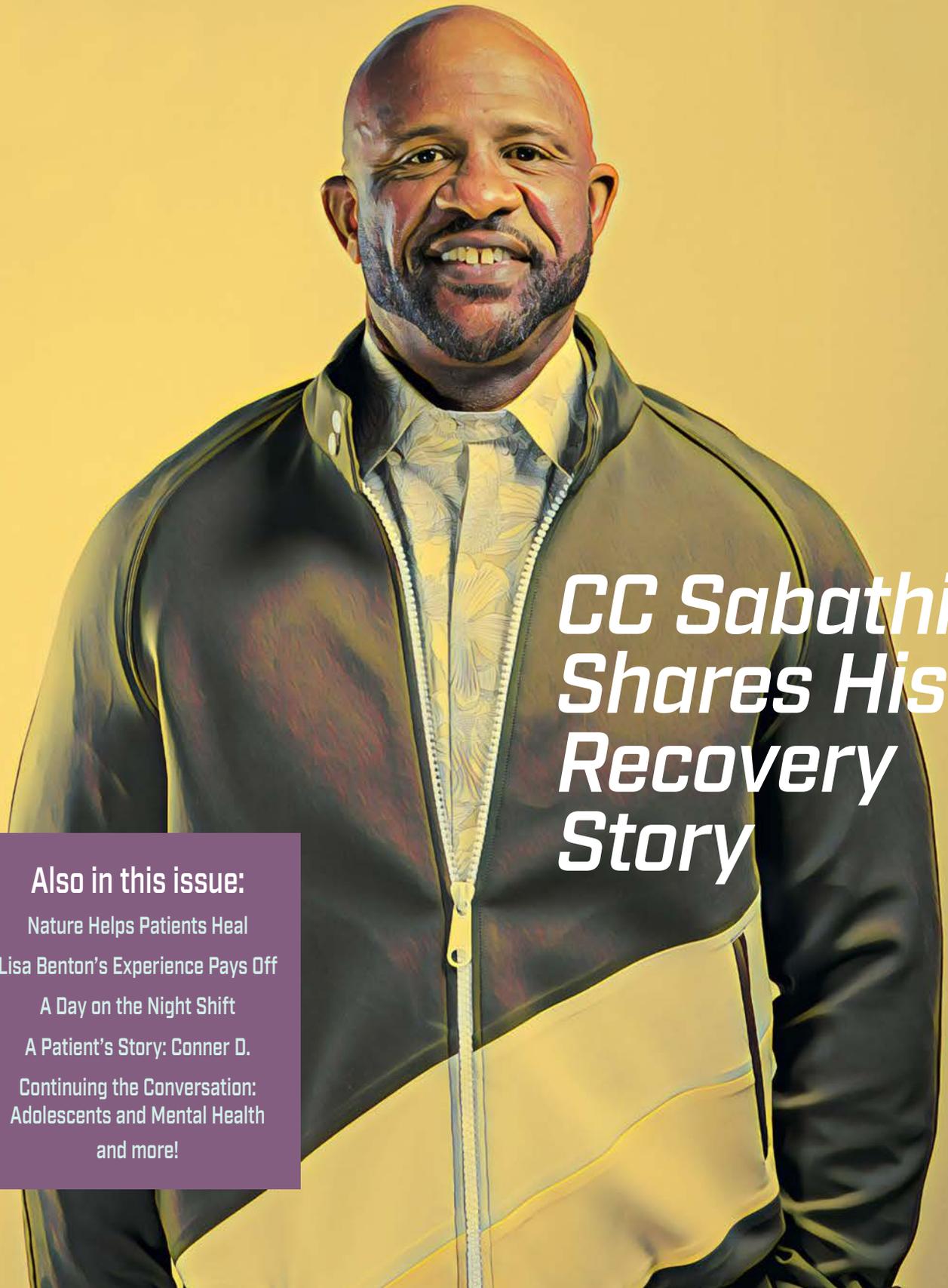


Silver Linings

SILVER HILL HOSPITAL

ISSUE THREE | FALL 2021



CC Sabathia Shares His Recovery Story

Also in this issue:

Nature Helps Patients Heal
Lisa Benton's Experience Pays Off
A Day on the Night Shift
A Patient's Story: Conner D.
Continuing the Conversation:
Adolescents and Mental Health
and more!

Let's get to work.

Silver Hill Hospital is moving forward with tremendous energy regarding access to our services, new clinical programming to improve patient outcomes and diversifying our talented and compassionate workforce.

Much of our attention over the last year and a half has been dedicated to managing the COVID-19 crisis and meeting the increased demand for mental health services caused by the global pandemic. We have done so with great thoughtfulness, professionalism, adaptability and collaboration.

While we will remain vigilant about COVID, we are back on track and forging ahead. Your support is integral as we enter a period of revitalization that will elevate Silver Hill Hospital's position in the mental health field and allow us to better serve our patients and our community.

Clinically, we are always looking to utilize new evidence-based treatments and programs that keep us at the forefront of our field.

To expand our reach further, we are negotiating with insurance companies to adequately fund a level of high-quality residential care that supports patients and families and ends the far-too-common revolving door of psychiatric admissions. We are collecting and analyzing data from our own system as well as other treatment systems to show the value of excellent residential care such as that provided at Silver Hill. We have been delivering that kind of care for 90 years and are determined to see it become available for more patients.

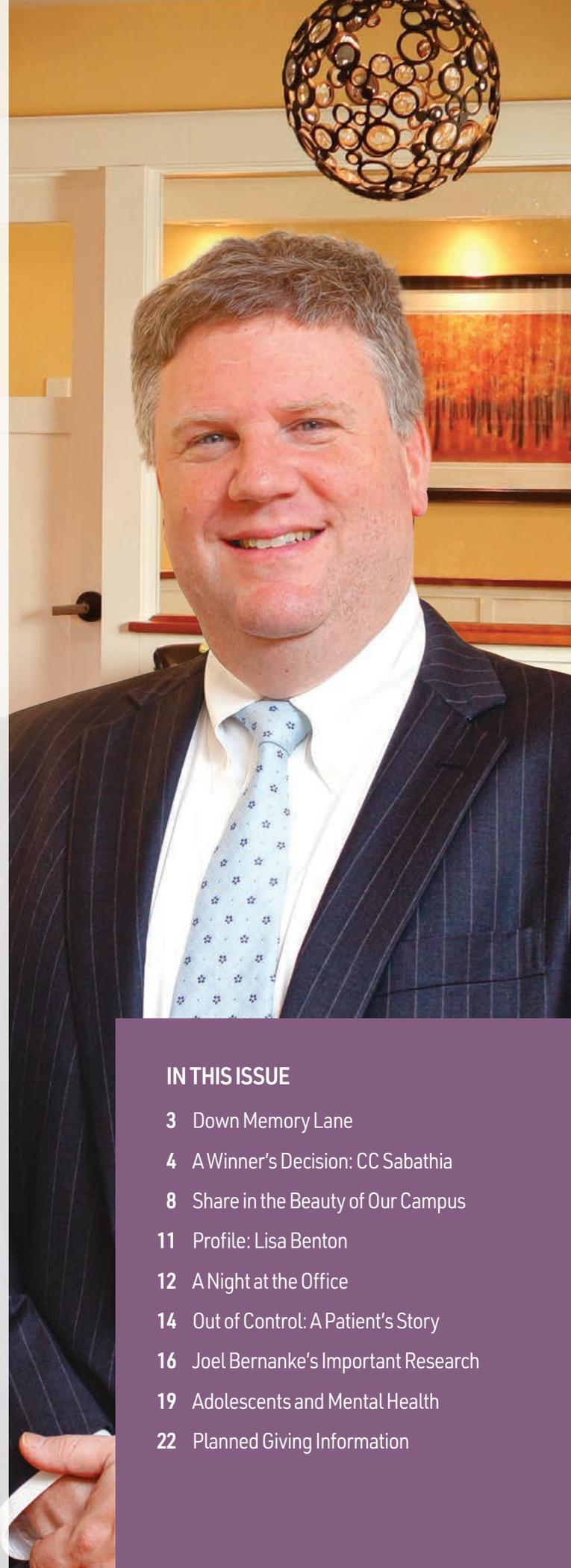
In addition, our Patient Financial Aid Fund helps deserving patients receive the treatment they need, and your support helps tremendously in that regard.

High-quality mental health care should be a right that all people have, regardless of their ability to pay. This was part of the original mission of Silver Hill Hospital and over the years we have always found new and timely ways to advocate for change – both here at the hospital and in the wider mental health system.

It is an exciting time at Silver Hill Hospital as we continue to offer hope to thousands of people suffering from mental illness and addiction disorders. Whether you are a patient, grateful family member or friend, referring doctor, or supporter, thank you for being a partner during this time of revitalization and acceleration.



Dr. Andrew J. Gerber
President and Medical Director



IN THIS ISSUE

- 3 Down Memory Lane
- 4 A Winner's Decision: CC Sabathia
- 8 Share in the Beauty of Our Campus
- 11 Profile: Lisa Benton
- 12 A Night at the Office
- 14 Out of Control: A Patient's Story
- 16 Joel Bernanke's Important Research
- 19 Adolescents and Mental Health
- 22 Planned Giving Information

Silver Linings is a publication for Silver Hill Hospital's supporters and friends. It will be produced periodically with important news and updates.

Editor: Chris Bosak, Advancement Writer

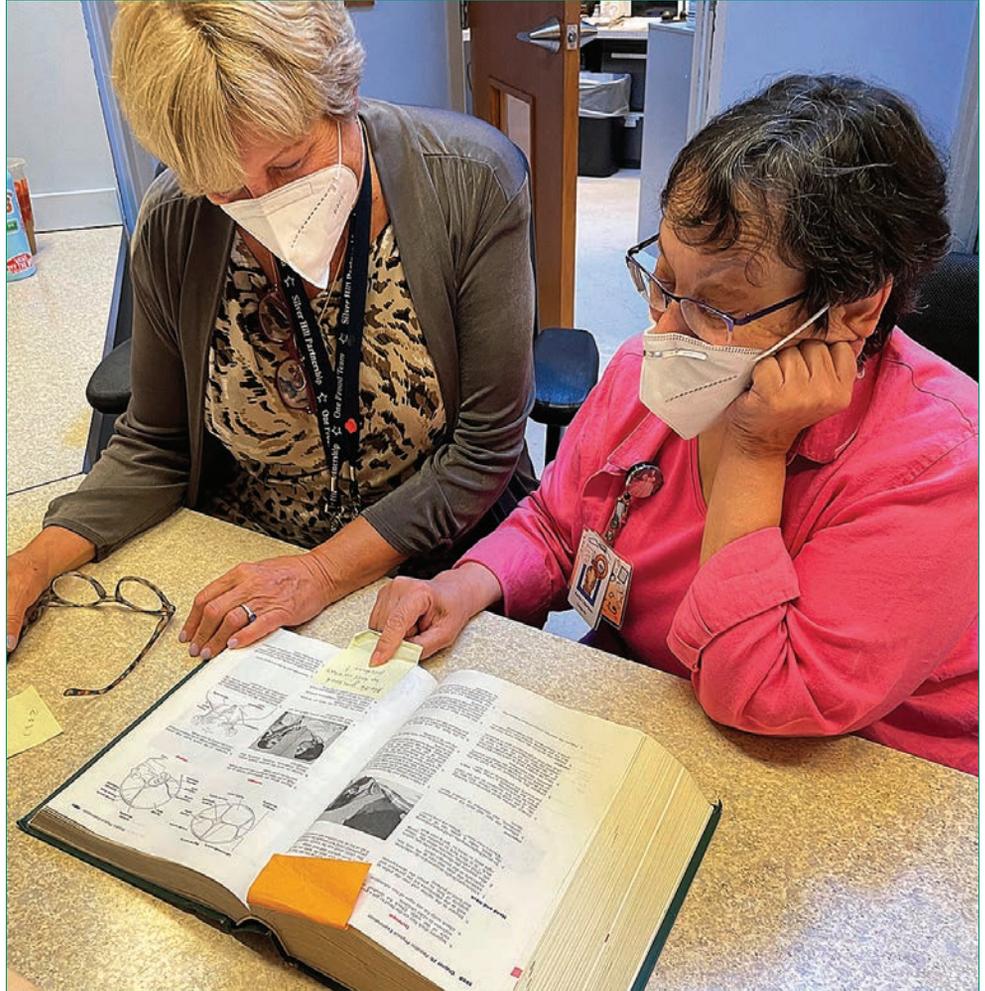
Additional Contributors:

Dana Harmon Evans
Ashley Goldman
Elizabeth McIntyre
Pam Rockland

Photography Credits:

Chris Bosak

Old School Textbook Carries Memories of Healthcare History



Sharon Kowalchuk, RN, DNP (left), Director of Nursing, and Yvette Martinez, RN, thumb through an old Lippincott nursing manual in which Yvette has her own personal connection.



208 Valley Road
New Canaan, CT 06840
866-542-4455
www.silverhillhospital.org

Published by the Silver Hill Hospital
Office of Advancement

Timothy J. Dougherty
Chief Advancement Officer

For inquiries or to opt out of future mailings,
email advancement@silverhillhospital.org
or call 203-801-2398.

Copyright 2021. Silver Linings is a
publication of Silver Hill Hospital. Printed in
the USA. All rights reserved.

It was a trip down memory lane for Yvette Martinez, who has been a nurse at Silver Hill Hospital for more than 20 years.

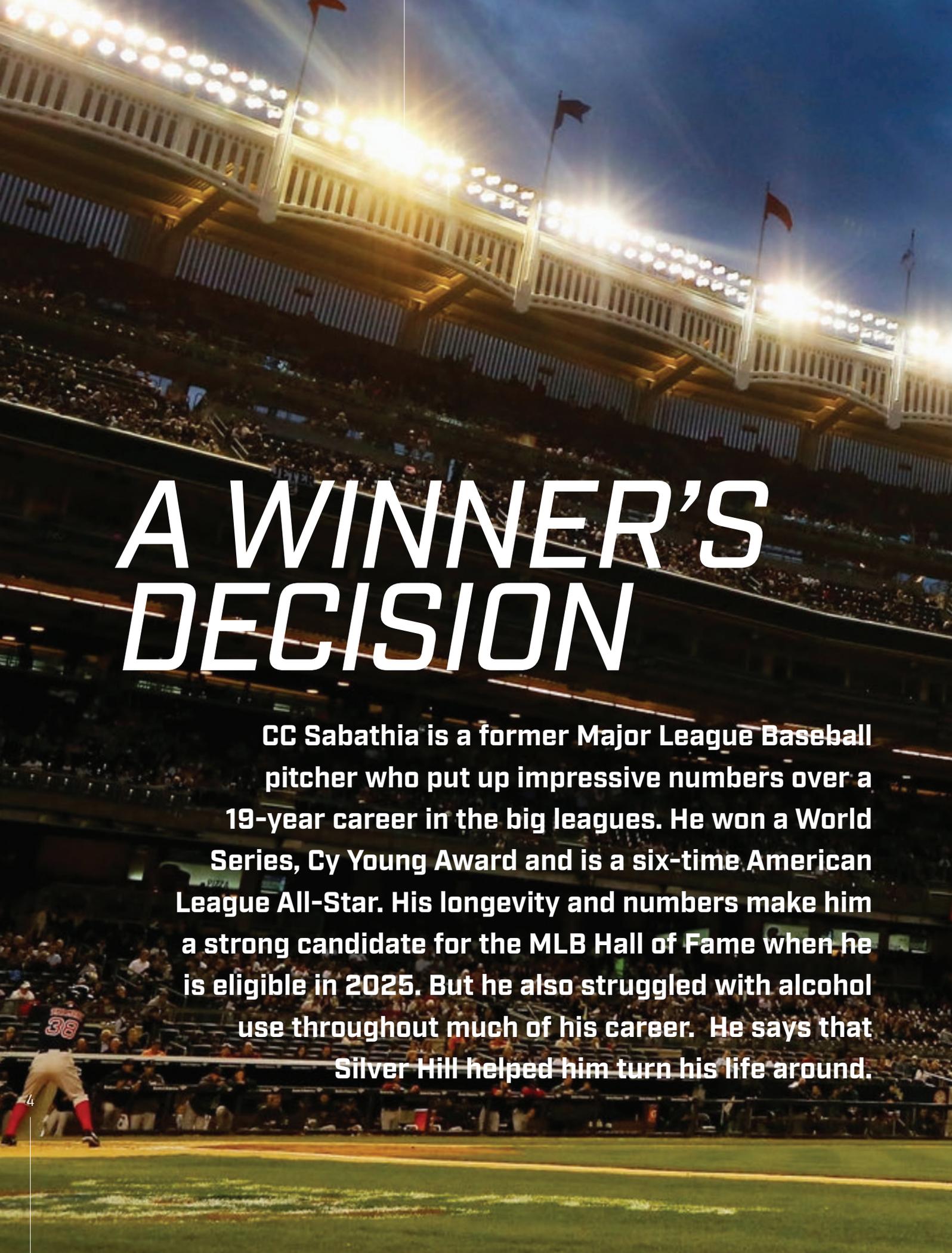
Someone had dug up a Lippincott nursing manual published in the mid-1970s from the hospital's library. Yvette hadn't seen the manual in years, but she immediately recognized it and called Silver Hill's Director of Nursing Sharon Kowalchuk, RN, DNP, to have a look.

Several photographs of Yvette, then a nurse in her twenties,

and her daughter accompanied an article on pediatric physicals. Her daughter was 8 years old at the time. She's now 53.

Yvette and Sharon thumbed through the pages and recalled the days of learning through the old Lippincott nursing manuals. "It's always fun to reminisce," Yvette says. "I remember when they took those photos. My daughter was so young."

Some great history and memories to relive.



A WINNER'S DECISION

CC Sabathia is a former Major League Baseball pitcher who put up impressive numbers over a 19-year career in the big leagues. He won a World Series, Cy Young Award and is a six-time American League All-Star. His longevity and numbers make him a strong candidate for the MLB Hall of Fame when he is eligible in 2025. But he also struggled with alcohol use throughout much of his career. He says that Silver Hill helped him turn his life around.



The day after the Yankees Score 6 Runs or more

AVIS

YOKOHAMA

NYSE

GEICO OAKLEY OAKLEY

ACC



On the final day of the 2015 regular season, CC told his manager, Joe Girardi, about his drinking problem and that he was going to rehab the next day. The team was in Baltimore that weekend and CC drank heavily on Friday and Saturday, reportedly alone in his hotel room, to the point of not remembering much of the weekend. The Yankees had a Wild Card game the next day, but CC knew if he delayed going to rehab, he would likely never go. With a possible playoff run looming, CC left the team and checked himself into Silver Hill Hospital. Using the tools he learned here over those next 30 days, CC is now six years sober and loving life more than ever.

CC Sabathia is often asked for advice about rehab. The former Yankee did a month-long stay at Silver Hill Hospital's Scavetta House for alcohol rehabilitation in 2015. He has been open and public about his struggles and rehab, detailing his journey in podcasts, interviews, TV documentaries and his new book "Till the End."

"My response is always the same: It was the greatest decision I ever made in my life," CC said during an interview with Silver Hill Radio this summer. "The hardest thing about going to rehab or getting help is speaking up, seeking help and being

dependent on someone else to help you figure this out. My time at Silver Hill was the best 30 days I've had as an adult."

At Silver Hill, CC says, he sorted out the reasons why he drank. He identified the triggers that caused him to want to drink and how to avoid those situations. Silver Hill gave him "a bunch of different tools," to help him navigate life while maintaining sobriety.

He said it was particularly powerful when former patients came back to visit Scavetta House to talk with the current residents at group sessions and relive their journeys to sobriety.

"I'd be in those meetings visualizing myself talking to that group and visualizing what sober life can be like," he recalls. "That was the best part to me. To have people come back and walk the house and relive that. Just seeing people's reaction to being back in that house was huge to me. That's going to be me, I told myself. I'm going to come back and talk to the guys."

The timing of CC's rehabilitation at Silver Hill played a key role in his success, he says. He recalls witnessing the struggles of two other patients, one younger and one older. The younger one, CC says, appeared to not be ready to quit

drinking and partying. The older patient, a wealthy man, had lost his relationships with his sons. The man called his sons every night, but no one ever answered.

"I was still in a pretty good spot," he says. "I hadn't gotten a DUI yet, I wasn't court ordered and my family was still intact. I could still make this right, I thought. I was in this sweet spot where I had this opportunity to get my life in order. I hadn't ruined any relationships with my family, and I was old enough that I had gotten all my partying out. Just let me figure out how I can live my life in the best way possible and be as happy as I can with my family.

"I felt that was possible at Scavetta," he adds. "I felt nothing was going to hold me back. This was going to play out the way I wanted it to."

CC says he started drinking at age 14 and being drunk had become normalized to him. Waking up in urine-soaked sheets, throwing up or trashing a room was "no big deal" to him because that's just what people did when they drank, he thought at the time.

"I was doing stuff I thought was normal, but normal people don't live their life like that," he says. "It took me a long time to understand that."

Sobriety has worked out well for Sabathia. He went on to pitch four more seasons with the Yankees, allowing him to reach 250 career wins and 3,000 strikeouts – important milestones for Hall of Fame consideration. Before he went to rehab, he says, his body was breaking down from alcohol and he feels he believes he would have been able to pitch only one more season had he not become sober.

"When I went into rehab, I didn't know if I could pitch without alcohol," he says. "When I came out of rehab, I thought there's no way I can pitch with alcohol."

"That says a lot about how the mindset can shift," Ryan Wade, MD,

a Yale-trained addiction psychiatrist who currently works with patients at Scavetta House, said. "Being here can be a transformative experience."

Not drinking alcohol, along with a change in diet and intense workout regimen, has transformed his body. He is 6-foot-6 and peaked at more than 340 pounds. He has lost more than 50 pounds, has a sculpted frame and appears on fitness videos.

"None of this stuff that is happening in my afterlife of baseball would be happening because my body was breaking down from alcohol," CC says. "It's poison now. I don't even think about it or need it."

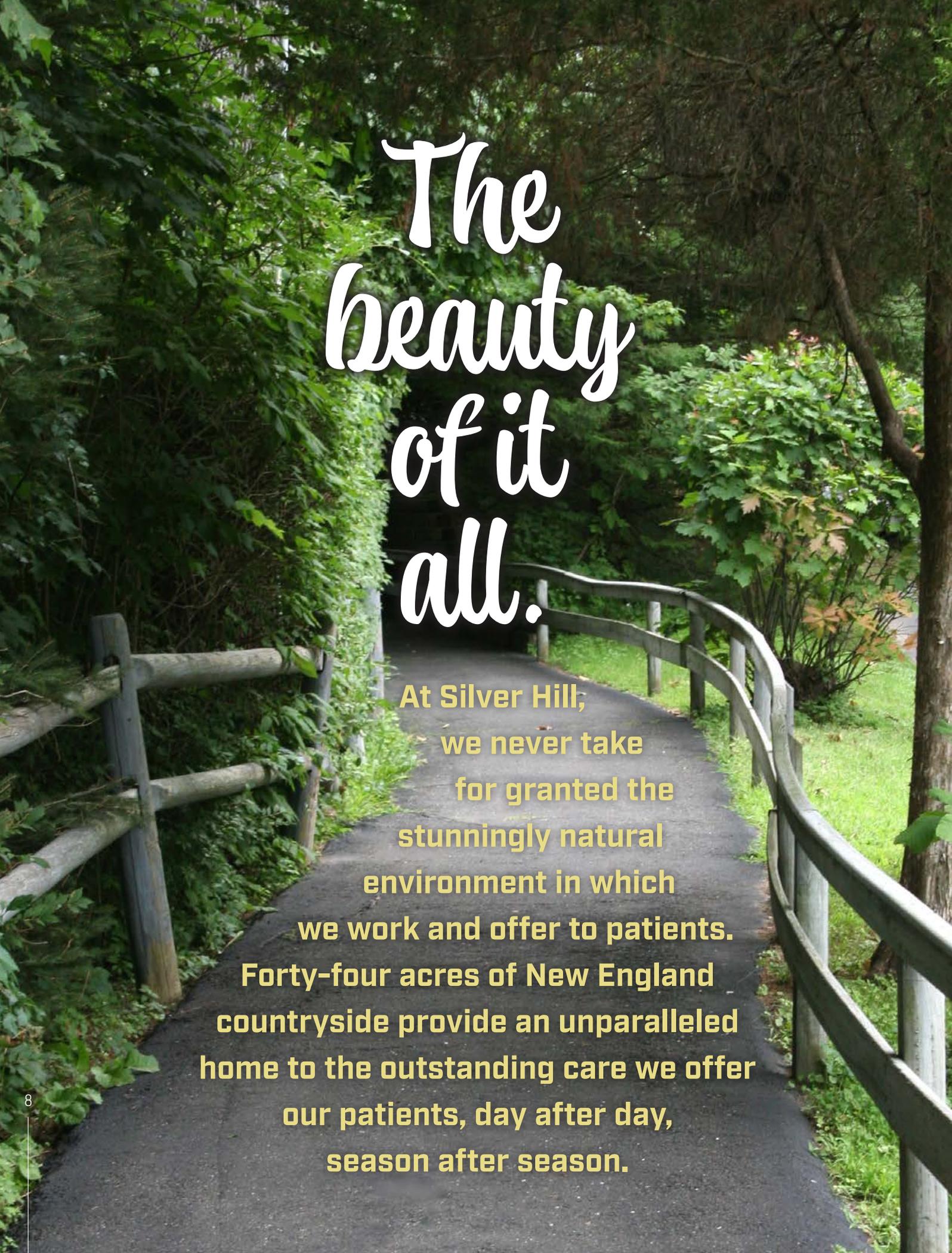
CC's sobriety faced a stern test only two weeks after his discharge from Silver Hill. He and his wife, Amber, had plans to attend a friend's wedding and CC wondered if he could have a good time without alcohol and what others would say about him not drinking. He considered canceling the plans but did not want to let down his friend.

"I had the best time ever and it was just me being me. It was just my



personality. It wasn't the drunk CC trying to make up conversations and sound intelligent, it was just me having fun," he recalls. "We danced all night and talked to friends and I woke up the next morning and remembered everything. It was the greatest night ever. After that wedding, it shifted for me. I thought, I don't need to drink to have a good time. I am a good time. The people you are around, and your spirit is good enough." ■

To hear the full interview with CC, visit the "Silver Hill Radio" page on YouTube.



The beauty of it all.

**At Silver Hill,
we never take
for granted the
stunningly natural
environment in which
we work and offer to patients.
Forty-four acres of New England
countryside provide an unparalleled
home to the outstanding care we offer
our patients, day after day,
season after season.**

Silver Hill Hospital has the charm and feel of rural New England, yet it is easily accessible due to its proximity to major cities, highways and transportation hubs.

In post-discharge surveys and interviews, many patients credit the beauty of Silver Hill Hospital's campus as a vital contributing factor in their healing process. Features such as the architecture of the buildings, the ever-changing labyrinth (complex structure of paths on the East Campus), rippling brooks and tranquil ponds, tall trees and peaceful setting make Silver Hill the bucolic, healing place it is.

Dr. Rocco Marotta, a psychiatrist at Silver Hill, noted that civilizations historically built hospitals and churches on islands to isolate people in an environment of beauty, peace and healing. Dr. Marotta likes to think of the residential programs on Silver Hill's wooded campus as an enclave of healing as the Silvermine River creates a natural separation.

"It's like an ancient hospital on an island all by itself," he says.

Your support helps us maintain this healing environment to improve outcomes for patients. In fact, the grateful family of a former patient has made a major gift to improve the landscaping on the hospital's campus. That work is currently underway. While this extraordinary gift will transform a central feature of campus, unrestricted annual fund gifts help us to care for and maintain the beautiful environment on campus every day.



Here's what other Silver Hill Hospital staff and patients say about the beauty of the campus:

"If we can provide an atmosphere in which one feels that one's dignity can be restored, where a patient can spend some time looking at nature for example, watching a stream, those things help to pool together the sense of wholeness that the patient had before they became ill."

*Sigurd Ackerman, MD
Former Silver Hill Hospital
President and Medical Director*

"The visual aesthetics of Silver Hill make it what it is. It's beautiful and doesn't feel like a psychiatric hospital. How beautiful the campus and the Main House are really makes a difference."

Natasha, former patient

"First and foremost, we have 44 acres in Fairfield County, the Connecticut countryside. Patients always comment when they first get here, and also when they leave, about how big a part of their treatment the beautiful surroundings played. The fact that we can combine both proximity to major urban areas with a beautiful, rural campus really makes us quite unique."

*Andrew J. Gerber, MD, PhD
Silver Hill Hospital President and
Medical Director*

"Being close to nature is imperative for those struggling with mental health. Nature has shown to be a great healer. Environment does count and being in a place that is not sterile where there are opportunities to interact with nature is very important."

*Elizabeth Ortiz-Schwartz, MD
Adolescent TLP Service Chief*



Meet Lisa Benton, Silver Hill Hospital's Chief Quality Officer

Leaning on her experience to shape the future

Lisa Benton has worked at Silver Hill Hospital for 23 years, but you won't catch her longing for the good old days. In the time she has been here, change has been the constant.

"We always have to be evolving," she says. "We're small; we're not part of a big system. To survive and thrive, we have to evolve. We have to be responsive to the changing conditions in the market, the regulatory environment, and new standards and modalities of care."

As Chief Quality Officer and part of the executive team, Lisa oversees the hospital's processes and practices and looks for opportunities to make them safer, more efficient and yield the best outcomes. Her department also assures the hospital is compliant with regulations from governing bodies.

For the hospital to evolve, she says, outside support is imperative. "Because we are a small, nonprofit, hospital, we need donor support to be able to constantly evolve, be nimble and be able to implement important initiatives," she says.

Lisa came to Silver Hill as an intern while working toward her master's degree in social work at Columbia University. She was hired by Silver Hill as a social worker right out of the internship and worked her way up to the executive team.

"She does everything with the consciousness of a social worker," Silver Hill Hospital President and Medical Director Andrew J. Gerber, MD, PhD, says. "She's forward-focused and has a knack for recruiting the best talent. She's very inspiring."

Lisa oversees Silver Hill's HR department and, along with new human resources director Cheryl Weekes, is working to develop and implement a new HR strategy that

takes a fresh look at where the workforce is now.

There are big changes in the workforce, Lisa says, because of a variety of factors including COVID and age demographics. Silver Hill also has a desire

to improve its diversity profile. The HR strategy will address benefits, compensation, new approaches to employee wellness, work-life balance and cultural changes.

"You can't have a high-quality, highly functioning, thriving hospital if you don't have happy, engaged, cared for, tended to staff," she adds. "I'm very passionate about that, as is Dr. Gerber."



The HR strategies will also have built-in components to have opportunities for growth more ingrained into the work culture at Silver Hill. Lisa is proof that opportunities exist at the hospital.

Lisa has worked for four administrations at the hospital, starting with Dr. Richard Frances, followed by Dr. Sigurd Ackerman, Dr. John Santopietro, and, currently, Dr. Andrew Gerber. Each administration, she says, comes with its own lens and vision on how to drive the hospital forward. Talent, modernizing processes and clinical programming are among the major focuses of the current administration.

As a member of the executive team, Lisa has a strong voice in shaping the future of the hospital. It is a role she takes seriously. Like many of her ideas and actions, her input comes from the heart, which is a common theme among other employees at Silver Hill.

"Through all of the changes and the ones coming in the future, the thread, always, is the compassion," Lisa says. "Even faced with the pandemic and fast-paced change to meet the financial demands of the institution, when you talk to patients you always hear about the compassion. That's what is most important to your patients, the connection to people." ■

A symphony at night

Darkness has descended on Silver Hill Hospital on this humid, moonless summer night. The day crew left hours ago, patients and residents are asleep, and soft lighting through the haze in the thick air illuminates the houses and buildings in a calming glow. Katydid and crickets create a classic late summer din, while a pair of barred owls hoot back and forth from the woods along the banks of the Silvermine River...

Inside the buildings, the night crew goes about the task of keeping the hospital running smoothly into and through the wee hours.

Sarah Burke, the evening nursing supervisor, brings a stack of papers to a table where overnight nursing supervisor John "Jack" Coffey is sitting, thus starting their midnight ritual. Sarah goes over the papers one-by-one to brief Jack on how each of the patients is doing. Sarah works from 4 p.m. to midnight and Jack is on from midnight to 8 a.m., a shift he has covered at Silver Hill for the past 23 years.

Sarah lets Jack know that a patient on Main 2 was not feeling well earlier and had been

transported to the emergency room at Norwalk Hospital. The patient is due to return to Silver Hill soon and Sarah uses a two-way radio to alert security to be on the lookout for an ambulance. Annias Moore, the night security officer, acknowledges the message.

Otherwise, things appear to be quiet, although Sarah would never say that aloud. She, too, has been around long enough to know that things can change quickly.

"You're security, you're taxi, you're pharmacy, you're IT, you're housekeeping, you're food services, you're the police liaison, you're everything," Sarah says about working the night shift.

Finally, at Main 3, Jack checks in on psych tech Kelly and nurse Mayra, who are working together in the inpatient adolescent unit. Everything is quiet as they monitor charts and write reports.

Across Valley Road, where the residential houses are located, all is quiet, except of course for those barred owls in the woods by the river.

Joe Silvia is the residential counselor at Steward House on this night. He has worked all shifts at Silver Hill and has been the RC in nearly all the residential houses. He has mixed feelings about the overnight shift but appreciates that he is available to his family during the day. He says the shift is usually

quiet, although the staff needs to be always on high alert.

"Usually nothing happens, but when it does you have to be ready," Joe says. "When things are going on it requires immediate attention."

The overnight staff plays a vital role in the success of Silver Hill Hospital. While most people are asleep, the night staff works hard to ensure the safety and well-being of the hospital's patients.

"The night crew are the unsung heroes," Sarah says. "Night nurses and techs take care of the patients half the time, 7 p.m. to 7 a.m. They're a collaborative bunch. They help each other." ■

After the briefing, Jack checks his emails, calls each of the units and residential houses and starts his rounds to visit the nurses and psychiatric technicians in Main House, where Silver Hill's Inpatient Service units are located. The residential counselors across the street on the East Campus know Jack is only a phone or radio call away if they need him.

"I've always thought of the job as being like the shortstop on a baseball team," Jack says. "You have to move around a

lot and back people up. The other shifts don't always have time to go through the documentation with a fine-toothed comb. I spend a lot of time going over charts at night. We don't want to miss anything."

Jack visits Main House at about 12:30 a.m. The doors requiring a fob to unlock make a loud, sharp noise when they latch, so Jack uses a trick to gently and quietly pull them shut. Sleep is a major concern for many patients and the night crew is careful to make as little noise as possible.

At Main 1, nurse Chris and psych tech Allison are sitting quietly in an office going over charts. Chris, a former radio DJ, became a nurse later in his career after being dissatisfied with how his father and other nursing home residents were treated. Jack speaks with Chris and Allison briefly, then makes his way to Main 2, which is typically the busiest unit.

In Main 2, nurses Eric and Yonatan and psych techs Joanna, Kris, Shanalee and Chris are coordinating their efforts. The patient who had previously been at Norwalk Hospital had returned to Silver Hill shortly after midnight and another patient needing attention is sitting in a chair by the nursing station. Eric and Yonatan are sorting and double-checking medications in a small room behind the station.

Both patients are tended to and nothing above a whisper is heard as the Main 2 crew works in collaboration to do what is needed to keep the unit quiet and calm.

Joanna has worked at Silver Hill for 17 years. Chris is relatively new and will soon be returning to school to work on his master's degree. While working the overnight shift is not ideal for everyone, Joanna and Chris enjoy the night shift for different reasons. For Joanna, working nights gives her more time during the day to be with her family. Chris says: "I love the people here. They are very caring."

After more than two decades working the overnight shift, Jack continues to enjoy the work. "You feel like you're making an impact," he says. "Some people really turn it around while they are here."

CONNOR'S

Stealing money from his family, going through other people's medicine cabinets, taking Xanax by the handful and hanging out all night with his "user friends." This was Connor D's current life. And he could not control it.

When his mother forbade him to go out late at night, he jumped out of his second-story bedroom window. He aimed for a trampoline below, but missed the target and broke his tailbone. Despite the injury, he still met up with his friends that night and went to the ER the next day.

"I was so desperate to get high I jumped out of a window," he recalls.

After Connor tried to break into a safe where his family kept its medications, his mother had had enough and started researching mental health facilities. In Connor's words, he "freaked out," took her laptop and threw it in the pool.

"I was acting like a monster and just being a bad person," he says, reflecting on his late teens and early 20s. "I feel so badly about some of the things I've done. I mean, I threw my mother's laptop in the pool. That's a terrible thing to do. My mother is my favorite person in the entire world. She didn't deserve that."

Shortly after the pool incident, Connor realized how dangerous and destructive his behavior was. Looking back, he wonders how much longer he would have survived had his mother not pushed him to get help.

They turned to Silver Hill Hospital.

"I felt safe at Silver Hill," he recalls. "Safety is a big issue for a lot of people, and you're taken care of every day there. You get valuable

lessons and open up in therapy. Silver Hill has the best staff; they are unbelievable. They go above and beyond. Everyone wants the best for us."

Fast forward nine years. Connor is now 29, has a serious girlfriend, a job as an assistant teacher and is taking courses to get his teaching degree. He also volunteers at a substance abuse prevention organization in New York.

He has been sober for eight years and still uses strategies he learned at Silver Hill Hospital when things get tough.

Following Silver Hill, Connor moved to California. He produced music and played in a band. All of his band members were sober as well, otherwise "it would have been almost impossible to be sober in that scene."

Then his father was diagnosed with cancer and Connor came back to New York to help care for him. His father is in remission and doing well now, but news like that is a potential pitfall for recovering addicts.

"Stuff like that is triggering, to be honest, but I was able to handle it, thanks to the tools I was given at Silver Hill," he says. "I was able to handle that and that's pretty big."

The COVID pandemic and associated quarantines, lockdowns and other restrictions also posed a serious threat to Connor's sobriety. The pandemic broke down structure in people's lives and support groups stopped meeting in person. Connor rarely attended the Zoom meetings because, to him, they were impersonal and lacked the camaraderie of in-person meetings.

LIFE WAS OUT OF CONTROL.

"When the pandemic hit, that's when my sobriety got rocky," he says. "You get cabin fever and when addicts get bored, that's not the best situation. The pandemic had an effect on a lot of recovering addicts."

According to the Centers for Disease Control and Prevention, 40 percent of U.S. adults reported struggling with mental health or substance use just a few months into the pandemic. Opioid use in the U.S., which had begun to slowly recede before COVID, became an even bigger crisis in the country with more than 90,000 people dying of a drug overdose in the U.S. in 2020, according to the CDC.

Connor made it through, largely through his two main outlets: fitness and music.

"I talk to a lot of people, and everyone was going through the same thing. I know people who died; people I grew up with," he says. "You have to ride the wave, but it was tough. I thought about using a few times, but you have to focus on your outlets. I really concentrated on things like that, and my girlfriend helped a ton. At one point, I was quarantined for 10 days, I hated that. I was grumpy; I was an (expletive). I wasn't the best version of me that I could be, but that was tough."

Connor looks back fondly and gratefully on his time at Silver Hill Hospital. He remembers the camaraderie at Scavetta House, the breakthroughs during therapy and the clinicians with whom he connected. He recalls the friendly but "tough when he needed to be" style of social worker Wallace Stacy, who is now a Senior Clinical Social Worker at Silver Hill.

"He was a sweetheart of a kid, and I was happy to be part of his recovery," Wallace says. "It's

amazing when a patient remembers the impact you made on them."

After Silver Hill, Connor lived in sober houses and faithfully attended 12-step meetings. He now serves as a sponsor for other addicts.

"I was so desperate to get

high I jumped out of a window,"

Connor recalled.

"Long-term sobriety is possible. I'm 29 and I got sober in my young 20s. I think it's important to share stories for hope. It shows people can change. I used to use and abuse alcohol and other substances. My life is so different now. It's beautiful.

"People need to know there's a light on the other side, you just have to keep at it and put in the work," he says. "I want people to know that it's worth it to have that feeling of safety in your life; to know that a loved one is not staying up all night thinking you might be dead. I want people to know there is hope and Silver Hill is a great community to start. There really is hope out there."

"I love the life I live," he says. "The journey started at Silver Hill Hospital. Getting sober was a good choice." ■

*The **complex** world of caring by the **numbers***



Silver Hill Hospital offers three levels of service: Inpatient, our most intensive form of care; Transitional Living, designed for stabilized patients proceeding with recovery; and Intensive Outpatient, for patients living at home while continuing treatment here. Insurance typically covers Inpatient and Outpatient treatment, but not Transitional Living, which can be cost prohibitive for many patients.

To improve treatment accessibility for as many people as possible, Silver Hill Hospital has engaged Joel Bernanke, MD, MSc, to research the potential benefits of having residential psychiatric care covered by insurance. Joel reasons that insurance companies can save money by covering residential stays because many patients who do not receive that level of care end up back in an inpatient unit.

Your support allows us to explore important issues like this as part of our effort to make mental health care more accessible to those who need it. Here's a look at what Joel is researching and why.

What is goal of your work at SHH?

Treatments between acute inpatient and low-intensity outpatient, broadly referred to as "intermediate levels of

care," and which would include the Transitional Living Program at Silver Hill, have become hard to find and even harder to have covered by commercial or government insurance programs.

Our short-term goal is to conduct a pilot study using insurance claims data to establish both the popularity and potential utility of intermediate levels of care. This will fill a gap in the literature and be helpful for explaining to payers that these services are important and work. They might even be a sound investment in addition to reducing suffering and improving outcomes for patients.

A longer-term goal is to add a layer of academic inquiry into intermediate levels of care because there is currently a dearth of research on this topic, and this has clear implications for national healthcare policy. We will also continue to work with payers to appropriately reimburse providers such as Silver Hill for high-quality care that improves outcomes for patients and lowers long-term costs.

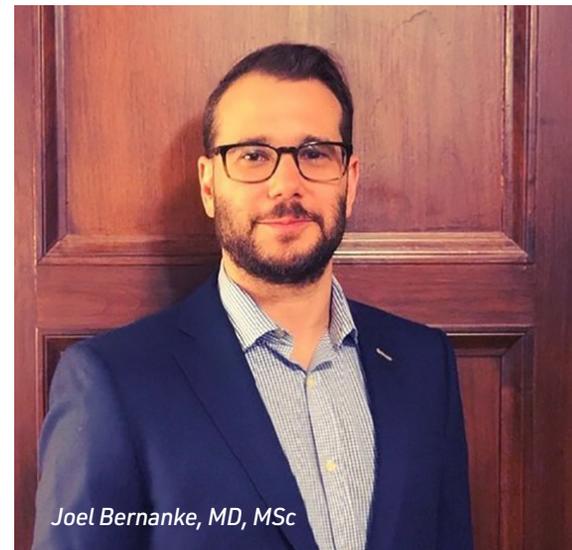
Why is this research important?

Intermediate levels of care could be used as an alternative to inpatient care, which is much more expensive because it requires more staff. With intermediate levels of care, some patients can have longer stays at the same cost.

Understandably, many patients struggle to transition from inpatient to outpatient care. In fact, 1 in 5 patients discharged from inpatient care for behavioral health issues are readmitted within 30 days. Almost by definition, a readmission implies

a failed transition. Readmissions are disruptive to patients and costly to payers, since emergency room visits, and inpatient stays are expensive.

We are also interested in stabilizing complex patients who have a significant mix of problems, disorders or circumstances. These patients have unique barriers to engaging in successful outpatient services. We can bridge a lot of those gaps and help patients overcome those barriers to re-engaging in their personal lives.



Joel Bernanke, MD, MSc

Why are many intermediate levels of care not covered by insurance?

A few reasons. A lot of providers are not in network. The service is not widely accessible. And mostly a bad culture among insurance companies to cut costs by depriving people of meaningful care.

What I worry about is that our culture allows insurance companies, even in the face of mental health parity laws, to save money by not covering

continued on next page

important services. They have basically squeezed inpatient care down to very low cost and a very short period of time. They can get away with not paying for things because they are not held accountable by people who buy insurance or the government.

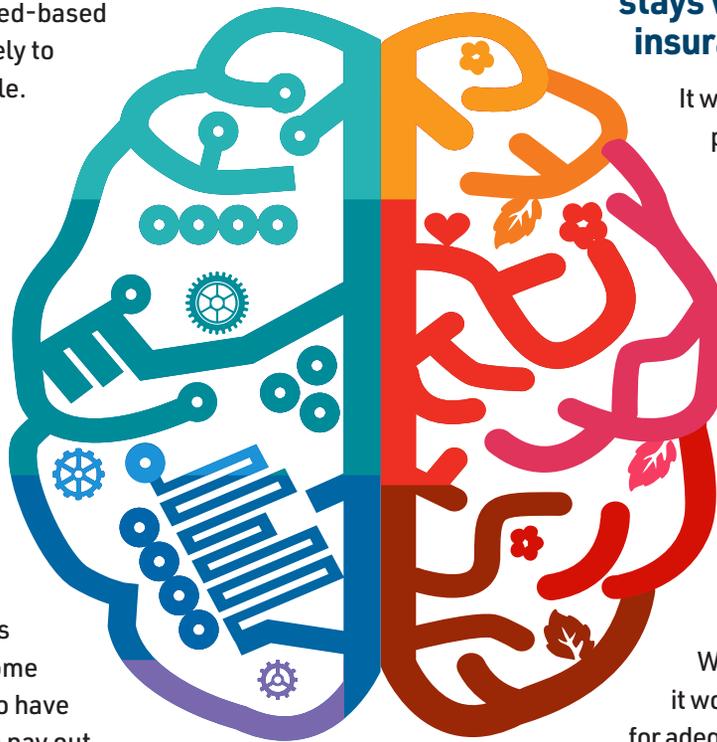
What we can potentially do here is develop more generous benefits that aren't really that much more expensive but do improve outcomes meaningfully. We do that by pushing insurance companies towards these evidenced-based treatments that are likely to make it better for people. But a lot of insurance companies seem to act as if, "well, no one is making us pay for these things so we just aren't going to."

It's clear that the reason these services are not as available as they could be is that payers have decided to not reimburse adequately for them. As a result, they only become available to people who have enough money and can pay out of pocket.

The broken payer system has driven down the availability of a potentially cost-effective, high-quality resource for the general public because they simply decided, based on nothing, that it's too expensive to cover these services. In reality, it's potentially making it more expensive for them by depriving people of a critical service.

Are hospitals reimbursed fairly for inpatient and outpatient services?

Usually not because a lot of rates are determined based on negotiations with larger hospital systems that have always treated psychiatry as a loss center rather than a profit center. If you run a big hospital and it was decided that all of your surgical specialties are going to get paid better than psychiatry, then from the outset



your profit centers are cardiology, gastroenterology and surgery. You never really cared about psychiatry and aren't motivated to go to bat to get psychiatry reimbursed for what it's worth. In your negotiations with insurance companies, you were trying to get paid more for cardiology, not psychiatry.

Then it becomes established that this is how much psychiatry costs, but that's actually psychiatry

operating at a loss. Once that gets established, insurance companies can go to places like Silver Hill and say we're paying this big hospital so much less. Yeah, because that big hospital is losing millions of dollars because they don't care. There's a lack of transparency in pricing in places where psychiatry actually is being priced according to the cost of delivering high quality care.

Would Silver Hill lose money if residential stays were covered by insurance?

It would be part of a holistic package where the hospital says, across the spectrum, we should get reimbursed adequately for providing high-quality care that lowers people's chances of going back to the ER or the inpatient unit and improve their outcomes. It's a chance to say all of our care is really helpful and works.

We will present evidence that it works, but it needs to be paid for adequately and, when it is, it saves money in the long term.

Joel Bernanke, MD, MSc, is a widely published child, adolescent and adult psychiatrist. He received his MD from Weill Cornell Medical School, completed his training in adult psychiatry and a post-doctoral fellowship in research at Columbia University and the New York State Psychiatric Institute, and his child and adolescent psychiatry training at the joint Columbia-Cornell New York-Presbyterian Hospital training program. ■

CONTINUING THE CONVERSATION: ADOLESCENTS AND MENTAL HEALTH



Elizabeth Ortiz-Schwartz is the lead psychiatrist on the inpatient adolescent unit at Silver Hill Hospital and has helped young people navigate their mental health struggles throughout her career.

She is a frequent guest speaker at community events and has been interviewed as an expert in the field by several media outlets.

Adolescence can be a trying time. Many adults who suffer from psychological or addiction disorders can trace the genesis of their problems to their teen years, or earlier.

While each generation of adolescents face their own unique challenges, many teens are now talking openly about mental health and their psychological concerns.

Once a problem is in the open, it can be treated, managed and, perhaps, solved, says Elizabeth Ortiz-Schwartz, MD, the lead psychiatrist on the inpatient adolescent unit at Silver Hill Hospital.

"The forums in which these things are talked about are changing and that can decrease some of the reluctance to open up," Ortiz-Schwartz says. "The more people

can talk about their own struggles and stories, the more we can change the perception of mental illness and turn the conversation toward mental wellness and what keeps people functioning at their best.

"There's still a long way to go," she adds. "Teen mental health in this country is an area that is extremely under served."

continued on next page

Ortiz-Schwartz said many schools are integrating mental health supports into the system, which is a positive step.

Several top athletes, including U.S. gymnast Simone Biles and professional tennis player Naomi Osaka, have recently taken off time to focus on their mental health.

Entertainers such as singer Demi Lovato and singer/actor

Lady Gaga have also opened up about their mental health struggles. These stories, Ortiz-Schwartz says, can open the door for others to admit to and talk about their own struggles.

“Those stories help normalize the experience for anybody who is not an elite athlete or otherwise famous,” she says. “It shows you can be very high functioning on some levels but be

struggling so deeply in other areas of your life.

“It’s powerful when people, particularly young people, hear that it’s OK to not be OK from public figures and be able to move forward and work through things,” she adds. “It is particularly helpful when the public figures say what steps they took to address it and what helped them.”

Former New York Yankee great CC Sabathia writes in his new book about his struggles with addiction and the pivotal role Silver Hill Hospital played in his recovery. The pitcher said he started drinking when he was 14 years old. (See related story in this issue.)

The COVID-19 pandemic, in addition to its devastating physical effects, created a mental health crisis that is expected to last for years. Quarantines, virtual classes, and the cancellation of clubs and sports at schools led to a high

Tips from Dr. Ortiz-Schwartz on how to shift your perspective on mental health:

Examine your own bias regarding mental illness.

Direct people to the right types of support.

Understand other people’s problems before trying to solve them.

Be empathetic, not judgmental.

Be aware of science and statistics.

Attend community events focused on mental health and empowering kids.

degree of isolation for adolescents.

For many, this led to increased levels of depression, stress and anxiety, as well as a greater propensity to abuse substances.

The bright side, if there could be one for COVID, is that it shined a spotlight on mental illness and resources for help.

“COVID amplified vulnerability, even for people with no previous troubles. It made it OK to talk about being anxious about going to school because everyone was anxious about it.

“Those who have struggled and weathered the uncertainty will be better equipped later in life to deal with stressful situations,” Ortiz-Schwartz says. “It also created opportunities for young people to value the things they have taken for granted in the past in terms of work, friendships and experiences. It’s an opportunity to reset and be more engaged and genuine in the next steps of their lives.”

The internet, with its various support forums and communities, has helped many teens handle mental health concerns. It has provided an outlet for teens to ask questions and share their concerns and stories.

For other teens, however, the internet has increased anxiety and created an impossible standard to achieve. Manipulated images on



Instagram and other social media sites often present a glorified, idealized version of the one posting the photograph making it difficult for others to emulate.

“People believe these posts on social media are what’s really going on, but in reality, those are significant triggers and worsen outcomes for

teenagers, particularly teenage girls who are much more prone to suicidal ideation, depression and anxiety than in previous generations. It impacts males, too, more so than in the past,” she says. “Clicks become the purpose for interacting and living instead of making a real connection and finding the support.” ■

Silver Hill Events That Support These Important Programs

On September 14th, Silver Hill Hospital recognized and thanked our most generous annual donors at a reception and dinner, held outdoors at l'escale in Greenwich. The reception and dinner featured remarks from President and Medical Director Andrew Gerber, MD, PhD. Peter and Beverly Orthwein hosted the event. Peter is former Chair of the Silver Hill Board of Directors and current Chair of the Advancement Committee.



Gifts to Silver Hill Hospital ensure that patients with financial need can access the treatment they need and allow the hospital to respond to new opportunities to improve outcomes for patients.

Leave a legacy through planned giving to Silver Hill Hospital

Your planned gift to Silver Hill Hospital creates a legacy that will offer hope to patients and families struggling with mental health and addiction challenges. The simplest way to make a planned gift is through a bequest.

A bequest is a gift, made through your will, that provides support to Silver Hill after your lifetime but costs you nothing now. You can leave a gift of a specific dollar amount, a piece of property, or a percentage of your estate.

If you choose to make a planned gift, it can be a very effective strategy. Here's how it can benefit you:

- Better tax planning
- Important economic advantages to you and your family
- The ability to make a much larger gift than you ever thought possible
- The income from certain life income plans may help you to transform low-yielding investments into a new source of income for yourself and/or other family members

Sample wording to make a bequest to Silver Hill Hospital:

"I give and bequeath to Silver Hill Hospital, 208 Valley Road, New Canaan, Connecticut 06840, federal tax identification number 06-0655139, ___% of my total estate (or \$___, or other property)."

The wording above would allow the hospital to use your bequest without restriction; in other words for the most important needs or opportunities at the Hospital in the future, when the gift is received.

If instead you would like to add a specific designation to your bequest (so that it would be used for a specific purpose at the Hospital), please contact us.

We would be happy to work with you to draft a simple agreement that would be used to guide the use of your bequest per your wishes.

For more information, please contact The Advancement Office at 203-801-3129 or email us at: plannedgiving@silverhillhospital.org.



THE ANNUAL FUND



SILVER HILL
HOSPITAL

IMPACT

THE ANNUAL FUND FOR SILVER HILL HOSPITAL provides the vital resources necessary to invest in the latest treatment protocols, clinical research, professional education, and the best patient care and treatment *throughout the year*—and provides critical financial aid to those who could not otherwise afford mental health and addiction treatment.

Gifts to The Fund are put to use immediately and are directed to the areas of greatest need within the Hospital.

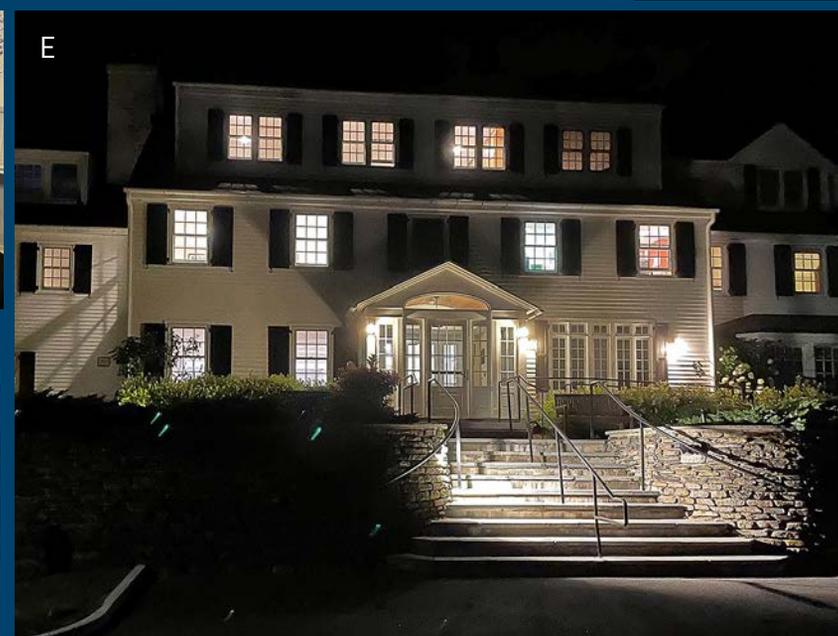
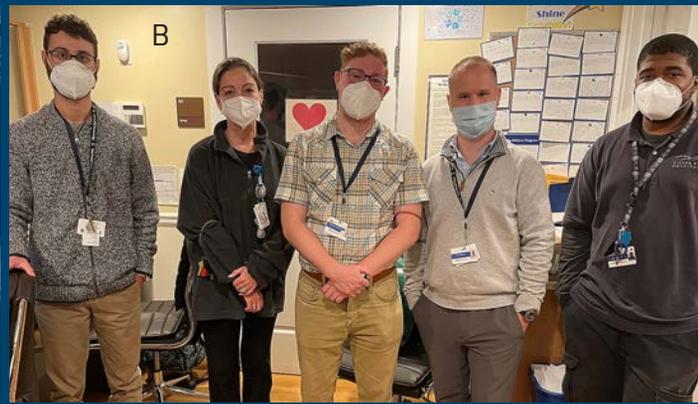
Your gift of any amount to The Fund has immediate impact on the lives of our patients and families, caregivers and staff.

Thank you for supporting
The Annual Fund!

Silver Linings

Office of Advancement
Silver Hill Hospital
208 Valley Road
New Canaan, CT 06840

A SALUTE TO OUR NIGHT TIME TEAM



From top left: (A) Entrance to Admissions Building; (B) Chris Aponte (psychiatric technician), Joanna Schetelich (psychiatric technician), Yonatan Hochstein (nurse), Eric Anderson (nurse), and Kristopher Brewer (psychiatric technician); (C) River House; (D) John "Jack" Coffey (nursing supervisor) and Sarah Burke (nursing supervisor); (E) Main House; (F) Annias Moore, security officer; (G) Joe Silvia (residential counselor) (H) Kristopher Brewer (psychiatric technician); and (I) Gazebo by River House.