

2010 Annual Report



Enriching Treatment, Enriching Lives



SILVER HILL HOSPITAL

RESTORING MENTAL HEALTH SINCE 1931



# Mission

The mission of Silver Hill Hospital is to provide our patients with the best available treatment of mental illness and addiction and to offer continuing support, counseling and education to our patients and their families in every phase of illness and recovery.



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## Dear Friends,

Over the years, chairing the board of directors has been extremely rewarding. As this annual report documents, in 2010 it was especially exciting as well. Thanks to our fiscally stable position, the management, staff and the board have been able to concentrate on enriching the physical and clinical environments for our patients as well as focus on future growth plans for the hospital. In addition, we are thrilled to be undertaking a thoughtful and extensive formal strategic planning process with innovation and evolution in mind.

True, economic security makes for a more robust and viable hospital, but it also conserves energy for Silver Hill's primary goal: to improve psychiatric health, one patient at a time. The unique and inspiring ways in which this objective is met, and the level of effort, attention and professionalism that go into day-to-day programming as well as future planning, are all hallmarks of the hospital's excellence – and what make it such an inspiring place.

Highlighted in the following pages, the treatment experience at Silver Hill is enriched by a wide variety of “bridge”

activities – pursuits such as daily goals meetings, gardening and writing – that foster accomplishment and link patient therapies to the lives that await them outside the hospital. Not only are these opportunities a joy to witness but this kind of enrichment has a wide reach, improving the lives of patients, their families and our communities, today and tomorrow and the next day. It is this thoughtful elevation of mental health for which Silver Hill is known.

Without our incredible staff, few of our accomplishments would be conceivable, or as celebrated. Indeed, a patient said it best: “There is no better staff than at Silver Hill!” We couldn't agree more or be any prouder, as we witness the effort of Silver Hill's singularly professional, dedicated and enthusiastic staff. The lengths they go to on a daily basis to treat and care for patients is truly remarkable. And many of them have been doing so for a significant share of their careers – working with us for ten, twenty and even thirty years. We thank them abundantly for their efforts.

We look forward to working with the board, management and staff in continued cooperation and commitment in the year ahead.

**Ward F. Cleary** | Co-Chair, Board of Directors

**Deann E. Murphy** | Co-Chair, Board of Directors



## Dear Friends,

Against a backdrop of unprecedented discovery and transformation in the fields of mental illness and addiction treatment, 2010 was an incredibly productive year for Silver Hill Hospital as we continued to strive to meet the needs of our patients and our community. While our mission is straightforward – *to provide our patients with the best available treatment of mental health and addiction* – carrying out that mission effectively means constantly developing new programs and introducing cutting-edge treatment methods. We do this in a multitude of ways, with great energy, enthusiasm and dedication from all the individuals whose work consistently enriches treatment and programs at Silver Hill Hospital. The pages of this annual report recognize and highlight the contribution of many of these people, including our professional staff, the hospital’s Chaplain, our support staff and volunteer force, and detail the ways in which we work together.

We innovate. As with many of Silver Hill’s highly successful programs, the Chronic Pain and Addiction Program has been planned by our staff over several years, using a highly iterative process that welcomes debate and exploration, and demands vision. With its opening this year this program will immediately be one of the few programs in the country to address a problem that has become a major public health issue – the treatment of chronic pain sufferers who abuse their opioid pain medication. The multidisciplinary nature of the program – comprising the disciplines of psychiatry, psychology, social work and physical therapy – will allow

us to move away from the current exclusive reliance in pain management on medication and various technical devices. Our goal is to return each patient to a more functional life by helping him or her regain control over it.

We support. Our focus at Silver Hill is on the treatment of mental illness and addiction – one patient at a time – and optimal treatment must provide patients with the best tools to re-enter their communities and continue their pursuit of a successful recovery. The Recovery Support and Follow-up Service (RSFS) was initiated during the past year with this purpose in mind. What makes this service so unique is that the RSFS is not only a tool that facilitates a smooth transition from treatment to recovery, it provides an important objective measure of our programs’ clinical success. This was new, albeit exciting territory for us.

We respond. The staff of Silver Hill, bolstered by the visionary support of its capable and engaged board of directors, is constantly responding to needs within the hospital with the goal of improving patient outcomes, in the short term as well as the longer term. In 2010, we continued to reap the benefits of previous years’ work in which we conceptualized and initiated customized, state-of-the-art electronic health record technology. We took a step beyond and built on its design to shape a brand new Multidisciplinary Treatment Plan that will be available to our colleagues and partners in the psychiatric and addiction community and will improve the broader landscape of the field of mental health. New efficiencies have been matched by logical enhancements to our admissions process, combining to improve patient experience. Meanwhile, we have dedicated resources to undertake major renovations with an eye to continually raising the quality of our patients’ surroundings during treatment to match that of the highest level of care from which they already benefit.

We do all this because the cost to our patients and the community of not responding contextually to present and predicted needs is just too great. Moreover, we do it because that’s just who we are.

In partnership with, and gratitude to, all the dedicated members of the Silver Hill team,

**Sigurd H. Ackerman, M.D.** | President and Medical Director

# Enriching Treatment...

## Advances in Quality Care

### ■ When Pain Hurts

Recognizing a need for an inquiry-based, forward-thinking chronic pain and addiction management program that respects pain's emotional and sensory dimensions

The practice of pain management medicine has become an extremely complex undertaking. The past decade has ushered in a “perfect storm” of greater varieties of prescription opioids available, along with increased use by physicians of opioids as a first line of treatment for acute and chronic pain, and the introduction of direct-to-consumer advertising for these medications. Combined, these factors have created a public health crisis of staggering proportions. In the United States, the last generation has seen prescriptions for opioids increase tenfold. Deaths from all prescription drugs have increased fourfold in the last decade. Meanwhile, addiction to prescription opioid medication is common among patients with chronic pain. According to a study published in the July 2010 *Journal of Addictive Diseases*, thirty-five percent of those receiving long-term treatment with opioids now meet the criteria for addiction. Few of them, however, are aware that they can expect opioid medication to alleviate only about a third of their chronic pain.

These factors have combined to compel us at Silver Hill to develop the Chronic Pain and Addiction Program – a program that is at the leading edge of the fields of psychiatry and addiction medicine and will be a model for others in the future. The enormous proportions of the national problem we are facing, combined with the absence of similarly



conceived programs, have prompted the hospital's current response and we are excited to apply our extensive previous experience in psychiatric and addiction treatment to the program's development.

In the Chronic Pain and Addiction Program, we will fully integrate treatment for chronic pain and addiction and our goal is to help each patient achieve a maximally functional



## *PRIMUMNON NOCERE (FIRST, DO NO HARM)*

**– Hippocratic oath**

life with the least possible intrusion from either chronic pain or addiction. Ours is a multidisciplinary program utilizing the knowledge and skills of pain medicine, behavioral medicine, psychology, psychiatry, physical therapy

and complementary therapies. We will work with patients' families or other significant relationships in an effort to strengthen meaningful life connections, while respecting individual cultural, spiritual and psychological values.

## ■ Strengthening Foundations and Supporting Transitions

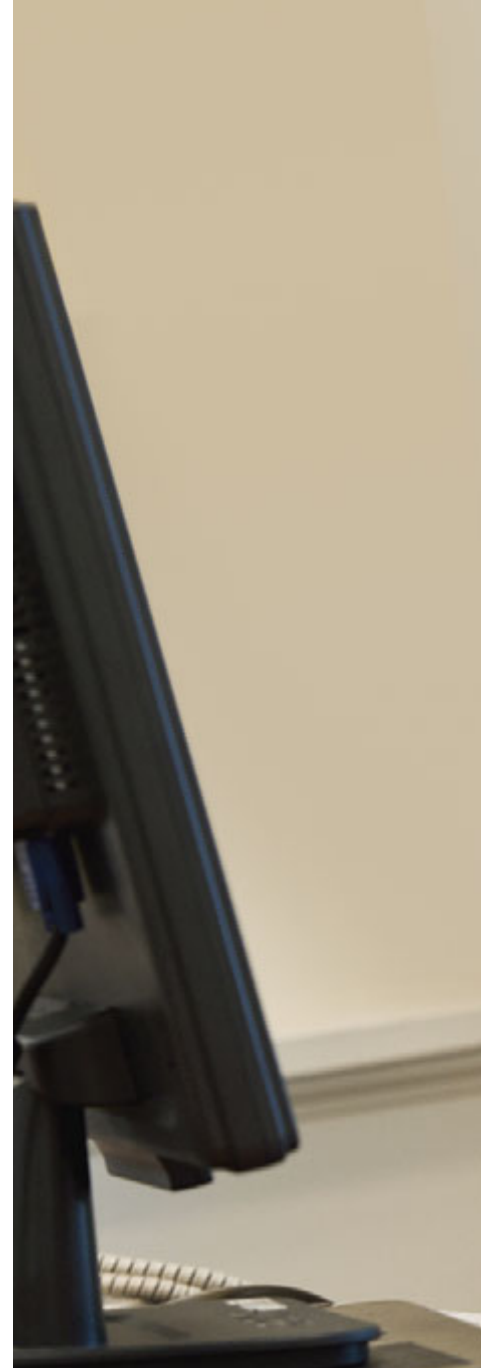
Enriching patients' treatment and promoting recovery by staying in touch

While we see our patients make great strides when they are in treatment at Silver Hill, staying on track and holding onto these gains often poses a challenge as the person in recovery returns home, and optimally to work or school. That is why we launched a new service at the end of 2010 to support adult patients for one year after they discharge from our residential programs for addiction and dual disorders. Called the Recovery Support and Follow-up Service (RSFS) and staffed by recovery support advocates, RSFS is a post discharge support and follow-up service providing patients the structure, support and accountability that strengthen the foundation laid down during treatment. Our recovery support advocates encourage each person to take every necessary step toward recovery in order to return to a healthy, productive and meaningful life.

Through the creation of a "recovery support team" that allows the patient to name a personal relation (e.g., spouse, parent, friend) and an aftercare clinician, who are each committed to helping the patient remain on track with his or her continuing care plan, the RSFS is able to keep open communication with families, significant others and professionals. Additionally, as a way for the patient to track his or her own success along the way and to demonstrate further accountability, random toxicology screens are requested periodically throughout the year. Our advocates also respond to family needs by providing information about community resources.

**Deborah Chapman-Smith,**  
Recovery Support Advocate

To date, the RSFS has achieved what it set out to do: patients are learning they can move beyond the confines of their addiction and psychiatric illness and are discovering the benefits of ongoing consistent communication among the key participants in their lives, be they clinical or social. In addition, our advocates are recognizing the heroism displayed by these individuals as they face many hurdles on their paths toward recovery. As one advocate confided, "We get to see what bravery is all about in this job. We get to see people's lives change." Indeed, as the Recovery Support and Follow-up Service establishes itself as an integral part of our patient care paradigm, patients are choosing Silver Hill to aid them in finding new and better ways to live their lives.





**“MY PATIENT’S DEPRESSION IS OVERWHELMING TO HIM AT TIMES. I CAN SEE THAT THE RAPPORT AND TRUST THAT HE HAS BUILT WITH HIS ADVOCATE AT SILVER HILL HAS HELPED HIM APPRECIATE THAT HE CAN CREATE CONNECTIONS TO OTHERS. RSFS IS HELPING HIM; IT REALLY IS.”**

**– A clinician and recovery support team member**

## ■ Improving Systems

### Admissions Staffing and the Multidisciplinary Treatment Plan

#### Supportive patient care starts with the first call

From the moment prospective patients, professionals and others from the community call upon our admissions department, they are greeted by a trained clinician, who provides the knowledge and care that begins the admissions or referral process. With our ongoing focus on improved patient care and customer satisfaction, the admissions department implemented a detailed plan this past year to improve call handling, admissions intakes and team communication. As a result, patients who have acute needs or are in a crisis are clinically assessed *immediately* over the telephone by a nurse or social worker. In this way, a window of opportunity is opened to get the patient into treatment as soon as possible. Furthermore, with this communication, the relationship between the patient and the hospital is already established prior to our first in person meeting. Indeed, “Patients and families feel like they know us when they come to admissions because we have already met one another over the phone. We have already created the connection and many ask for us by name when they come through the doors of the admissions office,” says a Silver Hill social worker.

#### Refining mental health treatment using customized software

Following Silver Hill Hospital’s successful adoption of a complete Electronic Health Record (EHR), our continuing collaboration with parent company Medsphere has resulted in the development of an electronic Multidisciplinary Treatment Plan (MDTP), which was previously not available. The implementation of the EHR and its ability to provide an accurate “live” snapshot of a patient’s condition at any given point in time has benefited treatment here at Silver Hill and has improved our staff’s ability to access patient information. Furthermore, the electronic MDTP was created with a wider-ranging intention: to provide an important new tool for other psychiatric programs around the nation using this EHR system.

## ■ The ‘Empty Chair’ Exercise on Main 2

TUESDAYS AT 3 PM

Confronting destructive thoughts,  
feelings and behaviors using drama therapy

“The ‘Empty Chair’ activity is one that I have found to be extremely helpful to my patients in the dual disorders program. I facilitate the exercise by having the patients ‘put’ their negative, self-destructive behaviors in a chair. Then I tell them to place the chair physically in relation to themselves as an expression of their stage in recovery. The most difficult part of this exercise for them is talking to the chair and verbalizing what it represents to them, but it is a critical one. The success of this therapeutic technique hinges on patients speaking to the chair in the first person and addressing how their negative self-destructive behaviors have affected their lives, and how they plan to change those lives as they enter into recovery.

The different approaches to this exercise are fascinating. Some people turn the chair to face them – they are confronting their issues head on. Others pull the chair right up to their side, as close as it can get. For these people, their addiction, or other diagnosis, is right there with them and their anxiety and/or cravings are still their constant companion.

Saying the words that personify their disorder provokes careful thought and strong emotions. I bring a creative approach to my work and by offering this exercise, they realize the power and strength of self-talk. I write every statement down, composing a ‘poem,’ and then I read the poem aloud to the group. Their words are powerful. The patients are amazed and inspired by their own words and those of their peers. They may, for the first time, be able to see that someone else has similar emotions and struggles.

I encourage my patients to use this exercise throughout their lives. Everyone has an ‘empty chair.’ It’s all a matter of how you use it. I want them to know that I believe in their ability to empower themselves to change and recover, and I say it to them all the time: *You always had the power.*”

**Ashley Koven** | Social Worker

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VOLUNTEER VOICES

## ■ Admissions Department at Gray House

FRIDAYS AT NOON

“For many years, every weekday around noon, I have gone to the admissions department as one of many volunteers who help support patients and their families. During this time, I have met hundreds of people, all of whom are following the same path for themselves or for their loved one – recovery – whether from mental disorders or substance abuse, or both. My objectives are guided by those of the professional admissions staff: to encourage a sense of hope for patients and families, and to help reduce the nearly universal anxiety, concerns and fears that people may be feeling as they begin the recovery process.

Their questions range from small to weighty: *Will I be living here with people who share my diagnosis? What are some of the things I can do after I leave Silver Hill to practice what I will learn here and to be able to avoid relapse?*

I provide them with whatever information I can.

I think the most important thing about what we do is to help set the tone for a patient’s continuing effort at recovery and that is enormously satisfying. It is these moments – when there is a glimmer of hope – that make me feel as though, *Good. My attempts really have enabled them to have some hope and quiet some of their worries.* In addition, it is, of course, rewarding whenever anyone has expressed gratitude for what the staff and the volunteers in admissions have done.

What I contribute to the admissions process is just the first step in terms of a person’s overall treatment. But knowing I may have eased their way by introducing them to some hope for the future, I can say my efforts are of value – to all involved, including me.”

**Dean**

## ■ Daily Goals Meeting on Main 2

THURSDAYS AT 9:30 AM

Making plans and defining terms together  
on the road to successful recovery

“Every morning, we review the house rules as a group. This is so important, because when everyone is literally on the same page with the hospital’s guidelines, it immediately creates a sense of community and safety for the patients. Some of them may not have had this for a while. Also, for anyone with anxiety, it relieves some of the fears or distractions they may have about being in this new environment. Both of these – the community and the safety – are key to their success here. Without them, we would have a really hard time helping our patients.

And that’s what I always tell our patients we are here to do, first and foremost: *We are here to help you – in whatever way we can.* I want to know: *How are you feeling right now? Give me a rating from one to ten.* Sometimes it’s a two, but just as often it’s an eleven! You can’t believe how excited some of our patients are to get better. It’s been a long time coming for many of them.

The patients then take turns responding to two simple questions: *What are you grateful for, and what is your goal for the day?* The thankfulness can really vary. Some people are just happy to be alive. And that’s the honest truth. That’s their reality. The goals they identify are important, because they give the patient something manageable to focus on just for today. I can then be aware of how to help them *right now.* Recovering from addiction or a mental illness is a life-long pursuit, and I try to stress how hard it can be. We all fall down, but if we have that inner focus, we will succeed.

At the end of the goal-setting group, everyone has taken a moment to think clearly about what they really want. They draw on the strength of the group and it’s my hope that they have a bit of peace, because it’s only when you have that peace that you can do what you need to do to get better, and you can start to stretch your wings.”

**Carol Benton** | Psychiatric Technician

# ...Enriching Lives

## The Importance of the Treatment Environment: People & Places, Family & Home



### ■ More Than a Pretty Place

Renovations at Barrett House provide a new environment refined to meet the highest level of clinical care for women with addiction or dual disorders

The changes at Barrett House have not been subtle. Formerly a 1960s tract house that was showing its age as well as the outdated needs of the single family residence that it once was, an incredibly thorough and thoughtful top to bottom renovation has breathed new life into this structure.

Previously, Barrett House was a warren of bedrooms atop common space that consisted mainly of an outsized, under-used kitchen and a modest living area. Today the entire building is flooded with light thanks to a panorama of windows and an impressive atrium skylight. The bedrooms, which in total sleep fourteen, are cozy and well appointed and the entire main floor is carefully divided among a large living room with comfy couches and ottomans surrounding a beautiful fireplace; a smartly set-off office space for private meetings

and administrative work; and the highlight – the kitchen, the “hub” of the house – with its grand craftsman style table aside the floor-to-ceiling windows pouring in daylight. The warm and stimulating colors – pale leaf upstairs and sunny turmeric on the main level – are redolent of the most inviting sort of home. The walls are adorned with artwork, literally providing inspiration and elegance at every turn.

All of this has not gone unnoticed by staff or patients, and is often cited as another reason the challenging work of recovery can be such a positive experience at Silver Hill. As Tracey Masella, Transitional Living Program Coordinator puts it, “Barrett House is calm and beautiful, so the environment of the building creates a haven to rest and reflect, within a supportive community. Now the pristine quality of the therapeutic environment matches the incredibly high quality of clinical care at Silver Hill.” Happily, the kitchen table has become a gathering place for an informal daily wrap-up among the patients, a place to relax and discuss the events of the day. At Barrett House, the individual is bonded to the group. It is a meditative, peaceful place in which to contemplate one’s journey to health.

## ■ Focus on Adolescents

Extending care to our youngest patients by involving families and assessing educational needs in the safety of the therapeutic environment

The one-day family program for adolescents is a day for family members to be supported and supportive in the recovery of their children. Modeled after our highly successful four-day family program for adults, the goal is to best situate our adolescent patients for continued recovery. We do this by bringing in the adolescent's most significant relationships, and capitalizing on the power of the family connection.

Led by Kathleen Thompson, Silver Hill's Chaplain and Family Program Manager, the adolescent family program is a safe opportunity to explore emotions within set parameters with a common goal: restoring health to the patient and supporting family communication. Often, the parents in the group have never been able to speak openly about the struggles they have endured. "These families are fractured, they are angry and they are broken," says Kathleen. The program encourages and provides the information, support, validation and solutions, including communication strategies and follow-up plans, that these families so desperately seek.

The key to the day's success, Kathleen has found, is the rapid establishment of a strong therapeutic alliance between the facilitator and the participants, and among the participants themselves. Within this alliance, patients and family members feel embraced and nurtured, and for some, it serves to break the shame that often accompanies mental illness.

The day is full and can be challenging as new communication styles are learned and implemented. "Of course it's emotional," Kathleen says. "But after all, I explain, 'we are not here to talk about the weather, or about politics. We are here to talk about your beloved. And so we need to talk about our emotions. And what I have to say about emotions is: Let 'em up; Let 'em out; Let 'em go!' What I am privileged to see over and over again is the intensity of the love. It's palpable."

The one-day family program for adolescents not only supports families, but reflects Silver Hill's mission to provide empirically-based education about mental illness. The program thus has an important advocacy component, as the parents learn about adolescent development in general and their child's mental health in particular. They become informed participants in their children's treatment and can then disseminate information within their own communities, helping to break down the stigma that still exists about mental illness.

Moreover, every patient in the transitional living program for adolescents – the "Lodge" – is also provided with educational testing and, upon discharge, given a written document that we call an "Education Road Map." The road map consists of a full review of their educational progress to date and the results of further educational testing performed as part of their treatment here. The aim of the road map is to integrate all of the old and new information to provide guidance to the patient, the family and the school on how best to optimize areas of strength and minimize weaknesses.





Michael Cominotto  
with fellow Silver Hill  
volunteers Frances,  
Dina, Jieun and Bria.



## ■ The Gala

A “fêted” introduction to an incredibly generous community of patrons in honor of our youngest patients

In 2010, Silver Hill Hospital celebrated 80 years as an independent, not-for-profit hospital with a magnificent inaugural Gala inspired and created by co-chairs, hospital supporters Michael Cominotto and Dennis Basso. At their urging, the hospital administration took an unprecedented moment away from its day-to-day operations to celebrate its achievements and devote all proceeds to scholarships for adolescents and young adults requiring financial assistance to extend treatment in one of Silver Hill’s successful residential programs. Michael says, “Dennis and I wanted to do this because of my own personal experience at the hospital, especially when I was in the ACU and witnessed patients not able to continue treatment in one of the residential units simply because of lack of funds. As important as raising the money for scholarships was, a secondary reason was just as important – to open up the dialogue on mental illness and to showcase the wonderful treatment available at this beautiful non-judgmental hospital.”

For Silver Hill’s youngest patients, by the time they arrive their families have often put a considerable amount of their

total resources into trying to secure psychiatric treatment. They may be drained, of money and energy, but they are willing to do anything necessary to see that their children get the treatment they need. This fund will ensure that young patients for whom residential treatment is clinically appropriate can access it even if they don’t have the resources.

The Gala was an unqualified success, taking in donations exceeding 1.3 million dollars, and furthermore, galvanizing a body of support from the community that had henceforth been inconspicuous. The evening, presided over by “unforgettable” Mistress of Ceremonies, Natalie Cole, was magical and uplifting for Silver Hill, both as a hospital and as a community. It was a meaningful salute to the hospital and the transformational treatment its staff so capably and compassionately delivers, and an opportunity for those who know and love Silver Hill to come together.

To others, including Janet Isdamer, Director of Social Work and Transitional Living Programs at the hospital, the enormous success of the Gala and the way in which it connected the community to its incredible work holds special meaning, “To be able to showcase what we have at Silver Hill, and what we are able to provide, gives me such incredible satisfaction. The Gala was our chance to share that side of ourselves – the honor and the accomplishment we feel – with the world. I’ve never felt prouder.”

EYE ON PROGRAMS

## ■ Horticultural Therapy at Michael's House


TUESDAYS AT 2 PM

Bringing the solace and joys of the natural world to patients living with persistent mental illness

“Sometimes you just need to get your hands in the dirt! It feels so good to the touch,” says Gail Zaremba, the hospital’s first certified horticultural therapist, as a patient foregoes the offer of a pair of bright purple gardening gloves, gently tucking a cluster of purple impatiens into a pot of moist soil, barehanded. This hour at the hospital is unique: instructional, meditative and creative all at once. Horticultural therapy capitalizes on what Gail calls “the purest relationship” – that between the sun and the earth – and involves patients in all phases of gardening as a tool in the improvement of their wellbeing. Gail’s group provides an initial outlet for patients who can have difficulty with even the plainest tasks of daily living (her favorite words are “simple,” “fun” and “easy”), but often has long lasting effects, spurring them on to become tenders of their own gardens later.

Horticultural therapy has a multitude of benefits. Physiologically, it can have positive effects on blood pressure, pulse and respiration. It can provide an opportunity for exercise, increased flexibility, coordination and balance. Psychologically, it is an effective stress reliever, and promotes connection between nature and people.

For many, however, simply participating is an accomplishment to be celebrated, as they stay with the group and follow Gail’s gentle guidance. “Anyone can be a gardener,” Gail adds, “but our patients make gardening such an enriching, active and elevating process. The reason I love horticultural therapy is because people can be successful. I try to eliminate any impediments to their accomplishment. And the results are fantastic. The special connection between them and their flowers, herbs, fruits and vegetables fully engages all of their senses: taste, touch, smell, sight and even sound as they pull a pea off the vine and hear its lovely ‘snap’!”



**“THE MAN WHO HAS PLANTED  
A GARDEN FEELS THAT HE HAS  
DONE SOMETHING FOR THE  
GOOD OF THE WORLD.”**

– Vita Sackville-West

VOLUNTEER VOICES

## Journaling

### Writing Recovery One Word at a Time

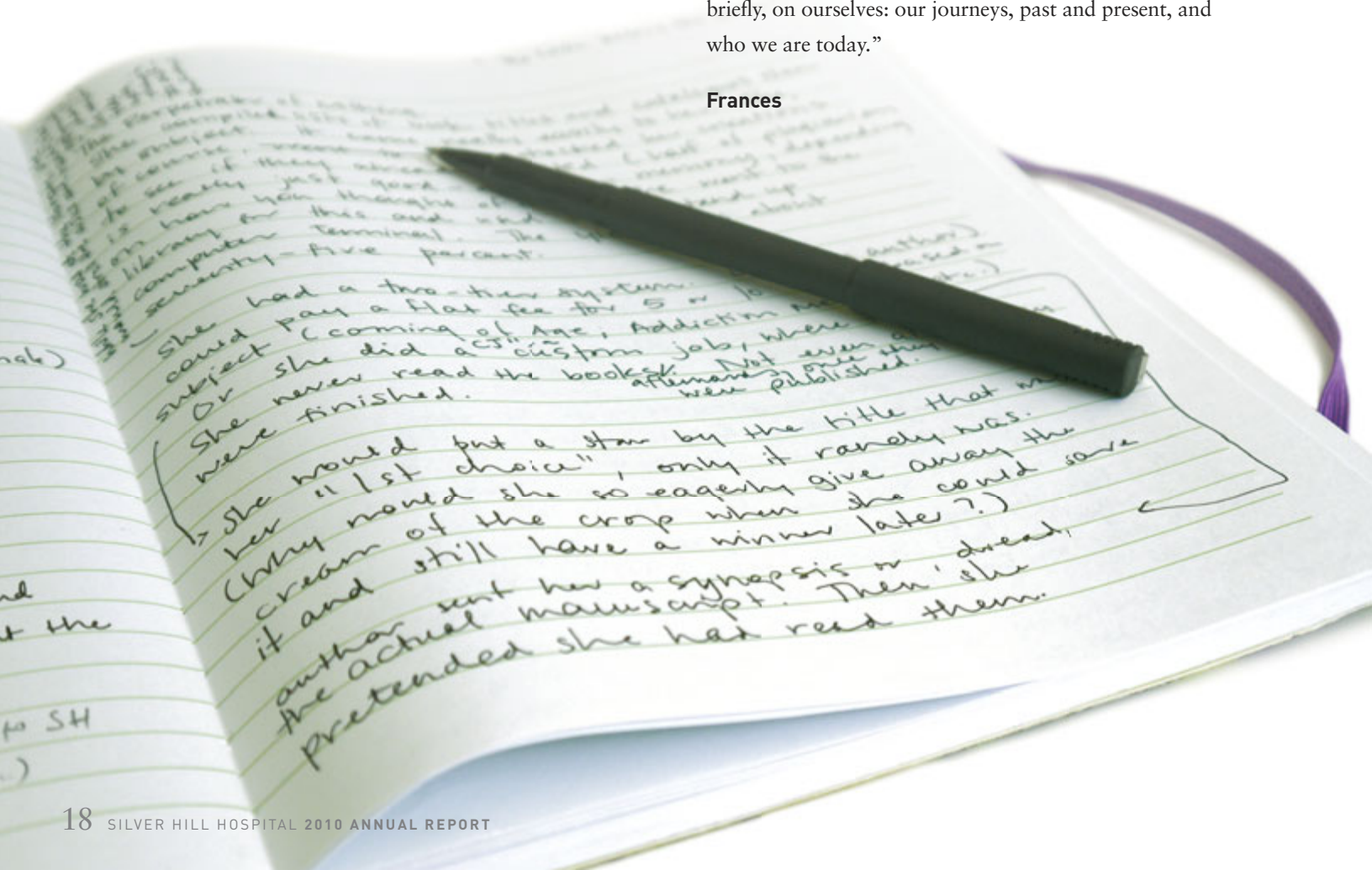
TUESDAYS AT 10 AM

“Every week I visit the women residing at Barrett House, and on occasion those in treatment at Main House, and we sit down together as individuals with a very clear plan: to write our lives. Journaling, or personal writing, can be a useful tool for anyone, but can be particularly useful to those looking to document and clarify their experiences and to affirm their convictions. I bring poems that I love, which we read and talk about, and then we make use of prompts to guide us in our writing.

As we write together, memories and hopes float in the air and take shape on the page. We talk and listen, giving space and time where necessary to really hear each other, even in the midst of long silences. We laugh and we cry. Most of all, we go within, to the place where nothing matters but our own viewpoint, our own experience. We are honest.

As I leave the warmth and safety of the Barrett House walls behind each week, I am inspired and comforted by the awareness that all of us in the group have focused, however briefly, on ourselves: our journeys, past and present, and who we are today.”

Frances



## ■ Maximizing our Impact

### Community Outreach and Education

The community within which we are situated is a source of great pride and commitment to Silver Hill Hospital. Every year our varied endeavors in community outreach strive to address relevant and current issues and to reach a broad audience. This is some of what we undertook in 2010:

#### Grand Rounds

Increasingly popular, these clinical seminars draw a large audience consisting of psychiatrists, psychologists and social workers working and living in the Fairfield County area and beyond. Topics included: “Cognitive Remediation: A New Neuroscience-based Behavioral Treatment for Serious Mental Illness” presented by Yale University’s Bruce Wexler, M.D. ; and “Genetic Risk Factors of Addiction” presented by Yasmin Hurd, Ph.D. of Mount Sinai School of Medicine.

#### Medication Turn-in Day: Shed Your Meds

A day dedicated to the free collection and disposal of unwanted medication, co-sponsored by Silver Hill Hospital, Norwalk Hospital, and the towns of Wilton and New Canaan, with the goal of thwarting medication abuse prompted by inappropriate storage of prescription medication, abuse that is on the rise among teens, and preventing the environmental impact of improper disposal of prescription drugs directly into our water systems.

#### Behavioral Tech Training

Two week-long sessions hosted by Silver Hill Hospital designed to model basic elements of Dialectic Behavior Therapy in an experiential way, and to foster team development, make up this intensive training course for clinicians invested in learning DBT to a high standard in order to better implement the treatment in their usual settings.

#### NAMIWalks

Every year the National Alliance on Mental Illness holds walks throughout the country to “raise money and awareness about our country’s need for a world-class treatment and recovery system for people with mental illness.” In 2010, Silver Hill Hospital was proud to be a silver sponsor of the 7th Annual Connecticut NAMIWalks, and sent a team of delegates, spearheaded by our Librarian, Anne Romano, to represent us in Hartford.

## ■ Philanthropy

Fostering deep and lasting friendships with our supporters —  
A conversation with Missy Fallon, Chief Development Officer

### **Q: What makes gifts to Silver Hill Hospital so special?**

Not-for-profit psychiatric hospitals can be difficult for philanthropists to reach out to for a variety of reasons and especially due to the stigma associated with mental illness and addiction. One of the most important things about Silver Hill is that contributions directly fund programs and projects completely associated with patient treatment. This is what makes giving to Silver Hill unique, in that, unlike an academic medical setting where contributions are also funding research and education, it is our patients who receive the full benefit of a donor's generosity.

### **Q: How are gifts used?**

We invest donor dollars in virtually every corner of Silver Hill, as our goal is to make the patient experience as dynamic as possible from every perspective. An atmosphere free of any distractions, where the patients are able to concentrate on what they are here for – to get well – and where the clinical team can focus on what they do best, comes first and foremost. If we didn't have the financial wherewithal to devote funds to all kinds of priorities – for example, to expand clinical programming, to renovate buildings, or to help patients in need with scholarships – Silver Hill would be a very different place. Extraordinary clinical expertise in the quintessential therapeutic environment has been at the heart of Silver Hill since its inception, and it is our donors who have helped enormously to safeguard this.

### **Q: Who is a typical donor to Silver Hill?**

We receive gifts from all types of individuals, including former patients and families as well as benefactors from the greater community, and every gift no matter the size is very important. Some of the most striking support comes from former patients who were at the hospital many years ago, who have recently realized that their time here was truly a life-changing experience. Often these gifts are accompanied by the most heartwarming notes and mention staff by name praising them for their care. But, equally noteworthy are the gifts we receive from admirers without a Silver Hill connection. These gifts are truly a supreme endorsement of Silver Hill as a preeminent center for psychiatric care in the nation. It is because of the quality of our programs and facilities that the hospital is really thriving and we owe our thanks to our supporters for their help.

### **Q: What can you tell us about philanthropy at Silver Hill in 2010?**

This was a big year for us. Several factors occurred simultaneously to transform a blossoming development program into a record setting year for philanthropy. The



Dennis Basso and Missy Fallon.

total amount of contributions skyrocketed, largely due to the amazing success of our inaugural Gala, although annual giving alone increased by 43 percent. The most visible symbol of the increase in support is reflected in the number of contributors, which was an astounding 59 percent greater than last year.

Everything that happens here is driven by thoughtful and strategic implementation of best practices in psychiatry and addiction medicine, and this is what drives critical projects like the restoration of Barrett and Scavetta Houses and the development of state-of-the art clinical initiatives such as the Chronic Pain and Addiction Program. So, this outstanding surge in philanthropy is critically important to having the resources available to accomplish our goals. It

is because of the quality of our programs and facilities that the hospital is really thriving and we owe our thanks to our supporters for their help.

The Gala was the icing on the cake, as it gave us an amazing and unprecedented opportunity to showcase Silver Hill and bring hundreds of guests, with or without a hospital relationship, together for a very compelling charitable cause. It lifted Silver Hill into the limelight as a not-for-profit and it raised over \$1 million for scholarships for young patients with inadequate resources for residential treatment. It is said that gifts come in all shapes and sizes, and the “gift” of a gala, offered and orchestrated by Michael Cominotto and Dennis Basso in gratitude for Michael’s care, is truly an unparalleled example of everlasting generosity. We will never forget that night.

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It is with heartfelt gratitude that we recognize the generous donors who have done so much to support the work of Silver Hill Hospital.

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# Financial Report

## Balance Sheet

### Assets

|                                   |  |
|-----------------------------------|--|
| Current Assets                    |  |
| Other Assets                      |  |
| Property, Plant & Equipment – Net |  |
| <b>TOTAL</b>                      |  |

|  | audited<br>2/28/2011 | audited<br>2/28/2010 |
|--|----------------------|----------------------|
|  | 16,477,115           | 8,601,736            |
|  | 2,387,371            | 9,969,398            |
|  | 19,117,005           | 16,149,146           |
|  | <b>37,981,491</b>    | <b>34,720,280</b>    |

### Liabilities

|                     |  |
|---------------------|--|
| Current Liabilities |  |
| Other Liabilities   |  |
| Line of Credit      |  |
| Net Assets          |  |
| <b>TOTAL</b>        |  |

|  |                   |                   |
|--|-------------------|-------------------|
|  | 3,516,679         | 2,994,115         |
|  | 117,811           | 88,214            |
|  | 6,327,680         | 8,327,680         |
|  | 28,019,321        | 23,310,271        |
|  | <b>37,981,491</b> | <b>34,720,280</b> |

## Statement of Operations

|                      |  |
|----------------------|--|
| Operating Revenue    |  |
| Operating Expenses   |  |
| Gain from Operations |  |

|  |                  |                  |
|--|------------------|------------------|
|  | 31,543,326       | 30,168,491       |
|  | 29,302,734       | 27,977,826       |
|  | <b>2,240,592</b> | <b>2,190,665</b> |

Non-operating Gains – Net

770,717 1,008,081

Gain from Operations & Non-operating\*

3,011,309 3,198,746

Contributions Received (Cash Basis)

2,321,569 1,564,837

\* Excludes unrealized gains on investments of \$825K in FY 2011 and \$1.8M in FY 2010.

## Statistical Information

### Admits/Days

|                         |  |
|-------------------------|--|
| Inpatient Admissions    |  |
| Inpatient Days          |  |
| Transitional Admissions |  |
| Transitional Days       |  |

|  | FY 2011 | FY 2010 |
|--|---------|---------|
|  | 2,000   | 2,043   |
|  | 14,098  | 15,012  |
|  | 629     | 626     |
|  | 16,713  | 16,242  |

### Total Payor Mix

|                |  |
|----------------|--|
| Commercial/HMO |  |
| Medicare       |  |
| Self-pay       |  |

|     |     |
|-----|-----|
| 51% | 51% |
| 4%  | 6%  |
| 45% | 43% |

## Who Is Silver Hill?

|                  |   |              |   |                           |
|------------------|---|--------------|---|---------------------------|
| 11<br>Physicians | 35<br>Social Workers<br>and Psychologists | 69<br>Nurses | 85<br>Residential Counselors<br>and Psychiatric Technicians | 103<br>Other<br>Employees |
|------------------|---|--------------|---|---------------------------|

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Physician-in-Chief

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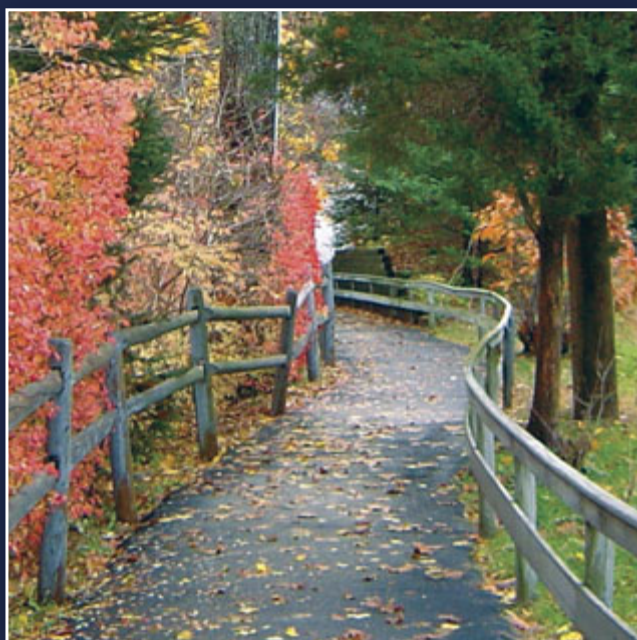
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### Leila Laitman, M.D.

### Rocco Marotta, M.D.

### Ellyn Shander, M.D.

“Very beautiful and relaxing grounds, as well as insightful and wise staff. Wonderful (albeit brief) stay.” ■  
 “[I] was taken care of with extreme compassion and empathy.” ■ “This was a truly wonderful experience.  
 It was so scary the first day, but I’ve changed for the better.” ■ “...were amazing nurses. Prompt, courteous  
 and informative.” ■ “...was comforting to my needs and always had my best interest and concerns in mind.”  
 ■ “...were compassionate and heartwarming.” ■ “...exceptional...uplifting...inspiring.” ■ “Beyond expecta-  
 tions.” ■ “Staff [is] professional, courteous, kind, supportive, informative – FANTASTIC.” ■ “Nurses [are]  
 fantastic! Professional, knowledgeable staff – always there for you!” ■ “Excellent! Excellent! Excellent!” ■  
 “[Psych Techs] excellent, professional, knowledgeable and always there for you.” ■ “...the best women I have  
 ever met.” ■ “They changed my life forever.” ■ “...were most motivating to me. They also made me smile.” ■  
 “There is no better staff than at Silver Hill.” ■ “...awesome at their job, couldn’t ask for better.” ■ “...is tops in  
 her league, she is perfect  
 coating, she really listens  
 better.” ■ “...are the best  
 out their care, concern  
 not have progressed as I  
 were fantastic. [They]  
 made my experience ex-  
 “Anytime I had a ques-  
 extremely helpful.” ■  
 tastic. He listened to all  
 options, and thoroughly  
 ■ “The staff were kind,  
 and helpful.” ■ “...were  
 attentive and made my  
 experience. [The staff] went above and beyond the call of duty.” ■ “[She] was an angel. Went above and beyond.  
 Her love on Easter weekend to us all was fantastic. She was there for me every time and I felt loved.” ■ “Loved  
 [my doctor].” ■ “[The staff] should be sainted for their care.” ■ “[She] is amazing as is all the staff.” ■ “This is  
 a haven for us, I will be back to volunteer.” ■ “[He] was a great doctor.” ■ “[She] was a very special person to  
 me, she comforted me in sadness [and] crying. [She was] always there for me.” ■ “Every staff person [at SH]  
 was so great.” ■ “All the nurses helped me more than they could know – I am so thankful to everyone here.  
 xox.” ■ “My doc was wonderful!” ■ “Thank you all!” ■ “World class empathy and professionalism.” ■ “Full  
 recommendation from me!” ■ “The nursing staff is amazing!” ■ “Everyone – including doctors & staff – were  
 exceptionally nice. My dignity has remained intact. Not as stigmatizing as I had anticipated.”



for my needs. No candy  
 and wants you to get  
 at what they do. With-  
 and knowledge I would  
 have.” ■ “All of the staff  
 were amazing. They  
 tremely positive...” ■  
 tion...the nurses were  
 “[My doctor] was fan-  
 of my concerns, gave me  
 answered my questions.”  
 considerate, empathetic,  
 exceptionally kind and  
 stay a very positive ex-