2018 Connecticut Community Readiness Survey Results: Region 5 North West: HVCASA

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: HVCASA CRS, 2018

Age:
- 12-17 years: 1.0%
- 18-25 years: 3.9%
- 26-35 years: 8.9%
- 36-45 years: 15.3%
- 46-55 years: 32.5%
- 56-65 years: 23.6%
- 66 and older: 14.8%

Gender:
- Male: 30.0%
- Female: 70.0%

Race:
- White: 95.0%
- Black: 0.5%
- Hispanic: 3.5%
- Other: 1.0%
Key Informant Stakeholder Affiliation: HVCASA CRS, 2018

Percent Reporting:
- Government: 15.8%
- Law Enforcement: 7.2%
- Youth Serving Organization: 19.4%
- Coalition/Council/Task Force: 32.4%
- Social/Human Service Agency: 12.2%
- School: 24.3%
- Public Health: 10.8%
- Mental Health Service Provider: 8.1%
- Faith-based Organization: 2.7%
- Substance Abuse Prevention Agency/Provider: 11.3%
- Substance Abuse Treatment Agency/Provider: 6.8%
- Youth: 5.9%
- Parent: 20.3%
- Business: 0.5%
- Public citizen: 0.9%
- Emergency Medical Services: 1.4%
Problem Substances of Greatest Concern According to Key Informants By Age Group: HVCASA CRS, 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Prescription drugs</th>
<th>Heroin</th>
<th>Cocaine</th>
<th>Marijuana</th>
<th>Tobacco</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17 years old</td>
<td>11.2</td>
<td>0.5</td>
<td>2.0</td>
<td>30.1</td>
<td>13.3</td>
<td>39.3</td>
</tr>
<tr>
<td>18-25 years old</td>
<td>27.6</td>
<td>20.9</td>
<td>19.9</td>
<td>26.5</td>
<td>1.5</td>
<td>34.2</td>
</tr>
<tr>
<td>26-65 years old</td>
<td>38.8</td>
<td>22.4</td>
<td>1.5</td>
<td>30.1</td>
<td>2.0</td>
<td>34.2</td>
</tr>
<tr>
<td>66 or older</td>
<td>52.8</td>
<td>2.6</td>
<td>0.0</td>
<td>22.4</td>
<td>0.0</td>
<td>38.9</td>
</tr>
</tbody>
</table>
### Community Attitudes Toward Substance Abuse Prevention

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel that it is okay for youth to drink alcohol occasionally</td>
<td>2.49</td>
<td></td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>Believe that prevention programs for youth are effective at preventing substance abuse</td>
<td></td>
<td></td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>Are concerned about preventing alcohol abuse</td>
<td>2.79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are concerned with preventing other drug abuse</td>
<td></td>
<td>3.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel more attention should be paid to preventing prescription drug misuse</td>
<td></td>
<td>3.04</td>
<td></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>3.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know about the community programs that are working to prevent alcohol and drug abuse</td>
<td></td>
<td>2.51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Believe it is possible to prevent alcohol and other drug problems among youth</td>
<td></td>
<td>2.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel that it is okay for youth to drink alcohol occasionally</td>
<td>2.49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Key Informant believes that most community residents …*
<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would support legalization of marijuana</td>
<td>2.46</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>2.37</td>
</tr>
<tr>
<td>Believe that enforcement of liquor laws should be a priority</td>
<td>2.82</td>
</tr>
<tr>
<td>Think that the occasional use of marijuana is not harmful</td>
<td>2.74</td>
</tr>
<tr>
<td>Feel that youth should be able to drink at parties with parental supervision</td>
<td>2.25</td>
</tr>
<tr>
<td>Believe that it is okay for teens to drink if they don’t drive</td>
<td>2.22</td>
</tr>
<tr>
<td>Feel that it is okay for adults to drive after having one or two alcoholic drinks</td>
<td>2.87</td>
</tr>
<tr>
<td>Believe that it is okay for adults to get drunk occasionally</td>
<td>2.88</td>
</tr>
<tr>
<td>Think that it is risky to drink alcohol while taking prescription medications</td>
<td>3.12</td>
</tr>
</tbody>
</table>

Key Informant believes that most community residents ...
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community [Q11]: HVCASA CRS, 2018

- Peer-based programs, such as leader or peer helper programs, youth community action groups (SADD, youth councils) (9% DNE) 2.22
- Parent education programs/parenting skills training (9% DNE) 2.13
- Youth life/social skills training programs (assertiveness, communication, drug refusal, problem-solving) (8% DNE) 2.16
- Information distribution (brochures, fact sheets, videos or presentations) (3% DNE) 2.04
- Coalition/council/task force that addresses substance abuse (2% DNE*) 2.03
- Community policing programs or services (9% DNE) 1.86
- Community laws and policies that discourage substance abuse (town ordinances, zoning, server training) (10% DNE) 1.83
- Enforcement of community laws/policies that discourage substance abuse (citizen watch, tip lines, party patrols, etc.) (19% DNE) 1.78
- Media advocacy to amplify an issue, or advance environmental or policy change (strategic use of mass media) (16% DNE) 1.73
- Social marketing aimed at changing behaviors (PSAs, media campaigns, other health communications) (15% DNE) 1.89
- Faith-based youth groups (9% DNE) 1.92
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*DNE: % indicating the strategy Does Not Exist
### Key Informant Ratings of Substance Abuse Prevention Strategies in the Community [Q11]: HVCASA CRS, 2018

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery support activities (AA and other 12 step groups, recovery centers) (4% DNE)</td>
<td>2.44</td>
</tr>
<tr>
<td>Adult substance abuse treatment services (17% DNE)</td>
<td>2.32</td>
</tr>
<tr>
<td>Adolescent substance abuse treatment services (24% DNE)</td>
<td>2.30</td>
</tr>
<tr>
<td>Counseling programs (EAP, mental health services) (11% DNE)</td>
<td>2.22</td>
</tr>
<tr>
<td>Screening and brief intervention for substance problems (17% DNE)</td>
<td>2.22</td>
</tr>
<tr>
<td>Supervised after school programs for elementary school students (5% DNE)</td>
<td>2.33</td>
</tr>
<tr>
<td>Local business organizations dedicated to supporting community initiatives (13% DNE)</td>
<td>2.08</td>
</tr>
<tr>
<td>Structured youth development activities (sports leagues, theater and arts programs (2% DNE)</td>
<td>2.28</td>
</tr>
<tr>
<td>Teen center/club (Rec, drop-in, YMCA, Boys and Girls Club) (28% DNE)</td>
<td>2.19</td>
</tr>
<tr>
<td>School-based substance abuse education (DARE, health curriculum) (6% DNE)</td>
<td>1.86</td>
</tr>
<tr>
<td>Mentoring programs (15% DNE)</td>
<td>2.34</td>
</tr>
</tbody>
</table>

*DNE: % indicating the strategy Does Not Exist*
Perceived Barriers to Substance Abuse Prevention Activities in the Community [Q12]: HVCASA CRS, 2018

1. Perception that substance abuse is a personal problem, not a community problem
2. Lack of coordination among organizations and groups
3. Too few community members with time or willingness to volunteer
4. Lack of consensus on how to address substance abuse issues
5. Lack of political support for substance abuse prevention
6. Substance abuse is not considered a priority problem in our community
7. Lack of a strategic plan to address substance abuse prevention needs
8. Insufficient awareness of current efforts among community members
9. Limited financial resources to address substance abuse in the community
10. Lack of knowledge of effective strategies to address substance abuse problems
11. Lack of community buy-in that substance abuse is an important issue
12. Lack of trained staff
13. Lack of programs with culturally competent staff
14. Perception that substance abuse is a personal problem, not a community problem

Barrier Levels:
- 1: Not a Barrier
- 2: Moderate Barrier
- 3: Large Barrier
Key Informant Ratings of Community Readiness for Substance Abuse Prevention Planning Activities [Q13]: HVCASA CRS, 2018

- Not ready
- Low readiness
- Medium readiness
- High readiness

- Collect data on the nature of local substance abuse problems: 2.96
- Identify available resources for substance abuse prevention (personnel, financial, organizational): 3.06
- Identify community members’ abilities to act as resources to meet community needs (asset mapping): 2.94
- Secure support for prevention from local policy makers: 2.92
- Utilize needs assessment data to plan prevention programs and policies: 2.87
- Develop culturally appropriate prevention programs and strategies: 2.68
- Raise community awareness of substance abuse problems: 3.05
- Improve services and programs for substance abuse prevention: 2.90
- Convene community meetings to address substance abuse issues: 3.08
- Collaborate with organizations concerned with preventing other types of problems (HIV, violence): 2.73
- Allocate local funds to substance abuse prevention in the community: 2.44
- Develop policies related to or specifically for substance abuse prevention in the community: 2.63
- Identify the barriers to substance abuse prevention in the community: 2.73
- Develop a strategic plan to address substance abuse in the community: 2.78
Availability of Substance Abuse Prevention Data [Q14]: HVCASA CRS, 2018

Percent Reporting

- Census Data: 32.9%
- Community household surveys: 9.5%
- Law Enforcement data (arrests, DUI): 51.8%
- Key informant interviews: 5.9%
- Inventory of programs: 12.2%
- School data (achievement, suspensions, truancy): 46.8%
- School surveys: 41.9%
- Public meetings or forums: 30.6%
- Focus groups: 15.8%
- Alcohol/drug related hospital visits/admissions: 20.3%
- Public health statistics (mortality/morbidity rates): 33.8%
- None available: 0.5%
- Don’t know: 12.6%
# Key Informant Ratings of the Community Stage of Readiness for Substance Abuse Prevention [Q15]: HVCASA CRS, 2018

<table>
<thead>
<tr>
<th>Community Stage of Readiness for Substance Abuse Prevention: HVCASA</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - This town/city tolerates or encourages substance abuse.</td>
<td>0.7</td>
</tr>
<tr>
<td>2 - This town/city has little or no recognition of the substance abuse problem.</td>
<td>6.5</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>11.8</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>24.8</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>26.1</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>7.2</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>13.7</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>6.5</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>2.6</td>
</tr>
</tbody>
</table>

**Mean Stage of Readiness for HVCASA (n=153)** 4.94

**Mean Stage of Readiness for Connecticut (n=744)** 5.26
How important is it to prevent problem gambling in your community? [Q16]: HVCASA CRS, 2018

- **Very important**: 7.2%
- **Somewhat important**: 22.9%
- **A little important**: 31.4%
- **Not at all important**: 38.6%
Community Ability and Support for Suicide Prevention [Q17-Q19]: HVCASA CRS, 2018

88.8% 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.”

Key informant rating of the community ability to implement suicide prevention efforts

<table>
<thead>
<tr>
<th>Rating</th>
<th>No ability</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2.55</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Key informant rating of the community support for suicide prevention efforts

<table>
<thead>
<tr>
<th>Rating</th>
<th>No support</th>
<th>A little support</th>
<th>Some support</th>
<th>A lot of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2.86</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Community Attitudes Toward Mental Health Promotion

[Q20]: HVCASA CRS, 2018

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

- Are concerned about improving mental health
  - Strongly Agree: 3.10

- Would support measures to identify early mental health problems in children and youth
  - Strongly Agree: 3.23

- Are concerned about access to mental health services for adults
  - Strongly Agree: 3.03

- Believe that mental health problems are a private matter to be addressed at home
  - Somewhat Disagree: 2.75