### 2020 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 August, 2020







#### 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.

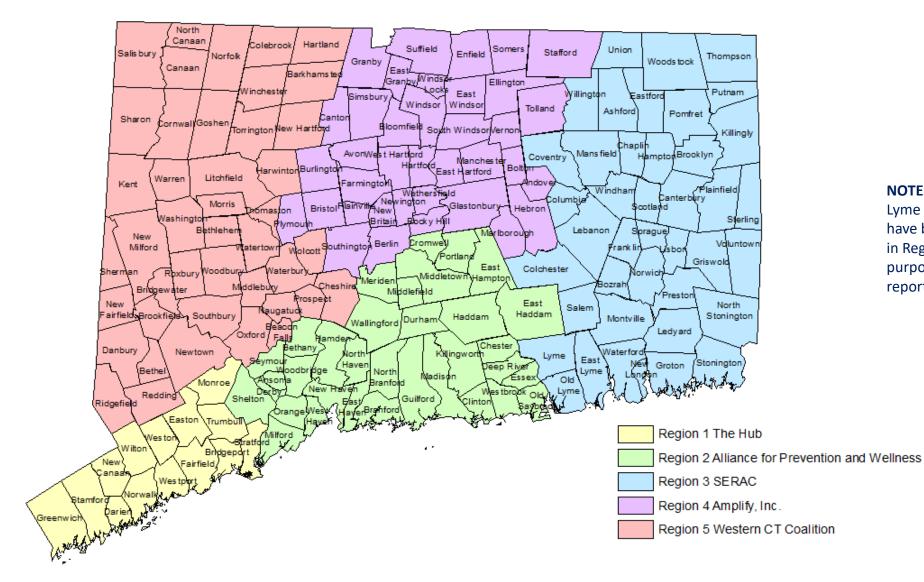
#### Connecticut Community Readiness Survey (CRS) Approach



- 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 **1236** responses to the 2020 CRS survey statewide, a **60%** response rate based on the established key informant survey sample, with representation in **166** of 169 Connecticut communities.

#### DMHAS Regional Behavioral Health Action Organizations (RBHAOs)



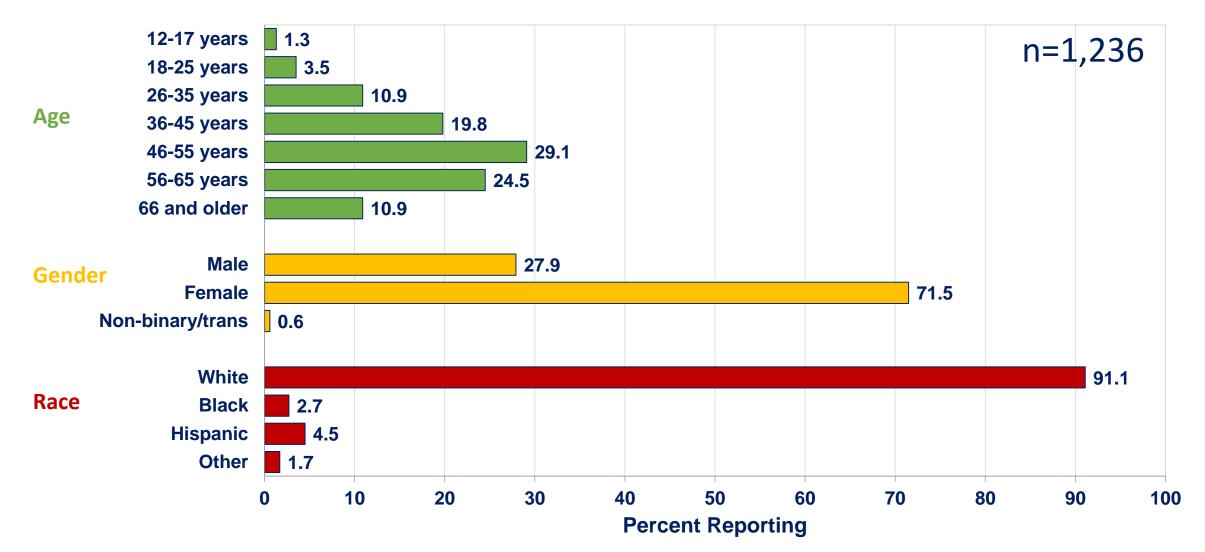




Lyme and Old Lyme have been included in Region 3 for the purposes of this report.

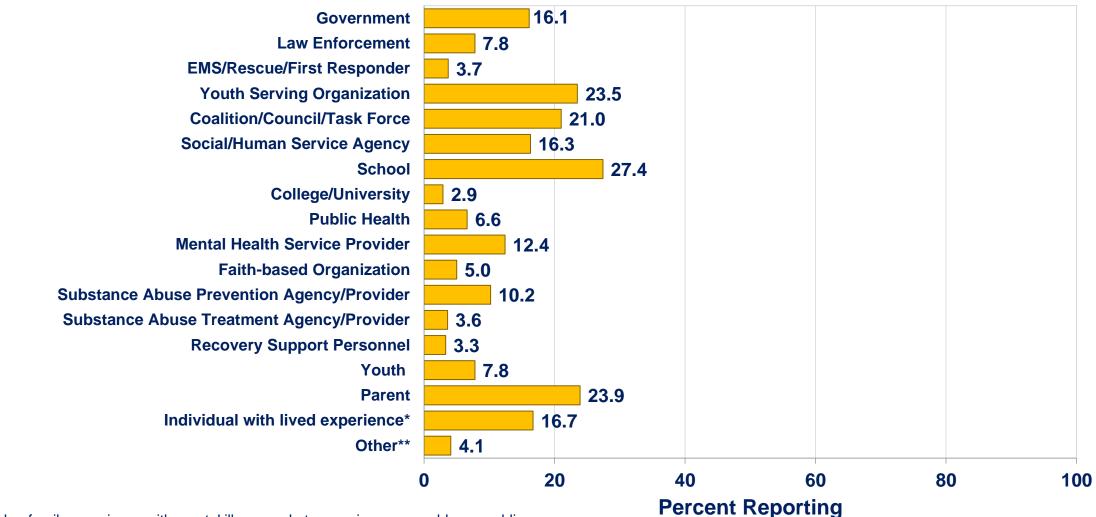


#### Key Informant Demographic Characteristics: Connecticut CRS, 2020





#### Key Informant Stakeholder Affiliation: Connecticut CRS, 2020



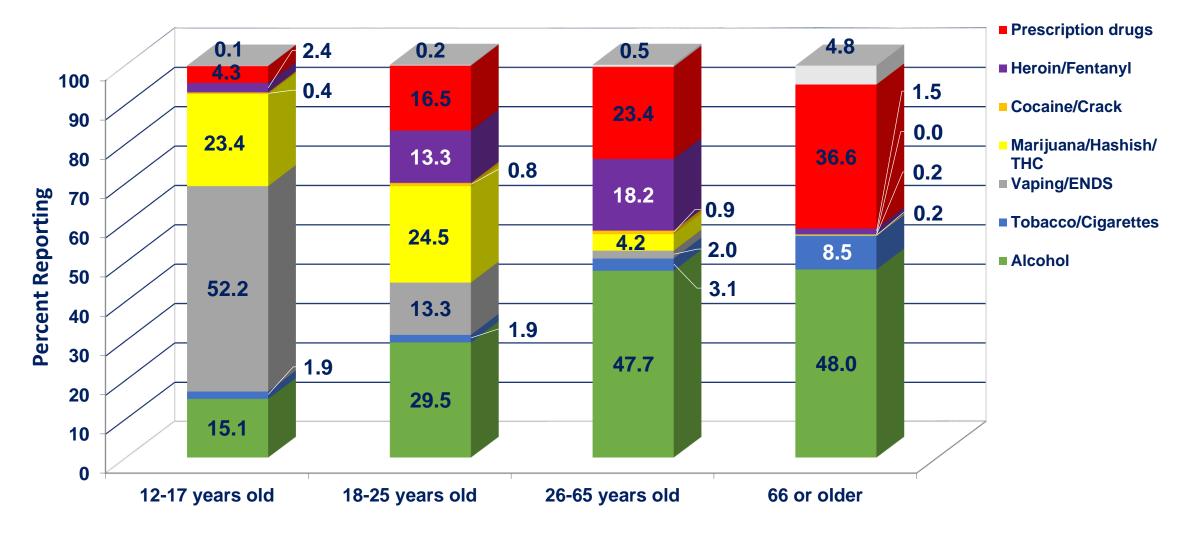
\* Personal or family experience with mental illness, substance misuse, or problem gambling

\*\* Includes: advocate, community member, municipality, philanthropic organization, non-profit, business



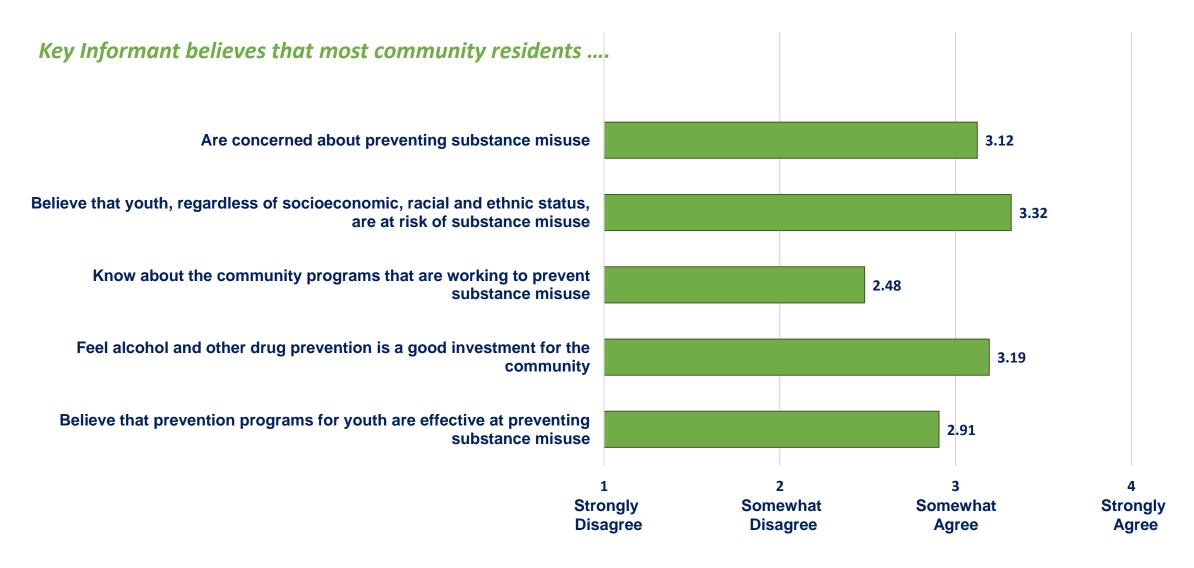
Problem Gambling

#### Problem Substances of Greatest Concern According to Key Informants By Age Group: Connecticut CRS, 2020



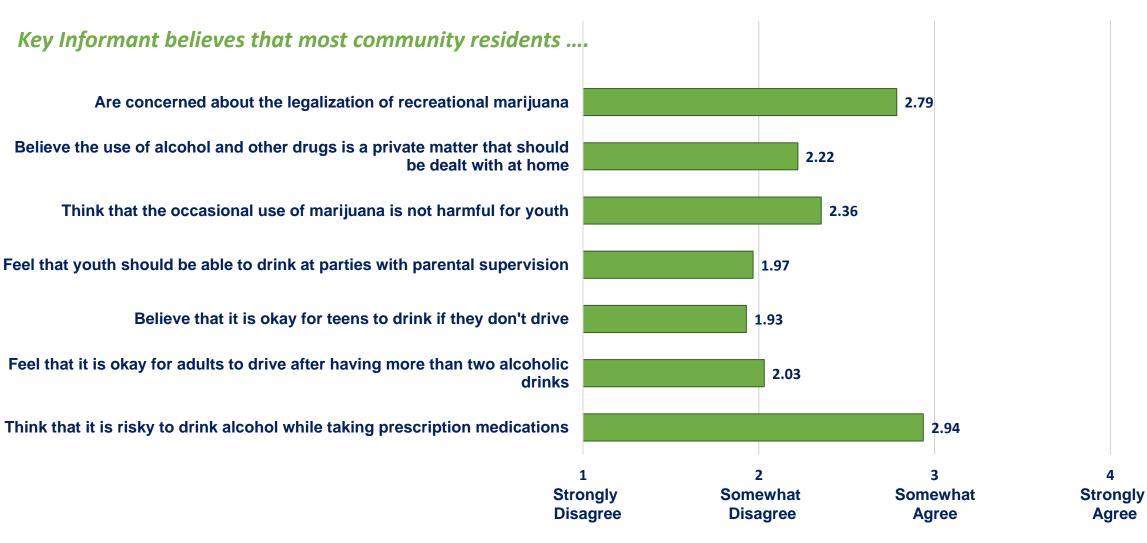


#### Community Attitudes Toward Substance Misuse Prevention [Q14]: Connecticut CRS, 2020





#### Community Attitudes Toward Substance Use [Q14]: Connecticut CRS, 2020





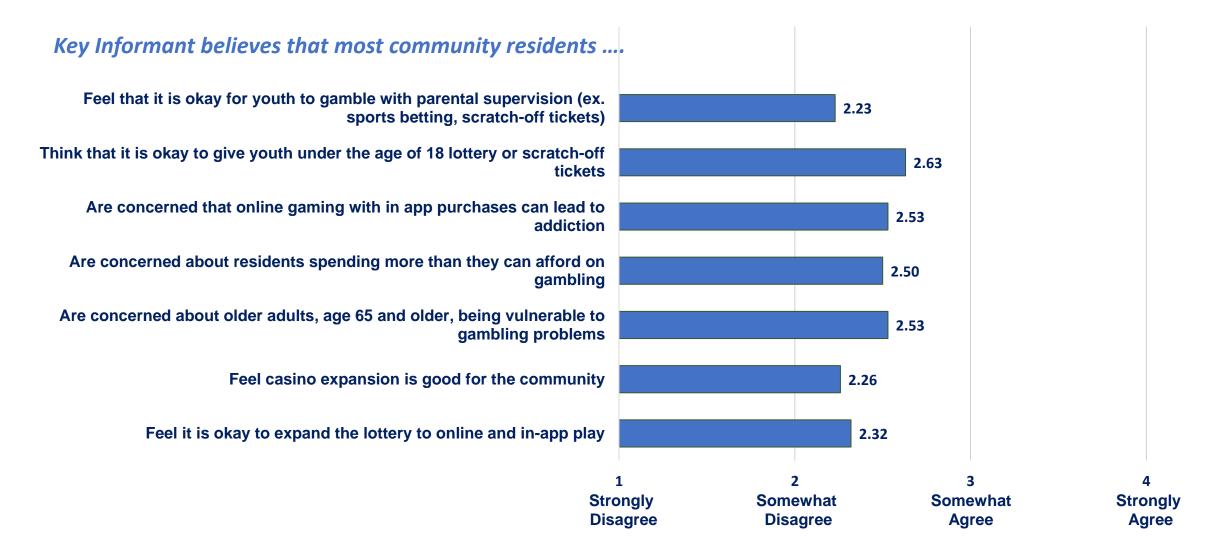
#### Perceived Barriers/Assets to Substance Misuse Prevention Activities in the Community [Q17]: Connecticut CRS, 2020

Availability of leadership	8.9	23.6	18.4		26.5	22	.6
Community members with time or willingness to volunteer	13.5	28.0		11.0	24.8	22	.7
Political support for substance misuse prevention	10.1	22.0	14.1	31.	7	22	2.0
A strategic plan to address substance misuse prevention needs	14.7	24.6		14.6	23.9	22	2.3
Financial resources to address substance misuse in the community	31.9		22.6		9.9	18.2	17.3
Knowledge of effective strategies to address substance misuse problems	13.1	26.6		14.3	24.6	2	1.4
Community buy-in that substance misuse is an important issue	16.3	26.9		12.3	24.9		19.5
Trained staff that are appropriate for the population(s) they serve	13.2	23.8	12	2	22.8	28.0	
Data to determine/support the extent or magnitude of the issue	13.8	22.3	16.	0	24.8	23.	1

A Great Barrier A Moderate Barrier Neither a Barrier nor an Asset A Moderate Asset A Great Asset

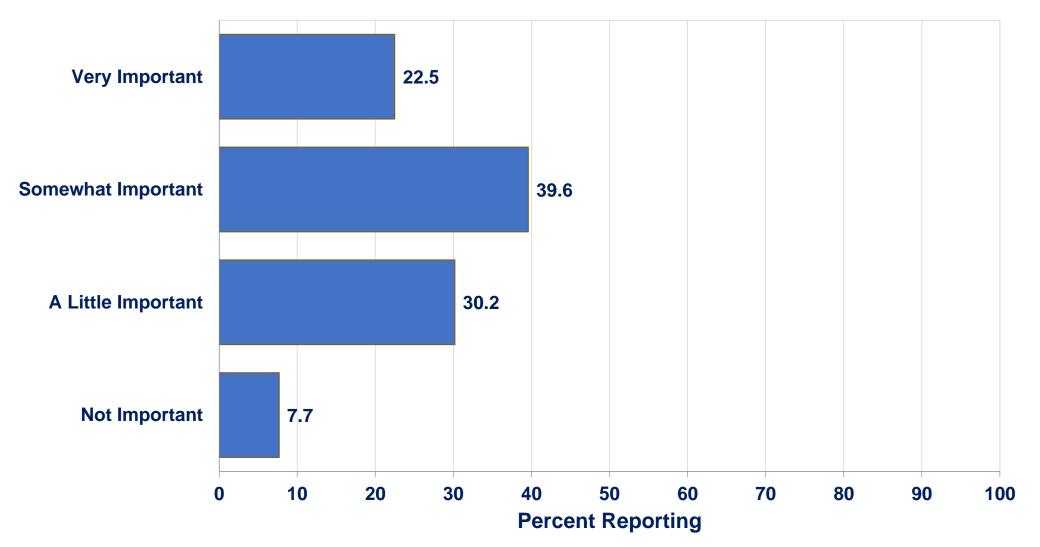


#### Community Attitudes Toward Gambling and Gaming [Q16]: Connecticut CRS, 2020



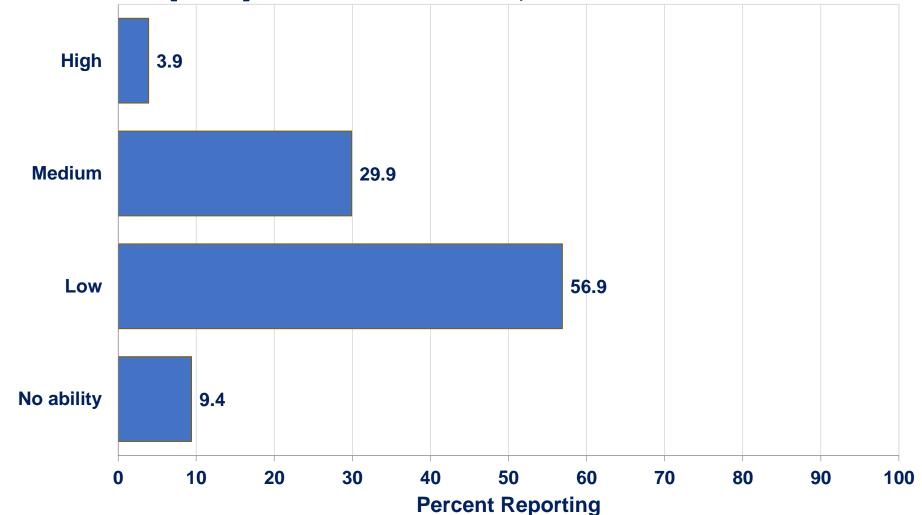


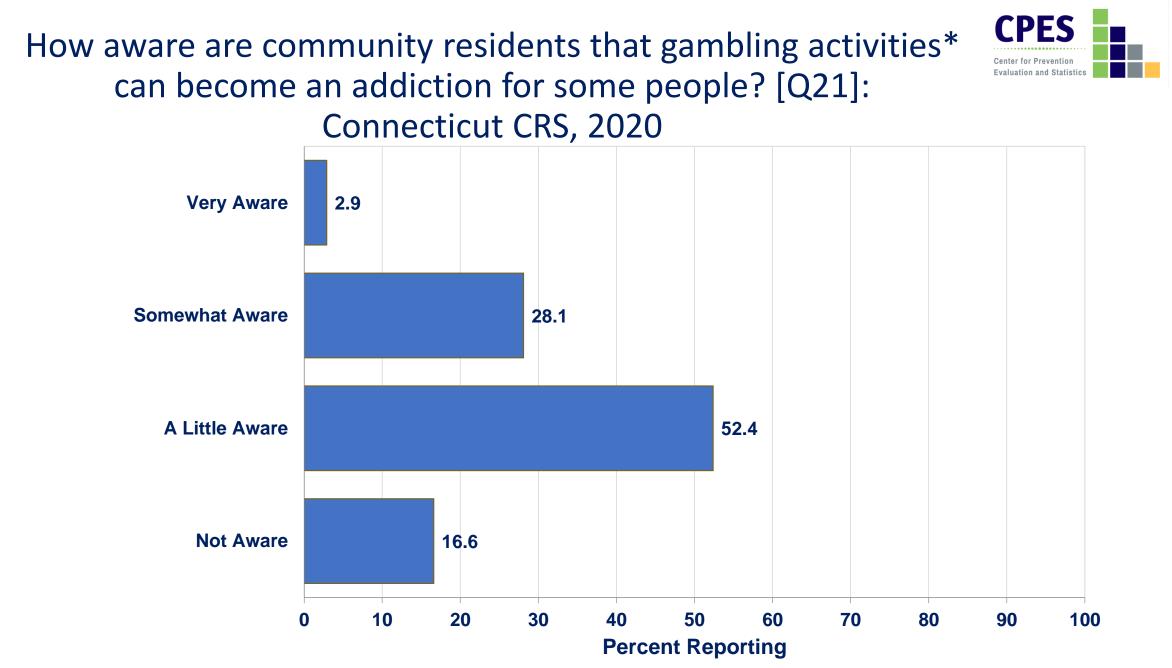
## How important is it to prevent problem gambling/gaming addiction in your community? [Q19]: Connecticut CRS, 2020





How would you rate your community's ability to raise awareness about the risks of problem gambling/gaming addiction? [Q20]: Connecticut CRS, 2020

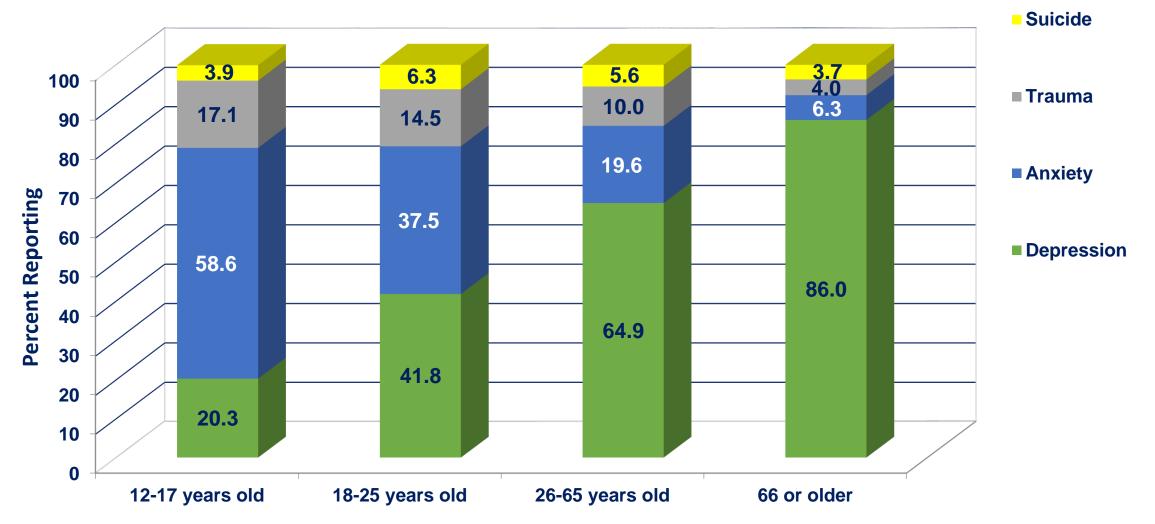




\*e.g. scratch-off tickets, sports betting, Keno, casino games, dice, cards, etc.

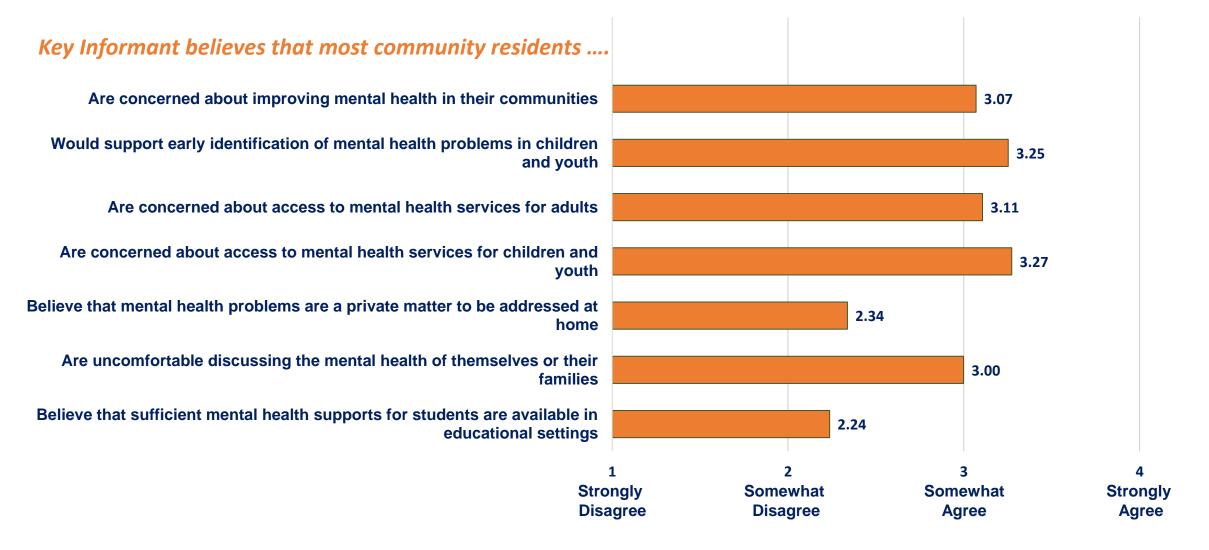


#### Mental Health Issue of Greatest Concern According to Key Informants By Age Group: Connecticut CRS, 2020





#### Community Attitudes Toward Mental Health [Q15]: Connecticut CRS, 2020



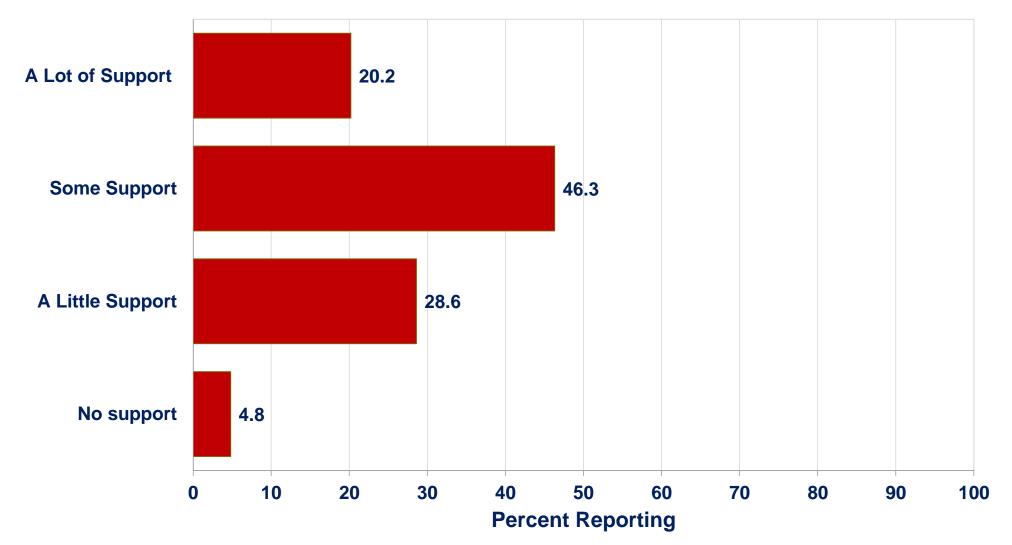


#### Perceived Barriers/Assets to Mental Health Promotion Activities in the Community [Q18]: Connecticut CRS, 2020

Availability of leadership	9.9	23.4	17.2		27.7			21.	8
Community members with time or willingness to volunteer	12.0	28.5		11.2	28	8.5		1	.9.7
Political support for mental health promotion	15.5	19.6	17.4	ļ	29.	6			18.0
A strategic plan to address mental health needs	16.8	27.5		17.6	5	20.8	3		17.3
Financial resources to address mental health in the community	32.2		25.5			10.7	15.7		15
Knowledge of effective strategies to address mental health	15.5	24.1		13.3	27.	1		1	9.9
Community buy-in that mental health is an important issue	16.9	25.2		12.2	20	6.6			19.1
Trained staff that are appropriate for the population(s) they serve	15.3	23.0	1	.1.3	24.5		2	6.0	
Data to determine/support the extent or magnitude of the issue	16.7	26.7		15.5		19.2		21.	9

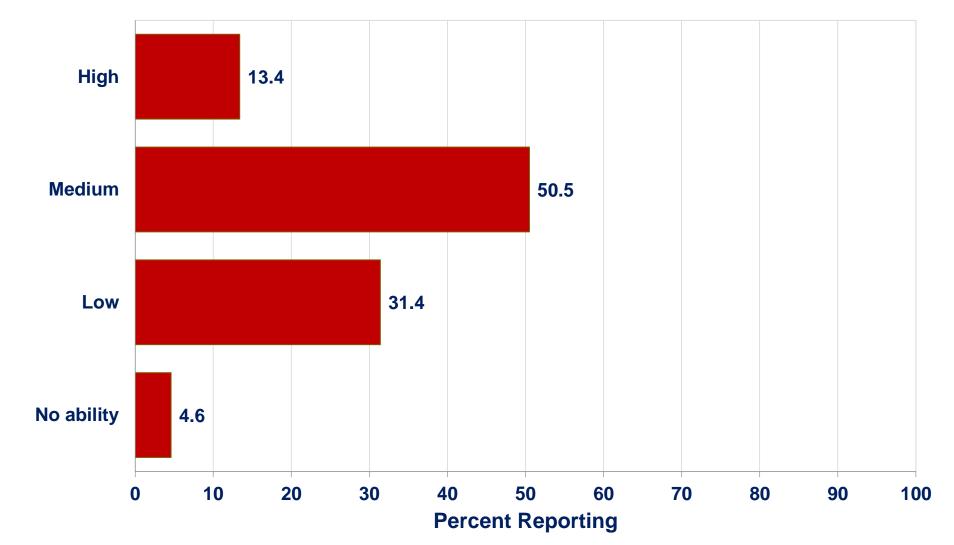


# In your opinion, how much community support is there for suicide prevention efforts? [Q22]: Connecticut CRS, 2020





# How would you rate your community's ability to implement suicide prevention efforts? [Q23]: Connecticut CRS, 2020



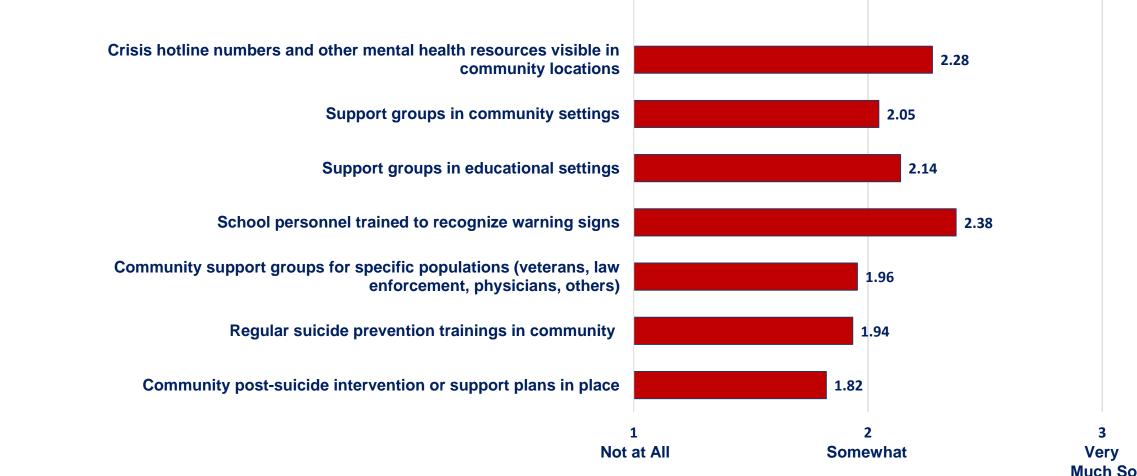


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#### Suicide Prevention Supports in Place in the Community [Q24]: Connecticut CRS, 2020

#### Key Informant believes that the following are in place in the community....





#### Community Readiness to Undertake Behavioral Health Promotion Activities\* [Q25]: Connecticut CRS, 2020



\*Behavioral Health Promotion Activities includes substance misuse prevention and mental health promotion activities.



#### Key Informant Ratings of the Community Stage of Readiness for Substance Misuse Prevention [Q26]: Connecticut CRS, 2020

Community Stage of Readiness for Substance Misuse Prevention: Connecticut (n=889)	Percent
1 - This town/city tolerates or encourages substance misuse.	.9
2 - This town/city has little or no recognition of the substance misuse problem.	3.5
3 - This town/city believes that there is a substance misuse problem, but awareness of the issue is only linked to one or two incidents involving substance misuse.	9.1
4 - This town/city recognizes the substance misuse problem and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors.	24.6
5 - This town/city is planning for substance misuse prevention and focuses on practical details, including seeking funds for prevention efforts.	23.6
6 - This town/city has enough information to justify a substance misuse prevention program and there is great enthusiasm for the initiative as it begins.	7.8
7 - This town/city has created policies and/or more than one substance misuse prevention program is running with financial support and trained staff.	12.5
8 - This town/city views standard substance misuse programs as valuable, new programs are being developed to reach out to at-risk populations and there is ongoing sophisticated evaluation of current efforts.	10.8
9 - This town/city has detailed and sophisticated knowledge of prevalence, risk factors, and substance misuse program effectiveness and the programming is tailored by trained staff to address risk factors within the community.	7.3
Mean Stage of Readiness for Connecticut	5.37



#### Key Informant Ratings of the Community Stage of Readiness for Mental Health Promotion [Q27]: Connecticut CRS, 2020

Community Stage of Readiness for Mental Health Promotion: Connecticut (n=895)	Percent
1 - This town/city is unsupportive of those with mental health issues.	.9
2 - This town/city has little or no recognition of the community's concern about mental health.	5.7
3 - This town/city believes that mental health concerns impact the community, but awareness of the issue is only linked to one or two situations involving mental health.	13.4
4 - This town/city recognizes the mental health concerns of the community and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors.	31.8
5 - This town/city is planning for mental health promotion programs and focuses on practical details, including seeking funds for awareness efforts.	19.8
6 - This town/city has enough information to justify a mental health promotion program and there is great enthusiasm for the initiative as it begins.	7.0
7 - This town/city has created policies and/or more than one mental health promotion program is running with financial support and trained staff.	7.8
8 - This town/city views standard mental health promotion programs as valuable, new programs are being developed to reach out to at-risk populations and there is ongoing sophisticated evaluation of current efforts.	8.9
9 - This town/city has detailed and sophisticated knowledge of prevalence, risk factors, and mental health promotion program effectiveness and the programming is tailored by trained staff to address risk factors within the community.	4.6
Mean Stage of Readiness for Connecticut	4.88



### Key Informant's Level of Knowledge of Behavioral Health Issues in their Community [Q28]: Connecticut CRS, 2020

