the community face in regard to addressing mental health and substance abuse issues?
22. In your opinion, what is being done **well** in the community in regard to mental health and substance abuse? (Community Assets/Strengths/Successes)
23. What new, emerging issues or trends in mental health and/or substance abuse should the community have on their radar?
24. What recommendations or suggestions do you have to improve mental health and substance abuse 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 Abuse 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 C: KEY INFORMANT PARTICIPANTS

Name	Agency
Cyra Borsy	New Canaan Coalition
Ellen Brezovsky	New Canaan Cares
Christine Brown	New Canaan Police Department
Kathy Carley-Spanier, RN	Greenwich Hospital
Susan Carroll	Town of New Canaan
Elaine Daignault	Town of Westport
Jacqueline D'Louhy, LCSW	Town of New Canaan
Terri Drew	Town of Stamford
Colleen Fawcett, LCSW	Wilton Youth Council
Jessica Feighan	The Rown Center
Emma Kate Freatman	Town of New Canaan
Connie Freeman	Jewish Community Center
Kevin Godburn	Town of Westport
Meredith Gold	Greenwich YWCA
Kristin Goncalves	Boys and Girls Club of Ridgefield
John Hamilton, LMFT, LADC	Liberation Programs
Luis Hernandez	St. Joseph Parenting Center
Jeff Holland	
Nicki Jezairian	New Canaan YMCA
Elizabeth Jorgensen, CADC	Insight Counseling
Ginger Katz	Courage to Speak Foundation
Debra Katz, LCSW	Kids in Crisis
Janet King	The Community Fund of Darien
David Knauf	Town of Darien
Nicole Kolenberg	New Canaan Community Foundation
Jeremy Kosbob	Domus Kids
Emily Larkin	The Community Fund of Darien
Carol T. Malhstedt, Psy.D.	Project Resilience
Janice Marzano	The Depot
Karen Mazarin-Stanek, LMFT, MA	Stamford Counseling Center
Giovanna Mazzo	The Hub
Tucker Murphy	New Canaan Chamber of Commerce
Kim O'Reilly	Laurel House
Lauren Patterson	New Canaan Community Foundation
Stephanie Paulmeno	Communities4Action

APPENDIX C: KEY INFORMANT PARTICIPANTS (CONT'D.)

Name	Agency
Tony Phillips, LCSW	Town of Ridgefield
Jamie Roach Murray	Public Health Consultant
Patsy Schumacher, LCSW	Town of Greenwich
Emily Segal, LCSW	Town of Stamford
Cini Shaw	The Lighthouse
Alicia Sillars	Town of Darien
Lisa Slade	Housatonic Community College
Austin Terreri	RYASAP
Denise Vestuti	Laurel House
Margaret Watt	The Hub
Denique Weidema-Lewis	Positive Directions
Sheri West	Go Live Girl/New Canaan Board of Education
Bethany Zaro	Town of New Canaan
Linda Ziac	Caregiver Resource Center

Appendix D. 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 E. 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>