

2022  
Community Health  
Needs Assessment  
Greater New Haven

YaleNewHavenHealth  
Yale New Haven Hospital



PREPARED BY COMMUNITY RESEARCH CONSULTING, LLC

# About the 2022 CHNA and Partners

Yale New Haven Hospital and its community partners conduct a Community Health Needs Assessment (CHNA) every three years. The 2022 CHNA was a community-wide undertaking with extensive data collection and input from community residents, health and social services experts, and people who serve our community every day.



The 2022 CHNA was conducted in collaboration with the Healthier Greater New Haven Partnership, a coalition of community based organizations that serve the Greater New Haven region of Connecticut and are committed to broad collaboration and meaningful community engagement to improve the health and wellbeing of residents across Greater New Haven. A list of member organizations is included on page 42.

The CHNA tracks the health and wellbeing of our community and monitors the social and environmental factors that influence health outcomes. These data illuminate health disparities across population groups and geographies and help us direct resources to advance health equity. Through the CHNA, we confirmed our understanding of community health priorities, and gathered new insights toward collaborative solutions.

Conducting the CHNA during the COVID-19 pandemic afforded a unique view of our community's resources and needs. We saw the strength of our community come together to help one another. We witnessed innovative and swift responses to a health and economic crisis. We also documented gaps in our service delivery systems that reflect longstanding inequities in our society.

The triennial CHNA presents an opportunity to measure our progress toward equity, and to foster new partnerships and opportunities for collaboration. The information learned from the CHNA guides our collective work toward improving health and wellbeing, and advancing health equity so that all residents can benefit from the resources in our community.

We must work together as a community to develop collaborative solutions for these complex challenges. Making measurable progress will take time, but we continue to make significant strides every day.

## Our CHNA research included:



### Analysis of Health and Socioeconomic Data

Public health statistics, demographic and social measures, and healthcare utilization data were collected and analyzed to develop a comprehensive community profile.



### Community Survey of Lived Experiences

As part of the DataHaven Community Wellbeing Survey across Connecticut, a telephone survey was conducted with community residents to document lived experiences and personal perspectives of health and wellbeing.



### Key Informant Survey and Interviews

Surveys and interviews were conducted with key informants to better understand the impact of COVID-19 on the community and diverse populations.



### Input on Priority Health Needs from Community Representatives

We asked residents from diverse communities what they saw as priority health needs, and how those issues impact their day-to-day lives.



### Input from Experts and Key Stakeholders

Health and social service providers, public health experts, and representatives from a wide range of community-based organizations participated in the CHNA to guide the process and provide their expertise on community health needs.



# YaleNewHavenHealth

## Yale New Haven Hospital

Creating a world of difference in the healthcare we provide today and our support of the community.

### About Yale New Haven Hospital

Yale New Haven Hospital (YNHH) is a non-profit, 1,541-bed tertiary medical center receiving national and international referrals and a member of Yale New Haven Health. Yale New Haven Hospital includes Smilow Cancer Hospital at Yale New Haven, Yale New Haven Children’s Hospital, and Yale New Haven Psychiatric Hospital.

Continuing our investment in long-term community health improvement, every year, we sponsor, develop, and participate in a wide array of community-based programs and services focused in five community benefit areas: guaranteeing access to care; advancing careers in healthcare; promoting health and wellness; building stronger neighborhoods; and creating healthier communities.

### Anchored to our community

As large non-profit organizations and major employers, our Yale New Haven Health hospitals are “anchors” in their communities. We are committed to improving the long-term health and wellbeing of all residents, and we understand the impact of social and economic factors on health.

Our Anchor Mission includes a multi-pronged approach to align our everyday business activities in a way that improves living conditions and health equity in our community. We work together with our communities and like-minded organizations.

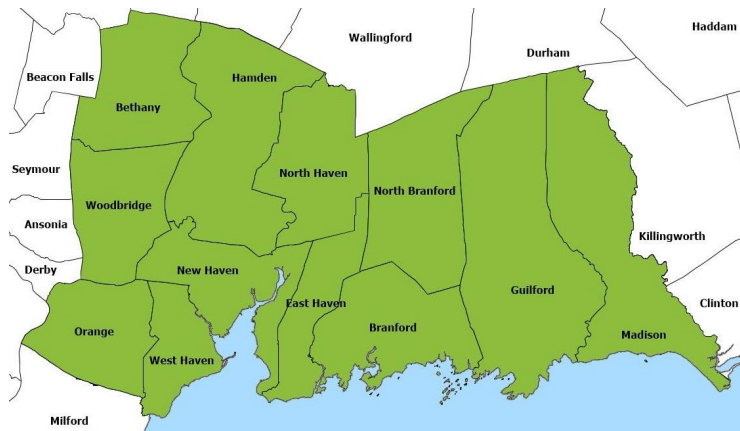
### Yale New Haven Health Anchor Strategy

Pillar	Goal
 <b>Local, diverse purchasing</b>	Increase purchasing from local and women and minority-owned businesses
 <b>Local, inclusive hiring</b>	Increase hiring from underserved communities and support career growth of frontline workers
 <b>Impact investing</b>	Invest in our local communities to improve the social determinants of health (e.g., housing, food, education, health)
 <b>Local volunteering</b>	Harness the volunteer power of employees to improve the social determinants of health in our communities
 <b>Sustainability</b>	Implement a healthcare sustainability program to improve the health of our communities

# A profile of the health and social factors that impact health in the Greater New Haven Community.

Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

The Greater New Haven CINA Service Area consists of the towns of:



Total Population  
**409,354**

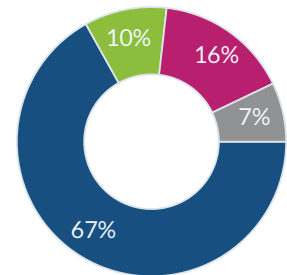
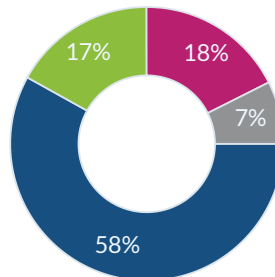
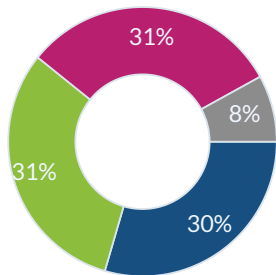
Town	Life Expectancy in Years
Bethany	82.6
Branford	80.3
East Haven	78.8
Guilford	83.3
Hamden	80.1
Madison	82.6
New Haven	78.1
North Branford	80.8
North Haven	82.7
Orange	83.5
West Haven	77.9
Woodbridge	81.2

## Population by Race and Ethnicity

New Haven

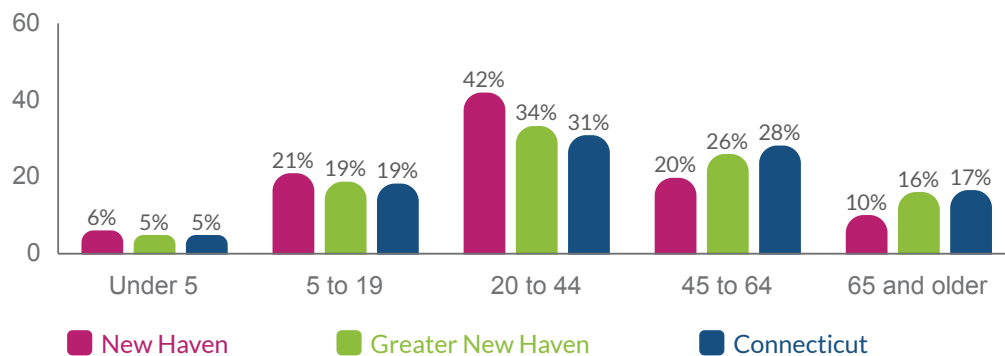
Greater New Haven

Connecticut

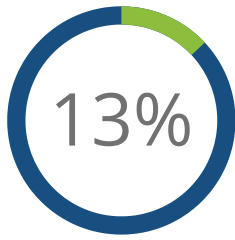


■ White 58 ■ Black 17  
■ Hispanic 18 ■ Other 7

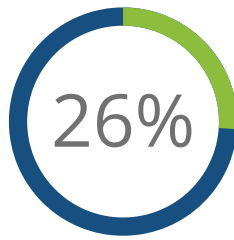
## Percentages of Population by Age Groups



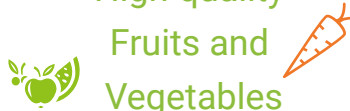
## Food Insecurity



Received food from emergency services during COVID-19 Pandemic



Low Availability of Affordable High-quality Fruits and Vegetables



## Housing



Renters Cost-burdened Household  
**55%**



Home Ownership  
**53%**

## Economic Stability

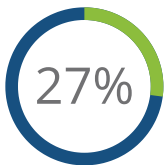


13% People Below Poverty Level

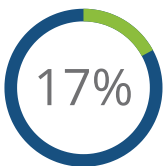


15%

No Reliable Transportation



Financially Difficult or Just Getting by

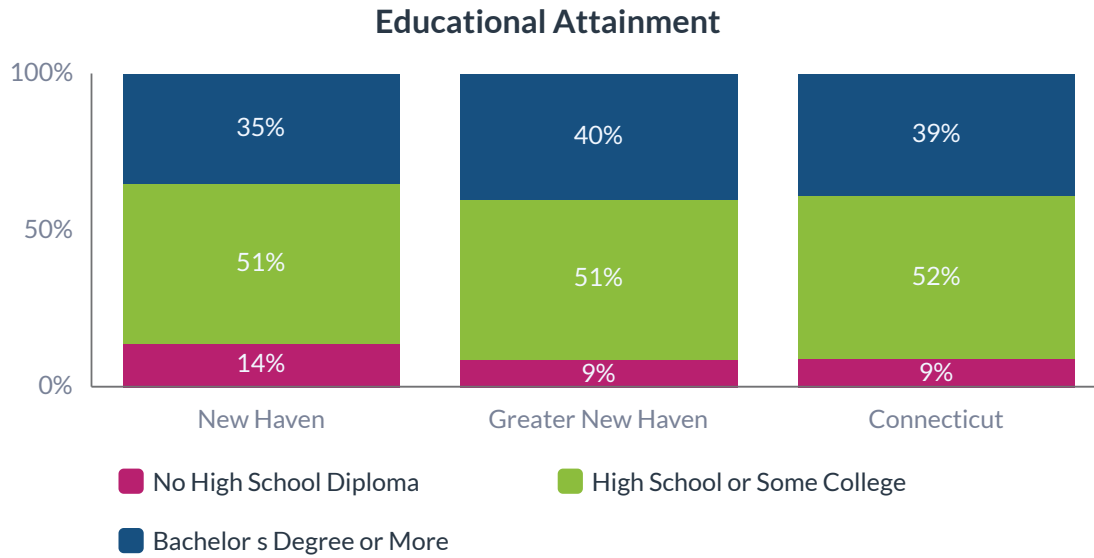


Still be in debt if sold all major possessions and turned them into cash to pay off debts

Town	Median Household Income \$	
Woodbridge	157,610	↑
Bethany	129,133	↑
Orange	121,308	↑
Madison	113,798	↑
Guilford	111,870	↑
North Haven	96,598	↑
North Branford	90,461	↑
Connecticut	78,444	
Branford	77,640	↓
Hamden	77,274	↓
East Haven	67,390	↓
West Haven	62,985	↓
New Haven	42,222	↓

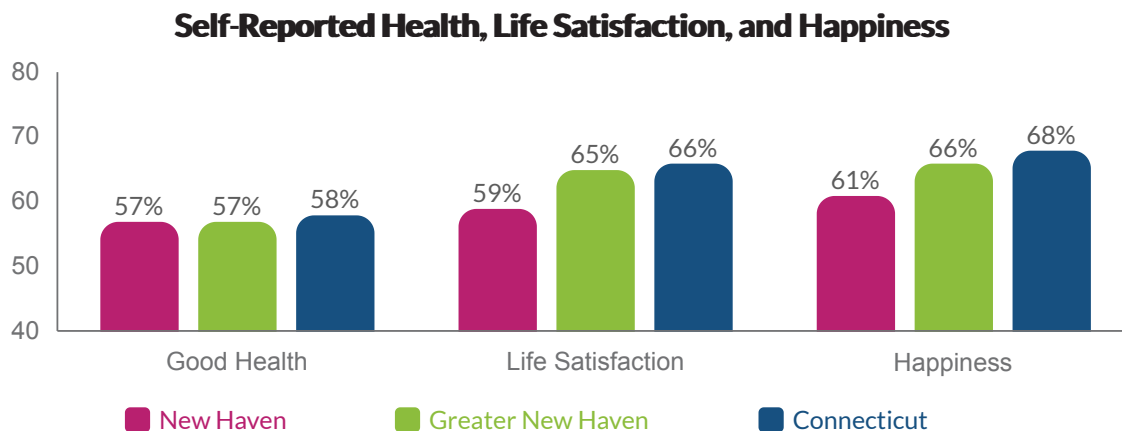
# A profile of the health and social factors that impact health in the Greater New Haven Community.

Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

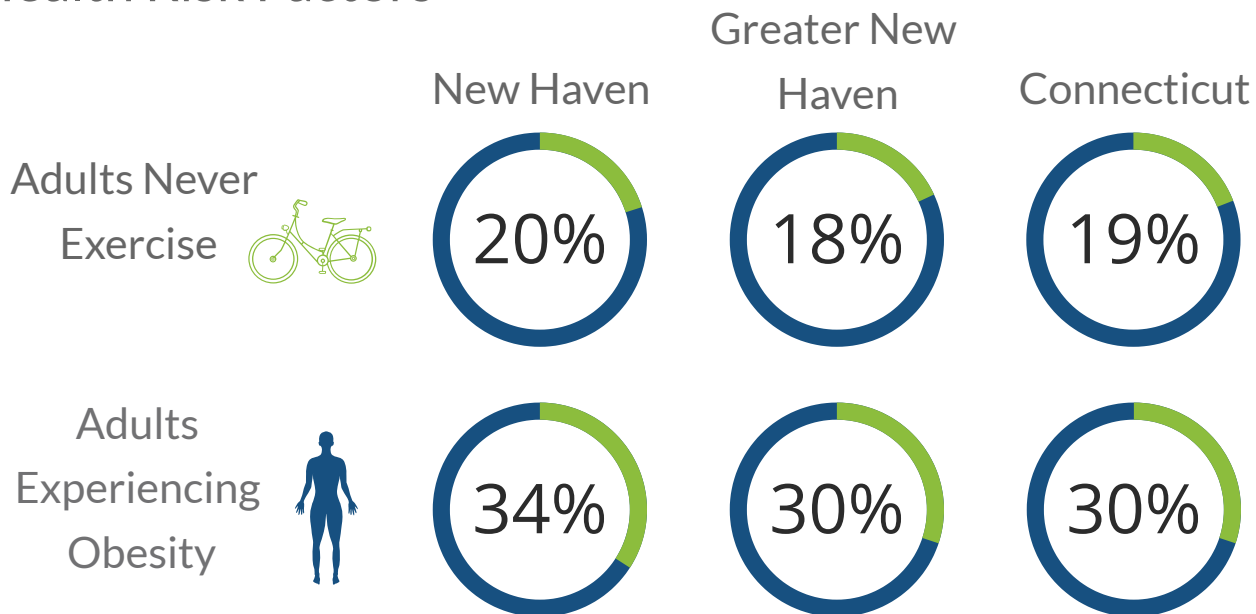


## COMMUNITY WELLBEING

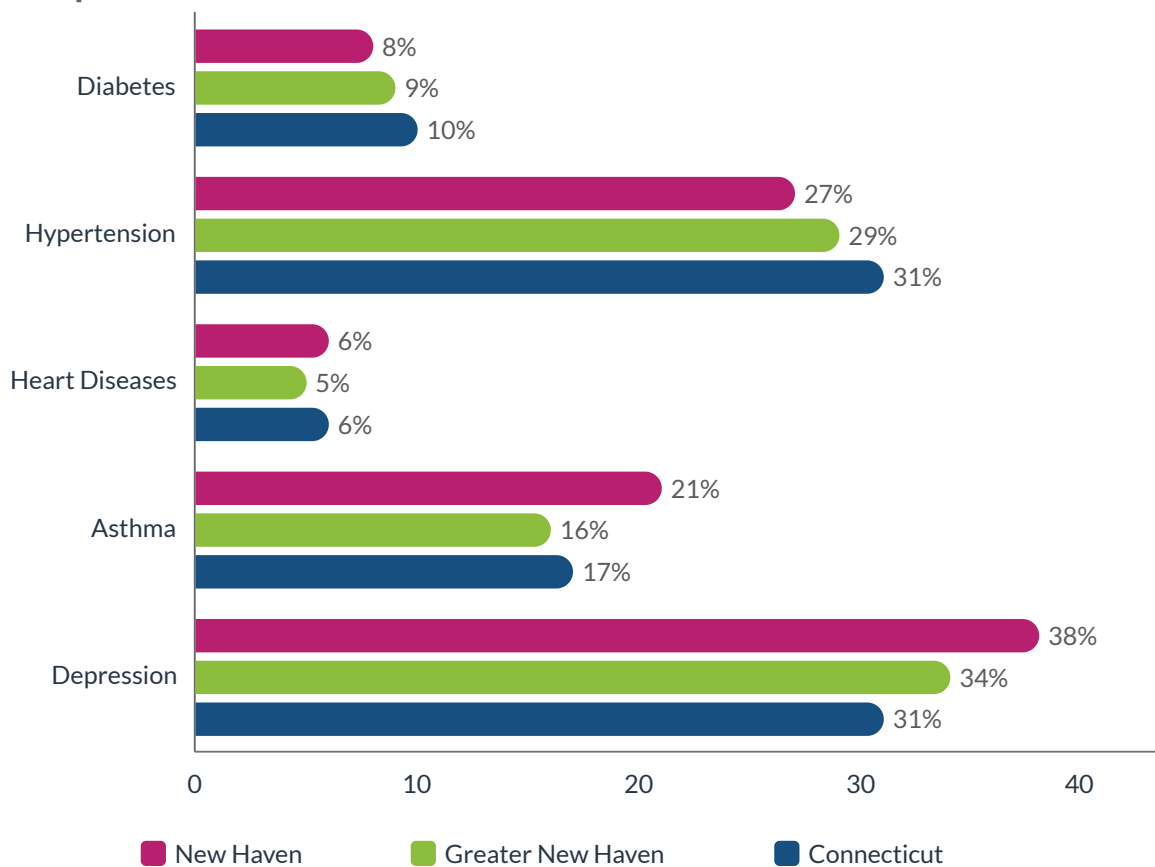
### Community Perspective of Living in Greater New Haven



# Health Risk Factors



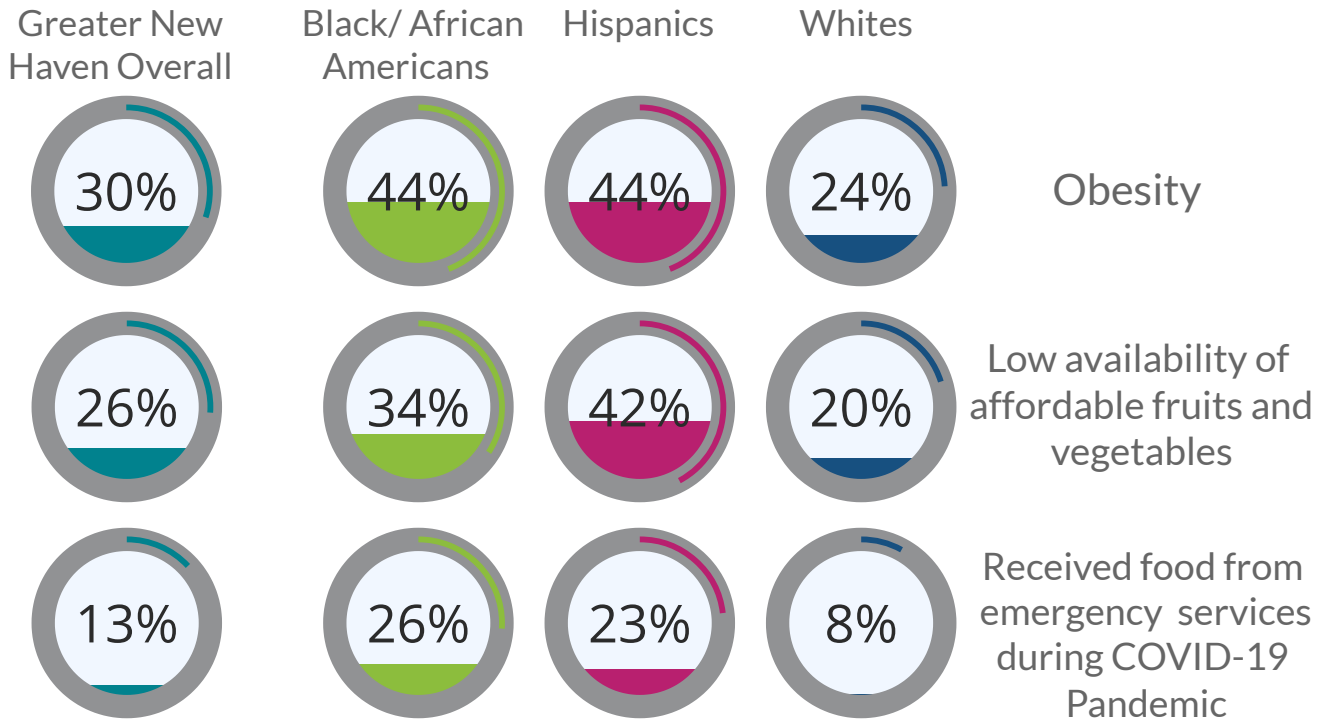
# Self-reported Chronic Diseases



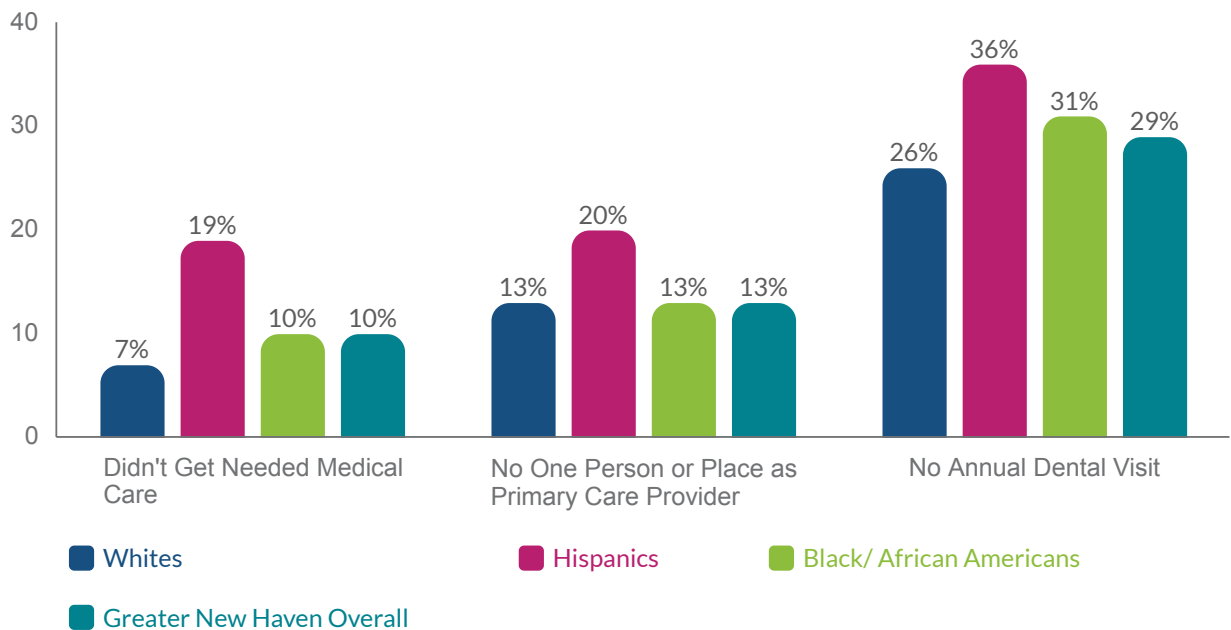
# A profile of the health and social factors that impact health in the Greater New Haven Community.

Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

## Healthy Lifestyle

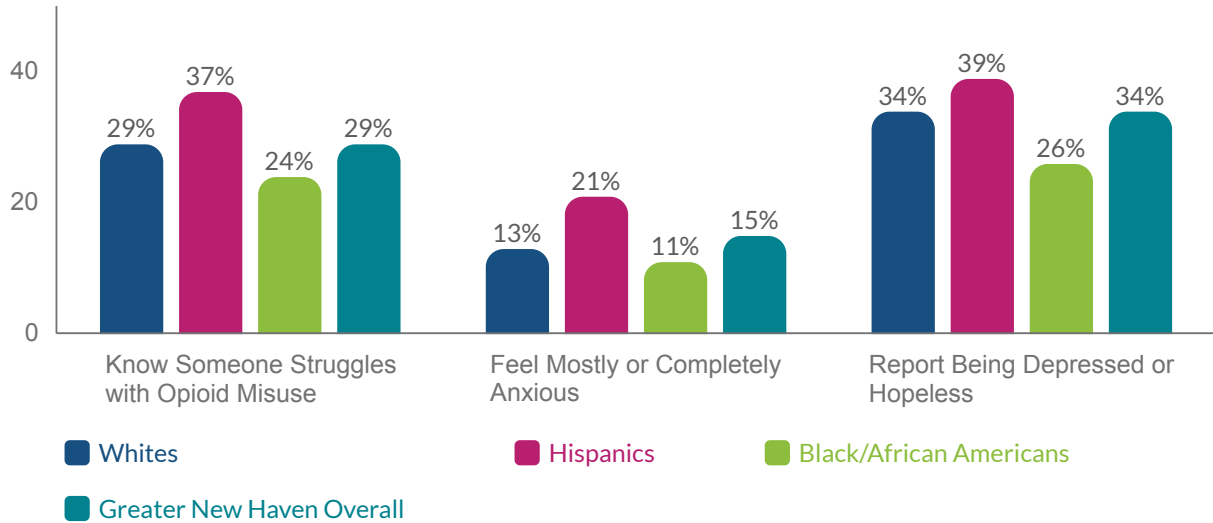


## Access to Care





## Behavioral Health



Drug Overdose  
Death Rate Per  
100,000 People



**69.8** New Haven    **40.8** Greater New Haven    **35.2** Connecticut

## Protective Factors in Greater New Haven



**79%**

Percentage of people who think their neighbors can be trusted

**70%**

Percentage of people who indicate they receive the emotional and social support they need

# A closer look at the factors that influence health in our community.

## Social Drivers of Health

Social drivers of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>1</sup>

SDoH are grouped into five domains that include factors like receiving timely healthcare; living in safe neighborhoods with transportation options; having nutritious food to eat; feeling valued and treated with respect; and having access to quality learning opportunities. The quality and availability of these “place-based” inputs directly contribute to health outcomes that can be measured in higher rates of disease and years of life lost.

By addressing each of these domains, we can dismantle longstanding inequities in our society and rebuild a healthier community for all people.

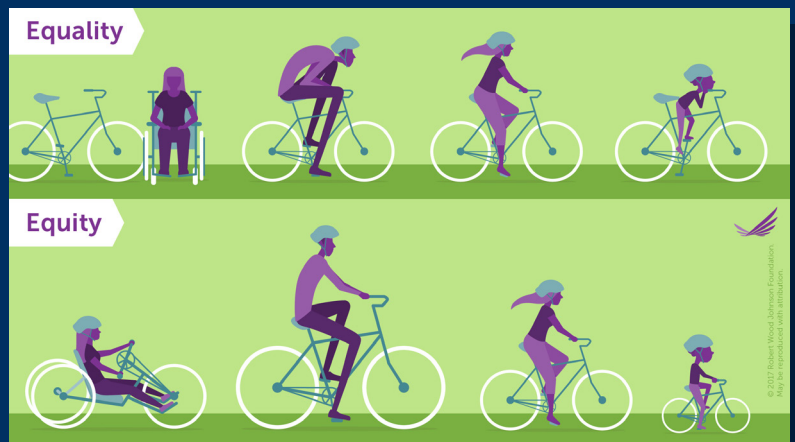
<sup>1</sup> World Health Organization who.int



## What is Health Equity?

Health equity means everyone has a fair and just opportunity to be as healthy as possible.

To achieve health equity we need to focus efforts on the “upstream” factors like social drivers of health, and we need to acknowledge racism and discrimination as root causes of inequity.



## Socioeconomic and Health Disparities by Race and Ethnicity

The impact of social drivers of health and underlying inequities can be seen in health disparities experienced within population groups and in neighborhoods. These disparities are often the result of historical structural barriers that have prevented equal access to opportunity through racism and discrimination.

Using tools like the Community Needs Index <sup>2</sup> (right), supports place-based investments in people and neighborhoods to reduce disparities and advance health equity.

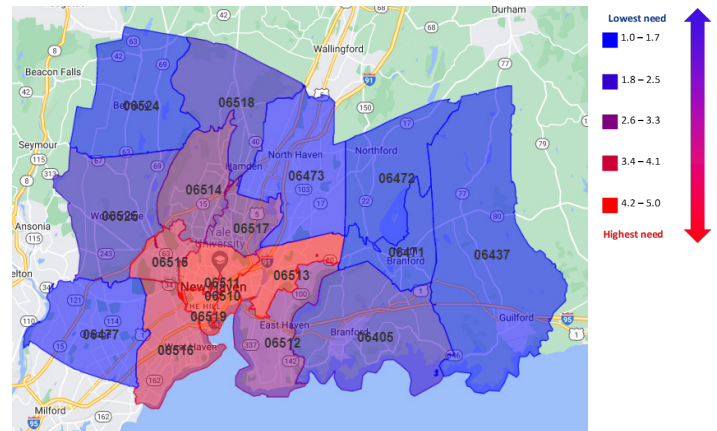
Describe your community:

“People that live close to each other and watch out for one another, but the community is not very cohesive as a whole.” –Community Member

<sup>2</sup> Developed by Dignity Health and IBM Watson Health™ [cni.dignityhealth.org](http://cni.dignityhealth.org)

## The Community Needs Index (CNI)

The CNI Score shows highest socioeconomic needs among zip codes within and near the city of New Haven.



## Diversity enriches communities.

Communities benefit from embracing diversity of race, language, culture, identity, and perspectives. Different backgrounds and lived experiences contribute new ideas for solving longstanding challenges. In conducting the CHNA, significant efforts were made to collect input from people from all walks of life across our community and representatives of organizations that serve distinct populations.

Inviting diverse input from community stakeholders, we heard that we need more healthcare and social service providers who reflect the different cultural backgrounds, perspectives, and values of residents. Our community health improvement plan outlines ways we are pursuing strategies to advance Diversity, Equity, Inclusion, and Belonging (DEIB) across our organizations and within our community.



## Healthcare Access and Quality

Availability of high quality healthcare, receiving services when you need them, and being able to afford care are some of the key factors associated with this social driver of health domain.

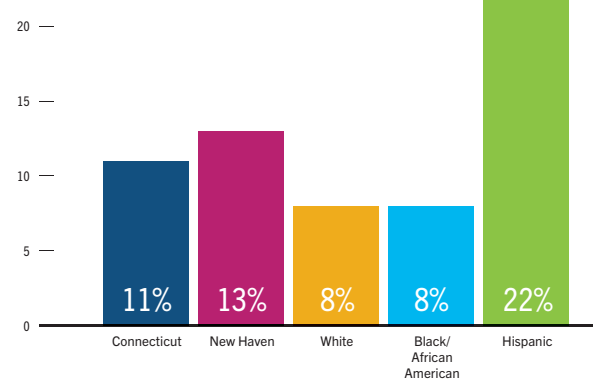
As shown in the Provider Availability chart below, the Greater New Haven community is generally well served by healthcare providers, but not all residents are benefiting from these resources. In the Greater New Haven community, Hispanic residents are most likely to report not receiving care when they need it.

Lack of health insurance is one barrier that keeps people from accessing healthcare. Without health insurance residents are less likely to receive preventive care like health screenings and may postpone treatment.

About 14% of Hispanic residents in the Greater New Haven area report not having health insurance, more than 2-3 times higher than their White and Black/African American neighbors.

During the past 12 months, was there any time when you didn't get the medical care you needed?

Source: DataHaven Community Wellbeing Survey 2021



Provider Availability (Rate of providers per 100,000 population)			
Location	2018 Primary Care Provider Availability	2019 Dental Provider Availability	Mental Healthcare Providers
New Haven County	87.6	79.9	458.1
Connecticut	84.5	87.8	413.3
US	75.8	71.4	263.2

Source: Health Resources and Services Administration and Centers for Medicare and Medicaid Services

% Uninsured			
Location	White	Black	Hispanic
Greater New Haven	4%	5.4%	14.1%
New Haven County	3.8%	5.7%	11.5%
Connecticut	4.2%	6.8%	13.3%
US	7.9%	10.1%	18.2%

Source: American Community Survey 2015-2019

## Lack of Health Insurance vs. Access to Care (didn't get needed healthcare)

Source: DataHaven Community Wellbeing Survey 2021



# COVID-19 Impact in Our Community

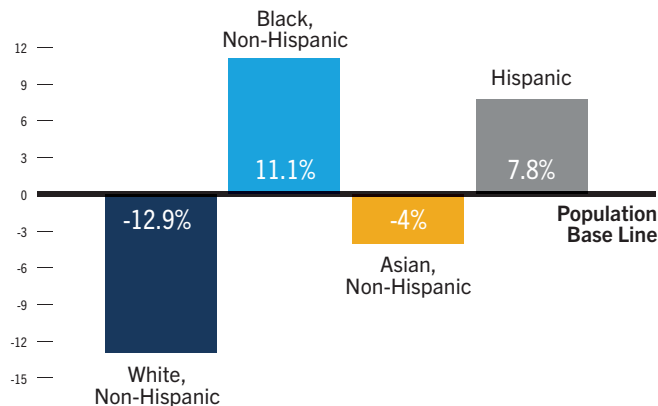
The 2022 CHNA was conducted during the COVID-19 pandemic, which created unprecedented health and socioeconomic challenges for people across the Greater New Haven community, and the world. COVID-19 demanded equal measure in response from healthcare, social services, government, businesses, families, and individuals.

**COVID-19 exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society.**

COVID-19 did not impact all people equally. The graph below shows that Hispanic, Black/African American, Indigenous, and other People of Color (BIPOC) experienced disproportionately higher deaths due to COVID-19 relative to their overall population distribution. That means even though more White people died from COVID-19, a larger proportion of BIPOC populations died from COVID-19 than did White people.

## 2019-2022 Population Distributed COVID-19 Deaths by Race, Ethnicity in Connecticut

Source: Centers for Disease Control and Prevention

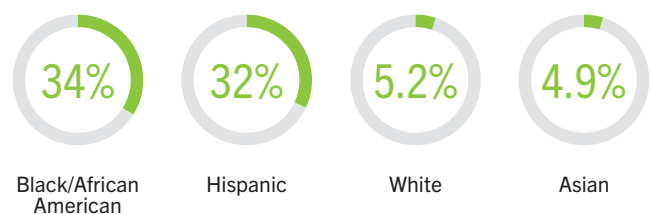


This trend illuminated wider disparities in health outcomes for BIPOC communities and reflects structural factors like racism, lower wages, limited educational opportunities, inadequate housing, and unsafe working conditions, among other factors that contributed to poor outcomes from COVID-19 infection.

The dual impact of the COVID-19 pandemic and social justice movement helped shine a light on these disparities and the underlying inequities within our communities. Data tools like the COVID-19 Community Vulnerability Index (CCVI) were used to predict what communities could be most at-risk for high COVID-19 spread and infection.

## % of Populations Classified as Very High or High Vulnerability for COVID-19

Source: Sergio Ventures, [https:// www.precisionforcoviddata.org](https://www.precisionforcoviddata.org)





## Economic Stability

Having enough money to afford food, housing, healthcare, and daily needs is essential to wellbeing. Community representatives and individual residents alike told us that economic security was among the top needs in our community.

“I live in constant fear and pressure that I must trade my health for rent and food.” –Community Member

Key measures of economic stability are:  
 + Home ownership  
 + Housing cost burden  
 + Food security

Meet ALICE (Asset Limited, Income Constrained, Employed)

The ALICE Index represents the working poor, based on local cost of living. ALICE households have income above the poverty level, but not enough to meet all their basic needs.



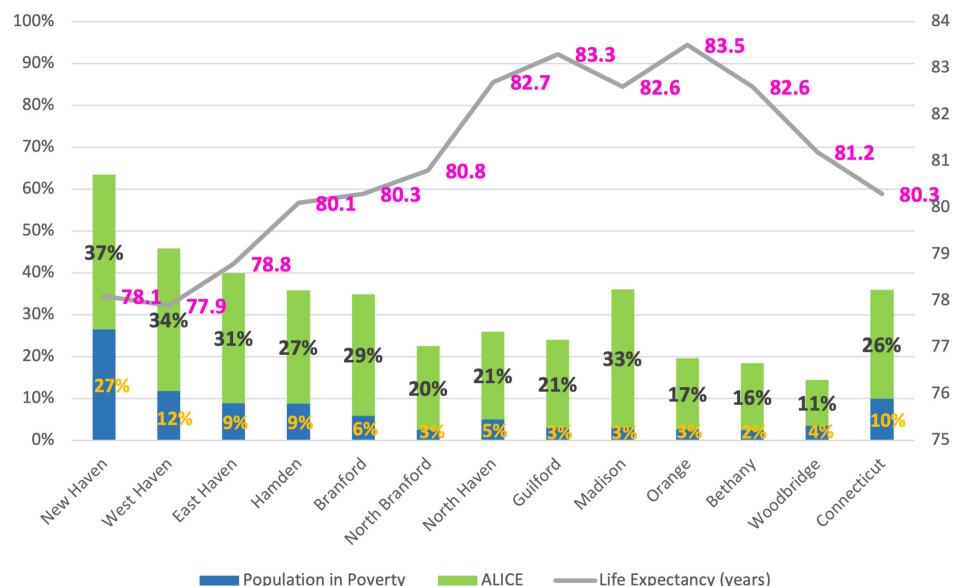
United for ALICE is a United Way initiative to drive innovation, research, and action to impact life across the country for ALICE and all.

Families and individuals whose economic means are just above the poverty level struggle to keep afloat. These individuals are Asset Limited, Income Constrained, Employed or ALICE. They make too much money to receive significant social assistance, but are one financial crisis away from falling into poverty. ALICE households were some of the most economically impacted by the COVID-19 pandemic.

Shown in this graphic, life expectancy is lower in communities with higher household economic instability. New Haven has the lowest life expectancy and the highest populations in poverty and ALICE households.

## Percent of Population Below 100% Poverty, ALICE Households and Life Expectancy by Geography

Source: American Community Survey 2015-2019; United for ALICE





Survey respondents who perceived that they will “be in debt” if they were to sell all of their assets, and turned them into cash to pay off all of their debts.

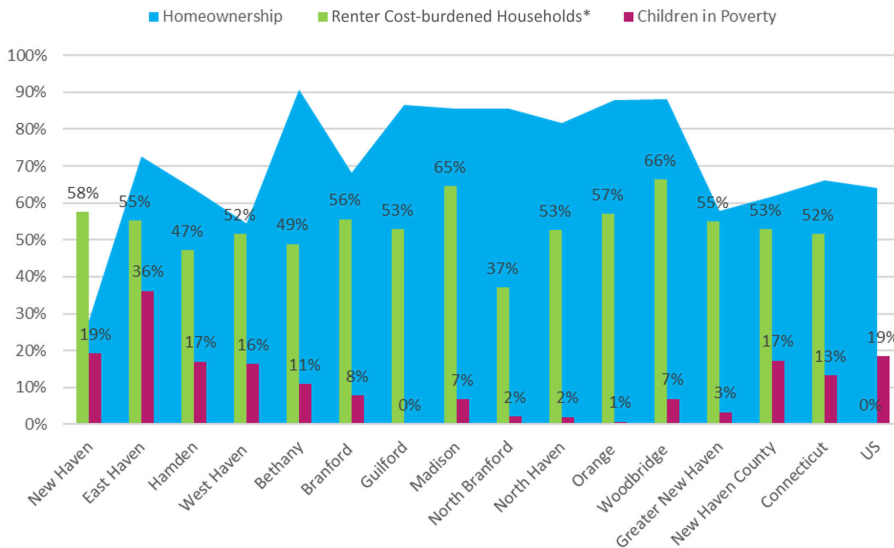
Source: DataHaven Community Wellbeing Survey 2021

“Families are having trouble affording to pay their everyday bills.” –Community Member



## Homeownership, Cost-burdened Renters and Children in Poverty by Geography

Source: American Community Survey 2015-2019



\*Cost-burdened is defined as spending 30% or more of income on housing.

In Greater New Haven communities with a higher percentage of homeownership, there is a lower percentage of children in poverty.

“The average person has to work two jobs to be able to afford housing in Connecticut.”

–Community Resident

## Home Ownership, Housing Cost Burden

Owning a home is an investment. For many families, their home is their largest asset. People need to have resources to purchase and maintain a home, so it's not surprising that people with less household income are less likely to own their home. However, clear disparities among racial and ethnic groups point at inequities that go beyond income. Only 31% of Black/African American residents and 37% of Hispanic residents own their home—compared to 64% of White residents.

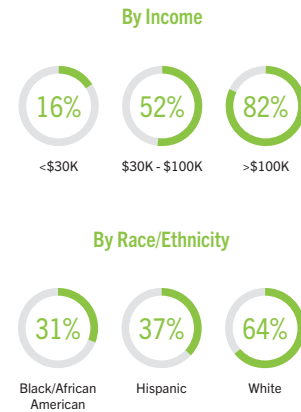
Practices like red-lining allowed, and enforced, community segregation and created economic inequities that can be seen today in disproportional homeownership among communities of color.

Equitable homeownership is important to building healthy communities. Having safe and appropriate housing is a key factor in one's health. Neighborhood stability influences investments in community infrastructure, such as schools, roads, public transportation, and green spaces, creating a healthier environment for everyone.



Survey respondents who stated that they own their own home.

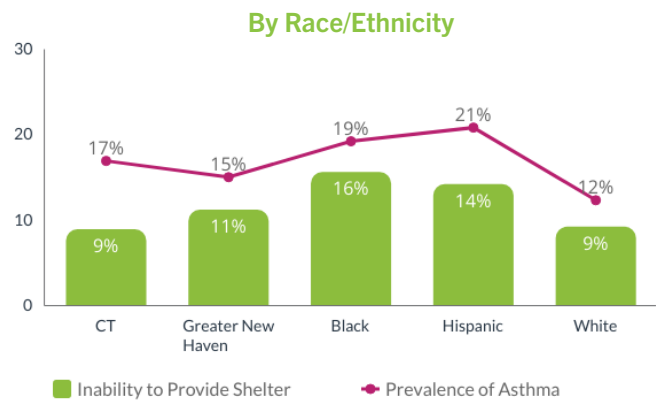
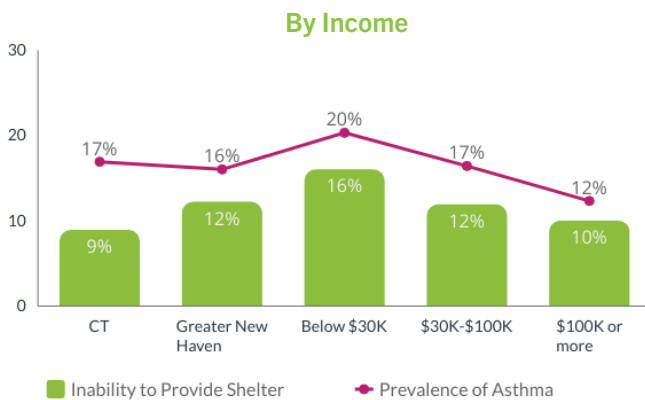
Source: DataHaven Community Wellbeing Survey 2021



## Housing Insecurity vs. Prevalence of Asthma

Source: DataHaven Community Wellbeing Survey 2021

**Our home environments impact our health. The graphics below show the relationship between inadequate housing and asthma. Lower income households, and Hispanic and Black residents are more likely to have inadequate housing and experience higher rates of asthma.**





## Food Security

Food security depends on many factors including the type of food that is available in neighborhoods, the local cost of food, and the amount of household resources available to spend on food. Easy access to fresh foods is an important component of healthy living. In the Greater New Haven area, more than 50% of households needed emergency food supplies. Households that have lower incomes or lower education attainment experience wide disparities in food security. Race is also a factor in food security in Greater New Haven. 28% of Hispanic households and 21% of Black/African American families reported food insecurity vs. 8% of White households.

“Many people in my community are struggling to feed themselves and their families.”

—Community Member

Survey respondents who stated that they had times in the past 12 months when they did not have enough money to buy food that they or their family needed.

Source: DataHaven Community Wellbeing Survey 2021



## Food Insecurity vs. Diabetes

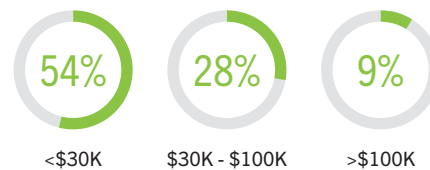
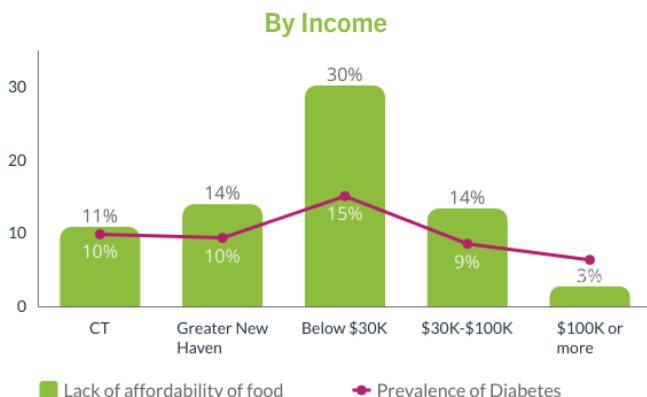
Source: DataHaven Community Wellbeing Survey 2021

The inability to afford healthy food impacts health. The graph below shows the relationship between food affordability and prevalence of diabetes. People who are more likely to report struggling with diabetes are also more likely to report struggling to afford healthy food.



Survey respondents who stated that they or any other adult in their household received groceries or meals from a food pantry, food bank, soup, kitchen, or other emergency food service since February 2020.

Source: DataHaven Community Wellbeing Survey 2021





## Neighborhood and Built Environment

In addition to the resources available in communities, the physical environment and infrastructure of neighborhoods impact health. The availability of good schools, well-maintained roads, public transportation, green spaces, healthy environments, technology, and public safety promotes or hinders good health.

COVID-19 brought issues like access to high speed internet to the forefront as people needed reliable technology for school, work, health, and social connections.

Public transportation is essential to ensuring people can get to work, and the services that are available in their community. Safe neighborhoods and having access to free or low-cost recreational activities promotes physical activity and social engagement, which contribute to healthy bodies and minds.

In the Greater New Haven community, residents in the city of New Haven report the most needs for infrastructure investments.

## The Digital Divide

Source: American Community Survey 2015-2019

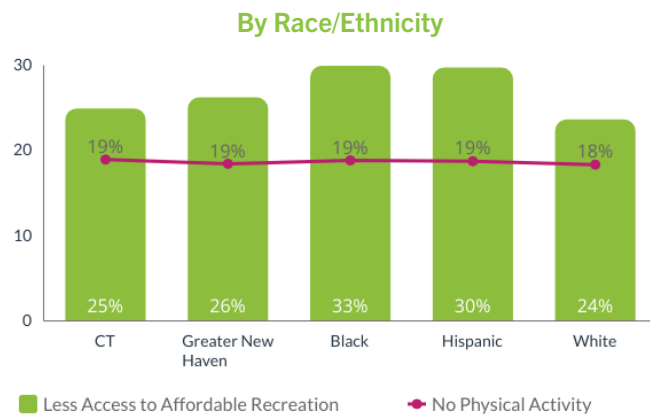
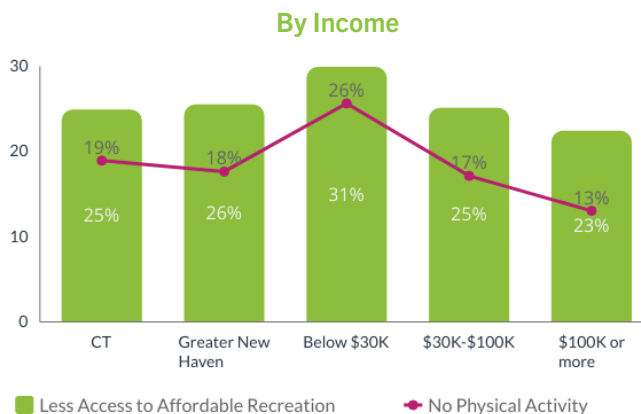
During COVID-19 we were able to use technology to bring services to people in their homes, but we need to bridge the wide digital divide within our communities to effectively reach all residents.

Internet Access by Location	Internet Subscription (any)	Broadband Subscription
New Haven (lowest)	82.5%	81.6%
Woodbridge (highest)	95.0%	95.0%
Greater New Haven	87.0%	86.5%
New Haven County	83.7%	83.2%
Connecticut	85.9%	85.5%
US	83.0%	82.7%

## Built Environment vs. Physical Activity

Source: DataHaven Community Wellbeing Survey 2021

Households with higher income levels are more likely to have affordable recreation options and be more physically active. There was little difference in this measure across Black, Hispanic, and White households.





## Survey respondents who perceived that the condition of public parks and other public recreational facilities was “good” or “excellent”

Source: DataHaven Community Wellbeing Survey 2021



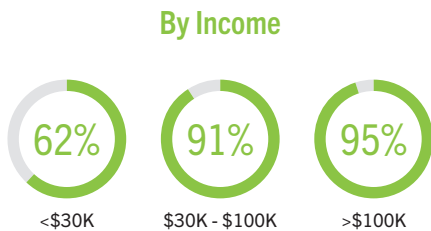
## Survey respondents who stated that there have been times in the past 12 months when they stayed home when they needed to go someplace because they had no access to reliable transportation.

Source: DataHaven Community Wellbeing Survey 2021



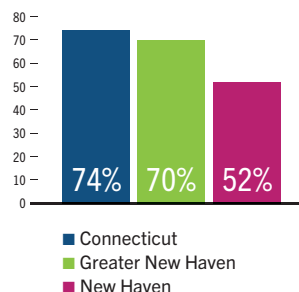
## Survey respondents who stated that they “very often” or “fairly often” have access to a car when they need it

Source: DataHaven Community Wellbeing Survey 2021



## Survey respondents who perceived that the availability of affordable, high-quality fruits and vegetables was “good” or “excellent”

Source: DataHaven Community Wellbeing Survey 2021





## Education Access and Quality

Education is one of the best predictors of good health and long life.

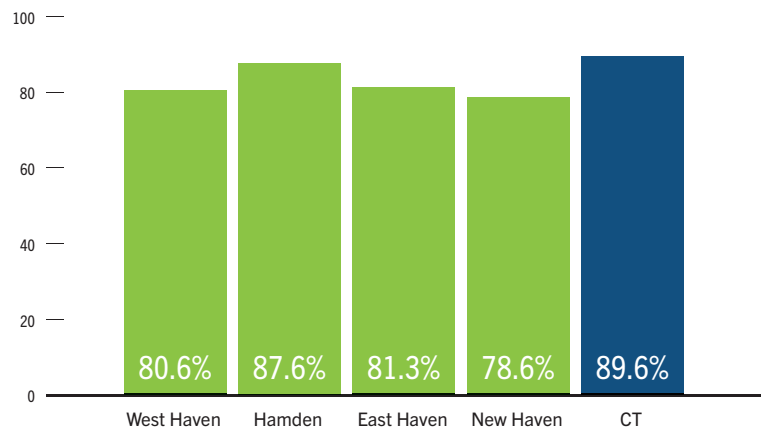
High school graduation rates across the Greater New Haven communities lag behind the state average, with about 1 in 5 students not graduating on time. This measure, combined with lower post-secondary education attainment for Black and Hispanic adults, points to systemic barriers that contribute to a cycle of inequity.

Did you know: Higher levels of education create access to a wider range of employment opportunities, leading to increased access to healthy living resources, including health insurance and transportation.

### High School Graduation Rate, Greater New Haven Area School Districts 2020-2021 School Year

Source: CT State Department of Education (SDE), 2020-2021

\*Easton is part of Regional School District 09 (ER9) that includes both Easton and Redding students.



### Equity in Education

Availability of accessible, well-funded, and well-resourced public education opportunities and exposure to diverse employment pathways, such as in the healthcare and social services fields, increase the opportunity for upward mobility, economic security, and better health outcomes.

### % of Population Age 25+ with Bachelor's Degree or Higher by Race/Ethnicity

Source: American Community Survey 2015-2019

	White	Black	Hispanic	Asian	Two or more Races
New Haven	46.6%	19.9%	13.6%	78.7%	30.4%
East Haven	23.7%	24.3%	19.4%	56.6%	11.3%
Hamden	53.8%	27.7%	28.5%	63.4%	40.0%
West Haven	23.5%	20.3%	15.7%	68.8%	23.4%
Bethany	47.0%	43.9%	46.5%	58.8%	6.7%
Branford	44.6%	47.7%	31.0%	60.1%	66.2%
Guilford	58.5%	35.9%	60.4%	65.5%	51.3%
Madison	64.2%	36.9%	53.6%	82.2%	72.2%
North Branford	34.2%	0.0%	14.6%	100.0%	0.0%
North Haven	41.4%	33.6%	37.0%	74.7%	70.9%
Orange	57.5%	46.2%	77.6%	81.3%	78.6%
Woodbridge	66.7%	38.8%	45.4%	82.2%	100.0%
Greater New Haven	44.3%	22.4%	18.3%	72.1%	36.3%
New Haven County	37.4%	20.2%	15.6%	65.3%	32.5%
Connecticut	41.9%	21.3%	17.3%	65.8%	31.0%
US	33.5%	21.6%	16.4%	54.3%	31.9%



## Social and Community Context

### Diversity of race, language, culture, and perspective enriches communities.

As much as communities are shaped by those who live there, people are impacted by the social context of the places where they live. Social context includes family, neighborhoods, school and work environments, political or religious systems, and other interpersonal infrastructures within a community. People's lived experiences within their social context play a significant role in good health and wellbeing.

Feeling like you belong, are appreciated, and are valued in your community reinforces protective health factors that help people and communities overcome adversity. Poverty, violence, poor housing, racism, and discrimination create Adverse Community Environments that perpetuate trauma and increase Adverse Childhood Experiences (ACEs) that have lasting impact on people and their communities.

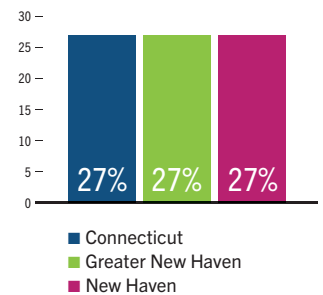
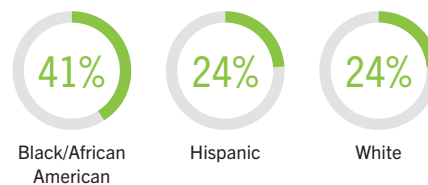
Across the Greater New Haven area, Black/African American residents were nearly twice as likely to feel that they had been unfairly treated in the workplace than Hispanic and White residents. Black/African American residents were also most likely to feel they were treated with less respect than others when seeking healthcare, three times the percentage of White residents, and twice the percentage of Hispanics.

\*Responses reflected any healthcare setting and are not specific to Yale New Haven Hospital or Yale New Haven Health.



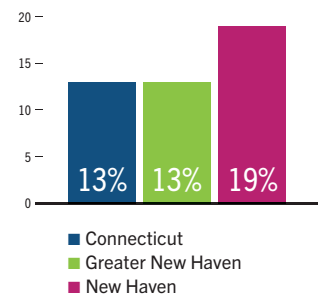
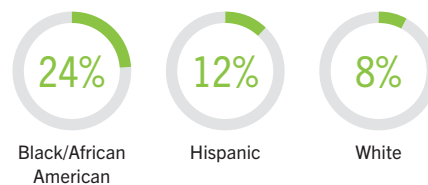
Survey respondents who perceived that at any time in their life, they have been unfairly fired, unfairly denied a promotion, or raise, or not hired for a job for unfair reasons.

Source: DataHaven Community Wellbeing Survey 2021



Survey respondents who perceived that, when seeking healthcare, they have been treated with less respect or received services that were not as good as what other people get.\*

Source: DataHaven Community Wellbeing Survey 2021



# Determining Priority Health Needs

To determine community health priorities, we must consider what the data show, and more importantly, what our community sees as the most pressing health concerns.

Community engagement was a central part of the CHNA. We invited wide participation from community members and organizations, including experts in health, social service representatives, advocates, community champions, policy makers, and lay community residents. These stakeholders were asked to weigh in on data findings, share their perspectives on challenges facing our community, and provide input on collaborative solutions.

The CHNA data and stakeholder input reinforced that the areas we've been focused on are still the most pressing needs in our community. Through community conversations, we asked how residents experience these issues in their day to day lives, and how we could do a better job helping them to live a healthier life.

## Community Health Priorities:



Access to Care



Behavioral Health



Child Wellbeing



Healthy Living



Residents shared their attitudes and experiences about community needs most important to them through a telephone survey of 400 households and community surveys with 142 diverse community residents across Greater New Haven.

## What you told us:

- + We need to help all people benefit from our community's robust health and social services. Many people are not aware of these resources or cannot access them.
- + We need to increase opportunities for community members to share lived experiences and participate in collaborative solutions to community challenges.
- + We need to grow trust in the healthcare system and that starts with honoring diversity and ensuring equitable delivery of services.

## How we will respond:

We developed a Community Health Improvement Plan (CHIP) to guide our efforts in responding to our community's needs. Using recommendations from the people who deliver and use these services, we will foster collaboration to better coordinate our community resources. We will seek to better connect people to the services they need and reduce disparities in health and socioeconomic measures that stem from underlying inequities in our society.

The following pages highlight key findings from the CHNA that support community health priorities and how we are addressing these concerns.



## In your words

### The top issues impacting our community are:

- + Drugs and Alcohol
- + Financial security (paying bills, etc.)
- + Stable housing
- + Affording medical care, prescriptions, and supplies
- + Mental health
- + Affording food

These needs are in line with requests for services to the 211 referral system.



## Top Requested Services\* to 211 Referral System

	Need Category	# of times requested
1	Housing & Shelter	23,976
2	Mental Health & Addictions	6,591
3	Employment & Income	3,827
4	Utilities	3,649
5	Food	2,829
6	Government & Legal	2,314
7	Clothing & Household Goods	576
8	Transportation Assistance	449
9	Disaster	323
10	Child Care & Parenting	287

\*This list excludes requests for other healthcare services.



## Access to Care

The Greater New Haven area has robust, engaged, and high quality healthcare and social services that are essential components to ensuring health and wellbeing in our community.

However, not all of our residents benefit from these community resources. The data show wide disparities among communities of color and those with lower incomes in receiving the services they need, when they need them. We need to address social drivers of health as the root causes of these disparities and a reflection of the underlying inequities within our society.

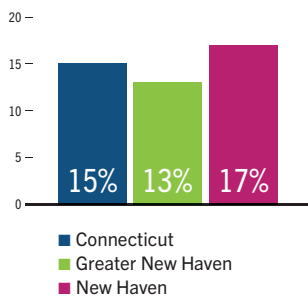
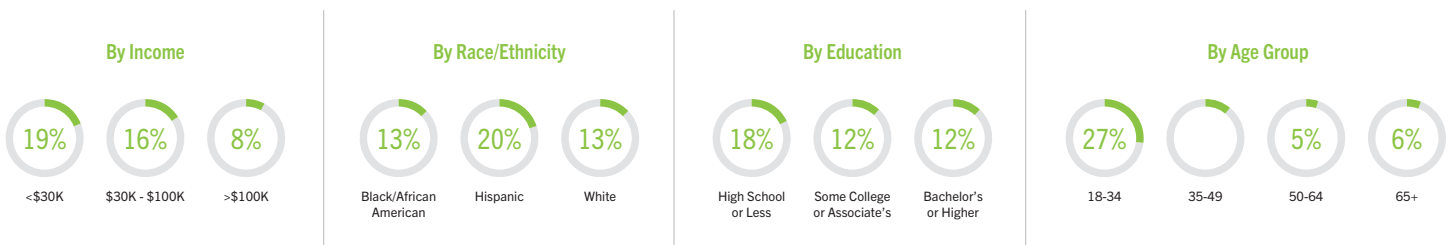
As health and social service providers we are doing this by bringing care to people in their neighborhoods through the use of community health workers and technology. We continue to provide free and low cost services regardless of ability to pay. We are working to better reflect the populations we serve through staffing, language capabilities, and honoring diverse people and cultures.

## We asked healthcare and social service providers about how COVID-19 will continue to impact our communities. This is what they told us:

- + Postponed care during the pandemic has led to greater acuity in need or disease
- + Providers are experiencing a backlog of patients, higher acuity, and longer wait times
- + Staff shortages are reducing capacity of health and human services, childcare, and education institutions
- + Loss of trust in healthcare and government are keeping people from proactively seeking services
- + We need to re-establish positive relationships among residents of all ages

## Survey respondents who stated that they do not have one person or place they think of as their personal doctor or healthcare provider

Source: DataHaven Community Wellbeing Survey 2021



Having a trusted provider and medical home promotes positive health behaviors like receiving health screenings and ensures access to medical care when needed. Availability of providers and capacity of current services ensure timely care. Community members and key stakeholders alike agreed that wait times for essential services like affordable housing and behavioral healthcare are longer than ever before.



## COVID-19 showed that we can achieve wide access to services across our community.

COVID-19 testing and vaccination sites were erected in days. Food distribution channels multiplied across the community. Virtual meetings, telehealth, mass text messaging, and online information allowed for safe interaction and continuation of services during the periods of isolation and community quarantine.



## How we are improving access to care

- + Ensuring people get enrolled in existing public programs is an immediate step we are taking to increase access to health insurance, medication or prescription assistance, and transportation programs.
- + Collaborating with other community based organizations, we promote awareness of existing services and screen people for their socioeconomic needs so we can connect them to services.
- + In an effort to identify barriers or gaps in care and develop strategies to increase access to care during the pandemic the hospital expanded telehealth visits to include video visits and phone consults. This resulted in over 366,750 video visits and 258,500 phone consults in 2020 alone.



## Behavioral Health

Behavioral health encompasses mental health conditions, substance use disorders, and one's overall sense of wellbeing. Nationwide, there has been an increase in demand for behavioral health services, a trend we have seen in Greater New Haven communities too.

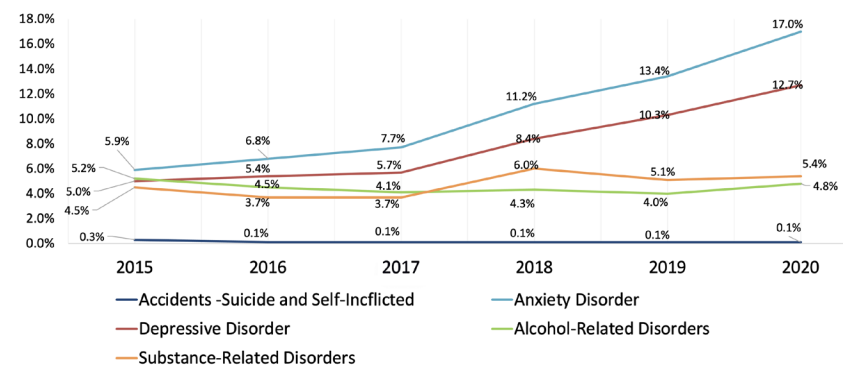
Referrals for mental health and addictions were the second most common request to the 211 referral system in 2021.

Feedback from community service providers and residents confirmed that, like most communities, demand for behavioral health services are outpacing our delivery system capacity. This challenge compels us to leverage our community assets in new ways, and rethink how we can create environments that reduce trauma and foster community connections.

## Yale New Haven Hospital Visits, Any Setting, Mental Health and Substance Use Disorders as Percentage of Total Visits

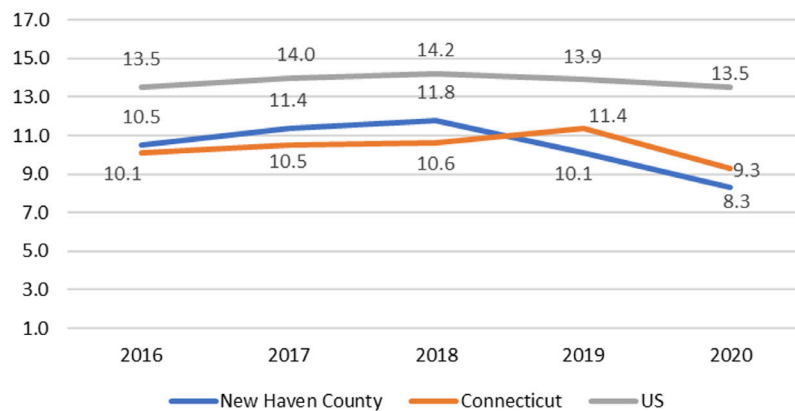
Source: Connecticut Hospital Association, CHIME

The graph below shows the increase in Yale New Haven Hospital visits (in any setting) for mental health and substance use disorders as a percentage of the total visits during 2015-2020.



## Suicide Death Rate Per Age-Adjusted 100,000

Source: CT Office of the Chief Medical Examiner (OCME), 2020



## Overdose Death Rate per 100,000 (2020)

Source: CT Office of the Chief Medical Examiner (OCME), 2020

New Haven	69.8
East Haven	41.8
Hamden	37.7
West Haven	32.9
Greater New Haven	40.8
New Haven County	44.7
Connecticut	35.2

# How we are responding to behavioral health needs

+ Participating in suicide prevention initiatives including the national Zero Suicide Initiative that aims to standardize best practice with first responders, schools, paramedics, and hospitals, and the Veteran’s program: Counseling on access to lethal means (CALM). Completing suicide prevention training and implementing screening and assessment tools in inpatient settings while working to reduce the stigma associated with suicide in all care settings.

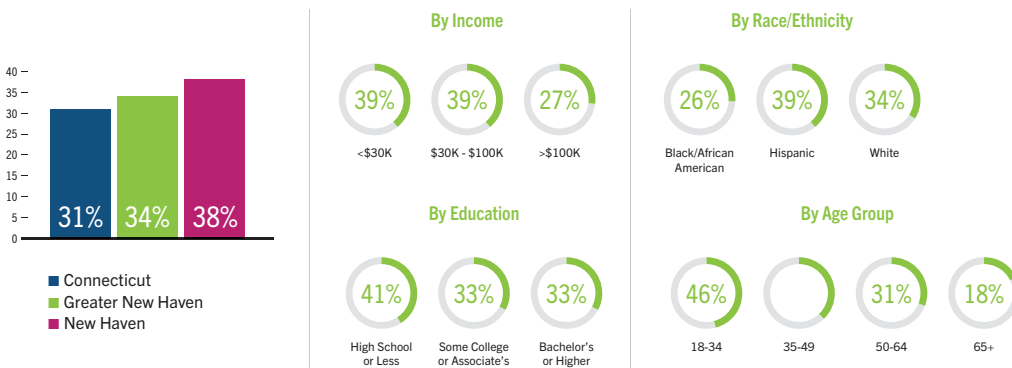
+ Collaborating with the City of New Haven and State of Connecticut to help individuals with behavioral health needs who are also experiencing homelessness access services including housing vouchers and screening for emergency shelters while in the hospital.

+ Working with social service and health care providers in the greater New Haven community to provide intensive case management and coordinate care for the highest utilizers of our hospital Emergency Departments and most vulnerable residents through the Community Care Team.



## Survey respondents who have been bothered by feeling down, depressed, or hopeless “several days”, “more than half the days”, or “nearly every day” over the past 2 weeks

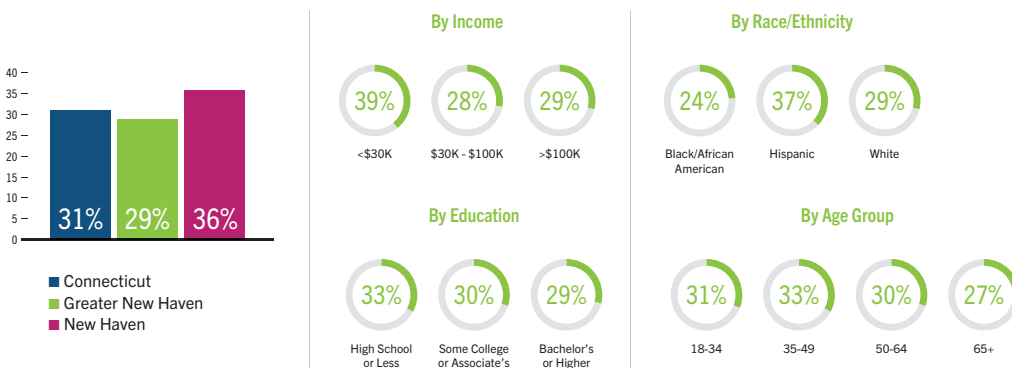
Source: DataHaven Community Wellbeing Survey 2021



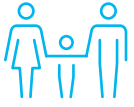
Many people throughout Greater New Haven experienced increased stress or trauma in their daily lives and since the onset of the COVID-19 pandemic. Nearly half of all adults ages 18-34 throughout the community reported feeling down for two weeks or longer.

## Survey respondents who stated that they personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers at any point during the last three years

Source: DataHaven Community Wellbeing Survey 2021



Roughly 1 in 3 adults within the Greater New Haven area personally know someone struggling with opiate addiction.



## Child Wellbeing

Traumatic or stressful events in childhood are called Adverse Childhood Experiences or ACEs. ACEs have been shown to have lifelong impacts on the economic, educational, and mental and physical health outcomes for individuals, and are associated with decreased life expectancy.

ACEs grow from Adverse Community Environments. By taking an upstream approach to emphasize interventions that address adverse community environments such as promoting “trauma informed care,” we can prevent, identify, and offset life’s negative events.

Focusing community health interventions on underlying social drivers of health, such as poverty and discrimination, can yield more effective and impactful treatment of downstream disease conditions, and pave the way for equitable health outcomes. The following diagram from the CDC illustrates the connection between environment and experiences.



## The Pair of ACEs

Source: Centers for Disease Control and Prevention

### Adverse Childhood Experiences

- + Maternal Depression
- + Emotional & Sexual Abuse
- + Substance Abuse
- + Domestic Violence
- + Physical & Emotional Neglect
- + Divorce
- + Mental Illness
- + Incarceration
- + Homelessness

### Adverse Community Environments

- + Poverty
- + Discrimination
- + Community Disruption
- + Lack of Opportunity, Economic Mobility, & Social Capital
- + Poor Housing Quality & Affordability
- + Violence



Trauma, isolation, and lack of socialization during COVID-19 created environments that can have long lasting impact on youth.

## Youth Measures of Mental Health and Substance Use, 9th-12th Graders

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey 2019  
Connecticut Department of Public Health

	Feel Consistently Sad or Depressed	Attempted Suicide	E-cigarette Use (last 30 days)	Alcohol Use (last 30 days)	Marijuana Use (last 30 days)
Connecticut	30.6%	6.7%	27%	25.9%	21.7%
US	36.7%	8.9%	32.7%	29.1%	21.7%

## Starting Out Strong

Ensuring pregnant people have the support they need to help each baby start life as healthy as possible is important. The data show that most pregnant people in the Greater New Haven area are able to access early prenatal care, which is the best way to promote a healthy pregnancy and delivery.

## Infant Mortality

Infant mortality (death of a child before age 1) is used as an international measure of overall community health. This is because the death of babies is impacted by social and economic factors and quality of life conditions for mothers.

Disparities in infant mortality are measures of structural socioeconomic inequities that happen long before pregnancy or birth. Upstream strategies that address the root causes of inequities can have far reaching impact on infant mortality, child wellbeing, reducing family trauma, and increasing life expectancy for all people.

## Maternal and Child Health, 2019 Data

Source: Connecticut Department of Public Health Registration Report Births, Deaths, Fetal Deaths, and Marriages

As shown in this table, there is wide variance in birth outcomes across communities within Greater New Haven. Infant mortality rates in Branford are twice the rate of the region and nearly four times higher than the state average. West Haven, New Haven, Hamden, and North Haven also have rates higher than the state.

	% First Trimester Prenatal Care	% Low Birth Weight	Infant Death Rate per 1,000 live births
Branford	91.9%	7.2	14.5
West Haven	87.7%	9.1	11.6
New Haven City	84.6%	7.5	9.5
Hamden	81.5%	6.5	8.3
North Haven	94.9%	3.2	4.6
East Haven	80.0%	6.4	0
Guilford	88.2%	3.6	0
Bethany	90.2%	NA	0
Madison	91.2%	8.7	0
Orange	93.4%	NA	0
Woodbridge	94.7%	NA	0
North Branford	96.3%	9.4	0
Greater New Haven	90.0%	NA	7.7
New Haven County	83.5%	7.7	6.1
Connecticut	84.7%	7.8	4.5
US	77.6%	8.3	5.6



## Healthy Living

### Disparities, Impact of Social Drivers of Health

Prior to COVID-19, the top leading causes of death among all populations in the US were chronic diseases. Across Greater New Haven communities, it is clear that preventive care, early diagnosis, and comprehensive treatment are high quality and effective. However, wide health disparities exist between those that benefit from these lifesaving services and those that die prematurely. The data reinforce that social drivers of health directly impact health outcomes for chronic disease, resulting in inequities in life expectancy by race and neighborhood.

### Average Life Expectancy by Race/Ethnicity, 2017-2019

Source: National Center for Health Statistics

	Asian	Black	Hispanic	White
New Haven County	98.8	77.5	83.7	80.0
Connecticut	92.9	79.0	84.7	80.6

### Adult Health Indicators, Age Adjusted, 2019 BRFSS

Source: Centers for Disease Control and Prevention 2019

	% Obese (BMI 30+)	% Tobacco Use Current Smokers	% Diabetes	% High Blood Pressure	% Asthma	% Depression	% Binge Drinking
New Haven County	32.3%	15.0%	9.6%	29.3%	10.6%	16.2%	16.3%
Connecticut	28.7%	12.4%	8.2%	27.2%	10.8%	14.7%	17.3%
US	31.3%	15.7%	9.7%	29.6%	8.9%	18.9%	17.9%

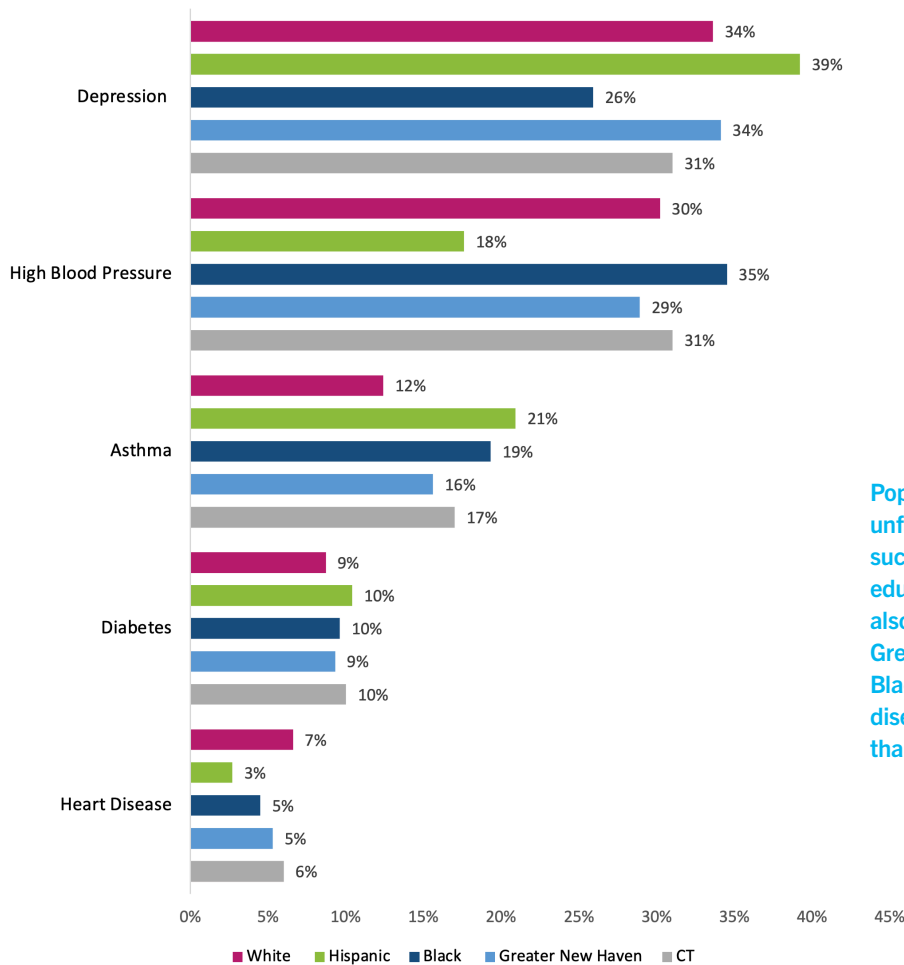
Key informants were asked what factors most impacted residents' good health. Their responses below reinforce that healthy lifestyles start with healthy environments.

1. Housing
2. Healthy food
3. Medical insurance
4. Employment
5. Adequate transportation
6. Open space



## Self-Reported Chronic Diseases

Source: DataHaven Community Wellbeing Survey 2021



Populations that experience unfavorable social drivers of health, such as lack of access to quality education and employment, are also at greater risk for disease. In Greater New Haven, Hispanic and Black residents report chronic disease diagnoses more frequently than their White neighbors.

## How we are improving healthy living

+ Creating a Covid-19 hotline and website to serve as a trusted source of information for our community providing regular updates at community and employee town halls throughout all stages of the pandemic. Providing COVID-19 testing sites and both mass and community-based COVID-19 vaccination sites offered across greater New Haven.

+ Collaborating with the Community Alliance for Research and Engagement (CARE) to develop innovative ways to support the needs of local hunger relief organizations by conducting virtual food drives using #GiveHealthy. In total hospital employees donated 17,490 pounds of food to nearly a dozen hunger relief organizations through the Coordinated Food Action Network.

+ Providing preventive cancer screenings through Smilow Cancer Hospital, CT Breast & Cervical Cancer Screening Program, and our mobile mammography van. Continuing health promotion activities such as our Get Healthy Walk 'n Talks with a provider held weekly from May to September in New Haven's Newhallville neighborhood.

YaleNewHaven**Health**

Yale New Haven Hospital

# Community Health Improvement Plan 2022-2025



# Our continuing efforts to improve community health

## What is a Community Health Improvement Plan (CHIP)?

A CHIP helps organizations move from data to action by addressing priority health and wellbeing needs identified in the CHNA. The CHIP serves as a guide for strategic planning and a tool by which to measure impact by detailing goals, strategies, and initiatives over the three-year reporting timeframe.

The CHIP aligns unmet community needs with high-level strategies and corresponding health system and hospital initiatives. The CHIP measures the impact of collective action initiatives and tracks progress over time. CHIP strategies focus on improving the health and wellbeing of our community and achieving health equity for all by addressing health disparities identified in the CHNA. CHIP initiatives reflect community focused initiatives, programs, and services planned for the next three years.

## Alignment with Healthy Connecticut 2025

Healthy Connecticut 2025 State Health Improvement Plan (SHIP) is the five-year state health strategic plan for improving the health of Connecticut residents. Representatives from YNHHS and other community organizations participated in creating Healthy Connecticut 2025 and serve on ongoing action teams. Connecticut Department of Public Health oversees the development of the SHIP, in collaboration with multi-sector partners from across the state.



The Healthy Connecticut 2025 State Health Improvement Plan is aligned with the National Prevention Strategy, Healthy People 2030 objectives, the Centers for Disease Control and Prevention, and with other existing local and State of Connecticut plans.

In addition to the SHIP, the 2022 hospital CHNA was aligned with IRS Code 501(r) requirements for not-for-profit hospitals as well as Connecticut state requirements for hospital community benefit reporting. Hospital CHIP goals align with SHIP goals to establish support for statewide initiatives at the local level.

## Approach to Community Health Improvement

Like the CHNA, the CHIP reflects input from many stakeholders. It acknowledges existing work, community assets and gaps in resources. The success of the CHIP depends on collaboration with community partners and input from local residents to address social drivers of health (SDoH) and advance initiatives toward health and wellbeing.

The CHIP was developed by a hospital task force comprised of leaders from multiple departments to capture all hospital and health system efforts that impact the health of the local community. CHIP goals reflect identified needs and were confirmed through discussions with community leaders and stakeholders. Our priority areas come from the top needs identified by the CHNA and are aligned with those of our collective impact partnership, Healthier Greater New Haven Partnership: Access to Care, Behavioral Health, Child Wellbeing, Community Health and Wellbeing, and Healthy Living. These priority areas reflect the greatest needs in the community with health system and hospital generated strategies for action and also align with statewide efforts in the SHIP.

We used the top needs identified through community engagement as a foundation for our CHIP development to address the needs of greatest concern to community members. These individuals provided diverse perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities. The community needs are: affordable healthcare, behavioral health, drug/alcohol misuse, education, financial security, food security, and housing. The CHIP provides direction for addressing the health and wellbeing needs of the community.

- AH** Affordable Healthcare
- BH** Behavioral Health
- DA** Drug/Alcohol Misuse
- ED** Education
- FI** Financial Security
- FO** Food Security
- HO** Housing

# Community Health and Wellbeing

## Yale New Haven Hospital Goal:

Improve the health and wellbeing of the community with a focus on social drivers of health and health equity.

## Healthy CT 2025/SHIP:

Ensure community strength, safety, and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents. (D)

---

**STRATEGY:** Align our everyday business activities in a way that improves living conditions in our communities and addresses health equity. **AH BH DA ED FI FO HO**

**Initiative:** Increase purchasing from local and women and minority-owned businesses.

**Initiative:** Increase hiring from underserved communities and support career growth of frontline workers.

**Initiative:** Invest financially in our local communities to improve the social drivers of health.

**Initiative:** Harness the volunteer power of employees to improve the social drivers of health in local communities.

**Initiative:** Implement a healthcare sustainability program to improve the health of our communities.

---

**STRATEGY:** Develop strategies to address disparities by race and ethnicity to drive equitable care and outcomes. **AH**

**Initiative:** Develop and implement strategies to address disparities by race and ethnicity based on root cause analyses.

**Initiative:** Identify and decrease variation in clinical care (testing, referral, and treatment patterns) by race and ethnicity.

**Initiative:** Identify and decrease variation in clinical outcomes by race and ethnicity.

**STRATEGY:** Support local community organizations and events that help alleviate SDoH. **ED FI**

**Initiative:** Determine local community member SDoH needs in collaboration with community organizations and hold collection drives to support community organization recipient(s).

**Initiative:** Provide funding/financial contributions to local community based organizations that align with YNHHS mission, vision, and values.

**Initiative:** Participate in community events (e.g. health fairs, health talks) to provide health education and information to the community.

---

**STRATEGY:** Support a healthcare environment that honors and reflects the communities we serve. **AH ED FI FO HO**

**Initiative:** Partner with local community organizations to increase the health and wellbeing of the community.

**Initiative:** Partner with internal departments to include community information and a community focus in developing services and initiatives.

**Initiative:** Seek input from the community and provide feedback on YNHHS and hospital community health progress.

**Initiative:** Continue to invest in community benefit for our local community.

---

**STRATEGY:** Participate in local collective impact partnerships. **AH BH DA ED FI FO HO**

**Initiative:** Be a leadership member of partnerships.

**Initiative:** Support and actively participate in partnership initiatives.

**Initiative:** Increase the impact of partnerships to address community needs.

**STRATEGY:** Engage patients, families, physicians, and staff to increase YNHHS presence in the community to build stronger relationships. **AH BH DA ED FI FO HO**

**Initiative:** Provide continued enhancement of the Diversity, Equity, Inclusion, and Belonging (DEIB) councils at each hospital.

**Initiative:** Support community health and wellbeing hospital initiatives.

**Initiative:** Increase awareness and education about health equity, health disparities and cultural competence.

**Initiative:** Support community relationships through volunteerism and presence in the community to increase community trust and engagement.

**Initiative:** Provide DEIB education and resources.

**Initiative:** Establish Employee Resource Groups to assist in identifying the varied needs of the community and support the community through volunteer work.

**STRATEGY:** Embed health equity within YNHHS and its hospitals.

**AH BH DA ED FI FO HO**

**Initiative:** Build infrastructure to support health equity.

**Initiative:** Expand ethnicity categories in electronic medical records patient demographics.

**Initiative:** Redesign process and staff training to increase collection and use of Racial, Equity and Language (REaL), Sexual Orientation and Gender Identity (SOGI), and disability information in patient care.

**Initiative:** Identify opportunities to decrease healthcare disparities through analyzing hospital and health system performance data and community feedback to identify disparities, root causes, and ways to improve.

**Initiative:** Increase communication channels with our community members to listen, learn, and improve health equity for our patients and the community.

**STRATEGY:** Enhance the patient experience to reflect the community and patient population. **AH**

**Initiative:** Improve the diversity of Patient Family Advisors to reflect community and patient population.

**Initiative:** Partner with DEIB, Press Ganey, Office of Health Equity, and Patient Family Advisors to enhance health equity of patient survey questions and use results to increase patient experience.

**STRATEGY:** Screen for socioeconomic needs and provide resources for support. **AH BH DA ED FI FO HO**

**Initiative:** Adopt a common set of SDoH questions across all care settings.

**Initiative:** Develop strategies to support patient with identified needs through referrals and interventions.

**STRATEGY:** Increase community input and diversity in research. **ED**

**Initiative:** Bring community perspective to research and identify areas of need through community advisory board, community research fellowship program and community research innovation summits.

**Initiative:** Increase community-based cross-industry collaboration to increase diversity in clinical trials.

**STRATEGY:** Increase the rate of individuals trained in bystander CPR. **ED**

**Initiative:** Expand and improve training on bystander CPR through the Centers for Medicaid and Medicare Services.

**STRATEGY:** Ensure comprehensive case management and crisis response support for victims of violence. **BH ED FO HO**

**Initiative:** Provide services and case management to victims of assault, gun violence, sexual assault, and human trafficking through the hospital-based Violence Intervention Program.

---

**STRATEGY:** Develop a place-based approach to address social drivers of health and other needs. **BH ED FI FO HO**

**Initiative:** Engage the community in developing geographic approaches to health improvement.

**Initiative:** Align resources and partners (e.g. Healthier Greater New Haven Partnership, Yale Physician Residency Programs and Medical Staff, True Haven Grant, Yale Medicine Population Health, etc.).

**Initiative:** Develop measures to evaluate efforts.

---

**STRATEGY:** Increase the utilization of available housing, food and other SDoH programs and services by patients and community members. **AH BH DA ED FI FO HO**

**Initiative:** Increase the number of hospital departments using the online referral database (Unite Connecticut) for patient SDoH needs.

**Initiative:** Increase participation by community-based organizations in the online referral database (Unite Connecticut).

# Access to Care

**Yale New Haven Hospital Goal:**

Ensure access to quality health care and wellbeing services for all community members.

**Healthy CT 2025/SHIP:**

Ensure all Connecticut residents have knowledge of, and equitable access to, affordable, comprehensive, appropriate, quality health care. (A)

---

**STRATEGY:** Design community based programs targeted to heart/vascular health issues. **AH**

**Initiative:** Expand barbershop initiative to provide community education on blood pressure management.

**Initiative:** Provide blood pressure cuffs to patrons and shop owners.

---

**STRATEGY:** Increase access to oncology services. **AH**

**Initiative:** Increase transportation options for patients in need and expand across system.

**Initiative:** Increase free and low cost community screening events.

---

**STRATEGY:** Increase the ability of primary care and behavioral health professionals to provide high-quality coordinated care to patients who need it. **AH**

**Initiative:** Continue efforts with the New Haven Primary Care Coalition to collaborate across specialties to expand behavioral health services, SDoH screening and resources to manage community-based referrals.

**STRATEGY:** Reduce wait times for receiving primary care **AH**

**Initiative:** Continue efforts with the New Haven Primary Care Coalition to reduce wait times to receiving primary care for new and existing patients by achieving time to appointment standards.

**STRATEGY:** Continue to provide services through refugee clinics **AH**

**Initiative:** Partner with IRIS to ensure domestic screening for all legally resettled refugees in the Greater New Haven area and ensure access to care in primary care sites.

---

**STRATEGY:** Increase transportation options for people to get to medical appointments **FI**

**Initiative:** Provide alternative medical transportation options to patients in need e.g. Uber Health, bus tokens/vouchers etc.

---

**STRATEGY:** Support children's services offered in community settings to address areas of SDoH need **AH ED**

**Initiative:** Support nutrition through continued WIC program services across four locations: Yale New Haven Hospital Saint Raphael Campus and Sargent Drive, Fair Haven Community Health Center and Hill Health Center.

---

**STRATEGY:** Provide continuity of care for uninsured and underserved patients after Emergency Department visit **AH**

**Initiative:** Continue use of Follow-Up Clinic to provide care within 1-3 days after emergency department visit.

**STRATEGY:** Increase use of community health workers to provide direct connections to community and clinical resources **AH**

**Initiative:** Explore grant funding opportunities to expand screening outreach efforts in the community and create linkages between community and clinical care.

---

**STRATEGY:** Expand use of telehealth, in-home and in-community care to underserved neighborhoods **AH**

**Initiative:** Provide broadband services to patients without personal broadband access to facilitate care via telehealth services through Federal Communication Commission (FCC) grant.

---

**STRATEGY:** Provide access to health care and services and support underserved populations **AH FI ED**

**Initiative:** Continue to provide free care and Medicaid services to those eligible.

**Initiative:** Provide educational support and financial assistance to uninsured patients.

**Initiative:** Assist and enroll individuals in appropriate health care programs: Federally Qualified Health Centers (FQHC) hospital clinics, Medicaid, Medicare and other programs.

**Initiative:** Increase local residents' awareness of free and low cost health care resources/options.

**Initiative:** Identify opportunities to collaboratively advocate for the expansion of eligibility of Medicaid/HUSKY recipients.

**Initiative:** Offer financial assistance information in English and Spanish.

**Initiative:** Provide access to prescription and medication assistance programs.

# Behavioral Health

**Yale New Haven Hospital Goal:**  
Increase capacity and equitable availability of behavioral health services and support resources.

**Healthy CT 2025/SHIP:**  
Coordinate community-based preventive services for behavioral health, oral health and primary care in a comprehensive integrated fashion while ensuring that people have choice/options about their setting. (A3.2)

---

**STRATEGY:** Support the behavioral health needs of children **BH**

**Initiative:** Embed behavioral health providers and care coordinators in the Pediatric Primary Care Center Fairhaven FQHC, with a warm handoff from the pediatrician, and expand where possible to other YNHHS primary care centers.

**Initiative:** Embed behavioral health providers in the YNHHS Pediatric Specialty Centers.

**Initiative:** Implement Zero Suicide Grant initiative awarded to Yale New Haven Children’s Hospital to improve access to services and coordinate care.

**Initiative:** Provide educational forums to pediatricians focusing on identification of needs and development of interventions to manage children’s behavioral health in their practices.

---

**STRATEGY:** Support the behavioral health needs of oncology patients **BH**

**Initiative:** Screen oncology patients for behavioral health and SDoH needs and provide referrals.

Provide integrated behavioral health services to patients that address mental health needs via LCSWs for short term therapies

**BH**

**Initiative:** Expand integrated behavioral health services from current Maternal Wellness and Digestive Health initiatives to other areas.

---

Provide continuity of care for behavioral health patients after Emergency Department visit **BH**

**Initiative:** Implement a pilot Psychiatry Follow Up Clinic in the Psychiatric Emergency Department for persons who do not have a regular source of care.

---

Increase the proportion of people with substance use disorders who receive treatment **BH**

**Initiative:** Provide substance use disorder support nearly 24/7 by expanding Project ASSERT and Recovery Coach/Health Promotion Advocate services through grant funding.

## Child Wellbeing

### Yale New Haven Hospital Goal:

Promote child health, wellbeing, and resiliency through strengthening and supporting families and communities.

### Healthy CT 2025/SHIP:

Promote the benefits of proactive, youth-directed, youth-chosen, and youth-centered community programming to improve positive youth development and outcomes. (D5.4)

---

**STRATEGY:** Support pediatric services offered in community settings to address areas of SDoH need **AH**

**Initiative:** Provide pharmacy prescription at the Children's Hospital prior to discharge to families with limited pharmacy access to support positive outcomes and prevent re-admissions.

**STRATEGY:** Reduce unintentional motor vehicle injuries and deaths in children **FI ED**

**Initiative:** Continue to offer and expand the hospital-based free car seat education and installation assistance program.

---

**Reduce household economic insecurity of families with children by supporting their basic needs **FI****

**Initiative:** Implement the CT Hospital Association/Diaper Bank of CT referral-based grant program.

**Initiative:** Continue to offer grant-funded programs including Me & My Baby, WIC Program, Supplemental Infants Program and lead screening.



# Healthy Living

## Yale New Haven Hospital Goal:

Achieve equitable life expectancy for community members through availability and coordination of healthy living services and resources.

## Healthy CT 2025 Goal:

Assess the availability and diversity of and coordination among primary care providers, community partners, and care management services. (A5.2)

---

**STRATEGY:** Provide community-based health promotion activities.

ED

**Initiative:** Continue to collaborate with Yale School of Medicine Primary Care Residency Program to offer Walk 'n Talk with a Doc Program.

**STRATEGY:** Utilize evidence-based chronic disease screening, education and maintenance programs. AH ED

**Initiative:** Continue to offer and expand programs such as “Know Your Numbers” in community-based settings and for YNH employees.

**Initiative:** Offer programs and activities for the prevention and management of diabetes, heart disease and stroke.

---

**STRATEGY:** Increase availability of healthy, nutritious and culturally-sensitive foods in the community. ED FI FO

**Initiative:** Continue to donate food to area soup kitchens through Rock N Wrap It Up food recovery program.

**Initiative:** Promote awareness and availability of local food pantries.

**Initiative:** Conduct healthy food drives to support local food programs.

**Initiative:** Offer healthy food options in the cafeteria for patients, staff and visitors.

## Community Partners:

Thank you to our community partners that provide guidance, expertise, and ongoing collaboration to foster collective impact in improving the health and wellbeing of the Greater New Haven community.

### Greater New Haven / Healthier Greater New Haven Partnership (HGNHP)

- Center for Children’s Advocacy
- Clifford Beers Clinic
- Community Action Agency of New Haven
- Community Alliance for Research and Engagement, Southern Connecticut State University
- Community Foundation for Greater New Haven
- Community Services Administration, City of New Haven
- Cornell Scott Hill Health Center
- DataHaven
- East Haven Adult Learning Center
- East Shore District Health Department
- Fair Haven Community Health Care
- Guilford Health Department
- Hamden-North Haven YMCA
- Healthcentric Advisors
- Hispanic Health Council
- Home Care Plus Community Healthcare and Hospice
- Madison Health Department
- National Clinician Scholars Program, Yale University
- New Haven Health Department
- New Reach
- Planned Parenthood of Southern New England
- Project Access-New Haven
- Quinnipiack Valley Health District
- Southern Connecticut State University-Nursing Department
- Southern Connecticut State University-Department of Public Health
- Town of Hamden, Keefe Community Center
- United Way of Greater New Haven
- West Haven Health Department
- Yale Cancer Center Smilow Screening & Prevention Program
- Yale New Haven Health
- Yale New Haven Hospital
- Yale Primary Care Residency Program
- Yale School of Public Health
- Yale School of Public Health-Office of Public Health Practice

## Research Partners:

Thank you to our research partners for their essential role in completing the 2022 CHNA.

### DataHaven | [ctdatahaven.com](http://ctdatahaven.com)

DataHaven conducted the DataHaven Community Wellbeing Survey (DCWS), a statistical household survey to gather information on wellbeing and quality of life in Connecticut’s diverse neighborhoods. The DCWS is a nationally-recognized program that provides critical, highly-reliable local information not available from any other public data source.

At DataHaven, our mission is to empower people to create thriving communities by collecting and ensuring access to data on wellbeing, equity, and quality of life. A 501(c)3 nonprofit organization and registered as a Public Charity with the State of Connecticut, DataHaven is a partner of the National Neighborhood Indicators Partnership, a learning network, coordinated by the Urban Institute, of independent organizations in 30 cities that share a mission to ensure all communities have access to data and the skills to use information to advance equity and wellbeing across neighborhoods.

### Community Research Consulting | [buildcommunity.com](http://buildcommunity.com)

CRC correlated data across all research efforts and facilitated multiple meetings with community partners and stakeholders. Applying insights from these sessions, CRC developed the CHNA report and led strategic planning in creation of the Community Health Improvement Plan (CHIP).

A woman-owned business based in Lancaster, Pennsylvania, Community Research Consulting (CRC) partners with our clients to build vibrant, healthier, sustainable communities. Our approach emphasizes wide participation in dynamic dialogue to both define and solve challenges with the people who experience them. Using quantitative and qualitative research methods, we conduct studies and develop solutions for community health, housing, socioeconomic disparities, capacity-building, population health management, and similar challenges. We specialize in transforming research into action through strategic planning, policy change, and collective impact.

### Community Wisdom/NRC Health | [nrchealth.com](http://nrchealth.com)

Community Wisdom/NRC Health conducted community conversations through a series of interviews and surveys of 142 diverse community residents during March and April 2022 to collect feedback on community health priorities.

NRC Health helps partners know each person they serve—behaviors, preferences, wants, and needs—not as point-in-time insights, but as an ongoing relationship. Our approach to content development is guided by a single objective: information that will help our clients tangibly improve the experiences of the people they serve. We examine a broad variety of topics and share our point of view across formats, including the Community Wisdom Survey.

# APPENDIX A:

## Yale New Haven Hospital Evaluation of Impact 2019-2022 CHIP

### Hospital Community Commitment

Yale New Haven Hospital (YNHH) is a nonprofit, 1,541-bed acute and tertiary medical center receiving regional, national, and international referrals. It is the flagship hospital of Yale New Haven Health. Renowned for programs in cancer, heart and vascular, pediatrics, psychiatry, and transplantation, YNHH is the largest acute-care provider in southern Connecticut and one of the Northeast's major referral centers. With two inpatient campuses in New Haven, Yale New Haven Hospital is the primary teaching hospital for Yale School of Medicine and includes several specialty and ancillary outpatient centers around the state.

Every year, as part of its vital mission to promote health and wellness throughout the Greater New Haven region, Yale New Haven Hospital sponsors, develops, and participates in a wide variety of community-based programs and services. As part of this effort, Yale New Haven Hospital serves as the backbone organization of the Healthier Greater New Haven Partnership.

### Healthier Greater New Haven Partnership

Improving the health of a community is critical to ensuring the quality of life of its residents and fostering sustainability and future prosperity. The Healthier Greater New Haven Partnership was formed in 2010 to help address the health needs of the Greater New Haven community, which includes the 12 towns of Bethany, Branford, East Haven, Guilford, Hamden, Madison, North Branford, New Haven, North Haven, Orange, West Haven, and Woodbridge. Initially named the Partnership for a Healthier New Haven, the Partnership soon expanded to include the suburban area surrounding the city of New Haven.

The Healthier Greater New Haven Partnership is a coalition that includes one hospital, five actively participating departments or districts of public health, two federally qualified health centers, and numerous community and non-profit organizations serving the Greater New Haven region of Connecticut. The Partnership's mission is to improve the health and wellbeing of the Greater New Haven community by identifying priorities for program planning and coordination across partner organizations.

The Healthier Greater New Haven Partnership leads a comprehensive regional triennial Community Health Needs Assessment (CHNA) effort to identify the health-related needs in the region and create an implementation plan to prioritize and

plan on how to address those top health needs. The current 2019-2022 priority areas for the Partnership are access to care, healthy lifestyles, and behavioral health.

In October 2019, the Partnership launched the 2019-2022 Community Health Implementation Plan (CHIP) for these three focus areas. Just six short months later, responding to the COVID-19 pandemic became the focus for all partner organizations, shifting the attention of the work outlined in the 2019-2022 CHIPs. The Partnership readily adapted and collaborated in response to community needs as a result of or exacerbated by the pandemic. The Healthier Greater New Haven Partnership continued to meet virtually on a monthly basis during the pandemic. At each phase of the pandemic—from education about masking, to COVID-19 testing and vaccinations—partners found it invaluable to come together to discuss challenges, share resources, and coordinate a regional, cohesive response.

**From 2019-2022, Yale New Haven Hospital and the Healthier Greater New Haven Partnership made significant progress towards the CHIP goals in the greater New Haven region.**

Since completing its last CHNA in 2019, the Yale New Haven Hospital and the Healthier Greater New Haven Partnership took multiple steps to align its work, deepen relationships, and serve the community, especially in response to the COVID-19 pandemic.

**Highlights of overall accomplishments include the following activities:**

### Access to Care Accomplishments

Efforts related to Access to Care focused on reducing the rate of adults without a medical home.

### Yale New Haven Hospital Initiatives

- + Served as the bridge organization for CMMU Accountable Health Communities grant in collaboration with Project Access-New Haven, Cornell Scott Hill Health Center, Fair Haven Community Health Care, and the community-based referral organizations. To date nearly 3,000 patients have been provided navigation and nearly 15,000 screened at six different sites over the past four years of the grant.

## APPENDIX A: Yale New Haven Hospital Evaluation of Impact 2019-2022 CHIP

- + Provided in-kind and financial support to access related organizations including Project Access-New Haven, Columbus House, Family Centered Services Children's Advocacy Center, and School-Based Health Center organizations.
- + Continued to provide free care and publish and/or share information about the hospital's financial assistance policies through community meetings and regular newspaper advertisements.
- + The hospital continued to provide access to services for underserved populations through initiatives such as in-kind support provided to assist eligible individuals to enroll in available insurance programs, medication or prescription assistance, and financial support for transportation assistance programs.
- + In an effort to identify barriers or gaps in care and develop strategies to increase access to care during the pandemic, the hospital expanded telehealth visits to include video visits and phone consults. This resulted in over 366,750 video visits and 258,500 phone consults during FY 2020 alone.
- + Collaborated with the U.S. Census for 2020 by providing opportunities to complete census forms on site and raising awareness through events and activities.
- + Efforts to promote diversity and inclusion to reduce discrimination and improve access to care included 100% of the YNHH Diversity, Equity & Inclusion Council members completing training in FY 2021.
- + During 2022, the hospital's Diversity, Equity & Inclusion department held a series of Culturally & Linguistically Appropriate Services Standards (CLASS) workshops to community-based organizations in Greater New Haven. The workshops were offered through the Healthier Greater New Haven Partnership and included *Ouch! That Stereotype Hurts*, *Defeating Unconscious Bias*, and a two-part session on *Connecting with Others*.
- + Over the course of FY 2021 through a partnership with the Connecticut Hospital Association, YNHH worked with Unite Us to enroll community partners into the community-based organization social determinants of health referral service. To date there are over 45 active community based organizations in Greater New Haven using Unite Us.
- + Collaborated with the New Haven Primary Care Consortium to relocate the hospital's primary care clinics to a newly renovated space at Long Wharf, which opened in FY 2021.

### Healthier Greater New Haven Partnership Initiatives

- + Conducted a literature review of resources available from CDC regarding importance of a medical home. Unfortunately, no resources were available at the time.
- + Continued to identify opportunities to leverage CARE Health Leaders program and utilize graduates in various capacities including the Health Enhancement Community effort.
- + Conducted a Culturally & Linguistically Appropriate Services Standards (CLASS) webinar in collaboration with the Connecticut Department of Public Health in 2021. This work was extended in 2022 through a partnership with Yale New Haven Hospital's Diversity, Equity & Inclusion Department to include access for community-based organizations to Culturally & Linguistically Appropriate Services Standards CLASS training programs.
- + Collaborated with the U.S. Census for 2020 by providing opportunities to complete census forms on site at partner organizations and raising awareness through events and activities throughout the region. Various educational opportunities were also provided to partnership members by the U.S. Census bureau staff including the use of census data.
- + The partnership served as a coordinating hub for the region by routinely providing partners with community-based resources for COVID-19 testing, vaccination sites, and health information.
- + CARE REACH grant focused on flu and COVID-19 vaccination hesitation in vulnerable populations.

### Behavioral Health Accomplishments

Efforts related to addressing behavioral health needs emphasized coordinated work to increase the number of adults in the Greater New Haven region who indicate that they receive the social-emotional support they need.

### Yale New Haven Hospital Initiatives

- + Worked closely with the City of New Haven to develop a grant-funded pilot mobile crisis team to respond to behavioral health crises and needs among the homeless population.
- + Annual sponsorship of the American Foundation for Suicide Prevention Out of the Darkness Walk organized locally by the Quinnipiac Valley Health District. Collaboration with the Women and Family Life Center of Guilford to organize an annual walk / run aimed at reducing the stigma associated with mental health issues.
- + System-wide training completed for suicide prevention and screening tools and implementation of safety plans in all inpatient psychiatry areas (evidence-based protocol / template).
- + Suicide prevention activities aimed at reducing the stigma associated with suicide included Ambulatory Psychiatry and

## APPENDIX A: Yale New Haven Hospital Evaluation of Impact 2019-2022 CHIP

Behavioral Health clinical staff received evidence-based best practice training in suicide screening and assessment using the Columbia Suicide Severity Rating Scale (C-SSRS), the SAFE-T suicide assessment, and the Stanley-Brown Safety Planning tool. Every new Ambulatory Psychiatry and Behavioral Health patient receives a full suicide screening and assessment, and established patients are screened each visit for suicidality. Efforts include engaging patients to develop an individualized Safety Plan to help them identify triggers, strategies to manage suicidal thoughts, and resources they can utilize when needed.

- + Therapy programs utilize best practice strategies and interventions to help patients identify and manage suicidal thoughts and life stressors, as well as providing patients with suicide prevention resources throughout their treatment and upon discharge.
- + The hospital provided financial or in-kind resources to support behavioral health related organizations and / or activities. Additional in-kind resources continue through Community Care Team, board, or committee appointments, and annual walk / run organized by the department of psychiatry dedicated to educating people, and reducing the stigma associated with mental health issues.
- + The Community Care Team (CCT) continued to meet regularly over the past three years (shifting to a virtual meeting platform) to determine needs of high ED utilizers and refer them to appropriate care.
- + The department of psychiatry worked with the State of CT Department of Housing and City of New Haven to secure housing vouchers for behavioral health patients. The department also provides support for the New Haven CAN by conducting screenings for emergency shelters while patients are in the hospital.
- + Support groups continued to be offered for patients and families for a variety of diagnoses with several groups shifting to 1:1 individual and family focus due to the pandemic. Other consumer facilitated groups continue to meet using Zoom or other online platforms. These include daily AA meetings, Hearing Voices Network, adolescent family and caregiver meetings, and Dialectical Behavior Therapy (DBT).
- + Department of psychiatry participated in the Zero Suicide national initiative. Suicide prevention tries to standardize best practice with first responders, schools, paramedics, hospitals, etc. In addition, training was provided for the Veterans' suicide prevention Veteran's program, Counseling on Access to Lethal Means (CALM), cyber stalking, violence and mitigating risk, and the history of the Connecticut Department of Mental Health and Addiction Services recovery of care.

### Healthier Greater New Haven Partnership Initiatives

- + Support of substance use education and prevention efforts in the community aimed at reducing the stigma of getting mental health treatment continued to be led by local health departments and health districts. Activities over the past three years included administration of surveys to learn about peoples' experiences with drug use, and storage. Additional awareness education and activities included International Overdose Awareness Day on the New Haven Green, which was coordinated by multiple partner agencies. As well as continued efforts to work with real estate agents, dentists, veterinarians, physicians, pharmacists, and others.
- + Additional efforts to support substance use education and prevention efforts in the community aimed at reducing the stigma of getting mental health treatment were spearheaded by local health districts / departments across the region. This included working with local prevention councils and co-leading SURGE and the New Haven Harm Reduction Taskforce. As well as ongoing education and advocacy for medication take back protocols at area pharmacies.
- + The ongoing sharing of best practices throughout the region related to education and prevention was demonstrated over the past three years by many health districts and departments collaborating on multiple grants and other related efforts.
- + Suicide prevention activities aimed at reducing the stigma associated with suicide included the annual Tracey's walk / run sponsored by Women and Family Life Center in Guilford and Yale New Haven Psychiatric Hospital dedicated to increasing awareness of mental health issues. As well as the annual American Foundation for Suicide Prevention Hamden/New Haven County Out of the Darkness Community Walk held each fall and coordinated by the Quinnipiack Valley Health District. The health district also had two staff members trained in the Question Persuade Refer (QPR) training with more training scheduled in the coming year.
- + Considerable efforts have centered around two pre-planning grants related to the Health Enhancement Community. The Behavioral Health emphasis has focused on child wellbeing efforts. This is being pursued in conjunction with the "Integrated Care for Kids (InCK)" grant recently awarded to the Clifford Beers Clinic.

### Healthy Lifestyles Accomplishments

Coordinated work between partner organizations emphasized the promotion of healthy lifestyles and access to healthy food in the Greater New Haven region to reduce the combined percentage of adults who are obese and overweight.

#### Yale New Haven Hospital Initiatives

- + Conducted two virtual food drives using the #GiveHealthy platform during the 2020 and 2021 holiday seasons. In total 17,490 pounds (approximately 14,570 meals) of healthy food were donated by hospital staff to nearly one dozen hunger relief organizations in Greater New Haven through a collaboration with the Community Alliance for Research and Engagement (CARE) and the Coordinated Food Action Network.
- + Collaboration continued with community partners to offer the Get Healthy Walk 'n Talks with a provider. Due to COVID-19, walks could not be held in 2020. Instead, organizers worked with trainers from the YNHH Fitness Center and residents from Yale Primary Care Internal Medicine and Medicine/Pediatrics Residency programs to create weekly emails containing information on physical activity and different health topics that were sent to the walk distribution list of more than 70 people. The walks resumed in person for 2021 and 2022. Each year, one of the more than 20 walks along the Canal Trail between New Haven and Hamden included Dr. Keith Churchwell, President of YNHH.
- + The hospital provided financial or in-kind resources to support healthy lifestyles organizations or activities including runs / walks supporting non-profit organizations, food banks or pantries, youth basketball teams, and school lunch programs.
- + Continued to provide existing programs, services, and initiatives including diabetes and endocrinology clinical programs for Type 1 and Type 2 diabetes (pediatric/adult), nutrition services, women's heart programs, and support groups. Many efforts shifted to virtual offerings due to the COVID-19 pandemic.
- + Yale New Haven provided *Know Your Numbers* screenings and expanded offerings through its livingwellCARES program including health coaching and a gym available for its more than 14,000 staff members. Many programs continue to be offered virtually or using a hybrid virtual or in-person model.
- + The hospital also maintained and expanded efforts related to employee health and safety through initiatives by Occupational Health, livingwellCARES, and Employee and Family Resources. An employee wellbeing website was established to support staff and their families through the COVID-19 pandemic
- + Community requests for YNHH speakers provided opportunities for staff to participate in community-based events including the Greater New Haven Chamber of Commerce, Community Management Team meetings in multiple neighborhoods, and Radio Amor y su Gente.

- + Cancer screenings were held through Smilow Cancer Hospital and the CT Breast & Cervical Cancer Screening Program as well as the hospital's mobile mammography van.
- + The hospital / health system created a COVID-19 hotline and website to serve as a trusted source of information for its community with leadership providing regular updates at community and staff town halls throughout all stages of the pandemic. This was in addition to the COVID-19 testing sites and both mass and community-based COVID-19 vaccination sites offered across the region.

#### Healthier Greater New Haven Partnership Initiatives

- + Completed Phase 1 and 2 Health Enhancement Community Pre-Planning Grant through the State of Connecticut Office of Health Strategy. This statewide initiative, which started in late 2019 and continued through 2022, helped enhance the Partnership's efforts related to healthy lifestyles.
- + Launched Healthier Greater New Haven Partnership website and Facebook. Both launched as a way for us to share important and ever-changing information with our partners and the community during the pandemic.
- + Designed and launched the HGNHP online resource page on the HGNHP website, which includes information about local resources, like food distributions.
- + Continues to promote nutrition education offered by the Hispanic Health Council and SNAP-Ed.
- + Supporting Wellness at Pantries (SWAP) was implemented in three New Haven pantries via CARE's REACH grant. Additional pantries were added in 2022.
- + All efforts related to community-based *Know Your Numbers* screenings were put on hold due to the COVID-19 pandemic. When screenings resume, they will include nutrition education through partnership with the Hispanic Health Council.
- + Launched #GiveHealthy food donation drive effort through CARE's REACH grant during the 2020 holiday season. This effort was expanded across community-based organizations to a city-wide effort in New Haven during the 2021 holiday season.
- + A representative from City Seed shared information about free and no cost programs to increase access to fruit and vegetables across the region. Additional Information is routinely shared with partners through email distribution lists.
- + Continued the popular Get Healthy Walk 'n Talks with a provider through a collaboration with Yale New Haven Hospital. Walks were held virtually during 2020 and resumed in person with social distancing and masking in 2021. In total 21 walks were held along the Canal Trail between Hamden and New Haven. All walk participants were invited to receive emailed information on physical activity and different health topics.

## APPENDIX A: Yale New Haven Hospital Evaluation of Impact 2019-2022 CHIP

- + CARE outreach workers provide resources at food pantries through the REACH grant. This effort has been expanded to include a community health worker, who is embedded at two hypertension clinics in New Haven.
- + CARE is also working with the City of New Haven through the REACH grant to finalize an Active Transit Master Plan to promote walking and biking throughout the city by connecting everyday destinations.

# APPENDIX B:

## Greater New Haven Community Resources

One goal of the Community Health Needs Assessment (CHNA) is to understand the strengths, needs, and challenges communities face. Needs can vary across individuals, organizations, neighborhoods and even cities. Various community-based resources including community leaders, policies, social service agencies and welcoming physical spaces help alleviate burdens and elevate the quality of life of residents. Identifying and sharing information on available, well-liked and frequently used community resources increases awareness of existing gaps and best practices.

### Methodology:

Community assets were derived from research of the United Way 2-1-1 online database and additional internet research. The following tables list examples of community resources that are categorized into seven areas of community needs. These seven areas are:

- + **Access to Care:** Resources providing various healthcare services, ranging from reproductive health, dental care, general community clinics, health screenings, etc.
- + **Behavioral Health:** Resources helping to connect community members to mental health services as well as services that deal with supporting and treating those dealing with substance abuse.
- + **Financial Assistance:** Resources helping to connect community members to employment opportunities and financial support programs.
- + **Food Assistance:** Resources comprised of programs and initiatives that provide food and education surrounding nutrition to community members.
- + **Housing & Utility Assistance:** Resources for housing including emergency services for domestic violence and homelessness; payment assistance for rent, mortgage, utilities, and other housing costs.
- + **Promoting Wellness & Healthy Lifestyles:** Resources that have to do with positive and health lifestyles, such as physical activity (green space, fitness centers), youth and family enrichment, and/or community establishments that foster both connectivity and fellowship amongst members.
- + **Transportation Assistance:** Resources on transportation assistance for general regional needs as well as health services and medical appointments.

**The following community resources listed across each category is not an exhaustive list. To learn about or access any services within the Greater New Haven region, visit [uwc.211ct.org](http://uwc.211ct.org) or call 2-1-1 from any phone.**



# APPENDIX B: Greater New Haven Community Resources

## Greater New Haven Access To Care

Organization	Contact Information	Key Information
<b>Cancer Detection</b>		
Yale New Haven Hospital, Yale New Haven Health Saint Raphael Campus	2080 Whitney Ave, Hamden, CT 06518 (203) 867-5622 <a href="https://www.ynhhs.org/">https://www.ynhhs.org/</a> 24/7 ED, hours vary in other departments	Acute & Chronic Pain Management, Adolescent Services, Ahlbin Rehabilitation Center, Anesthesia & Pain Management, Blood Management Services, Brain Tumors, Cancer (Oncology), Children (Pediatrics), Diabetes, Ear Nose & Throat (Otolaryngology), Emergency Services, Geriatric (Aging), Gynecologic Cancer, Head & Neck Cancer, Heart & Vascular, Hospitalist Services, Lymphoma/Leukemia, Maternity, Neurology & Neurosurgery, Occupational Medicine & Wellness Services, Ophthalmology, Oral & Maxillofacial Surgery, Orthopedics, Ostomy Services, Palliative Care, Plastic & Reconstructive Surgery, Podiatry, Pulmonary Medicine, Radiation Oncology, Radiology Services, Sarcoma, Sleeping Disorders and Sleep Medicine, Stroke, Surgery, Trauma and Burn, Urology, Wait Times, Weight Loss (Bariatric) Surgery, Wound Care.
<b>Health Screening/Diagnostics</b>		
Yale New Haven Hospital, Yale New Haven Health	800 Howard Ave, New Haven, CT 06519 (888) 700-6543 <a href="https://www.ynhhs.org/">https://www.ynhhs.org/</a> 24/7 ED, hours vary in other departments	Acute & Chronic Pain Management, Adolescent Services, Ahlbin Rehabilitation Center, Anesthesia & Pain Management, Blood Management Services, Brain Tumors, Cancer (Oncology), Children (Pediatrics), Diabetes, Ear Nose & Throat (Otolaryngology), Emergency Services, Geriatric (Aging), Gynecologic Cancer, Head & Neck Cancer, Heart & Vascular, Hospitalist Services, Lymphoma/Leukemia, Maternity, Neurology & Neurosurgery, Occupational Medicine & Wellness Services, Ophthalmology, Oral & Maxillofacial Surgery, Orthopedics, Ostomy Services, Palliative Care, Plastic & Reconstructive Surgery, Podiatry, Pulmonary Medicine, Radiation Oncology, Radiology Services, Sarcoma, Sleeping Disorders and Sleep Medicine, Stroke, Surgery, Trauma and Burn, Urology, Wait Times, Weight Loss (Bariatric) Surgery, Wound Care.
<b>Non-Emergency Medical Transportation</b>		
Town of East Haven – Senior Center	91 Taylor Ave, East Haven, CT 06512 (203) 468-3277 <a href="https://connecticut.networkofcare.org/mh/services/agency.aspx?pid=EASTHAVENTOWNOFSENIORCENTERTransportation_2_556_1">https://connecticut.networkofcare.org/mh/services/agency.aspx?pid=EASTHAVENTOWNOFSENIORCENTERTransportation_2_556_1</a> Mon & Wed	Non-emergency medical transportation for seniors in East Haven, CT.
<b>Community Clinics</b>		
Cornell Scott Hill Health Center, West Haven Health Center	285 Main St, West Haven, CT 06516 (203) 503-3000 <a href="https://cornellscott.org/">https://cornellscott.org/</a> Mon-Fri 8:30 am-5:00 pm	Behavioral Health. Pharmaceutical. Dental. Medical.
Clifford Beers	93 Edwards St, New Haven, CT 06511 (203) 772-1270 <a href="https://www.cliffordbeers.org/">https://www.cliffordbeers.org/</a> Mon-Thurs 8:00 am-8:00 pm, Fri 8:00 am-6:00 pm	Telehealth. Outpatient Clinics. Care Coordination. Project CATCH. Child First. Community Support for Families (CSF). Community Support Team (CST). Emergency Mobile Crisis Services. Fatherhood Engagement Services (FES). SAFE-Family Recovery. Marne Street Clinic (Autism/ID/DD). Psychiatry Services. Psychological (Testing and Assessment) Services. School-Based Services. Speech Therapy. Youth Groups.
<b>Medical Expense Assistance</b>		
Yale New Haven Hospital, Yale New Haven Health	800 Howard Ave, New Haven, CT 06519 (888) 700-6543 <a href="https://www.ynhhs.org/">https://www.ynhhs.org/</a> 24/7 ED, hours vary in other departments	Acute & Chronic Pain Management, Adolescent Services, Ahlbin Rehabilitation Center, Anesthesia & Pain Management, Blood Management Services, Brain Tumors, Cancer (Oncology), Children (Pediatrics), Diabetes, Ear Nose & Throat (Otolaryngology), Emergency Services, Geriatric (Aging), Gynecologic Cancer, Head & Neck Cancer, Heart & Vascular, Hospitalist Services, Lymphoma/Leukemia, Maternity, Neurology & Neurosurgery, Occupational Medicine & Wellness Services, Ophthalmology, Oral & Maxillofacial Surgery, Orthopedics, Ostomy Services, Palliative Care, Plastic & Reconstructive Surgery, Podiatry, Pulmonary Medicine, Radiation Oncology, Radiology Services, Sarcoma, Sleeping Disorders and Sleep Medicine, Stroke, Surgery, Trauma and Burn, Urology, Wait Times, Weight Loss (Bariatric) Surgery, Wound Care.
<b>Veterans</b>		
Veterans Administration (VA) CT Health Care	950 Campbell St, West Haven, CT 06516 (203) 932-5711 <a href="https://www.va.gov/connecticut-health-care/">https://www.va.gov/connecticut-health-care/</a> 24/7	VA Connecticut Healthcare System offers a wide range of health, support, and facility services for Veterans at 10 locations in Connecticut. Facilities include our West Haven VA Medical Center, our campus in Newington, and 8 community-based outpatient clinics in Danbury, New London, Stamford, Waterbury, Willimantic, Winsted, Orange, and West Haven. Primary care, mental health care, specialty care, social programs and services and other services.
<b>Dental Care</b>		
Yale New Haven Hospital, Dental Services	1 Long Wharf Drive, New Haven, CT 06511 (203) 688-2464 / (877) 925-3637 <a href="https://www.ynhh.org/services/dentistry">https://www.ynhh.org/services/dentistry</a>	Preventative care for adults and pediatric patients. Accepts most major dental plans.
<b>Senior Ride Programs</b>		
Town of Branford, Senior Center	11 Cherry Hill Road, Branford, CT 06405 (203) 315-0681 <a href="https://www.branford-ct.gov/departments/senior-center">https://www.branford-ct.gov/departments/senior-center</a> Mon-Fri 8:00 am-4:30 pm	Online Services- GIS. Ecode 360. Land Records. Pay/View Taxes. Pay for Building Permit Resources-Affirmative Action Policy. Bids and RFPs. Employment Opportunities. Fair Housing Policy. Holiday Closures. News and Events. Senior Center. Sustainability and Compliance Office. Pay A Bill- Sewer Use Bill. Taxes.
<b>Local Bus Services</b>		
CT Transit – New Haven Division	2061 State St, Hamden, CT 06517 (203) 624-0151 <a href="https://www.cttransit.com/">https://www.cttransit.com/</a> Hour vary based on route	Local Bus Transportation.

\*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit [211ct.org](http://211ct.org).

## APPENDIX B: Greater New Haven Community Resources

### Greater New Haven Food Insecurity Assistance

Organizations	Contact Information	Key Information
Town of Orange, Senior Center	525 Orange Center Rd, Orange, CT 06477 (203) 891-4765 <a href="https://orange-ct.gov/783/Orange-Senior-Center">https://orange-ct.gov/783/Orange-Senior-Center</a> Mon-Fri 8:30 am-4:30 pm	Community Services. Classes. Trips. Activities. Congregate Meal Program
<b>Commodity Supplemental Food Program</b>		
Elm City Communities Food Banks and Pantries	360 Orange St, New Haven, CT 06510 (203) 498-8800 <a href="https://elmcitycommunities.org/community-resources/food-banks-pantries/">https://elmcitycommunities.org/community-resources/food-banks-pantries/</a> Hours Upon Inquiry	Food banks and pantries located throughout New Haven: HANH Food Pantries in various developments and Community Food Pantries & Soup Kitchens located in various locations.
WHEAT (West Haven Emergency Assistance Taskforce)	674 Washington Ave, West Haven, CT 06516 (203) 931-9877 <a href="https://www.wheatpantry.org/">https://www.wheatpantry.org/</a> Tuesdays, Wednesdays & Thursdays Pantry: 2:00-4:30 p.m.	The West Haven Emergency Assistance Taskforce (WHEAT) was founded in 1975 by the West Haven Clergy Association and exists on donations of food and funds from individuals, faith communities, educational, civic, and business organizations as well as grants from public and private foundations. The pantry provides food and referral services to West Haven residents in need.
<b>Food Pantries and Other Food Resources</b>		
City of New Haven CT Covid-19 Hub	165 Church Street, New Haven, CT 06510 (203) 946.7907 <a href="https://covid19.newhavenct.gov/pages/food">https://covid19.newhavenct.gov/pages/food</a>	Information on youth meals, senior meals, food pantries, soup kitchens, farmers markets and SNAP benefits--how to apply for food assistance and shop.
<b>WIC</b>		
Cornell Scott Hill Health Center WIC Office	393 Columbus Ave, New Haven, CT 06519 (203) 503-3080 <a href="https://cornellscott.org/">https://cornellscott.org/</a> Mon-Fri 8:30 am-5:00 pm, Sat 8:30 am-5:00 pm	Addiction Treatment. Adult Medicine. Behavioral Health. Blood Draw. COVID 19 Testing and Vaccine. Dental. Healthcare for the Homeless. Mammography. Pediatrics & Early Childhood Services. Pharmacy. Specialty Services. Telehealth. Wellness. Walks-Ins. Women's Health. Women, Infants, and Children
<b>Home Delivered Meals</b>		
FISH of Greater New Haven	269 Peck Street, New Haven, CT 06513 (203) 503-0106 <a href="http://www.fishofgreaternewhaven.org/">http://www.fishofgreaternewhaven.org/</a>	Delivers groceries to Greater New Haven residents who are both needy and homebound experiencing food insecurity. Must call to apply.
Community Dining Room	30 Harrison Ave, Branford, CT 06405 (203) 488-9750 <a href="https://communitydiningroom.org/">https://communitydiningroom.org/</a> Mon-Fri & Sun 12:00 -1:00 pm, Sat 11:00 am-12:00 pm	The Community Dining Room (CDR) is committed to serving the community by feeding the hungry and helping with other basic human needs. They strive to promote public awareness of the impact of hunger and isolation in our society. They are dedicated to helping our guests with their practical needs through referrals and fellowship. The programs and services offered by the CDR to Shoreline residents include daily lunch, take-out dinners, home delivery and visitation option, nutritional support for seniors, as well as family-friendly meals and activities on Tuesday night Kids' Night.
Lifebridge Community Services – Senior Meals on Wheels	317 East St, New Haven, CT 06511 (203) 752-9919 <a href="https://seniormealsct.org/">https://seniormealsct.org/</a> Mon-Fri 8:00 am-4:00 pm	MEALS ON WHEELS: Delivers a hot meal 5 days a week, M-F, to older homebound adults ages 60+; Meals can be prepared according to doctor's recommendation. No holiday deliveries. FAMILY FARE: Offers the delivery of freshly prepared meals on a fee for service basis and can also accommodate needed therapeutic diets. This service is full fee and there are no restrictions.
<b>Community Action Agencies</b>		
Community Action Agency Of New Haven	419 Whalley Ave, New Haven, CT 06511 (203) 387-7700 <a href="https://www.caanh.net/about">https://www.caanh.net/about</a> Mon-Fri 9:00 am-5:00 pm	Case management services as well as other direct services. Clients benefit from: S.M.A.R.T. Women (Single Mothers Actively Reaching the Top) Energy assistance (Matching Payment Plan, Operation Fuel, Homebound Service), financial literacy, job readiness, emergency food pantry, Supplemental Nutrition Assistance Program (SNAP), diaper bank, Passport Transitional Services (PTS Homeless Initiative), Youth Empowerment Pathways, YEP- Youth ages 15-17), Aging with G.R.A.C.E. (Mature Adults 55+), Healthy Options Pathway Essentials (HOPE), Father Factor, and Volunteer Income Tax Assistance (VITA).
Community Soup Kitchen	84 Broadway, New Haven, CT 06511 (203) 624-4594 <a href="https://www.csknewhaven.org/">https://www.csknewhaven.org/</a> Mon, Tues Thur, Frid 11:30 am- 1:00 pm	They serve a hot, nutritious meal from 11:30 AM to 1 PM Monday, Tuesday, Thursday, and Friday without exception or holiday closures. On Wednesday's between May and October they serve a bag lunch with sandwiches and a snack 11:30-1:30 and also provide breakfast from 8:30 to 9:30 AM on Saturday.

\*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit [211ct.org](http://211ct.org).

## APPENDIX B: Greater New Haven Community Resources

### Greater New Haven Housing & Utilities

Organizations	Contact Information	Key Information
<b>Domestic Violence Shelters</b>		
The Umbrella Center for Domestic Violence Services	North Haven, CT (203) 789-8104 <a href="https://bhcare.org/">https://bhcare.org/</a> Hours Upon Inquiry	Walk-in Crisis Services & 24-hour Hotline. Emergency Safe Houses. Crisis Intervention. Individual Counseling. Support Groups. Court-based Advocacy. Domestic Violence Education & Prevention.
<b>Homeless Drop In Centers</b>		
Fellowship Place	441 Elm St, New Haven, CT 06511 (203) 401-4227 <a href="https://fellowshipplace.org/">https://fellowshipplace.org/</a> Mon 9 am-8 pm, Tues-Fri 9:00 am-5:00 pm, Sat & Sun 10:00 am-1:30 pm	Psychosocial Rehab Services. Career Development. Homeless Engagement. Supportive Housing. CREST. ArtShip.
Newreach	269 Peck St, New Haven, CT 06513 (203) 492-4866 <a href="https://www.newreach.org/">https://www.newreach.org/</a> Hours Upon Inquiry	New Reach inspires independence for all people affected by homelessness and poverty through a continuum of housing and support using the most innovative, progressive, equitable and inclusive methods.
Youth Continuum Youth Drop-In Center	924 Grand Ave, New Haven, CT 06511 (203) 777-8445 <a href="https://www.youthcontinuum.org/">https://www.youthcontinuum.org/</a> Mon-Fri 9:00 am-5:00 pm	Community based not-for-profit agency serving youth ages 14-24 in need of emergency, residential, and community services such as counseling for individuals, families or couples, or focusing on issues related to drug and/or alcohol abuse, clinicians use a client focused, strength based, psychoeducational, trauma informed approach to help clients achieve their goals while promoting the development and use of effective coping skills.
<b>Housing Authorities</b>		
Elm City Communities Charles McQueeney Tower	358 Orange St, New Haven, CT 06510 (203) 503-3966 <a href="https://elmcitycommunities.org/property/charles-mcqueeney-towers/">https://elmcitycommunities.org/property/charles-mcqueeney-towers/</a> Hours Upon Inquiry	YLC. Teacher In Residence-McConaughy/Valley only. Resident Owned Business Class. Parent Engagement Workshops with NHPS. New Haven Promise Workshops-quarterly. VITA-Tax Season. Solar Youth- West Rock & EVT Only. Resident Job Fair. OSHA Training-when offered. New Haven Promise
West Haven Housing Authority	15 Glade Street, West Haven, CT 06516 (203) 934-8671 <a href="https://www.cityofwesthaven.com/165/Housing-Authority">https://www.cityofwesthaven.com/165/Housing-Authority</a> Mon-Fri 8:30 am-4:30 pm	The Housing Authority operates four senior housing complexes, composed of 517 apartment units, across the city.
<b>Homeless Shelter</b>		
Christian Community Action – Hillside Family	124 Sylvan Ave, New Haven, CT 06519 Call (211) for more info <a href="https://www.ccahelping.org/">https://www.ccahelping.org/</a> Mon-Fri 9:00 am-5:00 pm	The mission is to provide help, housing and hope. Hillside Family Shelter; Higher Opportunities, Purpose, and Expectations (HOPE), a Moving To Work program; Accessing Resources for Independence, Skill-Building and Employment (ARISE) Center promotes the health and wellness of the entire family; Emergency Services - Food Pantry, Diaper Bank, Energy Assistance, Operation Fuel, and Short-Term Motel Placement; Advocacy efforts through Advocacy and Education Project (AEP) and Mothers and Others for Justice (MOFJ).
Free Forever Prison Ministry (FFPM)	149 Rosette St, New Haven, CT 06519 Call (211) for more info <a href="http://freeforeverprisonministry.org/">http://freeforeverprisonministry.org/</a> N/A	My Brother's Keeper, is the residential program of FFPM that operates a bi-lingual, supervised, and structured group home to provide a new beginning towards being a productive member of society for former inmates who are at risk of homelessness, unemployment and isolation. The house is also opened to those ex – convicts affected with HIV/AIDS.
<b>Ex-Offender Halfway Houses</b>		
Believe in Me Empowerment Corporation (BIMEC)	427 Dixwell Ave, New Haven, CT 06511 (203) 772-2771 <a href="https://bimecnewhaven.com/">https://bimecnewhaven.com/</a> Hours Upon Inquiry	The Mission of the organization is to improve the lives of children, young adults and their families impacted by and or affected by incarceration. Supportive Housing Services. Community Case Management. Food Bank. Youth Services - SHINE - to identify with characters through reading, SWAG Mentoring Program, Youth@Work Training Site.
Project Access	63 York Street, New Haven, CT 06511 (203) 773-0838 <a href="https://pa-nh.org/about-us/">https://pa-nh.org/about-us/</a> Mon-Fri 8:00 am-4:30 pm	Non-profit organization dedicated to increasing access to medical care and services for underserved individuals in Greater New Haven. Urgent Specialty. Care Program. Breast Health Navigation Program. Racial & Ethnic Approaches to Community Health (REACH), Accountable Health Communities (AHC), Access Health CT Navigation Program.
United Way	370 James St, Suite 403, New Haven, CT 06513 (203) 772-2010 <a href="https://www.uwgnh.org/">https://www.uwgnh.org/</a> Mon-Fri 9 am-5 pm	Greater New Haven Coordinated Access Network (CAN) streamlines and standardizes the process for individuals and families to access assistance across a 19-town region, bringing together multiple stakeholders and agencies. By coordinating, they can rapidly end each person's homelessness by connecting them with appropriate housing and resources as quickly as possible.

\*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit [211ct.org](http://211ct.org).

## APPENDIX B: Greater New Haven Community Resources

### Greater New Haven Healthy Lifestyles

Organizations	Contact Information	Key Information
<b>Nature Centers/Walks</b>		
<b>East Rock Park Trowbridge Environmental Center</b>	Cold Springs and Orange, New Haven, CT 06511 (203) 946-6086 <a href="https://www.newhavenct.gov/gov/depts/parks/our_parks/east_rock.htm">https://www.newhavenct.gov/gov/depts/parks/our_parks/east_rock.htm</a>	Environmental Center programs include animal tracking, tree identification, bird walks, fishing, geology walks, hawk watch and hawk festival, hiking and nature interpretation, introduction to reptiles, maple sugaring, and nature walks. Park features a bird sanctuary, picnic facilities, playgrounds, recreational facilities and spectacular views of Long Island Sound and the harbor.
<b>New Haven Parks, Recreation and Trees</b>	720 Edgewood Ave, New Haven, CT 06515 (203) 946-8027 <a href="https://www.newhavenct.gov/gov/depts/parks/default.htm">https://www.newhavenct.gov/gov/depts/parks/default.htm</a>	The beauty of the City of New Haven is personified in its parks for residents to enjoy nature. At the Department of Parks and Trees, our mission is to enhance the quality of life for New Haven residents by creating an atmosphere of community through people, parks and programs. We are proudly responsible for the stewardship of the Elm City's over 2,200 acres of parks, and the tree belt. Our department offers a wide variety of programming.
<b>Youth Enrichment Programs</b>		
<b>Family Centered Services of CT</b>	235 Nicoll St, New Haven, CT 06511 (203) 624-2600 <a href="https://www.familyct.org/">https://www.familyct.org/</a> Hours Upon Inquiry	Parenting Support Services. Parenting Support and Parental Rights Initiative. Neighborhood Victim Advocacy Program. Multisystemic Therapy- Building Stronger Families. Intimate Partner Violence Family Assessment Intervention. Family Based Recovery. South Central Medical Home Initiative for Children and Youth with Special. Caregiver Support Team. Wyman Teen Outreach Program.
<b>Hill Central Music Academy Family Resource Center</b>	140 Dewitt St, New Haven, CT 06519 (475) 220-6140 <a href="https://www.nhps.net/Page/350">https://www.nhps.net/Page/350</a> Hours Upon Inquiry	Offers a summer program for children ages 4 through 6 who live in the Hill Central Music Academy neighborhood. Site Coordinator: Lysie Rodriguez
<b>Leadership, Education, and Athletics in Partnership (LEAP)</b>	31 Jefferson St, New Haven, CT 06511 (203) 773-0770 <a href="https://www.leapforkids.org/">https://www.leapforkids.org/</a> Hours Upon Inquiry	LEAP is an academic and social enrichment program providing mentoring for children, teens and young adults, ages 7 to 24. Afterschool Children's Program. Leaders in Training Program. Summer Children's Program. Swimming Program.
<b>Recreational Activities/ Sports</b>		
<b>ASD Fitness Center</b>	307 Racebrook Rd, Orange, CT 06477 (203) 553-9508 <a href="https://autismhealthandfitness.com/">https://autismhealthandfitness.com/</a> Mon, Wed, Thurs, Fri 12:00 -8:00 pm, Sat 8:00 am-5:00 pm, Sun 9:00 am-2:00 pm	Individualized Fitness Program. One on One Training Program. Group Classes. Remote Fitness Services. Adaptive Physical Education.
<b>Boys and Girls Club of New Haven</b>	253 Columbus Ave, New Haven, CT 06519 (203) 787-0187 <a href="https://bgcnewhaven.org/">https://bgcnewhaven.org/</a> Hours Upon Inquiry	After School Programming. Sports Programs. Basketball at the Club. Summer Camp
<b>Health Screening/Diagnostic Services</b>		
<b>Planned Parenthood of Southern New England</b>	345 Whitney Ave, New Haven, CT 06511 (203) 503-0450 <a href="https://www.plannedparenthood.org/">https://www.plannedparenthood.org/</a> Mon & Tues 9:00 am-5:00 pm, Wed 8:00 am-4:00 pm, Thurs 10:00 am-5:00 pm, Fri 9:00 am-4:00 pm, Sat 8:00 am-4:00 pm	Abortion Services, Birth Control, Cancer, Emergency Contraception, Gender Identity, Health & Wellness, Pregnancy, Sex and Relationships, Sexual Orientation, Sexually Transmitted Infections (STDs).
<b>Wellness Programs</b>		
<b>Veterans Affairs – CT Healthcare System</b>	950 Campbell Ave, West Haven, CT 06516 (203) 287-3174 <a href="https://www.va.gov/connecticut-health-care/">https://www.va.gov/connecticut-health-care/</a> 24/7 ED	General Benefits Information. Disability Compensation. Pension. GI Bill. Vocational Rehabilitation & Employment. Dependents' Educational Assistance. Survivor Benefits. Home Loans. Life Insurance. Appeals Modernization.

\*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit [211ct.org](http://211ct.org).

## APPENDIX B: Greater New Haven Community Resources

### Greater New Haven Mental Health

Organizations	Contact Information	Key Information
<b>Adolescent/Youth Counseling</b>		
Shoreline Wellness Center and Affiliates	415 Main St, West Haven, CT 06516 (203) 931-1184 <a href="https://www.shorelinewellnesscenter.com/">https://www.shorelinewellnesscenter.com/</a> Mon-Fri 9:00 am-6:00 pm	Individual Therapy. Marriage & Couples Therapy. Family Therapy. Group Counseling. Specialty Areas. Parenting Education Program.
<b>Psychiatric Disorder Counseling</b>		
Clifford Beers Guidance Clinic	93 Edwards St, New Haven, CT 06511 (203) 772-1270 <a href="https://www.cliffordbeers.org/">https://www.cliffordbeers.org/</a> Mon-Thurs. 8:00 am-8:00 pm, Fri 8:00 am-6:00 pm	The clinic has over 16 programs and a deep bench of services to help meet a variety of mental and emotional needs for children and families. During these unprecedented times they have shifted to telehealth so they can still provide services to their children and families via phone or Webex.
The Prime Research Clinic	34 Park St, New Haven, CT 06519 (866) 287-7463 <a href="https://medicine.yale.edu/psychiatry/research/programs/clinical_people/prodome/?locationId=460">https://medicine.yale.edu/psychiatry/research/programs/clinical_people/prodome/?locationId=460</a>	The PRIME Research Clinic is specifically designed for persons, ages 12 to 40, who are experiencing worrisome changes in their thoughts, experiences, and/or feelings. These changes may indicate risk factors for serious mental illness. Risk factors include: suspiciousness, odd thinking or behavior, increased difficulty at work or school, withdrawal from loved ones, and changes in emotions.
<b>Child Guidance</b>		
Cornell Scott Hill Health Center	400-428 Columbus Ave, New Haven, CT 06519 (203) 503-3000 <a href="https://cornellscott.org/">https://cornellscott.org/</a> Mon-Fri 8:30 am-5:00 pm	Various locations in the New Haven providing services which include mental health. Diagnostic Evaluations for older adults age 60 years or older presenting with concerns such as: Anxiety disorders, Mood disorders, Cognitive disorders, Sleep disorders, Substance use disorders, Psychotic disorders, Somatization disorders, Bereavement, Adjustment disorders related to physical changes, Behavioral and mood changes associated with dementia and other disorders. Individual Psychotherapy. Outpatient psychiatric medication management.
<b>Psychiatric Mobile Response Teams</b>		
Bridges Healthcare Inc.	949 Bridgeport Ave, New Haven, CT 06460 (203) 878-6365 <a href="https://bridgesct.org/">https://bridgesct.org/</a> Mon-Thurs 8:00 am-8:00 pm, Fri 8:00 am-5:00 pm	A Certified Community Behavioral Health Clinic, unique in its ability to offer care and treatment for the whole family, children and adults, in the same location, which can make it easier to access services and afford better outcomes for all. As the state-designated local mental health authority for Milford, Orange and West Haven, Bridges offers recovery-focused services to support individuals with severe and prolonged mental illness and addiction problems.
<b>Mental Health Related Support Group</b>		
Connecticut Mental Health Center (CMHC)	270 Center St, West Haven, CT 06516 (203) 974-5900 <a href="https://portal.ct.gov/DMHAS/CMHC/Agency-Files/CMHC-Home-Page">https://portal.ct.gov/DMHAS/CMHC/Agency-Files/CMHC-Home-Page</a> Mon-Fri 9:00 am-5:00 pm	CMHC treats individuals suffering from severe and persistent psychosis, depression, anxiety, addictions (including alcoholism, cocaine, and gambling) and those with co-existing mental health and addiction problems. CMHC also operates outreach programs for individuals who are homeless, who are at serious risk for mental illness, or involved with the criminal justice system, specialized clinical service for people whose primary language is Spanish, clinical services complemented by a range of rehabilitation programs designed to improve functioning and quality of life.
<b>Home Based Mental Health Services</b>		
Yale Child Study Center	230 South Frontage Rd, New Haven, CT 06519 (203) 785-2540 <a href="https://medicine.yale.edu/childstudy/">https://medicine.yale.edu/childstudy/</a> Hours Upon Inquiry	A center for basic neurodevelopment research on the earliest neurodevelopment and behavioral problems troubling children. The center improves the mental health of children and families, advances understanding of their psychological and developmental needs, and treats and prevents childhood mental illness through the integration of research, clinical practice, and professional training.

\*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources and the most up-to-date contact information, please visit [211ct.org](http://211ct.org).

## APPENDIX B: Greater New Haven Community Resources

### Greater New Haven Substance Abuse

Organizations	Contact Information	Key Information
<b>Substance Use Disorder Support Groups</b>		
<b>A Place to Nourish Your Health (APNH)</b>	1302 Chapel St, New Haven, CT 06511 (203) 624-0947 <a href="https://apnh.org/">https://apnh.org/</a> Mon,Wed,Thurs 9:00 am-4:00 pm, Tues 9:00 am-7:00 pm, Fri 9:00 am-4:00 pm	APNH: A Place to Nourish your Health has been a leader in service delivery of HIV/AIDS services. A community where everyone has access to high quality, relationship based, holistic care to inspire health and well-being and to empower people at risk of, or impacted by, HIV, substance use, mental illness and related conditions. Services include free and confidential testing, HIV Home Test Kits, Condoms on request, Health & Wellness for newly diagnosed - case management, behavioral health, nutrition, pharmacy services, prevention and support groups.
<b>Double Trouble in Recovery</b>	441 Elm St, New Haven, CT 06511 Call (211) for more info N/A Hours Upon Inquiry	Support Group for drug and alcohol use disorders.
<b>Outpatient Drug Detoxification</b>		
<b>Center for Compassionate Recovery</b>	17 Wall St, Madison, CT 06443 (203) 245-0412 <a href="https://www.waterstonecenter.com/">https://www.waterstonecenter.com/</a> Mon-Fri 9:00 am-5:00 pm	A center treating individuals dealing with addiction and co-occurring challenges addressing a variety of issues including anxiety, depression or substance use. Services include assessment & evaluation, medication assisted treatment and integrated psychotherapy for various disorders.
<b>New Era Rehabilitation Center (NERC) New Haven Site</b>	311 East St, New Haven, CT 06511 (203) 562-2101 <a href="https://www.newerarehabilitation.com/">https://www.newerarehabilitation.com/</a> Mon-Fri 5:00 am-3:00 pm	NERC applies a proven, research-based medical approach in treating substance abuse while taking into consideration the needs and wants of the patients and their families. Services include counseling, medical assisted treatment, intensive outpatient counseling, ambulatory detox, mental health & addiction treatment, group therapy, eating disorder treatment, individual & family therapy
<b>Opioid Antidote Distribution Programs</b>		
<b>Quinnipiac Valley Health District</b>	1151 Hartford Turnpike, North Haven, CT 06473 (203) 800-6749 / (203) 248-4528 <a href="https://www.qvhd.org/opioids">https://www.qvhd.org/opioids</a> Mon-Fri 8:30 am-4:30 pm	For Naloxone (narcan) training, FREE Narcan Kits, treatment & support contact: Kara Sepulveda.
<b>Cornell Scott Hill Health Center South Central</b>	232 Cedar St, New Haven, CT 06519 (203) 503-3300 <a href="https://cornellscott.org/services/addiction-treatment">https://cornellscott.org/services/addiction-treatment</a> Mon-Fri 8:30 am-5:00 pm	A comprehensive array of treatment options for individuals seeking help for substance use issues including both outpatient and inpatient options. Services provided at our Grant Street and South Central Rehabilitation Center (SCRC) locations include inpatient detox, ambulatory detox, methadone maintenance, Suboxone, Vivitrol, Twelve-step education (AA and NA meetings) and individual and group therapy, Mindful Resilience for Trauma Recovery yoga, overdose prevention and Narcan training.
<b>Sober Living Homes</b>		
<b>Step Up Inn Halfway House for Men</b>	541 Washington Ave, New Haven, CT 06516 (866) 933-7045 <a href="https://stepupinn.com/">https://stepupinn.com/</a> 24/7	Elegant 12 bed sober living home for men in all stages of recovery. Men are in all phases of recovery ranging in age from 18-70.
<b>Substance Use Disorder/Counseling/Treatment</b>		
<b>Sober Living Homes</b>	1580 Chapel St, New Haven, CT 06511 (203) 809-8714 N/A Hours Upon Inquiry	
<b>Medication Assisted Maintenance Treatment</b>		
<b>Chemical Abuse Services Agency – Multi-cultural Ambulatory Addictions Services (MAAS)</b>	426 East St, New Haven, CT 06511 (203) 495-7710 <a href="http://www.casaincct.org/maas-new-haven">http://www.casaincct.org/maas-new-haven</a> Mon-Fri 6:00 am-3:00 pm, Sat 6:00 am-11:00 am	The treatment clinic is a structured, intensive outpatient program that provides a primary treatment intervention for adults in the New Haven area who are unable to or unlikely to achieve and/or sustain recovery. The program provides no less than three hours of clinical programming per day, three days per week. Services provided: evidence-based individual and group therapy, pharmacotherapy, psychiatric evaluation and follow-up, case management, recovery coaching, auricular acupuncture, basic primary care services, trauma therapy, gender specific therapy, urine/drug screens and Latino behavioral health services.
<b>Looking For Help</b>		
<b>Connecting to Care New Haven Collaborative</b>	Multiple Locations in South Central CT <a href="https://www.connectingtocarect.org/collaborative/new-haven-collaborative/">https://www.connectingtocarect.org/collaborative/new-haven-collaborative/</a>	The network of 25 community collaboratives provides information and support to families in need of behavioral health services and a safe place to talk about their experiences, share information with other families, and learn about available services.

\*These resource lists were compiled in summer 2021 and are not meant to be exhaustive. For additional resources, and the most up-to-date contact information, please visit 211ct.org.

YaleNewHaven**Health**

Yale New Haven Hospital

[ynhh.org](http://ynhh.org)

