2022 Connecticut Community Readiness Survey Results:
Region 1 South West
The Hub

Developed by the Department of Mental Health and Addiction Services

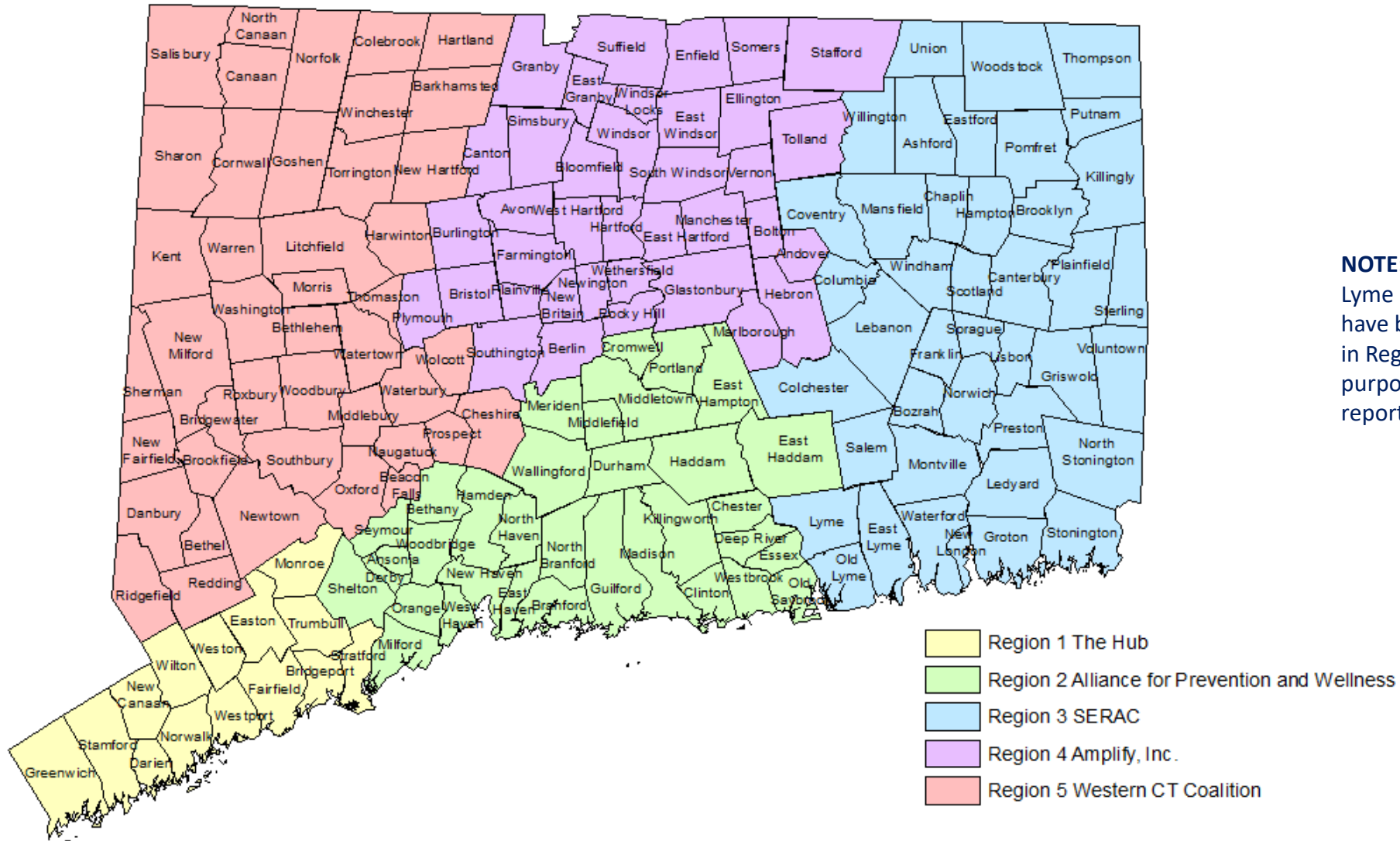**Center for Prevention Evaluation and Statistics at UConn Health**

August, 2022

Connecticut Community Readiness Survey (CRS) Objectives

- Assess perceived substance use problems at the local level;

- Measure community readiness for prevention and health promotion:
  - Community attitudes about alcohol and drug use, mental health promotion, and suicide and problem gambling prevention;
  - Community support for prevention;
  - Perceived barriers to substance misuse prevention;
  - Rating of community readiness;

- Develop a tool and methodology that DMHAS can use:

  - For ongoing needs assessment;

  - To inform substance misuse prevention planning and mental health promotion at state and regional levels;

  - To identify needs for training and technical assistance;

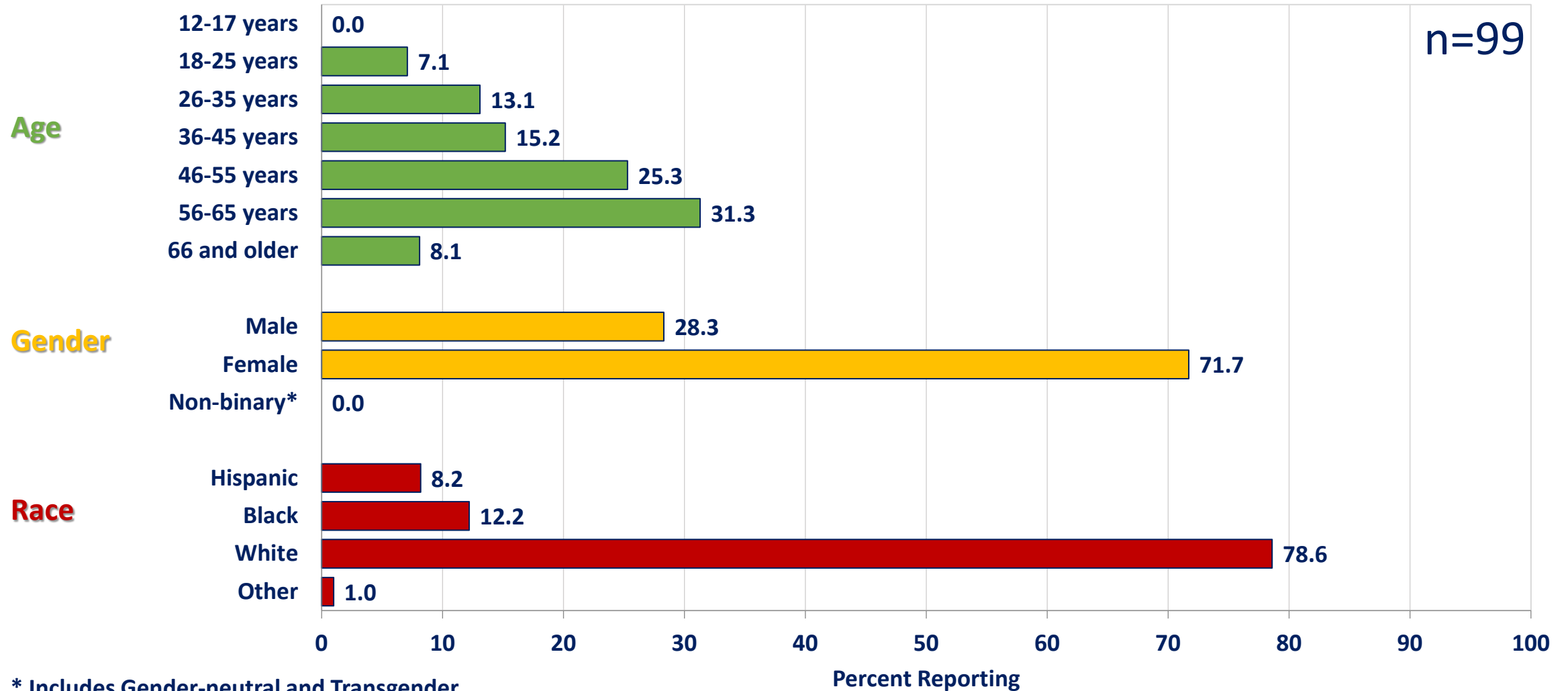 - To provide data to evaluate the impact of SPF-based initiatives.

Connecticut Community Readiness Survey (CRS) Approach

- Instrument developed through a consensus process involving DMHAS, its Resource Links, and UConn Health/CPES;

- Administered biannually statewide since 2006;

- Web-based survey implementation;

- CT Clearinghouse coordinates e-mail distribution of the survey;

- Regional Behavioral Health Action Organizations 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;

- Response tracking and 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 **1202** responses to the 2022 CRS survey statewide, a **76.6%** response rate based on the established key informant survey sample, with representation in **all 169** Connecticut communities.

DMHAS Regional Behavioral Health Action Organizations (RBHAOs)

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

Region 1 The Hub
Region 2 Alliance for Prevention and Wellness
Region 3 SERAC
Region 4 Amplify, Inc.
Region 5 Western CT Coalition

Key Informant Demographic Characteristics: The Hub CRS, 2022

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n=99

Age
- 12-17 years: 0.0
- 18-25 years: 7.1
- 26-35 years: 13.1
- 36-45 years: 15.2
- 46-55 years: 25.3
- 56-65 years: 31.3
- 66 and older: 8.1

Gender
- Male: 28.3
- Female: 71.7
- Non-binary*: 0.0

Race
- Hispanic: 8.2
- Black: 12.2
- White: 78.6
- Other: 1.0

Percent Reporting

* Includes Gender-neutral and Transgender

Key Informant Stakeholder Affiliation: The Hub CRS, 2022

| Affiliation	Percent Reporting
Coalition/Council/Task Force	36.4
Youth Serving Organization	33.3
Social/Human Service Agency	25.3
Parent	18.2
Government	17.2
Mental Health Service Provider	13.1
Substance Abuse Prevention Agency/Provider	13.1
Individual with Lived Experience*	12.1
EMS/Rescue/First Responder	12.1
Youth	11.1
Law Enforcement	11.1
School	9.1
Public Health	9.1
Faith-Based Organization	2.0
College/University	2.0
Gambling Treatment Organization/Provider	2.0
Substance Abuse Treatment Agency/Provider	1.0
Recovery Support Personnel	1.0

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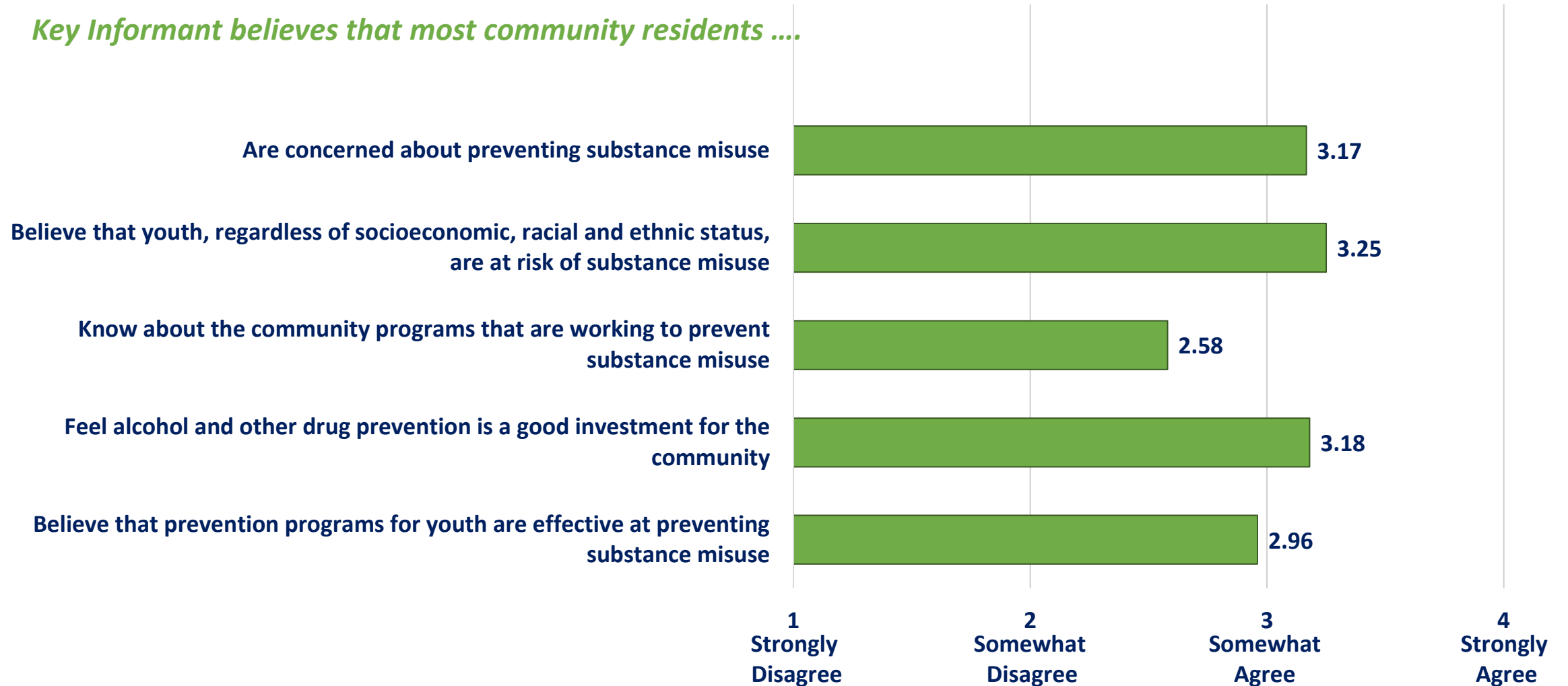
Substance Misuse

Problem Substances of Greatest Concern for Age Groups, According to Key Informants: The Hub CRS, 2022
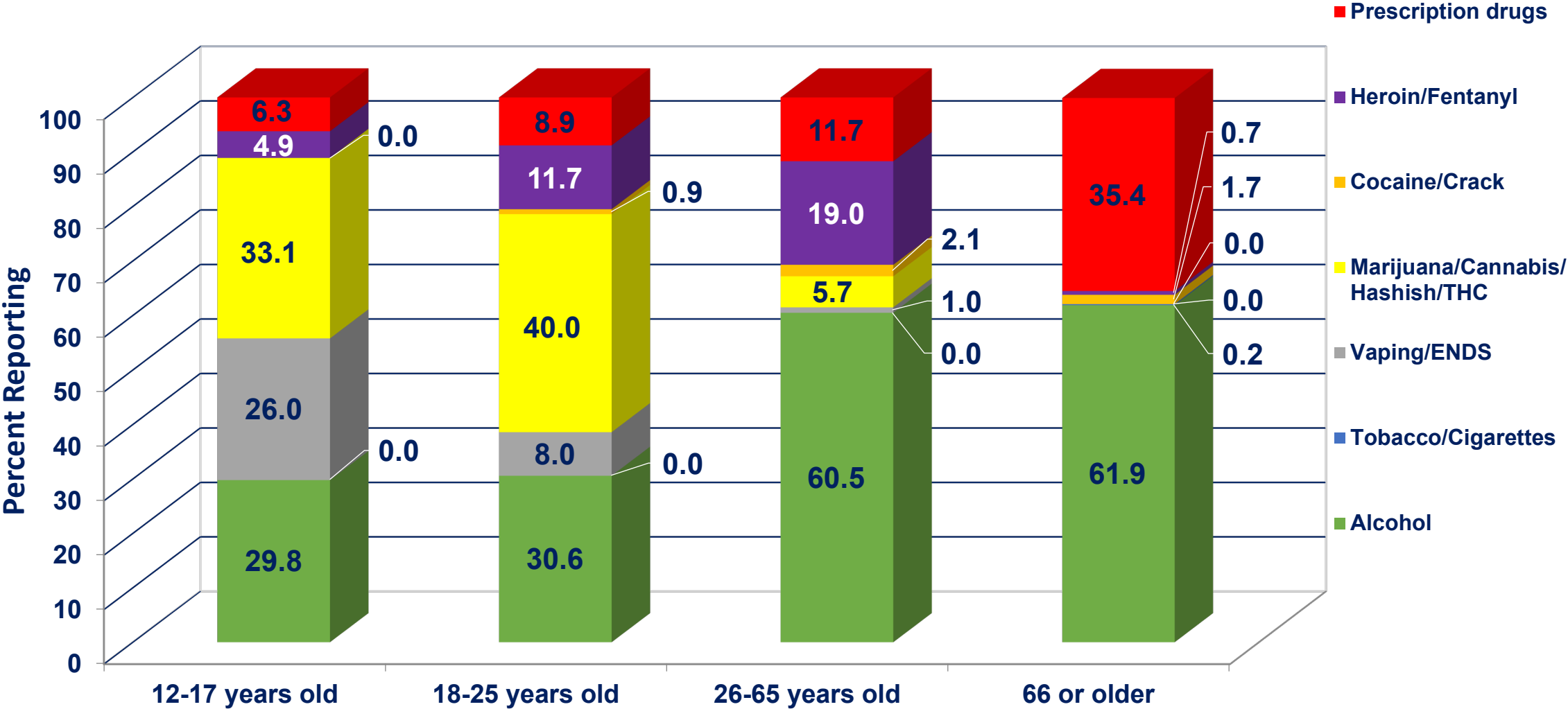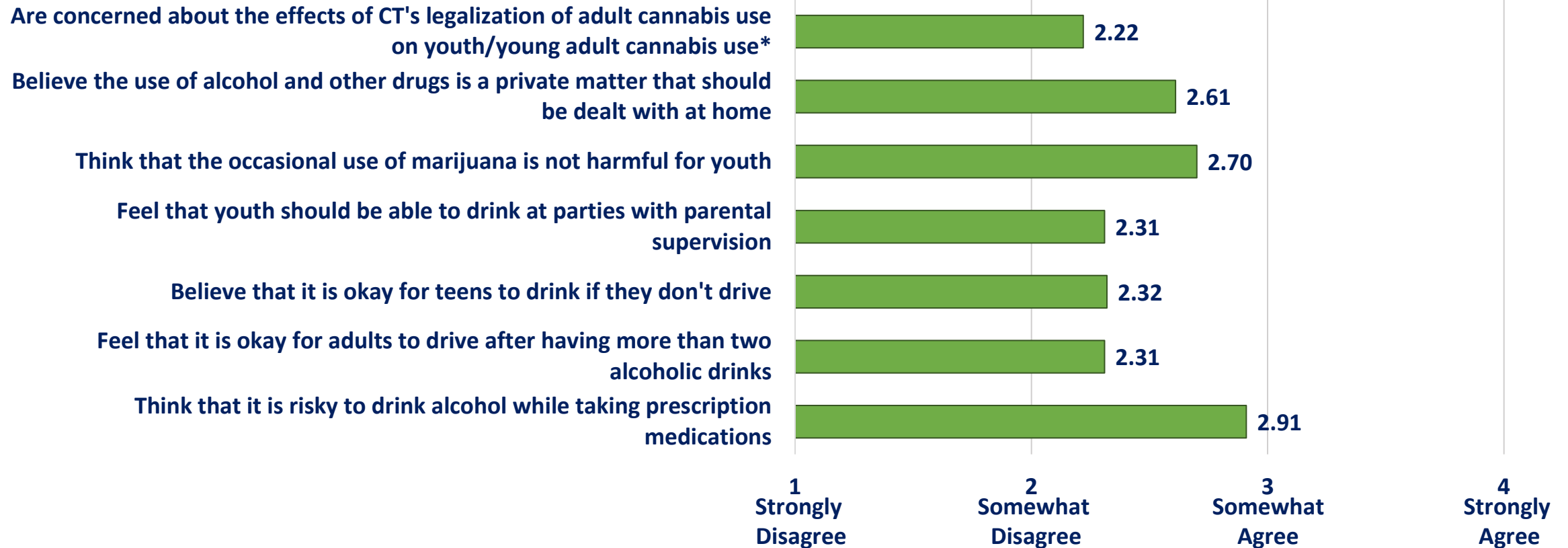
Community Attitudes Toward Substance Misuse Prevention [Q15]: The Hub CRS, 2022

Community Attitudes Toward Substance Misuse Prevention [Q15]: The Hub CRS, 2022

Key Informant believes that most community residents ....

Statement	Value
Are concerned about the effects of CT's legalization of adult cannabis use on youth/young adult cannabis use*	2.22
Believe the use of alcohol and other drugs is a private matter that should be dealt with at home	2.61
Think that the occasional use of marijuana is not harmful for youth	2.70
Feel that youth should be able to drink at parties with parental supervision	2.31
Believe that it is okay for teens to drink if they don't drive	2.32
Feel that it is okay for adults to drive after having more than two alcoholic drinks	2.31
Think that it is risky to drink alcohol while taking prescription medications	2.91

Scale: 1 Strongly Disagree — 2 Somewhat Disagree — 3 Somewhat Agree — 4 Strongly Agree

*including increased access, decreased perception of risk/harm, and changes in social/family norms

Perceived Barriers/Assets to Substance Misuse Prevention Activities in the Community [Q18]: The Hub CRS, 2022

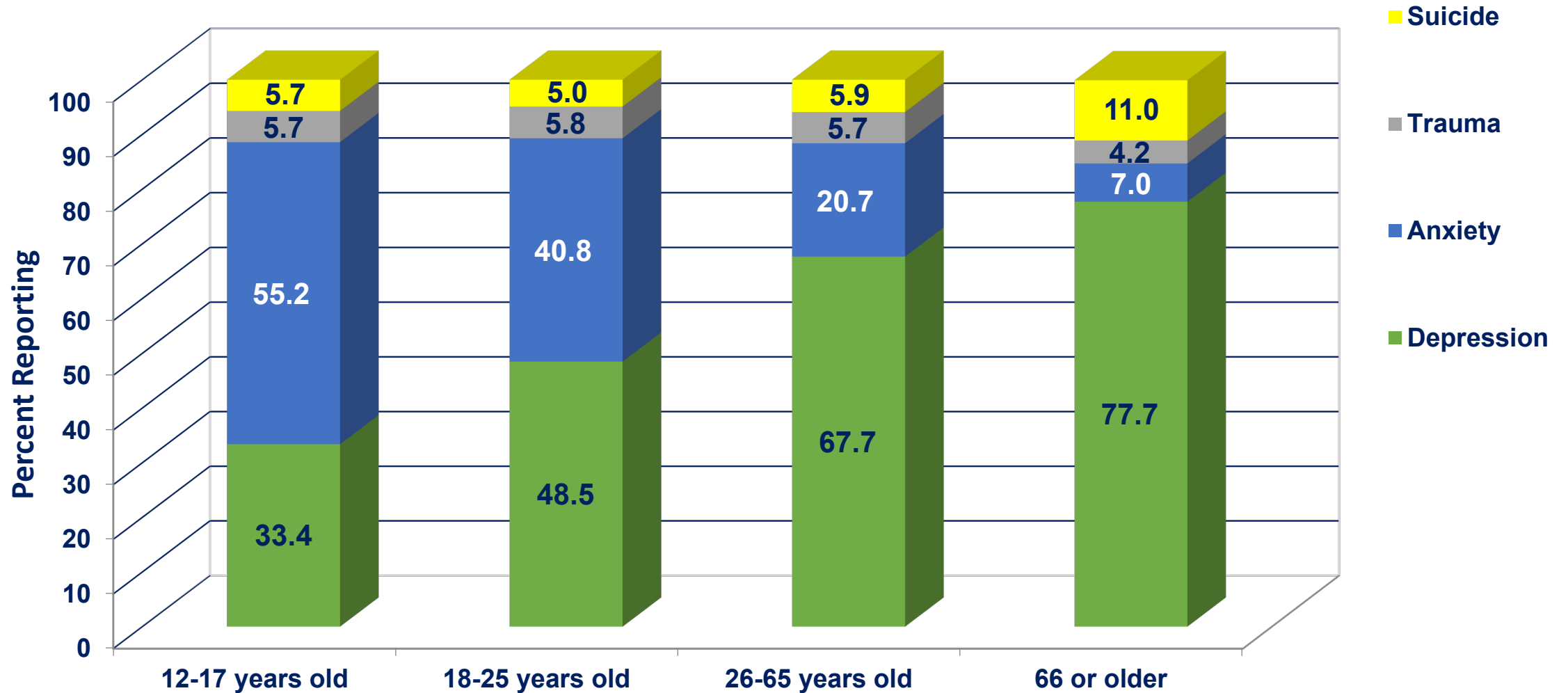| Category	A Moderate or Great Barrier	Neither a Barrier nor an Asset	A Moderate or Great Asset
Availability of leadership	29.1	13.4	57.5
Community members with time or willingness to volunteer	38.8	10.9	50.3
Political support for substance misuse prevention	21.5	23.6	54.9
A strategic plan to address substance misuse prevention needs	29.6	16.7	53.8
Financial resources to address substance misuse in the community	46.6	9.4	44.0
Knowledge of effective strategies to address substance misuse problems	30.9	11.9	57.1
Community buy-in that substance misuse is an important issue	44.9	10.0	45.1
Trained staff that are appropriate for the population(s) they serve	32.5	9.3	58.2
Data to determine/support the extent or magnitude of the issue	31.3	8.9	59.8

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

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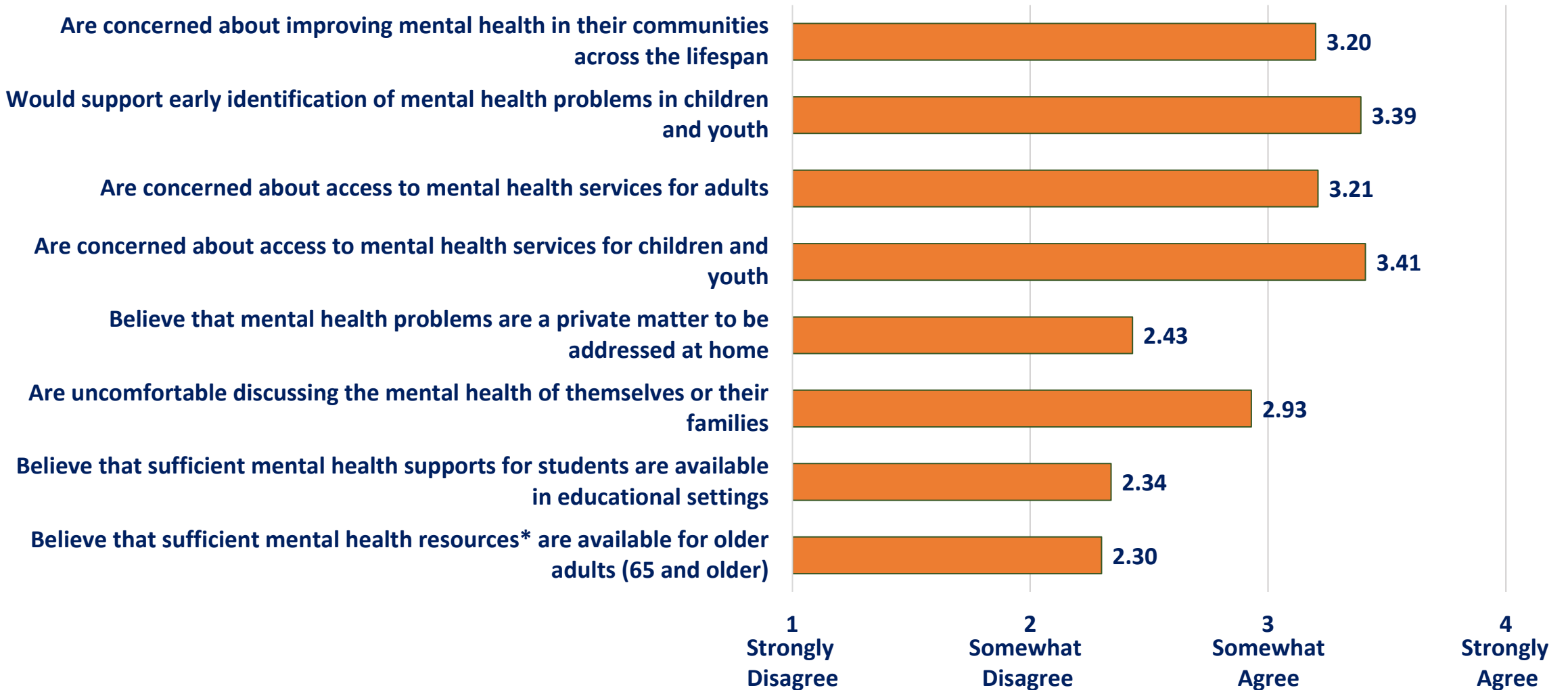Center for Prevention Evaluation and Statistics

Mental Health

Mental Health Issue of Greatest Concern for Age Groups, According to Key Informants: The Hub CRS, 2022

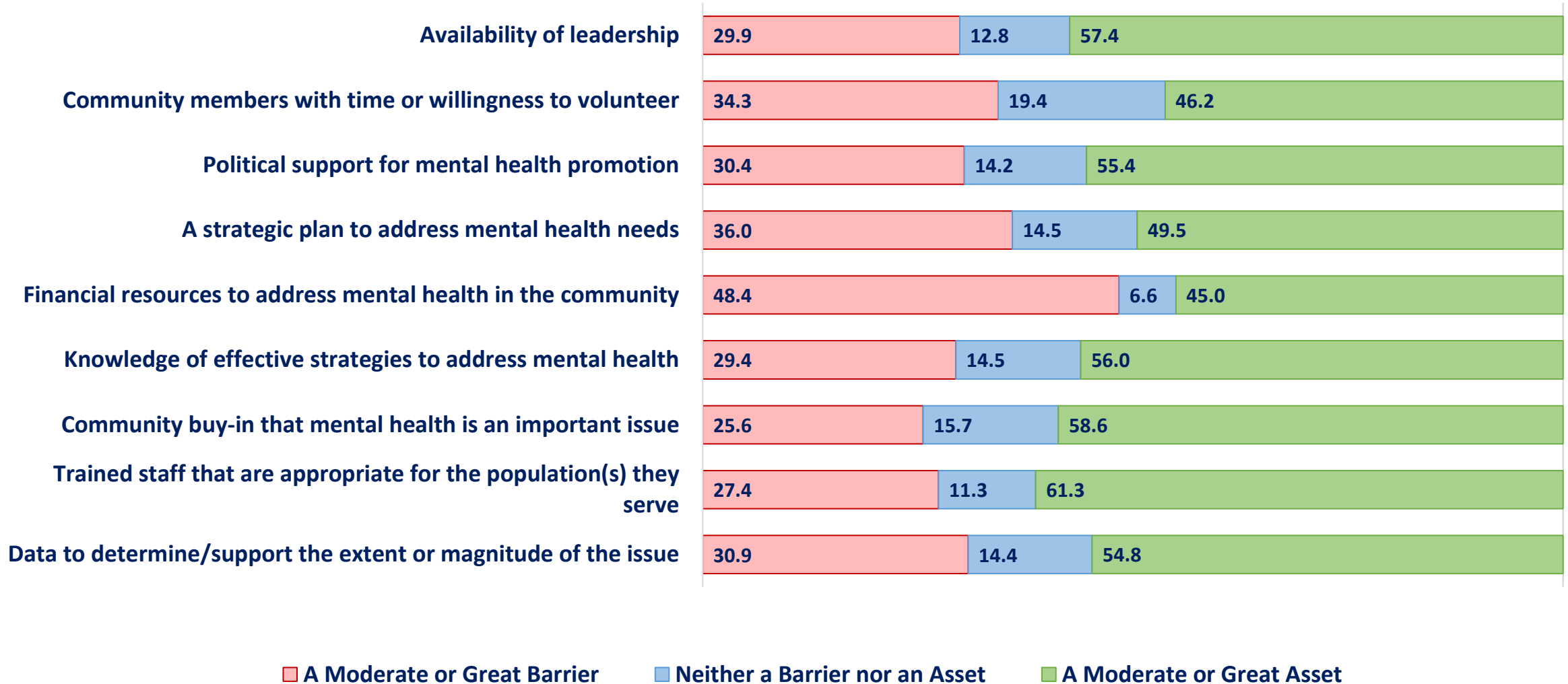# Community Attitudes Toward Mental Health
[Q16]: The Hub CRS, 2022

CPES Center for Prevention Evaluation and Statistics

Key Informant believes that most community residents ….

Statement	Value
Are concerned about improving mental health in their communities across the lifespan	3.20
Would support early identification of mental health problems in children and youth	3.39
Are concerned about access to mental health services for adults	3.21
Are concerned about access to mental health services for children and youth	3.41
Believe that mental health problems are a private matter to be addressed at home	2.43
Are uncomfortable discussing the mental health of themselves or their families	2.93
Believe that sufficient mental health supports for students are available in educational settings	2.34
Believe that sufficient mental health resources* are available for older adults (65 and older)	2.30

1 Strongly Disagree 2 Somewhat Disagree 3 Somewhat Agree 4 Strongly Agree

*services, supports and linkages

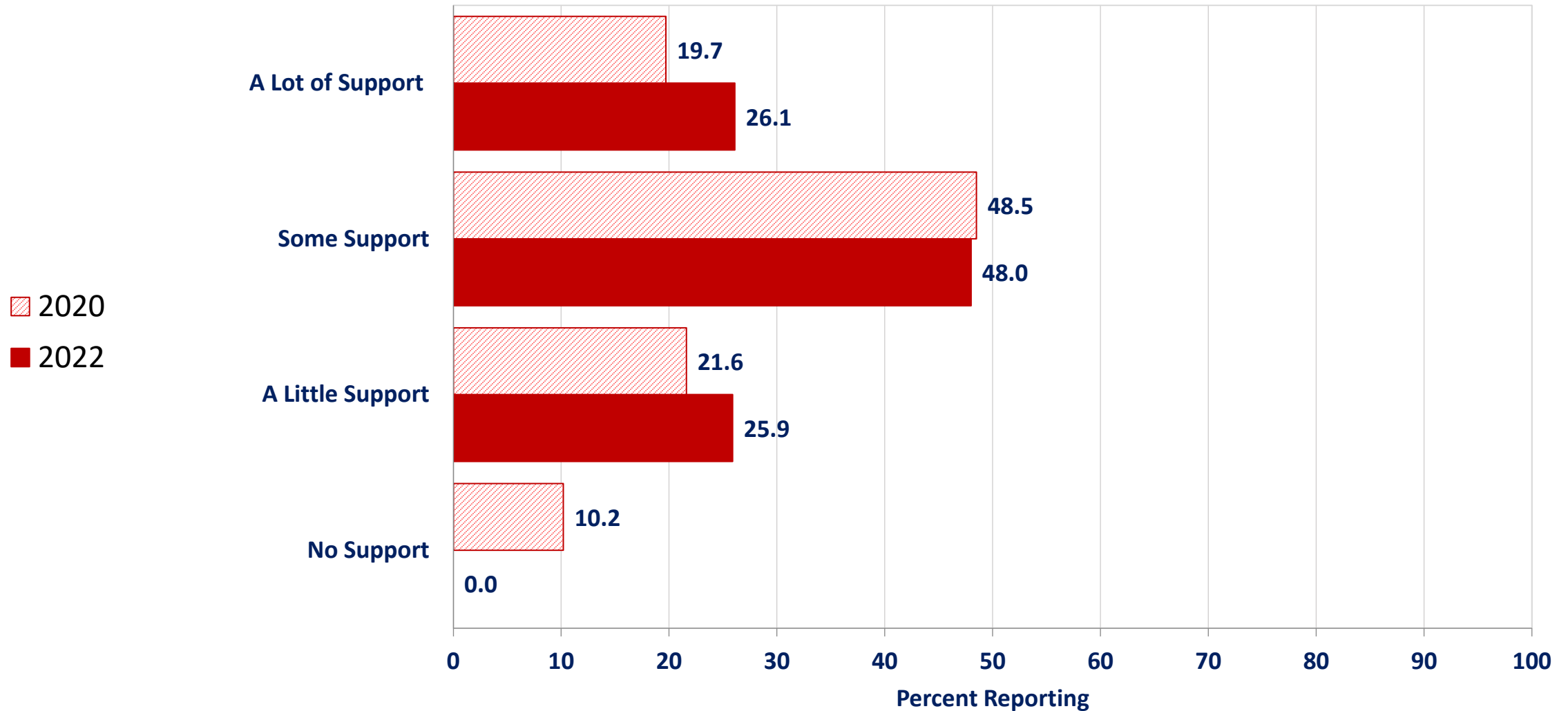# Perceived Barriers/Assets to Mental Health Promotion Activities in the Community [Q19]: The Hub CRS, 2022


Category	A Moderate or Great Barrier	Neither a Barrier nor an Asset	A Moderate or Great Asset
Availability of leadership	29.9	12.8	57.4
Community members with time or willingness to volunteer	34.3	19.4	46.2
Political support for mental health promotion	30.4	14.2	55.4
A strategic plan to address mental health needs	36.0	14.5	49.5
Financial resources to address mental health in the community	48.4	6.6	45.0
Knowledge of effective strategies to address mental health	29.4	14.5	56.0
Community buy-in that mental health is an important issue	25.6	15.7	58.6
Trained staff that are appropriate for the population(s) they serve	27.4	11.3	61.3
Data to determine/support the extent or magnitude of the issue	30.9	14.4	54.8

Suicide

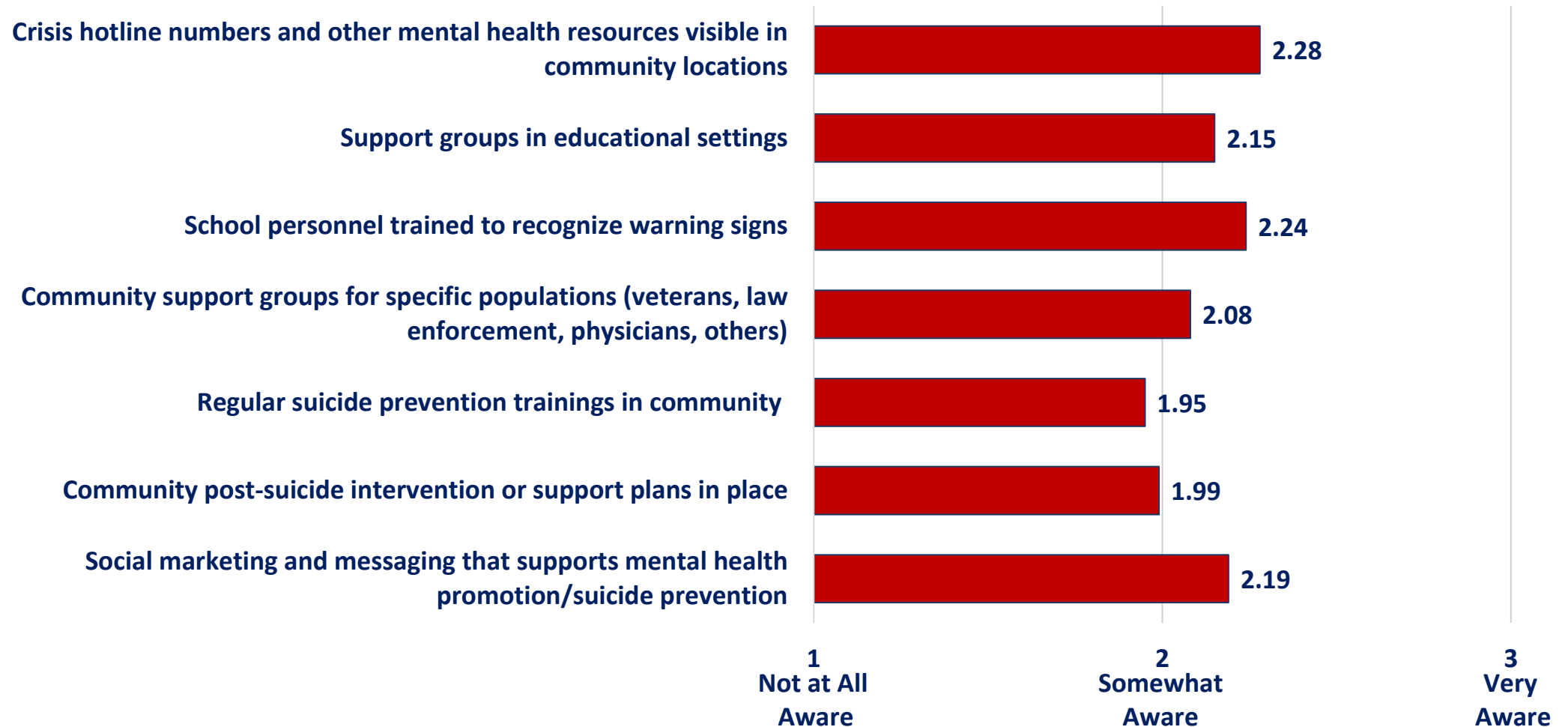# In your opinion, how much community support is there for suicide prevention efforts? [Q25]: The Hub CRS, 2020-2022

A Lot of Support
- 2020: 19.7
- 2022: 26.1

Some Support
- 2020: 48.5
- 2022: 48.0

A Little Support
- 2020: 21.6
- 2022: 25.9

No Support
- 2020: 10.2
- 2022: 0.0

Legend:
- 2020
- 2022

X-axis: Percent Reporting (0 to 100)

How would you rate your community's ability to implement suicide prevention efforts? [Q26]: The Hub CRS, 2020-2022
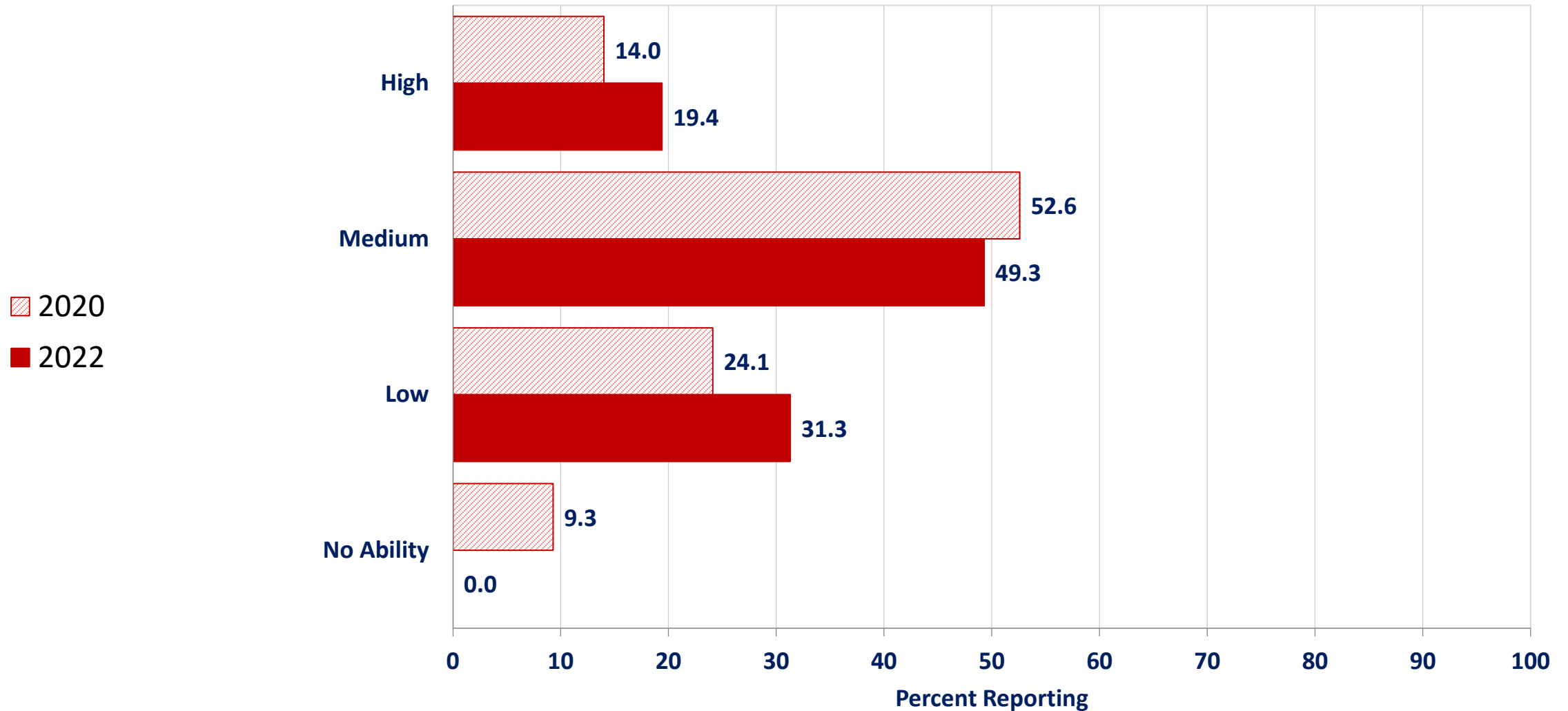
Awareness of Suicide Prevention Supports in Place in the Community [Q27]: The Hub CRS, 2022
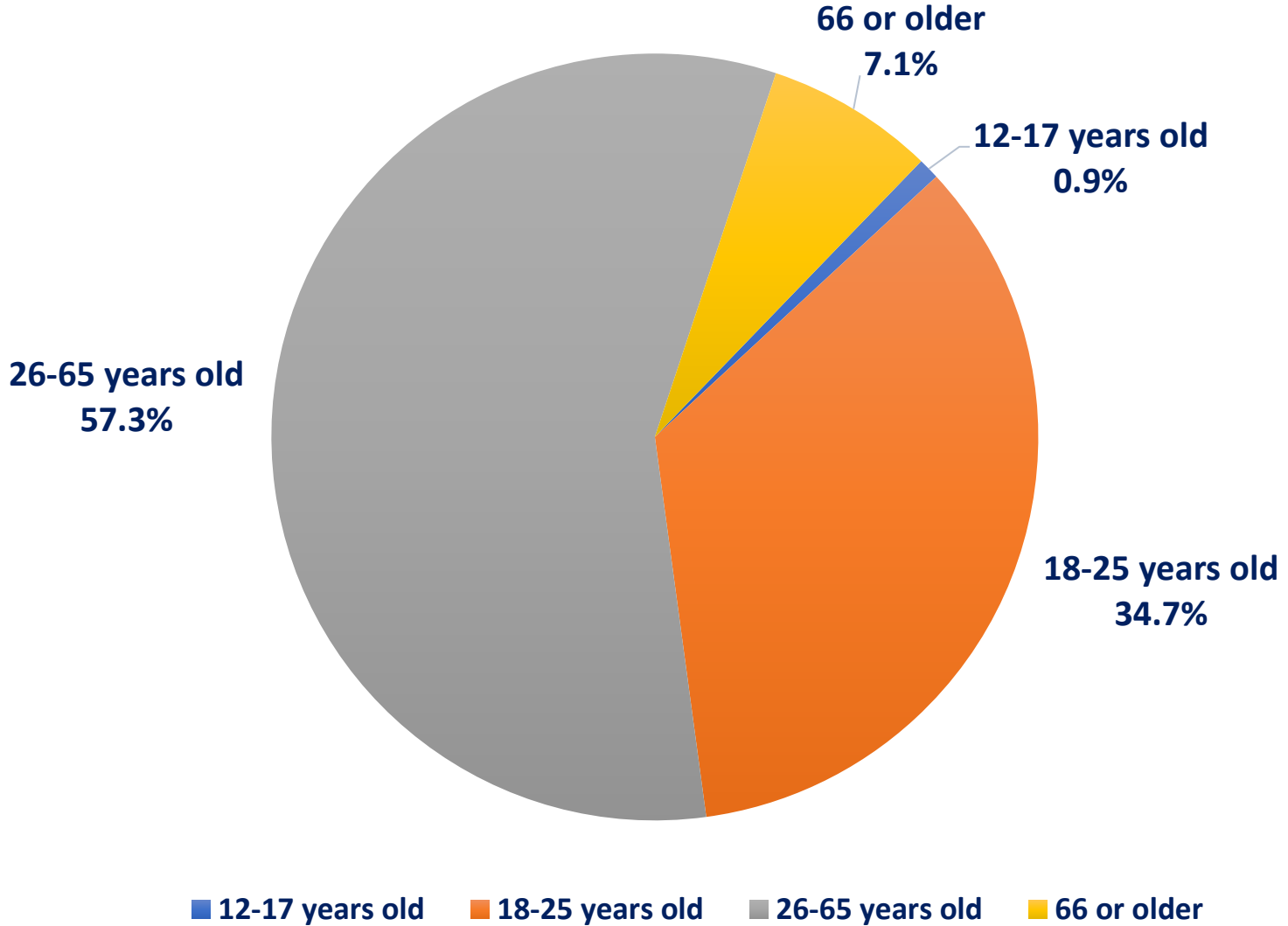
Key Informant awareness that the following are in place in the community….

Support	Value
Crisis hotline numbers and other mental health resources visible in community locations	2.28
Support groups in educational settings	2.15
School personnel trained to recognize warning signs	2.24
Community support groups for specific populations (veterans, law enforcement, physicians, others)	2.08
Regular suicide prevention trainings in community	1.95
Community post-suicide intervention or support plans in place	1.99
Social marketing and messaging that supports mental health promotion/suicide prevention	2.19

1
Not at All
Aware

2
Somewhat
Aware

3
Very
Aware

Problem Gambling
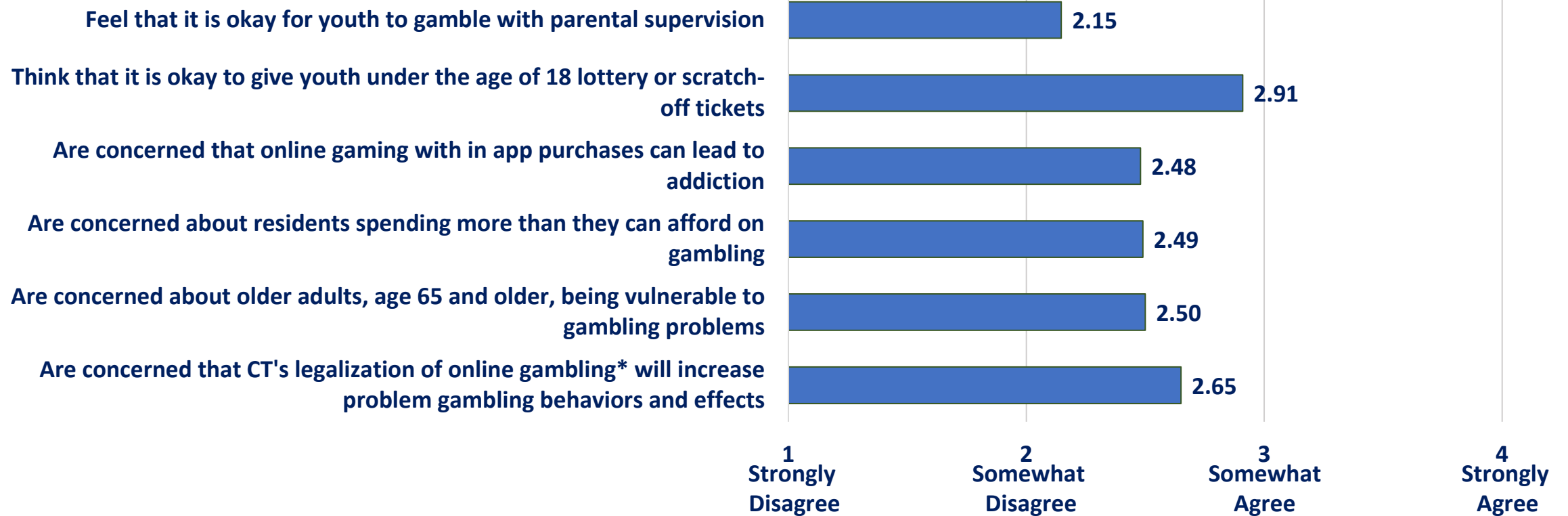
Perceived Age Group of Greatest Concern for Problem Gambling Behaviors and Effects, According to Key Informants [Q14]: The Hub CRS, 2022

66 or older 7.1%

12-17 years old 0.9%

18-25 years old 34.7%

26-65 years old 57.3%

Legend: ■ 12-17 years old ■ 18-25 years old ■ 26-65 years old ■ 66 or older

Community Attitudes Toward Gambling and Gaming [Q17]: The Hub CRS, 2022

Key Informant believes that most community residents ….

| Statement	Value
Feel that it is okay for youth to gamble with parental supervision	2.15
Think that it is okay to give youth under the age of 18 lottery or scratch-off tickets	2.91
Are concerned that online gaming with in app purchases can lead to addiction	2.48
Are concerned about residents spending more than they can afford on gambling	2.49
Are concerned about older adults, age 65 and older, being vulnerable to gambling problems	2.50
Are concerned that CT's legalization of online gambling* will increase problem gambling behaviors and effects	2.65

1
Strongly
Disagree

2
Somewhat
Disagree

3
Somewhat
Agree

4
Strongly
Agree

*sports betting, online casino gambling, and online lottery

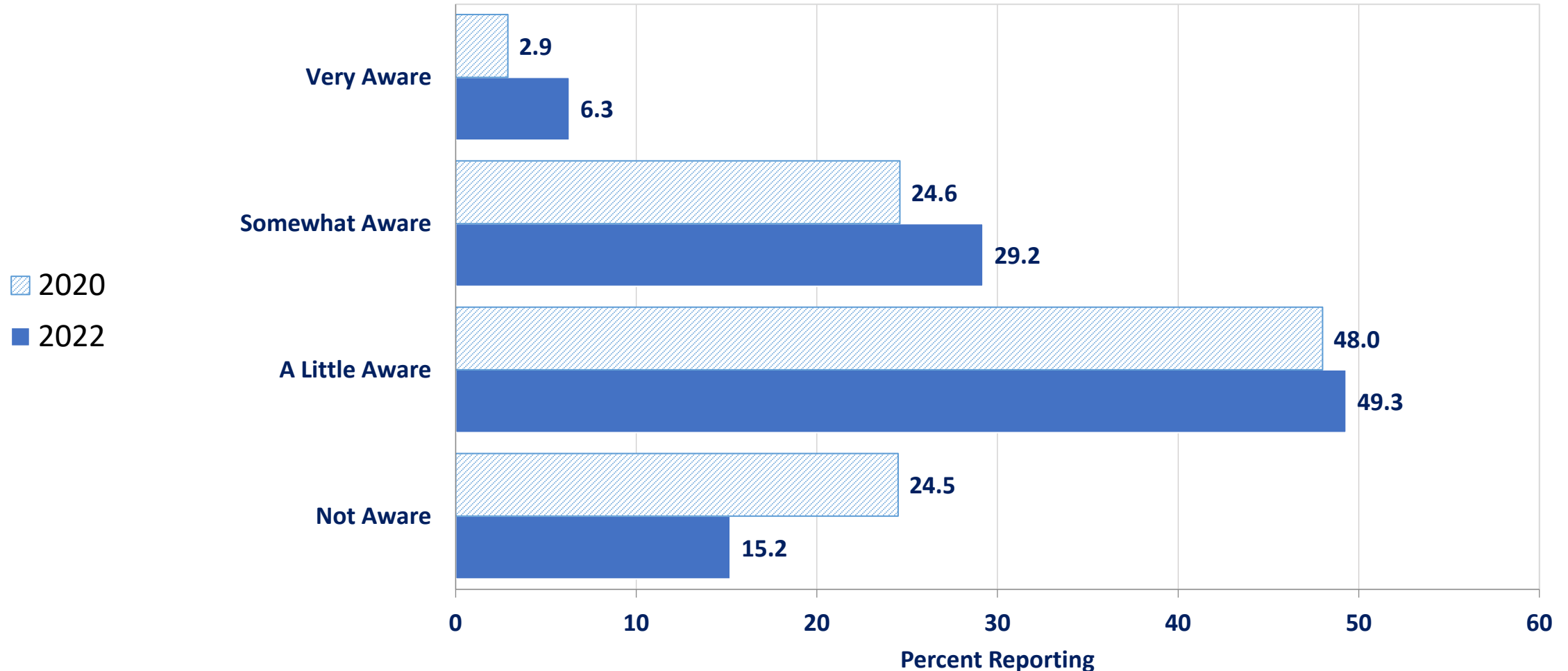# How important is it to prevent problem gambling/gaming addiction in your community? [Q20]: The Hub CRS, 2020-2022

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Legend:
- 2020
- 2022

Category	2020	2022
Very Important	18.8	34.5
Somewhat Important	44.2	37.7
A Little Important	28.3	24.1
Not Important	8.8	3.6

Percent Reporting
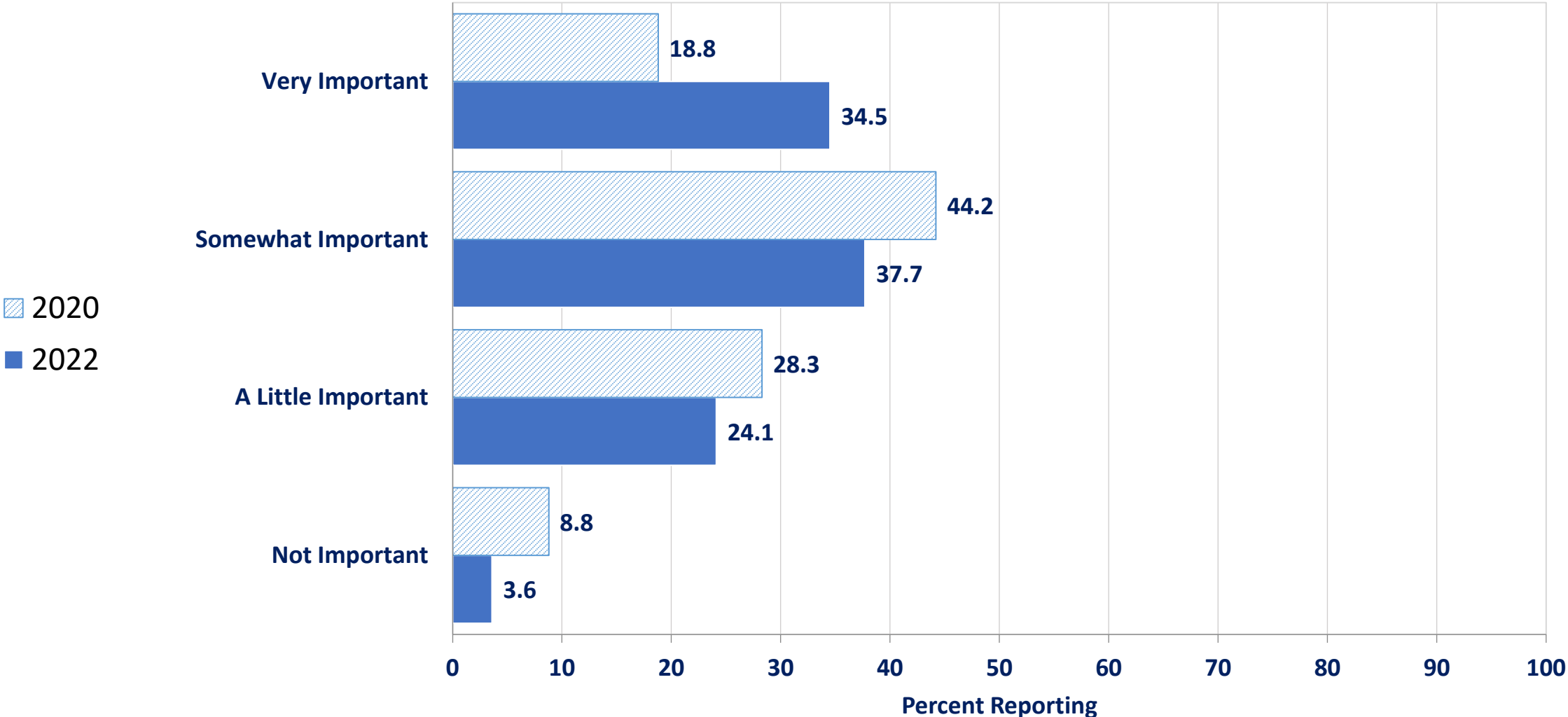
How would you rate your community's ability to raise awareness about the risks of problem gambling/gaming addiction? [Q21]: The Hub CRS, 2020-2022
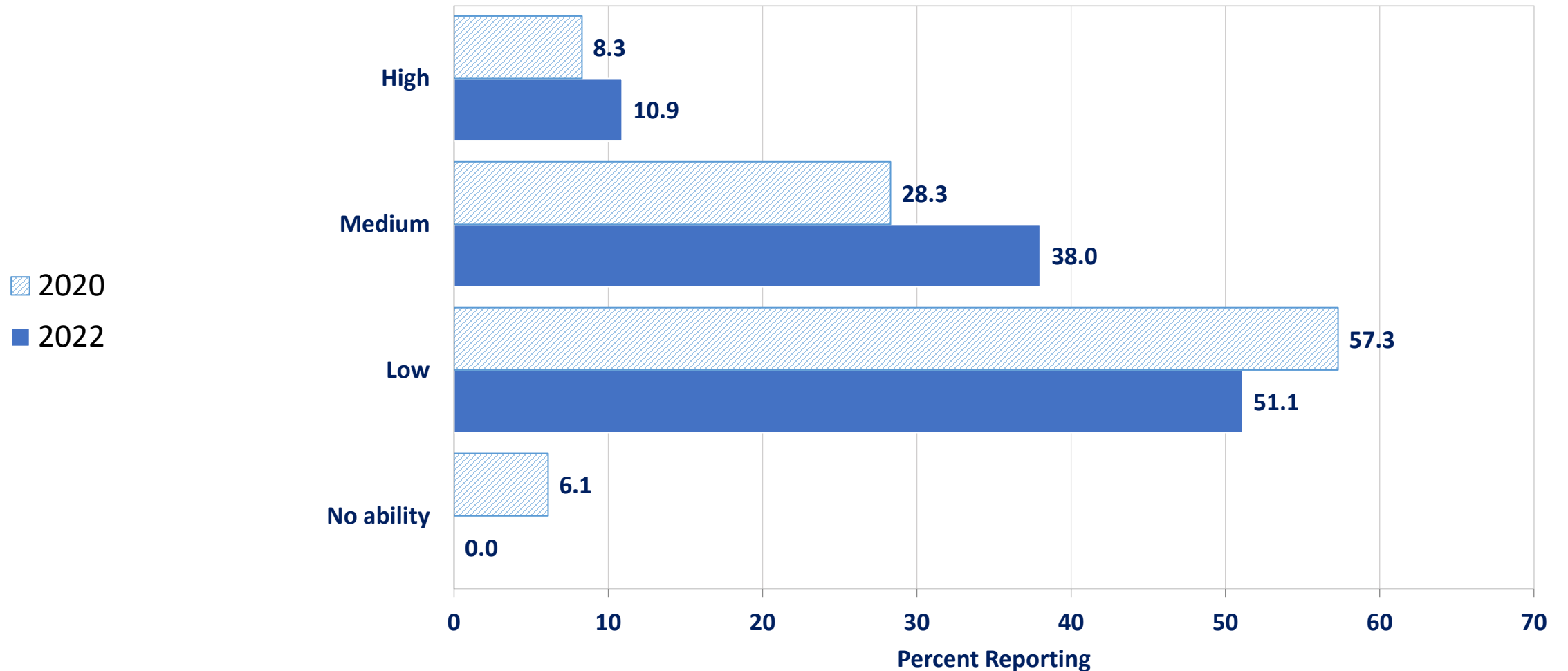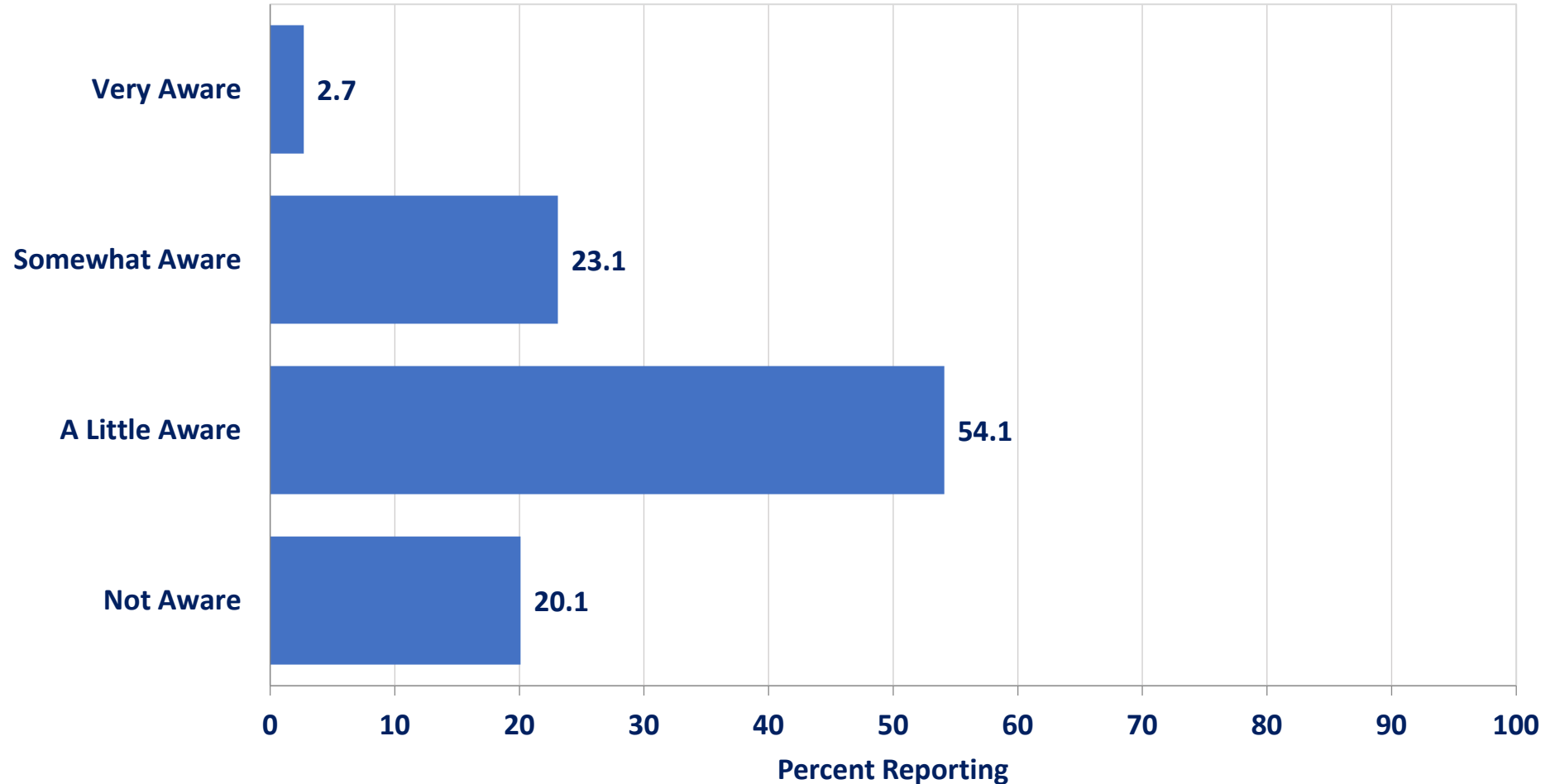
How aware are community residents that gambling activities* can become an addiction for some people? [Q22]: The Hub CRS, 2020-2022
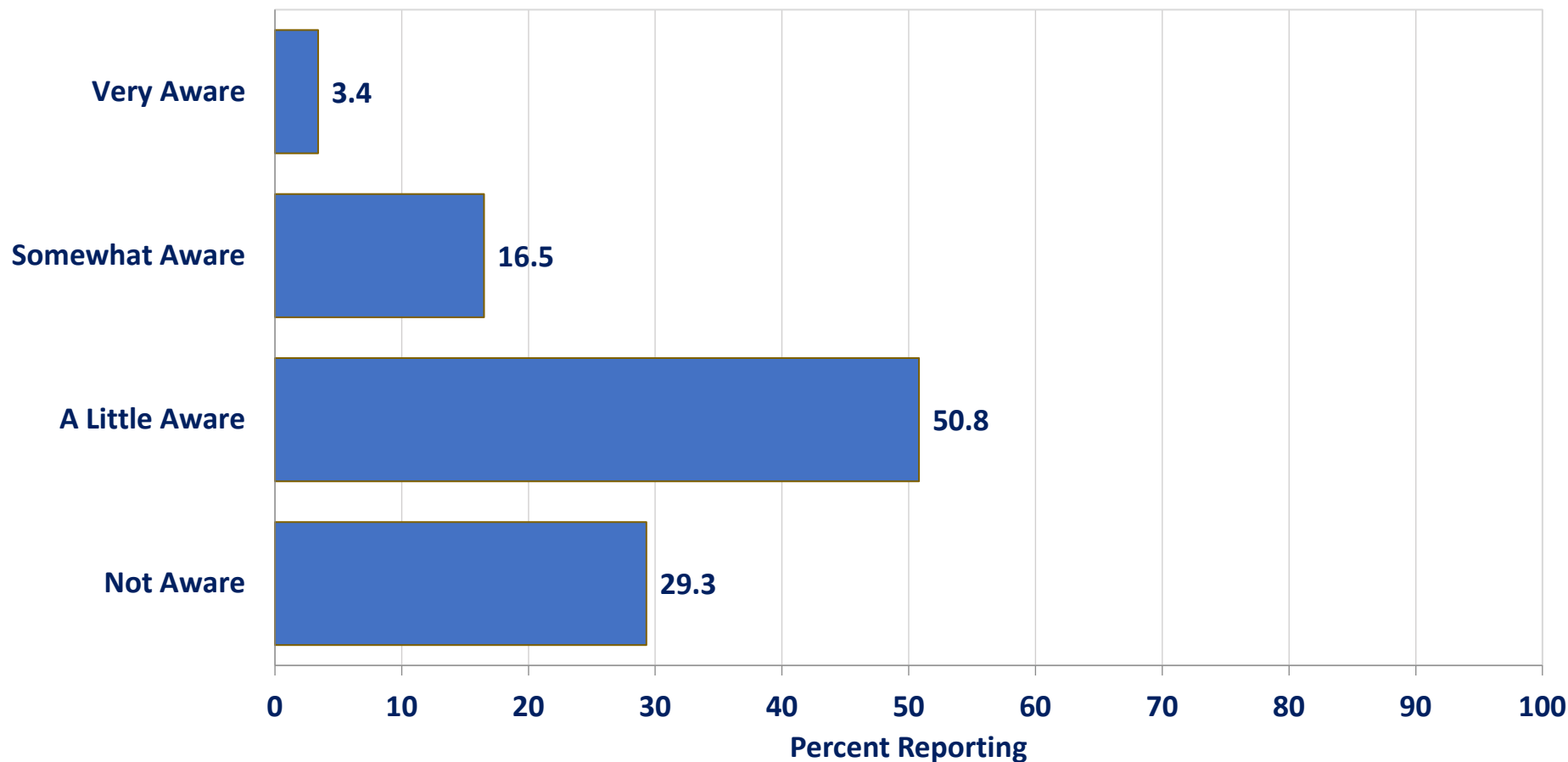
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Legend:
- 2020
- 2022

Very Aware
- 2020: 2.9
- 2022: 6.3

Somewhat Aware
- 2020: 24.6
- 2022: 29.2

A Little Aware
- 2020: 48.0
- 2022: 49.3

Not Aware
- 2020: 24.5
- 2022: 15.2

Percent Reporting

*e.g. scratch-off tickets, lottery, sports betting, Keno, casino games, dice, cards, loot boxes and skins in gaming, etc.

How aware are community residents that there is treatment available for individuals experiencing problems with gambling such as individual and group counseling? [Q23]: The Hub CRS, 2022

Very Aware — 2.7
Somewhat Aware — 23.1
A Little Aware — 54.1
Not Aware — 20.1

Percent Reporting

How aware are community residents that there are resources available for persons affected (significant others, spouses, and children) from problem gambling such as individual counseling and support? [Q24]: The Hub CRS, 2022

Chart: Percent Reporting by awareness level
- Very Aware: 3.4
- Somewhat Aware: 16.5
- A Little Aware: 50.8
- Not Aware: 29.3

Overall Community Readiness

Community Readiness to Undertake Behavioral Health Promotion Activities* [Q28]: The Hub CRS, 2022

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Key Informant believes that the community is ready to....

Activity	Score
Collect data on the nature of local behavioral health problems	3.16
Identify community members as resources to address behavioral health problems	3.50
Secure support from local policy makers for behavioral health	3.25
Develop culturally appropriate programs and strategies	3.25
Raise community awareness of priority problems or issues (substance misuse, gambling, mental health, suicide)	3.34
Collaborate with organizations concerned with preventing other types of problems (HIV, violence)	3.35
Allocate local funds to address behavioral health problems in the community	2.91
Develop policies related to or to specifically address behavioral health problems in the community	3.02

Scale: 1 None — 2 Very Little — 3 Moderate — 4 High — 5 Very High

*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** [Q29]: The Hub CRS, 2022

Community Stage of Readiness for Substance Misuse Prevention: The Hub (weighted n=201) Mean=5.72 (SD=1.89)	Percent
1 - This town/city tolerates or encourages substance misuse.	0.8
2 - This town/city has little or no recognition of the substance misuse problem.	2.7
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.	4.4
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.	18.9
5 - This town/city is planning for substance misuse prevention and focuses on practical details, including seeking funds for prevention efforts.	29.5
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.	9.1
7 - This town/city has created policies and/or more than one substance misuse prevention program is running with financial support and trained staff.	13.0
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.	10.6
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.	11.1

Key Informant Ratings of the Community Stage of Readiness for **Mental Health Promotion** [Q30]: The Hub CRS, 2022

Community Stage of Readiness for Mental Health Promotion: The Hub (weighted n=206) Mean=5.36 (SD=1.79)	Percent
1 - This town/city is unsupportive of those with mental health issues.	0.8
2 - This town/city has little or no recognition of the community's concern about mental health.	4.2
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.	3.4
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.	26.8
5 - This town/city is planning for mental health promotion programs and focuses on practical details, including seeking funds for awareness efforts.	27.9
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.	12.7
7 - This town/city has created policies and/or more than one mental health promotion program is running with financial support and trained staff.	5.5
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.	13.4
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.	5.3