



COMMUNITY SERVICES  
DEPARTMENT



# Norwalk Youth Mental Health Services Gap Analysis



# ACKNOWLEDGMENTS



This report was prepared by Chrissy Mahanna, LCSW  
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This project is the result of the collaborative vision of Lamond Daniels (Chief of Community Services, City of Norwalk), Dr. Alexandra Estrella (Superintendent, Norwalk Public Schools), Dr. Andrew Gerber (CEO, Silver Hill Hospital), Ken Waller (CEO, Norwalk Community Health Center) and Jennifer Barahona (former CEO, Norwalk ACTS). A special thank you to Margaret Watt (Prevention Director, Positive Directions - The Center for Prevention and Counseling) for her on-going guidance. Input from the Leadership Committee of Norwalk ACTS' Social Emotional Health Initiative was also invaluable throughout the data collection process to ensure it was as robust and inclusive as possible. Additionally, administrative support from Ujwal Geed (MBA student, Sacred Heart University) made for a much more time efficient process. Finally, without the input from a wide spectrum of behavioral health and youth-serving organizations (see Appendices 1 & 2), the following report would not have been possible. Both the time they took to offer their feedback and the work they do on a daily basis to support young people in the Norwalk community are much appreciated.



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What's happening in Norwalk is truly special. In a time when community collaboration is more important than ever, this report highlights the powerful partnership between the City of Norwalk, Norwalk Public Schools, Norwalk Acts, Silver Hill Hospital, and the Norwalk Community Health Center. These organizations have come together to address the urgent need for improved mental health services for our young people. This cross-sector collaboration demonstrates the potential of what can be achieved when local government, education, healthcare, and community organizations unite around a shared goal.

This collective effort is a testament to the strength of partnerships in driving meaningful change. It underscores the importance of continued investment in the community's mental health infrastructure and the long-term benefits that can arise from working together toward a common cause. A special thank you to Mayor Harry Rilling for his leadership and to the Common Council for their support in making this report possible, as well as to Dr. Andrew Gerber for his contribution in helping to advance this important initiative

Continuing this collaborative work will be essential as we use this report as an initial step in addressing the mental and social emotional health needs of young people in the Norwalk community.

A handwritten signature in black ink that reads "Lamond Daniels".

Lamond Daniels, LCSW, MPA  
Chief of Community Services  
City of Norwalk

## EXECUTIVE SUMMARY

The Norwalk community is fortunate to have a rich ecosystem of providers supporting youth and young adults. The majority of these providers participate in collaborative efforts to best support youth and young adults in the community (e.g. The Norwalk Partnership; Norwalk ACTS Social Emotional Health Initiative etc.). Still, significant gaps in services remain. **The purpose of this project was to assess the assets in the community that are available to support young people, pinpoint gaps and proactively identify funding cliffs.** The intention is to use this information to guide decisions about where to expand/deepen services and strategize on how to avoid losing effective programs due to grant terms/contracts ending.

**After hearing from 51 programs that work with youth and/or young adults ages 13-25, three significant gaps emerged.**

- 1. A lack of access to higher levels of care** including inpatient treatment, partial hospitalization and intensive outpatient programs
- 2. Psychiatric services and specialized programming are difficult to find**, especially for the majority of young people who need providers who are in-network with their insurance carrier
- 3. There is a dearth in programming tailored to the needs of young people** who are unaccompanied or have recently immigrated to the country.

Additionally, there is **limited programming for justice-involved young people**. More globally, services for young adults (18-25 years old) are lacking. Gaps in accessibility also emerged around linguistic capacity of clinicians, availability of providers based on third party payer source, providing service to people with different abilities (e.g. hearing impairments) and hours of operation. A web-based “Service Map” accompanies this report for a deeper dive into the services provided by survey respondents.

While covered in more depth in the report, the data did not illustrate that timely access was a major issue. However, due to resource constraints, it is critical to note that the Norwalk Youth Mental Health Provider Survey and Third Next Available Appointment Point In Time Count did not delve into availability based on payer (e.g. insurance carrier; self-pay). As such, it is recommended that timely access to behavioral health services be looked at in more depth.

Lastly, of the programs that responded, **nearly 30% (n=15) forecasted a funding cliff in the coming 18-24 months**. All of these anticipated drops in funding are related to the end of grant/contract periods without funding identified to supplant the current funding source. Notably, seven clinical programs are facing the end of grant terms, and of those, four are programs within the Norwalk Public Schools. The pages that follow further detail the aforementioned trends, laying the foundation for the municipality, school district, community partners and policymakers to collaboratively act to address the youth mental health crisis in our community.

## DEFINITIONS

- **Behavioral health services:** Mental health and substance misuse programs
- **Clinical program:** A program providing therapeutic behavioral health services
- **Non-clinical program:** A program that works with the population but does not provide therapeutic services by licensed professionals. This is used interchangeably with “youth-serving program”
- **Youth/young adults:** For the purpose of this report, youth/young adults were defined as people ages 13-25
- **Youth-serving program:** A program that works with the population but does not provide therapeutic services by licensed professionals. This is used interchangeably with “non-clinical program”





## PROCESS OVERVIEW

From August - November 2024, Compass Consulting + Coaching worked to identify the services in Norwalk that support the mental and social emotional health of the community's youth/young adults. Providers were the sole focus of this project and it is critical that youth and family voices are elevated before acting to fill gaps identified in this report. Given the focus on providers for this project, a list of behavioral health and youth supporting organizations was compiled with feedback from the Norwalk ACTS Social Emotional Health (SEH) Initiative Leadership Committee. Simultaneously, a comprehensive Youth Mental Health Provider Survey was developed to assess the various types of programs available to youth/young adults including: levels of care, treatment modalities used, specialized populations served and accessibility. Questions regarding up-coming funding cliffs and issues with staff recruitment/retention were also assessed. Again, feedback from the Norwalk ACTS SEH Initiative Leadership Committee was critical to ensure it was thorough while also not duplicative of other assessments/surveys being done in the community. The Provider Survey was distributed to 56 unique organizations/entities representing 67 programs/services, with the majority located in and around Norwalk. Respondents had two months (September 27, 2024 - November 25, 2024) to complete the survey. During that time, 66% (n=37) of organizations responded to the survey representing 51 programs/services for youth ages 13-25.

Knowing that timely access to behavioral health services is of critical importance, Compass Consulting + Coaching also conducted a Point in Time (PIT) Count using the Third Next Available Appointment (3NAA) metric. The 3NAA is widely used in health care to measure how quickly a person can access services and is considered more reliable than assessing waitlists. Included in the 3NAA Point in Time Count were 28 organizations that provide traditional outpatient behavioral health (mental health and/or substance misuse) services to youth/young adults between the ages of 13-25. The 3NAA PIT was held on November 19, 2024 and 13 organizations responded to 3NAA PIT phone calls.

The report that follows is the analysis of trends from survey data and the 3NAA PIT. While I am confident that this was a thorough process resulting in the identification of gaps and funding cliffs, all processes have limitations. For instance, despite a strong survey response rate, we did not hear from all of the providers in the community and there are undoubtedly providers unintentionally omitted. Moreover, the 3NAA PIT count was simply a snapshot of timely access to behavioral health services and did not delve into the important nuances of how insurance impacts access. Finally, given the timing to complete this project and resources available, a survey was the sole method of data collection and only focused on providers. The focus on providers was intentional given the scope and deliverables for this project, however, it is worth restating that consumers of services are essential voices that were not part of this process. These critical perspectives will be elevated in a second phase of work led by Positive Directions-The Center for Prevention & Counseling in collaboration with the City, Schools, provider community and Compass Consulting + Coaching. In sum, this process and report create a foundational understanding of the assets, gaps and funding cliffs relating to services that support the mental and social emotional health of youth/young adults.



# GAP ANALYSIS

- Levels of Care
- Specialized Services and Psychiatry
- Recent Immigrants & Undocumented Young People
- Timely Access
- Equitable Access
- Additional Findings

## LEVELS OF CARE

**Inpatient treatment availability was rated as the largest gap, with 66% (n=20) of clinical providers identifying it as a “significant gap” in services.**

Without access to inpatient treatment, many providers are working with high acuity cases in an outpatient capacity even though a higher level of care is clinically indicated.

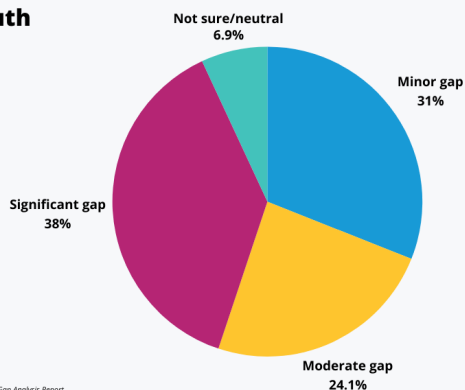
Of the 30 clinical providers who responded to the Provider Survey:

- None provided extended day treatment
- Only one offered a Partial Hospitalization Program (PHP)
- Three offered Intensive Outpatient Programs (IOP)

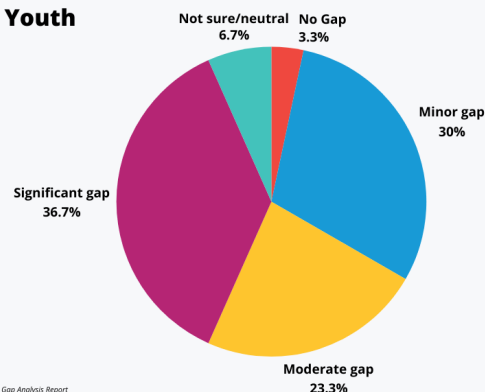
When identifying current gaps in services, **90% (n=27) of clinical programs responding to the Provider Survey noted that access to IOP was a gap**, with 36.7% (n=11) noting it is a “significant gap”. Given that the 2022 Norwalk Youth Survey revealed 23% of youth in grades 7 - 12 reported depression and 10.6% considered suicide<sup>1</sup>, accessibility to these levels of care are essential to best support young people. Without adequate access to these higher levels of care, there is an over-reliance on hospital emergency departments, which is not a sustainable solution.

*Accessibility to these levels of care are essential to best support young people.*

**Inpatient Treatment as Perceived Service Gap for Norwalk Youth**



**Provider Perspective on Access to IOP Treatment for Norwalk Youth**



1. B. Weyland Smith Consulting. (2023). Youth Voices Count Survey Report, Fall 2022: Norwalk.

## SPECIALIZED SERVICES & PSYCHIATRY

**90% (n=27) of clinical providers felt there was a gap in availability of co-occurring services for youth/young adults.**

Of the clinical programs who completed the Provider Survey, family therapy, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), anger management, and trauma therapy/groups were the most commonly offered treatment modalities/frameworks utilized (>40% in each respective area). Notably, 90% (n=27) of clinical providers felt there was a gap in availability of co-occurring services for youth/young adults. These services provide integrated substance misuse and mental health treatment rather than having young people go to different providers to address issues that are often connected.

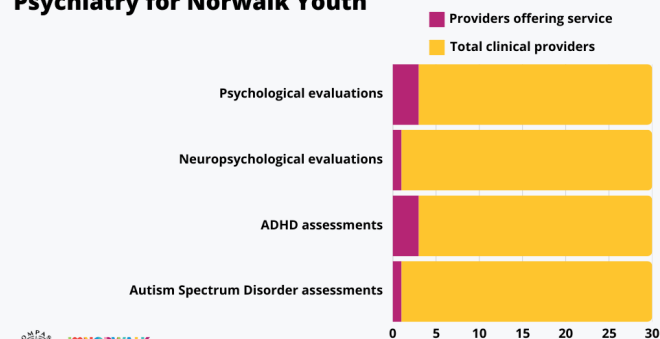
Additionally, there is an apparent gap in community-based services for youth/young people with special needs. No clinical program responding to the Provider Survey identified that their programming was specifically for youth/young adults with special needs (e.g. Autism Spectrum Disorder [ASD], intellectual disability etc.). Only one non-clinical program surveyed reported their offerings were specifically designed for people who have special needs. Norwalk ACTS' data dashboard for the Norwalk Public Schools illustrates that 16.4% of the 2023-2024 student population at NPS are students with disabilities<sup>2</sup>. Additionally, according to the 2022 Norwalk Youth Survey, youth who received specialized education services reported higher levels of behavioral health need (suicidal ideation, plan, attempt, etc.)<sup>3</sup>. While further disaggregated data on the different abilities of this student population is needed, it is clear that these youth/young people have few community-based resources for support.

**No clinical program responding to the Provider Survey identified that their programming was specifically for youth/young adults with special needs (e.g. Autism Spectrum Disorder [ASD], intellectual disability etc.).**

**Access to psychiatric providers and/or medication management was another identified gap with 80% of clinical providers (n=24) reporting it was a moderate or significant gap.**

This is especially true for young people seeking a provider who accepts insurance. **The same number of clinical providers felt access to evaluations was a moderate or significant gap.**

**Gaps in Availability of Specialized Services and Psychiatry for Norwalk Youth**



   
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<sup>2</sup> Norwalk ACTS. (n.d.). Norwalk Public Schools district. Retrieved December 15, 2024 from: <http://bit.ly/4gF1ASQ>

<sup>3</sup> B. Weyland Smith Consulting. (2023). Youth Voices Count Survey Report, Fall 2022: Norwalk.

## RECENT IMMIGRANTS & UNDOCUMENTED YOUNG PEOPLE

**In Norwalk, 28.2% of the total population is foreign born<sup>4</sup>.**

In recent years, this segment of our local population has been growing rapidly. In fact, Data Haven notes that “between 2000 and 2020, the share of foreign born residents in Fairfield County increased from 17 percent to 22 percent of the total population.”<sup>5</sup> **While the population has grown, services for young people who are new to this country have not expanded in kind.**

Of the clinical programs responding to the Provider Survey, 70% (n=21) noted that services for people who are undocumented was either a “significant gap” or “moderate gap”. Additionally, none of the clinical providers and only one non-clinical program provided specialized services for unaccompanied minors. Knowing the tremendous trauma and loss associated with leaving one’s home country and support systems (sometimes including families of origin) to immigrate to this country, maintaining and/or expanding targeted clinical and youth-support programs for this population are essential. While often related, please note that linguistic capacity is covered in depth in the “Equitable Access – Linguistic” section of this report.

**70% (n=21) of the clinical program respondents noted that services for people who are undocumented was either a “significant gap” or “moderate gap”**

*Of the programs responding, **none** of the clinical providers and **only one** non-clinical program provided specialized services for unaccompanied minors.*

“The unaccompanied minors in Norwalk are coming through with extensive trauma.”

“Undocumented youth who need services but don’t have insurance are very hard to find help for.”

“If the town were able to provide funding, we would be very happy to provide services to undocumented young adults who have experience trauma.”



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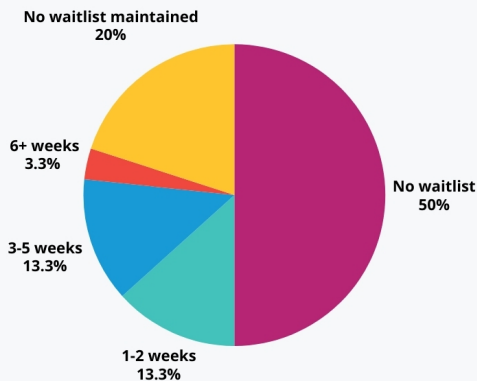
<sup>4</sup> Norwalk ACTS. (n.d.). Norwalk citywide profile. Retrieved December 15, 2024 from: <https://bit.ly/3VlqQiY>

<sup>5</sup> Data Haven (2023). Fairfield County community wellbeing index 2023.

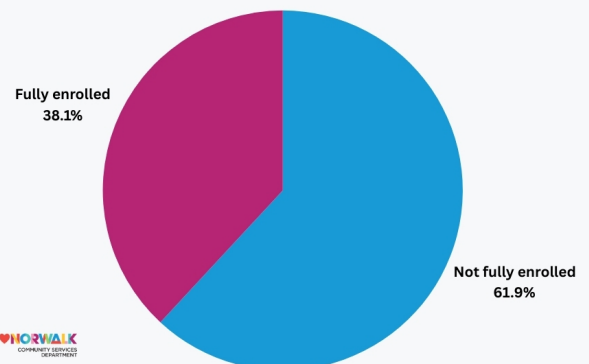
## TIMELY ACCESS

Wait times to access behavioral health services are often discussed as a significant barrier to treatment. In fact, of the Provider Survey respondents, **68.7% (n=33) said that timely access to mental health treatment was either a moderate or significant gap**. Additionally, 64.5% (n=31) said the same for access to substance misuse treatment. Disaggregated by clinical providers, the **perception of timely access was a larger issue** with 76.6% (n=23) reporting timely access to mental health treatment was a moderate or significant gap and 70% (n=21) reporting the same for substance misuse treatment. Interestingly, of the clinical programs responding to the Provider Survey, **50% of the clinical programs reported they had no waitlist and immediate availability**. Similarly, 62% of the non-clinical programs report they are not typically fully enrolled and/or at capacity.

### Clinical Programs Waitlists



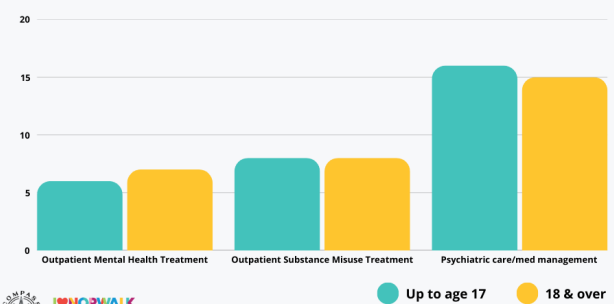
### Youth Serving Program Capacity



Results from the Third Next Available Appointment Point in Time Count (3NAA PIT) were similar, showing that wait times for outpatient mental health and substance misuse treatment for both teens and young adults were under a week, with slightly longer waits for substance treatment compared with mental health treatment.

**Timely access to psychiatric care/medication management was notably longer**, averaging 16 days for teens and 15 days for young adults.

### Average Number of Days Until Third Next Available Appointment via Point in Time Count (3NAA PIT)



While this seemingly tells a story different from the anecdotal experiences of many young people, parents/caregivers and providers, it is important to reiterate that **a significant limitation to the data is that it did not delve into accessibility based on the insurer**. The data above simply points to a need to further assess how insurance coverage impacts timely access. Lastly, and of particular importance for youth, time of day was not assessed in this brief point in time count. Thus, while the 3NAA for outpatient mental health treatment was six or seven days, it might be considerably longer for an appointment after school hours.

## EQUITABLE ACCESS - LINGUISTIC

**83% (n=25) of clinical providers noted that linguistic capacity was a moderate or significant gap.**

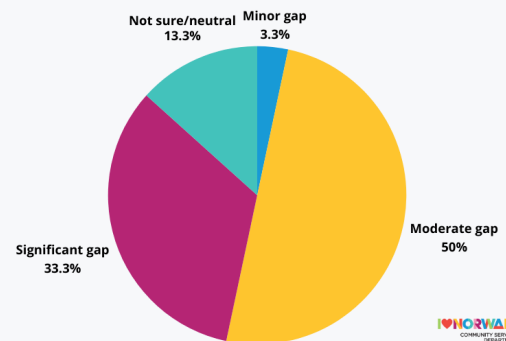
In 2021, 17% of the Norwalk population ages five and up had **Limited English proficiency (LEP)**<sup>6</sup>. More specific to youth/young adults, approximately 18% of students in Norwalk's four public high schools are multilingual learners<sup>7</sup>. High rates of LEP among youth/young adult clients in clinical behavioral health programs were reported among Provider Survey respondents. In fact, 50% of clinical providers noted that their clients' primary language was Spanish. Despite this, close to half (43%) of clinical programs responding to the

Provider Survey said they did not have the capacity to serve clients with LEP. Of the clinical programs who can serve clients with LEP, the following languages can be accommodated: Spanish, Haitian-Creole, French, Portuguese, and Polish.

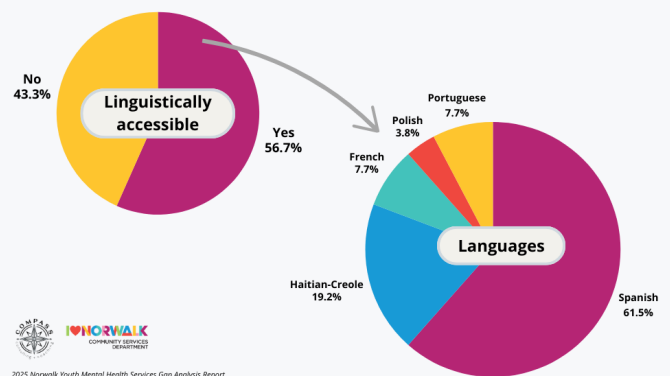
Among clinical programs that can accommodate clients who speak a primary language besides English, 76.5% do so utilizing multilingual staff and/or clinicians. Notably, a large percentage (64.7%) also report utilizing a translation service (e.g. Language Line). While it is a strength that providers are able to identify ways to serve clients speaking a variety of languages, using a translator (a service or another employee in the program) can impede the therapeutic process. Further, clients who are LEP are often less likely to engage in services if they cannot speak directly to someone in their native language, which is often referred to as an "emotional language" as it allows people to more freely express themselves. Funding to recruit and retain clinicians with bilingual skills will be essential for clinical programs to close this gap.

Non-clinical programs serving youth/young adults reported slightly higher rates of linguistic accessibility, with **66% of non-clinical programs able to work with LEP participants**. Given that non-clinical programs have more capacity to serve LEP youth/young people, leveraging existing community-wide trainings on mental/social-emotional health for providers who work with young people (for example, Norwalk ACTS' Social Emotional Health Initiative's "Day of Training") might be a strong step in prevention and intervention efforts, especially for those who are LEP.

### Provider Perspective on Gaps in Linguistic Accessibility of Clinical Programs



### Languages Accommodated by Linguistically Accessible Clinical Programs in Norwalk



<sup>6</sup> Data Haven. (2023). Norwalk 2023 Equity Profile.

<sup>7</sup> Norwalk ACTS. (n.d.). Norwalk Public Schools: 2023-24 at a glance data dashboard. Retrieved December 15, 2024 from: <https://bit.ly/3P1nST2>

## EQUITABLE ACCESS - FINANCIAL, ABILITY, TIME OF SERVICE

**66% (n=20) of clinical providers said that identifying clinical services accepting HUSKY was either a moderate or significant gap.**

**FINANCIAL:** There are a variety of self-pay/out-of-network behavioral health options in the community, particularly private practitioners and private practice groups. However, these are inaccessible to many in Norwalk, since the city has a 9.7% poverty rate and 16% of the Norwalk community uninsured<sup>8</sup>. Of the clinical programs responding to the Provider Survey, 66% (n=20) said that identifying clinical services accepting HUSKY was either a moderate or significant gap. As detailed in Section III: Funding Cliffs, 83% (n=25) of responding clinical providers accept insurance. Of those, 21 accept HUSKY. Further delving into access to services based on level of care and insurer is indicated to better understand these gaps.

**ABILITY:** Only 26.7% (n=8) of clinical programs responding can serve youth with hearing impairments. Interestingly, non-clinical programs serving youth/young adults reported more accessibility for people with both hearing and visual impairments<sup>9</sup>. While the Norwalk Public Schools Disproportionality Snapshot for the 2019-2020 year identifies a small student population with hearing impairments, raising the awareness of providers on resources to close this gap (e.g. TTY lines; speech to text technology) would be helpful.

**Only 26.7% (n=8) of clinical programs responding can serve youth with hearing impairments**

**Some programs also offer hours on weeknights, but only 50% (n=26) of respondents reported doing so.**

**TIME OF SERVICE:** Most clinical and non-clinical programs (80%; n=40) are offered during normal business hours (Monday-Friday, 9am-5pm). Some programs also offer hours on weeknights, but only 50% (n=26) of respondents reported doing so. For youth and young adults, this makes it incredibly challenging to access services given educational and employment obligations. As the community looks at areas to expand capacity, increasing offerings at times that would make them more accessible to youth/young adults is essential and incorporating youth voices to identify those times is equally critical.

<sup>8</sup> Norwalk ACTS. (n.d.). Norwalk citywide profile. Retrieved December 15, 2024 from: <https://bit.ly/3VlqQiY>

<sup>9</sup> Norwalk ACTS. (n.d.). Norwalk Public Schools: 2023-24 at a glance data dashboard. Retrieved December 15, 2024 from: <https://bit.ly/3P1nST2>

## ADDITIONAL FINDINGS

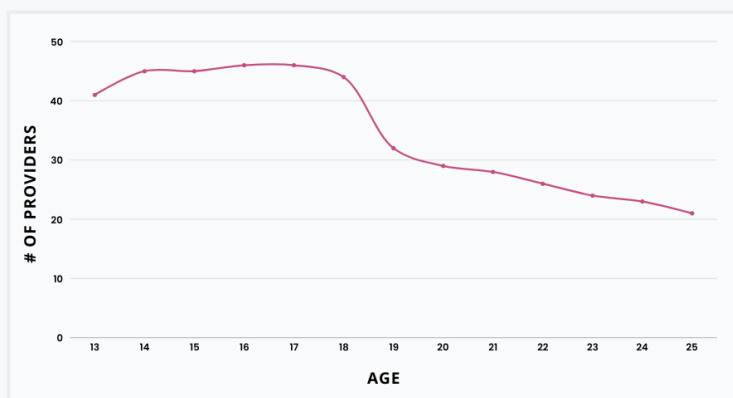
**Only five respondents (9%) said their program was specialized to provide services for justice-involved youth/young adults**

**JUSTICE INVOLVED:** Providing specialized programming for justice-involved young people is essential to preventing recidivism. Of all Provider Survey respondents, five (9%) said their program was specialized to provide services for justice-involved youth/young adults. According to the Census American Community Survey (ACS) 5-Year Estimates (2020), 5% of youth aged 16-19 are disengaged in Norwalk<sup>10</sup>. Although a relatively small percentage, these young people are also at the highest risk and likelihood to become justice involved as they are not enrolled in school or in the workforce.

*Bolstering both preventative and re-entry/intervention programming for young people would support prosocial engagement thereby strengthening outcomes for individual youth, school communities and the Norwalk community at-large.*

**SERVICES FOR YOUNG ADULTS AGE 18-25:** Most survey respondents (80-90%) served youth within the age range of 13-18 but far fewer serve young adults. This is an important gap in services knowing that, in Connecticut, one in five young people (age 14-26) are considered disconnected or at-risk<sup>11</sup>. More specifically, the same report on disengaged youth noted that, in Norwalk, 20-30% were experiencing disconnection. Increasing both clinical and non-clinical services for young adults in the 18-25 age range appears to be an opportunity to fill a gap and help Norwalk begin to turn the curve on disconnection.

**Ages Served by Norwalk Providers**



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<sup>10</sup> Norwalk ACTS. (n.d.). Norwalk citywide profile. Retrieved December 15, 2024 from: <https://bit.ly/3VlqQiY>

<sup>11</sup> Boston Consulting Group. (October 2023). Connecticut's unspoken crisis: Getting young people back on track. A study of Connecticut's at-risk and disconnected young people.

<sup>12</sup> *ibid*

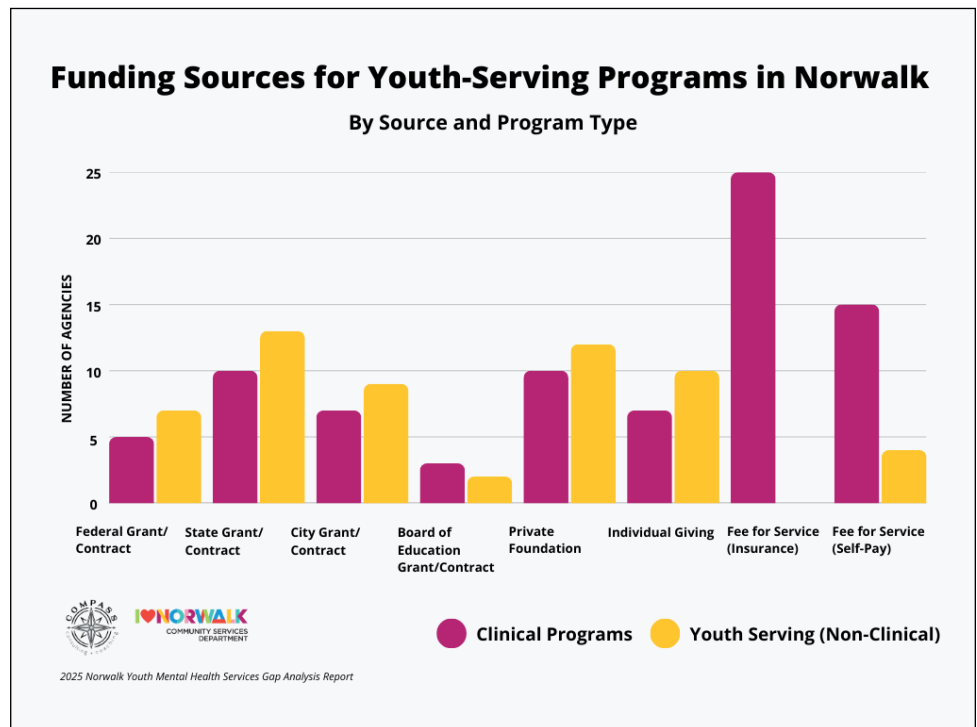
## FUNDING CLIFFS

*Of the clinical program Provider Survey respondents, 83% (n= 25) reported that 3rd party fee for service funding was part of their revenue for their program. Simply stated: most clinical providers surveyed accept insurance.*

The majority (>70%) of responding agencies who accepted insurance, accepted the following insurances:

- HUSKY/Medicaid
- CIGNA
- Blue Cross/Blue Shield
- Aetna
- United Health Care

Additionally, many programs have mixed revenue streams, which is essential to the fiscal health and sustainability of programs. The graph shows the variety of funding sources for both clinical and non-clinical programs serving Norwalk youth.



**Of the Provider Survey respondents, seven clinical programs reported being at risk of funding loss, ranging from \$25,000 - \$400,000.** Of the reported funding cliffs on the horizon in the next 18-24 months:

- Two providers anticipate a loss/decrease in funding that will impact services delivered in the School-Based Health Centers
- Two providers forecast the end of grant terms that will impact crisis counseling and mental health services that have been embedded into Norwalk's middle and high schools
- The remaining three providers noted the end of grant terms for community-based programs that intervene after trauma or are prevention-oriented in nature.

In addition to upcoming funding cliffs, five clinical programs reported they previously lost funding for behavioral health program models that were valuable and remain a need for Norwalk youth/young adults. Like upcoming funding cliffs, past funding loss was due to end of grant terms with three providers noting loss of federal grants (e.g. ARPA and VOCA), one municipal grant and one funding cut from a private foundation.

Knowing that additional supportive services also positively impact youth/young adults mental health, funding cliffs for non-clinical youth/young adult serving organizations were also assessed. Of those

## FUNDING CLIFFS

who responded to the Provider Survey, nearly all noted that grant funding (federal, state, city, Board of Education and/or private foundation) was a primary revenue source.

**Of the non-clinical programs that responded, eight said they are at risk of funding loss ranging from \$5,000 - \$800,000.** Notably, the grant term for a social work position within the Norwalk Public Schools Curriculum and Instruction - Mental Health Division is ending at the end of the 2024-2025 school year. While this position is not direct service, it provides invaluable support to school personnel, advises on complex cases and works to liaise between community supports and school-based programming.

Like clinical programs, all non-clinical funding loss is anticipated based on organizations facing the end of grant terms without other funding streams to sustain programming. Given that 15 youth/young adult serving programs are facing funding cliffs within the next two years - some as early as the end of this school year - it is essential for the city and its partners to act now to address these upcoming funding shortfalls.



## CONCLUSION: CALL TO ACTION

### Engaging Youth and Support Systems

Engaging the voices of young people and their systems of support (e.g. parents, guardians) is an essential next step for the Norwalk community to close gaps in services. While this report outlines major gaps, using the information from the new 2024 Norwalk Youth Survey and hearing from the people directly impacted by gaps in services and barriers to access will lead to more informed decisions and prudent allocation of resources.

### Prioritizing At-Risk Programs

It is suggested that program(s) facing a funding cliff that currently address a gap in services (e.g. a program for unaccompanied minors) be prioritized by the City and its partners, so as to not exacerbate the service gap.



### Understanding Barriers to Access

Better understanding gaps in timely access is indicated given the limitations of the 3NAA PIT as well as the contradiction in anecdotal evidence and quantitative data.

### Call to Action for City Leaders and Partners

This report is a call to action for city leaders, community partners, and policymakers as it is clear that a multi-disciplinary and cross-sector approach to filling these gaps is essential. The City alone will not be able to move the needle on access to higher levels of care, availability of psychiatric services/specialized programming, or services for youth/young adults who are recent immigrants. **Closing these gaps will take more than just resources—it will require real, targeted policy changes.** While challenging, Norwalk is well poised to do this collective work given the multiple collaborative efforts that most clinical and non-clinical providers participate in as well as local and state representatives who are strong advocates on this issue.

With the partners who envisioned this project at the table, and the continued, thoughtful engagement of community providers, service recipients and policymakers, the City of Norwalk can use this report to develop a strategy to meet the mental health needs of young people in our community.

*Together, the city and its partners can turn these insights into actionable solutions and make sure every young person in Norwalk has access to the mental health resources they need to thrive.*

## APPENDIX 1: NORWALK YOUTH MENTAL HEALTH PROVIDER SURVEY RECIPIENTS

### NOTES:

\*Indicates the provider/organization participated in the survey. Some organizations offered more than one program for youth/young adults and, thus, responded to the survey once for each relevant program.

- Boys & Girls Village
- Catholic Charities of Fairfield County\*
- Causeway Collaborative
- CCAR Young People & Family Services
- Child & Family Guidance Center\*
- Christian Counseling Center
- City of Norwalk - Youth Services Bureau\*
- Mid-Fairfield Community Care Center\*
- Community Health Center (Day Street)
- CT Counseling Centers\*
- CT Renaissance\*
- CT State - Norwalk - Counseling
- Discovery Mood and Anxiety
- DMHAS YAS (Region 1)
- Domestic Violence Crisis Center\*
- Elevate Health & Wellness\*
- Ellie Mental Health\*
- Embrace Psychotherapy\*
- Family & Children's Agency\*
- Family Centers\*
- Family Works Counseling
- GCode\*
- High Focus Treatment Centers\*
- Horizons CT State - Norwalk\*
- Horizons New Canaan Country School\*
- House of Darla\*
- Human Service Council\*
- InStride Counseling\*
- Jewish Family Services of Greenwich\*
- JoinRiseBe Young Adult Warmline
- Kids In Crisis / TeenTalk Counselors - Norwalk High School/P-Tech\*
- Kids In Crisis / TeenTalk Counselors - Brien McMahon High School/Center for Global Studies\*
- Liberation Programs\*
- LIFT Wellness Group\*
- LiveGirl\*
- Mid-Fairfield AIDS Project\*
- Newport Academy
- Norwalk Community Health Center \*
- Norwalk Police Behavioral Health Unit
- Norwalk Public Schools - School Counseling and Workforce Development\*
- Norwalk Public Schools - Security
- Norwalk Public Schools - Curriculum and Instruction - Mental Health Division\*
- Nuvance Intensive Outpatient program
- Positive Directions - The Center for Prevention and Counseling\*
- RIPPLE (Rocking Recovery)\*
- Rowan Center\*
- Sasco River Center
- Silver Hill Hospital\*
- Spirit Clinic
- St. Vincent's Urgent Behavioral Health Assessments
- Stokes Counseling-Fam Program\*
- The Carver\*
- The Norwalk Partnership\*
- Triangle Community Center\*
- Turnbridge
- Wellmore Urgent Crisis Center
- YL TRAPPED
- YOUNique Comprehensive Counseling Services\*
- Youth Business Initiative\*

## APPENDIX 2: THIRD NEXT AVAILABLE APPOINTMENT POINT IN TIME COUNT CALL LIST

NOTES: \*Indicates an organization responded to a 3NAA phone call on November 19, 2024

Organizations were identified because they provided outpatient behavioral health (mental health or substance misuse treatment) to either young people up to age 17, people age 18 and older or both.

- Boys & Girls Village
- Catholic Charities of Fairfield County\*
- Child & Family Guidance
- Christian Counseling Center\*
- Community Health Center (Day Street)
- CT Counseling
- CT Renaissance (Outpatient Behavioral Health program)
- Discovery Mood (Southport Outpatient behavioral health)\*
- Elevate Health and Wellness
- Ellie Mental Health\*
- Embrace Psychotherapy
- Family & Children's Agency (Outpatient Behavioral Health program)\*
- Family Centers (Outpatient Behavioral Health program)\*
- Instride Health
- Kids In Crisis / TeenTalk Counselor - Brien McMahon High School/Center for Global Studies\*
- Kids in Crisis / TeenTalk Counselor - Norwalk High School/P-TECH\*
- Liberation Programs (Outpatient Behavioral Health program)
- Lift Wellness
- Mid-Fairfield Community Care Center (Outpatient Behavioral Health program)
- Norwalk Community Health Center (Outpatient Behavioral Health program)
- Positive Directions (Outpatient Behavioral Health program)\*
- Spirit Clinic\*
- St. Vincent's - (Outpatient Behavioral Health program)\*
- Stokes Counseling Services
- Triangle Community Center\*
- Turnbridge (Westport Outpatient)
- Wellmore Urgent Crisis Center
- YOUnique Counseling