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Connecticut Substance Use Prevention Resource Assessment

DMHAS Resource Links Meeting
December 11, 2024

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Substance Use Prevention Resource 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.



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Target Audience

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

Final Products

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

Explore these and other resources on the SEOW Prevention Data Portal



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Methods

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%**

Prevention Strategies

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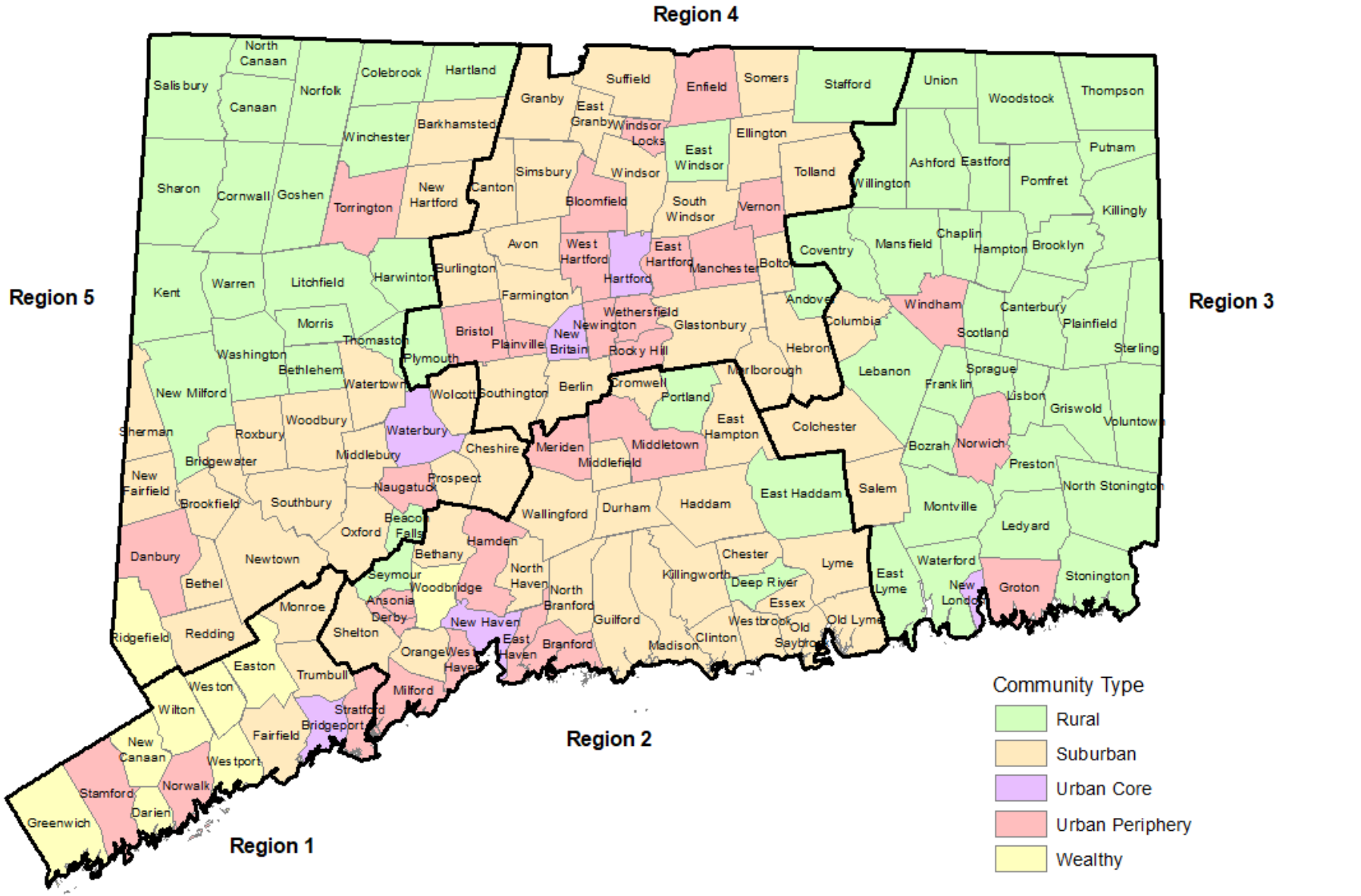
- **Information Dissemination:** printed or electronic materials dissemination, health fairs
- **Material Distribution:** Narcan, lock boxes, drug disposal, etc. Does NOT include promotional merchandise. (RBHAO survey only)
- **Education:** speaking engagements, educational events, info sessions, PSAs
- **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

Analysis

Analysis of data was conducted statewide by town (n=169), as well as by DHMAS region and community type (rural, suburban, urban, and wealthy) using the Five Connecticuts typology.



Considerations

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.

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Key Findings

State-Level: DHMAS Resource Links

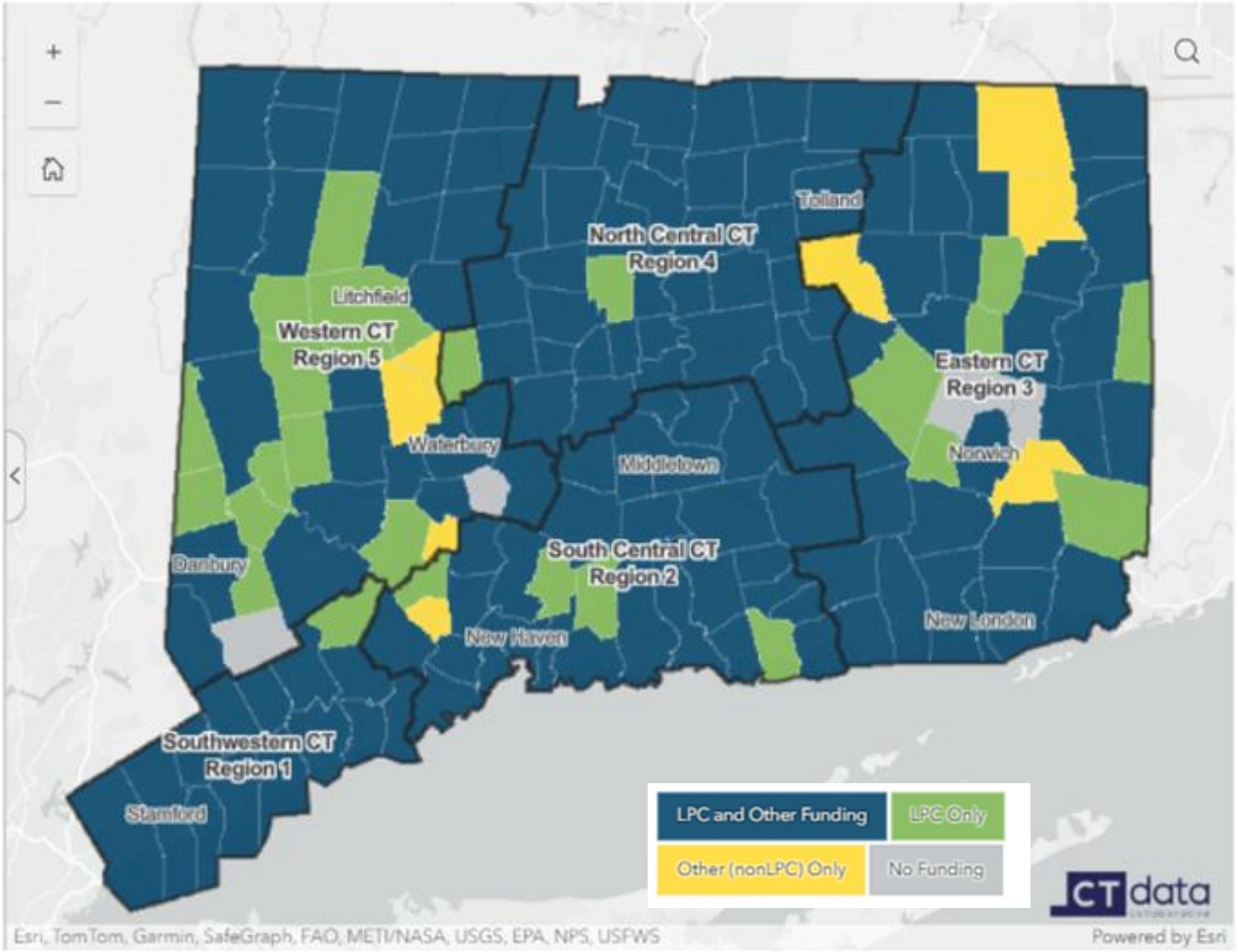
Organization	Core Functions	Prevention Target Population(s)	Settings
Department of Mental Health and Addiction Services – Prevention and Health Promotion Division (DMHAS PHP)	Substance Use Prevention Health Promotion	Youth Young Adults Adults	Clinic Community Online
DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health	Evaluation Data Collection and Dissemination Data Capacity Building	Young Adults Adults	Community Online
CT Clearinghouse	Information Dissemination Education Social Marketing	Young Adults Adults	Community Online
Governor's Prevention Partnership (GPP)	Youth Empowerment Mentoring	Youth Adults	Community Online
State Education Resource Center (SERC)	Prevention Curriculum DEI/Cultural Competency	Youth Adults	Community School Online
Prevention Training and Technical Assistance Service Center (TTASC)	Training/TA Workforce Development	Adults	Community Online

Organization	Strategy Types									
	Information Dissemination	Education	Community-Based Processes	Alternative Programming	Social Marketing	Program ID and Referral	Community Assessments/ Data Collection	Enforcement of Laws and Policies	Public Policy Efforts	Administer Funding for Prevention Efforts
Department of Mental Health and Addiction Services – Prevention and Health Promotion Division (DMHAS PHP)	✅	✅	✅	✅	✅	✅	✅	✅		✅
DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health	✅	✅	✅				✅			
CT Clearinghouse	✅	✅	✅		✅					✅
Governor's Prevention Partnership (GPP)		✅	✅	✅			✅		✅	✅
State Education Resource Center (SERC)	✅	✅	✅				✅			
Prevention Training and Technical Assistance Service Center (TTASC)	✅	✅	✅				✅			✅

Regional Level: RBHAOs

Region	Prevention Strategy RBHAO Survey Reporting										
	Information Dissemination	Material Distribution	Education	Alternative Programming	Social Marketing	Program ID & Referral	Law Enforcement	Public Policy Efforts	Funding of Prevention Efforts*	Community -Based Processes	Community Assessments
1	✅	✅	✅		✅		✅	✅	✅	✅	✅
2	✅	✅	✅		✅	✅	✅	✅	✅	✅	✅
3	✅	✅	✅		✅			✅	✅	✅	✅
4	✅	✅	✅		✅		✅	✅	✅	✅	✅
5	✅	✅	✅		✅			✅	✅	✅	✅

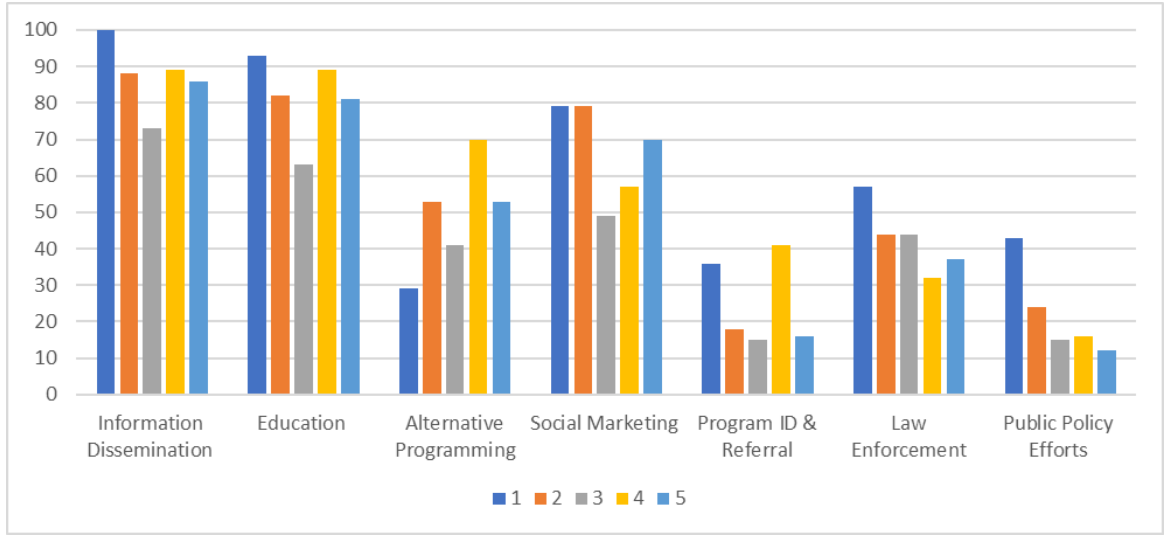
Community-Level: Funding Sources

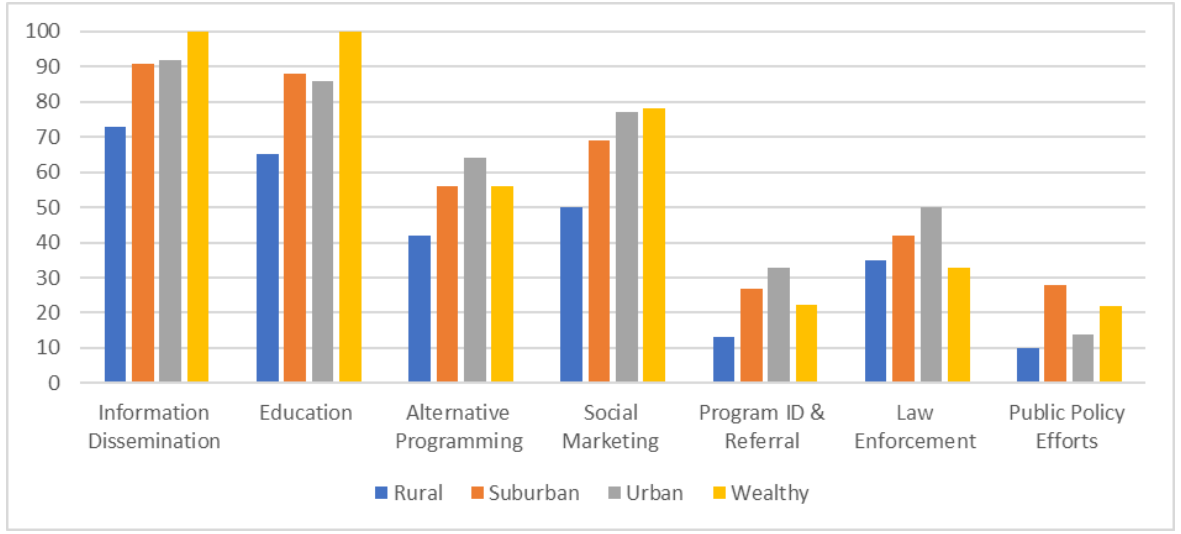


Funding Source	State	Region					Community Type			
	CT (169)	1 (14)	2 (34)	3 (41)	4 (37)	5 (43)	Rural (60)	Suburban (64)	Urban (36)	Wealthy (9)
LPC	155 (92%)	14 (100%)	32 (94%)	34 (83%)	37 (100%)	38 (88%)	51 (85%)	61 (95%)	34 (94%)	9 (100%)
PCC	12 (7%)	0 (0%)	4 (12%)	3 (7%)	3 (8%)	2 (5%)	2 (3%)	6 (9%)	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%)

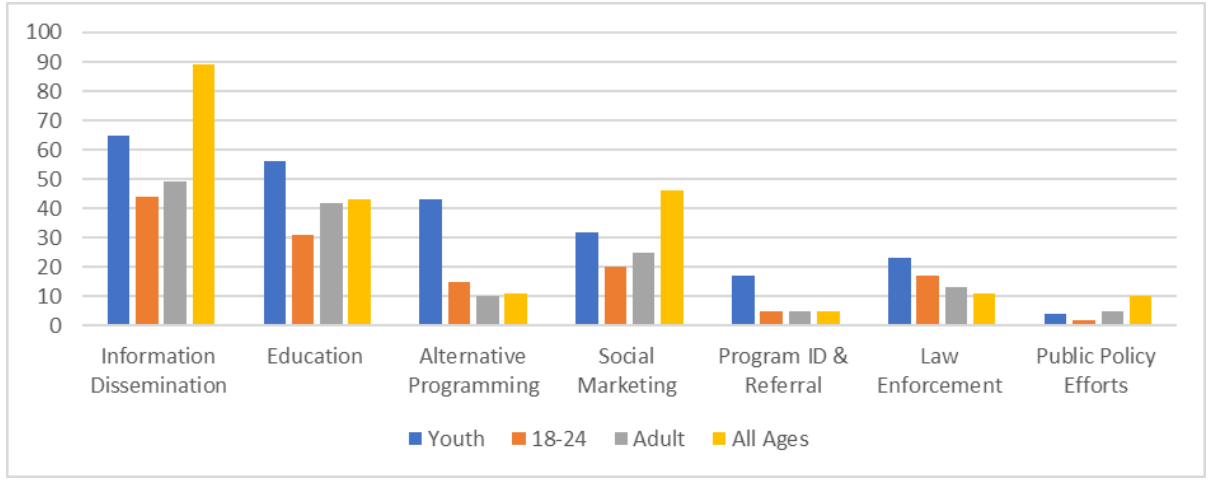
Funding Source	State	Region					Community Type			
	CT (169)	1 (14)	2 (34)	3 (41)	4 (37)	5 (43)	Rural (60)	Suburban (64)	Urban (36)	Wealthy (9)
No funding	5 (3%)	0 (0%)	0 (0%)	3 (7%)	0 (0%)	2 (5%)	3 (5%)	2 (3%)	0 (0%)	0 (0%)
LPC only	25 (15%)	2 (14%)	4 (12%)	6 (15%)	2 (5%)	12 (28%)	13 (22%)	11 (17%)	1 (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%)

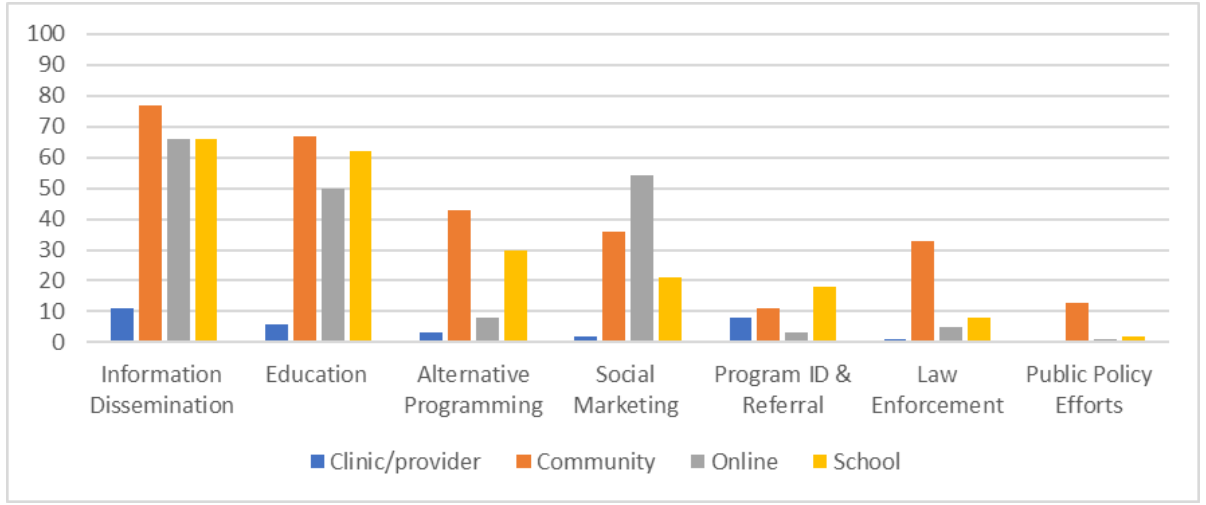
Community-Based Initiatives by Region and Community Type





Community-Based Initiatives by Population and Setting

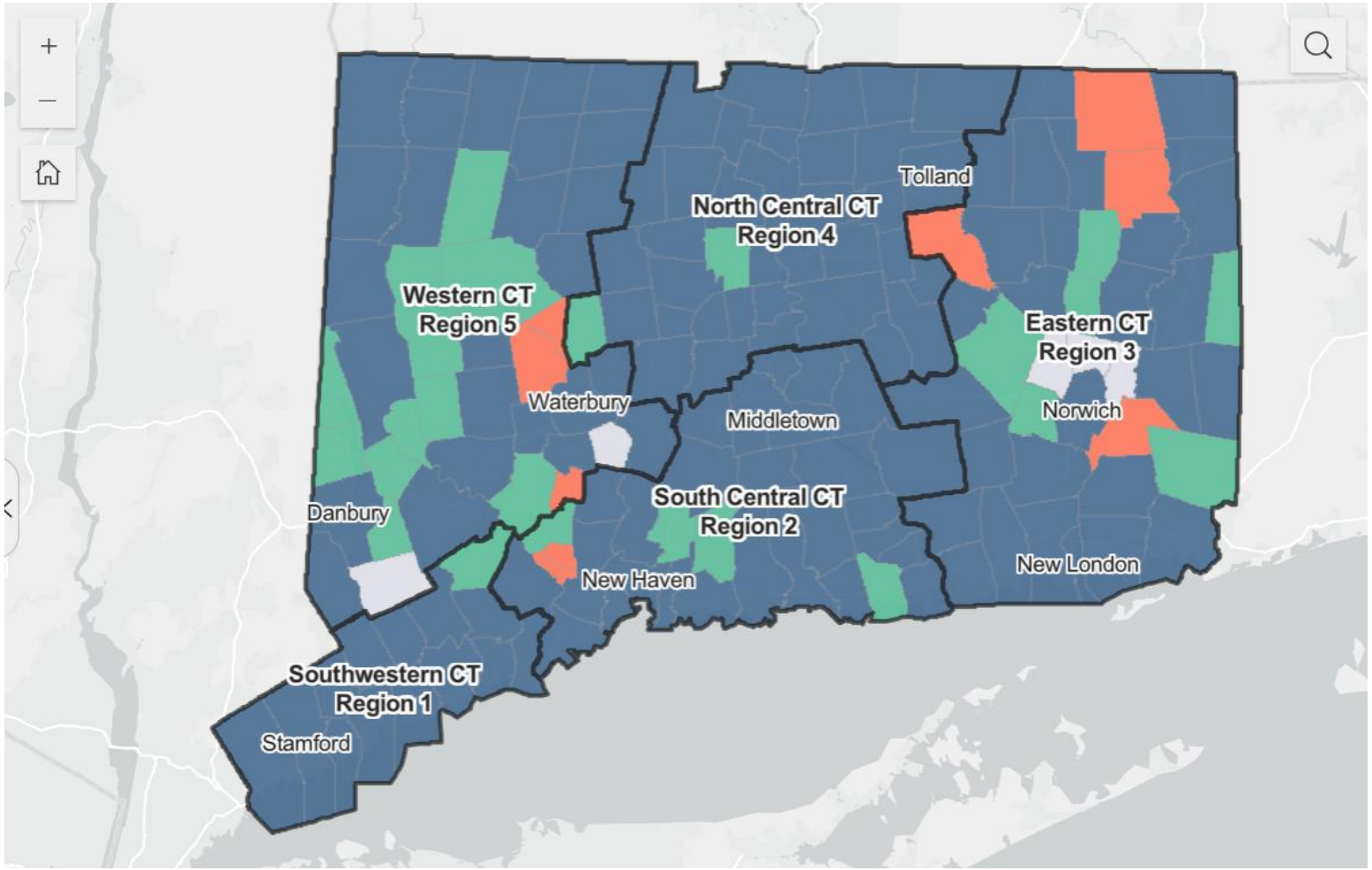




Conclusions

- **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.

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

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