2022 Community Health Needs Assessment

Greater New London

YaleNewHavenHealth

Lawrence + Memorial Hospital

PREPARED BY COMMUNITY RESEARCH CONSULTING, LLC

About the 2022 CHNA and Partners

Lawrence+Memorial 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.

Health Improvement Collaborative
Southeastern Connecticut

The 2022 CHNA was conducted in collaboration with the Health Improvement Collaborative of Southeastern Connecticut, a group of organizations and residents who are committed to working together and creating opportunities for health for all our residents. A list of the member organizations is included on page 41.

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.

The 2022 CHNA was conducted from March 2021 to June 2022 and aligned with IRS Code 501(r) requirements for not-for-profit hospitals to conduct a CHNA every three years as well as Connecticut state requirements for hospital community benefit reporting.

YaleNewHaven**Health**

Lawrence + Memorial Hospital

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

About Lawrence+Memorial Hospital

Lawrence + Memorial is a not-for-profit, general, acute care, private hospital that has been serving the region since 1912. A member of Yale New Haven Health, we are licensed for 280 beds and provide patient care to medical, surgical, pediatric, rehab, psychiatric and obstetrical patients.

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

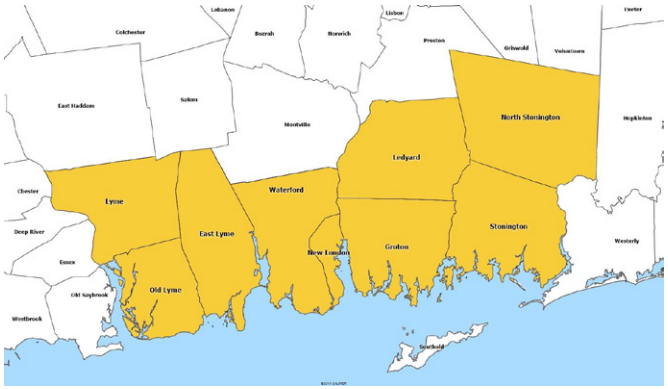
Pillar	Goal
Local, diverse purchasing	Increase purchasing from local and women and minority-owned businesses
Local, inclusive hiring	Increase hiring from underserved communities and support career growth of frontline workers
Impact investing	Invest in our local communities to improve the social determinants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

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

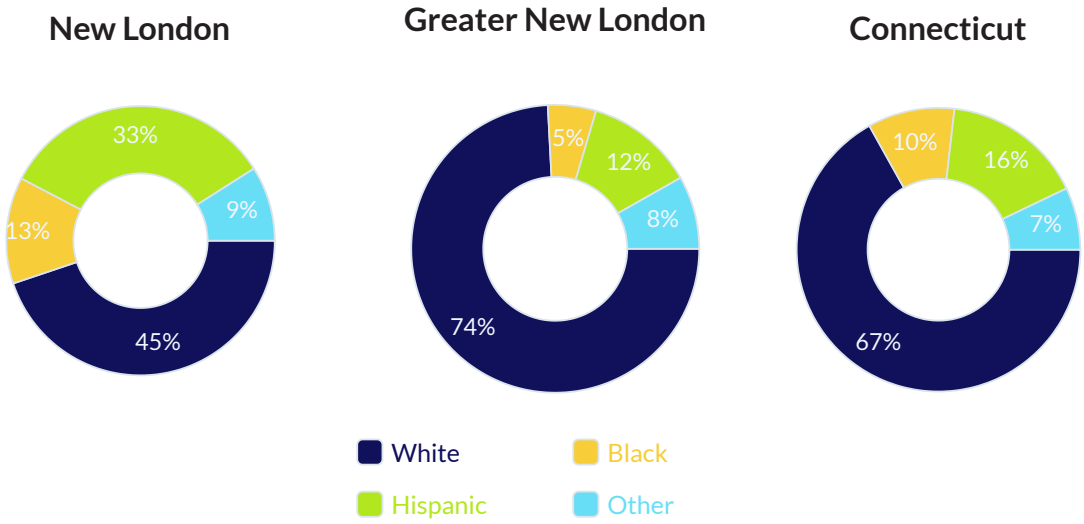
Greater New London Area of Connecticut consists of the towns of:

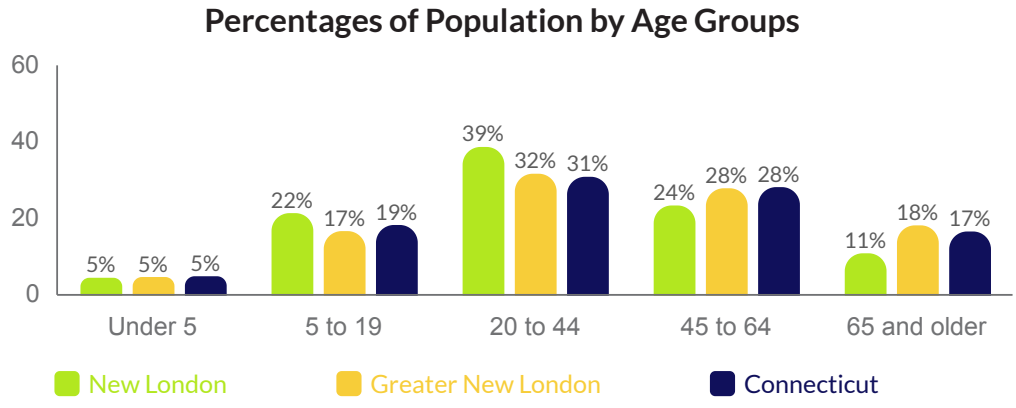
Town	Life Expectancy in Years
East Lyme	81.0
Groton	79.4
Ledyard	81.9
Lyme	82.3
New London	77.2
North Stonington	79.9
Old Lyme	82.2
Stonington	83.9
Waterford	79.5



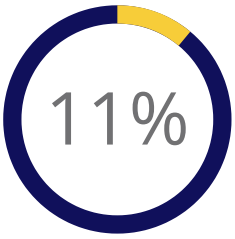
Total Population
151,774

Population by Race and Ethnicity

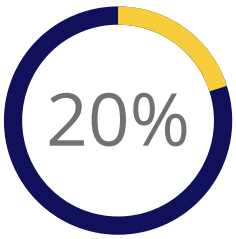




Food Insecurity



Received food from emergency services during COVID-19 Pandemic



Low availability of affordable high-quality fruits and vegetables

Housing

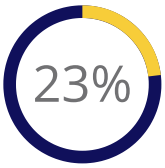
Renters cost-burdened household
48%

Home ownership
61%

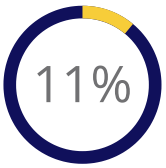
Economic Stability

9.7% People below poverty level

10% No reliable transportation



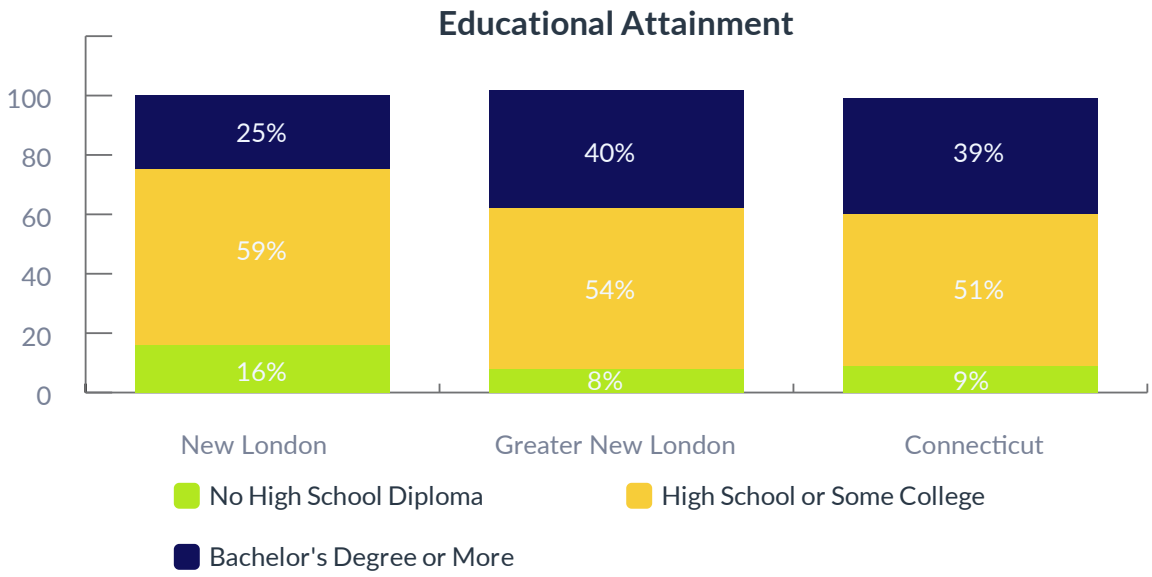
Financially difficult or just getting by



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

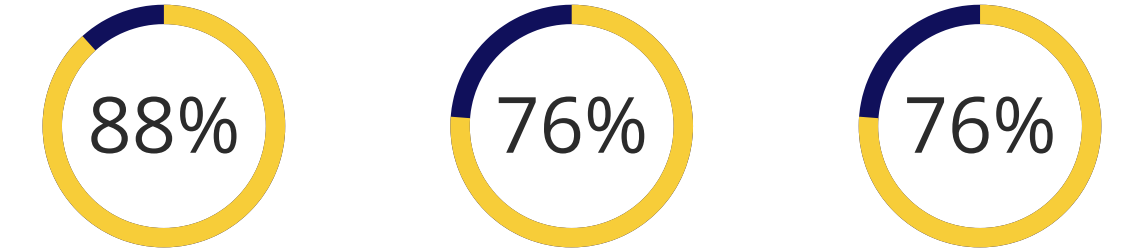
Town	Median Household Income $
Lyme	100,435
Old Lyme	96,567
East Lyme	95,217
Ledyard	94,099
Waterford	90,893
Stonington	81,667
Connecticut	78,444
North Stonington	75,833
Groton	66,657
New London	46,298

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



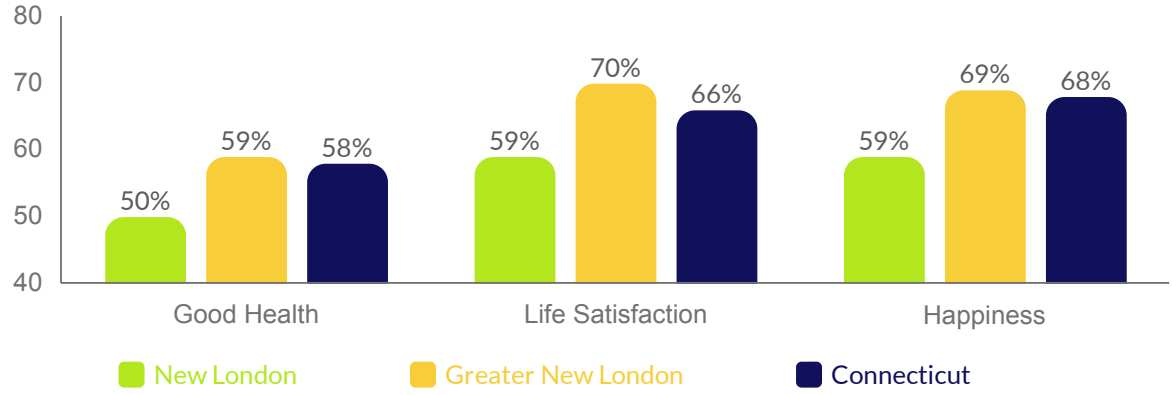
COMMUNITY WELLBEING

Community Perspective of Living in Greater New London

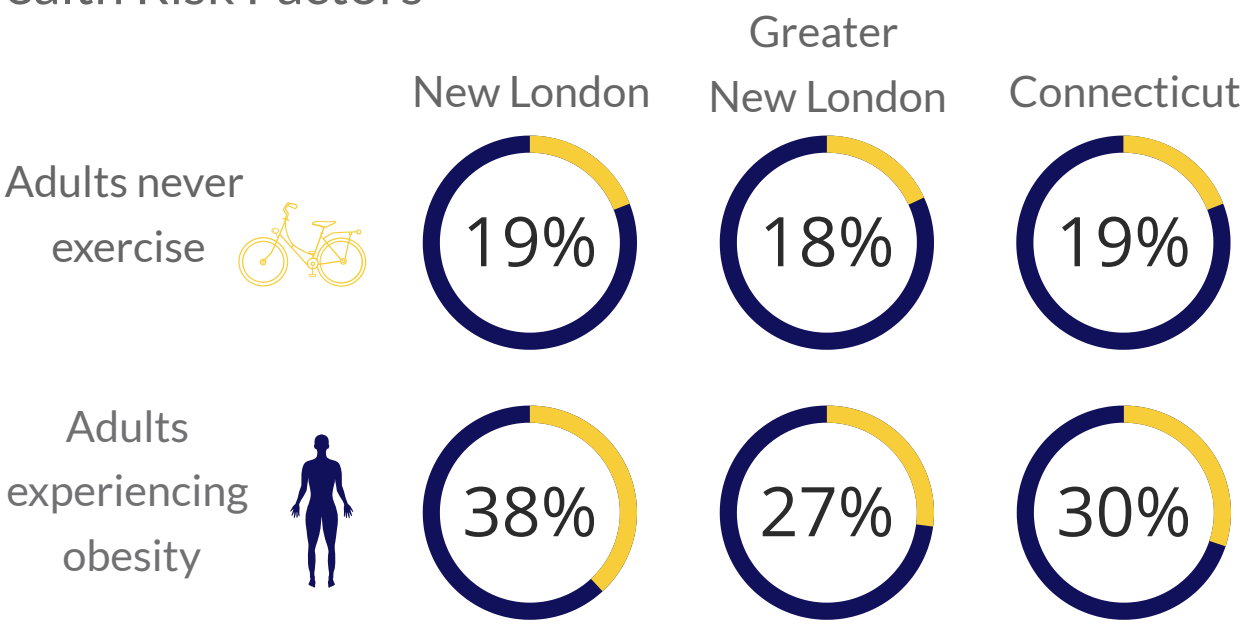


Self-Reported Health, Life Satisfaction, and Happiness

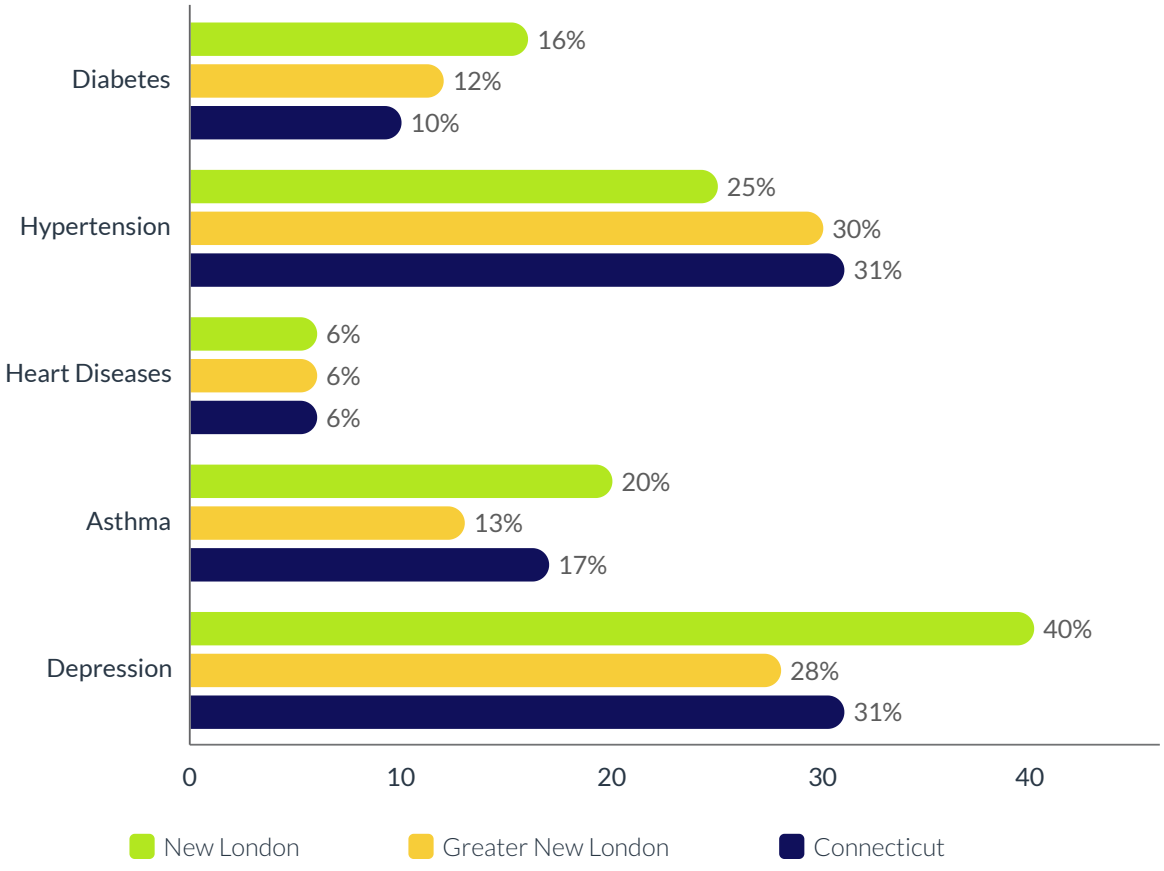
Self Reported Health, Life Satisfaction, and Happiness



Health Risk Factors



Self-Reported Chronic Diseases

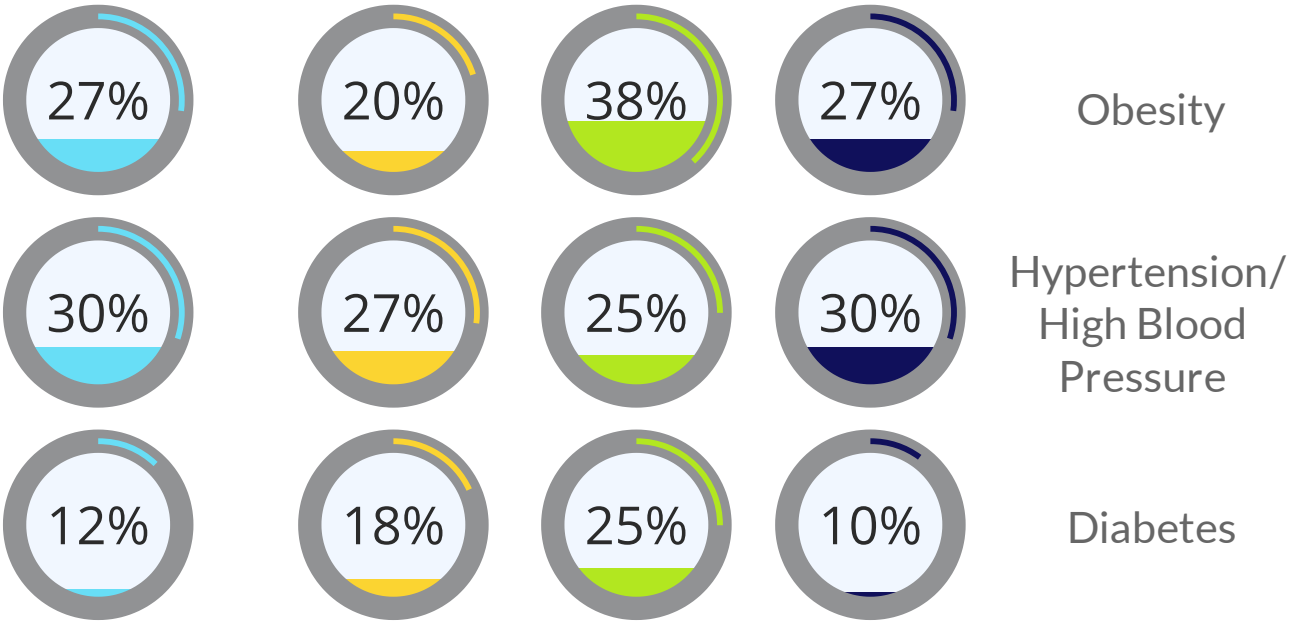


A profile of the health and social factors that impact health in the Greater New London Community.

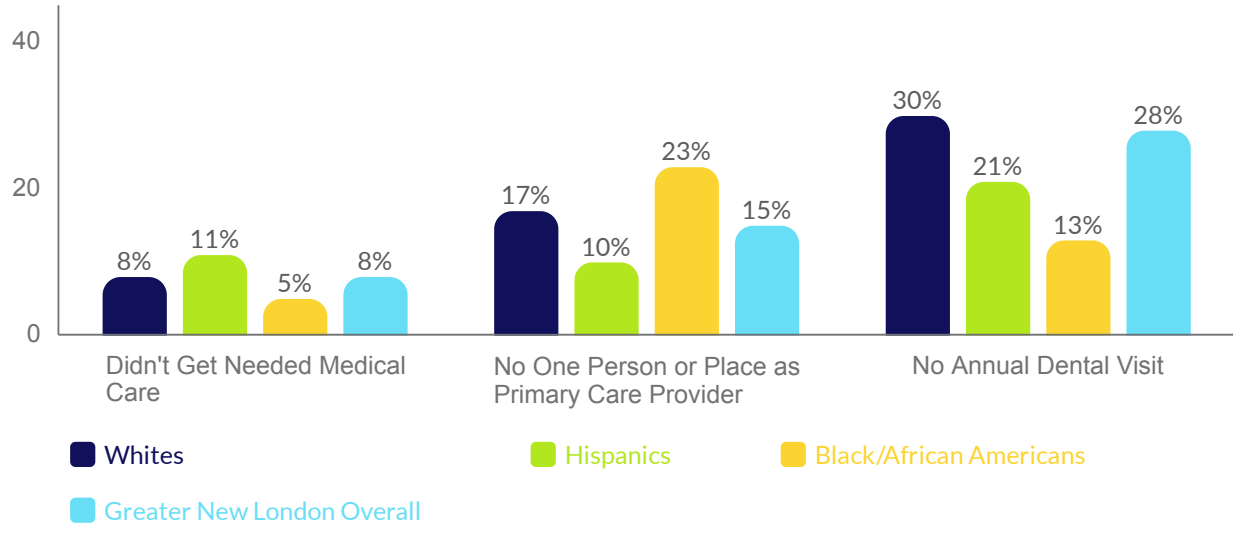
Sources: DataHaven Community Wellbeing Survey 2021; Centers for Disease Control and Prevention 2019; American Community Survey 2015-2019

The Greater New London community partnership, the Health Improvement Collaborative of Southeastern CT, declared Racism as a Public Health Issue in 2019

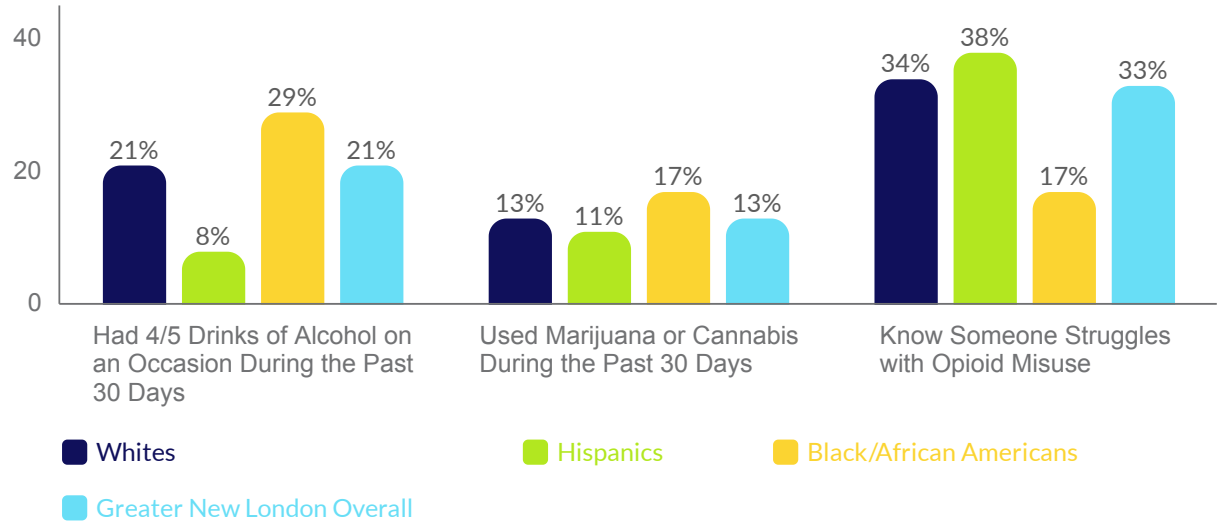
Healthy Lifestyles



Access to Care



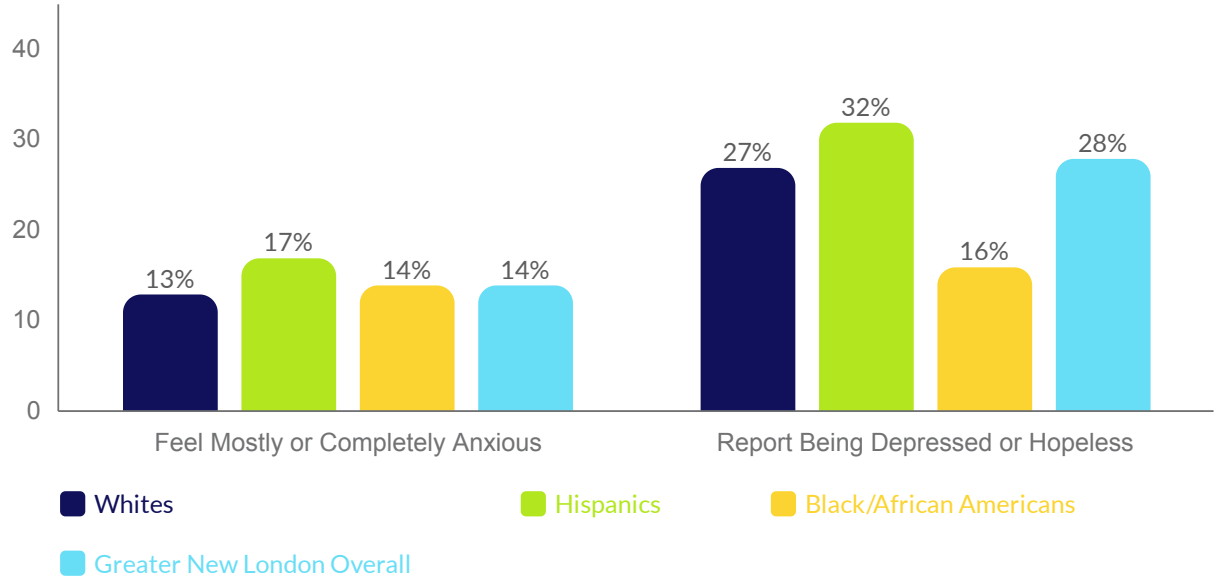
Behavioral Health: Drug and Alcohol Misuse



Drug Overdose Death Rate Per 100,000 People

89.4	32.8	35.2
New London	Greater New London	Connecticut

Behavioral Health: Anxiety and Depression



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. [1]

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.

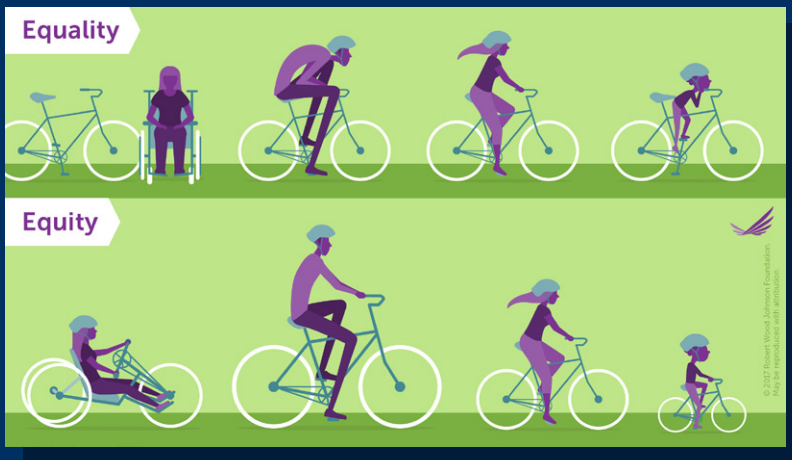
By addressing each of these domains, we can dismantle longstanding inequities in our society and rebuild a healthier community for all people.

[1] 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

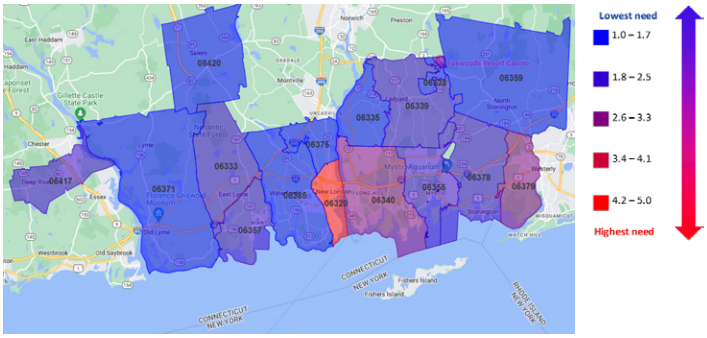
The impact of social drivers of health and underlying inequities can be seen in health disparities experienced within population groups and in neighborhoods. These disparities are often the result of historical structural barriers that have prevented equal access to opportunity through racism and discrimination.

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

My community is "diverse, both ethnicity and socioeconomically."
—**Community Member**

The Community Needs Index (CNI)

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



[2] Developed by Dignity Health and IBM Watson Health™ cni.dignityhealth.org

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.

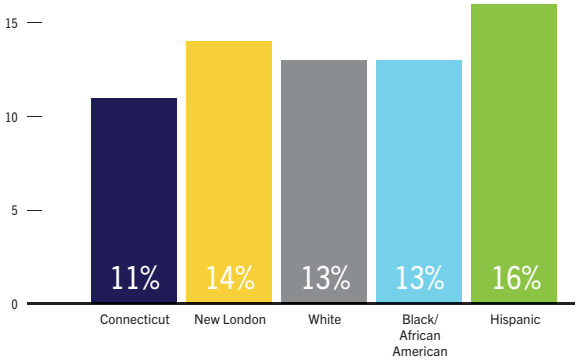
The Greater New London area community has fewer healthcare primary care providers, mental health providers, and dentists than state and regional rates. Hispanic residents are most likely to report not receiving care when they need it.

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.

Across all race and ethnicities, more people have health insurance in Greater New London compared to the state and nation, but Hispanic residents are most likely to report not having health insurance.

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**	**Hispanic Providers**
New London County	64.8	74.7	401.2
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 London	3.3%	5.1%	11.7%
New London County	3.2%	4.6%	10.9%
Connecticut	4.2%	6.8%	13.3%
US	7.9%	10.1%	18.2%

Source: American Community Survey 2015-2019

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 London 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.

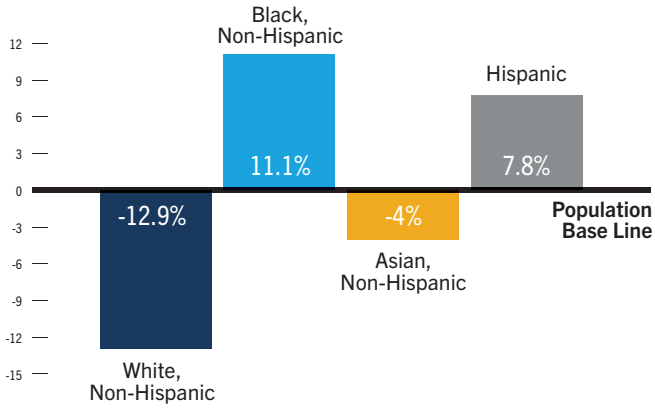
COVID-19 did not impact all people equally. The graph below shows that Hispanic, Black/African American, Indigenous, and other People of Color (BIPOC) experienced disproportionately higher deaths due to COVID-19 relative to their overall population distribution. That means even though more White people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

This trend illuminated wider disparities in health outcomes for these populations and reflects structural factors like racism, lower wages, limited educational opportunities, inadequate housing, and unsafe working conditions, among other factors that contribute to higher rates of COVID-19 and poorer health outcomes from other diseases.

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.

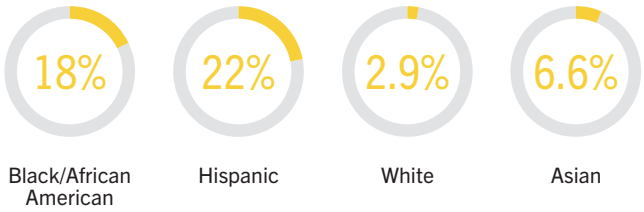
2019-2022 Population Distributed COVID-19 Deaths by Race, Ethnicity in Connecticut

Source: Centers for Disease Control and Prevention



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

Source: Sergo Ventures, 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.

"Everything has gone up except wages. It is so difficult to afford the necessary things we need in life; not luxury things, I'm talking about food, housing, a decent car." –**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.

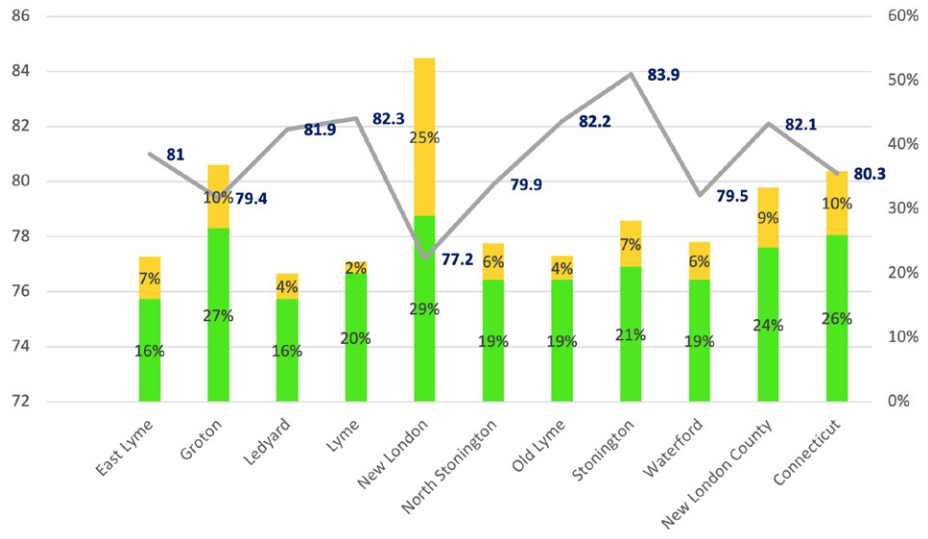
United for ALICE is a United Way initiative to drive innovation, research, and action to impact life across the country for ALICE and all.

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 London 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.

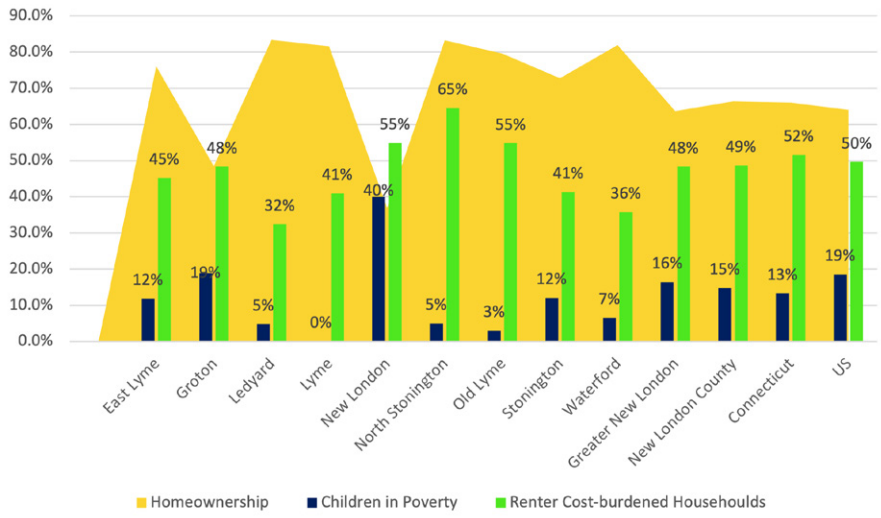
Source: DataHaven Community Wellbeing Survey 2021

"Everyone I know is struggling to pay bills."
—**Community Member**

Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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 London communities with a higher percentage of homeownership, there is a lower percentage of children in poverty.

"I cannot afford childcare for my two-year-old, so I can't work." —**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. Residents of New London are half as likely to own their home compared to the whole Greater New London area. Hispanic residents across the area are half as likely to own their homes as Black/African American or 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.

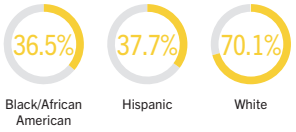
"I like my community, however, there is not enough affordable housing for lower income families." –**Community Member**

Survey respondents who stated that they own their own home.

Source: DataHaven Community Wellbeing Survey 2021

By Income

By Race/Ethnicity



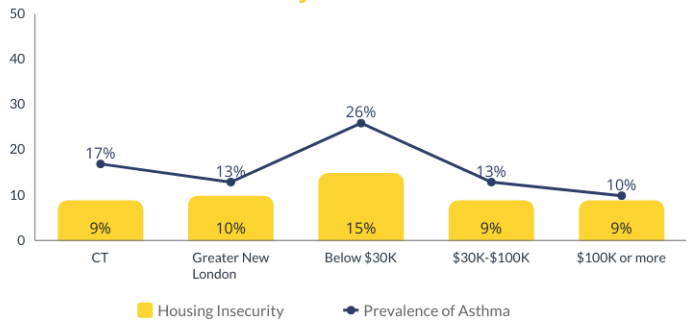
Source: U.S Census American Community Survey 2015-2019 5-year Estimates.

Housing Insecurity vs. Prevalence of Asthma

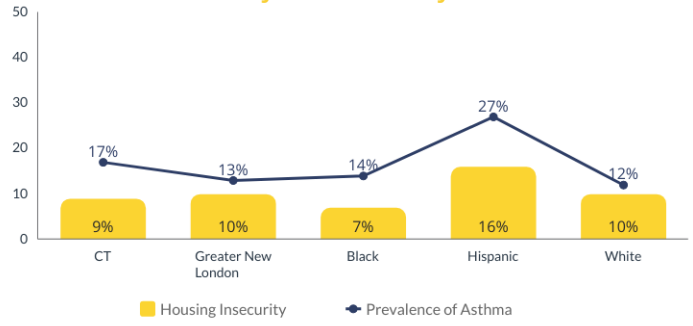
Source: DataHaven Community Wellbeing Survey 2021.

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

By Income



By Race/Ethnicity



Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

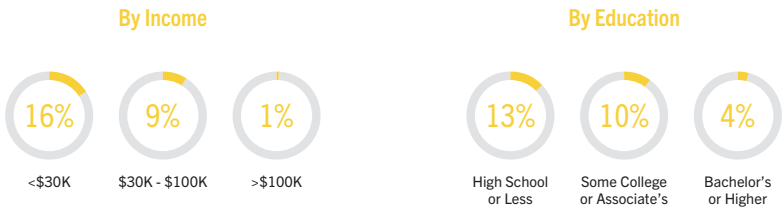
Food Security

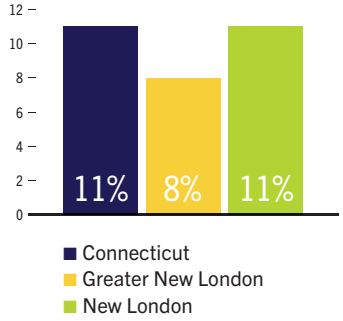
Food security depends on many factors including the type of food that is available in neighborhoods, the local cost of food, and the amount of household resources available to spend on food. Easy access to fresh foods is an important component of healthy living. Households that have lower incomes are at risk for food insecurity. In the Greater New London area, 37% of low income households accessed emergency food supplies. 11% of New London households reported times of food insecurity compared to 8% across the region.

"Not everybody can afford good, healthy food; you have to make decisions on what [expenses] to pay."
—**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

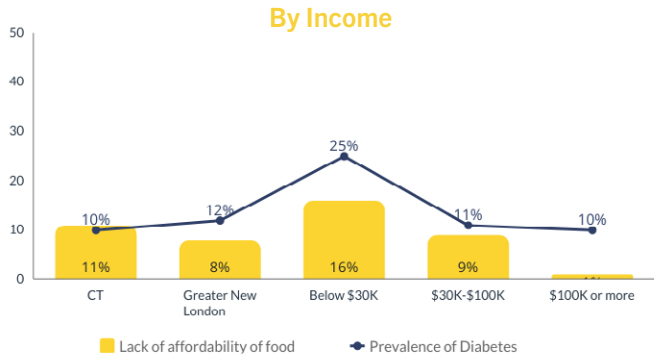




Food Insecurity vs. Diabetes

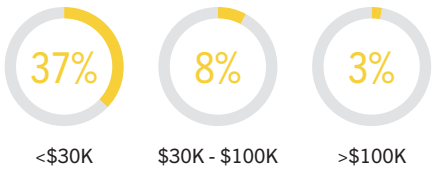
Source: DataHaven Community Wellbeing Survey 2021

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 London community, residents in the city of New London report the most needs for infrastructure investments. About one-quarter of Hispanic residents have unmet transportation needs.

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.

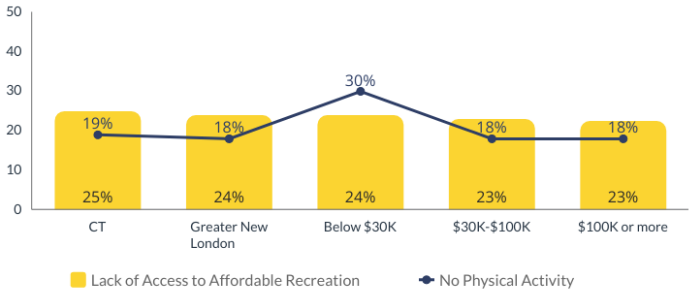
Internet Access by Location	Internet Subscription (any)	Broadband Subscription
New London (lowest)	80.3%	80.3%
Lyme (highest)	96.0%	96.0%
Greater New London	87.9%	87.6%
New London County	86.7%	86.4%
Connecticut	86.9%	85.5%
US	83.0%	82.7%

Built Environment vs. Physical Activity

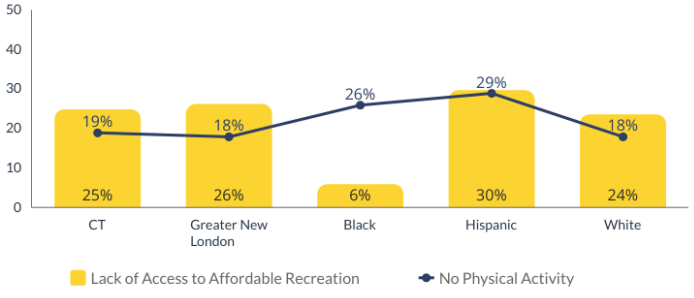
Source: DataHaven Community Wellbeing Survey 2021

Access to affordable recreation and physical activity is generally consistent across geographies. Hispanic residents report less access to affordable recreation and less physical activity.

By Income



By Race/Ethnicity



Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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

Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

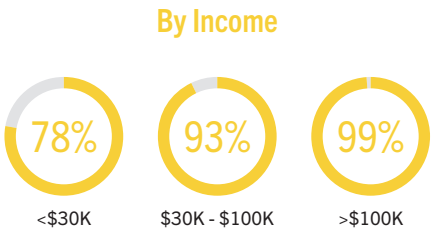
Survey respondents who stated that there have been times in the past 12 months when they stayed home when they needed to go someplace because they had no access to reliable transportation.

Source: DataHaven Community Wellbeing Survey 2021

Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

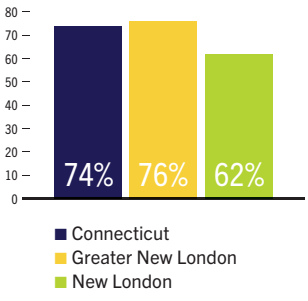
Survey respondents who stated that they “very often” or “fairly often” have access to a car when they need it

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



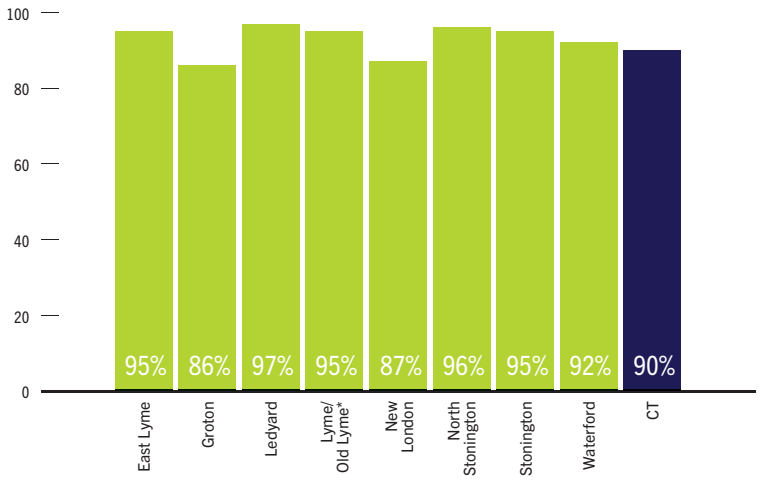
Education Access and Quality

Education is one of the best predictors of good health and long life. High school graduation rates across most communities in Greater New London exceed the state average, but Groton and New London have lower graduation rates, likely reflecting socioeconomic burden in these communities. These measures, combined with lower post-secondary education attainment for Black and Hispanic adults, across all Greater New London communities, 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 London Area School Districts 2020-2021 School Year

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



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+ by Race/Ethnicity 2015-2019*

Source: American Community Survey 2015-2019

	White	Black	Hispanic	Asian	Two or more Races
East Lyme	47.8%	16.5%	31.0%	69.7%	19.1%
Groton	37.1%	24.0%	18.1%	61.1%	21.7%
Ledyard	41.5%	14.1%	17.0%	49.1%	59.8%
Lyme	60.8%	0.0%	89.5%	66.7%	88.9%
New London	32.3%	12.2%	11.6%	36.6%	27.3%
North Stonington	32.9%	0.0%	52.6%	25.4%	3.6%
Old Lyme	53.7%	100.0%	46.0%	41.9%	82.9%
Stonington	47.1%	22.5%	37.8%	69.8%	53.2%
Waterford	42.1%	33.0%	22.2%	19.4%	35.6%
Greater New London	42.1%	18.3%	17.8%	53.8%	28.7%
New London County	35.1%	16.1%	16.5%	45.4%	20.4%
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.

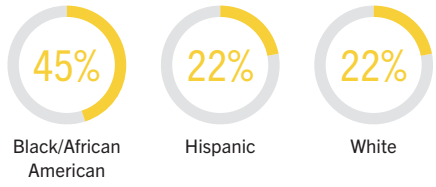
Feeling like you belong, are appreciated, and are valued in your community reinforces protective health factors that help people and communities overcome adversity. Poverty, violence, poor housing, racism, and discrimination create Adverse Community Environments that perpetuate trauma and increase Adverse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

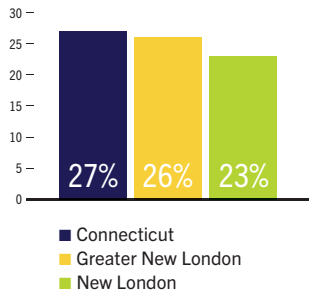
Across the Greater New London area, Black/African American residents were twice as likely to feel that they had been unfairly treated in the workplace than Hispanic and White residents. Nearly 20% of Black/African American residents or Hispanic residents felt they were treated with less respect than others when seeking healthcare, compared to 9% of White residents.

*Responses reflected any healthcare setting and are not specific to Lawrence+Memorial Hospital or Yale New Haven Heath.

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

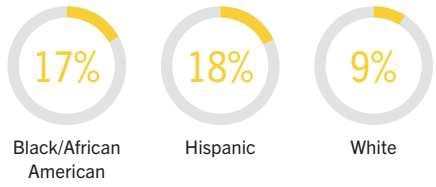


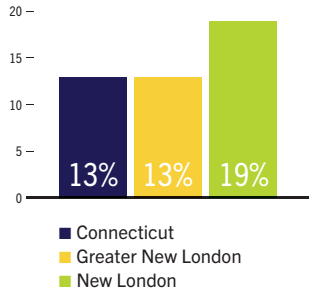


Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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





Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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.

Residents shared their attitudes and experiences about community needs most important to them through a telephone survey of 400 households and community surveys with 85 diverse community residents across Greater New London.

Community Health Priorities:

Access to Care

Behavioral Health

Healthy Living

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:

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

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	5,686
2	Mental Health & Addictions	2,438
3	Employment & Income	893
4	Utilities	703
5	Food	677
6	Government & Legal	649
7	Transportation Assistance	171
8	Clothing & Household Goods	109
9	Disaster	70
10	Child Care & Parenting	14

*This list excludes requests for other healthcare services.

Access to Care

The Greater New London 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.

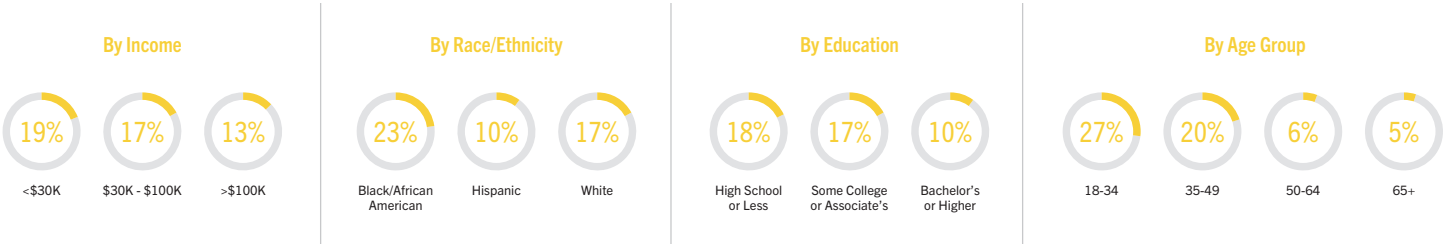
As health and social service providers we are doing this by bringing care to people in their neighborhoods through the use of community health workers and technology. We continue to provide free and low cost services regardless of ability to pay. We are working to better reflect the populations we serve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

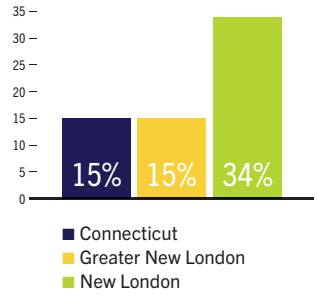
We asked healthcare and social service providers about how COVID-19 will continue to impact our communities. This is what they told us:

+ **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.

Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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

+ L+M Hospital continued to address the unmet needs of patients to support their access to healthcare services. This included providing transportation to patients to and from their medical appointments as well as provision of telehealth services.

+ In the last 2 years, L+M Hospital has increased Community Health Worker capacity, providing the bridge for patients to community services as well as health system navigation support.

+ In collaboration with community partners, we provided ongoing support for building Community Health Worker (CHW) capacity in the region. CHWs were hired at Thames Valley Council for Community Action (TVCCA) and the Northeast Medical Group in addition to L+M Asthma and Diabetes programs.

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 London communities too.

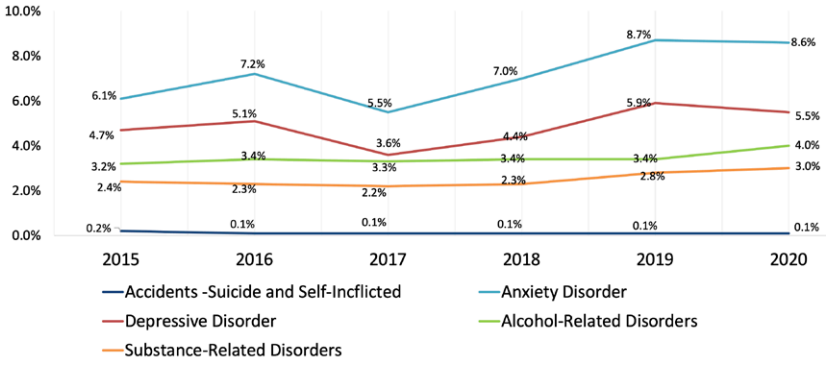
Referrals for mental health and addictions were the second most common request to the 211 referral system in 2021.

Feedback from community service providers and residents confirmed that, like most communities, demand for behavioral health services is 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.

Lawrence+Memorial Hospital Visits, Any Setting, Mental Health and Substance Use Disorders as Percentage of Total Visits

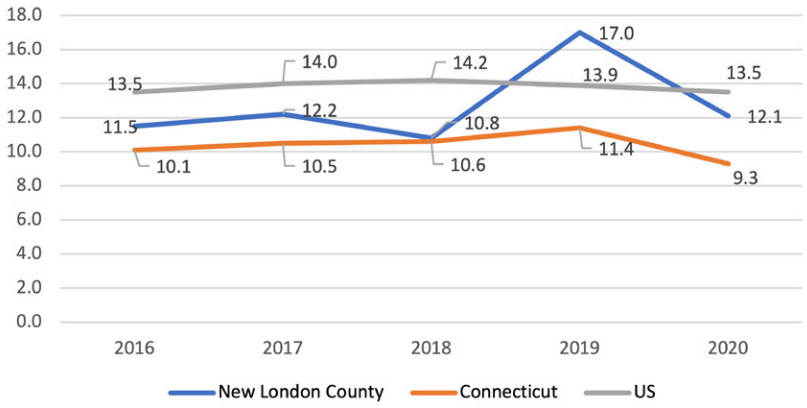
Source: Connecticut Hospital Association, CHIME

The graph below shows the increase in Lawrence+Memorial 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 London	89.4
Greater New London	32.8
New London County	41.5
Connecticut	35.2

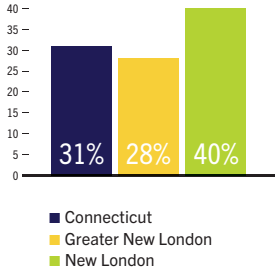
How we are responding to behavioral health needs

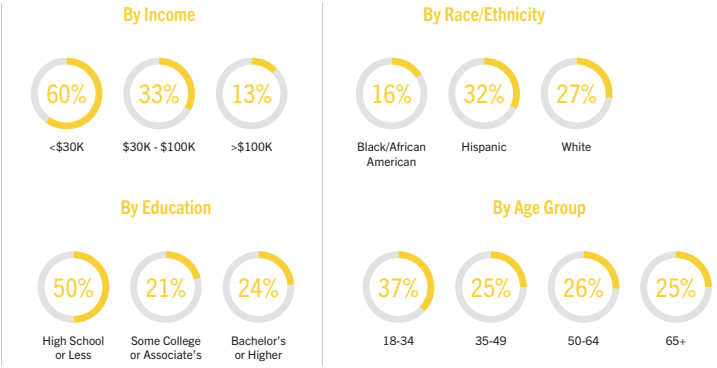
+ L+M Hospital participated in the Zero Suicide program, a national initiative that aims to provide training to first responders, schools, community service organizations, and hospitals on suicide prevention.

+ L+M Hospital provided support to collective impact partnership action teams that were formed to address Behavioral Health needs including: The Hispanic Alliance Mental Health Network (HAMHN) by engaging with community organizations in direct services and scholarship programs, and the Overdose Action Team (OAT) by adding Project Assert to the hospital emergency department. This latter initiative provides navigation support for patients with overdose or substance use disorders.

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



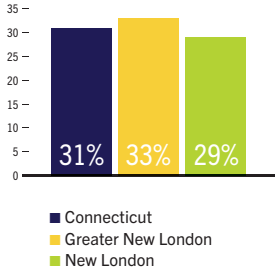


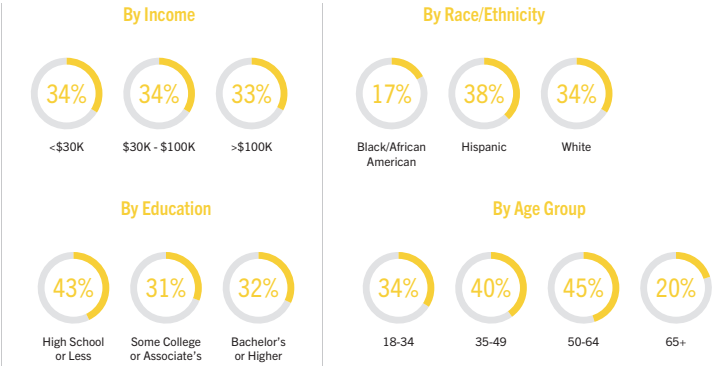
Many people throughout Greater New London experienced increased stress or trauma in their daily lives and since the onset of the COVID-19 pandemic. Nearly half of all adults ages 18-34 throughout the community reported feeling down for two weeks or longer.

Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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





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

Note: Data for race/ethnicity in Greater New London is directional only due to the low sample size in the 2021 DataHaven Community Wellbeing Survey.

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%

Adverse Childhood Experiences

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.

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

The Pair of ACEs

Source: Centers for Disease Control and Prevention

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 London area are able to access early prenatal care, however rates in Old Lyme, New London, and Lyme rates are lower than the region. Early prenatal care 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

	% First Trimester Prenatal Care	% Low Birth Weight	% Preterm Births	Infant Death Rate per 1,000 live births
East Lyme	**93.7**	**5.5**	**10.3**	**0.0**
Groton	86.4	5.8	9.1	0.0
Ledyard	90.3	6.8	11	0.0
Lyme	82.4	NA	NA	0.0
New London	80.1	11.6	12.6	0.0
North Stonington	94.7	0.0	NA	0.0
Old Lyme	78.0	NA	NA	0.0
Stonington	95.3	0.0	NA	0.0
Waterford	87.3	4.0	7.3	6.7 (n=1)
Greater New London	**86.5**	**NA**	**NA**	**NA (n=1)**
New London County	87.7	6.4	8.6	1.2 (n=3)
Connecticut	**84.7**	**7.8**	**9.4**	**4.5**
US	77.6	8.3	10.2	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 London 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 London County	89.3	78.6	84.2	79.2
Connecticut	92.9	79.0	84.7	80.6

Adult Health Indicators, Age Adjusted, 2019 BRFSS

Source: Centers for Disease Control and Prevention 2019

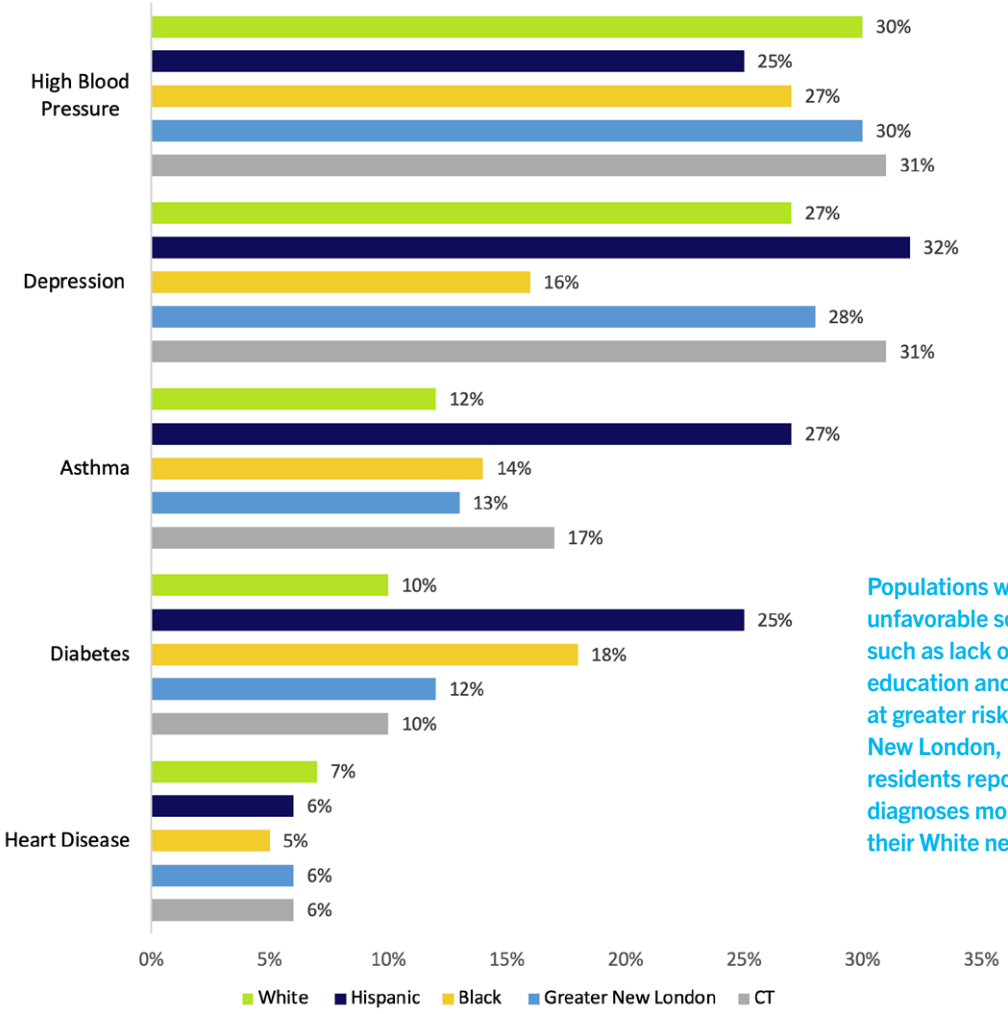
	% Obese (BMI 30+)	% Tobacco Use Current Smokers	% Diabetes	% High Blood Pressure	% Asthma	% Depression	% Binge Drinking
New London County	30.8%	13.6%	8.2%	28.2%	10.0%	18.3%	18.7%
Connecticut	28.7%	12.4%	8.2%	27.2%	10.8%	14.7%	17.3%
US	31.3%	15.7%	9.7%	29.6%	8.9%	18.9%	17.9%

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

1. Affordable and quality housing
2. Food insecurity
3. Transportation

Self-Reported Chronic Diseases

Source: DataHaven Community Wellbeing Survey 2021



Populations who 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 London, Hispanic and Black residents report chronic disease diagnoses more frequently than their White neighbors.

How we are improving healthy living

+ mid the COVID-19 pandemic, L+M Hospital shifted the work outlined in the 2019-2022 CHIP and focused on working with the community to provide immediate response to emergent food insecurity. L+M Hospital collaborated with the City of New London, FRESH New London, and Ledge Light Health District to support the creation of a weekly food pantry. Additionally, L+M provided direct support to FRESH New London."

+ L+M Hospital supported the Homeless Hospitality Center in New London to provide housing and wrap-around services to people facing homelessness. As well, the hospital provides clean linens on a daily basis to the Center and subsidizes the respite beds there.

YaleNewHavenHealth
Lawrence + Memorial 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 CT 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, the Health Improvement Collaborative (HIC) of Southeastern Connecticut: Access to Care, Behavioral Health, 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

Lawrence+Memorial 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 health care 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: Support local community organizations and events that help alleviate SDoH. AH ED FI FO HO

Initiative: Proactively target organizations/initiatives that align with our four priority areas to support via monetary contributions and/or employee volunteerism.

STRATEGY: Support and invest in our local neighborhoods to improve SDoH and community wellbeing. AH FI FO HO

Initiative: Continue support for Freedom Trail Neighborhood initiative in the City of New London.

STRATEGY: Raise awareness about community programs and efforts done by hospital departments. ED

Initiative: Develop and implement a CHIP internal communication plan to educate employees about our community-based work. Examples include: management council presentations, and internal communications (emails, intranet, & newsletters).

STRATEGY: Enhance the patient experience to reflect the community and patient population. AH FI FO HO

Initiative: Partner with DEIB, Press Ganey and Patient Experience Rounding to enhance health equity of patient survey questions and use results to increase patient experience.
Initiative: Refer patients to needed services and/or programs in response to patient calls and patient survey questions.

STRATEGY: Screen for socioeconomic needs and provide resources for support. AH FI

Initiative: Provide transportation to patients receiving oncology treatment to ensure that care is not limited by access.

STRATEGY: Pursue increased trust and buy-in with our community members by listening, learning and improving health equity for our patients and the community with a focus on Black/African American residents. AH BH DA ED FI FO HO

Initiative: Engage local Black/African American community leaders through listening sessions around health equity and social drivers of health.
Initiative: Identify areas of need through use of listening session feedback, CHNA data and information from community engaged strategies.
Initiative: Develop strategies to improve health equity for Black/African American community members in collaboration with local partners.

Access to Care

Lawrence+Memorial 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: Support pediatric services offered in community settings to address areas of SDoH need. AH

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

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: Ensure all patients have quality information during their communication with healthcare providers regardless of their background or their literacy level. AH ED

Initiative: Conduct quality improvement checks during patient rounding to address miscommunication and misunderstandings.
Initiative: Provide translations for multiple languages of patient materials and client satisfaction surveys in multiple languages.
Initiative: Disseminate patient experience feedback with other departments in the hospital.

STRATEGY: Expand the patient experience efforts to provide broader outreach to all patients and community members. AH ED FI FO HO

Initiative: Partner with Ledge Light Health District (LLHD) and other member organizations at the Health Improvement Collaborative (HIC) of Southeastern CT to conduct outreach and provide resources to underserved populations.

STRATEGY: Develop cancer prevention and screening programs in New London and Washington County. AH ED FI

Initiative: In collaboration with Yale Medicine (YM), conduct skin screening programs at Electric Boat (EB), Mohegan Sun and Foxwoods resorts and, provide education and sunscreen to participants.
Initiative: Provide education to pediatricians, school nurses and PTA with respect to Gardasil vaccination by Yale Medicine (YM) screening and prevention team.
Initiative: Provide Head & Neck screening programs.

STRATEGY: Increase community outreach for CT lung screening program and enhance the local community resources for smoking cessation. AH ED FI

Initiative: Obtain smoking cessation certification and offer onsite program for community and participants in the lung screening program.
Initiative: Implement community education program for CT lung screening and smoking, targeting middle and high school individuals who have been identified at high risk by school nurses.

STRATEGY: Provide integrated health services for patients to address their health and SDoH needs. AH BH DA ED FI FO HO

Initiative: Implement strategies to support patients with identified needs through referrals and interventions.
Initiative: Continue to conduct the current Maternal Wellness and Digestive Health initiatives to address patients' needs via a holistic approach.

STRATEGY: Increase community outreach for Prostate Screening program. AH ED FI

Initiative: Host annual free Prostate Screening events at LMH and Smilow Cancer Center.

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 ED FI

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: Offer financial assistance information in English and Spanish.
Initiative: Provide access to prescription and medication assistance programs.

Behavioral Health

Lawrence+Memorial 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.

STRATEGY: 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.

STRATEGY: Support Zero Suicide implementation in healthcare organizations. BH ED

Initiative: Provide training to healthcare and other providers to prevent suicide.

STRATEGY: Promote access to comprehensive behavioral health services to address the needs of our patients and community members. AH BH DA ED

Initiative: Implement outreach efforts and provide services for patients who need mental health and substance use services via the adult Intensive Outpatient Program (IOP).
Initiative: Participate in the Overdose Action Team (OAT) of the HIC of Southeastern CT and develop partnerships with community organizations to expand the outreach efforts.

Healthy Living

Lawrence+Memorial Hospital Goal:
Achieve equitable life expectancy for community members through availability and coordination of healthy living services and resources.

Healthy CT 2025/SHIP:
Assess the availability and diversity of and coordination among primary care providers, community partners, and care management services. (A5.2)

STRATEGY: Commit to support food services offered in the community to address food insecurity and to provide healthier food options. AH FI FO

Initiative: Continue to support FRESH NL, a community grassroots organization that addresses food needs in New London through community gardens.
Initiative: Continue to participate in the food pantry in New London to fill the gap in food services.
Initiative: Donate unused/unsold food to food programs.
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.

STRATEGY: Connect food-insecure diabetic patients and pre-diabetic people with healthy food and education as a way to help improve their health. AH ED FI FO HO

Initiative: Provide nutritional counseling and education by a Bilingual Diabetes Community Health Worker (CHW), about access to healthy food and other needed support in New London.

STRATEGY: Support asthma patients by providing education and services in community settings to address patients' needs to improve their health and wellbeing. AH ED FI FO HO

Initiative: Increase reach and utilization of Breathe Well – Respira Bien, a community based asthma intervention/management program, among LatinX populations in the Greater New London area.

STRATEGY: Design community-based programs to educate community members about nutrition and physical activity and their relationship to cancer. AH ED FI FO

Initiative: Provide nutrition education focused on obesity awareness and its relationship to cancer.

STRATEGY: Provide social services to children with high SDoH needs. AH BH DA ED FI FO HO

Initiative: Continue to implement the intensive in-home program for children in the Nurturing Families program.

STRATEGY: Develop community engagement activities and events to raise awareness about Heart and Vascular health conditions. AH ED

Initiative: Organize and conduct the Annual Heart Walk by LMH.
Initiative: Host community educational sessions about variety of diseases and health conditions by our team of healthcare providers.

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 London community.

Greater New London / Health Improvement Collaborative of Southeastern Connecticut (HIC SECT)

- Alliance for Living
- Always Home
- Child and Family Agency
- City of New London
- Community Foundation of Eastern Connecticut
- Community Health Center, Inc.
- Eastern Connecticut Transportation Consortium
- Fiddleheads Food Co-op
- First Congregational Church of Old Lyme
- FRESH New London
- The Health Education Center
- Hearing Youth Voices
- Hempstead Neighborhood Association
- Hispanic Alliance
- Homeless Hospitality Center
- HT Vector
- L+M Hospital
- Ledge Light Health District
- Madonna Place
- NAACP New London
- NCNW CT
- NCNW New London
- New London Community Meals Center
- OutCT
- Public Library of New London
- SCORE
- SECCOG
- SECTOR
- Sound Community Services
- Southeast Mental Health Authority
- Step Up New London
- The Arc
- The Connection
- The Lighthouse
- Town of Groton
- Truthteller Consulting
- Thames Valley Council for Community Action, Inc. (TVCCA)
- United Action CT
- United Community and Family Services
- United Way of SECT
- VNASC
- Yale New Haven Health
- Yale University
- Community Members

Research Partners:

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

DataHaven | 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

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

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:

2019-2022 Community Health Improvement Plan (CHIP) Progress-to-Date

Hospital Community Commitment

Lawrence+Memorial (L+M) Hospital, a member of Yale New Haven Health, is a non-profit, 280-bed general and acute care hospital providing patient care to medical, surgical, pediatric, psychiatric, and obstetrical patients in southeastern Connecticut and southern Rhode Island since 1912. L+M is renowned for cardiac acute, step-down, and rehabilitation programs and is the only eastern Connecticut hospital that performs emergency and elective angioplasty.

L+M Hospital is committed to promoting health and wellbeing throughout the Greater New London Area by supporting and providing community-based programs and services. It is one of the lead organizations of the Health Improvement Collaborative (HIC) of Southeastern CT. In this role, L+M Hospital is actively engaged in the implementation of the Community Health Improvement Plan and governance of the HIC. In addition, L+M is responsive to emergent community needs and provides in-kind and financial support to address them.

Health Improvement Collaborative of Southeastern CT

The Health Improvement Collaborative (HIC) of Southeastern CT was formed in 2015, to develop the Community Health Needs Assessments (CHNA) and Community Health Improvement Plans (CHIP) in 2016 and 2019. The HIC serves the Greater New London community, which includes the nine towns of East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Stonington, and Waterford. The HIC includes almost 200 individuals representing L+M Hospital, Ledge Light Health District, community agencies, faith-based organizations, community health centers, town agencies, and people from southeastern CT. In 2019, the Health Improvement Collaborative (HIC) completed a Community Health Needs Assessment (CHNA) and prioritization process to identify priority health issues.

2019-2022 Community Health Improvement Plan (CHIP) Progress-to-Date.

L+M Hospital goal: By January 2020, create a more welcoming culture for Health Improvement Collaborative and Action Team meetings in order to engage residents in HIC work that is focused on community strategies to improve health.

+ **Reduce the number of ED visits for asthma by 10% in the LatinX population.**
  There was a reduction in ED visits for asthma among the LatinX population of 26% but it is unclear as to how much is due to the overall decreased ED utilization because of COVID-19.

+ **Reduce the number of ED visits for uncontrolled hypertension in African American men by 10% by July 2022.**
  There was a reduction in ED visits for hypertension in African American men of 60% but it is unclear as to how much is due to the overall decreased ED utilization because of COVID-19.

+ **Reduce the number of ED visits by 10% for diabetes complications in the LatinX population.**
  There was a reduction in of ED visits for diabetes among the LatinX population of 11% but it is unclear as to how much is due to the overall decreased ED utilization because of COVID-19.

+ **Increase the number of mothers/parents participating in available Maternal Child Health programs by 10% by July 2022.**
  Programs and services were put on hold due to COVID-19.

+ **Increase the number of individuals provided education, screening, and early detection programs in greater New London.**
  Programs and services were put on hold due to COVID-19.

As seen at local, state, and national levels, inpatient and ED visits were impacted by COVID-19, which disrupted typical patterns. This impacted the ability of the hospital to address utilization goals in a meaningful way. However, the pandemic revealed some emergent social determinant needs in the community, one of the greatest of which was food insecurity. L+M Hospital partnered with the City of New London, FRESH New London, and Ledge Light Health District to address the need in supporting the creation of a weekly food pantry. L+M employees, including two community health workers, coordinate and staff the pantry. The weekly food pantry initiative is aligned with L+M Hospital's CHIP goal to reduce the burden of social drivers of health and improve health outcomes.

Highlights of priority areas accomplishments include the following:

Access to Care Accomplishments

L+M Hospital Initiatives
Goals outlined in the L+M CHIP Include:

+ Increase the number of car seat inspections at LMH by 10% by July 2022.

+ To continue to provide high quality clinical services that are needed by the community, but are not fully supported by off-setting revenues.

+ Increase access to equitable and quality healthcare for low income residents.

The car seat inspection service continued virtually throughout the pandemic and transitioned to in-person once safe to do so. Due to the COVID-19 pandemic, however, the number of car seat inspections has not increased as anticipated. In the last 2 years, L+M Hospital has increased Community Health Worker capacity, providing the bridge for patients to community services as well as health system navigation support. Patient supports for transportation to and from medical services continued.

Behavioral Health Accomplishments

L+M Hospital provided support to the two HIC action teams that were formed to address Behavioral Health needs: the Hispanic Alliance Mental Health Network (HAMHN) and the Overdose Action Team (OAT).

L+M Hospital Initiatives to support the Hispanic Alliance Mental Health Network (HAMHN)
Goals outlined in the L+M CHIP include:

+ Ensure systems are in place to support mental health and emotional wellbeing in our community.

+ Improve access to quality and culturally responsive mental health services for the LatinX population.

The hospital engaged in partnerships with community organizations that support LatinX people in the region in the way of direct services and scholarship programs. A collaboration with OIC in New London was created in support of employment training with potential for employment at L+M.

L+M Hospital Initiatives to support the Overdose Action Team (OAT)
The goal outlined in the L+M Hospital CHIP includes:

+ Expand harm-reduction services and improve access to equitable and quality services for people living with substance use disorder.

Project Assert was added to provide navigation support for patients seen in the emergency department who have overdosed or have substance use disorder. The program is intended to serve as a bridge between the medical setting and community resources and to support individuals in receiving follow-up care.

Healthy Lifestyle Accomplishments

L+M Hospital provided support to the HIC teams and their efforts to improve the lives of people in Southeastern Connecticut.

L+M Hospital Initiatives
Goals outlined in the L+M CHIP Include:

+ By March 2021, increase physical activity and health food consumption to reduce the incidence of diabetes and hypertension.

+ By January 2020, develop a plan and implement activities to raise awareness of healthy choices.

The hospital engaged in partnerships with community organizations that support people in the region in the way of direct services and scholarships.

Emergent Issues

L+M Hospital Initiatives
L+M Hospital has for years supported the Homeless Hospitality Center in New London to provide housing and wrap-around services to people facing homelessness. As well, the hospital provides clean linens on a daily basis to the center and subsidizes the respite beds there. The hospital also maintains a fund to assist patients with urgent basic needs, dietary supplements, and provides transportation assistance from the Cancer Center and the Hospital. The hospital hosts food drives to support local food pantries and a toy drive during the holiday season.

APPENDIX B:
Greater New London Community Resources

One goal of the Community Health Needs Assessment (CHNA) is to understand the needs of a particular community and the overall challenges they face, to plan for future policy initiatives. These needs can vary across individual, organization, neighborhood, or across the city more broadly. Various resources currently exist within communities to elevate the quality of life amongst residents. These resources may take the form of a community organization, individual person, policies, physical spaces, and much more. Variation across community resources allows for each person within a community to find one that addresses their specific need(s). Identifying the resources that are available and that the community actively uses is one important factor of the community health needs assessment, as it can help ensure public awareness of available resources and demonstrate what models work well within that community and what can be done to fill in the existing gaps.

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 providing mechanisms for community members to find housing in the case of varying circumstances (homelessness, domestic violence, or other emergency uprooting situations). In addition, resources within this category assist community members with the cost of utilities in their dwellings.
+ **Promoting Wellness & Healthy Lifestyles:** Resources that have to do with promoting positive and health lifestyles, such as physical activity (green space, fitness centers), youth & family enrichment, and/or community establishments that foster both connectivity and fellowship amongst members.
+ **Transportation Assistance:** Resources comprised of transportation methods that not only help one reach health services within their community but also for general travel throughout the region.

The following community resources listed across each category is not an exhaustive list. To learn about or access any services within the Greater New London region, visit uwc.211ct.org or call 2-1-1 from any phone.

APPENDIX B: Greater New London Community Resources

New London Health Services

Organizations	Contact Information	Key Information
Alzheimer's Association - Connecticut Chapter- Eastern Regional Office, Norwich	19 Ohio Ave Norwich, CT 06360 (860) 887-3593 alz.org , 24/7	Advocates on behalf of patients with Alzheimer's disease and related disorders and on issues surrounding Alzheimer's disease and the needs of the patient and family.
Careco Medical / Careco Shoreline, Waterford	398 Willetts Ave #3013, Waterford, CT 06385 (860) 437-0238 carecohomecare.com Mon- Fri 8:30 am-5 pm	Provides comprehensive, compassionate, and customized in-home care designed to help individuals remain in their homes, safe and strong including hourly care (providing clients with services on a daily hourly basis). Depending on the client's needs, this care can be delivered over the course of a few hours every week or a few hours each day of the week. The most common type of live-in care involves a five day period of care with respite services on the weekends. Seven-day care is also available. Caregivers can assist in housekeeping, cooking, run errands, and provide companionship to those who are in need.
Community Health Center, Groton	481 Gold Star Hwy #100, Groton, CT 06340 (860) 446-8858 chc1.com Mon-Fri 9 am- 5 pm	Provides a health-care home for residents of the town and city of Groton and for residents of surrounding communities to the Rhode Island border. Offers comprehensive medical services for adults and children. Comprehensive medical services for adults and children. Breast/Cervical Cancer Early Detection Program, nutrition counseling, assistance with application for public insurance and other support programs.
Lawrence & Memorial Hospital - Yale New Haven Health, New London	365 Montauk Ave New London, CT 06320 (860) 442-0711 lmhospital.org 24/7	Lawrence & Memorial Hospital - Yale New Haven Health, New London. Some of Lawrence + Memorial Hospital's many services include: Chaplaincy Program, Dialysis Clinic, Education - Hospital sponsored lectures, seminars & wellness programs, Emergency Services, Pediatric Emergency Program, Heart and Vascular Services, Hospitalists, Joint Replacement Center, Laboratory Services, Infectious Disease Services, Neurodiagnostic Laboratory, Maternity, NICU, Pediatrics, In-Patient Psychiatric Service, Pulmonary Services, Radiology/ Imaging Services, Acute Inpatient Rehabilitation, Social Work, Support Groups, and Surgical Services.
LEARN, Old Lyme	44 Hatchetts Hill Rd, Old Lyme, CT 06371 (860) 434-4800 learn.k12.ct.us Mon-Fri 8 am-4:30 pm	LEARN is a regional educational service center working with and for its member districts to improve the quality of public education for all learners. Provide leadership for teaching and learning, high quality and innovative schools and programs. Identifies and delivers customized and cost effective programs and services. Promotes collaborative partnerships and regional cooperation.
Mashantucket Pequot Tribal Nation, Mashantucket	2 Matts Path Mashantucket, CT 06338 (860) 396-6572 mptn-nsn.gov/default.aspx Mon-Fri 8 am-5 pm	A federally recognized American Indian tribe in the state of Connecticut. They are descended from the Pequot people, an Algonquian-language tribe that dominated the southern New England coastal areas, and they own and operate Foxwoods Resort Casino within their reservation in Ledyard, Connecticut. Services are open to tribal members.
Masonicare Home Health & Hospice, Mystic	45 Clara Dr Mystic, CT 06355 (888) 332-0033 masonicare.org Mon-Sun 8 am-5 pm	Open to all, providing Home Health, Hospice and Palliative Care to more than 2,500 patients each and every day. Five branch locations—Danielson, Derby, East Hartford, Mystic, and Wallingford—covering the majority of Connecticut towns. Team includes licensed professionals includes Registered Nurses, Physical and Occupational Therapists, Speech-Language Pathologists, Medical Social Workers, and Certified Home Health Aides. The Hospice team also includes a Medical Director, Spiritual Care and Bereavement Counselors, and Volunteers. In addition, the team includes Clinical Case Managers in the field who work with community hospitals, skilled nursing facilities and physician practices to ensure transition to homecare services is smooth.
Overeaters Anonymous, West Mystic	oa.org Click this link to find in person or zoom meetings near you: https://www.connecticutoa.org/meetings2.html	Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating.
Planned Parenthood of Southern New England, New London	45 Franklin St New London, CT 06320 (860) 443-5820 plannedparenthood.org/health-center/Connecticut/new-London/06320/new-london-center-2223-90220?utm_campaign=new-london-center&utm_medium=organic&utm_source=local-listing Mon 10 am-6 pm, Tues 11 am-7 pm, Wed 10 am-5 pm, Thurs 8:30 am-4:30 pm, Sat 9 am-2 pm	Planned Parenthood of Southern New England provides a wide range of reproductive and sexual health care services, education and training, information on health, relationships and sexually-transmitted infections, and advocacy.
Save the Kid Fund, Preston	33 Stanton Ln Preston, CT 06365 (860) 887-3367 savethekid.org Hours Upon Inquiry	A charity dedicated to improving the lives of children who have physical, medical, educational and economic challenges. Provides an array of donations to children with disabilities. We support medical & therapy expenses, adaptive equipment, and have donated over 500 bicycles to date through our Robbie's Riders Program.
Senior Resources - Agency on Aging - Eastern Connecticut, Norwich	19 Ohio Ave Norwich, CT 06360 (860) 887-3561 seniorresourcesec.org Mon-Fri 8:30 am-4 pm	Through our involvement at the federal, state and local level we work to enhance the quality of life for older persons. In addition to advocating legislatively, works with volunteer and citizen groups increases public awareness of senior issues. Senior Resources provides services to assist older individuals, individuals with disabilities, their families and their caregivers. In addition, provides funding to community-based agencies for services such as adult day care, homemakers, home health aides and transportation.
Tri-Service Warrior Care Clinic, Groton	1 Wahoo Ave Groton, CT 06349 (860) 694-7508 newengland.tricare.mil/Health-Services/Specialty-Care/TRI-Service-Warrior-Care-Clinic Mon-Fri 7:30 am-6 pm	The overarching goal of the Tri-Service Warrior Care Clinic is to facilitate return to duty. This mission is accomplished by providing coordinated and comprehensive multidisciplinary assessment and treatment for active duty service members with mild to moderate traumatic brain injury, post-traumatic stress disorder, sleep disorders, and chronic pain. Services Included: Medical consultation, evaluation, and recommendations, Psychological assessment and treatment, Family and individual psychological support for deployment related issues, Neuropsychological and Traumatic Brain Injury assessment and recommendations, Telemental Health for Psychiatry Services, Care coordination and referral to network services and area resources, Education and Prevention.
Visiting Nurse Association of Southeastern Connecticut, Waterford	403 N Frontage Rd Waterford, CT 06385 (860) 444-1111 vnasc.org Mon-Fri 8 am-5 pm	The VNA provides in-home physical, occupational and speech therapies, medical social work, medication administration, mental health care; and home health aides. In-home nursing care, therapy, and medical social work.

APPENDIX B: Greater New London Community Resources

New London Substance Use Addiction Service

Organizations	Contact Information	Key Information
A-Cure LLC, New London	851 Bank St New London, CT 06320 (860) 617-2953 acure411.com 24/7	Works to increase awareness of substance use and co-occurring disorders, reduce stigma, and enhance success by providing person-centered services which contribute to a recovery-oriented system of care.
Alliance for Living, New London	154 Broad St New London, CT 06320 (860) 447-0884 allianceforliving.org Mon-Fri 8:30 am-4:30 pm	Implements evidence based client centered care to address public health with a focus on HIV, homelessness and the overdose epidemic.
Catholic Charities - Diocese of New London and Norwich	28 Huntington St New London, CT 06320 (860) 443-5328 Mon & Wed & Fri 8:30 am-4:30 pm, Tues & Thurs 8:30 am-8 pm N/A 331 E Main St, Norwich, CT 06360 (860) 889-8346 Mon-Fri 9 am-8 pm ccfsn.org 481 Gold Star Hwy., Suite 100, Groton, CT 06340 (860) 446-8858	Provides help for people of all faiths who are most in need in Eastern CT. Offers a variety of services in Intensive Case Management.
Community Health Center	1 Shaws Cove, New London, CT 06320 (860) 447-8304 chc1.com Mon-Thurs 8 am-7 pm, Fri 8 am-5 pm, Sat 8 am-4 pm 481 Gold Star Hwy., Ste. 100, Groton, CT 06340 (860) 446-8858 Mon-Fri 8 am-5 pm, 1st Sat of month 8 am-12 pm	Serves residents of the City of New London, Groton, and the surrounding towns of New London County, the shoreline, and bordering towns of Rhode Island. A hub for community based and school health services. Services include comprehensive primary medical care for adults and children, adult and children's behavioral health services, comprehensive dental care, Breast and Cervical Cancer Early Detection program, nutrition counseling and Chiropractic care.
Community Speaks Out, Groton	214B Thames St Groton, CT 06340 (860) 823-8771 communityspeaksout.org Hours Upon Inquiry	Helps families through the process of getting addicted loved ones into treatment through financial and logistical assistance, and to foster community support, awareness, and education on addiction and addiction prevention.
Ledge Light Health District, New London	216 Broad St New London, CT 06320 (860) 448-4882 llhd.org Mon-Fri 8 am-4:30 pm	Serves as the local health department for East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Stonington, and Waterford, Connecticut. The Director of Health and staff of LLHD work to promote health and wellness among more than 151,774 residents we serve. By enforcing the Connecticut Public Health Code, conducting health education programs, monitoring disease outbreaks and nurturing our environment, LLHD is focused on promoting healthy communities.
Mashantucket Pequot Tribal Nation, Mashantucket	2 Matts Path Mashantucket, CT 06338 (860) 396-6572 mptn-nsn.gov/default.aspx Mon-Fri 8 am-5 pm	A federally recognized American Indian tribe in the state of Connecticut. They are descended from the Pequot people, an Algonquian-language tribe that dominated the southern New England coastal areas, and they own and operate Foxwoods Resort Casino within their reservation in Ledyard, Connecticut. Services are open to tribal members.
Roost Recovery Center, New London	931 Bank St, New London, CT 06320 (860) 447-2233 N/A Mon-Fri 5:30 am-2 pm, Sat 6 am-9 am	Substance Abuse Rehab Services in New London, CT. Treatment Type: Outpatient, Outpatient detoxification, Outpatient methadone/ buprenorphine or vivitrol Treatment Approaches: Cognitive/ behavioral therapy, and Substance abuse counseling approach. Substance abuse treatment, Detoxification, Methadone maintenance, Methadone detoxification, Methadone, All Clients in Opioid Treatment Program, SAMHSA-certified Opioid Treatment Program .
Southeastern Council on Alcoholism and Drug Dependence (Scadd), New London	62 Coit St New London, CT 06320 (860) 442-1017 scadd.org Hours Upon Inquiry	Provides treatment services to men and women struggling with addiction. SCADD is able to provide a continuum of treatment services, licensed by the State of Connecticut, Department of Public Health.
Stonington Institute, North Stonington	75 Swantown Hill Rd North Stonington, CT 06359 (800) 832-1022 stoningtoninstitute.com 24/7	Provides behavioral healthcare services including inpatient detoxification using evidenced-based treatment modalities. After completing the detox protocol, every client is introduced to a 12-step model of recovery. Clients who are accepted for admission to our detox unit have a history of heavy and/or prolonged use of alcohol and/or other drugs and are in need of detoxification in a voluntary, medically-monitored setting. Clients may also have a secondary mental health diagnosis. For those who are ready for a step down from inpatient detox, we offer day treatment through an Intensive Outpatient Program (IOP) or a Partial Hospitalization Program (PHP). Lodging is available through the Inn at Trails Corner. The Starlight Military Program is a co-occurring residential rehabilitation program that is dedicated to providing a stigma-free treatment environment specifically designed to meet the needs of active duty personnel in all branches of military service.

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New London Housing Services Assistance

Organizations	Contact Information	Key Information
Alliance for Living, New London	154 Broad St New London, CT 06320 (860) 447-0884 allianceforliving.org Mon-Fri 8:30 am-4:30 pm	Implements evidence based client centered care to address public health with a focus on HIV, homelessness and the overdose epidemic. Services include Medical Case Management, non-Medical Case Management, Housing, Treatment Adherence Program (TAP), Medical Nutrition Therapy, Early Intervention Services, HIV Testing, Syringe Service Program, and Food Pantry.
Always Home, Mystic	119 High St Mystic, CT 06355 (860) 245-0222 alwayshome.org Mon-Fri 9 am-5 pm	Serves Eastern Connecticut families with minor children and strive to keep families in their own housing and out of the emergency shelter so that children never have to experience the trauma of being homeless. Services: homelessness prevention and emerging shelter and rapid re-housing.
Carabetta Management, New London	71 Redden Ave New London, CT 06320 (860) 444-2166 carabetta.com Mon-Fri 8 am-4:30 pm	Private real estate company, specializing in the acquisition, development, construction and management of high quality affordable housing nationwide. Specializing in development/acquisitions, financing, construction, and residential property management.
Covenant Shelter of New London, New London	42 Jay St New London, CT 06320 (860) 443-0537 covenantshelterofnewlondon.org Mon-Fri 8 am-4 pm	Provides emergency shelter, with the goal of obtaining permanent, stable housing for our guests. To continue to provide temporary shelter in an environment that respects the dignity of the individuals and families who are affected by homelessness and to be an active partner and advocate in the processes to end homelessness.
Groton Housing Authority, Groton	770 Poquonnock Rd Groton, CT 06340 (860) 445-1596 grotonhousingauthority.org Mon-Fri 9 am-4 pm	The Town of Groton is currently undertaking an affordable housing plan looking at the need for housing today and into the future. Provide emergency shelter, with the goal of obtaining permanent, stable housing for our guests. To continue to provide temporary shelter in an environment that respects the dignity of the individuals and families who are affected by homelessness and to be an active partner and advocate in the processes to end homelessness. Eligibility (62 or over or on Social Security Disability, Maximum Income: 1 person = $46,100, 2 persons = $52,650).
Ledyard Housing Authority / Kings Corner Manor, Gales Ferry	60 Kings Hwy Gales Ferry, CT 06335 (860) 464-7365 ledyardct.org/689/Ledyard-Housing-Authority-Kings-Corner-M Hours Upon Inquiry	Eligible Individuals are: 62 years of age or older; Certified Disabled and receiving Social Security Disability; Meet income guidelines - one person maximum income is $54,950 / two people maximum income is $62,800; Have a demonstrated ability to pay rent. Services: Direct hookup to 911, two pull cords for medical 911 Emergencies, walking path to the Senior Center, on site laundry facilities, convenient reserved parking space, community room with television & fully equipped kitchen, and gazebo.
Navy Fleet and Family Support Center, Groton	Building 83, Grenadier Ave, Groton, CT 06340 (860) 694-3383 N/A Hours Upon Inquiry	Free Parenting and Life Skill programs, Financial programs, Deployment support, Transition and Employment assistance, Relocation assistance, Counseling and Victim Assistance, Exceptional Family Member Support, Information and Referral, and many more programs to promote quality of life for military personnel and their families. Visit the nearest Fleet and Family Support Center for further information on base and community services.
New London Homeless Hospitality Center, New London	730 State Pier Rd, New London, CT 06320 (860) 439-1573 nlhhc.org Hours Upon Inquiry	Provide hospitality and a bridge to permanent housing for single adults experiencing homelessness in southeastern Connecticut. The Homeless Hospitality Center (HHC) provides a place of safety and welcome to all southeastern Connecticut adults who find themselves facing homelessness. HHC collaborates with dozens of public and private programs and agencies to address, as fully as possible, the underlying causes of homelessness for every individual who needs our help.
New London Housing Authority, New London	78 Walden Ave New London, CT 06320 (860) 443-2851 newlondonhousing.org Tues-Thurs 8:30 am-3:30 pm	The Housing Authority of The City of New London is a public entity that was formed in 1951 to provide federally subsidized housing and state financed housing and housing assistance to low-income families, within the City of New London.
Safe Futures, New London	16 Jay St New London, CT 06320 (860) 447-0366 safefuturesct.org Mon-Fri 9 am-5 pm	Safe Futures saves lives, restores hope and changes the future for those impacted by domestic violence, sexual assault, stalking, and trafficking in southeastern Connecticut. Services: 24-Hour Hotlines, Lethality Assessment Program, Genesis House Emergency Shelter, Protect Our Pets, Criminal Court Family Violence Victim Advocate, Victim Advocate Law Enforcement, Walk-In Counseling, Civil Court Family Violence Victim Advocate, Phoenix House Transitional Living, Scattered Site Transitional Housing Program, Supportive Housing, Prevention Education & Awareness Programs, Engaging Men, and Career and Training Center.
Sound Community Services, New London	21 Montauk Ave New London, CT 06320 (860) 439-6400 soundcommunityservices.org Mon-Fri 8 am-4:30 pm	Educating, empowering, and creating opportunities for individuals with behavioral health and substance abuse diseases. Services: Intake Process, Medication Services Intensive Outpatient program, Case Management, Therapy Services, Homeless Support, 24/7 Residential Services, Employment Services, Social Supports, and DCF Supports.
Stonington Housing Authority, Pawcatuck	45 Sisk Dr Pawcatuck, CT 06379 (860) 599-2600 stoningtonhousingauthority.org Mon-Fri 10 am-3 pm	Stonington Housing Authority owns and manages the Edythe K. Richmond Homes, a 60 unit complex on 8 acres housing for elderly, young, and disabled residents.
Thames Valley Council For Community Action, New London	83 Huntington St New London, CT 06320 (860) 444-0006 tvcca.org Hours Upon Inquiry	TVCCA is Southeastern CT's nonprofit Community Action Agency, providing social services to low to middle income residents since 1965. Services including: Case Management, Meals on Wheels, WIC, Employment & Training, Housing, Childcare, Energy Assistance, and more.

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New London Employment and Income

Organization	Contact Information	Key Information
American Job Centers, Uncasville	601 Norwich-New London Turnpike Suite 1, Uncasville, CT 06382 (860) 848-5200 ctdol.state.ct.us/ContactInfo/CTWorks/mntvl_info.htm Mon-Fri 8 am-4:15 pm	Oversees comprehensive, community-wide responses to the challenges of building a highly skilled workforce in South Central Connecticut.
Connecticut Indian Council, Stonington	391 Norwich-Westerly Rd, Stonington, CT 06378 (860) 535-1277 rhodeislandindiancouncil.org/connecticutoffice Hours Upon Inquiry	Enhances the lives of our native community through professional development, career training assisting unemployed or underemployed tribally enrolled individuals. Funding available for job training and skill upgrading. Serving unemployed, underemployed tribally-enrolled Native's with jobs, credentials, affordable training plans, IEP's, higher education limited tuition/ books. Services are open to tribal members.
CW Resources, Groton	460 Thresher Ave, Groton, CT 06340 (860) 405-0523 cwresources.org Hours Upon Inquiry	Serves the needs of persons with disabilities through the creation of integrated vocational training and employment opportunities for those individuals who are physically, developmentally, emotionally and/or socio-economically challenged. CW staff is challenged with penetrating the employment marketplace to promote the skills and capabilities of those we support – people with disabilities. Networking and making connections is the key to successful job development efforts. Efforts to meet individual interests and abilities are underscored by the various work opportunities we offer and seek.
Disabilities Network of Eastern Connecticut, Norwich	19 Ohio Ave, Norwich, CT 06360 (860) 823-1898 dnec.org/contact-us Hours Upon Inquiry	The Disabilities Network of Eastern Connecticut (DNEC) is a Center for Independent Living, serving persons of all ages and all disability types who reside in Eastern Connecticut. Utilizes peer mentoring, self-advocacy and independent living skills training to assist individuals with disabilities to re-enter or remain in the community and to make meaningful life choices.
Education, State of Connecticut Department of - Ella T. Grasso Technical High School, Groton	189 Fort Hill Rd Groton, CT 06340 (860) 448.0220 grasso.cttech.org, Hours Upon Inquiry	Enrolls students from 24 towns and in grades 9-12. Grasso Tech has state-of-the-art classrooms, the latest instructional technology and industry-standard equipment in every shop to give students a well-rounded, 21st century education.
Navy Fleet and Family Support Center, Groton	Building 83, Grenadier Ave, Groton, CT 06340 (860) 694-3383 N/A Hours Upon Inquiry	Free Parenting and Life Skill programs, Financial programs, Deployment support, Transition and Employment assistance, Relocation assistance, Counseling and Victim Assistance, Exceptional Family Member Support, Information and Referral, and many more programs to promote quality of life for military personnel and their families
Navy-Marine Corps Relief Society, Groton	83 Grayling Ave, Groton, CT 06349 (860) 694 - 3285 nmcrs.org, Appointment Required	Provides financial, educational, and other assistance to members of the Naval Service of the United States, and eligible family members and survivors, when in need.
New London, City of - Office of Youth Affairs, New London	111 Union St New London, CT 06320 (860) 442-4994 newlondonyouthaffairs.org Hours Upon Inquiry	Promotes positive outcomes for children, youth, and families by supporting a wide range of comprehensive services and collaborations.
New London Public Schools, Adult and Continuing Education, New London	3 Shaws Cove 1st floor, New London, CT 06320 (860) 437-2385 newlondonadulted.org Mon-Fri 8 am-4 pm, Mon-Thurs 6 pm-8 pm	Provides excellence in education by offering innovative educational opportunities in a safe and nurturing environment.
Opportunities Industrialization Center of New London County (OIC), New London	106 Truman St New London, CT 06320 (860) 447-1731 oicnlc.org Mon-Fri 8:30 am-4 pm	Offers support services and referrals for appropriate work and interview attire, food, energy, transportation and housing challenges. The Opportunities Industrialization Center of New London County offers consumers of Southeastern Connecticut educational and training options to further their goals, secure and sustain meaningful employment, and attaining growth in the community.
Pawcatuck Neighborhood Center, Pawcatuck	27 Chase St Pawcatuck, CT 06379 (860) 599-3285 pawcatuckneighborhoodcenter.org Mon-Fri 8:30 am-4 pm	Provides basic human needs, social interaction and senior transportation to obtain medical care.
Seabird Enterprises, Groton	169 Thames St Groton, CT 06340 (860) 446-0882 seabirdenterprises.org Mon-Fri 7 am-1:30 pm	Offers on-the-job training to individuals with developmental disabilities at bakeries, bakery/restaurants, two greenhouses and a farm. Seabird also employees individuals locally.
Sound Community Services, New London	21 Montauk Ave New London, CT 06320 (860) 439-6400 soundcommunityservices.org Mon-Fri 8 am-4:30 pm	Educating, empowering, and creating opportunities for individuals with behavioral health and substance abuse diseases. Services: Intake Process, Medication Services Intensive Outpatient program, Case Management, Therapy Services, Homeless Support, 24/7 Residential Services, Employment Services, Social Supports, and DCF Supports.
United Cerebral Palsy Association of Eastern Connecticut, Quaker Hill	42 Norwich Rd Quaker Hill, CT 06375 (860) 443-3800 ucpect.org Mon-Fri 8 am-4 pm	Provides programs for people with disabilities in Eastern Connecticut that are designed to help increase independence at work, in school and at home.
Veterans Affairs, United States Department of - Groton Submarine Base Itinerant Office	Naval Submarine Base New London NAVSUBASE NL Box 00 Groton, CT 06349-5000 https://www.cnic.navy.mil/regions/cnrma/installations/navsub-base_new_london.html	Low income veterans with at least 90 days of active military service, at least one day of which was during a period of war, can apply for monthly pension payments. Some surviving spouses and dependent children are also eligible. Veteran must have at least 90 days active service, one day of which was during a period of war, must have discharge under conditions other than dishonorable, must be permanently and totally disabled for reasons traceable neither to military service or to willful misconduct, income/asset restrictions apply.
Viability, Inc., Gales Ferry	1649 CT-12 Gales Ferry, CT 06335 (860) 464-7221 viability.org Mon-Fri 9 am-5 pm, Sat 24hrs	Provides human services, accredited by CARF and certified by Clubhouse International. Leverages community and employer partnerships to create opportunities for individuals with disabilities and other societal disadvantages.

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New London Food Assistance

Organizations	Contact Information	Key Information
Adventist Community Services of Connecticut, Waterford	152 Bloomingdale Rd Quaker Hill, CT 06375 (860) 442-7258 waterfordsdachurch.com Wed 6:45 am-8 pm, Sat 9:15 sm-8 pm	Offers non-perishable food, baby items, including baby wipes, baby bottles, and diapers, paper products including paper towels and toilet tissue, personal care supplies, including soap, razors, deodorant, toothpaste, and tooth brushes.
Alliance for Living, New London	154 Broad St, New London, CT 06320 (860) 447-0884 allianceforliving.org Mon-Fri 8:30 am-4:30 pm	The only HIV/AIDS service organization and resource center in southeastern Connecticut that also deals with homelessness and assists people dealing with substance use disorder. Services include Medical Case Management, Non-Medical Case Management, Housing Treatment Adherence Program (TAP), Medical Nutrition Therapy, Early Intervention Services, HIV Testing, Syringe Service Program, and Food Pantry.
Careco Medical / Careco Shoreline, Waterford	398 Willetts Ave #3013, Waterford, CT 06385 (860) 437-0238 carecohomecare.com Mon-Fri 8:30 am-5 pm	Provides comprehensive, compassionate, and customized in-home care designed to help individuals remain in their homes, safe and strong.
Church of the City of New London, New London	250 State St New London, CT 06320 (860) 447-0388 cotcnl.org Saturday 5 pm-6 pm	Free dinner to anyone in need every Saturday 5-6pm at the Church of the City of New London.
Groton Community Meals, Mystic	119 High St Mystic, CT 06355 N/A grotonmeals.org Mon 6 am-7 pm	Serves free meals on Mondays from 5:30-6:30 pm at Faith Lutheran Church in Groton. Meals are available as a drive up service in takeout containers due to COVID-19. All are welcome. Cash donations from individuals and local churches and local community foundations have been GCM's sole source of revenue to date.
New London Community Meal Center, New London	12 Montauk Ave New London, CT 06320 (860) 444-7745 http://nlcommunitymealcenter.org Mon-Sat 12 pm-1 pm, 5 pm-6 pm, Sun 5pm-6pm	Responds to the needs of New London's most vulnerable residents by providing nutritious meals in a kind, hospitable and clean environment. Provides lunch five days a week and dinner six days a week, including Saturday dinner served by a downtown New London church.
New London Housing Authority, New London	78 Walden Ave New London, CT 06320 (860) 443-2851 newlondonhousing.org Wed-Thurs 8:30 am-3:30 pm	Provides federally subsidized housing and state financed housing and housing assistance to low-income families, within the City of New London.
Niantic Community Church Food Pantry, Niantic	170 Pennsylvania Ave Niantic, CT 06357 (860) 739-6208 Mon-Fri 8:30 am-5 pm, Fri 8:30	Niantic Community Church Food Pantry is a food pantry that serves residents of East Lyme. Food pantry service hours are on Mondays through Thursdays, from 8:30 am to 4:00 pm and on Friday from 8:30 am to 12:00 pm.
Outreach for the Unreached Ministry, Gales Ferry	12 Inchcliffe Dr Gales Ferry, CT 06335 (860) 464-6222 N/A 2nd & 4th Sat of month 9 am-11 am	A food pantry located at 12 Inchcliffe Drive, Gales Ferry, CT 06335. 2nd and 4th Saturday of the month: 9-11 am. Call: 860-464-6222 for more food bank, food pantry, soup kitchen resources and information.
Pawcatuck Neighborhood Center, Pawcatuck	27 Chase St Pawcatuck, CT 06379 (860) 599-3285 pawcatuckneighborhoodcenter.org Mon-Fri 8:30 am-4 pm	Provides basic human needs, social interaction and senior transportation to obtain medical care.
Salvation Army, New London	11 Governor Winthrop Blvd New London, CT 06320 (860) 443-6409 easternusa.salvationarmy.org/southern-new-england/new-london/home/ Mon-Thurs 9 am-3 pm, Fri 9 am-12 pm	When you donate goods to The Salvation Army, those items are then sold at our Family Stores. Proceeds are used to fund our Adult Rehabilitation Centers, where those struggling with drugs and alcohol find help, hope, and a second chance at life.
Shoreline Soup Kitchens and Pantries, Niantic	222 McVeagh Rd Westbrook, CT 06498 (860) 388-1988 shorelinesoupkitchens.org/about-us/contact-us Tues 11 am-5 pm	Provides food and fellowship to those in need. All are welcomed those who attend the pantries and meals sites do not need to prove they are in need. All our meals and services are free of charge.
Thames Valley Council for Community Action, New London	83 Huntington St New London, CT 06320 (860) 444-0006 tvcca.org Hours Upon Inquiry	Provides social services to low to middle-income residents since 1965. Services include case management, Meals on Wheels, WIC, employment & training, housing, childcare, energy assistance, and more.
United Way of Southeastern Connecticut- Gales Ferry	283 Stoddards Wharf Rd, Gales Ferry, CT 06335 (860) 464-7281 uwsect.org Mon-Fri 8:30 am-4:30 pm	United Way of Southeastern Connecticut is a locally-based non-profit organization supporting a vital network of health and human services, programs, and initiatives in New London County, CT that work together to help people in need and improve community conditions. United Way creates opportunities for a better life for all, focusing on helping children to thrive, providing basic human needs, and promoting independence, and community wellness. We engage people, businesses, and organizations to bring the passion, expertise, and resources needed to get things done. We also operate the Gemma E. Moran United Way/Labor Food Center which provides food to the local emergency food system, at no cost to those in need, and support 2-1-1 Connecticut for free information and referral 24/7.

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New London Transportation

Organizations	Contact Information	Key Information
Curtin Transportation Group, Waterford	176 Cross Rd Waterford, CT 06385 (860) 443-1655 curtinlivery.com Hours Upon Inquiry	Offers school transportation.
Eastern Connecticut Transportation Consortium, Uncasville	601 Norwich-New London Turnpike, Uncasville, CT 06382 (860) 848-5910 ectcinc.org Mon-Fri 8:30 am-4 pm	Promotes the coordination and consolidation of paratransit services for persons of low income, elderly, physically and mentally disabled individuals in Southeastern Connecticut.
Groton, Town of - Senior Center, Groton	102 Newtown Rd Groton, CT 06340 (860) 441-6785 groton-ct.gov/depts/parksrec/seniors/ Mon-Fri 7 am-7 pm	Serves active adults 55+ through active, exciting & educational programs from fitness to arts & crafts to technology.
New London, City of - Senior Center, New London	120 Broad St New London, CT 06320 (860) 447-5232 ci.new-london.ct.us/content/7429/7431/12924/default.aspx Mon-Fri 8:40 am-3 pm	Helps older persons (as individuals or in groups) come together for services and/or activities which enhance their dignity, reflect their experience and skills, and support their independence.
Pawcatuck Neighborhood Center, Pawcatuck	27 Chase St Pawcatuck, CT 06379 (860) 599-3285 pawcatuckneighborhoodcenter.org Mon-Fri 8:30 am-4 pm	Improves and enhances the quality of life of residents of all ages living within the communities we serve by providing basic human needs, social interaction and senior transportation to obtain medical care.
Southeast Area Transit District, Preston	21 CT-12, Preston, CT 06365 (860) 886-2631 southeastareatransitdistrict.com Check Bus Stops	Provides quality public transportation services to Southeastern Connecticut.
Southeast Connecticut Community Center of the Blind, New London	120 Broad St # 132 New London, CT 06320 (860) 447-2048 centeroftheblind.com Hours Upon Inquiry	Provides social, recreational, educational, referral, and advocacy needs of the Blind and Visually Impaired population of southeastern Connecticut and assist them in attaining and maintaining an independent lifestyle.

New London Utilities Assistance

Organizations	Contact Information	Key Information
Alliance for Living- New London	154 Broad St New London, CT 06320 (860) 447-0884 allianceforliving.org Mon-Fri 8:30 am-4:30 pm	Implements evidence based client centered care to address public health with a focus on HIV, homelessness and the overdose epidemic.
Care and Share of East Lyme-Niantic	12 Roxbury Rd Niantic, CT 06357 (860) 739-8502 careandshareofel.org Hours Upon Inquiry	Care & Share of East Lyme, Inc. provides food, financial and emergency support to individuals and families in East Lyme, Niantic and Salem, Connecticut.
Thames Valley Council for Community Action- New London	83 Huntington St, New London, CT 06320 (860) 444-0006 tvcca.org Hours Upon Inquiry	Provides services and partners with other organizations to address the social determinants of health – housing, food security, employment needs, education, and basic needs of low-income and vulnerable households in Eastern Connecticut, with a focus on building the community's self-sufficiency and resiliency.
United Cerebral Palsy Association of Eastern Connecticut - Quaker Hill	42 Norwich Rd Quaker Hill, CT 06375 (860) 443-3800 ucpect.org Mon-Fri 8 am-4 pm	Provides programs for people with disabilities in Eastern Connecticut are designed to help increase independence at work, in school and at home. Offers programs for people with disabilities in CT to help them develop employment skills, find accessible housing and access assistive technology.
United Way of Southeastern Connecticut-Gales Ferry	283 Stoddards Wharf Rd, Gales Ferry, CT 06335 (860) 464-7281 uwsect.org Mon-Fri 8:30 am-4:30 pm	United Way of Southeastern Connecticut is a locally-based non-profit organization supporting a vital network of health and human services, programs, and initiatives in New London County, CT that work together to help people in need and improve community conditions. United Way creates opportunities for a better life for all, focusing on helping children to thrive, providing basic human needs, and promoting independence, and community wellness. We engage people, businesses, and organizations to bring the passion, expertise, and resources needed to get things done. We also operate the Gemma E. Moran United Way/Labor Food Center which provides food to the local emergency food system, at no cost to those in need, and support 2-1-1 Connecticut for free information and referral 24/7.

APPENDIX B: Greater New London Community Resources

New London Mental Health Services

Organizations	Contact Information	Key Information
Alliance For Living, New London	154 Broad St New London, CT 06320 (860) 447-0884 allianceforliving.org Mon-Fri 8:30 am-4:30 pm	Alliance for Living is the only HIV/AIDS service organization and resource center in southeastern Connecticut that also deals with homelessness and assists people dealing with substance use disorder. Services include Medical Case Management, Non-Medical Case Management, Housing Treatment Adherence Program (TAP), Medical Nutrition Therapy, Early Intervention Services, HIV Testing, Syringe Service Program, and Food Pantry.
Child & Family Agency of Southeastern Connecticut, New London	75 Granite St New London, CT 06320 (860) 437-4550 childandfamilyagency.org Tues 9 am-1 pm, Thurs 9 am-1 pm	Services include individual, family, and group therapy. Also assists with behavioral mental health problems such as depression, anxiety, and ADHD and telehealth.
Child & Family Agency of Southeastern Connecticut, Groton	591 Poquonnock Rd Groton, CT 06340 (860) 449-8217 childandfamilyagency.org Fri 9 am-1 pm	Services include individual, family, and group therapy. Also assists with behavioral mental health problems such as depression, anxiety, and ADHD and telehealth.
Community Health Center, New London	1 Shaws Cove New London, CT 06320 (860) 447-8304 chc1.com Mon-Thurs 8 am-7 pm, Fri 8 am-5 pm, Sat 8 am-4 pm	CHC of New London serves residents of the City of New London and the surrounding towns of New London County, the shoreline, and bordering towns of Rhode Island. It is the hub for community based and school health services. Its services include comprehensive primary medical care for adults and children, adult and children's behavioral health services, comprehensive dental care, Breast and Cervical Cancer Early Detection program, nutrition counseling and Chiropractic care.
Safe Futures, New London	16 Jay St New London, CT 06320 (860) 447-0366 safefuturesct.org Mon-Fri 9 am-5 pm	Safe Futures saves lives, restores hope and changes the future for those impacted by domestic violence, sexual assault, stalking, and trafficking in southeastern Connecticut. Services include: 24-Hour Hotlines, Lethality Assessment Program, Genesis House Emergency Shelter, Protect Our Pets, Criminal Court Family Violence Victim Advocate, Victim Advocate Law Enforcement, Walk-In Counseling, Civil Court Family Violence Victim Advocate, Phoenix House Transitional Living, Scattered Site Transitional Housing Program, Supportive Housing, Prevention Education & Awareness Programs, and Career and Training Center.
Salvation Army - New London Corps Community Center, New London	11 Governor Winthrop Blvd New London, CT 06320 (860) 443-6409 easternusa.salvationarmy.org/southern-new-England/new-London/home/ Mon-Thurs 9 am-3 pm, Fri 9 am-12 pm	The Salvation Army exists to serve the people of Connecticut and Rhode Island in their time of need, great or small. Each individual is addressed as a whole person with physical, emotional and spiritual needs. The Salvation Army aspires to assist individuals to become more independent through a variety of services and programs.
Sexual Assault Crisis Center of Eastern Connecticut Inc., New London	78 Howard St New London, CT 06320 (860) 442-0604 saccec.org 24/7	The Sexual Assault Crisis Center is a private, non-profit agency offering free and confidential, comprehensive services to victims of sexual assault and abuse. SACCEC is a member of the Connecticut Alliance to End Sexual Violence, the statewide coalition of sexual assault crisis agencies including Windham County, New London County, towns of Columbia, Coventry, Mansfield, Union and Willington. Services: Crisis Intervention, Advocacy, Counseling, Child Advocacy Centers, Prevention and Community Education.
Sound Community Services, New London	21 Montauk Ave New London, CT 06320 (860) 439-6400 soundcommunityservices.org Mon-Fri 8 am-4:30 pm	Services: Intake Process, Medication Services Intensive Outpatient Program, Case Management, Therapy Services, Homeless Support, 24/7 Residential Services, Employment Services, Social Supports, and DCF Supports.
United Community and Family Services, New London	351 N Frontage Rd #24 New London, CT 06320 (860) 442-4319 ucfs.org Mon & Wed 8 am-6 pm, Tues & Thurs 8 am-8 pm, Fri 8 am-5 pm	Adult and Pediatric Primary Medical Care, Women's Health Services, Geriatric Assessment & Management Program, Dental Services, Outpatient Behavioral Health Services, Community Based Behavioral Health Services, Community Outreach Services, and Eldercare Services
Waterford Country School, Quaker Hill	78 Hunts Brook Rd Quaker Hill, CT 06375 (860) 442-9454 waterfordcountryschool.org Mon-Fri 8 am-4 pm	Foster Care & Adoption Services Wildlife Rehabilitation/ Nature Resources, Community Meeting & Conference Facilities, Education at WCS, Experiential Education, Special Education/Private School, Residential Treatment, Safe Homes, and Shelter Services.
Wheeler Clinic, New London	114 W Main St #205, New Britain, CT 06051 (860) 793-3500 wheelerclinic.org Mon-Fri 8 am-6 pm	Provides comprehensive solutions that address complex health issues, providing individuals, families and communities with accessible, innovative care that encourages health, recovery and growth at all stages of life.

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