2018 Connecticut Community Readiness Survey Results: CONNECTICUT

Developed by the Department of Mental Health and Addiction Services Center for Prevention Evaluation and Statistics at UConn Health
October 2018
Connecticut Community Readiness Survey (CRS) Objectives

• Assess perceived substance use problems at the local level;
• Measure community readiness for substance abuse prevention:
  • Community attitudes about alcohol and drug use, mental health promotion, and suicide and problem gambling prevention;
  • Community support for prevention;
  • Availability and perceived effectiveness of prevention strategies;
  • Perceived barriers to substance abuse prevention;
  • Use of data for substance abuse prevention;
  • Rating of community readiness;
• Develop a tool and methodology that DMHAS can use for ongoing needs assessment;
• Inform substance abuse prevention planning and mental health promotion at state and regional levels;
• Identify needs for training and technical assistance;
• Provide data to evaluate the impact of SPF-based initiatives.
Connecticut Community Readiness Survey (CRS) Approach

- Instrument developed through a consensus process involving DMHAS, its Resource Links, State Advisory Committee and UConn Health;
- Administered biannually statewide since 2006;
- Web-based survey implementation supplemented by paper surveys;
- CT Clearinghouse coordinates e-mail distribution of the survey;
- Regional Behavioral Health Action Organizations (formerly Regional Action Councils) identify 5-10 key informants per town/city to survey;
- RBHAOs conduct active outreach and follow up with key informants to encourage participation and maximize responses;
- Data analysis by the DMHAS Center for Prevention Evaluation and Statistics at UConn Health;
- State and regional results are disseminated to RBHAOs to support planning;
- This approach resulted in **975** responses to the 2018 CRS survey statewide, with representation in **163** of 169 communities.
DMHAS Regional Behavioral Health Action Organizations (RBHAOs)
Key Informant Demographic Characteristics: Connecticut CRS, 2018

**Age**
- 12-17 years: 0.9%
- 18-25 years: 1.6%
- 26-35 years: 12.2%
- 36-45 years: 19.6%
- 46-55 years: 28.6%
- 56-65 years: 27.4%
- 66 and older: 9.7%

**Gender**
- Male: 33.7%
- Female: 66.3%

**Race**
- White: 83.5%
- Black: 10.6%
- Hispanic: 4.6%
- Other: 1.3%
Key Informant Stakeholder Affiliation: Connecticut CRS, 2018

- Government: 18.0%
- Law Enforcement: 7.3%
- Youth Serving Organization: 30.0%
- Coalition/Council/Task Force: 23.6%
- Social/Human Service Agency: 19.0%
- School: 23.3%
- Public Health: 9.7%
- Mental Health Service Provider: 16.8%
- Faith-based Organization: 3.5%
- Substance Abuse Prevention Agency/Provider: 13.3%
- Substance Abuse Treatment Agency/Provider: 7.8%
- Youth: 10.5%
- Parent: 22.7%
- Business: 0.5%
- Public Citizen: 1.5%
- Emergency Medical Services: 0.6%
Problem Substances of Greatest Concern According to Key Informants By Age Group: Connecticut CRS, 2018

- 12-17 years old:
  - Prescription drugs: 9.9%
  - Heroin: 2.4%
  - Cocaine: 0.5%
  - Marijuana: 32.3%
  - Tobacco: 12.3%
  - Alcohol: 39.6%

- 18-25 years old:
  - Prescription drugs: 22.5%
  - Heroin: 18.3%
  - Cocaine: 2.1%
  - Marijuana: 24.0%
  - Tobacco: 1.5%
  - Alcohol: 34.0%

- 26-65 years old:
  - Prescription drugs: 34.0%
  - Heroin: 22.3%
  - Cocaine: 3.9%
  - Marijuana: 34.7%
  - Tobacco: 3.6%
  - Alcohol: 3.9%

- 66 or older:
  - Prescription drugs: 55.0%
  - Heroin: 1.6%
  - Cocaine: 1.0%
  - Marijuana: 22.5%
  - Tobacco: 0.4%
  - Alcohol: 38.1%
### Community Attitudes Toward Substance Abuse Prevention

**[Q10]: Connecticut CRS, 2018**

*Key Informant believes that most community residents ....*

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Are concerned about preventing alcohol abuse</td>
<td></td>
<td></td>
<td>2.92</td>
<td></td>
</tr>
<tr>
<td>Are concerned with preventing other drug abuse</td>
<td></td>
<td></td>
<td>3.31</td>
<td></td>
</tr>
<tr>
<td>Feel more attention should be paid to preventing prescription drug misuse</td>
<td></td>
<td></td>
<td>3.13</td>
<td></td>
</tr>
<tr>
<td>Believe that youth, regardless of socioeconomic, racial and ethnic status, are at risk of SA</td>
<td></td>
<td></td>
<td>3.23</td>
<td></td>
</tr>
<tr>
<td>Know about the community programs that are working to prevent alcohol and drug abuse</td>
<td></td>
<td></td>
<td>2.54</td>
<td></td>
</tr>
<tr>
<td>Believe it is possible to prevent alcohol and other drug problems among youth</td>
<td></td>
<td></td>
<td>2.86</td>
<td></td>
</tr>
<tr>
<td>Feel alcohol and other drug prevention programs are a good investment for the community</td>
<td></td>
<td></td>
<td>3.18</td>
<td></td>
</tr>
<tr>
<td>Believe that prevention programs for youth are effective at preventing substance abuse</td>
<td></td>
<td></td>
<td>2.95</td>
<td></td>
</tr>
<tr>
<td>Are willing to support substance abuse prevention programs with town/city tax dollars</td>
<td></td>
<td></td>
<td>2.77</td>
<td></td>
</tr>
<tr>
<td>Feel that it is okay for youth to drink alcohol occasionally</td>
<td></td>
<td></td>
<td>2.29</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- **1** = Strongly Disagree
- **2** = Somewhat Disagree
- **3** = Somewhat Agree
- **4** = Strongly Agree

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*Source: CPES (Center for Prevention Evaluation and Statistics)*

*Image: [CT CRS, 2018](image-url)*
Community Attitudes Toward Substance Abuse Prevention

[Q10]: Connecticut CRS, 2018

Key Informant believes that most community residents ...:

- Would support legalization of marijuana
  - Strongly Agree: 2.46

- Believe the use of alcohol and other drugs is a private matter that should be dealt with at home
  - Strongly Disagree: 2.24

- Believe that enforcement of liquor laws should be a priority
  - Somewhat Agree: 3.01

- Think that the occasional use of marijuana is not harmful
  - Somewhat Disagree: 2.59

- Feel that youth should be able to drink at parties with parental supervision
  - Somewhat Agree: 2.11

- Believe that it is okay for teens to drink if they don't drive
  - Strongly Agree: 2.08

- Feel that it is okay for adults to drive after having one or two alcoholic drinks
  - Somewhat Agree: 2.68

- Believe that it is okay for adults to get drunk occasionally
  - Somewhat Agree: 2.69

- Think that it is risky to drink alcohol while taking prescription medications
  - Somewhat Agree: 3.03
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community [Q11]: Connecticut CRS, 2018

1. Very Effective
2. Somewhat Effective
3. Ineffective

- Peer-based programs, such as leader or peer helper programs, youth community action groups (SADD, youth councils) - 2.34
- Youth life/social skills training programs (assertiveness, communication, drug refusal, problem-solving) - 2.24
- Parent education programs/parenting skills training - 2.20
- Information distribution (brochures, fact sheets, videos or presentations) - 1.94
- Social marketing aimed at changing behaviors (PSAs, media campaigns, other health communications) - 2.07
- Media advocacy to amplify an issue, or advance environmental or policy change (strategic use of mass media) - 1.99
- Enforcement of community laws/policies that discourage substance abuse (citizen watch, tip lines, party patrols, etc.) - 2.00
- Community laws and policies that discourage substance abuse (town ordinances, zoning, server training) - 1.96
- Community policing programs or services - 2.11
- Coalition/council/task force that addresses substance abuse - 2.19

Peer-based programs, such as leader or peer helper programs, youth community action groups (SADD, youth councils) are rated as very effective, followed by youth life/social skills training programs and parent education programs/parenting skills training, with scores of 2.24 and 2.20, respectively. Information distribution and social marketing also fall within the somewhat effective category with scores of 1.94 and 2.07, respectively. Enforcement of community laws/policies and community policing programs are rated as somewhat effective, with scores of 1.96 and 2.11, respectively. Coalition/council/task force and community laws and policies are rated as effective, with scores of 2.19 and 1.96, respectively.
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community [Q11]: Connecticut CRS, 2018

1. Ineffective
2. Somewhat Effective
3. Very Effective

- Mentoring programs: 2.34
- School-based substance abuse education (DARE, health curriculum): 1.98
- Teen center/club (Rec, drop-in, YMCA, Boys and Girls Club): 2.24
- Structured youth development activities (sports leagues, theater and arts programs): 2.42
- Supervised after school programs for elementary school students: 2.41
- Local business organizations dedicated to supporting community initiatives: 2.18
- Screening and brief intervention for substance problems: 2.21
- Counseling programs (EAP, mental health services): 2.31
- Adolescent substance abuse treatment services: 2.25
- Adult substance abuse treatment services: 2.28
- Recovery support activities (AA and other 12 step groups, recovery centers): 2.39
Perceived Barriers to Substance Abuse Prevention Activities in the Community [Q12]: Connecticut CRS, 2018

1. Not a Barrier
2. Moderate Barrier
3. Large Barrier

- Perception that substance abuse is a personal problem, not a community problem: 2.29
- Lack of leadership: 1.94
- Lack of coordination among organizations and groups: 2.10
- Too few community members with time or willingness to volunteer: 2.35
- Lack of consensus on how to address substance abuse issues: 2.09
- Lack of political support for substance abuse prevention: 1.96
- Substance abuse is not considered a priority problem in our community: 2.04
- Lack of a strategic plan to address substance abuse prevention needs: 2.07
- Insufficient awareness of current efforts among community members: 2.26
- Limited financial resources to address substance abuse in the community: 2.48
- Lack of knowledge of effective strategies to address substance abuse problems: 2.03
- Lack of community buy-in that substance abuse is an important issue: 2.17
- Lack of trained staff: 2.00
- Lack of programs with culturally competent staff: 1.99
- Perception that substance abuse is a personal problem, not a community problem: 2.29
Key Informant Ratings of Community Readiness for Substance Abuse Prevention Planning Activities [Q13]: Connecticut CRS, 2018

1. Not ready
2. Low readiness
3. Medium readiness
4. High readiness

- Collect data on the nature of local substance abuse problems: 3.05
- Identify available resources for substance abuse prevention (personnel, financial, organizational): 3.13
- Identify community members' abilities to act as resources to meet community needs (asset mapping): 3.01
- Secure support for prevention from local policy makers: 2.94
- Utilize needs assessment data to plan prevention programs and policies: 3.00
- Develop culturally appropriate prevention programs and strategies: 2.89
- Raise community awareness of substance abuse problems: 3.17
- Improve services and programs for substance abuse prevention: 3.00
- Convene community meetings to address substance abuse issues: 3.09
- Collaborate with organizations concerned with preventing other types of problems (HIV, violence): 2.92
- Allocate local funds to substance abuse prevention in the community: 2.49
- Develop policies related to or specifically for substance abuse prevention in the community: 2.71
- Identify the barriers to substance abuse prevention in the community: 2.93
- Develop a strategic plan to address substance abuse in the community: 2.87
Availability of Substance Abuse Prevention Data [Q14]: Connecticut CRS, 2018

- Census Data: 45.0%
- Community household surveys: 17.0%
- Law Enforcement data (arrests, DUI): 57.5%
- Key informant interviews: 12.2%
- Inventory of programs: 19.5%
- School data (achievement, suspensions, truancy): 51.2%
- School surveys: 42.0%
- Public meetings or forums: 35.5%
- Focus groups: 20.6%
- Alcohol/drug related hospital visits/admissions: 24.0%
- Public health statistics (mortality/morbidity rates): 36.7%
- None available: 0.4%
- Don’t know: 13.6%
### Key Informant Ratings of the Community Stage of Readiness for Substance Abuse Prevention [Q15]: Connecticut CRS, 2018

<table>
<thead>
<tr>
<th>Community Stage of Readiness for Substance Abuse Prevention: Connecticut (n=744)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - This town/city tolerates or encourages substance abuse.</td>
<td>.1</td>
</tr>
<tr>
<td>2 - This town/city has little or no recognition of the substance abuse problem.</td>
<td>5.0</td>
</tr>
<tr>
<td>3 - This town/city believes that there is a substance abuse problem, but awareness of the issue is only linked to one or two incidents involving substance abuse.</td>
<td>10.0</td>
</tr>
<tr>
<td>4 - This town/city recognizes the substance abuse problem and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors.</td>
<td>24.4</td>
</tr>
<tr>
<td>5 - This town/city is planning for substance abuse prevention and focuses on practical details, including seeking funds for prevention efforts.</td>
<td>22.9</td>
</tr>
<tr>
<td>6 - This town/city has enough information to justify a substance abuse prevention program and there is great enthusiasm for the initiative as it begins.</td>
<td>9.0</td>
</tr>
<tr>
<td>7 - This town/city has created policies and/or more than one substance abuse prevention program is running with financial support and trained staff.</td>
<td>13.3</td>
</tr>
<tr>
<td>8 - This town/city views standard substance abuse programs as valuable, new programs are being developed to reach out to at-risk populations and there is ongoing sophisticated evaluation of current efforts.</td>
<td>10.6</td>
</tr>
<tr>
<td>9 - This town/city has detailed and sophisticated knowledge of prevalence, risk factors, and substance abuse program effectiveness and the programming is tailored by trained staff to address risk factors within the community.</td>
<td>4.7</td>
</tr>
</tbody>
</table>

**Mean Stage of Readiness for Connecticut** 5.26
How important is it to prevent problem gambling in your community? [Q16]: Connecticut CRS, 2018

- Very important: 13.5%
- Somewhat important: 26.2%
- A little important: 32.3%
- Not at all important: 28.0%
93.5% of respondents agree that “suicide prevention efforts (such as educational programs, training, policies, and identification and referral of individuals at risk of suicide) are needed in the community.”

<table>
<thead>
<tr>
<th>Key informant rating of the community ability to implement suicide prevention efforts</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ability</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>2.76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key informant rating of the community support for suicide prevention efforts</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No support</td>
<td>A little support</td>
<td>Some support</td>
<td>A lot of support</td>
</tr>
<tr>
<td>3.10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Community Attitudes Toward Mental Health Promotion [Q20]: Connecticut CRS, 2018

Key Informant agreement that “most” community residents ....

- Are concerned about improving mental health: 3.20
- Would support measures to identify early mental health problems in children and youth: 3.32
- Are concerned about access to mental health services for adults: 3.21
- Believe that mental health problems are a private matter to be addressed at home: 2.48