CONNECTICUT
Mental Health & Addiction Services

STATE OF CONNECTICUT COMMUNITY HEALTH IMPROVEMENT PLAN

A PRODUCT OF THE CT PARTNERSHIP FOR SUCCESS (PFS) 2022 INITIATIVE

Developed by the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health

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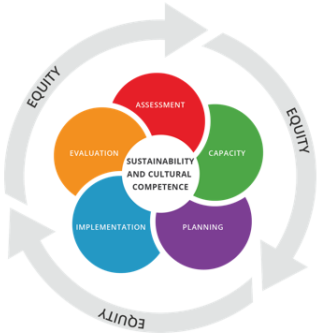
Introduction

The Substance Abuse and Mental Health Services Association (SAMHSA) requires that its Partnerships for Success 2022 (PFS 2022) funded states utilize the Strategic Prevention Framework (SPF) steps of assessment and planning to develop a statewide community health improvement plan to address substance use and related issues, including health disparities, in its communities across the state. The plan, which spans the timeframe of PFS 2022 funding (ending September 29, 2027) is intended to inform a long-term, systematic effort to address public health issues for residents of Connecticut (CT) and specific at-risk and underserved populations, aligning with elements of Connecticut's State Health Improvement Plan (SHIP) and the DMHAS Triennial Prevention Plan.

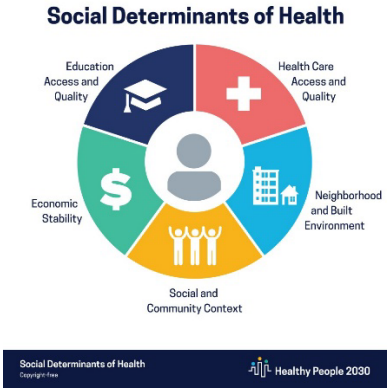
Background/Context

Connecticut's PFS statewide community health improvement plan (CHIP) is based on a review of statewide data and existing behavioral health improvement plans and builds on the results of community health assessment activities and the community health improvement process undertaken by Connecticut's five PFS 2022 subrecipients (grantees) in a total of twelve underserved communities statewide. Under the PFS 2022 initiative, grantees conducted community-level needs assessment and strategic planning steps of the Strategic Prevention Framework (SPF) to address underage drinking among 12-17 year olds, with a focus on subpopulations at increased risk or burden for underage alcohol use and related issues. The statewide CHIP details key elements of the grantee-level needs assessments and strategic plans and expands upon them, to lay out a statewide health improvement plan with underage drinking prevention and coalition capacity building as its foundational elements. The CHIP also considers the content areas and approaches summarized in Connecticut's PFS 2022 Disparities Impact Statement, with a focus on reducing health disparities and building resilience in PFS-funded communities and for groups of individuals who bear an increased burden of substance use and related issues as result of these health disparities. The graphics below depict an equity

focus in the context of the Strategic Prevention Framework and the major areas driving health disparities for these groups.

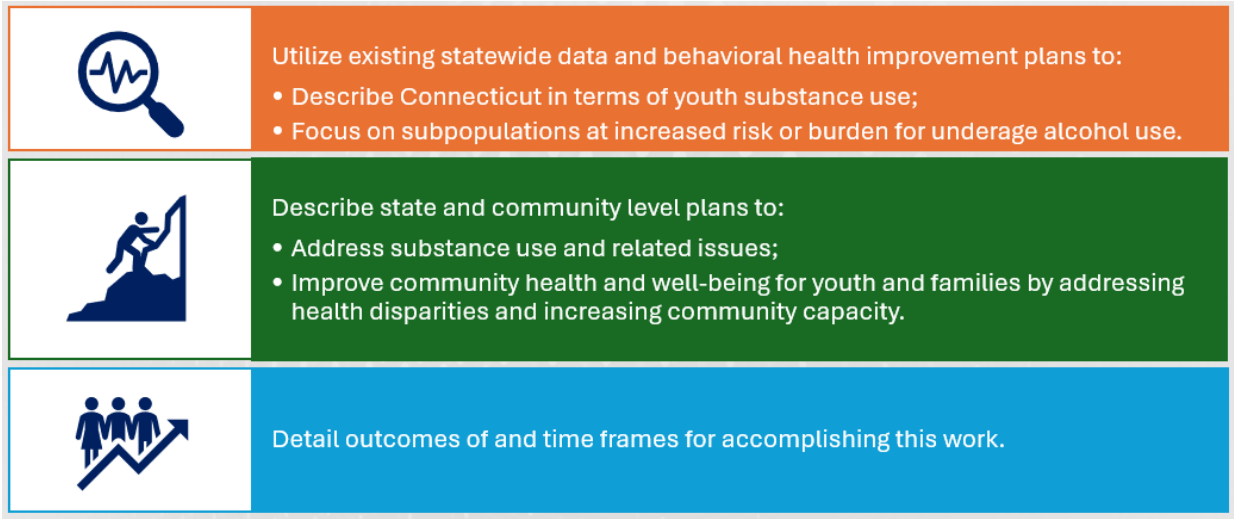


SAMHSA's Strategic Prevention Framework (SPF)



Goals of the Plan

Connecticut's State Community Health Improvement Plan was developed to address substance use issues using a systematic, data-driven approach. The goals of the PFS statewide CHIP are as follows:



Summary of Approach

Development of the PFS statewide CHIP began with a comprehensive review of data on alcohol and other substance use, including prevalence/use, consequences, risk factors, and social determinants of health data compiled by the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health. These data were originally compiled for use by PFS 2022 grantees to support their needs assessment process and have also been synthesized to form presentations to the Statewide Epidemiological Outcomes Workgroup (SEOW), the Alcohol and Drug Policy Council (ADPC), and the ADPC Prevention Subcommittee. These data formed the foundation of the PFS 2022 initiative as well as the needs assessment base for the statewide CHIP.

CT's Disparities Impact Statement, developed in the initial months of the PFS 2022 initiative, provides important information on populations at increased risk/burden for alcohol use and related issues, and lays out the state's approach to decrease the prevalence of risk factors, bolster protective/resilience factors, and address health disparities for these population groups. Review and inclusion of DIS plan content is integral to the relevance and actionability of recommendations in the statewide CHIP, so these data are also included here.

For local perspective, regional plans developed through the PFS 2022 grantee-level efforts form the building blocks of the statewide health improvement plan to address underage drinking in CT. A systematic review of needs, populations of focus, and planned strategies are utilized to develop the PFS-aligned statewide approach described in the plan that follows.

Finally, the PFS statewide CHIP is informed by review of two key statewide health improvement plans due for updates in the coming year: the **CT Department of Mental Health and Addiction Services (DMHAS) Triennial State Substance Use Plan** developed in 2022; and **Healthy Connecticut 2025**, the state's health improvement plan (SHIP) developed by the CT Department of Public Health (DPH) in 2021. While the PFS statewide CHIP, based on its funded focus, is specific to the issue of underage drinking, its focus on underserved and at-risk populations and addressing shared risk factors and health disparities makes its alignment with these two key state plans integral to its implementation and sustainability within and beyond the PFS

initiative. Likewise, the hope is that the PFS statewide CHIP will inform the DMHAS Triennial State Substance Use plan update in 2025.

Health Profile of Connecticut

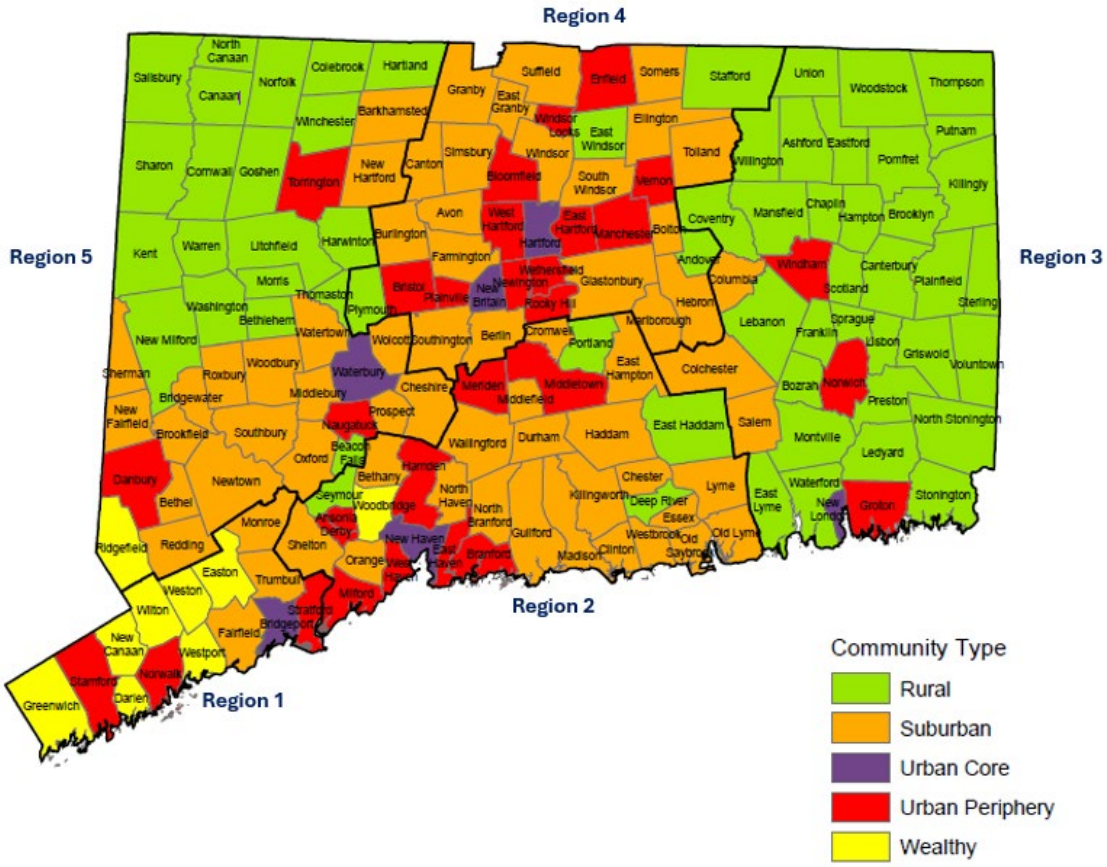
State Description

Connecticut's population consists of approximately 3.63 million people, 51% of whom identify as female and 49% male (US Census, 2020). CT's population is 63% White Non-Hispanic/Latino; 17% Hispanic or Latino (of any race); 11% Black/African American; 5% Asian; 0.5% American Indian and Alaska Native; and 5% of two or more races. Nearly 15% of CT residents were born in foreign countries, 45% being from Latin America and 22% of the population over the age of 5 years old speak a language other than English at home (US Census, 2020). CT is home to two federally recognized tribal nations: the Mohegan Tribe and the Mashantucket Pequot Tribe, and three state-recognized tribal nations: the Eastern Pequot Tribal Nation, the Golden Hill Paugussett Tribe, and the Schaghticoke Tribal Nation. There are 170 school districts in CT and 1148 schools, including 556 high schools (State Department of Education, 2022).

Connecticut is a small but diverse New England state, which contains some of the nation's wealthiest and poorest communities, spanning community types. Overall, nearly 10% of CT's population lives in poverty, including 13% of CT individuals who are under the age of 18 years old (US Census, 2020). Connecticut cities and towns can be categorized into five basic community types: **wealthy, suburban, rural, urban periphery,** and **urban core** (Levy, 2015). The largest proportion of Connecticut towns are suburban (37.8%) and rural (35.5%), followed by urban periphery (17.8%), wealthy (5.3%) and urban core (3.6%) community types. Urban core communities tend to have the lowest average per capita income and the most racial/ethnic diversity, while wealthy communities in the state have the highest average per capita income and tend to have more White residents, although that makeup is changing (US census, 2020). Most of CT's rural communities exist in the eastern and northwestern western areas of the state, while most of Connecticut's wealthy communities are in the southwest corner.

For the purposes of prevention and health promotion service delivery, the Department of Mental Health and Addiction Services (DMHAS) organizes the state into five planning regions: Southwest (region 1), South Central (region 2), Eastern (region 3), North Central (region 4), and Northwestern (region 5), each managed by a Regional Behavioral Health Action Organization (RBHAO).

The Five Connecticuts by Region

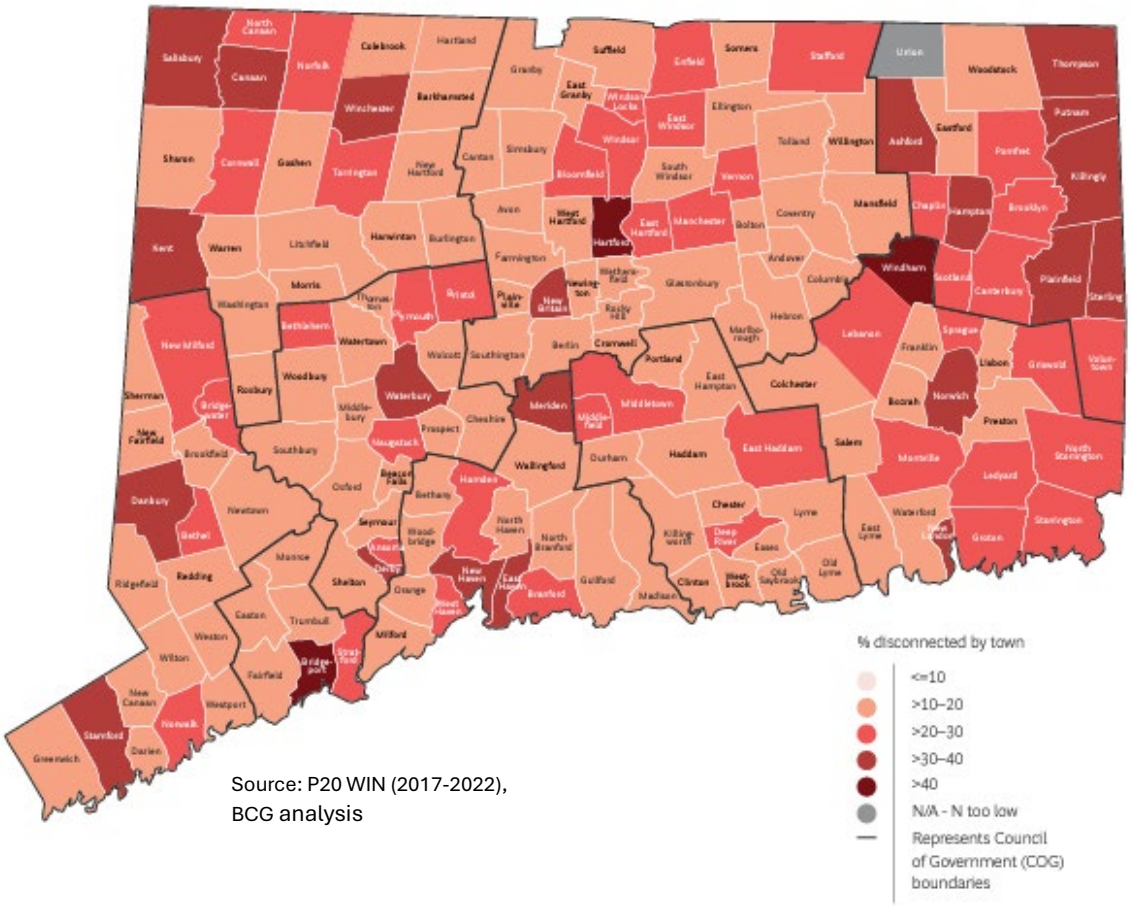


CT Youth

Approximately 7% of CT residents are youth between the ages of 12-17 years old (ACS, 2020). The 2023 CT School Health Survey (CSHS) estimates that 74.2% of CT high school students identify as heterosexual, 3.6% as gay or lesbian, 12.1% as bisexual, and 3.9% as unsure (CSHS, 2023). Analyses of American Community Survey and school data showed that 19% of Connecticut's 14- to 26-year-olds were either at-risk or disconnected in 2021–2022. Among this

group, twelve thousand were considered disconnected, meaning neither employed nor in school. The prevalence of students that are at-risk of being disengaged, or disconnected from education or employment has been up 29% since the 2017–2018 school year (Dalio Education, 2023).

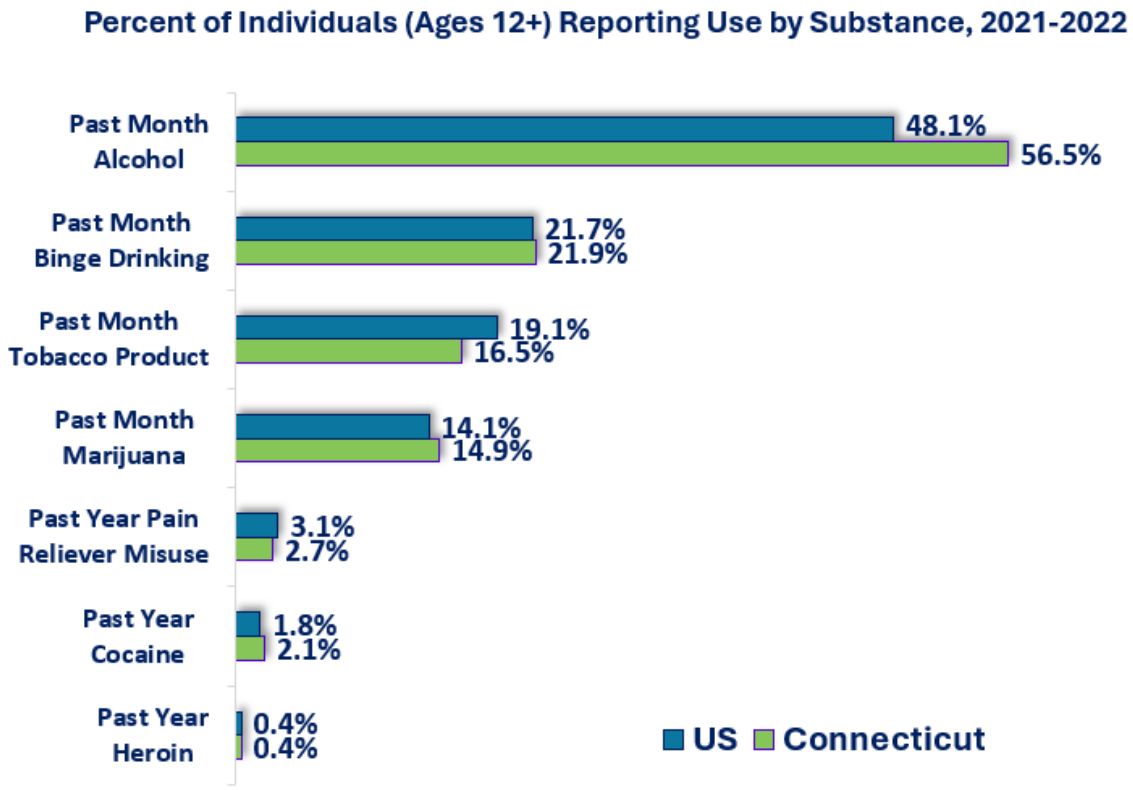
Young People 14-26 Experiencing Disconnection in CT



Source: P20 WIN (2017-2022), BCG analysis

Alcohol Use in CT

Alcohol use in CT must be viewed in the context of other substances of use/misuse, including tobacco, cannabis, illicit and prescribed opioids, and cocaine, among others. With the opioid crisis at the forefront of substance use concerns, it is important to view alcohol use in the context of other substances, with the understanding that polysubstance use plays a part in opioid-involved incidents and deaths. That said, among its residents across the lifespan, alcohol remains the most reported substance of use.

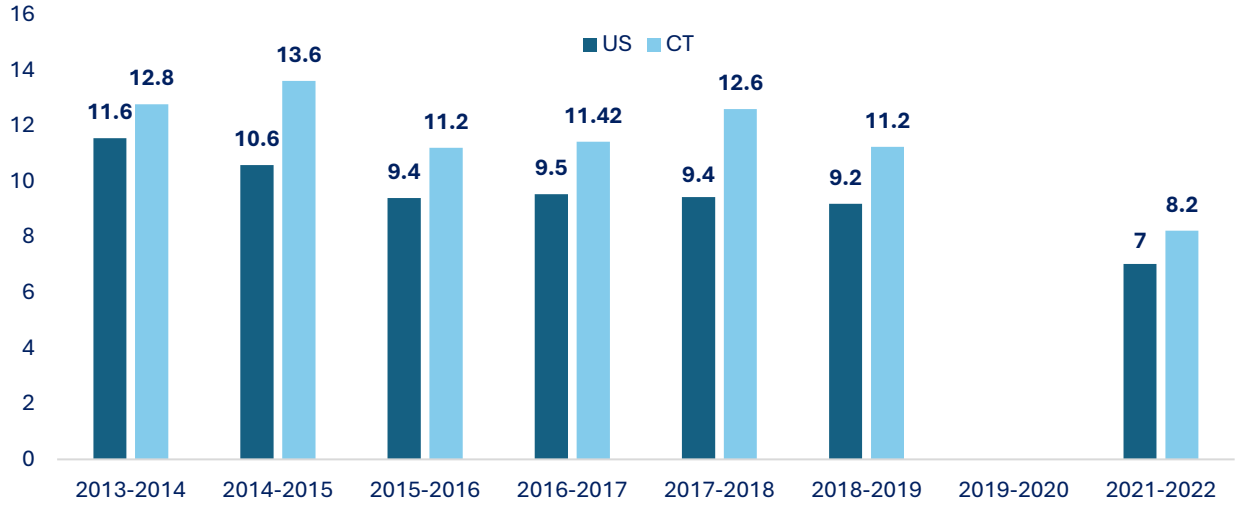


Source: NSDUH, 2021-2022

Alcohol Use and CT Youth

Data from the 2021-2022 National Survey of Drug Use and Health (NSDUH) showed that CT's prevalence of past 30-day alcohol use (8.2%) among youth 12-17 year olds has been consistently higher than among their peers nationally (7%). The prevalence of past 30-day binge drinking among CT youth (3.9%) was slightly lower than the Northeast US (4.1%) but slightly higher than the nation (3.6%). Additionally, perception of great risk of alcohol use among 12-17 year olds in CT (39.6%) remains lower than the Northeast US and the nation (40.5% and 41.5%, respectively).

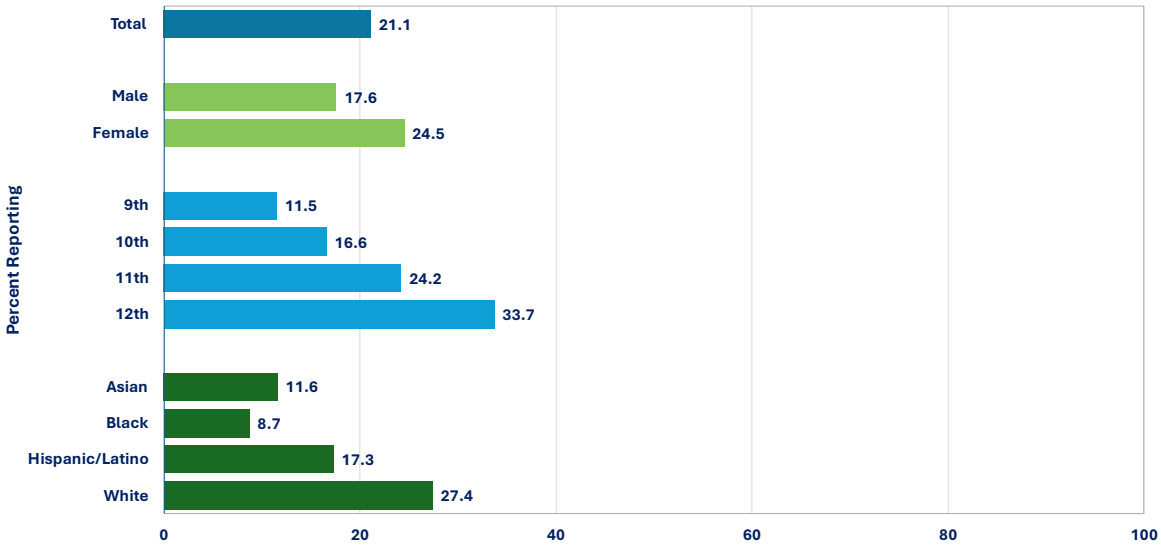
Alcohol Use in the Past Month (%), Age 12-17, CT vs. US



Source: NSDUH, 2013-2022
*2019-2020 data not available

Slightly more than 2 in 10 CT high school students reported past 30-day use of alcohol, with over 1 in 10 reporting having their first drink before the age of 13 years old (CSHS, 2023). While the 2023 Connecticut School Health Survey (CSHS), Connecticut's Youth Risk Behavior Survey, showed prevalence of drinking behavior declining among high school students since 2005, results highlight socio-demographic disparities in both use and risk factors.

Percentage of High School Students Who Currently Drank Alcohol,* by Sex,† Grade,* and Race/Ethnicity, † 2023



*At least one drink of alcohol, on at least 1 day during the 30 days before the survey
†F > M; 10th > 9th, 11th > 9th, 11th > 10th, 12th > 9th, 12th > 10th, 12th > 11th; H > B, W > A, W > B, W > H (Based on t -test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
This graph contains weighted results.

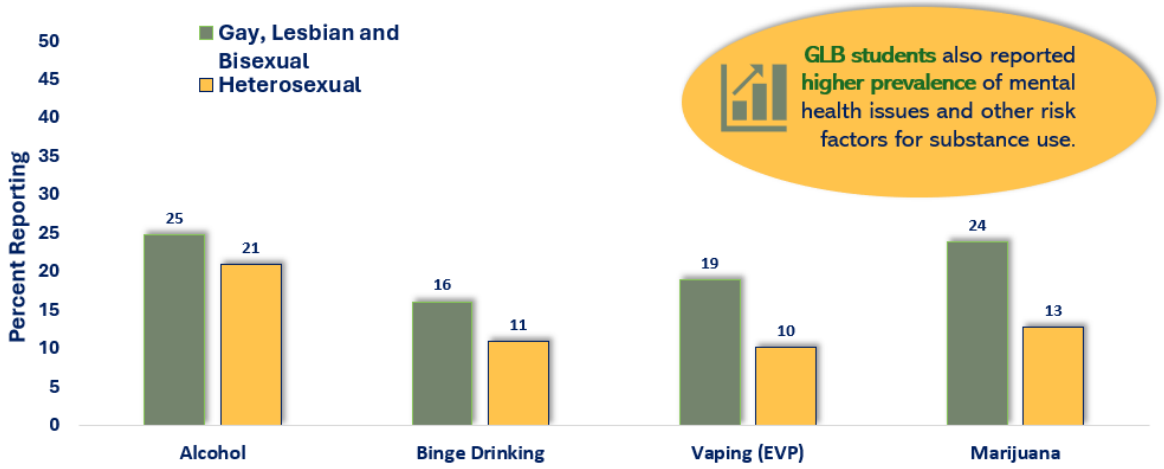
Connecticut – YRBS, 2023 – QN42

High school females were more likely than males to report recent drinking (24.5% vs. 17.6%) as well as heavy episodic or “binge” drinking (14.1% vs. 9.1%). These data highlight a population that also showed the highest risk for several risk factors in the realm of mental health, including feeling sad or hopeless, poor mental health, being bullied, and attempting suicide.

Hispanic/Latino students had the second highest prevalence of recent alcohol use compared to other racial/ethnic groups, significantly higher than Black or Asian students. Like females, a higher percentage of Hispanic/Latino students reported the risk factors associated with substance use and other issues, reporting higher prevalence of peer rejection/bullying, depression, and suicidal ideation and attempts, than their peers. This group was also less represented in reported protective factors for substance use.

Students self-describing as Gay, Lesbian and Bisexual also showed higher reported prevalence of alcohol use, among other substances, than their heterosexual peers. Like females, this group also reported higher instances of risk factors for substance use , including higher prevalence of being bullied on school property (29.1%) or being electronically bullied (28.9%), suicide attempts (36.4%), and poor mental health (51.6%) compared to their heterosexual peers.

Reported Past 30-Day Use of Alcohol and Other Substances Among Gay/Lesbian/Bisexual (GLB) vs. Heterosexual High School Students in CT, 2023



Source: CSHS (CT YRBS) 2023

Characteristics of PFS 2022 Communities

For the PFS 2022 initiative, 12 communities in the state were identified as underserved and in need of prevention programming investment based on their funding history, their capacity and readiness to implement substance prevention strategies, and risk factors including but not limited to: high levels of poverty; percentage of disengaged youth; percentage of BIPOC population; and liquor outlet density. Because Connecticut lacks a standardized community level youth survey, and town-level data remains limited, especially for the smaller, underserved communities, data by community type was also utilized to identify community characteristics, employing the *Five Connecticuts* typology to classify towns based on median household income, poverty rate, and population density. Application of this typology to results of the 2020 Community Readiness Survey showed that key informants in rural communities reported the lowest prevention readiness.

With regard to retail access to alcohol, retail availability, based on liquor outlet density, was highest in urban periphery communities and in central Connecticut. Compliance check data from a 2017-18 DMHAS pilot initiative in a representative sample of Connecticut communities was also utilized to prioritize communities, with the understanding that the number of compliance checks in each community was small and not all towns/cities were represented in the compliance checks. Nonetheless, analysis of these results revealed that alcohol sellers in rural communities and the northwest region failed alcohol compliance checks (sold to minors) at a higher rate compared to sellers from other community types and regions.

These considerations resulted in selection of the urban periphery city of Stamford in Region 1 (Southwest CT), the urban periphery communities of Ansonia, Derby, and East Haven in Region 2 (South Central CT), and the rural communities of Ashford, Brooklyn, and Chaplin in Region 3 (Eastern CT). Also selected were Bolton (suburban), East Hartford (urban periphery), and East Windsor (rural) in Region 4 (North Central CT), and Southbury (suburban) and Thomaston (rural) in Region 5 (Northwest CT). Characteristics and composition of these communities are listed below.

Characteristics of PFS 2022 Communities of Focus

DMHAS Region	Town	Community Type (5CT)[i]	Number of Youth* 12-17[ii]	Female[2] (%)	White[iii] (%)	Black[3] (%)	Hispanic[3] (%)	Other[3] (%)	Dis-engaged Youth (%)[3]
Eastern (R 3)	Ashford	Rural	4349	281	49.9%	91%	<1%	5%	4%
	Brooklyn	Rural	8476	792	42.4%	86%	2%	5%	3%
	Chaplin	Rural	2185	182	50.3%	84%	<1%	10%	6%
North Central (R 4)	Bolton	Suburban	344	51.9%	86%	2%	6%	7%	13.7%
	East Hartford	Urban Periphery	3,519	49.8%	30%	28%	34%	8%	9.3%
	East Windsor	Rural	801	50.5%	73%	6%	9%	12%	8.2%
North West (R5)	Southbury	Suburban	1736	51.4	86	2	6	5	6.9
	Thomaston	Rural	578	48.3	85	1	9	7	7.6
South Central R2)	Ansonia	Urban Periphery	1,326	51.0%	60%	10%	24%	3%	25.6%
	Derby	Urban Periphery	867	52.7%	66%	9%	18%	6%	9.8%
	East Haven	Urban Periphery	1964	51.9%	72%	5%	18%	2%	4.4%
South West (R1)	Stamford	Urban Periphery	8,677	50.2%	49%	12%	28%	12%	4.5%
Connecticut			252,416	49%	63%	11%	17%	10.5%	19%

[1]Levy, Don: Five Connecticuts 2010 Update. (2015).
[2]American Community Survey 2022.
[3]Connecticut Town Profile 2023.

PFS 2022 Selected Subpopulations of Focus

The PFS 2022 grantee organization in each region conducted a needs assessment focused on state and local prevalence and risk factor data, as well as key informant information on local conditions where needed. Prevention Coordinators conducted key informant interviews and focus groups with stakeholders in their communities of focus and convened community partners to form a Community Needs Assessment Workgroup (CNAW) to prioritize risk factors and subpopulations of focus. Despite limited community data and capacity in some communities, the grantees used the information they gathered and state-level data on at-risk

youth populations to determine subpopulations of focus for their communities. A summary of the populations of focus for community-level efforts, and the rationale for their selection, is in the table below.

Population of Focus	Prevalence (CT)	Risk Factors	Local Conditions
Females	• Past month use – 24.5% (highest) • Binge drinking – 14.1% (highest)	• Feeling sad or hopeless • Poor mental health • Being bullied	• Use alcohol to "numb the hurt"
Hispanic/Latino youth	• Past month use – 17.4% (second highest) • Binge drinking – 9.9% (highest)	• Peer rejection/bullying • Depression • Suicidal ideation and attempts	• Acceptance of alcohol in Hispanic/Latino community • Retail access to alcohol
Low-income students	• 10% of CT residents live below poverty line • More than 20% of CT residents spend ≥30% of their income on housing costs	• Limited resources to address health issues • High density of outlets • Chronic stress	• Population of students that qualify for reduced lunch
Athletes	• Increased alcohol use for athletes participating in sports involving a ball, high-contact competitive sports, and weight lighting	• Peer norms • Peer pressure	• Athletes "hang out in groups" and "stick together"
Disengaged youth	• 29% increase in disconnected young people since 2017-2018 school year	• Lack of school connectedness	• Youth not involved in afterschool programs/sports "congregate downtown in front of the convenience store that sells them alcohol"

Females

In key informant interviews conducted within PFS communities, it was noted that female youth have higher rates of mental health concerns. The conduction of community needs assessment showed that female youth in PFS communities often use alcohol as a form of self-medication. Community members described the self-medication as a way for female youth to "numb the hurt."

Hispanic and Latino Youth

Conversely in the Hispanic and Latino youth population, risk centers on access. The community needs assessment process revealed that youth are able to access alcohol with relative ease. One community found that youth frequented the local bar scene to obtain alcohol. Local retailers that sell alcohol to underaged youth are often clustered in communities where Hispanic and Latino youth live. Furthermore, the culture surrounding alcohol in Hispanic and Latino communities increases risk. Community members explained that underaged alcohol use is not seen as a concern in the Hispanic and Latino community.

Low-Income Individuals

Within PFS communities, other groups of individuals have been identified as populations of focus. In many PFS communities, residents struggle with the cost of living as 20-48% of residents spend at least thirty percent of their income on housing costs. Low-income individuals show a higher risk of alcohol use. Individuals with a lower socioeconomic status have limited access to resources to improve health (e.g., substance use cessation programs, healthcare, hospitals, etc.). Furthermore, low-income individuals often experience high levels of chronic stress which is another risk factor for substance use (Khullar & Chokshi, 2018).

Athletes

Athletes were also identified as a population of focus who are at risk for underage alcohol use. Participation in sports involving a ball (ball sports), high-contact competitive sports, and weight lighting is typically associated with increased alcohol use (Walczak et al., 2023). During the needs assessment process, one community described athletes as close knit; "they hang out in

groups and stick together." Peer norms and social access to alcohol within this group may encourage alcohol use if youth believe it is common or cool to drink alcohol (Eisenberg et al., 2014). The proximity and closeness of athletes may influence drinking within this group. Individuals might be peer pressured to drink or may feel they must drink to belong.

Disengaged Youth

While disengaged youth typically refers to youth who are not in school or working, youth not readily engaged in school was identified as a population at risk during the community needs assessment process. Communities found that youth who were chronically absent and not engaged in after-school activities were more likely to drink. When students are released early, they often, "congregate downtown in front of the convenience store that sells them alcohol." In one community, it was noted that school officials are interested in engaging youth through alternative interventions (e.g., restorative justice) instead of suspensions when they are caught using.

Priority Issues

Risk Factors

In the state of Connecticut, risk factors for underage drinking vary across region, race/ethnicity, gender, and sexual orientation. Risk factors of focus were identified through a needs assessment process that utilized local and state level data to prioritize risk factors based on observations from within the community:

⇒ *Low perceived risk of harm* from alcohol use was a concern across multiple communities as alcohol use has become somewhat normalized. Youth use alcohol as a form of self-medication to cope with stress or mental health issues because it is deemed "less harmful" than other drugs.

⇒ *Social access* is another common risk factor as youth are drinking alcohol at parties, receiving drinks from older siblings, and even from parents if drinking is occurring at home.

⇒ While it was not widely identified, alcohol is also being *accessed at local retailers* (e.g., convenience stores, markets, bodegas). Compliance check data has shown that these local retailers repeatedly sell to underage youth.

⇒ *Peer norms* and *family norms* also encourage or accept underage alcohol use. In school and at home, peers and parents are tolerant of alcohol use.

⇒ *Low commitment to school* was also identified as a less common risk factor.

Protective/Resilience Factors

Protective factors, also known as resilience factors, lower the likelihood and risk of youth drinking alcohol underage, and increase resilience in response to risk factors and the overall burden of substance use. Consequently, individuals or subpopulations with lower levels of these factors are at increased risk for substance use. The following protective factors have been prioritized based on their connection to substance use and observed differences in subpopulations in the results from the CT School Health Survey (CSHS):

⇒ Family communication;

⇒ The presence of a caring adult to talk to;

⇒ Resilience to stress;

⇒ School commitment/engagement.

Populations of Focus and Protective/Resilience Factors

Examining protective/resilience factors, using the CT School Health Survey (CSHS) also served to illuminate a similar subset of populations of focus, including females, Hispanic individuals across genders, and Gay, Lesbian and Bisexual youth. A review of protective/resilience factors also highlights males as a possible at-risk population. The table below describes these groups in reference to deficits in key protective/resilience factors.

Protective/Resilience Factor	CSHS Variable	Subpopulation at Highest Risk due to Lower level of Resilience/Protection*
Commitment/connection to school	Feel they will complete a post high school program	Males
		Hispanic/Latinx
	Felt close to people at school	Females
		Hispanic/Latinx
Commitment/connection to school, Positive peer norms	Participated in organized after school activities	Males
Positive family norms/communication	Parents ask where they are going	Males
	Able to talk with a parent or trusted adults	Females
		Hispanic/Latinx
	Agrees family loves and supports them	Lesbian, Gay, and Bisexual
Mental health support	Get the kind of help they need (if feeling sad, empty, hopeless, angry, or anxious)	Hispanic/Latinx

*Subpopulations based on CT School Health Survey data

Strategies to Address Priority Issues, Risk and Protective Factors and Health Disparities

The PFS 2022 communities were funded to utilize the Strategic Prevention Framework (SPF) to guide planning and implementation of prevention strategies to reduce alcohol use for youth aged 12 to 17, with a particular emphasis on populations that are disproportionally affected or at highest risk. The strategies funded through the initiative include:

- alcohol/underaged drinking-focused social marketing campaigns;
- education and skill development groups targeted to 12-17 year olds;
- semiannual compliance checks of alcohol retail outlets; and
- coalition capacity building and collaboration across sectors.

The PFS 2022 selected communities utilized a data-driven approach to select strategies to address underage alcohol use that best fit to the risk factors and at-risk populations identified through the needs assessment process. The table below describes which strategy will be used to address each risk factor.

Risk Factor	Strategy	Region
Low perceived risk of harm	Coalition capacity building and collaboration across sectors	3
	Education and skill development groups targeted to 12-17 year olds	5
	Awareness raising/communication	4
	Alcohol/underaged drinking-focused social marketing campaigns	3,4,5
Social access	Coalition capacity building and collaboration across sectors	2
	Education and skill development groups targeted to 12-17 year olds	1
	Alcohol/underaged drinking-focused social marketing campaigns	1,2
Peer norms that encourage/accept ATOD use	Coalition capacity building and collaboration across sectors	2,3
	Alcohol/underaged drinking-focused social marketing campaigns	2,3
Family norms that encourage/accept ATOD use	Coalition capacity building and collaboration across sectors	3,5
	Awareness raising/communication	5
	Alcohol/underaged drinking-focused social marketing campaigns	3
Retail access	Semiannual compliance checks of alcohol retail outlets	1
	Awareness raising/communication	1
Low commitment to school	Coalition capacity building and collaboration across sectors	4
	Education and skill development groups targeted to 12-17 year olds	4

Community coalition and capacity building across sectors engages and mobilizes community partners to conduct prevention activities in their community. Community coalition and capacity building across sectors will be implemented in all PFS communities. Grantees are tasked with building community readiness, capacity, and resources to prevent alcohol consumption in youth. This strategy is being used to address low perceived risk of harm, peer norms and family norms that encourage or accept alcohol, tobacco, and other drug use, and social access. Community characteristics vary across region and town, so activities to build a coalition and improve capacity are vast and diverse. There is strong emphasis on increasing memberships by connecting with local businesses, educators, parents, and youth. Grantees are seeking to form new partnerships with community members to increase engagement. One community planned to use school events to share information about the coalition with community members.

Compliance checks ensure that off premise liquor outlets are following the law by checking if retailers will sell alcohol to an undercover minor. Retailers pass the compliance check if they do not sell alcohol to the minor. Retailers fail compliance checks if they sell alcohol to the minor. Compliance checks are being used in region 1 to identify local retailers who are selling alcohol to underaged youth.

Education for parents, adults, and youth ages 12-17 provides knowledge and fosters skill development for youth, parents, and adults. Educational programs *are* being used across 3 regions (Region 1, Region 4, Region 5) to address social access, low commitment to school, and low perceived risk of harm. Training sessions on prevention strategies will be provided to parents, caregivers, other adults, youth, educators, and community leaders across communities. Many communities also plan to collaborate with local schools to implement evidence-based curriculum focused on substance use. Cultural considerations regarding language, phrasing, and timing will be considered during the development of training materials and curriculum.

Awareness raising and communication is a form of information dissemination that increases community knowledge of substance use issues through various communication channels (e.g., social media, newsletters, health fairs, presentations). Increasing awareness of substance is addressing low perceived risk of harm, family norms that encourage or accept alcohol, tobacco,

and other drug use, and retail availability of alcohol. Community outreach to prevention sectors, healthcare, providers, and family-focused organizations to share information about prevention. Products developed for the purpose of raising awareness will include culturally sensitive messaging and multiple languages to meet the needs of the community.

Social marketing campaign is a form of information dissemination that occurs through marketing (e.g., ads, billboards, social media) aimed at changing substance use norms, dispelling myths, and encouraging positive behavior change. Social marketing campaigns will be implemented in all PFS communities. Grantees are tasked with using a prevention-focused social marketing campaign to increase awareness of, and education about, underage drinking. The social marketing campaign will be informed by input from community members. This strategy is being used to address low perceived risk of harm and peer norms and family norms that encourage or accept use of alcohol tobacco and other drug use. The social marketing campaign will be deployed through a variety of mediums including flyers, videos, billboards, social media, and other forms of advertisements. Messages will be adapted for each target population to highlight relevant local data. There is a strong focus on targeting messages to youth and using the voice of youth from the community to advocate for changing substance use norms.

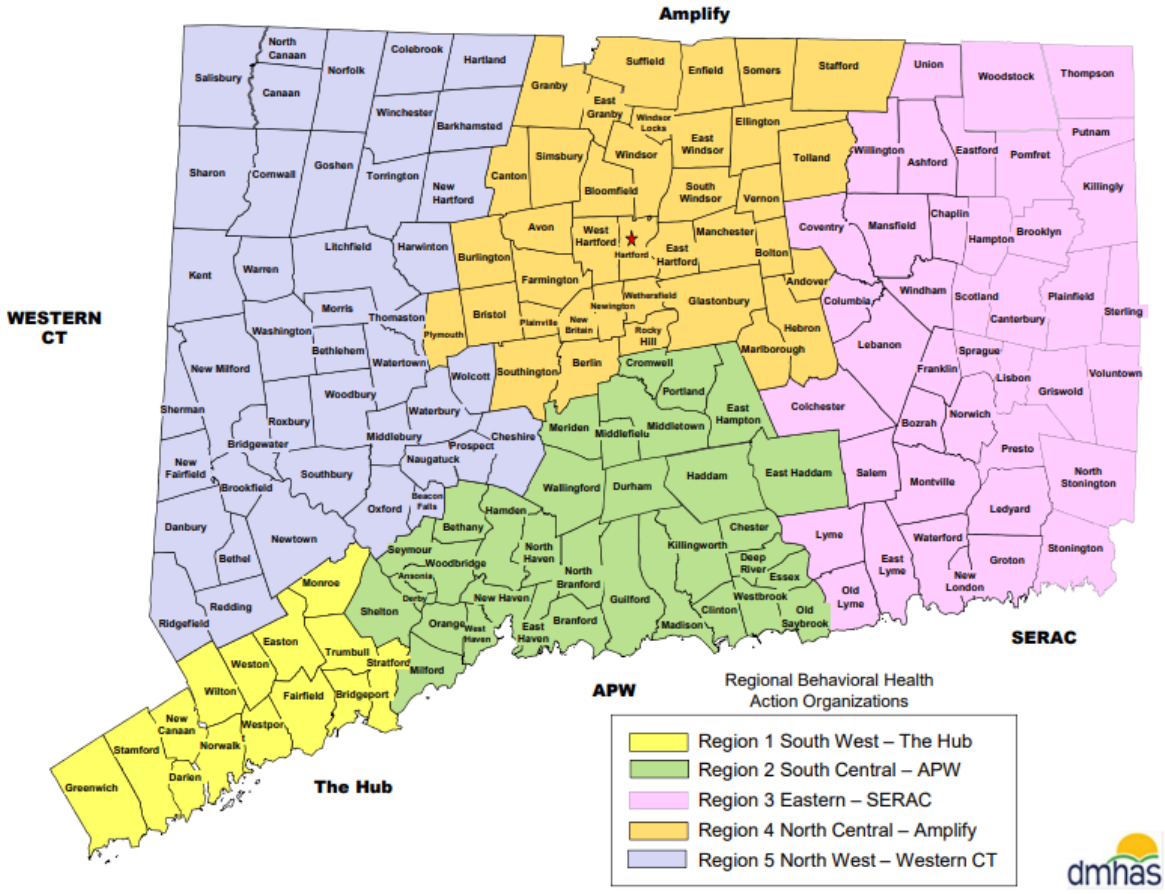
Bolstering Resilience and Addressing Health Disparities

Implementation of the above strategies have positive effects beyond their associated risk factors. For example, increasing commitment to school and school engagement serves to bolster protective factors in the school domain. Similarly, improving family norms and communication increases protective resources in that realm. Coalition and community capacity building efforts serve to engage the community around a specific focus, increasing community connectedness in the process. By focusing prevention approaches on higher risk populations of focus in underserved communities, and addressing risk and protective factors as drivers, prevention strategies serve to increase youth resilience and improve community environment.

Resources to Support Strategies

The DMHAS prevention infrastructure supports the underage drinking prevention efforts of the DMHAS-funded PFS 2022 coalitions. DMHAS manages the Substance Abuse Prevention and Treatment (SAPT) Block Grant that supports prevention of alcohol, tobacco, and other drugs through a network of providers and coalitions at the state, regional and municipal levels. One key support mechanism is the block grant-funded DMHAS Resource Links, which are service delivery agents that support prevention statewide in various capacities.

Five **Regional Behavioral Health Action Organizations (RBHAOs)** operate as subcontractors to DMHAS to conduct ATOD prevention initiatives, among their other mission-driven objectives. These private non-profit organizations, comprised of a board of directors of community stakeholders, and staff build capacity of communities to identify gaps and coordinate and leverage resources for behavioral health services. Working closely with the Local Prevention Councils in their region, the RBHAOs conduct comprehensive analyses of community needs, provide support to build data capacity and produce regional priority reports to establish local substance use prevention priorities. For the purposes of the PFS 2022 prevention efforts, RBHAOs in regions 2 and 4 serve as the fiduciary agencies conducting prevention activities in the communities of focus in those regions. RBHAOs in regions 1, 3, and 5 support the efforts of the funded agencies conducting prevention activities in the communities of focus on their region by participating in local coalitions and connecting PFS prevention coordinators with resources as needed.


Amplify
WESTERN CT
SERAC
APW
The Hub
Regional Behavioral Health Action Organizations
Region 1 South West – The Hub
Region 2 South Central – APW
Region 3 Eastern – SERAC
Region 4 North Central – Amplify
Region 5 North West – Western CT
dmhas

The goal of the **Prevention Training and Technical Assistance Services Center (TTASC**) is to increase prevention workforce competencies, utilizing the SAMHSA Strategic Prevention Framework five-step process, training, and technical assistance for improved access by prevention workers most relevant, responsive, and culturally appropriate prevention education, and training resources in collaboration with Department staff. It accomplishes this goal by organizing events such as learning communities, facilitating access to professional development offerings, providing customized technical assistance, and promoting individual and organizational networking.

The Connecticut Clearinghouse/Connecticut Center for Prevention, Wellness and Recovery (CCPWR) is the State's premier information resource center that disseminates thousands of pamphlets, posters, fact sheets, books, e-books, and curricula on prevention, substance use, mental health promotion and a variety of other topics to individuals statewide. The mobile resource vans allow materials to be easily accessible at local events across the state. Clearinghouse staff administer the comprehensive DMHAS statewide prevention listserv, the Change the Script opioid awareness campaign, and the drugfreect.org website. They provide logistical support and the coordination of activities related to the successful implementation of the Tobacco Merchant Education campaign, the Healthy Campus initiative, the Community Readiness Survey, Mental Health First Aid trainings, and National Prevention Week.

The Governor's Prevention Partnership (GPP) equips, empowers, and connects organizations, communities, and families to prevent substance use, underage drinking, and violence among youth and promotes positive outcomes for all young people in Connecticut. The Partnership provides ongoing training and technical assistance to promote mentoring recruitment and best practices, safe school environments, and healthy communities. Additionally, The Partnership builds awareness of youth prevention programs through its partnerships with print and broadcast media across the state. To support community-level prevention initiatives like the PFS, and build youth prevention knowledge and leadership capacity, GPP convenes the state's Youth Advisory Board (YAB). The YAB engages and supports Youth Peer Advocates, who serve on each of the DMHAS-funded community-level prevention coalitions, through monthly meetings, trainings, and leadership activities.

The DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health collects, manages, analyzes, and disseminates epidemiological and evaluation data through their SEOW Prevention Data Portal, an interactive repository for behavioral health data, epidemiological profiles, presentations, and products. The CPES convenes the Statewide Epidemiological Outcomes Work Group (SEOW), comprised of representatives from state agencies and organizations connected in various ways to Connecticut's data infrastructure. The SEOW meets quarterly to prioritize and share data, with an emphasis on Alcohol, Tobacco, or Other Drugs (ATOD) prevention and use data and mental health promotion data, and those efforts inform and expand the content and functionality of the Portal. The CPES also provides TA and training on data and evaluation topics to prevention partners and providers statewide.

To support enforcement efforts, the **Connecticut Department of Consumer Protection (DCP), Liquor Control Division** is the state agency responsible for administering and enforcing liquor permits. DCP staff will schedule and implement alcohol compliance checks in the 12 funded communities, assisting with a statewide alcohol compliance study and participating as part of advisory and implementation bodies that support underage drinking prevention efforts.

Complementary initiatives at the community level across Connecticut also expand the reach of PFS underage drinking efforts, and youth substance misuse prevention efforts in general. Complementary community-level initiatives dovetail with PFS efforts, broaden prevention's impact in other communities statewide.

The table below details the major community-level complementary prevention initiatives.

Initiative	Substance(s) of Focus	Description
Local Prevention Councils (LPC)	Vaping and related issues	Funded by the Department of Mental Health and Addiction Services (DMHAS) Prevention and Health Promotion Division (PHP), administered through the Regional Behavioral Health Action Organizations (RBHAO). This initiative supports over 150 local, municipal-based alcohol, tobacco, and other drug (ATOD) use prevention councils focused on implementation of local prevention activities primarily focused on youth, with the support of the Chief Elected Officials.

Prevention in Connecticut Communities (PCC)	Alcohol use, Vaping	Funded by the DMHAS PHP utilizing federal Substance Use Prevention Treatment and Recovery Support (SUPTRS) Block Grant funds, the Prevention in CT Communities (PCC) community coalitions utilized the SAMHSA strategic prevention framework (SPF) data-driven needs assessment and strategic planning approach to select a priority substance for which to implement evidence-based prevention approaches focused on youth 12-17.
Strategic Prevention Framework – Partnerships for Success (SPF-PFS)	ATOD	Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP), SPF-PFS focuses on preventing substance use initiation and reducing the progression of substance use (and related problems) among youth and young adults through implementation of comprehensive, evidence-based prevention strategies and community coalition capacity building.
Sober Truth on Preventing Underage Drinking Act (STOP-ACT)	Alcohol use	Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this funding is to prevent and reduce alcohol use among youth and young adults ages 12 to 20 in communities throughout the United States through implementation of evidence-based strategies and community and coalition capacity building.
Drug Free Communities (DFC)	ATOD	Funded by the Office of National Drug Control Policy (ONDCP), DFC-funded coalitions engage multiple community sectors and employ various environmental strategies to address local substance use problems. DFCs involve local communities in finding solutions and help youth at risk recognize that most of our nation's youth choose not to use substances.
Youth Service Bureaus (YSB)	ATOD	Youth Service Bureaus are funded by the Department of Children and Families (DCF) with matching funds from communities. Local communities began to develop YSBs in the 1960's as a response to a growing number of issues affecting youth. The role of the YSBs has been expanded to include both advocacy and coordination of a comprehensive service delivery system for youth, including administrative services, needs assessment, and coordination of services.

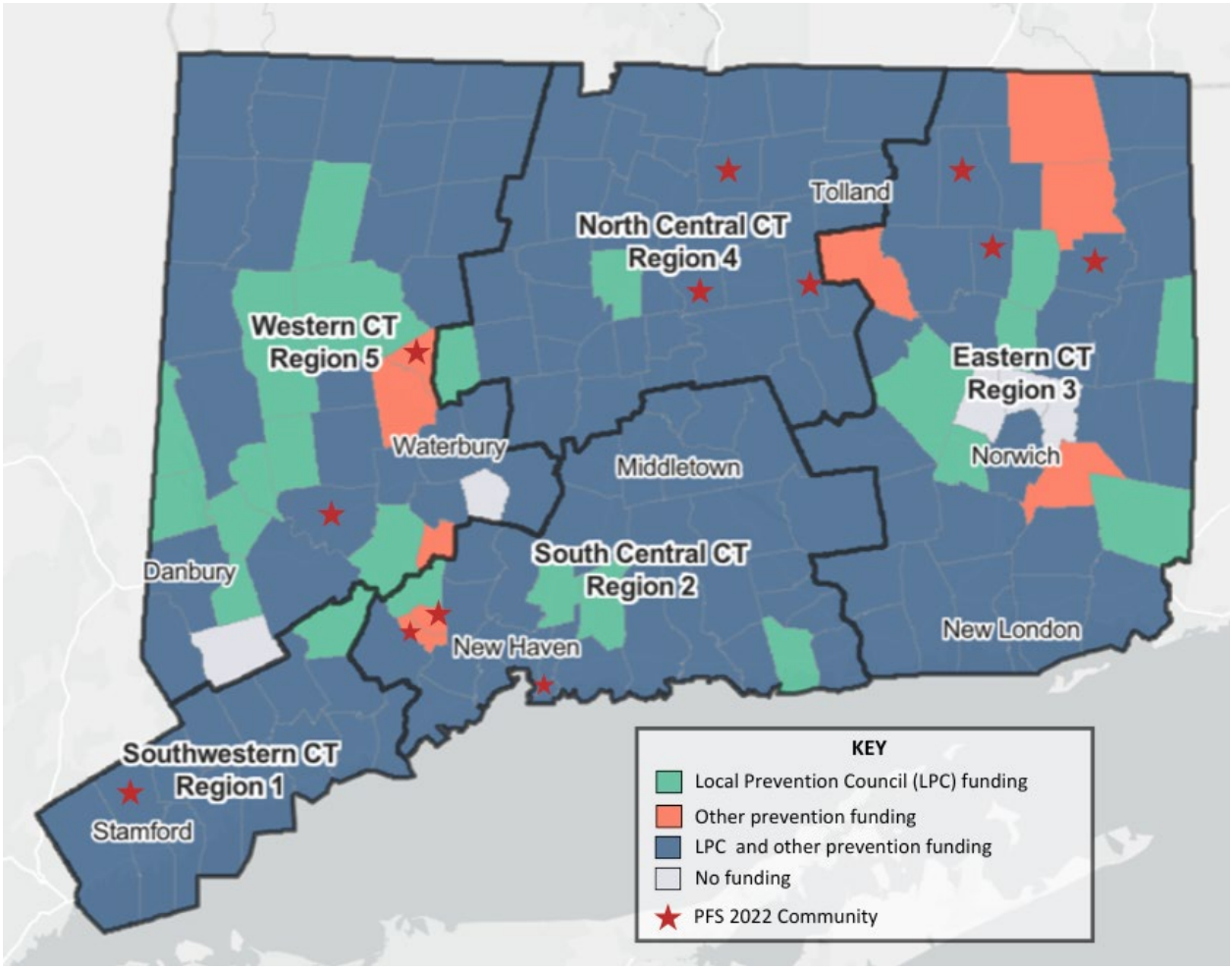
State Support and Context

Complementary initiatives at the state and community level across Connecticut also expand the reach of PFS underage drinking efforts, and youth substance misuse prevention efforts in general. At the state level, awareness campaigns, social marketing, and enforcement efforts support the work and expand the reach of community-level prevention efforts. The prevention initiatives, enforcement efforts, and social marketing and awareness campaigns are described below.

DMHAS Funded Prevention Initiatives

The map and tables below summarize prevention funding coverage and initiatives of focus in Connecticut communities.

Prevention Funding by Type in Connecticut Communities



Source: CT Statewide Prevention Resource Assessment, 2023

Statewide DMHAS-Funded Prevention Initiatives by Focus and Setting

Initiative	Focus	Target Population(s)	Setting
"How Can We Help?" initiative	Post-overdose outreach	All ages	Community
Cannabis Awareness and Education Initiative	Cannabis education	All ages, General public	Community, Online
CT Healthy Campus Initiative	ATOD prevention	Young Adults, College Students	School
Fatherhood Initiative	Parent Engagement, SU Awareness, Communication	Adults, Parents	Community
Prevention in CT Communities (PCC)	Alcohol and other drug use	Youth	Community
CT Project to Prevent Opioid Overdose Deaths (PDO)	Opioid education, Naloxone distribution	Adults, First Responders	Community
Tobacco Prevention and Enforcement Program (TPEP)	Tobacco, EVP use	Youth, Merchants	Community
State Opioid Response Grant (SOR3)	Opioid use	All ages	Various
Strategic Prevention Framework for Prescription Drugs (SPF-Rx)	Prescription Drugs/Opioids	Adults, Students, Prescribers	Clinic, Community

Source: DMHAS, 2024

Social Marketing Campaigns and Resource Websites

Name	Resource Type	Focus	Target Population
Change the Script	social marketing campaign	Prescription drugs/Opioids	General population
Drugfree CT	Resource website	ATOD prevention and treatment	General population
Let's #Mention Prevention	Social marketing campaign	Prevention communication	Youth, Parents
Live Loud	Social marketing campaign	Opioid Use Disorder	Lived experience and general population
Know Ur Vape	Social marketing campaign	EVPs/ENDS	Youth
1 Word 1 Voice 1 Life (preventsuicideCT.org)	Resource website	Suicide prevention	General population
SEOW Prevention Data Portal	Resource website	Prevention and health promotion data	Prevention community
You Think You Know	Social marketing campaign	Cannabis education	General population

Source: DMHAS, 2024

Plan Goals, Objectives, and Strategies

The overall goal of the Connecticut PFS 2022 is to reduce alcohol consumption in youth ages 12-17 in the 12 selected CT communities. This goal will be achieved through three objectives: 1) conduct coalition capacity building to implement substance use prevention and mental health promotion strategies; 2) increase awareness of and education on underage drinking; and 3) reduce retail access to alcohol for those under age. The prevention strategies implemented will be used to address these objectives and work towards the overall goal of reducing alcohol consumption in youth ages 12-17.The table below shows the identified strategies to address PFS 2022 specific objectives.

Goal	Objective	Strategies
Reduce alcohol consumption among 12-17 year olds in PFS-funded communities	Conduct coalition capacity building to implement substance use prevention and mental health promotion strategies	• Coalition capacity building and collaboration across sectors
	Increase awareness of and education on underage drinking	• Education and skill development groups targeted to 12-17 year olds • Awareness raising/communication • Alcohol/underaged drinking-focused social marketing campaigns
	Reduce retail access to alcohol for those under drinking age	• Semiannual compliance checks of alcohol retail outlets

It is important to consider health disparities when implementing strategies as focus populations may need different approaches to best receive the information. To address health disparities in identified target populations, DMHAS and its funded sub-recipients have made specific equity and cultural considerations including:

- Practicing cultural competency in the implementation of prevention strategies (e.g., tailoring materials and content to diverse cultures, aligning materials and content with attitudes and beliefs around alcohol use for different cultures)
- Engaging youth and community members, especially members of focus populations, in prevention efforts
- Use of culturally appropriate language and phrasing of educational materials and curriculum
- Provision of materials in languages commonly spoken in each community
- Use of culturally relevant information for social marketing and awareness campaigns
- Use of inclusive language and messaging for different racial/ethnic groups, gender identities, and sexual orientations
- For capacity building activities, a set of culturally competent standards have been established:
    1) Community health needs assessments incorporate reliable demographic data to monitor and evaluate impact of CLAS on health equity and alcohol reduction.
    2) Data collection tools are available in English and Spanish.

3) Social media campaign and health information materials are available in English and Spanish.
4) Engage the community in the health needs assessment and work with community members to ensure prevention messaging and education programming are culturally appropriate and relevant.
5) Hire youth peer advocates from and representative of the communities being served.
6) Community coalition capacity building, guided by the Strategic Prevention Framework, will ensure representation across community sectors, with a focus on inclusion of youth and community members representative of identified target populations.
7) Expand community partnerships that align with the findings from the community health needs assessment and gaps analysis in each community.

To further understand health disparities, the funded subrecipients will also monitor changes in the social determinants of health described in the table below. The purpose of this activity is to remain responsive to community conditions and foster data-driven planning.

SDOH	Indicator	Outcome Sought
Social and community context	Proportion of youth who show resilience to challenges and stress	Increase
	Proportion of youth who report open and positive communication with their parents	Increase
	Proportion of youth engaged in school, sports, community activities	Increase
	Proportion of youth who have a caring adult in their lives	Increase
Neighborhood and Built Environment	Percentage of alcohol compliance check failure (sale to a minor)	Decrease
Education and Quality	Percentage of chronically absent students	Decrease
	Percentage of student suspensions/expulsions	Decrease

Intended Outcomes and Impact

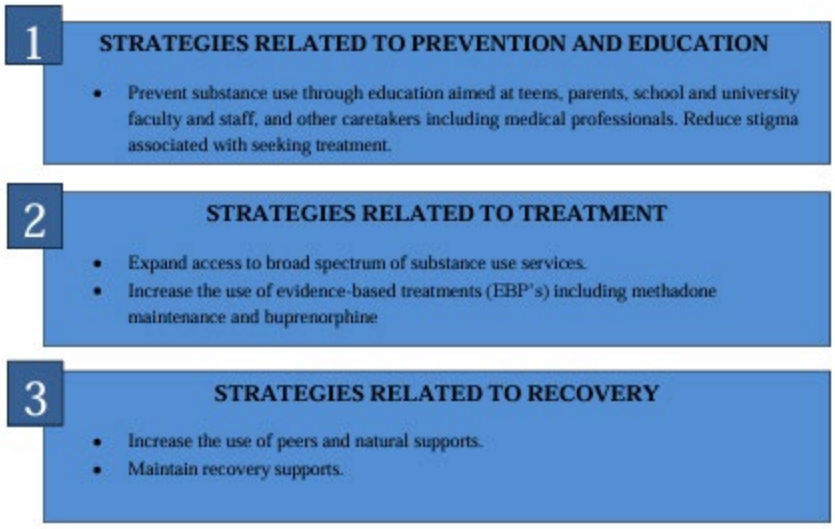
Through the implementation of the strategies and considerations mentioned above, DMHAS will be able to achieve the following goals and objectives:

- Increase the number of underserved communities implementing youth alcohol reduction plans that are based on community engaged needs assessments;
- Increase the number of underserved youth with increased access to evidence-based prevention programs;
- Increase coalition capacity to implement evidence-based prevention strategies in funded communities;
- Increase the number of alcohol retailers in funded communities that comply with alcohol sales laws;
- Reduce the overall percentage of youth who report past 30-day alcohol use;
- Reduce the percentage of females, White and Hispanic, and gay, lesbian, and bisexual youth who report past 30-day alcohol use.

CT's PFS CHIP in State Context

To extend its reach and impact, and bolster sustainability beyond the PFS 2022 initiative, Connecticut's PFS CHIP is aligned with the state's other relevant health improvement planning efforts, the **2022 Department of Mental Health and Addiction Services Triennial State Substance Use Plan** and the CT Department of Public Health's State Health Improvement Plan, **Healthy People 2025**.

The goals, objectives, and strategies of the PFS 2022 initiative map on to several of the Strategy 1 (Prevention and Education) action steps proposed in DMHAS' triennial plan.



Specifically, the prevention work of the PFS initiative contributes to **Strategy 1: Prevention and Education**, the goal of which is: *Deliver timely, efficient, effective, developmentally appropriate and culturally sensitive prevention strategies, practices, and programs through a skilled network of service providers and use of evidence-based practices.*

The PFS-relevant action steps from the plan are as follows:

- ❑ Design and implement data collection and management systems that disseminate and utilize epidemiological data to promote informed decision-making through a data-portal, newsletter, or social media. Provide technical assistance and training on evaluation-related tasks and topics.

- ❑ Implement initiatives in select CT communities to prevent substance use in youth aged 12-17, identified through the application of the comprehensive Strategic Prevention planning framework.

- ❑ Disseminate information via print, broadcast and electronic media on substance use, mental health, and other related issues.

- ❑ Provide K-12 schools including educators, students and affiliated families, organizations, and communities with the most current information and services on programs, practices, and interventions to mitigate the impact of substance misuse and other behavioral health problems in students.

- ❑ Deliver training and technical assistance to communities and prevention professionals in community mobilization, coalition development, implementation of evidence-based strategies and environmental approaches to address substance use.

- ❑ Develop and implement municipal-based alcohol and other drug prevention initiatives that address community needs.

While the CT Department of Public Health's State Health Improvement Plan, **Healthy Connecticut 2025**, does not address youth substance use or prevention specifically, it provides important health and equity context for the goals and objectives of the CT PFS CHIP, with priority areas focused on four key drivers of health disparities: access to healthcare, economic stability, healthy food and housing, and community strength and resilience.

While PFS-funded prevention efforts alone cannot impact healthcare access, economic stability, or healthy food and housing in any direct way, community coalition and capacity building efforts

can contribute to community strength and resilience (Priority Area D), specifically impacting social capital (strategic community relationships), community cohesion (connectedness and solidarity, sense of belonging), and implementing Culturally and Linguistically Appropriate Services (CLAS) with their populations of prevention focus.

Conclusion

Although alcohol use has been showing a decreasing trend among Connecticut high school students, the prevalence of underage drinking is still higher among Connecticut youth population compared to their national peers. Alcohol is also the most reported substance used in the past 30-days by youth 12-17 years old compared to other substances like cannabis or tobacco.

While female students, non-Hispanic White students, and GLB students all reported higher past 30-day alcohol use compared to their peers, certain groups exhibit lower protective/resilience factors which not only put them at higher risk of engaging in alcohol, tobacco, and other drug use and related behaviors, but afford them fewer resources to mitigate the burden of substance use on their lives and living environments (e.g., family, school, and community).

There are broad range of risk and protective factors that are associated with alcohol use among youth, and Connecticut community partners are implementing targeted strategies to address them, as a means to decrease alcohol use among youth, and specifically youth at increased risk or burden, in underserved communities.

The Connecticut PFS 2022 initiative is focused on building local communities' capacity to implement youth alcohol use prevention and mental health promotion strategies, informed by the foundation of the Strategic Prevention Framework (SPF). In addition to bolstering capacity to implement prevention through use of the strategic planning framework steps, communities will solidify their community relationships and partnerships through the process and the work, strengthening community capacity to leverage resources to support future prevention implementation.

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