

ASSESSMENT OF HUMAN SERVICE NEEDS  
&  
STATE OF GREENWICH  
STATISTICAL PORTRAIT  
  
**EXECUTIVE SUMMARY**



A Project of the Greenwich United Way  
Community Planning Council

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# EXECUTIVE SUMMARY

## Assessment of Human Service Needs & State of Greenwich Statistical Report, May 2016

### INTRODUCTION

The Greenwich United Way Community Planning Council conducts periodic assessments of human service needs for the benefit and use of the Greenwich community. The information contained in this report is gathered, assembled, and presented by the Greenwich United Way, but it represents the input of more than one thousand individuals and organizations who generously agree to share documentation, statistics, opinions, and perspectives with the Greenwich United Way in order to make this report as complete, factual, and useful as possible. The Greenwich United Way readily provides the report to municipal leaders, other organizations and all interested individuals with the sincere desire that it be used as an actionable tool in developing necessary programs, making educated funding decisions, and gaining a better understanding of the challenges, strengths, limitations, and opportunities confronting the Greenwich community.

Past reports have resulted in the development of some of the Greenwich community's most valued programs and institutions: Greenwich Commission on Aging, Kids in Crisis, River House (formerly Greenwich Adult Day Care), YWCA Domestic Abuse Service, Junior League Childcare Center at Children's Day School, and the Greenwich Youth Services Coordinator, among others. Though it is difficult to know in advance what will ultimately come from this year's effort, history has shown that Greenwich is an information-driven community that comes together and responds to unmet needs when provided with compelling, verifiable documentation.

### METHODOLOGY

The Needs Assessment and Statistical Portrait was developed over the course of a year and involved the leadership and participation of dozens of volunteers and professionals, all contributing their time and expertise to the process. Strategic steps included research, fact gathering and interviews, an online survey, focus groups, assembly and review of demographics and statistics, analysis, follow up and fact checking with experts. Each of these steps are summarized below, and described in greater detail in the Methodology section of the full report.

Twenty-five Greenwich United Way volunteers accepted research assignments for each of the service categories covered in the Needs Assessment. They gathered and reviewed other existing reports, spoke with and sought the input of countless public and private organizations and professionals, and delved into online resources in order to assemble summaries of the key issues related to each service category. The goals of the research were to seek out and report on current issues and trends, existing programs and providers, barriers to and gaps in services, available research and reports and any related demographic data. All findings were reviewed for accuracy by one or more professionals with expertise in each of the categories.

An online survey seeking the perceptions of community leaders, residents and service providers was developed and made available to all who wished to participate over the course of one month. The community was invited to take the survey through a series of press releases, emailed invitations, a web-link from the Town's website, and other public relations efforts and social media efforts. Ultimately, 611 people participated, representing an increase of 69 percent over the 361 people who participated in the online survey done in 2010. Those who

participated were asked to prioritize issues and needs divided into five areas: Strengthening Children and Families, Crisis Needs, Fostering Self-Sufficiency, Supporting Seniors, and Overarching Community Issues. A volunteer with strong professional experience in the analysis and charting of survey responses provided invaluable guidance and support.

Greenwich United Way volunteers hosted thirteen focus groups throughout the community with the goal of engaging groups unlikely to complete the online survey, putting the local human face on the statistics and data, checking the accuracy of any and all assumptions, and gaining more in-depth knowledge about specific issues of concern. Focus group participants represented the ethnic, economic and demographic diversity of the community and professionals working in specific human service areas. Some were conducted in Spanish with the assistance of translators.

Finally, a Greenwich United Way volunteer gathered the latest available statistics and demographic information from local, state and federal sources to document trends and other data related to human services in Greenwich. Only verifiable and replicable statistics and data were included.

The results of the surveys, research, focus groups and gathering of statistics were incorporated to produce the comprehensive [2016 Assessment of Human Service Needs and State of Greenwich Statistical Report](#) that is available in its entirety both online and in printed form from the Greenwich United Way. This Executive Summary is a presentation of the major themes and trends represented in the full report.

## **ECONOMICS AND NON-PROFITS**

Non-profit organizations (NPOs) are significant contributors to the U.S. economy. Please consider the following:

- In 2012, NPOs contributed \$878 billion to the US economy or 5.4% of total US GDP (*Non-Profit Times*)
- More than a quarter (25.4%) of adults in the US volunteered with an NPO in 2013 (*Urban Institute*)

In 2014, Americans gave an estimated \$358 billion to charity, surpassing the peak last seen before the Great Recession, according to *Giving USA*, and representing an increase of 7.1% over 2013. Despite that increase, in Connecticut, human service providers are facing massive state budget cuts which negatively impact our most vulnerable residents served by the state Departments of Mental Health, Children and Families and Social Services, among others.

In this economy, the role of the Greenwich United Way is more critical than ever before. Acting as the “finder, funder and fixer” of human services issues in our community, the Greenwich United Way continues to be the safety net for our neighbors in need. This Needs Assessment demonstrates that the number of people who need help here in our community is growing, demonstrated by the percentage of children participating in the free/reduced lunch program in Greenwich schools which has grown from 10.4% in 2009 to 15.2% today.

It is clear that the economic stability of our state and of our town is challenged. We, as a town, need to ensure the Greenwich United Way continues to mobilize the community in strategic efforts to identify and address the critical human service needs right here in Greenwich.

## **DEMOGRAPHICS**

The population of Greenwich according to the 2010 Census is 61,171 residing in 23,076 households. The average household size is 2.62 and average family size is 3.81 persons. The Caucasian population equals 53,054 or 86.7 percent, total Hispanics, 5,964 or 9.7 percent, Asians, 4,039 or 6.6 percent, and Blacks, 1,314 or 2.1 percent. The

median age of the population is 42.7 years with females at 43.9 and males at 41.2. Males equal 29,119 or 47.6 percent and females, 32,052 or 52.4 percent.

In terms of age, 17,351 Greenwich residents or 28.4 percent are younger than twenty, while 16.5 percent or 10,068 are sixty-five years or older. Those aged 20 to 34 number 6,819 and are 11.1 percent of the population; 35 to 54 year olds at 19,217 or 31.4 percent; and 55 to 64 year olds at 7,716 or 12.6 percent. The total public school enrollment in 2012 was 8,842 of which 6,020 or 68.1 percent are Caucasian and 2,822 or 31.9 percent are minority.

The median annual household income in 2015 was \$132,102 and the average home value was \$967,968. The labor force, as of 2014, is 28,486 with 4.8 percent unemployment, compared to 6.4 percent for the Bridgeport-Stamford Labor Market Area and 6.6 percent for the state. More than 3,100 or five percent of individuals live in poverty and about 7,500 or 12 percent of individuals qualify as ALICE (asset limited, income constrained, employed). ALICE residents are the working poor who earn above the federal poverty level.

## **BASIC HUMAN NEEDS**

**Poverty** persists in Greenwich, with the percentage of individuals living in poverty at 5 percent (over 3,100 individuals), an increase over the levels reported since the 2010 Greenwich United Way Needs Assessment. Another measure of poverty, the percentage of public school children qualifying for free or reduced price lunches, has increased dramatically in the same time period, from 10.4 percent in 2010 to 15.2 percent in 2015. In addition, 12 percent of the Greenwich population or about 7,500 individuals qualify as ALICE (asset limited, income constrained, employed). ALICE residents are the working poor who earn above the federal poverty level, do not qualify for certain public supports, and often fall short of affording basic human needs such as food, shelter and medical care, all of which are more costly in this region. While unemployment has decreased and job creation has increased concurrently, job growth is concentrated in low-wage industries where workers cannot earn enough to cover basic needs or establish long-term economic security. Education is cited as a critical factor in addressing poverty and ALICE through more vocational programming at the public high school, closing the achievement gap in our public schools and strengthening community colleges in the region.

**Food insecurity** is a persistent problem in our community as families strive to provide for their families with support from local service providers. The Greenwich Department of Social Services reports that 1,189 individuals had insufficient food in 2015. Just under half of these individuals are children and about 12 percent are senior citizens. Local service providers report that food insecurity continues to grow, with the number of individuals served at Neighbor to Neighbor increasing dramatically since the last United Way Needs Assessment. Only one-quarter of the children who qualify for free or reduced price lunches also receive food from a summer food program. Service providers cite continuing poverty and ALICE level incomes as the biggest driver of food insecurity, as many residents have not rebounded from constrained economic circumstances as the region's economy improved. Service providers also cite a strain on area food banks due to a disruption in donations from national chains.

Material gaps in the delivery of **healthcare and health services** continue to exist in the community. While a large proportion of Greenwich residents have healthcare insurance, the research suggests that the number of healthcare providers that accept Medicaid or Medicare has decreased substantially. As of 2016, 4,883 local residents qualify for Medicaid and 10,745 residents qualify for Medicare. Many local health practitioners are converting to "concierge care" models that accept self-pay or private insurance only. In addition, those who gained insurance through the Affordable Care Act report having to re-apply frequently for coverage with no guidance available to them. Undocumented immigrants continue to lack insurance and use the Greenwich Hospital Emergency Department and area health clinics for non-emergency care. Access to health services is further complicated by lack of local specialists, long waiting periods at clinics and Greenwich Hospital Emergency Department, lack of bilingual and cultural services, lack of transportation and limited home healthcare services for the elderly and home-bound. The top health issues cited in the community are: mental health and addiction; chronic diseases (obesity, diabetes,

hypertension/high blood pressure, high cholesterol, heart disease/stroke and cancer); dental health services; and, the persistence of domestic and sexual violence.

Lack of **affordable and moderate-income housing** continues to be a critical human need that is not being fully met in our community. Extremely high rental, housing and land costs limit the options for below market housing choices, while the local population in poverty and the number of working poor continue to rise. The State of Connecticut requires that ten percent of the local housing stock qualify as “affordable” and Greenwich has 5.32 percent in affordable housing options, demonstrating no growth since 2010. Affordable housing is a particular concern for the growing local senior population who are aging in place instead of moving to supportive or retirement facilities. In addition, the demand for public housing continues to persist in Greenwich. The Housing Authority of the Town of Greenwich (HATG) operates a number of public housing facilities throughout the community and has recently announced plans to build additional units and renovate certain elements of the existing stock. While local planning and zoning regulations were modified in 2015 to encourage moderate income housing, a variety of other housing recommendations made by the Town’s Housing Task Force in 2012 as part of the 2009 Plan of Conservation and Development have not been developed or enacted. Similar to the findings of the 2010 Needs Assessment, there remains no single entity that tracks or is responsible for the variety of issues associated with affordable and below market rate housing.

**Emergency shelter** is also cited as a persistent need among youth seeking to leave violent or unhealthy homes and among spouses seeking to leave domestic violence situations, while state funding for these services has decreased dramatically. Supportive housing for special needs individuals continues to have long waiting lists and no new options have been realized since the last Needs Assessment. Illegal housing also cited in the previous Needs Assessment continues to be difficult to quantify.

## **MENTAL HEALTH AND SUBSTANCE ABUSE**

Service providers consistently reported that the incidence of **mental health** issues is increasing in Greenwich; mental health issues have increased across all economic situations, in all age groups and especially in conjunction with other medical diagnoses. The increased need for mental health treatment is driven by increased stress and anxiety; additional medical issues such as substance abuse; trauma from abuse or violence; economic hardship; immigration issues preventing some from receiving safety net benefits; bullying in person and over the internet; family distress; and inadequate coping skills at all ages.

The research also suggests that there are substantial gaps in mental health services, despite growing demand for these services. Gaps in service are attributed to agencies lacking the funding and capacity to address the overwhelming demand for mental health services; lack of medical personnel to provide services; lack of support groups, crisis drop-in centers and respite centers; a “severe” shortage of intensive treatment programs; lack of bilingual services; and a deficit in case management of complex cases. Gaps also exist in services on weekends and evenings. Additionally, more long-term options are needed for both psychiatric and residential care of the mentally ill. Service providers also cited the stigma that is associated with mental health issues as an important barrier to seeking care. Limited insurance reimbursements for mental health services and a growing number of doctors not accepting insurance coverage present further barriers to accessing services.

**Substance abuse** is a dynamic area of concern challenging Greenwich. The research suggests that while alcohol addiction remains an issue with adults, the incidence of alcohol addiction among teens has decreased. Rather, drug addiction and overdoses have increased among the teenage to 30-year-old age group. The average age when local youth begin to use drugs is twelve. The Greenwich Police Department and Greenwich Hospital concur on the substantial increase in heroin use in the community, which is a relatively cheap drug that can be smoked, injected or ingested. In 2014, 44 drug overdose calls were made to the Greenwich Police Department, which notes the increased use of Narcan, the opiate antidote. Traffic fatalities have doubled due to drug abuse. The abuse of marijuana, synthetic drugs and cocaine has also increased, while the abuse of prescription drugs has slowed.

Gaps in service and barriers to services for drug abuse and addiction persist in the community. While local hospitals and agencies provide a range of services, more early diagnoses and interventions are needed. Effective youth education at younger ages was also cited as critically important. Service providers also cited a lack of services for co-occurring mental health and addiction patients, as well as a lack of intermediate step-down treatment and individual therapy services. For the teen age group, the community lacks detoxification services, Alateen and Narcotics Anonymous programs, and intensive outpatient treatment options. Barriers to treatment include the denial of addiction, the stigma of addiction, lack of resources, under-reporting, and a low perception of risk in this community. Greenwich would benefit from an improved collaboration among the police, schools, community agencies and parents around issues of denial and community risk for this growing problem.

## **CHILDREN AND YOUTH**

The community and service providers continue to place a very high priority on meeting the needs of our children and youth. Greenwich has approximately 17,000 children under the age of 20, or about 28 percent of our population. Over the past ten years, focus groups have cited the need to close the **achievement gap** as the most important issue to address. Other critical needs include counseling to address mental health, behavioral, and substance abuse problems; job training; and coordinating services to meet the needs of our youth.

For at-risk children, the achievement gap begins at birth, is clearly established by age three and continues through high school and beyond. Research has shown that stress and trauma at home contributes to this gap; however, parenting and family engagement programs can mitigate these factors. Access to high-quality pre-school is another effective gap-closing measure. Although about 95 percent of children attend pre-school in Greenwich, the quality and affordability of those programs varies widely.

A 2014 Study of Achievement Gap in Greenwich identified three factors contributing to the achievement gap: the percentage of students qualifying for free or reduced lunch; the percentage of students who are English language learners; and the percentage who qualify for special education services. In the past ten years, the percentage of students qualifying for free or reduced lunch has doubled to 15.2 percent. Approximately 18 percent of students live in homes in which English is not the primary language spoken. Finally, about ten percent of students receive special education services. At-risk students are concentrated in our Title 1 elementary schools, Hamilton Avenue, New Lebanon, and Julian Curtiss; these schools have three times more at-risk students than the non-Title 1 schools. For students in grades 3 to 5 with these three risk factors, about 42 percent achieve goal on standardized reading tests compared to 90 percent of low-risk students at non-Title 1 schools.

The incidence of **mental health** problems among children and youth has increased markedly. Child Guidance Center reported a 36 percent increase in the number of Greenwich clients served in 2014. For 2015, Kids in Crisis reported that 18 percent of its helpline calls and 13 percent of its shelter residents were from Greenwich. This increase is attributed to a variety of factors: family trauma and homelessness; school and parental pressures; cyber bullying; and, inadequate social skills due to over reliance on technology and social media.

While high-quality mental health services are available in the community, they are not adequate to meet the increased demand. Greenwich High School students note that school social workers and psychologists are not available when school is not in session. Families with private insurance may have more difficulty paying for their treatment than those with Medicaid/HUSKY coverage because of high deductibles and lower insurance reimbursement. Nearly all service providers have experienced deep reductions in state and federal funding; and private donations and fees have not been able to offset these reductions at a time when the demand for services is escalating.

The community continues to be concerned about bullying and other more prevalent examples of anti-social behavior. There is a growing recognition that technology and social media make it easier to disseminate and

memorialize anti-social messages. While schools have adopted programs to prevent this behavior, it is clear that further progress in this area will require the collaborative efforts of the schools and families.

Schools and agencies are concerned about the increased use of marijuana and alcohol by our youth in response to the stress they are experiencing. Some believe that the decriminalization of marijuana has made parents more tolerant of their children's use. Prescription drug use leading to heroin abuse is of increasing concern.

There is a growing community concern about a perceived lack of sufficient **job training** and/or job preparation for the population of young adults graduating or otherwise exiting from high school without plans for higher education. J. M. Wright Technical School reopened in 2015 after closing in 2009 to revamp their offerings, renovate the facility, and improve the baseline skill set of applicants and the communication around this. Admission has become more selective based on math and verbal skills, with an active non-accept list if applicants' basic skills are wanting. It is unclear whether it will have an adequate capacity to meet students' needs for job training.

In light of the increasing number of youth in our community, the increased pressures on our youth, and the diminished federal and state funding for agencies serving youth, there is more need than ever to prioritize and coordinate youth services. Since its inception in 1984 as a function of Greenwich United Way, the Youth Service Planning Council has worked to ensure an ongoing assessment of the needs of youth, parents, and service providers and to provide a forum for youth issues and advocate for them.

In 2016, the Town of Greenwich and the Greenwich United Way agreed that certain services previously performed by the Youth Services Coordinator, a position funded by state, town and private contributions through the Greenwich United Way, would better serve local youth if those programs were under direct Town management and execution. This outcome was part of a long-term community and United Way vision for this position. As a result, the Juvenile Review Board, the Interagency Team, and the First Selectman's Youth Commission were transferred to the Town. The Greenwich United Way's Youth Service Planning Council continues to support agencies serving youth as well as providing a valuable connection to Greenwich United Way for its ongoing support for youth in our community.

## **OLDER ADULTS**

Many Greenwich older adults choose to remain in the community as they age. It is estimated that as of 2015, more than 11,000, or 17.9 percent, of Greenwich residents are 65 or older and the percentage is expected to increase to 19.9 percent by 2020. Of the 23,706 household units in Greenwich, 6,413 or 27.8 percent contain at least one adult sixty-five years or older. About a quarter of the households ages 65 and older have a household income of \$200,000 or greater, while a third of older adult households have an income of less than \$50,000.

While older adults believe that Greenwich offers a broad array of high quality services for them, there are still some major gaps. The availability of suitable housing for residents who want to age in place is the most pressing issue. In addition, other critical needs include the availability and affordability of medical, home care, and adult-day care services and transportation services during off hours and to out-of-town locations.

In the three Needs Assessments completed since 2006, older adults have expressed their concern that there will not be enough affordable and suitable **housing** for them to continue to live in town. The number of congregate and supervised care and skilled nursing care beds has remained fairly static at 657 for the past 12 years. During 2016, Hill House will be adding 24 units of congregate living to its existing 37 units. Many older adults believe Greenwich needs a continuing care community. Also, older adults would like to see an increase in the supply of both more affordable low to moderate income assisted living facilities and modest, accessible single-level housing.

In 2015, several major changes to the Town’s planning and zoning regulations were adopted that would both require and incentivize developers to provide more affordable housing units.

A true continuum of **health care** with coordination among community services is needed. Older adults are concerned about the affordability and availability of medical services. An increasing number of doctors will not accept Medicare or Medicaid, and concierge practices are becoming more popular. There is also a shortage of geriatricians and geri-psychiatrists. Given the aging of the population and the trend toward shorter hospital stays, there is an increasing need for home-based medical and non-medical care. Care at home is less expensive than that provided in institutional settings and 90 percent of older adults would prefer to live in their homes for as long as possible. However, agencies providing these services face a number of challenges: lower Medicare and other reimbursement rates; a shortage of aides and nurses; and changes in health care employment laws, leading to higher costs and, in some cases, the trend to staff cases with multiple aides to avoid additional costs. Research indicates that hands-on adult day care can extend an individual’s ability to remain at home for two years.

Greenwich provides a broad range of transportation options for older adults and other transportation-challenged residents. However, they desire transportation services in the evenings and on weekends and to out of town locations. Most transportation options offer curb-to-curb service; however, as the population ages, older adults may require more assistance accessing their destinations with door-to-door or door-through-door service.

**COMMUNITY SURVEY RESULTS**

Survey results provide two important observations: the community’s perception of the most pressing local issues, and the community’s perception of how well these issues are being addressed. Additionally, the survey results express the community’s perception of the "gap" between the priority of the issue and how well it is being addressed. Here are the results for the highest priority issues and the perceived gaps within categories and overall.

**Highest Priority Issue in Greenwich by All Respondents, Residents and Service Providers**

Respondents were asked to identify the highest priority issue in Greenwich.

	<b>All Respondents = 579</b>	<b>Residents = 459</b>	<b>Service Providers = 113</b>
<b>Children and Families</b>	48.7%	48.8%	48.7%
<b>Crisis Issues</b>	14.3%	14.2%	15.0%
<b>Supporting Seniors</b>	20.7%	19.8%	23.9%
<b>Fostering Self-Sufficiency</b>	16.2%	17.2%	12.4%

**Perceived Gaps within Categories by All Respondents, Residents and Service Providers**

These charts reflect those issues with the largest “gaps” between the community’s perception of high priority issues and how well the needs are being addressed. The order within each section is indicative of the relative size of the perceived “gap.”

**Children and Families**

**All Respondents**

- Substance Abuse Prevention/Education
- Emotional/Behavioral Problems
- Mental Health Counseling
- Substance Abuse Treatment
- Positive Youth Development
- Public Education/Vocational
- Psychiatric Care
- Suicide Prevention/Education

**Residents**

- Substance Abuse Prevention/Education
- Mental Illness Counseling and Support
- Substance Abuse Treatment
- Emotional/Behavioral Problems
- Public Education, Vocational
- Positive Youth Development
- Development, Behavioral Assessment, Counseling
- Psychiatric Care

**Service Providers**

- Emotional/Behavioral Problems
- Parent Education/Training/Support
- Substance Abuse Prevention/Education
- Psychiatric Care
- Mental Illness Counseling and Support
- Suicide Prevention/Education
- Development, Behavioral Assessment, Counseling
- Positive Youth Development

## **Crisis Issues**

### **All Respondents**

Immediate Crisis Intervention for Youth  
Immediate Crisis Intervention for Adults  
Suicide Prevention/Immediate Intervention  
Elder Abuse/Neglect  
Emergency Shelter for Children  
Emergency Shelter for Families  
Assistance Meeting Basic Human Needs  
Substance Abuse Treatment/Detoxification  
Child Abuse/Neglect

### **Residents**

Immediate Crisis Intervention for Adults  
Immediate Crisis Intervention for Youth  
Suicide Prevention/Immediate Intervention  
Elder Abuse/Neglect  
Assistance Meeting Basic Human Needs  
Emergency Shelter for Children  
Domestic Abuse/Violence Prevention and Education  
Substance Abuse Treatment/Detoxification

### **Service Providers**

Emergency Shelter for Families  
Immediate Crisis Intervention for Youth  
Emergency Shelter for Children  
Substance Abuse Treatment/Detoxification  
Child Abuse/Neglect  
Suicide Prevention/Immediate Intervention  
Elder Abuse/Neglect  
Financial Assistance  
Assistance Meeting Basic Human Needs

## **Supporting Seniors**

### **All Respondents**

In Home Support  
Assisted Living  
Senior Housing (Subsidized)  
Respite Care  
Senior Housing (Moderate Income)  
Senior Housing (Accessory Apartments)  
Mental Health Counseling  
Emotional/Behavioral Problems

### **Residents**

Assisted Living  
In Home Support  
Respite Care  
Senior Housing (Accessory Apartments)  
Senior Housing (Subsidized)  
Senior Housing (Moderate Income)  
Case Management  
Mental Health Counseling  
Transportation

### **Service Providers**

Emotional/Behavioral Problems  
Psychiatric Care  
Mental Health Counseling  
Senior Housing (Subsidized)  
Senior Housing (Moderate Income)  
Respite Care  
Family Counseling  
Substance Abuse Treatment  
In Home Support

## **Fostering Self-Sufficiency**

### **All Respondents**

Mental Illness Counseling and Support  
Housing (Affordable Workforce)  
Mental Illness Family Support  
Housing (Moderate Income for Families)  
Housing (Moderate Income - Individuals)  
Vocational Training  
Housing (People with Special Needs)  
Job Training and Placement  
Physical Disabilities Support Services  
Developmental Challenges Respite Care

### **Residents**

Mental Illness Counseling/Support  
Housing (Affordable Workforce)  
Housing (Moderate Income - Families)  
Mental Illness Family Support  
Housing (Moderate Income - Individuals)  
Physical Disabilities Support Services  
Housing (People with Special Needs)  
Job Training and Placement  
Vocational Training

### **Service Providers**

Mental Illness Counseling/Support  
Developmental Challenges Respite Care  
Mental Illness Family Support  
Vocational Training  
Housing (Affordable Workforce)  
Physical Disabilities Family Support  
Housing (Moderate Income - Individuals)  
Job Training and Placement

## **Overarching Community Issues**

### **All Respondents**

Affordable Housing  
Moderate Income Housing  
Coordination of Services  
Traffic and Transportation  
Health Services  
Discrimination/Racism/Bias  
Promoting Diversity/Understanding Differences  
Land Use Development and Planning

### **Residents**

Affordable Housing  
Moderate Income Housing  
Coordination of Services  
Traffic and Transportation  
Health Services  
Land Use Development and Planning  
Discrimination/Racism/Bias  
Promoting Diversity/Understanding Differences

### **Service Providers**

Affordable Housing  
Health Services  
Moderate Income Housing  
Promoting Diversity/Understanding Differences  
Discrimination/Racism/Bias  
Coordination of Services  
Traffic and Transportation  
Internet Safety

## Perceived Gaps Overall by All Respondents, Residents and Service Providers

This chart displays the top ten issues with the largest "gaps" regardless of category and sorted by respondent group.

### All Respondents

Mental Illness Counseling and Support  
Substance Abuse Prevention/Education  
Emotional/Behavioral Problems  
Mental Health Counseling  
Affordable Housing  
Housing: Affordable Workforce  
Mental Illness: Family Support  
Substance Abuse Treatment  
Moderate Income Housing  
In Home Support

### Residents

Substance Abuse Prevention/Education  
Mental Illness Counseling and Support  
Housing: Affordable Workforce  
Mental Health Counseling  
Substance Abuse Treatment  
Affordable Housing  
Emotional/Behavioral Problems  
Public Education, Vocational  
Assisted Living  
Moderate Income Housing

### Service Providers

Emotional/Behavioral Problems in  
Children and Youth  
Emotional/Behavioral Problems in  
Seniors  
Parent Education/Training/Support  
Psychiatric Care  
Mental Illness Counseling and Support  
Developmental Challenges Respite Care  
Affordable Housing  
Mental Illness Family Support  
Emergency Shelter Families  
Substance Abuse Prevention/Education

## CONCLUSION

Every relationship requires collaboration to be successful and to achieve common goals. Creating positive community change is exactly what has been happening in Greenwich for years, as all our human service agencies work in partnership to assist the most vulnerable of our town. As evidenced by this Needs Assessment, purposeful teamwork among agencies has never been more important than today.

Similar to a baseball team, it takes each and every player on the field to fulfill their assignment for the team to be successful. Not just once but on every play! The same can be said for all the agencies that step on the field in Greenwich every day to ensure that all our children and families are strengthened, people in crisis are helped, and self-sufficiency is fostered. It's not only the cooperation among agencies that makes Greenwich such an exceptional community, it's also the outstanding commitment of our residents and businesses to help our own.

A prime example of excellent town-wide collaboration is the Greenwich United Way Community Planning Council. The Council is a roundtable comprised of more than twenty-five human service professionals, town representatives and community volunteers who meet monthly as a forum for exchanging ideas. The Council conducts the Needs Assessment every five years to identify unmet local needs and works on an ongoing basis to develop action plans for improving the lives of our most at-risk community members.

One of the key findings of this Needs Assessment is that Greenwich's at-risk individuals include the five percent living at or below the federal poverty guideline and the twelve percent living at the A.L.I.C.E level (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) who do not earn enough to adequately meet basic human needs such as shelter, food, transportation, and child care. While this need continues to be a significant concern of the Council, current data relating to this and other needs will assist the Council and community agencies in developing both targeted and community-wide solutions.

We are all fortunate to be a part of this community, to live here, work here, play here, and raise our families here. What Greenwich offers goes far beyond our beaches and parks, world-class libraries, and our top schools. Greenwich offers a culture unlike any other town – a culture of caring for its own, a culture of acknowledging the challenges we face, and a culture united behind positive community change.

Perhaps George Bernard Shaw said it best, "If you have an apple and I have an apple and we exchange these apples then you and I will still each have one apple. But if you have an idea and I have an idea, and we exchange these ideas, then each of us will have two ideas." THAT is the power of the Needs Assessment and the Community Planning Council.

## RESOURCES

A document of this scope and magnitude would not be possible without the invaluable expertise of countless individuals and organizations. We are truly grateful to the many service providers, organizations, and government agencies that willingly and generously answered the call from Greenwich United Way volunteers, shared their information, offered their insights and participated in numerous ways in the development of this Needs Assessment.

Abilis	Greenwich Hospital
American Red Cross, Greenwich Chapter	Greenwich Housing Authority
Arch Street Teen Center	Greenwich Land Trust
At Home in Greenwich	Greenwich Laurelton Nursing & Convalescent Home
Boys & Girls Club of Greenwich	Greenwich Planning and Zoning Department
Brunswick School	Greenwich Police Department
Call-A-Ride	Greenwich Pre-School Directors Group
Center for Sexual Assault Crisis Counseling and Education	Greenwich Public Library
Child Guidance Center of Southern Connecticut	Greenwich Public Schools
Children's Day School	Greenwich Senior Center
Community Centers Inc.	Greenwich United Way
Connecticut Department of Children and Families	Greenwich United Way Community Answers
Connecticut Department of Education	Greenwich United Way Committee on Late Life Issues
Connecticut Department of Environmental Protection	Greenwich United Way Community Planning Council
Connecticut Department of Labor	Greenwich United Way Youth Service Planning Council
Connecticut Department of Mental Health and Addiction Services	Inspirica
Connecticut Department of Public Health	International Institute of Connecticut
Connecticut Department of Transportation	Jewish Family Services of Greenwich
Connecticut Economic and Resource Center	The Jewish Home Center for Elder Abuse Prevention
Connecticut Legal Services	Junior League of Greenwich
Family & Children's Agency	Kids in Crisis
Family Centers, Inc.	League of Women Voters of Greenwich
First Selectman's Community Diversity Advisory Committee	Liberation Programs Inc.
Food Bank of Lower Fairfield County	Meals on Wheels of Greenwich
Greenwich Commission on Aging	Neighbor to Neighbor
Greenwich Conservation Commission	Parsonage Cottage
Greenwich Department of Health	Pathways, Inc.
Greenwich Department of Social Services	River House
Greenwich Early Childhood Council	Shelter for the Homeless
Greenwich Emergency Medical Service (GEMS)	Southwest Connecticut Agency on Aging
Greenwich Emergency Operations Center	Transportation Association of Greenwich
Greenwich Family YMCA	United Way of Connecticut 2-1-1
Greenwich Health Improvement Partnership	Western Connecticut Council of Governments
	YWCA of Greenwich

David Rabin, President and CEO, Greenwich United Way

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Richard Porter, Vice-Chair Community Services and Programs, Greenwich United Way Board

Caroline Smit, Senior Program Manager, Greenwich United Way

Wendy Blumenthal and Lori Jackson, Co-Chairs, Needs Assessment Committee

To access the complete **2016 Assessment of Human Service Needs and State of Greenwich Statistical Report**, please visit [www.greenwichunitedway.org](http://www.greenwichunitedway.org).

