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# Connecticut Substance Use Prevention Resource Assessment: Results and Resources

**SEOW Meeting**
**December 18, 2024**

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# Substance Use Prevention Resource Assessment: Objectives

- Conduct a comprehensive community resource assessment of alcohol, tobacco, and other drug (ATOD) primary prevention programs and services provided within Connecticut.

- Contribute to understanding (1) strengths that can be mobilized, used to fuller capacity, and built upon and (2) gaps, barriers, and needs to be addressed.

- Develop resources for use by prevention partners and others at the state, regional, and local levels.



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# Target Audience



| State Level | Substate Level | Community Level |
|---|---|---|
| • State Agency Planners<br>• Policy Makers (i.e., Legislators) | • Regional Behavioral Health Action Organizations<br>• Local Health Departments/ Districts Prevention Providers<br>• Resource Links | • Prevention Coalitions<br>• Local Prevention Councils<br>• Youth Service Bureaus<br>• Local Evaluators<br>• Town/City Government |

# Data Sources

**Surveys of Regional Behavioral Health Action Organizations (RBHAO) and Local Prevention Councils (LPC)**

- Types of prevention strategies being implemented
- Population served and setting for each strategy
- Funding sources
- Partnerships

**Review of Connecticut's 211 service call resources**

**Web scan of state and substate level ATOD primary prevention services**

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# LPC Survey Response Representation by Region

| Region | LPC Responses | Total LPCs | LPC % | Towns Represented | Total Towns | Town % |
|---|---|---|---|---|---|---|
| 1 (Southwest) | 13 | 14 | 93% | 13 | 14 | 93% |
| 2 (South Central) | 25 | 28 | 89% | 31 | 34 | 91% |
| 3 (Eastern) | 19 | 28 | 68% | 24 | 41 | 59% |
| 4 (North Central) | 28 | 35 | 80% | 30 | 37 | 81% |
| 5 (Western) | 17 | 21 | 81% | 34 | 43 | 79% |
| **TOTAL** | **102** | **126** | **81%** | **132** | **169** | **78%** |

## STRENGTHS

- Statewide view of prevention landscape.
- Triangulation of data.
  - Use of multi-method approaches and sources.
- Strong relationship between the lead agency (CPES) and CT ATOD prevention program and service agencies helped to obtain a 100% response rate for the RBHAO survey and an 81% response rate for the LPC survey.
- Outreach efforts resulted in most to date contact information for LPCs, which can be shared with prevention partners.

## LIMITATIONS

- Missing prevention strategy data for some towns, especially those with smaller or more isolated communities and those with fewer prevention resources.
  - These gaps may result in underestimations of prevention resources or may reflect limited capacity in some areas.
- Cross-sectional nature of the survey data
  - LPC prevention programs and services and are dependent on DMHAS funding and by a voluntary funding application process.
  - Findings from the LPC survey represent a single point-in-time (Aug-Dec 2023) and are subject to change over time, especially for towns with no other funding sources.

# Prevention Strategies

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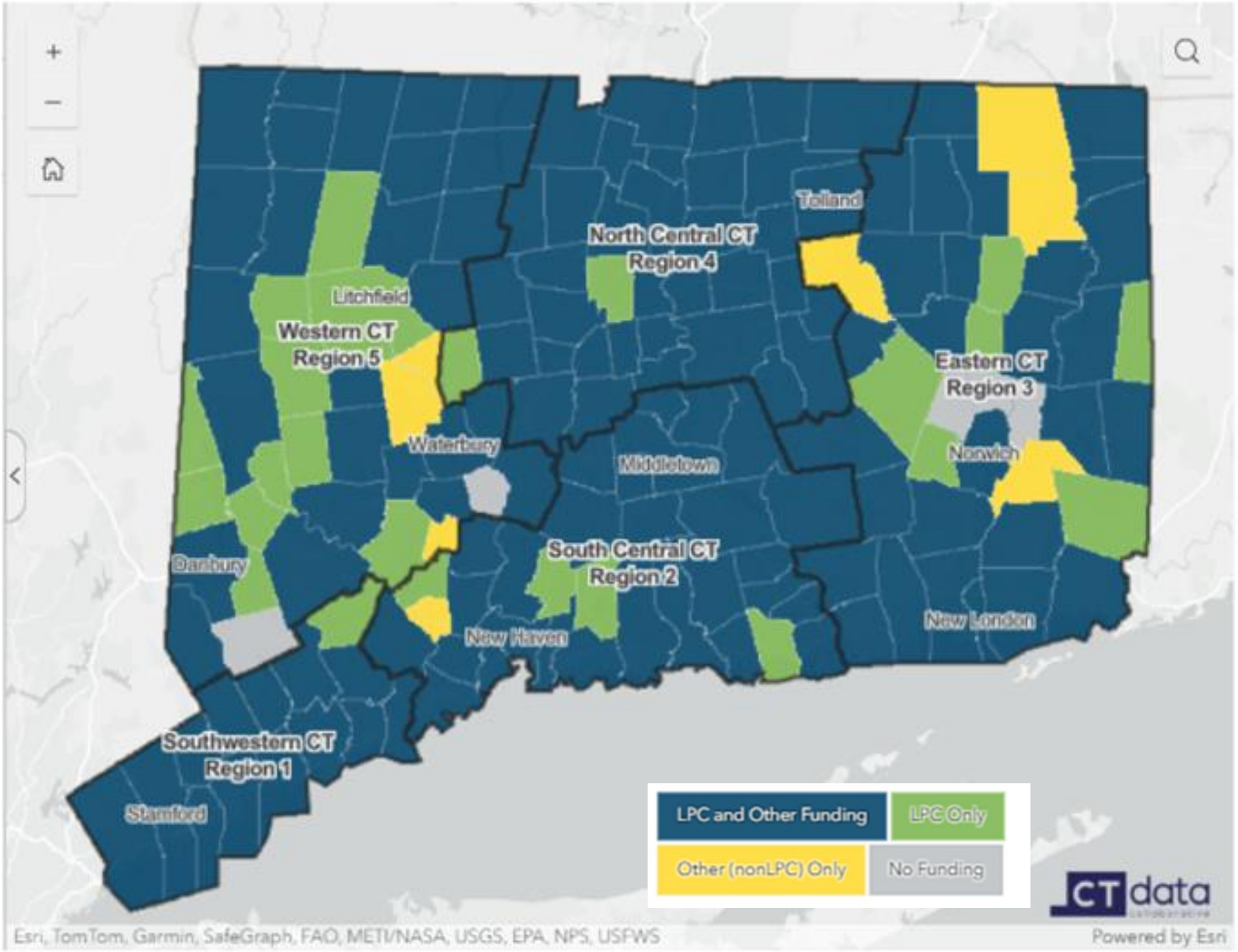
- **Information Dissemination:** printed or electronic materials dissemination, health fairs
- **Material Distribution:** Narcan, lock boxes, drug disposal, etc. Does NOT include promotional merchandise. (RBHAO survey only)
- **Education:** speaking engagements, educational events, info sessions, PSAs
- **Alternative Programming:** ATOD free-social/recreational events, community service activities
- **Social Marketing:** media campaigns
- **Program Identification and Referral:** student assistance programs, ASBIRT/SBIRT
- **Enforcement of Laws and Policies/Preventing Sales to Underage Youth:** compliance checks, zoning enforcement
- **Public Policy Efforts:** advocacy to change laws and policies
- **Funding of Prevention Efforts:** providing funding to other agencies/organizations for prevention strategies and activities (RBHAO survey only)
- **Community Assessments/Data Collection*:** needs assessment, community surveys, school surveys
- **Community-Based Processes*:** coalition meetings, workgroups, community team meetings/activities

*Indirect service types

# Community-Level: Funding Sources



| Funding Source | State | Region | | | | | Community Type | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | CT (169) | 1 (14) | 2 (34) | 3 (41) | 4 (37) | 5 (43) | Rural (60) | Suburban (64) | Urban (36) | Wealthy (9) |
| **LPC** | 155 (92%) | 14 (100%) | 32 (94%) | 34 (83%) | 37 (100%) | 38 (88%) | 51 (85%) | 61 (95%) | 34 (94%) | 9 (100%) |
| **PCC** | 12 (7%) | 0 (0%) | 4 (12%) | 3 (7%) | 3 (8%) | 2 (5%) | 2 (3%) | 6 (9%) | 4 (11%) | 0 (0%) |
| **PFS (2022)** | 12 (7%) | 1 (7%) | 3 (9%) | 3 (7%) | 3 (8%) | 2 (5%) | 5 (8%) | 2 (3%) | 5 (14%) | 0 (0%) |
| **SPF-PFS** | 5 (3%) | 0 (0%) | 5 (15%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 2 (3%) | 2 (6%) | 1 (11%) |
| **STOP** | 6 (4%) | 1 (7%) | 4 (12%) | 0 (0%) | 0 (0%) | 1 (2%) | 2 (3%) | 3 (5%) | 1 (3%) | 0 (0%) |
| **DFC** | 24 (14%) | 7 (50%) | 3 (9%) | 5 (12%) | 5 (14%) | 4 (9%) | 1 (2%) | 8 (13%) | 12 (33%) | 3 (33%) |
| **YSB** | 133 (79%) | 12 (86%) | 29 (85%) | 30 (73%) | 34 (92%) | 28 (65%) | 42 (70%) | 49 (77%) | 34 (94%) | 8 (89%) |

| Funding Source | State | Region | | | | | Community Type | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | CT (169) | 1 (14) | 2 (34) | 3 (41) | 4 (37) | 5 (43) | Rural (60) | Suburban (64) | Urban (36) | Wealthy (9) |
| **No funding** | 5 (3%) | 0 (0%) | 0 (0%) | 3 (7%) | 0 (0%) | 2 (5%) | 3 (5%) | 2 (3%) | 0 (0%) | 0 (0%) |
| **LPC only** | 25 (15%) | 2 (14%) | 4 (12%) | 6 (15%) | 2 (5%) | 12 (28%) | 13 (22%) | 11 (17%) | 1 (3%) | 1 (11%) |
| **Non-LPC funding only** | 9 (5%) | 0 (0%) | 2 (6%) | 4 (10%) | 0 (0%) | 3 (7%) | 6 (10%) | 1 (2%) | 2 (6%) | 0 (0%) |
| **LPC + 1 or more other** | 130 (77%) | 12 (86%) | 28 (82%) | 28 (68%) | 35 (95%) | 26 (60%) | 38 (63%) | 50 (78%) | 33 (92%) | 8 (89%) |

# Conclusions

- **Multi-Strategy Approach:** Connecticut employs a comprehensive strategy for substance use prevention, combining information dissemination, education, social marketing, and community-based initiatives, with a strong emphasis on outreach to youth in both community and school settings.
- **Regional Tailoring of Efforts**: The involvement of Regional Behavioral Health Action Organizations (RBHAOs) and Local Prevention Councils (LPCs) allows for prevention efforts to be customized according to local community needs and contexts, ensuring relevance and effectiveness.
- **Funding Disparities and Community Capacity:** There are notable disparities in funding and implementation across different regions, with some areas lacking resources. Community capacity and readiness to engage in substance use prevention significantly influence these disparities, affecting their ability to plan and execute effective initiatives.
- **Integration of Healthcare Providers:** There is a missed opportunity to enhance primary prevention efforts through better integration of clinical settings and healthcare providers, which could help engage populations that may not participate in traditional community or school-based programs.

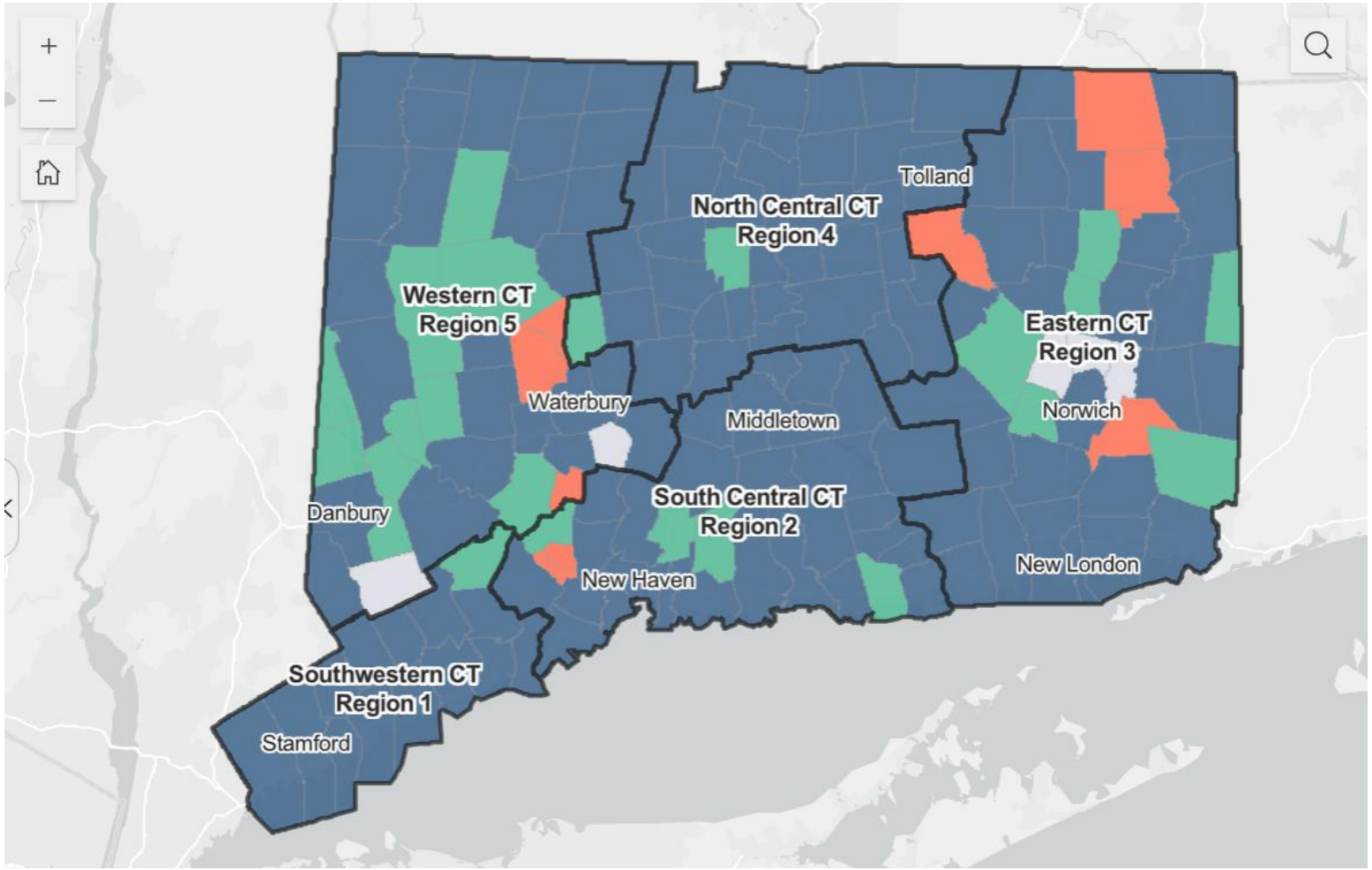
# Final Products

- Summary of findings
- Electronic resource directory
- Interactive resource map

Explore these and other resources on the SEOW Prevention Data Portal



# Connecticut Substance Use Prevention Resources: An Interactive Map




CPES Prevention Resource Assessment Map — SEOW Prevention Data Portal

**Use map filters to explore:**

- **Funding type**
- **Prevention strategies**
- **Overlay community type**

**Hover over towns to see town-level contact, funding, and strategy information**

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# Questions? Opportunities?



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**Explore prevention resource assessment products on the SEOW Prevention Data Portal**

# Thank you


**DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health**

**Contacts:** Jennifer Sussman: sussman@uchc.edu

Megan O'Grady: ogrady@uchc.edu


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