# 2020 Connecticut Community Readiness Survey Results:

Region 3 (Eastern)
Supporting and Engaging Resources for Action and Change (SERAC)

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.

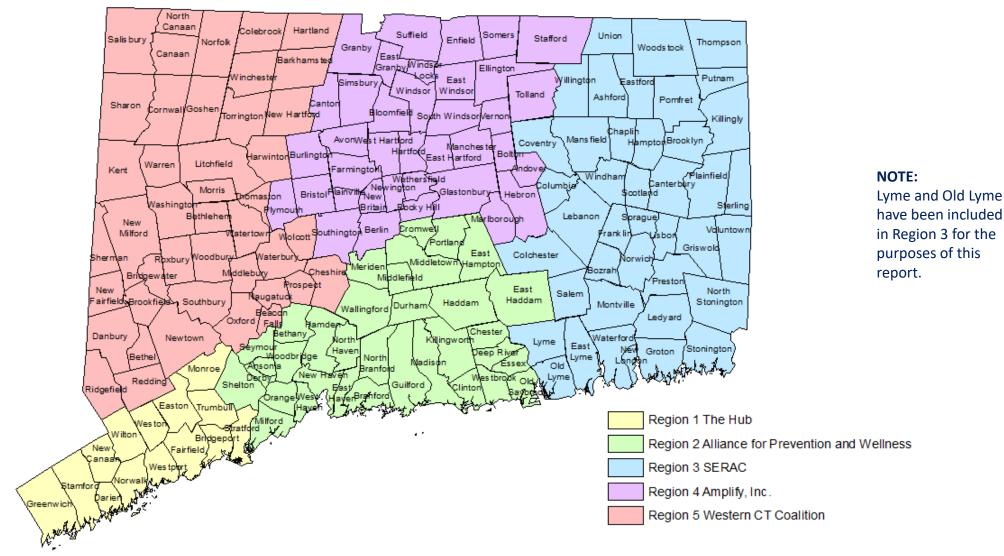
#### Connecticut Community Readiness Survey (CRS) Approach



- 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.

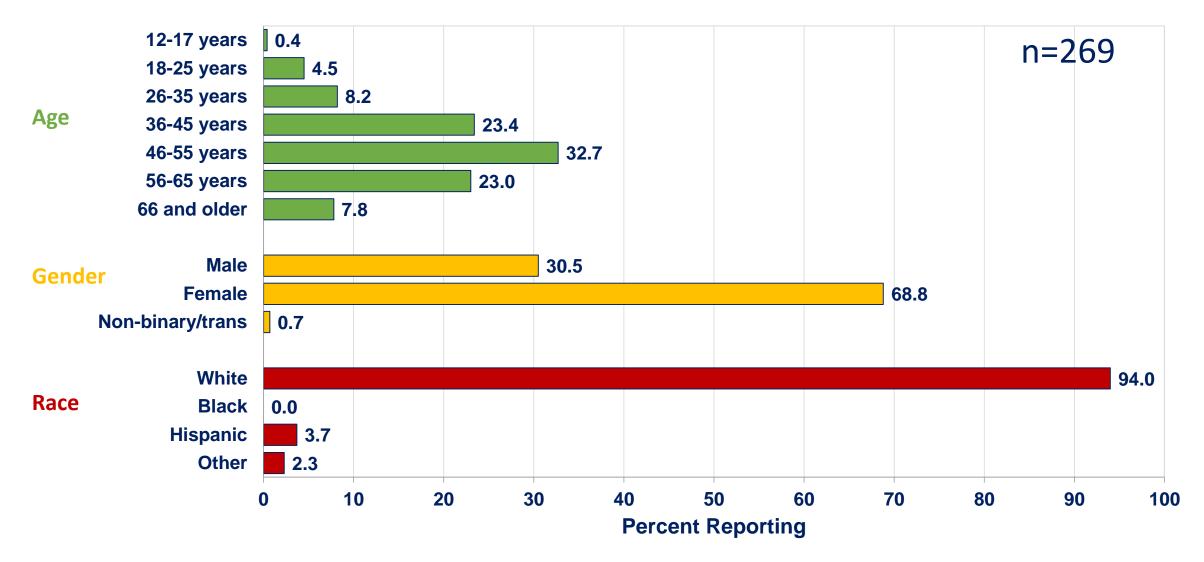
#### DMHAS Regional Behavioral Health Action Organizations (RBHAOs)





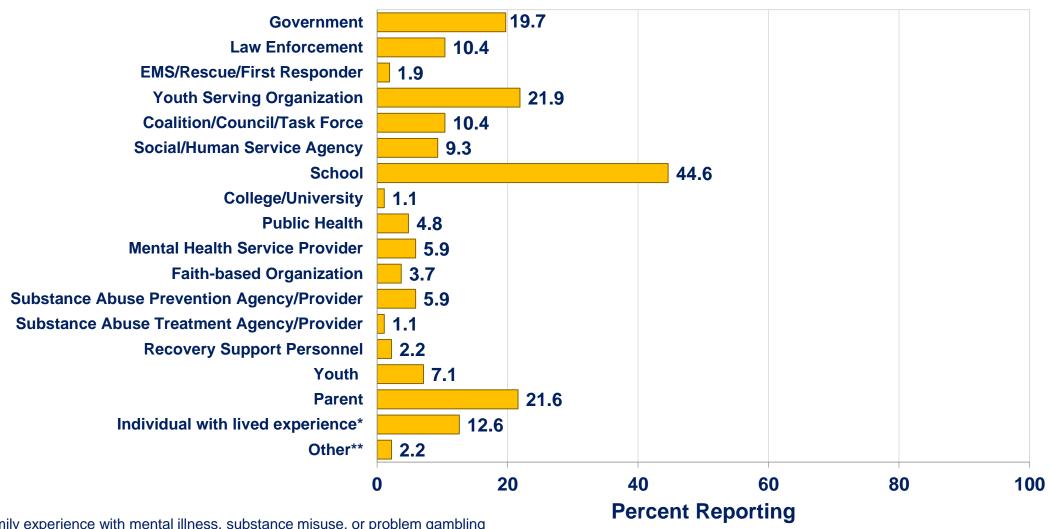


### Key Informant Demographic Characteristics: SERAC CRS, 2020





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

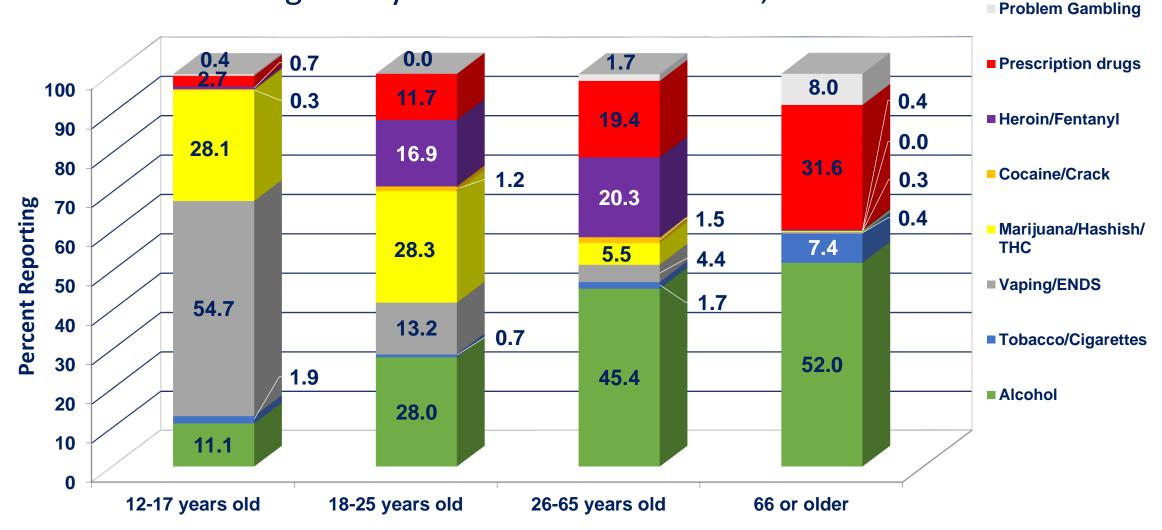


<sup>\*</sup> Personal or family experience with mental illness, substance misuse, or problem gambling

<sup>\*\*</sup> Includes: advocate, community member, municipality, philanthropic organization, non-profit, business

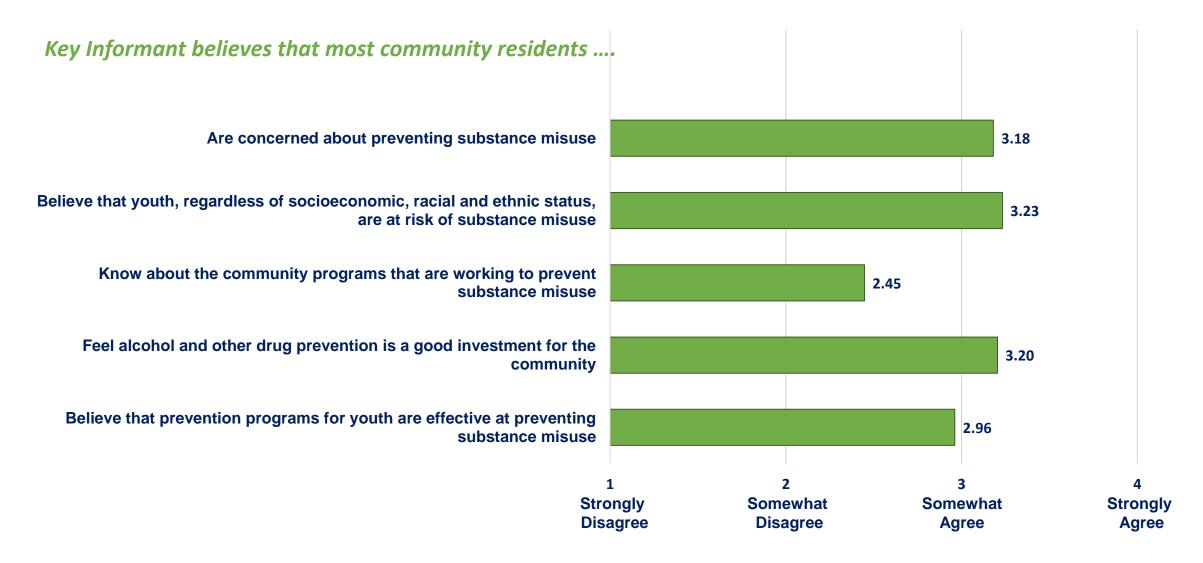


# Problem Substances of Greatest Concern for Age Groups, According to Key Informants: SERAC CRS, 2020



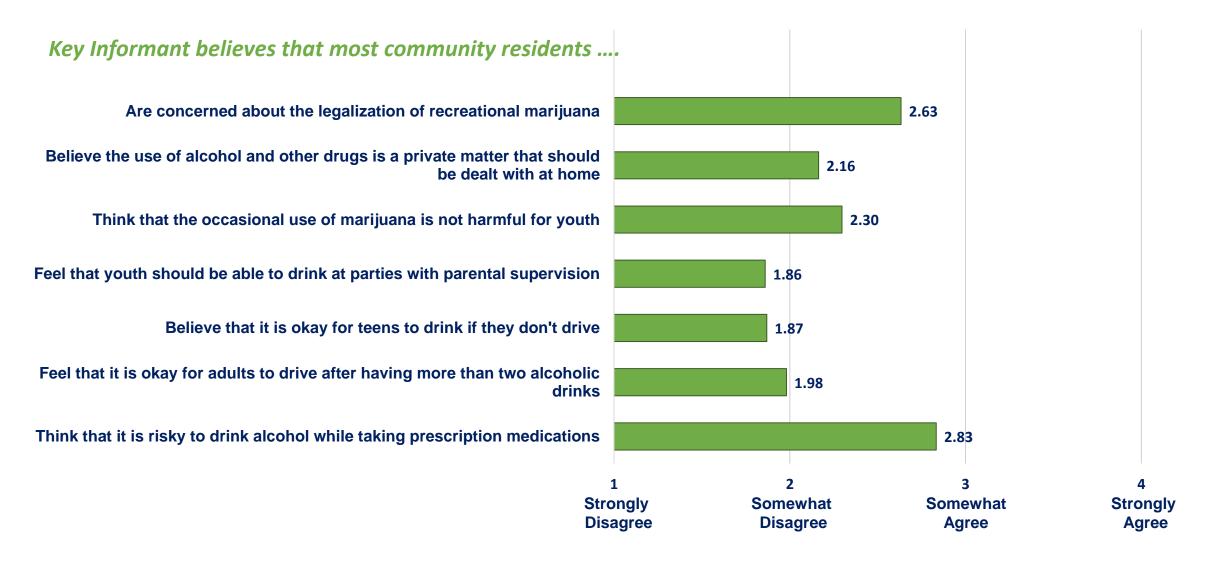


# Community Attitudes Toward Substance Misuse Prevention [Q14]: SERAC CRS, 2020



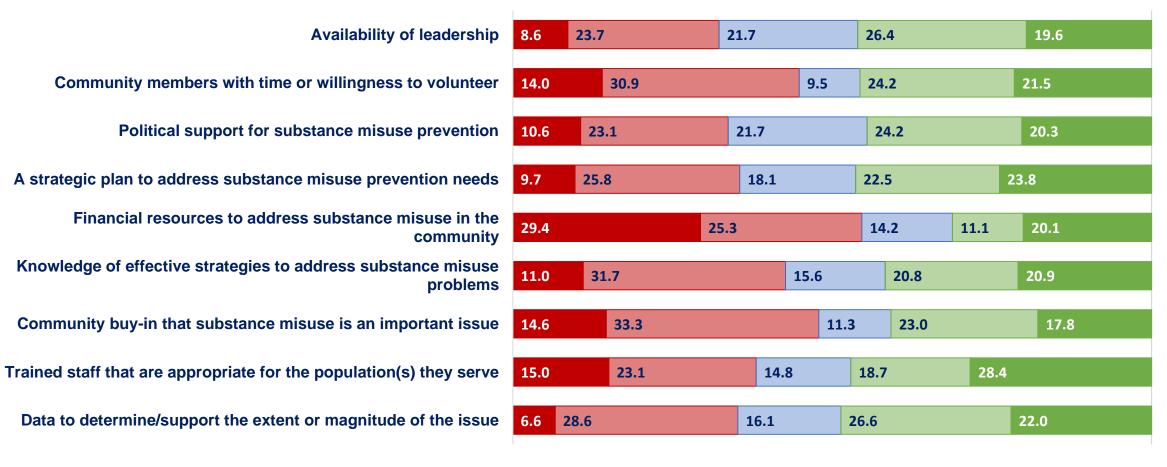


# Community Attitudes Toward Substance Use [Q14]: SERAC CRS, 2020



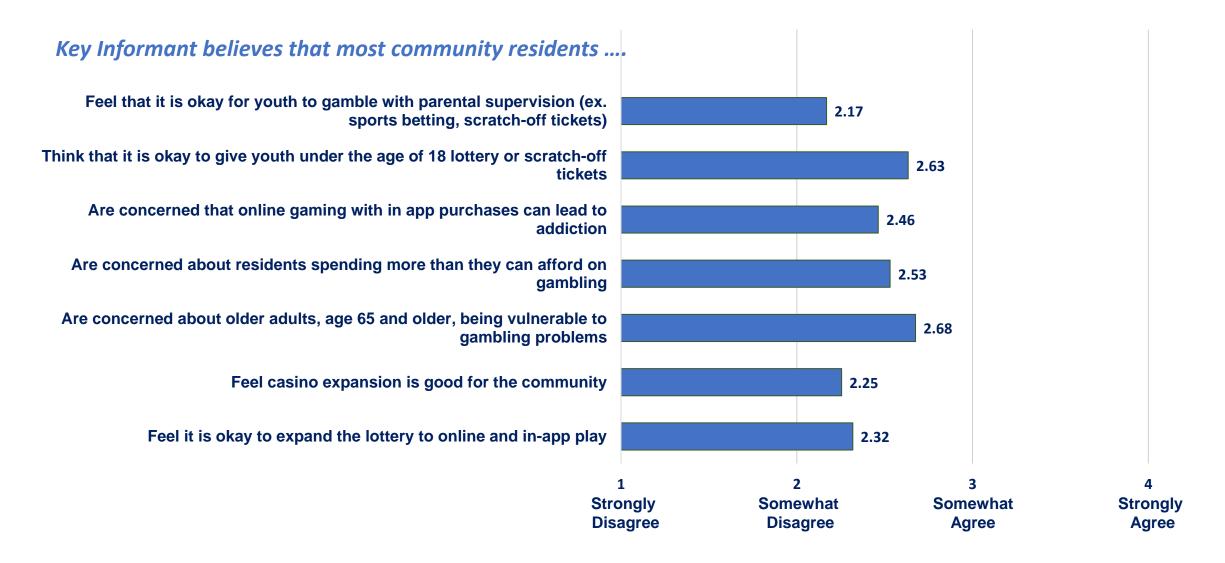


# Perceived Barriers/Assets to Substance Misuse Prevention Activities in the Community [Q17]: SERAC CRS, 2020



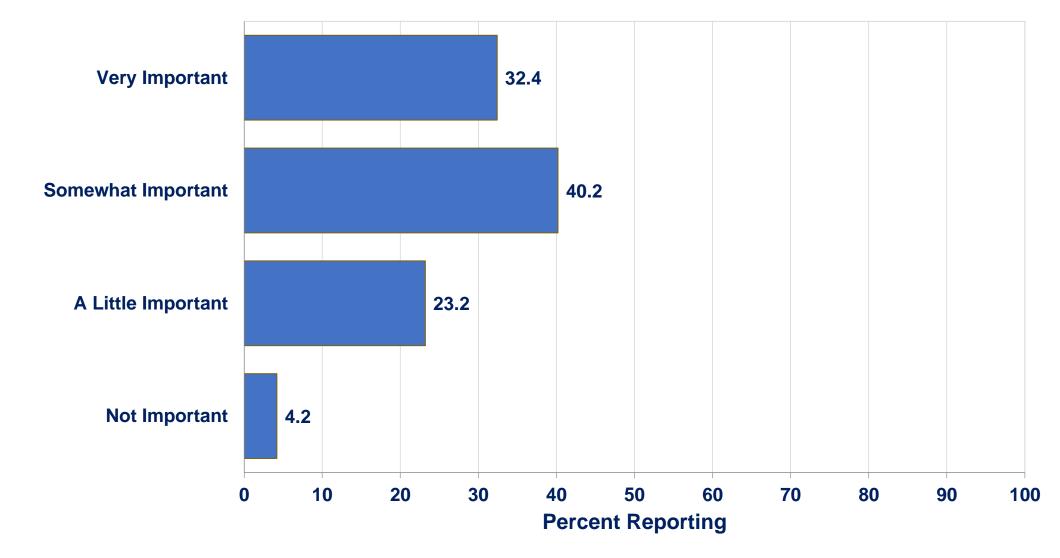


# Community Attitudes Toward Gambling and Gaming [Q16]: SERAC CRS, 2020



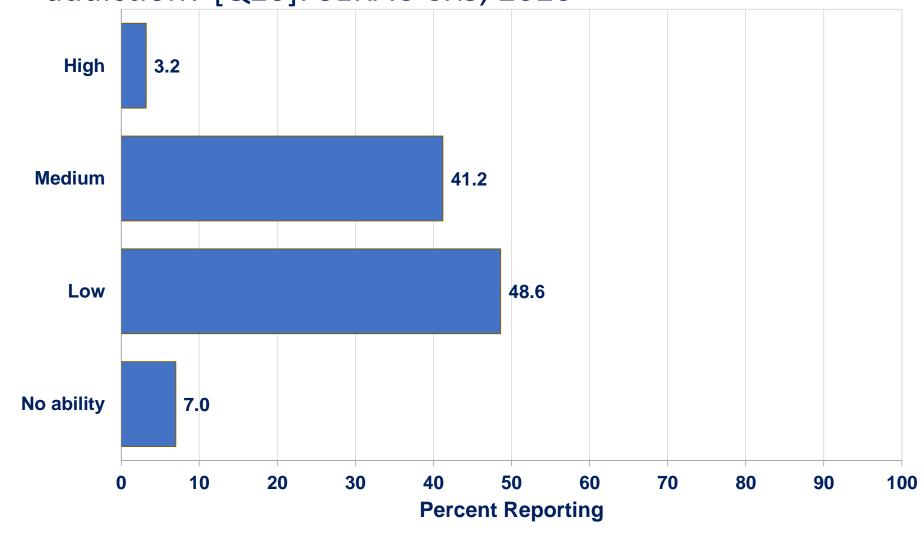


# How important is it to prevent problem gambling/gaming addiction in your community? [Q19]: SERAC CRS, 2020



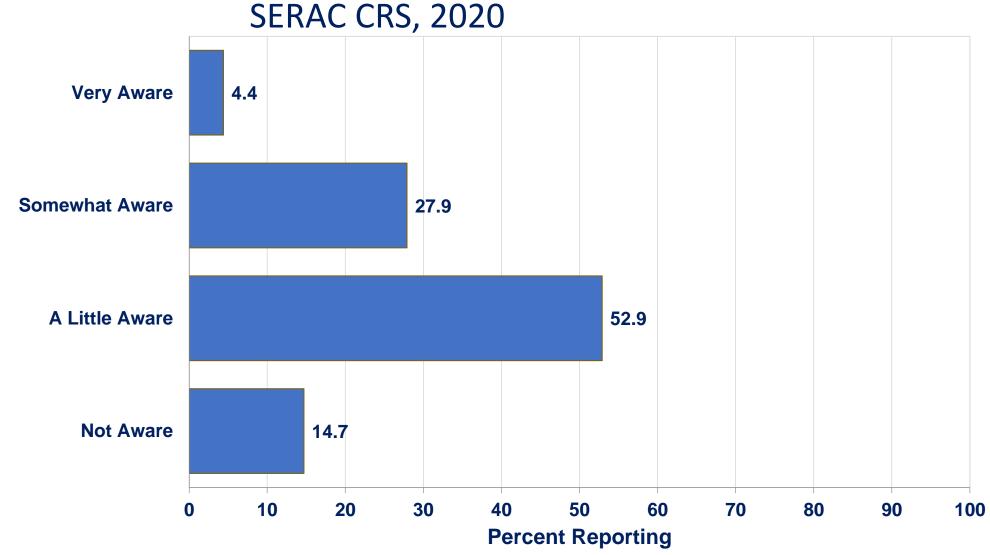


How would you rate your community's ability to raise awareness about the risks of problem gambling/gaming addiction? [Q20]: SERAC CRS, 2020



# How aware are community residents that gambling activities\* can become an addiction for some people? [Q21]:

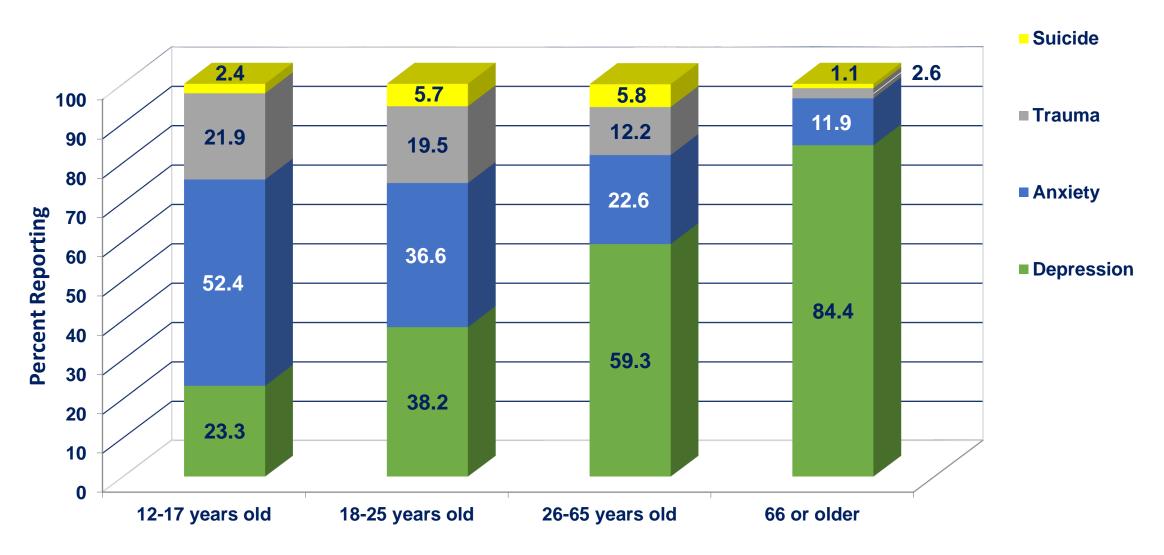




<sup>\*</sup>e.g. scratch-off tickets, sports betting, Keno, casino games, dice, cards, etc.

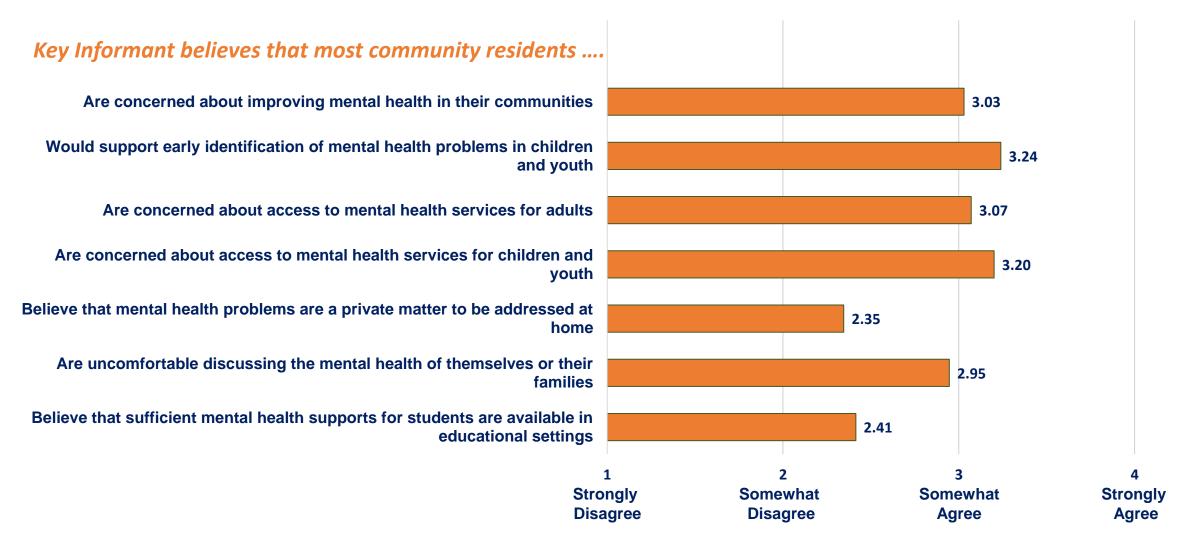
#### Mental Health Issue of Greatest Concern for Age Groups, According to Key Informants: SERAC CRS, 2020





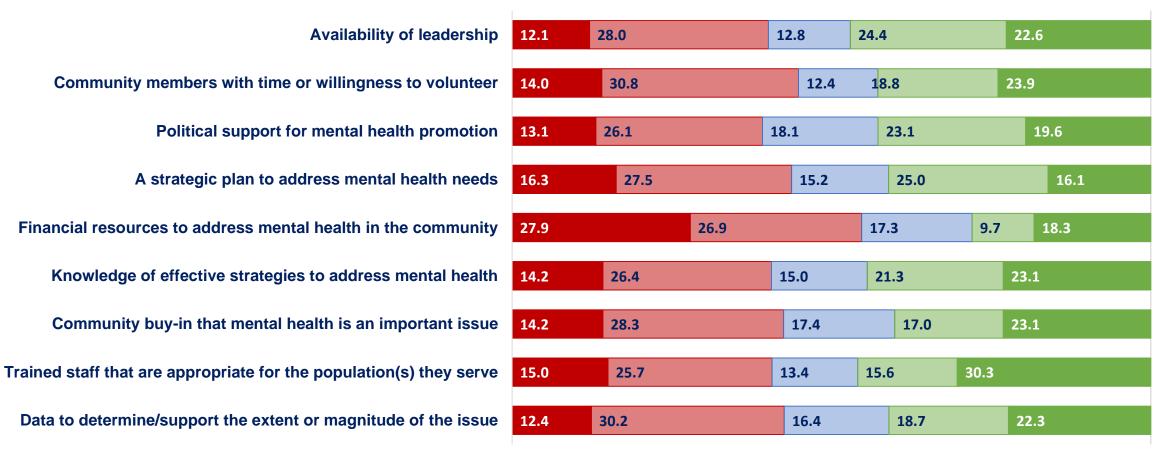


# Community Attitudes Toward Mental Health [Q15]: SERAC CRS, 2020



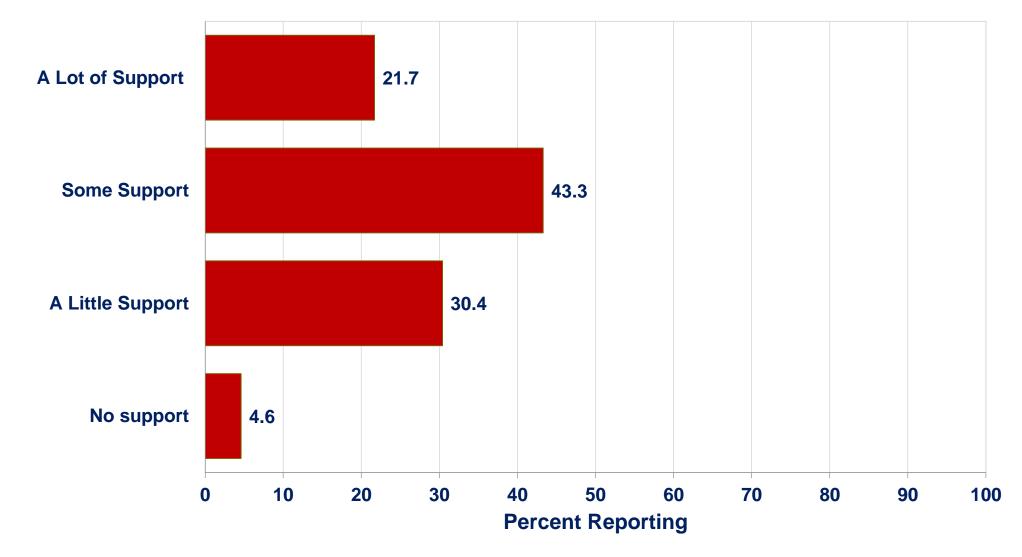


# Perceived Barriers/Assets to Mental Health Promotion Activities in the Community [Q18]: SERAC CRS, 2020



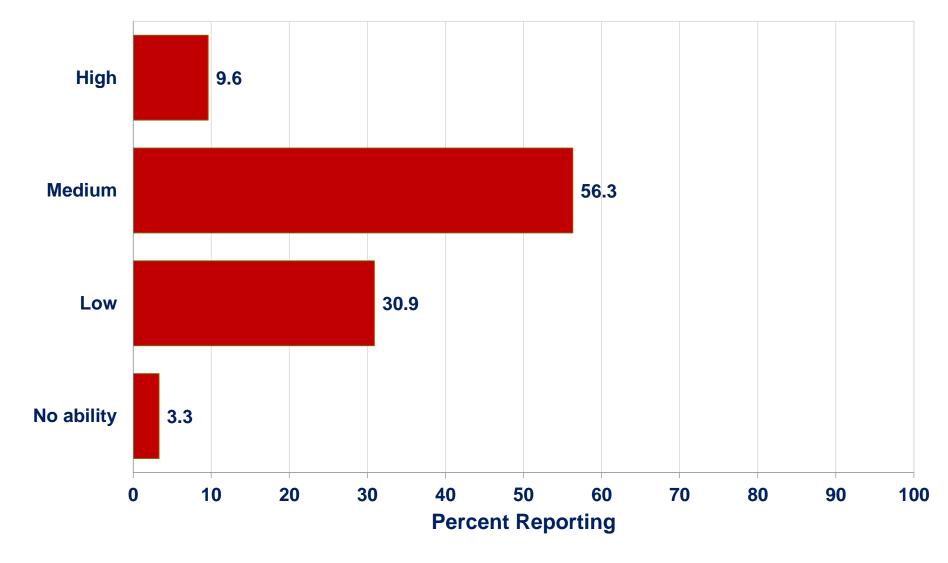


# In your opinion, how much community support is there for suicide prevention efforts? [Q22]: SERAC CRS, 2020



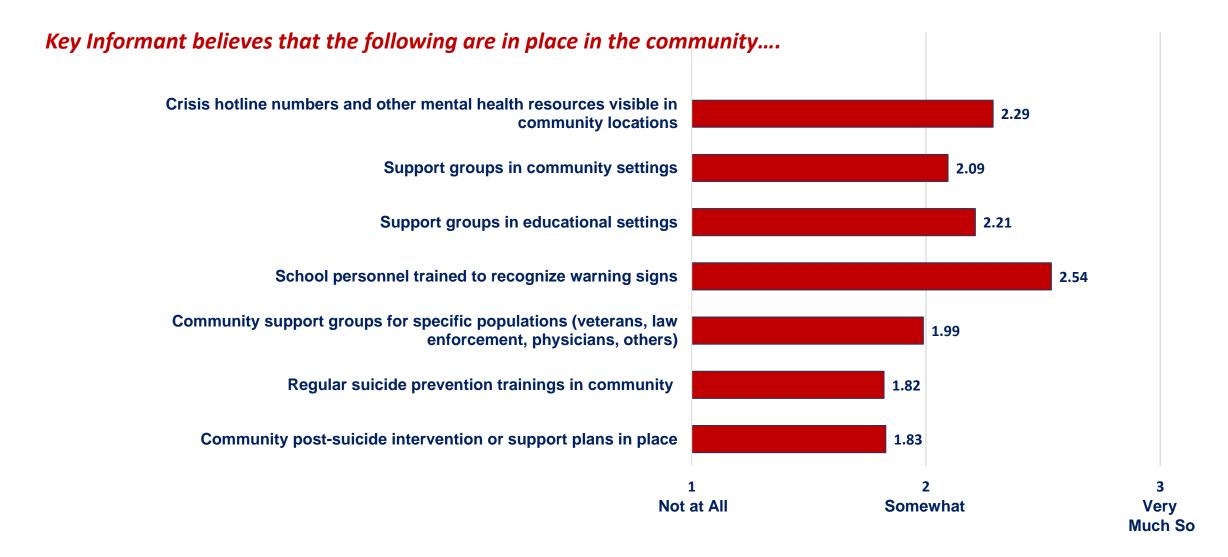


# How would you rate your community's ability to implement suicide prevention efforts? [Q23]: SERAC CRS, 2020





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





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



<sup>\*</sup>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]: SERAC CRS, 2020

Community Stage of Readiness for Substance Misuse Prevention: SERAC (n=103)	Percent
1 - This town/city tolerates or encourages substance misuse.	0.5
2 - This town/city has little or no recognition of the substance misuse problem.	5.5
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.	9.4
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.	31.7
5 - This town/city is planning for substance misuse prevention and focuses on practical details, including seeking funds for prevention efforts.	19.3
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.	2.6
7 - This town/city has created policies and/or more than one substance misuse prevention program is running with financial support and trained staff.	12.8
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.	11.3
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.	7.0
Mean Stage of Readiness for SERAC	5.21
Mean Stage of Readiness for Connecticut	5.37



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

Community Stage of Readiness for Mental Health Promotion: SERAC (n=102)	Percent
1 - This town/city is unsupportive of those with mental health issues.	0.4
2 - This town/city has little or no recognition of the community's concern about mental health.	5.5
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.	17.9
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.	33.9
5 - This town/city is planning for mental health promotion programs and focuses on practical details, including seeking funds for awareness efforts.	15.9
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.	6.9
7 - This town/city has created policies and/or more than one mental health promotion program is running with financial support and trained staff.	8.2
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.	9.6
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.	1.7
Mean Stage of Readiness for SERAC	4.71
Mean Stage of Readiness for Connecticut	4.88



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

