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.
NOTE:

Lyme and Old Lyme have been included in Region 3 for the purposes of this report.
Key Informant Demographic Characteristics: Connecticut CRS, 2020

n=1,236

Age
- 12-17 years: 1.3%
- 18-25 years: 3.5%
- 26-35 years: 10.9%
- 36-45 years: 19.8%
- 46-55 years: 29.1%
- 56-65 years: 24.5%
- 66 and older: 10.9%

Gender
- Male: 27.9%
- Female: 71.5%
- Non-binary/trans: 0.6%

Race
- White: 91.1%
- Black: 2.7%
- Hispanic: 4.5%
- Other: 1.7%
# Key Informant Stakeholder Affiliation: Connecticut CRS, 2020

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Percent Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>16.1</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>7.8</td>
</tr>
<tr>
<td>EMS/Rescue/First Responder</td>
<td>3.7</td>
</tr>
<tr>
<td>Youth Serving Organization</td>
<td>23.5</td>
</tr>
<tr>
<td>Coalition/Council/Task Force</td>
<td>21.0</td>
</tr>
<tr>
<td>Social/Human Service Agency</td>
<td>16.3</td>
</tr>
<tr>
<td>School</td>
<td>27.4</td>
</tr>
<tr>
<td>College/University</td>
<td>2.9</td>
</tr>
<tr>
<td>Public Health</td>
<td>6.6</td>
</tr>
<tr>
<td>Mental Health Service Provider</td>
<td>12.4</td>
</tr>
<tr>
<td>Faith-based Organization</td>
<td>5.0</td>
</tr>
<tr>
<td>Substance Abuse Prevention Agency/Provider</td>
<td>10.2</td>
</tr>
<tr>
<td>Substance Abuse Treatment Agency/Provider</td>
<td>3.6</td>
</tr>
<tr>
<td>Recovery Support Personnel</td>
<td>3.3</td>
</tr>
<tr>
<td>Youth</td>
<td>7.8</td>
</tr>
<tr>
<td>Parent</td>
<td>23.9</td>
</tr>
<tr>
<td>Individual with lived experience*</td>
<td>16.7</td>
</tr>
<tr>
<td>Other**</td>
<td>4.1</td>
</tr>
</tbody>
</table>

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

** Includes: advocate, community member, municipality, philanthropic organization, non-profit, business
Problem Substances of Greatest Concern According to Key Informants By Age Group: Connecticut CRS, 2020

- **12-17 years old**
  - Problem Gambling: 0.1%
  - Prescription drugs: 4.3%
  - Heroin/Fentanyl: 0.2%
  - Cocaine/Crack: 23.4%
  - Marijuana/Hashish/THC: 52.2%
  - Vaping/ENDS: 1.9%
  - Tobacco/Cigarettes: 15.1%
  - Alcohol: 0.8%

- **18-25 years old**
  - Problem Gambling: 2.4%
  - Prescription drugs: 0.4%
  - Heroin/Fentanyl: 0.2%
  - Cocaine/Crack: 24.5%
  - Marijuana/Hashish/THC: 29.5%
  - Vaping/ENDS: 1.9%
  - Tobacco/Cigarettes: 13.3%
  - Alcohol: 1.9%

- **26-65 years old**
  - Problem Gambling: 0.5%
  - Prescription drugs: 23.4%
  - Heroin/Fentanyl: 18.2%
  - Cocaine/Crack: 4.2%
  - Marijuana/Hashish/THC: 47.7%
  - Vaping/ENDS: 2.0%
  - Tobacco/Cigarettes: 3.1%
  - Alcohol: 36.6%

- **66 or older**
  - Problem Gambling: 4.8%
  - Prescription drugs: 1.5%
  - Heroin/Fentanyl: 0.0%
  - Cocaine/Crack: 0.2%
  - Marijuana/Hashish/THC: 8.5%
  - Vaping/ENDS: 0.2%
  - Tobacco/Cigarettes: 0.2%
  - Alcohol: 48.0%
Community Attitudes Toward Substance Misuse Prevention
[Q14]: Connecticut CRS, 2020

Key Informant believes that most community residents ....

- Are concerned about preventing substance misuse: 3.12
- Believe that youth, regardless of socioeconomic, racial and ethnic status, are at risk of substance misuse: 3.32
- Know about the community programs that are working to prevent substance misuse: 2.48
- Feel alcohol and other drug prevention is a good investment for the community: 3.19
- Believe that prevention programs for youth are effective at preventing substance misuse: 2.91

1 - Strongly Disagree
2 - Somewhat Disagree
3 - Somewhat Agree
4 - Strongly Agree
### Community Attitudes Toward Substance Use

#### [Q14]: Connecticut CRS, 2020

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Somewhat Disagree (2)</th>
<th>Somewhat Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are concerned about the legalization of recreational marijuana</td>
<td></td>
<td></td>
<td>2.79</td>
<td></td>
</tr>
<tr>
<td>Believe the use of alcohol and other drugs is a private matter that should be dealt with at home</td>
<td></td>
<td></td>
<td>2.22</td>
<td></td>
</tr>
<tr>
<td>Think that the occasional use of marijuana is not harmful for youth</td>
<td></td>
<td></td>
<td>2.36</td>
<td></td>
</tr>
<tr>
<td>Feel that youth should be able to drink at parties with parental supervision</td>
<td></td>
<td></td>
<td>1.97</td>
<td></td>
</tr>
<tr>
<td>Believe that it is okay for teens to drink if they don’t drive</td>
<td></td>
<td></td>
<td>1.93</td>
<td></td>
</tr>
<tr>
<td>Feel that it is okay for adults to drive after having more than two alcoholic drinks</td>
<td></td>
<td></td>
<td>2.03</td>
<td></td>
</tr>
<tr>
<td>Think that it is risky to drink alcohol while taking prescription medications</td>
<td></td>
<td></td>
<td>2.94</td>
<td></td>
</tr>
</tbody>
</table>

**Key Informant believes that most community residents ...**
### Perceived Barriers/Assets to Substance Misuse Prevention Activities in the Community [Q17]: Connecticut CRS, 2020

<table>
<thead>
<tr>
<th></th>
<th>A Great Barrier</th>
<th>A Moderate Barrier</th>
<th>Neither a Barrier nor an Asset</th>
<th>A Moderate Asset</th>
<th>A Great Asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of leadership</td>
<td>8.9</td>
<td>23.6</td>
<td>18.4</td>
<td>26.5</td>
<td>22.6</td>
</tr>
<tr>
<td>Community members with time or willingness to volunteer</td>
<td>13.5</td>
<td>28.0</td>
<td>11.0</td>
<td>24.8</td>
<td>22.7</td>
</tr>
<tr>
<td>Political support for substance misuse prevention</td>
<td>10.1</td>
<td>22.0</td>
<td>14.1</td>
<td>31.7</td>
<td>22.0</td>
</tr>
<tr>
<td>A strategic plan to address substance misuse prevention needs</td>
<td>14.7</td>
<td>24.6</td>
<td>14.6</td>
<td>23.9</td>
<td>22.3</td>
</tr>
<tr>
<td>Financial resources to address substance misuse in the community</td>
<td>31.9</td>
<td>22.6</td>
<td>9.9</td>
<td>18.2</td>
<td>17.3</td>
</tr>
<tr>
<td>Knowledge of effective strategies to address substance misuse problems</td>
<td>13.1</td>
<td>26.6</td>
<td>14.3</td>
<td>24.6</td>
<td>21.4</td>
</tr>
<tr>
<td>Community buy-in that substance misuse is an important issue</td>
<td>16.3</td>
<td>26.9</td>
<td>12.3</td>
<td>24.9</td>
<td>19.5</td>
</tr>
<tr>
<td>Trained staff that are appropriate for the population(s) they serve</td>
<td>13.2</td>
<td>23.8</td>
<td>12.2</td>
<td>22.8</td>
<td>28.0</td>
</tr>
<tr>
<td>Data to determine/support the extent or magnitude of the issue</td>
<td>13.8</td>
<td>22.3</td>
<td>16.0</td>
<td>24.8</td>
<td>23.1</td>
</tr>
</tbody>
</table>
Community Attitudes Toward Gambling and Gaming
[Q16]: Connecticut CRS, 2020

Key Informant believes that most community residents ....

- Feel that it is okay for youth to gamble with parental supervision (ex. sports betting, scratch-off tickets) - 2.23
- Think that it is okay to give youth under the age of 18 lottery or scratch-off tickets - 2.63
- Are concerned that online gaming with in app purchases can lead to addiction - 2.53
- Are concerned about residents spending more than they can afford on gambling - 2.50
- Are concerned about older adults, age 65 and older, being vulnerable to gambling problems - 2.53
- Feel casino expansion is good for the community - 2.26
- Feel it is okay to expand the lottery to online and in-app play - 2.32
How important is it to prevent problem gambling/gaming addiction in your community? [Q19]: Connecticut CRS, 2020

- Very Important: 22.5%
- Somewhat Important: 39.6%
- A Little Important: 30.2%
- Not Important: 7.7%
How would you rate your community’s ability to raise awareness about the risks of problem gambling/gaming addiction? [Q20]: Connecticut CRS, 2020

- **High**: 3.9%
- **Medium**: 29.9%
- **Low**: 56.9%
- **No ability**: 9.4%
How aware are community residents that gambling activities* can become an addiction for some people? [Q21]:
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

- **12-17 years old**
  - Suicide: 3.9%
  - Trauma: 17.1%
  - Anxiety: 58.6%
  - Depression: 20.3%

- **18-25 years old**
  - Suicide: 6.3%
  - Trauma: 14.5%
  - Anxiety: 37.5%
  - Depression: 41.8%

- **26-65 years old**
  - Suicide: 5.6%
  - Trauma: 10.0%
  - Anxiety: 19.6%
  - Depression: 64.9%

- **66 or older**
  - Suicide: 3.7%
  - Trauma: 4.0%
  - Anxiety: 6.3%
  - Depression: 86.0%

Note: The percentages may not add up to 100% due to rounding and other factors.
Community Attitudes Toward Mental Health
[Q15]: Connecticut CRS, 2020

Key Informant believes that most community residents ....

- Are concerned about improving mental health in their communities: Somewhat Agree (3.07)
- Would support early identification of mental health problems in children and youth: Strongly Agree (3.25)
- Are concerned about access to mental health services for adults: Somewhat Agree (3.11)
- Are concerned about access to mental health services for children and youth: Strongly Agree (3.27)
- Believe that mental health problems are a private matter to be addressed at home: Somewhat Disagree (2.34)
- Are uncomfortable discussing the mental health of themselves or their families: Somewhat Agree (3.00)
- Believe that sufficient mental health supports for students are available in educational settings: Somewhat Disagree (2.24)
### Perceived Barriers/Assets to Mental Health Promotion Activities in the Community [Q18]: Connecticut CRS, 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Great Barrier</th>
<th>Moderate Barrier</th>
<th>Neither a Barrier nor an Asset</th>
<th>Moderate Asset</th>
<th>Great Asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of leadership</td>
<td>9.9</td>
<td>23.4</td>
<td>17.2</td>
<td>27.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Community members with time or willingness to volunteer</td>
<td>12.0</td>
<td>28.5</td>
<td>11.2</td>
<td>28.5</td>
<td>19.7</td>
</tr>
<tr>
<td>Political support for mental health promotion</td>
<td>15.5</td>
<td>19.6</td>
<td>17.4</td>
<td>29.6</td>
<td>18.0</td>
</tr>
<tr>
<td>A strategic plan to address mental health needs</td>
<td>16.8</td>
<td>27.5</td>
<td>17.6</td>
<td>20.8</td>
<td>17.3</td>
</tr>
<tr>
<td>Financial resources to address mental health in the community</td>
<td>32.2</td>
<td>25.5</td>
<td>10.7</td>
<td>15.7</td>
<td>15.9</td>
</tr>
<tr>
<td>Knowledge of effective strategies to address mental health</td>
<td>15.5</td>
<td>24.1</td>
<td>13.3</td>
<td>27.1</td>
<td>19.9</td>
</tr>
<tr>
<td>Community buy-in that mental health is an important issue</td>
<td>16.9</td>
<td>25.2</td>
<td>12.2</td>
<td>26.6</td>
<td>19.1</td>
</tr>
<tr>
<td>Trained staff that are appropriate for the population(s) they serve</td>
<td>15.3</td>
<td>23.0</td>
<td>11.3</td>
<td>24.5</td>
<td>26.0</td>
</tr>
<tr>
<td>Data to determine/support the extent or magnitude of the issue</td>
<td>16.7</td>
<td>26.7</td>
<td>15.5</td>
<td>19.2</td>
<td>21.9</td>
</tr>
</tbody>
</table>
In your opinion, how much community support is there for suicide prevention efforts? [Q22]: Connecticut CRS, 2020

- A Lot of Support: 20.2%
- Some Support: 46.3%
- A Little Support: 28.6%
- No support: 4.8%
How would you rate your community’s ability to implement suicide prevention efforts? [Q23]: Connecticut CRS, 2020

- High: 13.4%
- Medium: 50.5%
- Low: 31.4%
- No ability: 4.6%
Suicide Prevention Supports in Place in the Community [Q24]: Connecticut CRS, 2020

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

- Crisis hotline numbers and other mental health resources visible in community locations: 2.28
- Support groups in community settings: 2.05
- Support groups in educational settings: 2.14
- School personnel trained to recognize warning signs: 2.38
- Community support groups for specific populations (veterans, law enforcement, physicians, others): 1.96
- Regular suicide prevention trainings in community: 1.94
- Community post-suicide intervention or support plans in place: 1.82
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 believes that the community is ready to:

1. Collect data on the nature of local behavioral health problems (2.89)
2. Identify community members as resources to address behavioral health problems (3.14)
3. Secure support from local policy makers for behavioral health (2.94)
4. Develop culturally appropriate programs and strategies (2.90)
5. Raise community awareness of priority problems or issues (substance misuse, gambling, mental health, suicide) (3.10)
6. Collaborate with organizations concerned with preventing other types of problems (HIV, violence) (3.13)
7. Allocate local funds to address behavioral health problems in the community (2.55)
8. Develop policies related to or to specifically address behavioral health problems in the community (2.76)
### Community Stage of Readiness for Substance Misuse Prevention: Connecticut (n=889)

<table>
<thead>
<tr>
<th>Stage of Readiness</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - This town/city tolerates or encourages substance misuse.</td>
<td>.9</td>
</tr>
<tr>
<td>2 - This town/city has little or no recognition of the substance misuse problem.</td>
<td>3.5</td>
</tr>
<tr>
<td>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.</td>
<td>9.1</td>
</tr>
<tr>
<td>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.</td>
<td>24.6</td>
</tr>
<tr>
<td>5 - This town/city is planning for substance misuse prevention and focuses on practical details, including seeking funds for prevention efforts.</td>
<td>23.6</td>
</tr>
<tr>
<td>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.</td>
<td>7.8</td>
</tr>
<tr>
<td>7 - This town/city has created policies and/or more than one substance misuse prevention program is running with financial support and trained staff.</td>
<td>12.5</td>
</tr>
<tr>
<td>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.</td>
<td>10.8</td>
</tr>
<tr>
<td>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.</td>
<td>7.3</td>
</tr>
</tbody>
</table>

**Mean Stage of Readiness for Connecticut**: 5.37
### Community Stage of Readiness for Mental Health Promotion: Connecticut (n=895)

<table>
<thead>
<tr>
<th>Stage of Readiness</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - This town/city is unsupportive of those with mental health issues.</td>
<td>.9</td>
</tr>
<tr>
<td>2 - This town/city has little or no recognition of the community’s concern about mental health.</td>
<td>5.7</td>
</tr>
<tr>
<td>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.</td>
<td>13.4</td>
</tr>
<tr>
<td>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.</td>
<td>31.8</td>
</tr>
<tr>
<td>5 - This town/city is planning for mental health promotion programs and focuses on practical details, including seeking funds for awareness efforts.</td>
<td>19.8</td>
</tr>
<tr>
<td>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.</td>
<td>7.0</td>
</tr>
<tr>
<td>7 - This town/city has created policies and/or more than one mental health promotion program is running with financial support and trained staff.</td>
<td>7.8</td>
</tr>
<tr>
<td>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.</td>
<td>8.9</td>
</tr>
<tr>
<td>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.</td>
<td>4.6</td>
</tr>
</tbody>
</table>

**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

- **Substance misuse**: Not Knowledgeable
  - Not Knowledgeable: 2.06
  - Somewhat Knowledgeable: 3.20

- **Problem gambling**: Not Knowledgeable
  - Not Knowledgeable: 2.06
  - Somewhat Knowledgeable: 3.21

- **Mental Health**: Not Knowledgeable
  - Not Knowledgeable: 2.06
  - Somewhat Knowledgeable: 3.21

- **Suicide**: Not Knowledgeable
  - Not Knowledgeable: 2.06
  - Somewhat Knowledgeable: 2.97