

SILVER HILL HOSPITAL

Community Health Needs Assessment



2022 FINAL SUMMARY REPORT – SUBMITTED BY HOLLERAN



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EXECUTIVE SUMMARY

Beginning in September 2022, Silver Hill Hospital undertook a comprehensive Community Health Needs Assessment (CHNA) to evaluate the mental health and substance abuse needs of individuals living in Fairfield County, Connecticut. The aim of the assessment was to reinforce Silver Hill Hospital's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of mental health and substance 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 will be utilized by Silver Hill Hospital to prioritize issues related to mental health and substance abuse and develop a community health implementation plan focused on meeting community needs. Silver Hill Hospital is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components

- Secondary Data Profile
- Online Key Informant Survey

Key Issues

Silver Hill Hospital, in conjunction with community partners will examine 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 report highlights the following issues:

- Accessing Mental Health/Substance Abuse Care
- Adequacy of Mental Health/Substance Abuse System
- Adolescent Mental Health, Substance Abuse and Other Risk Behaviors
- Adult Mental Health, Substance Abuse and Other Risk Behaviors
- Affordable Housing and Income

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:

- Mental Health and Substance Abuse
- Adolescent Mental Health
- Substance Misuse
- Adult Mental Health

Previous CHNA and Prioritized Health Issues

Silver Hill Hospital conducted comprehensive CHNAs in 2014, 2017 and 2020¹ 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 assessments helped Silver Hill Hospital to prioritize health issues and develop a community health implementation plan to improve the mental health of the surrounding community.

The 2020 prioritized health issues included:

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

Major outcomes from the 2020 priority areas included:

Prioritized Health Issue #1: Substance Misuse-

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

Prioritized Health Issue #2: Mental Health

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

- Number of medical Grand Rounds hosted and number of attendees; 35, 3042
- No of trainings hosted or led/attendees: 6, 120

Prioritized Health Issue #3: Adolescent Mental HealthNo. of new community partnerships formed: 12

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

- No. of community educational/advocacy programs and attendees: 76; 2,285;
- No of trainings hosted or led/attendees: 6, 125

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

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 F.

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 were 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 G.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

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

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

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

- A Statistical Secondary Data Profile compiles existing 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 20 key informants between October 11 and November 14, 2022. 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 and social services providers, education/school specialists, mental health/substance abuse clinicians, government housing/transportation agencies, local municipal representatives including New Canaan, Westport and Darien, public health organizations 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. An area of key concern in 2022 for Silver Hill is a perceived rise in child and adolescent mental and behavioral health issues.

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 will seek inclusion of community leaders in the implementation planning process. Public health and health care professionals as well as leaders and representatives of non-profit and community-based organizations shared knowledge about mental health and substance 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 are 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

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

KEY HEALTH FINDINGS

The components of the CHNA come together to reveal a unique perspective of the health status of residents living in Fairfield County. A number of health issues were found in both components and are worthy of attention by Silver Hill Hospital. The key findings represent themes which have been pulled from the Secondary Data Profile and the Key Informant Survey and highlight the key takeaways that stand out across the research components, as found by the Holleran team.

It is worth noting that several issues of concern were mentioned consistently by Key Informants. Frequently mentioned were issues related to access, stigma surrounding seeking treatment, an increase in dual diagnoses, lack of resources and coordination among agencies who supply the resources. The stress experienced by young people is noted as escalating and leading to increased anxiety and is sometimes perceived to be parent driven. Depression, self-harm, and self-medication in the form of alcohol and illicit drug use are resulting from increased pressure on young people. The effects of Covid-19 impacted all age groups including increased isolation and substance abuse. They are predicted to impact Fairfield County for years to come.

Findings are presented alphabetically as follows. A summary of each issues follows and includes primary and secondary data as well as powerful comments by key informants.

- Accessing Mental Health/Substance Abuse Care
- Adequacy of Mental Health/Substance Abuse System
- Adolescent Mental Health, Substance Abuse and Other Risk Behaviors
- Adult Mental Health, Substance Abuse and Other Risk Behaviors
- Affordable Housing and Income

Accessing Mental Health/Substance Abuse Care

The ability to access health care services is key to community health. Identifying and decreasing barriers which impede access can markedly improve the mental health and well-being of individuals and families. Several measurable factors, including health insurance coverage, mental health provider density and the population speaking English less than well have improved since the previous CHNA study. However, the percentage of adults receiving treatment has declined.

Ensuring accessibility to health care and good health outcomes can happen when individuals have access to health insurance including mental health coverage. The Affordable Care Act requires that most individual and small employer health insurance plans cover mental health and substance abuse disorders. In Fairfield County, a greater percentage of the population is without health insurance (7.6%) than in Connecticut (5.1%), however this is less than in the nation (8.7%). Positively, fewer individuals in 2020 are uninsured than in 2017 when it was

9.6%. One key informant commented, "Covid-19 highlighted the health disparities - those without insurance or under insured had a much harder time accessing health care services since the demand was/is much higher."

Having a sufficient number of mental health providers is important to ensure adequate access to care in a community. Without sufficient providers, the waiting time to get an appointment may be long and some providers may not accept new patients. Individuals and families in crisis may find waiting to receive care intolerable. When there are insufficient providers in a

community, routine, preventative health care is often delayed, increasing emergency room and crisis center usage where individuals know they will receive care for a problem that may be exacerbated by a lack of early intervention. Key informants pointed out, "There is a severe shortage of qualified providers who accept insurance or are otherwise affordable for the population seeking care and the demand for services continues to rise." And "there are long wait lists for teens to get into therapy."

County Health Rankings measures mental health provider density in Fairfield County. In the county, there are fewer providers than Connecticut and the National Benchmark.² In the county there are 315 individuals for every one mental health provider. In Connecticut, the ratio is 242:1 and in the U.S. it is 270:1. Fortunately, the mental health provider ratio in the county has improved significantly since 2019 when it was 360:1. However, only 30.0% percent of key informants Strongly Agree or Agree that there are a sufficient number of mental health providers in the community. This figure has decreased since 2020 (51.0%), possibly indicating a decline in the availability of providers. In addition, only 35.0% of key informants feel there are a sufficient number of providers available to treat substance abuse issues. This number has remained relatively stable since 2020 (36.7%) however, this indicates that almost two-thirds of respondents do not agree that there are sufficient providers for substance abuse.

Barriers to access continue to be in the forefront for key informants. Such barriers make it difficult if not impossible for those with mental health and substance abuse issues to receive treatment. These include too few providers (particularly as it relates to substance abuse) and long waiting lists, a lack of insurance or being underinsured (and not being able to afford co-pays), and the lack of bilingual care providers. A lack of knowledge about where to get treatment was identified in this survey by a much higher percentage of participants than in the previous survey. This lack of awareness in the community hampers those who would

² The National Benchmark represents counties that are in the 90th percentile of all counties.

otherwise seek treatment. This speaks to the need for further education, outreach, and referral efforts. Critically, the stigma attached to receiving treatment impedes the effort to connect the individual with provider. Also, the pandemic impacted access to care tremendously. "The pandemic exacerbated existing mental health issues and the isolation, fear, and disruption of life throughout the health crisis created more needs for mental health support in the community. People could not access help in person and navigating an already complex system became almost impossible."

Navigating the health care system in order to receive needed treatment may be especially challenging for those needing mental health services. In Southwest Connecticut, 14.0% of adults aged 18 and older are reported to have received mental health services in the past year. This is less than in 2016 (15.3%). It is also less than in Connecticut (16.7%) and the U.S. (16.0%). Difficulty with the English language is also a barrier to access. In Fairfield County, a high percentage (11.7%) speak English "less than very well" as compared to Connecticut (8.1%) and the U.S. (8.2%). On a positive note, the county percentage has decreased from 12.2% in 2017.

When asked where the majority of individuals go first when they are in need of mental health/substance abuse treatment, 60% of key informants selected Primary Care Provider/Family Doctor as the first stop for those seeking mental health/substance abuse treatment. Far fewer respondents selected hospital emergency department next (15.0%). In the 2020 study, this was selected by about 37% of respondents. This is a positive finding and may indicate that access to Primary Care Providers/Family Doctor has improved with less reliance on emergency services. Also encouraging, 50.0% of respondents Agree or Strongly Agree that prevention, education, and outreach regarding mental health occurs frequently in the community. This is even higher as it relates to substance abuse prevention and outreach (60.0%). However, as it relates to adolescents, mental health and substance abuse resources do not always seem to be readily available in the school system.

Adequacy of the Mental Health/Substance Abuse System

Fairfield County is ranked by County Health Rankings as 5 of 8 counties for Clinical Care which is somewhat less than favorable. Clinical Care measures access and interactions with the health care system. In addition to long waiting lists and insurance barriers, key informants identified navigating the mental health system and limited service coordination as serious issues. One key informant lamented, "Have never been able to have a client get into some clinics in years. Truly could open at least two more outpatient programs with varying levels of care, Partial, IOP, then outpatient and these clinics would be full."

Many key informants perceive that the general public does not understand the issues of mental health and substance abuse. Social stigma and not knowing where to go for

treatment are two issues chosen as negatively impacting the number of individuals that are willing or able to seek treatment. Continued education and outreach appears to be needed to increase understanding, increase the use of treatment services, and reduce the stigma that surrounds the mental health system.

Several populations were selected by key informants as underserved by the current mental health and substance abuse system. In 2022, respondents perceive there to be an equal percentage of Latino/Hispanic and Black/African America (65% each) that are underserved. In 2020, more perceived Latino/Hispanic to be the most underserved population. More respondents (30%) chose Asian population as underserved than in 2020 (21.7%). As it relates to substance abuse, the low-income and uninsured populations were selected as the most underserved (70.0% each). This was the case in 2020 as well. However, the homeless, immigrant and disabled populations were selected less frequently in 2022 than in 2020. This may represent some improvement in serving these populations.

Most key informants noted that mental health services are inadequate across all age groups. Although some survey participants agreed that substance abuse services are generally adequate for adults, most perceived that these services for teens and young adults are insufficient. Another problem emphasized by many is the provision of alcohol and cannabis by parents to their children as well as denial that their children may be experiencing mental health issues. Co-occurring diagnoses are also perceived to be escalating. Sixty percent of participants estimated that from 51% to 75% of individuals treated have co-occurring diagnoses. One recommended "Having integrated care for co-occurring diagnoses."

Key informants identified a particular need for mental health providers for adolescents. "There is not enough access to resources in a timely and geographically accessible location for residents of our town. In the case of our youth, this means those with mental health needs are in school without having their mental health needs met. Our schools are not staffed to manage these challenges." In addition to providers, one commented that there is a "lack of sufficient inpatient hospital beds- particularly for teens/children."

Covid-19 created great difficulties for the mental health and substance abuse treatment systems. Reaching individuals in need of service became even more difficult. "The challenge of participating in video conferencing for counseling services, schooling, etc. proved difficult for many, especially those without access to computers. We will be suffering the effects and studying the consequences of COVID for decades." "Seniors were most adversely affected by barriers such as technology and transportation to access care."

In terms of what is being done well in Fairfield County, key informants mentioned the Urgent Assessment Program at Silver Hill Hospital, Fairfield CARES and the Wilton Youth Council. "We need SHH's Urgent Assessment Program! We need to educate pediatricians and take care of teachers mental health so that they can be there for our kids." Some also perceived there to be strong collaboration among local providers and agencies in recent years in the area of community awareness and visibility, however many believe this needs to be strengthened. "Our community is making mental health a priority now." "Greater degree of interagency collaboration has emerged." Yet, another said, "Coordinate efforts...too often agencies and organizations are duplicating efforts and subsequently operating in silos. A unified effort can result in much stronger outcomes."

Adolescent Mental Health, Substance Abuse and Other Risk Behaviors

There is a significant amount of data for high schoolers in relation to their emotional health and risk behaviors. The Darien Youth Asset Survey representing over 2,000 7th to 12th graders found that since COVID-19, more teens are experiencing sadness and anxiety and increasing their use of substances including alcohol and marijuana. Other data demonstrates that overall, there is an increase in the percentage of female as well as Hispanic students who are experiencing mental health issues. At the same time, adolescent bullying, including electronic bullying is prevalent.

While 30.6% of high school students in Connecticut reported feeling sad or helpless, this is lower than the percentage across the United States (36.7%), but also higher when compared to 2017 when it was 26.9%. In Connecticut, students who felt sad or hopeless are about twice as likely to be female than male and more likely to be Hispanic. The percentage of students who seriously considered suicide (12.7%) and those who have attempted suicide (6.7%) is lower than the nation (18.8% and 8.9% respectively). This trend has reversed itself since 2017 when more youth attempted suicide in Connecticut than in the U.S. In the 2022 data, more female adolescents have considered or attempted suicide than males. Those who have attempted suicide are also more likely to be Hispanic. This has changed since 2017 when more Black students had attempted suicide.

Adolescent bullying is associated with anxiety and depression, especially in those with little social support. Among high school students in Connecticut, 17.8% have experienced bullying, however this has decreased from 18.9% in 2017. Electronic bullying is prevalent and 14.3% of Connecticut high school students report experiencing this type. The frequency of bullying is higher among female students and White and Hispanic students than Black.

Adolescents also engage in risk behaviors such as drinking, smoking and drug use. On a positive note, less Connecticut students drink alcohol, and use tobacco and illicit drugs than in the U.S. The use of cigarettes is declining by high school seniors but drinking alcohol and using marijuana is increasing.

Fewer Connecticut high school students (25.9%) currently drink alcohol (2019) than in 2017 (30.4%). Compared to the U.S., fewer start drinking alcohol before the age of 13. Students are most likely to be female than male and White or Hispanic rather than Black.

Approximately 4.0% of Connecticut high school students currently smoke while 6.0% of high school students across the nation report currently smoking. The percent of high school smokers has declined steadily since 2017 however, over one-quarter of Connecticut students are currently using vapor products. In the state, high school students who currently smoke are equally male (3.7%) and female (3.7%). Smoking by male students has declined sharply since 2017. More Hispanic students are likely to smoke (4.8%) than White (3.2%) or Black (3.5%). Illicit drug use is also prevalent among adolescents, however, among high school students, rates of use of marijuana, cocaine, and inhalants are somewhat lower than in the nation. About 4.0% of high schoolers currently used marijuana one or more times 30 days before the survey and 2.6% used cocaine. Female students are somewhat more likely to use marijuana than males. While the use of cocaine has declined from 2017 to 2019, the use of marijuana has increased.

Key informants had these key points to make about substance abuse by adolescents.

“Young people and the use of high concentration THC products is an issue that needs to be addressed. We see many acute psychiatric breaks related to this use and we also see episodes related to use of inhaled THC 'carts' and cannabinoid hyperemesis syndrome in young people trying to quit.” This comment was made related to substance abuse stemming from anxiety and stress. “Many use, and then subsequently abuse, in an effort to fit in as well as to self-soothe. Anxiety amongst young folks is at an all-time high and trying to veil that as well as seem 'normal' (like they have it all together) typically amps up the anxiety. Young folks are really struggling with the concept that 'not being ok is really ok.’”

Adult Mental Health, Substance Abuse and Other Risk Behaviors

The mental health and risk behaviors of adults including substance abuse were examined. Data for mental illness, suicide and substance abuse is mixed with some indicators worsening from the last study while others improved. In comparison to the state and the nation, indicators for Fairfield County and Southwest Connecticut are often positive. Social connections and isolation are somewhat more problematic when compared to the state and the nation.

Anxiety, depression, and suicide are the top three key mental health issues identified by key informants and they are also the most significant. Suicide replaced trauma as one of the top concerns, with an increase in the suicide rate noted in some comments. “There has been an uptick in suicide so we need to have more ‘post-vention’ efforts and educate the community on how to save lives.” The top three substance abuse issues are alcohol abuse, underage drinking, and e-cigarettes/vaping.

Secondary data identified 16.2% of adults aged 18 or older in Southwest Connecticut as having any mental illness in the past year. The percentage of those with serious mental illness is 3.5%. These figures compare favorably to Connecticut (18.9% and 4.7% respectively) and the U.S. (20.2% and 5.1%). This outcome is similar for a major depressive episode, and serious thoughts of suicide in the past year. However, these percentages are slightly higher than in 2016. The adult suicide rate (0.5%) is consistent with Connecticut and the U.S. Furthermore, according to County Health Data, Fairfield County appears to be slightly below the state and nation in terms of the number of poor mental health days per month. On average, Fairfield County residents experience 3.2 days of poor mental health in the last 30 days (an increase from 2.9 days in 2019).

Divorce and separation are associated with increased anxiety, depression, and increased risk of alcohol abuse. The divorce rate in Fairfield County has increased to 10.2% in 2020 from 9.2% in 2017. Over one-third (33.9%) of those 15 years and older have never married in Fairfield County, slightly higher than in 2017 (32.7%).

Minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research tells us that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group. According to County Health Rankings, in 2021 social associations per 10,000 individuals (9.5) in Fairfield County are similar to Connecticut (9.4) and an far less than the National Benchmark (18.2). Yet, the number of social associations per 10,000 has grown slightly since 2019 when it was 9.1. Adult drinking, smoking and illicit drug use are risk behaviors that have unintentional consequences leading to poor health outcomes for the individual, the family and public health. County Health Rankings ranks Fairfield County as 1 (with 1 being the best) of all counties in terms of Health Behaviors which include smoking, obesity, physical inactivity, excessive drinking, and sexually transmitted diseases. Despite this very favorable ranking, some other data are mixed. Excessive drinking (i.e., heavy drinking and binge drinking) among Fairfield County adults (22%) is slightly higher than both the state (20%) and the nation (15%). This figure has increased 2% since 2017. Furthermore, in the Southwestern Connecticut Region, 57.6% of individuals aged 12 to 20 years old experienced Alcohol Use Disorder in the past month. This figure has declined since 2014 – 2016 when it was 60.6%. Additionally, 32% of Fairfield County's driving deaths were due to alcohol impairment. Positively, 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 (unchanged since 2019) and 16% in the United States (which increased 2% since 2019). Approximately 13.5% of individuals in the Southwestern Connecticut Region used illicit drugs in the past year compared to 12.7% across the nation and 15% in the state. These figures are higher than in 2017. Fortunately, the misuse of pain

relievers among those 12 years and older has declined significantly from 8.9% (2016) to 3.3% (2020).

Affordable Housing and Income

Key social determinants of health in Fairfield County such as housing, income, education, and employment directly and indirectly impact mental health for its residents as well as access to mental health services. Income, employment, and housing indicators in the county describe (on average) a population with relatively high income and low unemployment. However, in Fairfield County, a somewhat lower percentage of students graduate high school than in Connecticut and the U.S. which may impact future earnings. Also, individuals and families living in Fairfield County are faced with high rent and mortgage cost burdens. This impacts the ability to seek services. One key informant remarked, "There is a severe shortage of qualified providers who accept insurance or are otherwise affordable for the population seeking care and the demand for services continues to rise."

The median income for households and families in Fairfield County is \$97,539 and \$120,156 respectively. These incomes are significantly higher when compared to the state (\$79,855 and \$102,061) and the nation (\$64,994 and \$80,069). Unemployment in the county is relatively low (3.6%). It appears that many households have significant means, however, the income inequality ratio as measured by County Health Rankings³ shows Fairfield County at 5.9 while Connecticut is 5.0 and the National Benchmark (which describes the 90th percentile of better of all counties) is 3.7. Although data indicate that fewer live below the poverty line than in the state or the nation, 8.3% of households receive food stamps and SNAP benefits. This scenario points to many residing in the county with limited means.

A concerning finding from the Key Informant survey is that none of the key informants perceive there to be a sufficient number of mental health and substance abuse providers that accept Medicaid or provide financial assistance. In the 2020, none of the key informants thought there were enough Medicaid providers or those that provide financial assistance. The percentage of those who strongly disagree with the statement that there are sufficient providers in this category has increased significantly in 2022 from 55% to 75%. In addition to individuals with low incomes, key informants noted the difficult for those who may have somewhat higher incomes but may not be able to pay co-pays and other out-of-pocket expenses. This makes it difficult to access mental health/substance abuse services. "Working in a high-income community, the out-of-pocket expenses of mental health care are considered accessible to all. This is not the case, and the

³ County Health Rankings measures the health of nearly all counties in each state for 2021. Receiving a rank of "1" is the best. Rankings are based on factors that, if improved, can help make communities healthier places to live, learn, work and play.

presumption otherwise puts an added level of stress on the population in attempting to access services.” When asked to comment about challenges facing the community, one respondent said, “Providing affordable services.” Covid-19 presented further challenges such as “Increased financial and psychosocial stressors (from Covid-19), some unemployed, and limited ability to pay for copays or out of pocket treatment.”

Housing is an important social determinant of physical and mental health. Research shows that affordable housing makes more household resources available to pay for health care and healthy food, which lead to better overall health outcomes. Homeowners in Fairfield County comprise 68.6% of households and of those 69% have mortgages. Renters make up 31.4% of households. To assess the affordability of housing, 30% of a household’s total income is considered the cut off for housing cost burdens and avoiding financial hardship. The percentage of households spending 30% or more of their income on a mortgage is higher (35.5%) than the state (30.5%) and the nation (27.4%). Likewise, renters spending more than 30% of their income on rent is also higher (54.1%) than in Connecticut (51.4%) and the United States (27.4%). These indicators portray many individuals and families with sufficient financial resources, but also high mortgage and rent values. This suggests that owning or renting an adequate home may be out of reach for some.

Inadequate housing is measured by County Health Rankings which reports that 21.8% of Fairfield County’s homes have severe housing problems. This is much higher than the state (18.0%) and the 9.0% National Benchmark. The county ranked lowest (8 of 8 counties) as it relates to living conditions in the physical environment. In addition to severe housing problems, drinking water violations were also found and air particular matter was much higher than in Connecticut and the U.S.

SILVER HILL HOSPITAL

2022 Older Adult Report Card

DOMAIN	INDICATOR	MEASURE	FAIRFIELD COUNTY	CT	U.S.
SOCIO-ECONOMIC FACTORS	LANGUAGE	Population 5 Years and Older who speak English less than "very well"	11.7%	8.1%	8.2%
	INCOME	Population below 100% of the poverty level	8.9%	9.8%	12.8%
		Households with Food Stamp/SNAP benefits	11.4%	11.6%	8.3%
		% of unemployed civilian labor force	3.6%	3.7%	2.6%
	EDUCATION	% of bachelor's degree or higher in adults 25 years and over	48.9%	40.0%	32.9%
	AFFORDABLE HOUSING	Renter households spending more than 30% of their income on housing	54.1%	51.4%	49.1%
		Owner households spending more than 30% of their income on housing	35.5%	30.5%	27.4%
	SOCIAL SUPPORT	Divorce Rate	10.2%	10.6%	10.8%
		Female householder, no husband present	11.9%	12.5%	12.3%
		Nonfamily households	34.7%	34.8%	30.6%
		Householders Living Alone	28.0%	28.5%	25.1%
		Social Associations per 10,000	9.5	9.4	18.2*
		Percent of key informants who strongly disagree or disagree that the public understands mental and behavioral health issues	65%	—	—
	HEALTH CARE ACCESS	% of population without health insurance coverage	7.6%	5.1%	8.7%
		Mental health providers to population ratio	315:1	242:1	270:1
		Percent of key informants who agree or strongly agree that there are a sufficient number of organizations that provide treatment for mental health issues	30%	—	—
		Percent of key informants who agree or strongly agree that there are a sufficient number of organizations that provide treatment for substance abuse issues	35%	—	—
		Percent of key informants who chose "insurance barriers" and "long waiting list" as system gaps/barriers to receiving treatment	80%	—	—
		Percent of key informants who chose "those without insurance" as the most underserved population	60%	—	—
		Percent of key informants who chose "Latino/Hispanics" and/or "Black/African American" as the most underserved racial/ethnic group	65%	—	—

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

*National benchmark represents the 90th percentile, i.e., only 10% better across the nation.

— Data not available

SILVER HILL HOSPITAL

2022 Older Adult Report Card

DOMAIN	INDICATOR	MEASURE	FAIRFIELD COUNTY	CT	U.S.
SOCIO-ECONOMIC FACTORS	BUILT ENVIRONMENT AND SOCIAL/ECONOMIC FACTORS	Food environment index=food access and insecurity (ranking from 1=worst to 10=best)	8.6	8.2	8.7*
		Severe housing problems	21%	18%	9%*
		Access to exercise opportunities	97%	94%	91%*
		High School Graduation rate	90%	91%	94%*
		Violent Crime rate	238	232	63
HEALTH BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Population reporting "fair" or "poor" overall health	12%	13%	14%*
		Percent of key informants who chose "anxiety" as most significant mental health issue	42.1%	—	—
		Poor mental health days (average within past 30 days)	3.6	3.8	3.8*
		% of population with adult obesity (BMI ≥ 30)	21%	26%	26%*
		Physical inactivity (Adults aged 20 years and over)	17%	20%	19%*
		Electronically Bullied (through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	—	14.3%	15.7%
		Being bullied at school	—	17.8%	19.5%
		MEASURE	SOUTHWEST CONNECTICUT	CT	U.S.
		Any mental illness in the past year – Adult Aged 18 or Older	16.2%	18.9%	20.2%
		Serious mental illness - Adult Aged 18 or Older	3.5%	4.7%	5.1%
		Major depressive episode - Adult Aged 18 or Older	6.2%	7.7%	7.8%
		Individuals who had serious thoughts of suicide in the past year - Adult Aged 18 or Older	4.0%	4.4%	4.7%
		Attempted suicide in the past year - Adult Aged 18 or Older	0.5%	0.5%	0.5%
		Received mental health services in the past year – Adult Aged 18 or Older	14.0%	16.7%	16.0%

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

*National benchmark represents the 90th percentile, i.e., only 10% better across the nation.

— Data not available

SILVER HILL HOSPITAL

2022 Older Adult Report Card

DOMAIN	INDICATOR	MEASURE	FAIRFIELD COUNTY	CT	U.S.
HEALTH BEHAVIORS	TOBACCO USE/ SUBSTANCE USE	Adults who are current smokers	10%	13%	16%*
		Excessive drinking in adults	22%	20%	15%*
		Alcohol-impaired driving deaths	32%	32%	11%*
		Percent of key informants who chose "alcohol abuse" as most significant substance abuse issue	55%	—	—
		MEASURE	SOUTHWEST CONNECTICUT	CT	U.S.
		Illicit Drug Use in the Past Year 12 Years and Older	13.5%	15.0%	12.7%
		High School Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	—	3.7%	6.0%
		High School Students who currently used marijuana (one or more times during the 30 days before the survey)	—	3.8%	5.6%
		High School Students who ever used cocaine (any form of cocaine, such as powder, crack or freebase, one or more times during life)	—	2.6%	3.9%

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

*National benchmark represents the 90th percentile, i.e., only 10% better across the nation.

— Data not available

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

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

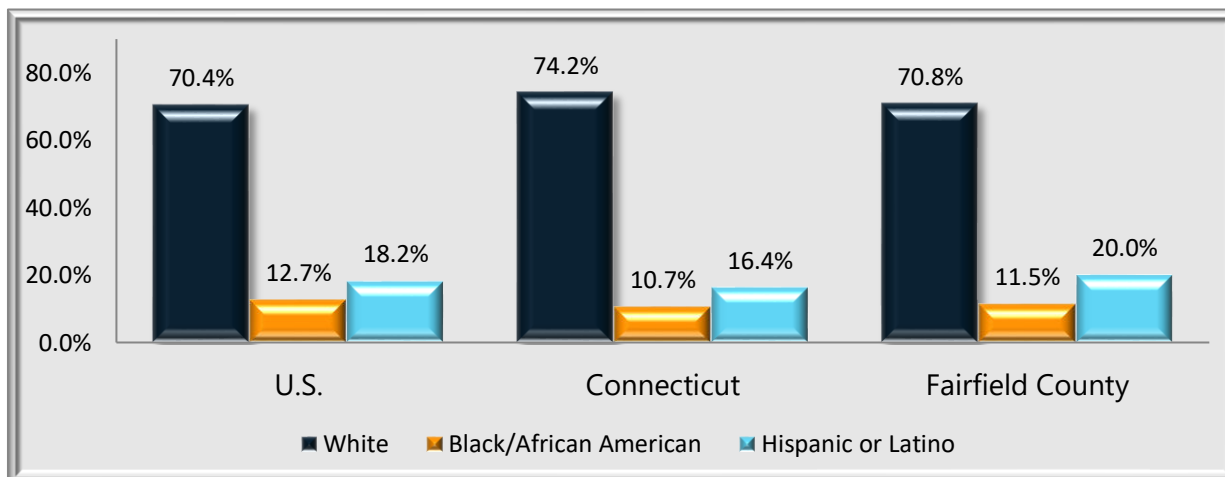
I. Socio-Demographic Statistics Overview

The population of Fairfield County has experienced larger population growth (4.3%) between 2010 and 2020 when compared to Connecticut (0.7%). However, the population growth in both the county and state has been slower than the growth in the nation (7.4%).

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 40.8 in Fairfield County, 41.1 in Connecticut, and 38.2 in the United States. These figures have all increased since 2017, indicating a nationally aging population.

The population in Fairfield County is predominantly white (70.8%), which is similar to both the state and the nation. This white population has declined from 75.6% since 2017. There is a larger Hispanic/Latino population in Fairfield County (20.0%) than in Connecticut (16.4%) and the United States (18.2%).

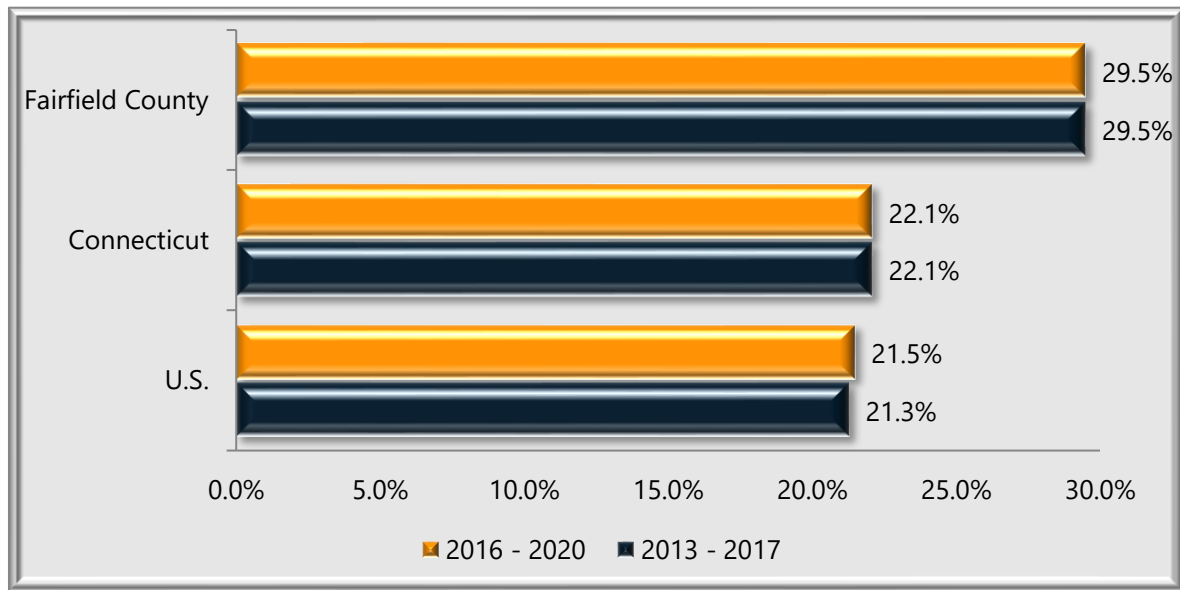
Figure 1. Racial breakdown of the two major races and one ethnic group, 2016 - 2020



Source: U.S. Census Bureau

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 (21.5%). 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 (16.0%) followed by 10% who speak other Indo-European languages.

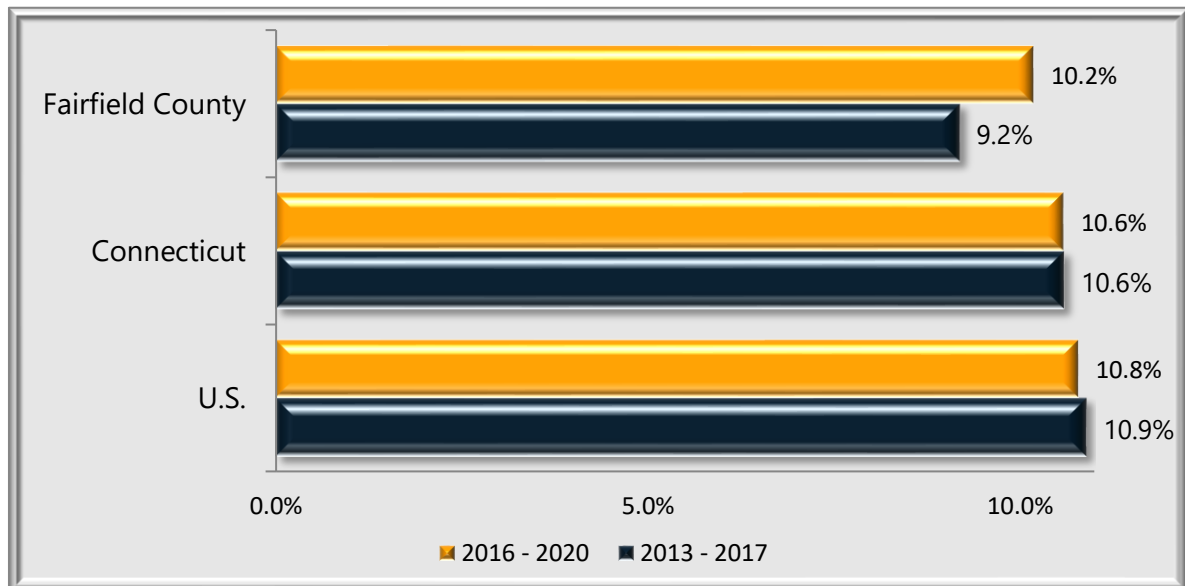
Figure 2. Percentage of population speaking a language other than English at home, 2016 – 2020 vs. 2013 – 2017



Source: U.S. Census Bureau

As it relates to marital status, in Fairfield County, just under half (48.8%) of residents 15 years and older are now married. In 2017, this was 51.0%. In 2020, 51.2% have never been married, are separated, widowed, or divorced. The divorce rate in the county is less than in Connecticut and the U.S., however it has increased in 2020 to 10.2% from 9.2%.

Figure 3. Divorce Rate, 2016 – 2020 vs. 2013 – 2017

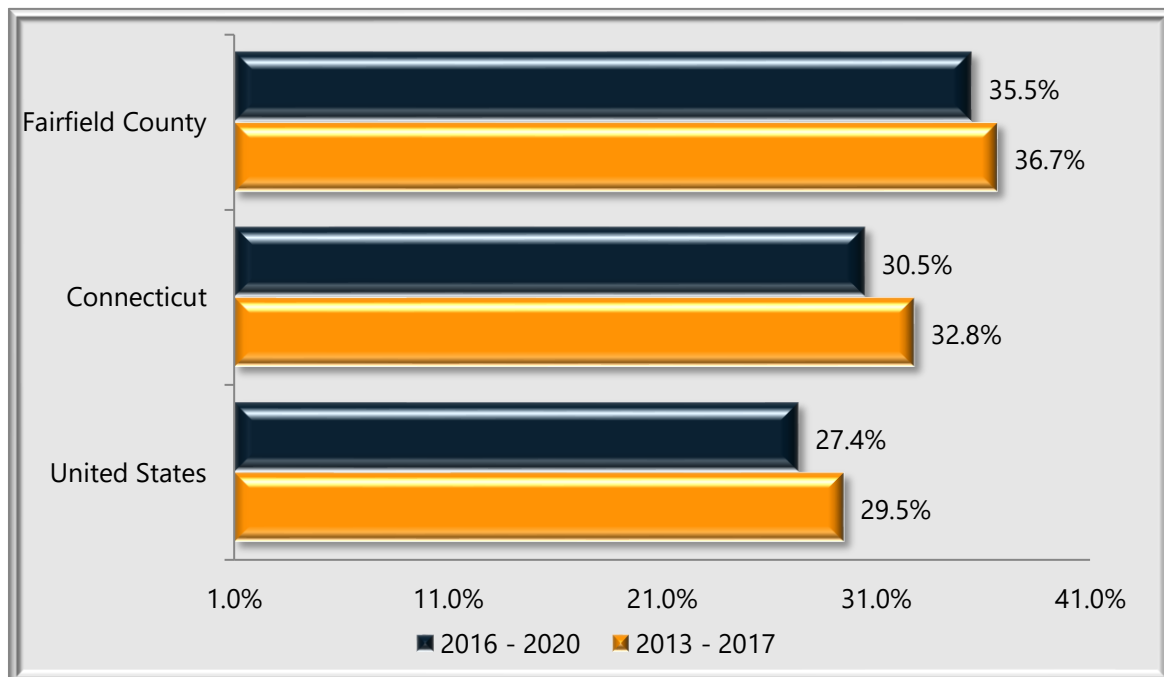


Source: U.S. Census Bureau

Housing can be a very important social determinant of health. Affordable housing can alleviate the financial burden and make more household resources available to pay for health-related costs. Homeowners comprise 68.6% of households and of those 69% have mortgages. Renters make up 31.4% of households. In Fairfield County, the median home value rose 3.6% to \$433,000 (2020) from \$417,800 (2017) and the median rental cost rose to \$1,511 from \$1,439 per month (5% increase). These figures are much higher when compared to both Connecticut (\$279,700; \$1,201) and the United States (\$229,800; \$1,096).

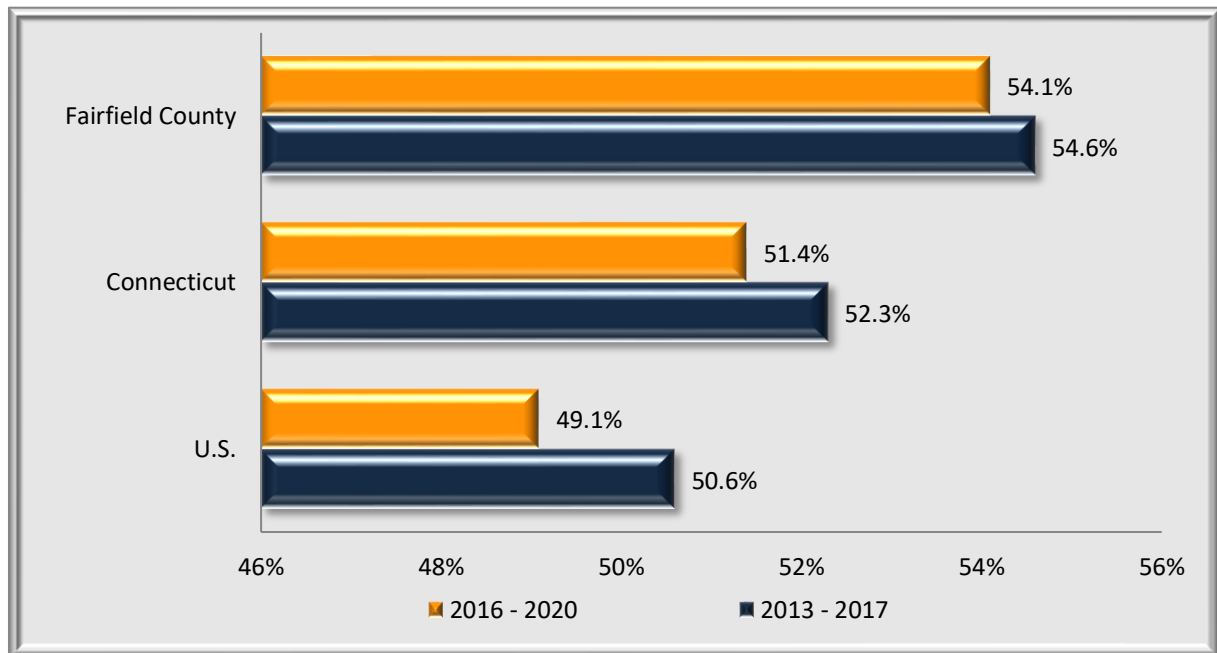
The percentage of homeowners spending 30% or more of their income on mortgage/owner costs (36.7%) is higher in Fairfield County when compared to both the state (32.8%) and the nation (29.5%). There is also a higher percentage of renters spending 30% or more of their income on rental costs in Fairfield County (54.1%) than renters in Connecticut (51.4%) and the United States (49.1%). Spending more than 30% of monthly income on a mortgage or rent is considered a “cost burden” for the household. However, these figures have all decreased slightly since 2017.

Figure 4. Households spending more than 30% of income on mortgage, 2016 – 2020 vs. 2013 – 2017



Source: U.S. Census Bureau

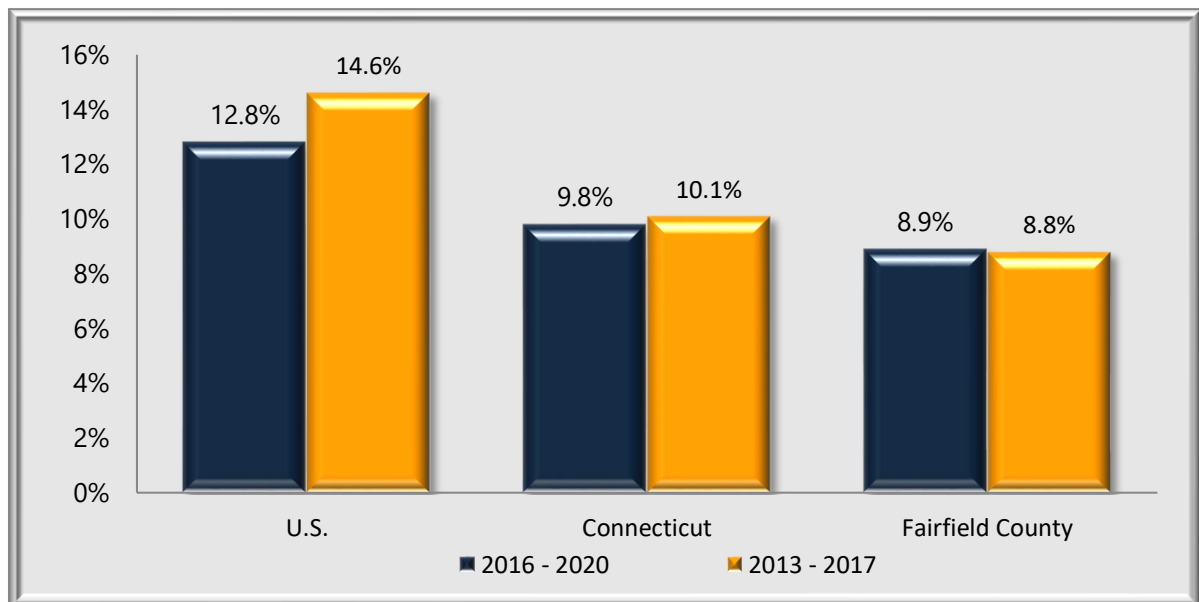
Figure 5. Households spending more than 30% of income on rent, 2016 – 2020 vs. 2013 – 2017



Source: U.S. Census Bureau

Low Income and living below the poverty level impact a household's ability to access health care and is a major cause of ill health as well as a rise in the rate of depression. In Fairfield County in 2020, 8.9% of all people and 11.6% of those under 18 years live below the poverty level. This has increased since 2017 when 8.8% of all people in the county and 10.9% of those under 18 years were in this category.

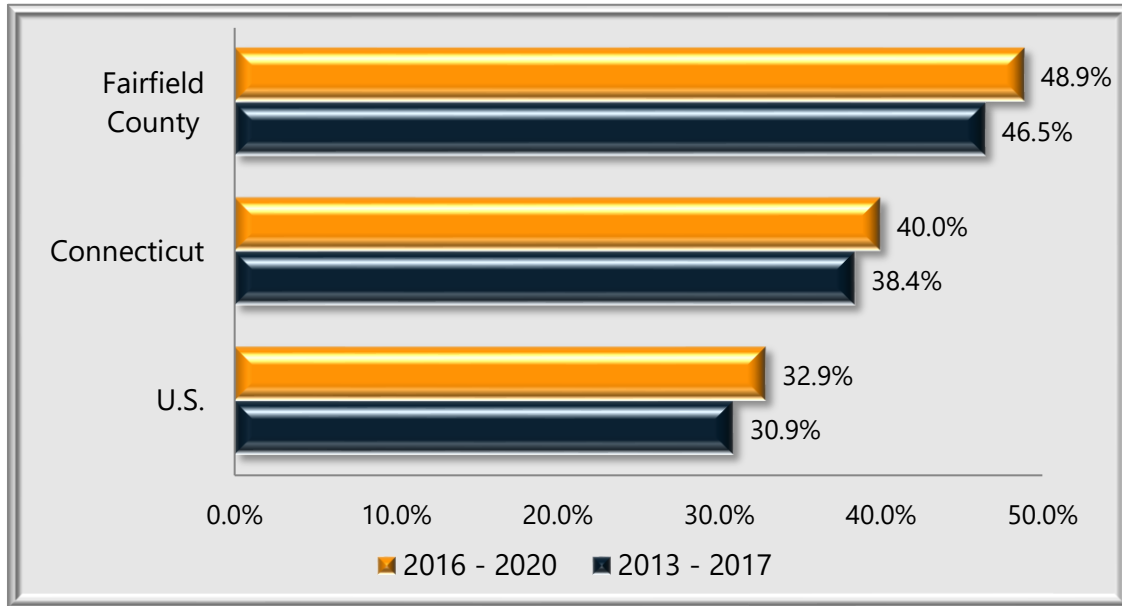
Figure 6. Percentage of people below the poverty level, 2016 – 2020 vs. 2013 - 2017



Source: U.S. Census

Education is also an important social determinant of health. Evidence indicates that individuals who are less educated tend to have poorer health outcomes. More residents in Fairfield County have at least a bachelor's degree or higher (48.9%) as compared to 40.0% in Connecticut and 32.9% in the nation.

Figure 7. Population with a bachelor's degree or higher, 2016 – 2020 vs. 2013 – 2017



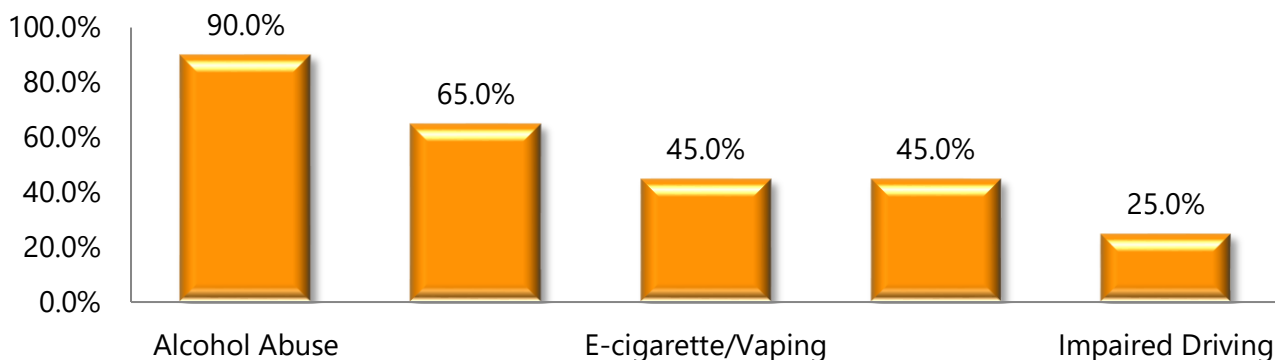
Source: U.S. Census Bureau

II. Substance Abuse

Key informant survey respondents were asked to rank the three most pressing substance abuse issues in Fairfield County. The top three substance abuse issues selected remain the same from the 2020 study. These are Alcohol Abuse (90.0%), Underage Drinking (65.0%) and E-cigarette/Vaping (45.0%)/misuse of prescription drugs (also 45.0%). Illicit drug use and drug overdose were not identified as a key issue this year. A smaller portion of respondents selected e-cigarette/Vaping in 2022 (45.0%) than in 2020 (59.2%). Importantly, impaired driving was chosen by a much larger percentage (25.0%) in this survey.

Alcohol Abuse was selected again by Key Informants in 2022 as the single most significant substance abuse issue affecting the community. It was selected by 55%, a much higher percentage than in 2020 (31.9%). Underage Drinking and E-cigarette/Vaping remained in the top three. However, E-cigarette/vaping was chosen as the third most significant by far fewer respondents (10.0%) than in 2020 (19.1%).

Figure 8. Ranking of key substance abuse issues by Key Informants



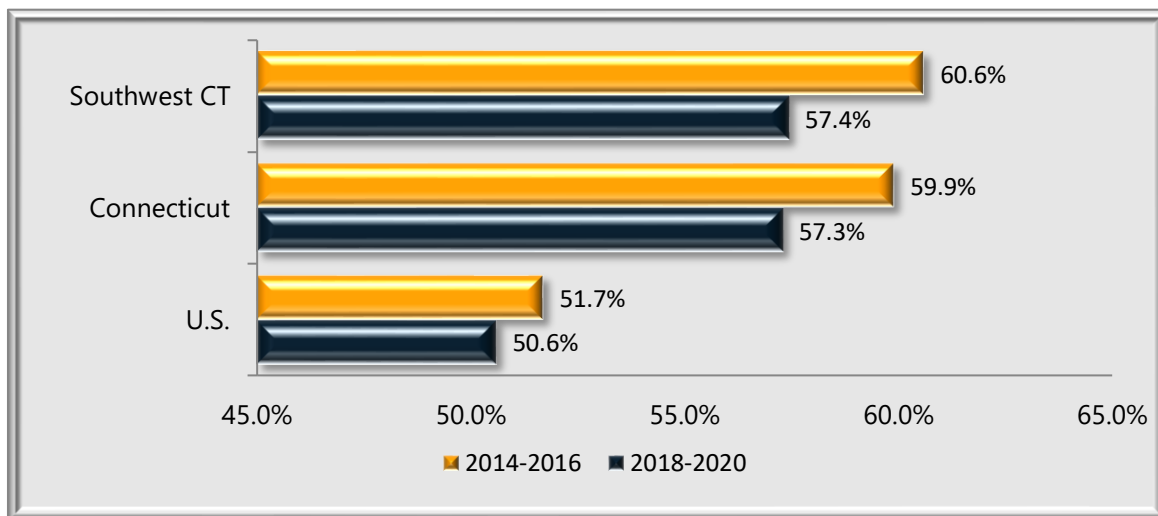
According to County Health Rankings, adult smokers make up 10% of those in Fairfield County as compared to 13% in Connecticut. The National Benchmark (in which only 10% of Counties are better) is 16%, higher than the county and the state.

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 (22%) is slightly higher than both the state (20%) and the nation (15%). This figure has increased 2% since 2017. Furthermore, in the Southwestern Connecticut Region, 57.6% of individuals aged 12 to 20 years old experienced Alcohol Use Disorder in the past month. This figure has declined since 2014 – 2016 when it was 60.6%.

Data from County Health Rankings indicates that 32% of Fairfield County's driving deaths were due to alcohol impairment, slightly less than in 2019 and similar to Connecticut. However, this figure is much higher than the National Benchmark of 11%.

Figure 9. Alcohol Use Disorder in the Past Month - 12 years or older, 2018 – 2020 vs. 2014 - 2016



Source: SAMHSA/NSDUH Substate Data

While the percentage of high school students in Connecticut who reported using alcohol was generally lower than the United States, approximately 26% of students report currently drinking alcohol. This indicator has declined sharply since 2017 when it was 30.4%. Students who currently drink alcohol are more likely to be female (29.2%) than male (22.8%) and White (29.6%) or Hispanic (26.0%) than Black (14.7%).

E-Cigarette and Tobacco Use

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 (unchanged since 2019) and 16% in the United States (which increased 2% since 2019). For individuals 12 years or older, tobacco use rates in the past month are lower in Southwest Connecticut (16.1%) compared to the state (17.9%) and nation (20.4%). This has decreased since 2016 when 18.4% of individuals aged 12 and older in Southwest Connecticut stated they have used tobacco in the last month.

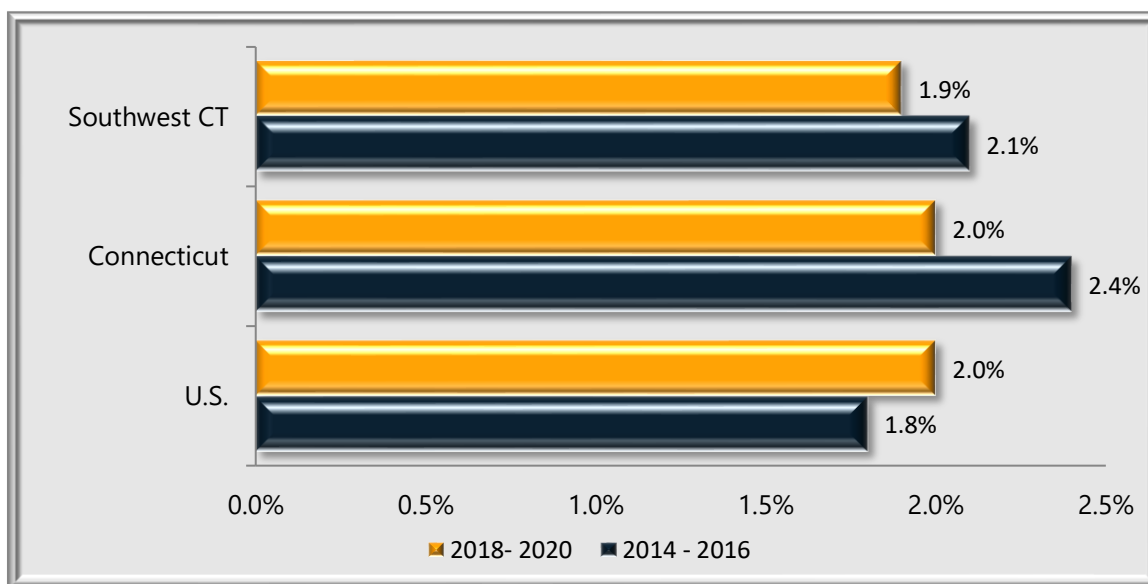
Approximately 4% of Connecticut high school students currently smoke while 6% of high school students across the nation report currently smoking. Both of these figures have decreased steadily in comparison to 2017. In the state, high school students who currently smoke are equally male (3.7%) and female (3.7%). More Hispanic students are likely to smoke (4.8%) than White (3.2%) or Black (3.5%) students. Again, these statistics have all decreased since 2017. More than one-quarter of Connecticut students (27.0%) are now using vapor products including e-cigarettes and vape pens. In the nation, this is 32.7%.

Illicit Drug Use

Illicit drug use in the past month tends to be slightly higher in the state of Connecticut than in Southwest Connecticut and the United States. Approximately 13.5% of individuals in the Southwestern Connecticut Region used illicit drugs in the past year compared to 12.7% across the nation and 15.0% in the state. These figures are higher than in 2017.

Among high school students, rates of use of marijuana, cocaine, and inhalants are somewhat lower than in the nation. This has changed since 2017 when the rates were like the nation. High school students in Connecticut using marijuana in the past 30 days increased from 20.4% in 2017 to 21.7% in 2019. The percentage of female students using marijuana has increased (21.6% in 2017) to 22.9% while the same figure for male students has decreased (19.7% in 2015, 19.3% in 2017). However, male students in Connecticut are more likely to have ever used cocaine (3.6%) than their female counterparts (1.5%). In terms of race, students who have ever used cocaine are more likely to be Black (4.8%). In 2017, White high schoolers were more likely than Black to use cocaine.

Figure 10. Cocaine Use in the Past Year among Individuals Aged 12 years or Older, 2018 – 2020 vs. 2014 – 2016



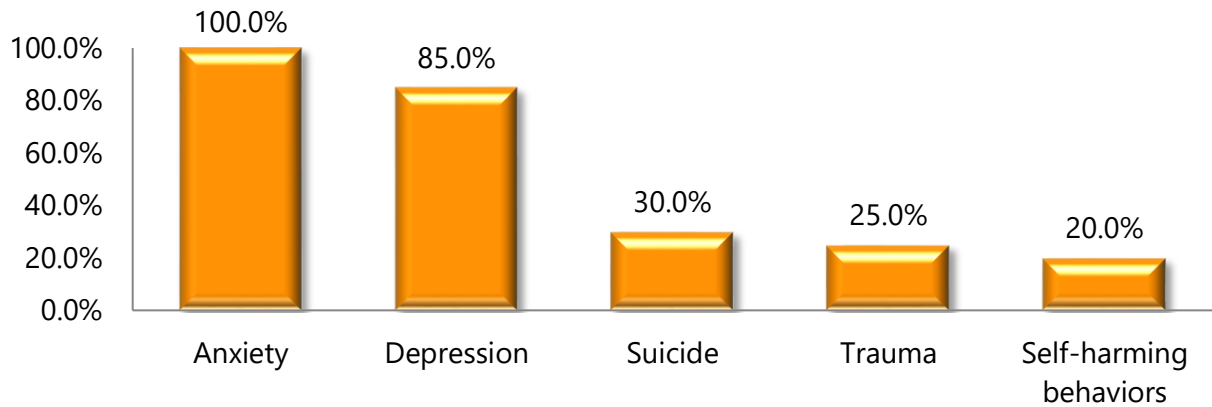
III. Mental Health

Key Informant survey respondents were also asked to rank the top three most pressing mental health issues in the Fairfield County community. An overwhelming majority stated that Anxiety is the top mental health issue in the community. The second top mental health issue is Depression with 85% of Key Informants choosing this issue. This is followed by suicide (30.0%). This has changed from 2020 when Trauma was chosen as the third mental health issue and selected by 40.8%. In 2022, Trauma was chosen by 25.0%, much less.

When asked to determine which mental health issue was the most significant, 42.1% of Key Informants selected Anxiety. This has declined since 2020 when about 50% selected this issue. Approximately one-quarter (26.3%) selected Depression. The percent choosing

Depression was similar in 2020. Once again suicide was chosen by 21.1% of respondents, surpassing Trauma.

Figure 11. Ranking of key mental health issues by Key Informants



Poor Mental Health Days

According to County Health Data, Fairfield County appears to be slightly below the state and nation in terms of the number of poor mental health days per month. On average, Fairfield County residents experienced 3.2 days of poor mental health in the last 30 days (an increase from 2.9 days in 2019).

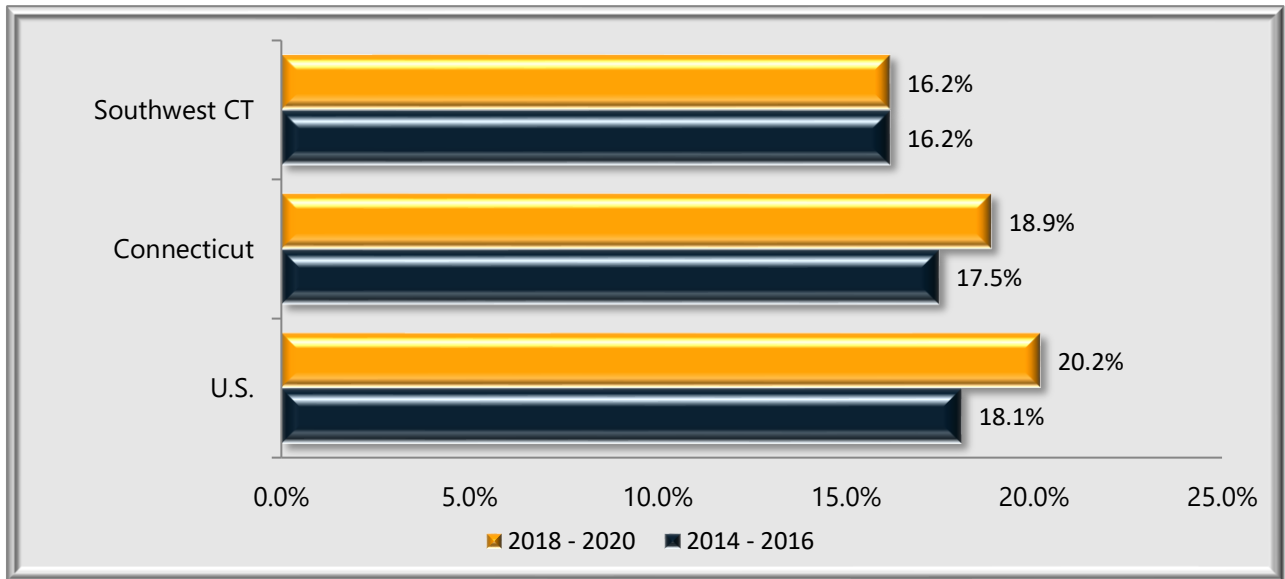
Access to exercise opportunities and physical activity can have a positive impact on mental health and may alleviate some symptoms of depression. In Fairfield County, 17.0% of adults age 20 years and older are reported to be physically inactive. Inactivity is higher in Connecticut and the United States. This is despite an environment in which the opportunity for exercise is 97%, higher than the state and the nation.

Mental Health Diagnosis

As it relates to mental health diagnoses 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 (18.9%) and the nation (20.2%).

Although percentages are lower in Southwestern Connecticut than in the state or nation 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, the percentages are slightly higher than in 2016.

Figure 12. Any Mental Illness in the Past Year among Adults Aged 18 or Older, 2018 – 2020 vs. 2014 – 2016



Source: NSDUH

Table 1. Mental Health Diagnosis among Adults Aged 18 or Older (2018 - 2020)

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

Source: SAMHSA/NSDUH Substate Data

Table 2. Mental Health Diagnosis among Adults Aged 18 or Older (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%
Attempted Suicide in the past year	--	--	--
Received mental health services in past year	14.5%	16.9%	15.3%

Source: SAMHSA/NSDUH Substate Data

-- Data not available

Additionally, minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research tells us that social trust is

enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group. According to County Health Rankings, in 2021 social associations per 10,000 individuals (9.5) are fewer in Fairfield County than in either Connecticut (9.4) and the National Benchmark (18.2). The number of social associations per 10,000 has grown slightly since 2019 when it was 9.1.

Adolescent Emotional Health

Data from the Youth Risk Behavior Survey indicate that the emotional health of Connecticut youth is somewhat better than in the United State. While 30.6% of students in Connecticut reported feeling sad or helpless, this is lower than the percentage across the United States (36.7%), but also higher when compared to 2017 when it was 26.9%. Additionally, the percentage of students who seriously considered suicide (12.7%) and those who have attempted suicide (6.7%) is lower than the nation (18.8% and 8.9% respectively). This trend has reversed itself since 2017 when more youth attempted suicide in Connecticut than in the U.S.

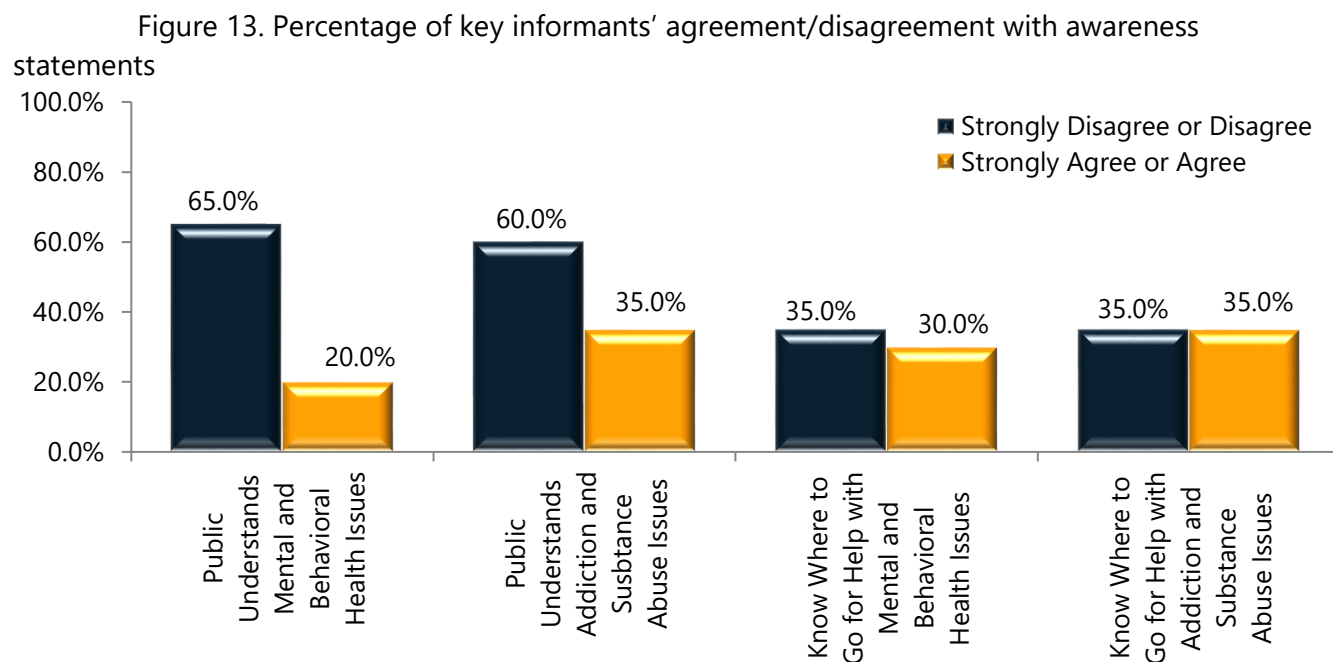
In Connecticut, students who felt sad or hopeless are more likely to be female (34.8%) than male (15.9%) and Hispanic (36.8%). Those who have attempted suicide are also more likely to be Hispanic (10.1%). This has changed since 2017 when more Black students had attempted suicide.

Adolescent bullying is associated with anxiety and depression, especially in those with little social support. Among high school students in Connecticut 17.8% have experienced bullying, however this has decreased from 18.9% in 2017. Electronic bullying is prevalent and 14.3% of Connecticut high school students report experiencing this type. Compared to the nation, Connecticut has slightly fewer incidents reported by students. The frequency of bullying is higher among female students and White and Hispanic students than Black.

The Darien Youth Asset, administered in 2021 found that results were heavily influenced by the COVID-19 pandemic. The vast majority of children surveyed in grades 7 to 12 reported feeling more anxiety, more sadness and more isolated despite their best efforts to stay connected. This declining mental health may be related to heightened use of substances such as alcohol and marijuana. The study found that the percentage of teens who were drinking or using other substances jumped substantially sometime after 9th grade with a large segment of 11th and 12th graders reporting either moderate or heavy use of alcohol and more infrequently, marijuana.

III. Awareness of Issues and Services

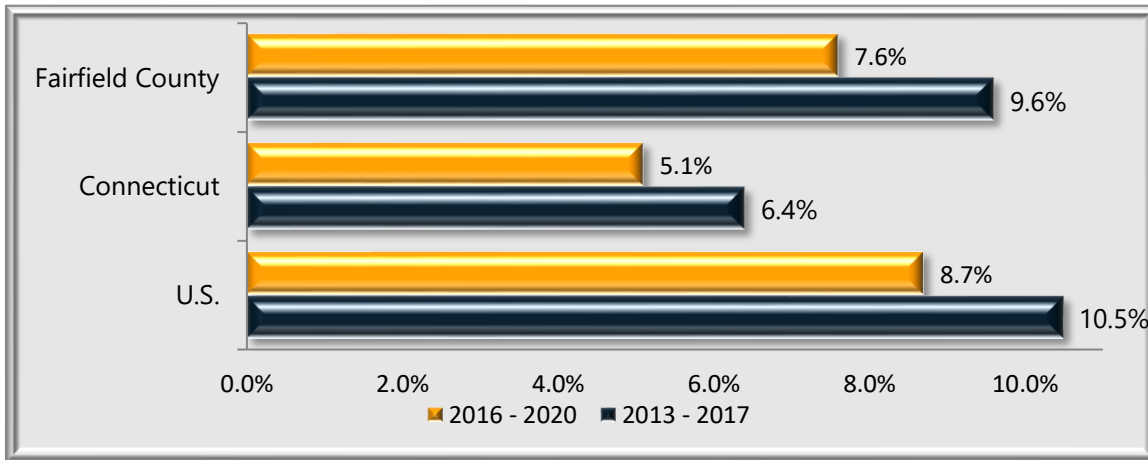
Key Informants were asked about the community's awareness of mental health and substance abuse issues, on a five-point scale of Strongly Disagree to Strongly Agree. In general, the vast majority of respondents feel the public does not understand mental health or substance abuse issues. This was the same response as in the previous study although more chose Disagree rather than Strongly Disagree in 2022. This may demonstrate some improvement in public awareness. Responses were mixed as they relate to community residents knowing where to get treatment for mental health and substance abuse issues. About one-third Agree and Strongly Agree and one-third Disagree or Strongly Disagree.



IV. Access to Services

Health insurance is a key factor in accessing needed physical and mental health services. In Fairfield County, 71.1% have private insurance which is similar to Connecticut and slightly higher than in the nation. In 2020, the percentage of the population in the county without health insurance is 7.6%. This decreased from 9.6% in 2017. Additionally, Fairfield County has a lower percentage of individuals with public health insurance coverage (31.7%) than both the state (35.7%) and the nation (35.3%), however these percentages have increased since 2014.

Figure 14. Civilian non-institutionalized population without health insurance, 2016 - 2020 vs. 2013 - 2017



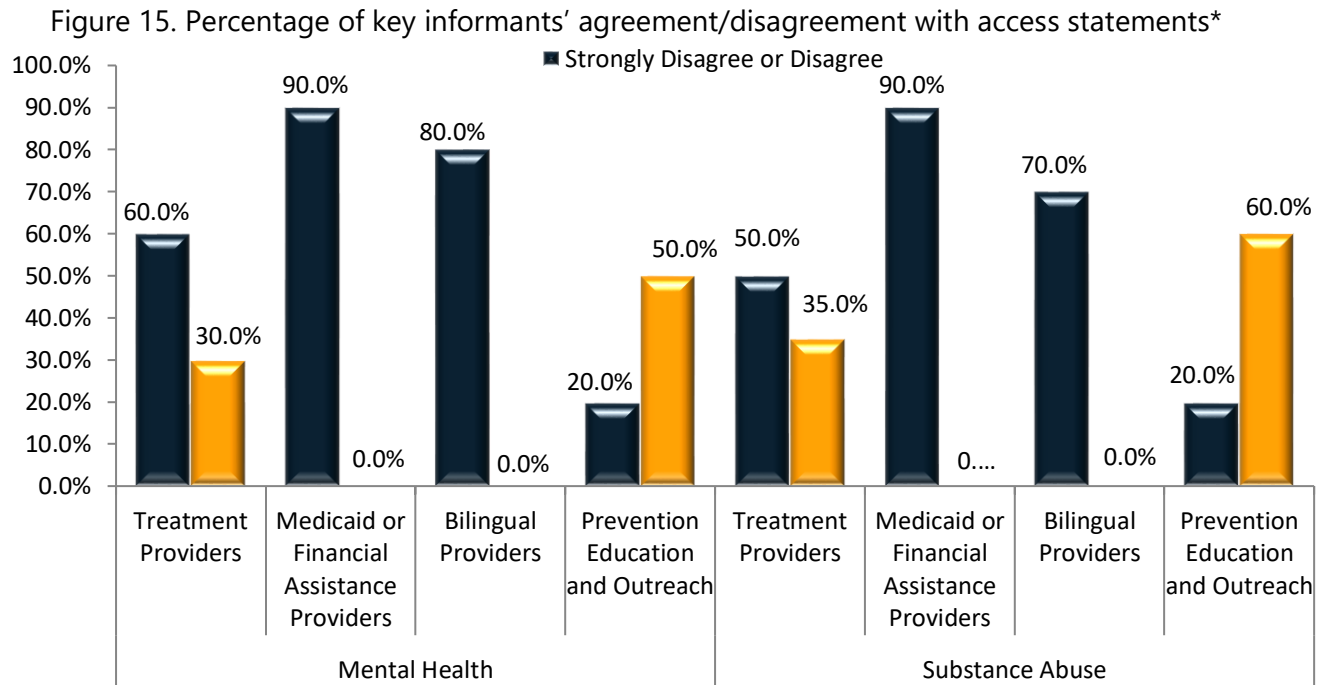
Source: U.S. Census Bureau

County Health Rankings for 2021 found that for Fairfield County, the density of mental health providers is 315:1, compared to Connecticut where there are fewer individuals per provider, 242:1 (a better outcome). This is gotten slightly better in the county since 2019 when the density was 360:1. In the nation, there are 270 individuals per mental health provider which is also better than Fairfield County.

Thirty 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 decreased since 2020 (51.0%), possibly indicating a decline in the availability of providers. In addition, 35.0% of Key Informants feel there are a sufficient number of providers available to treat substance abuse issues. This number has remained relatively stable since 2020 (36.7%) however, this indicates that almost two-thirds of respondents disagree that there are sufficient providers for substance abuse.

A concerning finding is that none of the Key Informants perceive there to be a sufficient number of mental health and substance abuse providers that accept Medicaid or provide financial assistance. In the 2020, none of the Key Informants thought there were enough Medicaid providers or those that provide financial assistance either. The percentage of those who strongly disagree with the statement that there are sufficient providers in this category has increased significantly from 55% to 75%. None of the Key Informants Agree or Strongly Agree that there are enough mental health or substance abuse providers who are bilingual.

Positively, 50.0% of respondents Agree or Strongly Agree that prevention education and outreach regarding mental health occurs frequently in the community. This is even higher as it relates to substance abuse prevention and outreach (60.0%).



When asked where the majority of individuals go first when they are in need of mental health/substance abuse treatment, 60% of respondents selected Primary Care Provider/Family Doctor as the first stop for those seeking mental health/substance abuse/treatment. Far fewer respondents (15%) selected hospital emergency department. This was selected by about 37% of respondents in the previous study. This is a positive finding and may indicate that access to Primary Care Providers/Family Doctor has improved with less reliance on emergency services.

Respondents were asked their opinions on what system gaps currently exist in the community related to mental health and substance abuse services. This year, long waiting lists have become more evident and this, along with insurance barriers was selected by 80% of Key Informants as the most critical system gap. In 2020, long waiting lists were selected by 54.2%. Navigating the mental health system remains at the top of the list. Limited service coordination and lack of providers are also very serious issues. Lack of providers rose from 35.4% to 55.0% in this study.

Table 3: Ranking of the System Gaps by Key Informants

System Gaps	Count	Percent of respondents who selected the issue*
Insurance Barriers	16	80.0%
Long Waiting List	16	80.0%
Lack of Support in Navigating Mental Health System	13	65.0%
Limited Coordination Between Providers and Services	12	60.0%
Lack of Providers	11	55.0%
Limited Assistance with Medication Management	9	45.0%
Language/Cultural Barriers	6	30.0%
Lack of Community-Wide Prevention Efforts	3	15.0%
Other	1	5.0%
None	0	0.0%

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

Key Informants were asked what they felt were the most common reasons individuals in the community do not seek treatment for mental health/substance abuse issues. As depicted in Table 6, the most commonly identified reason is Social Stigma (85.0%), similar to 2020. This is followed by the fact that individuals don't know where to go for treatment (70%), an increase from 50% in 2020 and lack of or insufficient insurance coverage (70.0%). Sixty percent of respondents perceive that individuals are not ready for treatment. Once again, half identified the lack of programming or providers. Only immigration status and lack of transportation were selected by less than 50% of respondents (20% and 10% respectively).

V. 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 60.0% of Key Informants felt those without insurance are the most underserved group, there are still more than half who felt those with public health insurance (Medicaid) and 65% who felt that those with private health insurance who cannot afford their out-of-pocket expenses are also underserved. Whether uninsured or underinsured, these populations are perceived to be underserved.

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. In terms of mental health services, over half Disagree or Strongly Disagree that there are adequate services for all age groups, from children to seniors. In other words, participants perceive there to be a deficit in services for mental health across all ages.

When thinking about substance abuse, a large percentage Disagree or Strongly Disagree that services are adequate for teens and young adults. Responses are mixed as to whether or not substance abuse services are adequate for adults and seniors.

Figure 16. Ratings of Adequacy of Mental Health Services by Age Group

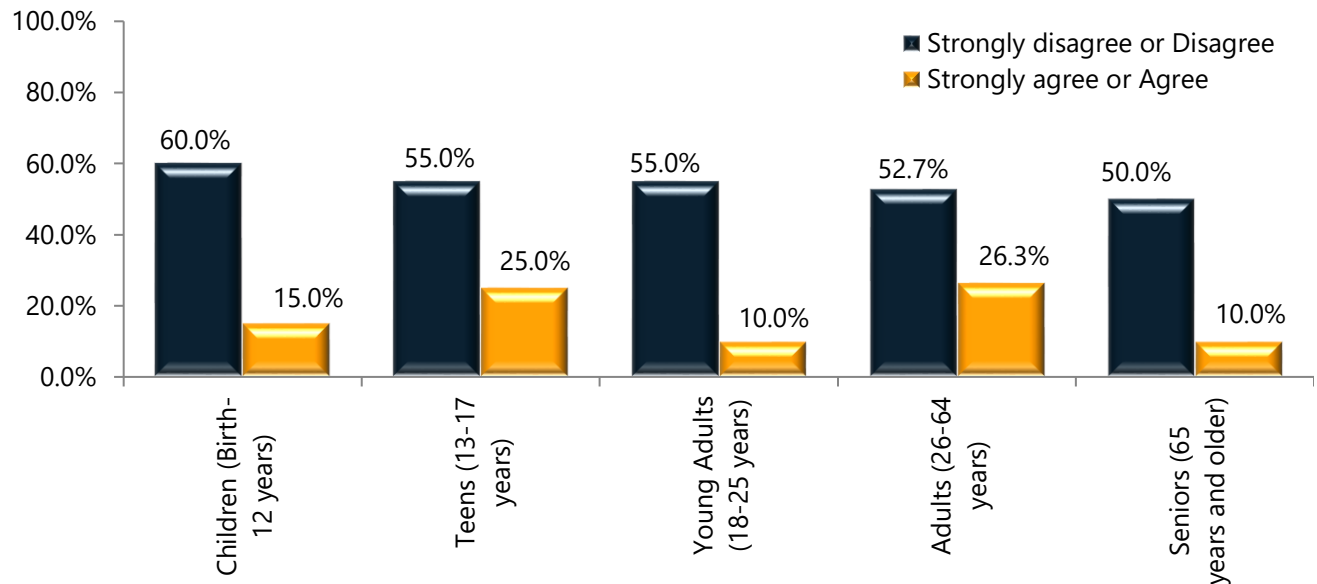
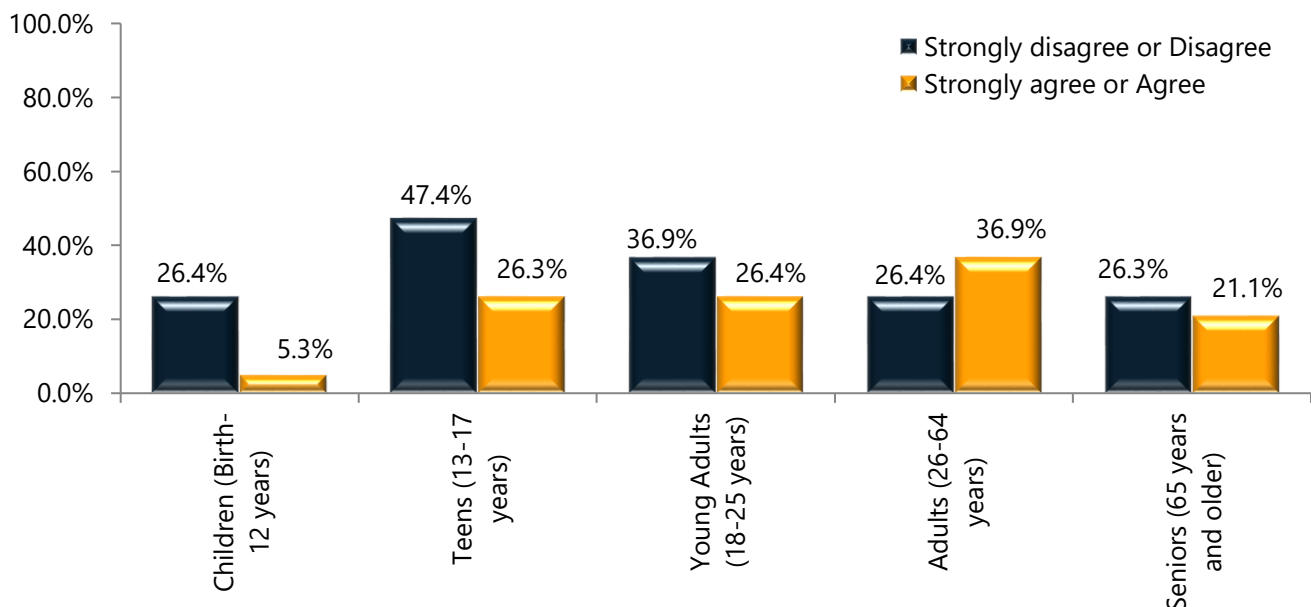


Figure 17. Ratings of Adequacy of Substance Abuse Services by Age Group



Key Informants were asked if there are specific Racial/Ethnic Populations, as well as any other population groups, such as Homeless, Disabled, etc., who are underserved in terms of receiving Mental Health and Substance Abuse services. In 2022, respondents perceive there to be an equal percent of Latino/Hispanic and Black/African America (65% each) that are

underserved. In 2020, more perceived that Latino/Hispanic is an underserved population. More respondents (30%) chose Asian than in 2020 (21.7%). For substance abuse, low-income and those uninsured were selected as the most underserved (70.0% each). These were selected most frequently in 2020 as well. However, the homeless, immigrant and disabled populations were selected less frequently in 2022 than in 2020. This may represent some improvement in serving these populations.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

Following the review of the key findings from the 2022 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:

- Mental Health and Substance Abuse
- Adolescent Mental Health
- Substance Misuse
- Adult Mental Health

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 this "master list" of community priorities as well as the 2022 Implementation Plan which follows.

2022 CHNA Implementation Plan

Narrative: Process, Issues not addressed.

To develop this implementation plan, a focus group of key hospital staff and leadership was convened to discuss the resources and services that Silver Hill Hospital is positioned to allocate to each elected priority area over the next three years. The key issues identified that were not selected as priority areas were Affordable Housing and Adequacy of the Mental Health/Substance Abuse Care. The Hospital is not positioned to address needs around housing in its community. With respect to the adequacy of mental health and substance abuse care systems, while some members of Hospital leadership are involved in advocacy efforts, the organization as a whole does not have the capacity to address the issue in a prioritized way.

Prioritized Health Issue #1: Accessing Mental Health and Substance Abuse Care

Goal:

Address issues around accessing mental health and substance abuse care with a focus on availability of services, navigating the system, and stigma reduction.

Objectives:

- 1) Grow the capacity of the New Canaan Urgent Assessment Program through the participation of additional towns
- 2) Expand capacity of new outpatient services treating mood disorders.
- 3) Partner with Medicaid for improved access to inpatient and intensive outpatient services.
- 4) Complete hospital licensure of current transitional living programs as residential programs for improved out of network benefit reimbursement.
- 5) Promote awareness and understanding of mental health and addiction issues through participation in educational programs, mental health fairs and walks, media interviews, and social media to reduce stigma.

Key Indicators:

Number of new towns joining the New Canaan Urgent Assessment Program; percent increase seen in the Urgent Assessment Program patients served YOY; number of patients seen in Mood Disorders Intensive Outpatient Services; ability of patients covered by Medicaid to access insurance eligible services at Silver Hill using their insurance; licensure of transitional living programs as residential programs; number of educational programs, mental health fairs and walks, media interviews.

Outcomes:

Number of patients served in New Canaan Urgent Assessment Program, number of patients seen in Mood Disorders Intensive Outpatient Program, number of patients accessing eligible Silver Hill services with Medicaid benefits; number of patients using out of network benefits for coverage of transitional living/residential programs; number of educational programs, mental health fairs and walks, media interviews.

Existing Community Resources

The New Canaan Urgent Assessment Program, NAMI-CT, AFSP-CT, The Hub, Laurel House

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

Address adolescent mental health with a focus on anxiety, depression, and suicidality.

Objectives:

- 1) Increase partnerships with Fairfield County School Systems on the Urgent Assessment Program
- 2) Increase capacity of Adolescent Intensive Outpatient Programs
- 3) Partner with allied community organizations to develop and deliver programming focused on education, awareness, and suicide prevention.
- 4) Host medical Grand Rounds to increase clinician knowledge and understanding of these topics.

Key Indicators:

New Urgent Assessment partnerships with schools in Fairfield County; number of students served in Urgent Assessment program referred by schools within Fairfield County; number of patients served

in Intensive Outpatient Services; number of community programs delivered and participated in; number of medical Grand Rounds and attendees.

Outcomes:

Number of patients served in the Urgent Assessment Program referred by a Fairfield County school, number of patients served in Adolescent IOP, number of topically focused community programs, number of topically focused Grand Rounds hosted.

Existing Community Resources:

RYASAP, The Hub, Kids in Crisis, Child Guidance of Southern Connecticut

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

Address substance use with a focus on alcohol misuse; underage substance use; marijuana, THC, and cannabinoids.

Objectives:

1. Partner with allied community organizations to develop and deliver programming focused on education, awareness, and advocacy.
2. Host medical Grand Rounds to enhance clinician knowledge and understanding on these topics.
3. Offer recovery support groups that are open to the community.
4. Provide access to Silver Hill Hospital Programs for those requiring inpatient, residential, or intensive outpatient treatment
5. Expand Intensive Outpatient Services for adults with substance use disorders.

Key Indicators: Number of community educational events and number of attendees; Number of medical Grand Rounds hosted and number of attendees; Number of community members served in open support groups; Number of community scholarships provided for dual diagnosis treatment; Number of patients served in each program; Number of substance use focused Intensive Outpatient Groups offered.

Outcomes: Number of patients served through all substance misuse programs

Existing Community Resources: The Hub, Connecticut Community for Addiction Recovery (CCAR), Positive Directions, Laurel House, Liberation Programs

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

Address adult mental health with a focus on anxiety, depression, and suicidality

Objectives:

1. Increase capacity of the Urgent Assessment Program

2. Increase targeted outreach to individual adult populations (e.g. young adults, senior citizens, mothers, professionals) on the Urgent Assessment Program
3. Open Ketamine Clinic (empirically proven modality for the treatment of medication resistant depression)
4. Increase capacity of Mood Disorder and Women’s Intensive Outpatient Programs
5. Partner with allied community organizations to develop and deliver programming focused on education, awareness, and suicide prevention.
6. Host medical Grand Rounds to increase clinician knowledge and understanding of these topics.

Key Indicators:

Number of new towns joining the New Canaan Urgent Assessment Program; percent increase seen in the Urgent Assessment Program adult patients served YOY; number of patients served in Mood Disorder and Women’s Intensive Outpatient Services; number of adult community scholarships provided; number of educational programs, walks, and media interviews; number of medical grand rounds hosted and number of attendees.

Outcomes: Number of adults served through all Silver Hill’s programs.

Existing Community Resources: Laurel House and rtor.org, The Hub, NAMI-CT Chapter, AFSP-CT Chapter

APPENDIX A. SECONDARY DATA SOURCES

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<http://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

Youth Risk Behavior Survey, U.S. (2017).

<http://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

Youth Risk Behavior Survey, U.S. (2019).

<http://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

APPENDIX B. DEFINITIONS

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

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

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

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

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

APPENDIX C: KEY INFORMANT SURVEY TOOL

Key Informant Online Questionnaire

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

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

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

	Strongly Disagree ← → Strongly Agree Don't Know					
Children (Birth-12 years) (demo_agesSub_child)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Teens (13-17 years) (demo_agesSub_teen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Young Adults (18-25 years) (demo_agesSub_YA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Adults (26-64 years) (demo_agesSub_adult)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Seniors (65 years and older) (demo_agesSub_senior)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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

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

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

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

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

CHALLENGES & SOLUTIONS

21. What effect has COVID-19 had on the health needs of the community? Did COVID-19 highlight any specific gaps/barriers in community health services?
22. What challenges does the community face in regard to addressing mental health and substance abuse issues?
23. In your opinion, what is being done **well** in the community in regard to mental health and substance abuse? (Community Assets/Strengths/Successes)
24. What new, emerging issues or trends in mental health and/or substance abuse should the community have on their radar?
25. What recommendations or suggestions do you have to improve mental health and substance abuse issues in the community?

CLOSING

26. 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):

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

--

Thank you! That concludes the survey.

APPENDIX D: KEY INFORMANT PARTICIPANTS

Name	Agency
Aggie Aspinwall	Lapham Community Center, Director
Elaine Daignault	Town of Westport
Jacqueline D'Louhy, LCSW	Town of New Canaan
Laura Downing	The Depot, ED
Vanessa Elias	NAMI, MH Advocate, Former- Wilton Youth
Dr. Amir Garakani	Greenwich Hospital
Cathy Hazlett	Fairfield Public Schools
Elizabeth Jorgensen, CADAC	Insight Counseling
Amy Kennedy	New Canaan EMS
David Knauf	Town of Darien
Emily Larkin	The Community Fund of Darien
Carol T. Malhstedt, Psy.D.	Project Resilience
Lauren Patterson	New Canaan Community Foundation
Ali Ramsteck	Town of Darien
Chandra Ring	Wilton Youth Council
Alicia Sillars	Town of Darien
Greg Sloane	NC High School Teen Talk Counselor
Denise Vestuti	Laurel House
Jessica Welt	Child Guidance of Southern CT
Bethany Zaro	Town of New Canaan

Appendix E. 2020 Implementation Strategy Outcomes

Major outcomes from the 2020 priority areas included:

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

- Number of community educational/advocacy events and number of attendees; 26 events, 800
- Number of medical Grand Rounds hosted and number of attendees; 7 Grand Rounds; 808 attendees
- No. of patients served through all of Silver Hill's substance misuse programs: 2200
- No. Scholarships Provided for SA tx:4
- No. of community members served in open support groups: 1100 (total attended; not a count of discrete individuals)

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

- Number of community educational/advocacy events and number of attendees: 27, 810
- Number of medical Grand Rounds hosted and number of attendees; 35, 3042
- No of trainings hosted or led/attendees: 6, 120
- No. of patients served through all of Silver Hill's Adult MH tx: 2700
- No. Scholarships Provided for MH tx:16

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

- No. of new community partnerships formed: 12
- No. of community educational/advocacy programs and attendees: 76; 2,285:
- No of trainings hosted or led/attendees: 6, 125
- No. of patients served through all of Silver Hill's adolescent MH tx:1300
- No. of community events participated in on suicide prevention: 27
- Number of medical Grand Rounds hosted and number of attendees; 3, 295

Appendix F. 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
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 patients served in each program	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*
<p>*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.</p>			

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 G. 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>

