



# 2024-25 Regional Priority Report: Region 3

Developed by The Southeastern Regional Action  
Council

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## Executive Summary: SERAC Region 3 Priority Report 2024-2025

The biennial priority process was conducted in collaboration with the Connecticut Department of Mental Health and Addiction Services (DMHAS) to provide a thorough description of substance use, problem gambling, and mental health issues among the various populations and subpopulations in Southeastern CT. Serving as a vital resource for stakeholders, policymakers, service providers, and community leaders, this report captures key findings while articulating actionable recommendations designed to enhance the behavioral health landscape of Eastern Connecticut. The report defines the DMHAS Region 3 emerging issues, regional strengths, resources, assets, gaps, and subpopulations at an increased risk for behavioral health issues, as well as provides recommendations on addressing these regional gaps and needs and regional health disparities.

To begin this process, SERAC partnered with DMHAS and CPES to collect and review regional, county, and state data. Qualitative interviews with key stakeholders were also conducted. Key stakeholders were identified through voluntary processes and active involvement in regional and local initiatives across behavioral health prevention, treatment, and recovery. In total, 15 focus groups and 5 key informant stakeholder interviews were conducted in conjunction with an online key stakeholder survey, which yielded 85.4% of Region 3 communities, or 118 individual responses. Overall, the following sectors were represented in the priority report process to include youth, parents, businesses, schools, youth-serving organizations, law enforcement, healthcare professionals, government, recovery, faith-based organizations, treatment providers, individuals with lived experience, substance use prevention and recovery organizations, and civic organizations.

The 2025 regional priority report demonstrates the need to prioritize co-occurring mental health and substance use issues for future regional and local planning purposes. This, in combination with the need to address availability and capacity of services as well as barriers to accessing care such as housing and food insecurity, transportation, and economic issues, while addressing disparate and at-risk subpopulations such as veterans/military, LGBTQIA+, young adults, Latino population, and unhoused individuals

and families. Findings indicate that prevention, treatment, and recovery systems should prioritize targeted strategies to increase cultural inclusivity and intelligence through regional technical assistance. In Region 3, a particular emphasis needs to be placed on resources for small rural communities while focusing on the importance of collaborative efforts among the various Eastern CT agencies to address service gaps effectively.

Priorities were ranked as the following:

1. Alcohol
2. Vaping/anxiety/trauma
3. Timely access to treatment/cannabis
4. Suicide
5. Gambling/Prescription drugs/depression

The SERAC regional priority report team and workgroup determined these priorities. The SERAC regional priority report team consisted of four SERAC staff which met biweekly to review data, plan, and receive and share programmatic updates. The Regional Priority Report Workgroup consisted of community members from diverse communities with varying leadership roles to ensure unbiased prioritization of health issues. The team identified priorities addressed in this report by utilizing data packages that highlight key findings within the quantitative and qualitative data and using a priority matrix recognized by the National Association of County & City Health Officials based on region-wide impact, changeability, and severity. The regional recommendations for substance use/misuse prevention include having flexible vaping materials targeting youth and young adults under 21 years of age.

### **Strategies and Recommendations**

Several strategies and recommendations were made for Region 3 and are included in the full report. The top recommendations are:

- Continued funding for vaping, alcohol, cannabis, and mental health to incorporate prevention materials to target youth, young adults, parents, and retailers with education, regional presentations, and resources.
- Create a toolkit to include TAPS for local physicians with information on men's co-occurring disorders.

- Develop a state-wide educational model for youth to address resiliency, skill building, and anxiety.
- Develop clinical series on Trauma for providers to enhance expertise regionally.
- Sustain funding for Regional Suicide Advisory Boards (RSAB's) in Connecticut.
- Create a policy for all high school student athletes and parents to receive education around gambling risk factors and consequences for participation.
- Continue to partner with Local Prevention Councils (LPCs) who play a crucial role in substance use and mental health promotion, partnering with health care providers and school administrators in efforts to prevent and treat substance use, including vaping and alcohol-related issues.

The recommendations outlined in this report emphasize the necessity for evidence-based strategies that prioritize equity and accessibility in all aspects of behavioral health services. The four priority behavioral health needs identified in the region include vaping, anxiety, suicide prevention, and problem gambling. Vaping is a significant concern, especially among adolescents and young adults, as highlighted by 43.4% of key informants recognizing it as a major issue. Anxiety has also emerged as a critical need, with rising rates among both youth and young adults, particularly affecting infants and young children as well. Suicide prevention efforts are focused on the LGBTQIA+ community under the age of 25, where the incidence of suicide attempts is alarmingly higher compared to heterosexual peers. Lastly, the issue of problem gambling is being prioritized due to the notable increase in gambling rates as adolescents transition from middle to high school.

The SERAC Regional Priority Report 2025 highlights the need for collaborative, evidence-based approaches to address behavioral health challenges in DMHAS Region 3. By prioritizing vaping, anxiety, suicide prevention, and problem gambling, and focusing on equity and accessibility, the report aims to strengthen prevention, treatment, and recovery systems while addressing service gaps and supporting vulnerable populations. Through targeted strategies and continued community engagement, SERAC and its partners are working to create a healthier, more inclusive future for Eastern Connecticut.

## Contributors

### **RPR Staff & Workgroup**

Rayallen Bergman – Program Coordinator

Emmalyn Walenda – Program Coordinator

Mark Irons – Executive Director

Jennifer Buckley – Assistant Director

Deborah Walker – Regional Prevention Manager

Gino DeMaio – Sound Community Services - Executive Director

Carl Asikaine – TEEG – Executive Director

Natasha Austin – CT Veteran’s Affairs

Miranda Mahoney – CHR/Griswold Pride – Prevention Coordinator

Kerensa Mansfield – LLHD/Ledyard Prevention Coalition – Prevention Coordinator

Barbara Kalpin – UCFS/Bettor Choices – Recovery Outreach

### **Key Informants**

American Ambulance Service

Griswold Public Schools

Groton Police Department

United Services, Inc

Veteran’s Affairs – CT

### **Focus Groups**

Montville Youth Service Bureau – Youth Action Council

Network Management Council

Northern Catchment Area Council

Regional Gambling Committee

Regional Prevention Committee  
Regional Suicide Advisory Board  
Sound Community Services - Clients  
Sound Community Services – Staff  
Southeast Mental Health Authority  
Southern Catchment Area Council  
Thompson Ecumenical Empowerment Group (TEEG)  
United Services, Inc  
Veteran's Coffee House



## Abbreviations and Acronyms

|       |  |
|-------|--|
| ADPC  | Alcohol and Drug Policy Commission                 |
| ACEs  | Adverse Childhood Experiences                      |
| ATOD  | Alcohol, Tobacco, Other Drugs                      |
| BRFSS | Behavioral Risk Factor Surveillance System         |
| CAC   | Catchment Area Councils                            |
| CCPG  | Connecticut Council on Problem Gambling            |
| CDC   | Center for Disease Control and Prevention          |
| CHR   | Community Health Resources                         |
| CIAC  | Connecticut Interscholastic Athletic Conference    |
| CPES  | Center for Prevention Evaluation and Statistics    |
| CPN   | Connecticut Prevention Network                     |
| CT    | Connecticut  |
| CSHS  | Connecticut School Health Survey                   |
| CRS   | Community Readiness Survey                         |
| DAWN  | Drug Abuse Warning Network                         |
| DCF   | Department of Children and Families                |
| DCWS  | DataHaven Community Wellbeing Survey               |
| DMHAS | Department of Mental Health and Addiction Services |
| DPH   | Department of Public Health                        |

|          |  |
|----------|--|
| ED       | Emergency Department   |
| ENDS     | Electronic Nicotine Delivery Systems   |
| EPI      | Epidemiological  |
| EQMI     | Evaluation, Quality Management & Improvement Division  |
| EVP      | Electronic Vaping Product  |
| GLS      | Garrett Lee Smith  |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual + Pansexual and Two-Spirit |
| LPC      | Local Prevention Council   |
| NSDUH    | National Survey on Drug Use and Health   |
| NSCH     | National Survey of Children's Health   |
| OD       | Overdose   |
| ORS      | Overdose Response Strategy   |
| PDO      | Prescription Drug Overdose   |
| PH2      | Partnership for Hope and Healing   |
| PGS      | Problem Gambling Services  |
| QPR      | Question Persuade Prefer   |
| RBHAO    | Regional Behavioral Health Action Organization   |
| RFW      | Recovery Friendly Workplace  |
| RPR      | Regional Priority Report   |
| RPW      | Regional Priority Workgroup  |
| RSAB     | Regional Suicide Advisory Board  |
| SAMHSA   | Substance Abuse and Mental Health Service Administration                                       |
| SERAC    | Southeastern Regional Action Council   |
| SOS      | Signs of Suicide   |
| SPF      | Strategic Prevention Framework   |
| STOP     | Sober Truth on Preventing Underage Drinking  |
| TAPS     | Tobacco, Alcohol, Prescription medication, and other Substance Use                             |
| THC      | Tetrahydrocannabinol   |
| USDVA    | United States Department of Veterans Affairs   |
| UCONN    | University of Connecticut  |

|       |                               |
|-------|-------------------------------|
| YMHFA | Youth Mental Health First Aid |
| YRBS  | Youth Risk Behavior Survey    |

## Introduction

The SERAC Regional Priority Report 2024-25 is an important document that assesses behavioral health challenges in DMHAS Region 3, which encompasses 41 towns in Eastern Connecticut. Its main goals are to analyze issues related to substance use, problem gambling, mental health, and suicide. The report also aims to guide prevention needs assessments and identify gaps in services.

Covering the 2024-2025 biennial period, the report offers a comprehensive overview of the behavioral health landscape, highlighting prevalence rates, emerging trends, priority populations, and unmet needs. It combines quantitative data with qualitative insights to provide a holistic view of regional needs.

The report begins with demographic and health profiles, then explores various behavioral health domains while discussing priority populations and service gaps. It concludes with targeted recommendations designed to improve access and equity within the region.

The structure of the report starts with regional demographic and health profiles, followed by a detailed breakdown of each behavioral health domain. Subsequent sections address priority populations and service gaps, ultimately offering recommendations to enhance equity and access in DMHAS Region 3.

## Background

SERAC is one of five Regional Behavioral Health Action Organizations (RBHAOs) that promote mental health, harm reduction measures, recovery supports, and the prevention of suicide, substance use, and problem gambling in Eastern Connecticut. SERAC serves the Connecticut Department of Mental Health and Addiction Services (DMHAS) Region 3, which includes 41 communities in Eastern Connecticut: Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, Coventry, East Lyme, Eastford, Franklin, Griswold, Groton, Hampton, Killingly,

Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Montville, New London, North Stonington, Norwich, Old Lyme, Plainfield, Pomfret, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willington, Windham, and Woodstock.

The Division of Mental Health and Addiction Services (DMHAS) has been actively utilizing the Strategic Prevention Framework (SPF) from the United States Substance Abuse and Mental Health Services Administration (SAMHSA) since 2004. This comprehensive five-step, data-driven model is instrumental in fostering positive youth development and effectively addressing a range of problematic behaviors.

In pursuit of its goals, the Southeastern Regional Action Council (SERAC) has diligently crafted this biennial Priority Report. This report integrates valuable feedback from diverse community stakeholders and aims to strengthen DMHAS initiatives designed to reduce mental health and addiction-related challenges.

The document provides an in-depth, data-driven analysis of these pressing health issues' regional impacts, variances, and severity. Additionally, it delves into the adaptability and capacity of local communities, examining emerging trends that warrant attention in Region 3, which encompasses the vibrant and diverse area of Eastern Connecticut. By highlighting these critical dynamics, the report seeks to illuminate potential pathways for effective intervention and support.

## Data Sources

The data used in this report were drawn from multiple sources, including the State Epidemiological (Epi) Slide Deck (CPES), Community Risk and Resilience Survey (CRS 2024), RPR survey, focus groups, and key informant interviews. These sources provided quantitative and qualitative insights into the region's health, behavioral, and social conditions. The State Epi Slide Deck offered statewide statistical trends useful for comparison and context-setting. At the same time, the CRS 2024 and RPR survey contributed more localized and targeted data reflecting current community risks and protective factors. Focus groups and key informant interviews added depth and context,

capturing nuanced community perspectives and lived experiences not always visible in numerical data.

A notable strength of the data is the coverage, with input from 88% of the towns in the region, enhancing the representativeness and credibility of findings. The mixed-methods approach—combining surveys with qualitative interviews—also strengthens the report’s validity by triangulating different data types. However, limitations exist. While survey data are timely and structured, self-reporting may introduce bias. While rich in detail, qualitative data may not be generalizable across the entire region due to smaller, non-random sample sizes. Additionally, data completeness may vary by source, especially for towns not represented in the 12% that did not participate. Despite these limitations, the data sources collectively offer a robust foundation for identifying trends, assessing needs, and informing regional planning and interventions.

**Figure 1a. Data Sources and Uses**

| <b>Data Source</b>   | <b>Strengths<br/>(and/or Purpose/Value)</b>  | <b>Limitations<br/>(and What/Who is Missing)</b>  |
|--|--|---|
| Connecticut’s State and Regional Behavioral Health Data<br><u>Author or Publisher:</u><br>Connecticut Department of Mental Health and Addiction Services Center for Prevention Evaluation and Statistics at UCONN Health | <ul style="list-style-type: none"> <li>• Quantitative data</li> </ul>  | <ul style="list-style-type: none"> <li>• Regional Data</li> </ul>                                       |
| Community Readiness Survey - 2022<br><u>Author or Publisher:</u><br>Department of Mental Health and Addiction Services Center for Prevention Evaluation and Statistics at UCONN Health                                   | <ul style="list-style-type: none"> <li>• Representation of all 169 Connecticut communities</li> <li>• Contains regional Quantitative data</li> </ul> | <ul style="list-style-type: none"> <li>• Low participation sample-size</li> </ul>                       |
| 2025 SERAC Regional Priority Report Survey   | <ul style="list-style-type: none"> <li>• Qualitative &amp; Quantitative data</li> <li>• Current data (obtained in 2025)</li> </ul>                   | <ul style="list-style-type: none"> <li>• Only partial representation of Region 3 communities</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>Representation of 85.4% of communities in Region 3</li> </ul>  | <ul style="list-style-type: none"> <li>Lack of respondents from harm reduction and youth respondent sectors</li> </ul>   |
| 2025 SERAC Regional Priority Report Focus Group Sessions   | <ul style="list-style-type: none"> <li>Qualitative data</li> <li>Region-based data</li> </ul>   | <ul style="list-style-type: none"> <li>Potential for groupthink</li> </ul>   |
| 2025 SERAC Regional Priority Report Key Informant Interviews   | <ul style="list-style-type: none"> <li>Qualitative data</li> </ul>  | <ul style="list-style-type: none"> <li>Biased selection of key informants</li> </ul>   |
| SERAC 2022 Young Adult Survey<br><br><u>Author or Publisher:</u><br>Southeastern Regional Action Council | <ul style="list-style-type: none"> <li>Quantitative data</li> </ul>   | <ul style="list-style-type: none"> <li>Higher participation</li> <li>Potential social desirability bias</li> </ul>   |
| SERAC 2024 Community Survey<br><br><u>Author or Publisher:</u><br>Southeastern Regional Action Council   | <ul style="list-style-type: none"> <li>Quantitative Survey</li> </ul>   | <ul style="list-style-type: none"> <li>Higher participation</li> <li>Potential social desirability bias</li> </ul>   |
| DataHaven Regional Equity Reports, 2023<br><br><u>Author or Publisher:</u><br>DataHaven                  | <ul style="list-style-type: none"> <li>Regional, county, and state data</li> <li>All Region 3 communities are included in the data</li> <li>Highlights data from diverse demographics</li> </ul>                                      | <ul style="list-style-type: none"> <li>Some populations are not shown in various data (indicated by “n/a”) due to the data not being available or having less reliability (potentially due to small groups)</li> </ul> |
| DataHaven Community Wellbeing Survey (DCWS), 2024<br><br><u>Author or Publisher:</u><br>DataHaven        | <ul style="list-style-type: none"> <li>Data from all CT towns</li> <li>Participants were randomly selected for interviews to inform data</li> <li>Highlights availability and access to common needs (food, housing, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>Not regionally divided data</li> </ul>  |
| National Survey on Drug Use and Health (NSDUH) State Estimates, 2021 – 2022                              | <ul style="list-style-type: none"> <li>Provides data about perceptions and usage of substances</li> </ul>   | <ul style="list-style-type: none"> <li>Age group distributions for those older than young adults (26+)</li> </ul>  |

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| <p><u>Author or Publisher:</u><br/>Substance Abuse and Mental Health Services Administration</p>  | <ul style="list-style-type: none"> <li>• Data available for a wide age range (18+)</li> <li>• Includes data for a diverse set of substances</li> </ul>  | <ul style="list-style-type: none"> <li>• Does not include significant breakdown of data by demographics other than age</li> </ul> |
| <p>Overview of Drug-Related Trends and Emerging Concerns, April 2025</p> <p><u>Author or Publisher:</u><br/>Connecticut Overdose Response Strategy (ORS) Team, Centers for Disease Control and Prevention Foundation, and High Intensity Drug Trafficking Areas Program</p> | <ul style="list-style-type: none"> <li>• Comprehensive list of illegal substances seized at ports of entry</li> <li>• State level data</li> <li>• In-depth analysis of data for various substances</li> </ul> | <ul style="list-style-type: none"> <li>• Not all substances cross borders at ports of entry</li> </ul>                            |
| <p>CHR 2024 Community Needs Assessment</p> <p><u>Author or Publisher:</u><br/>Community Health Resources</p>  | <ul style="list-style-type: none"> <li>• Both qualitative and quantitative data</li> <li>• Survey of diverse and underserved populations</li> </ul>   | <ul style="list-style-type: none"> <li>• Use of some secondary data (possibly limiting data)</li> </ul>                           |
| <p>Connecticut 2-1-1 Data</p>   | <ul style="list-style-type: none"> <li>• Data regarding all calls to helpline statewide</li> </ul>  | <ul style="list-style-type: none"> <li>• Cannot be regionally divided</li> <li>• Missing demographic data</li> </ul>              |
| <p>Drug Abuse Warning Network (DAWN): Alcohol-Related ED Visits Short Report</p> <p><u>Author or Publisher:</u> Drug Abuse Warning Network (DAWN) and Substance Abuse and Mental Health Services Administration (SAMHSA)</p>  | <ul style="list-style-type: none"> <li>• Provides insight into healthcare data (ED visits, diagnoses, etc.)</li> <li>• Breaks down data by factors (age, race/ethnicity, etc.)</li> </ul>                     | <ul style="list-style-type: none"> <li>• State data not available</li> </ul>  |
| <p>Rural Health Information Hub</p>   | <ul style="list-style-type: none"> <li>• Data can be broken down into various planning regions</li> <li>• Shows number of veterans living in CT</li> </ul>  | <ul style="list-style-type: none"> <li>• Data from 2023</li> </ul>  |
| <p>Connecticut School Health Survey (CT Youth</p>   | <ul style="list-style-type: none"> <li>• Data provided for a vast number of</li> </ul>  | <ul style="list-style-type: none"> <li>• Report published in 2023 or 2021</li> </ul>  |

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| <p>Behavioral Health Survey), 2023, 2021</p> <p><i>2021 Connecticut School Health Survey (CSHS) Summary Graphs</i></p> <p><u>Author or Publisher:</u><br/>United States Center for Disease Control and Prevention</p> | <p>mental and physical health factors</p>   | <ul style="list-style-type: none"> <li>• Some data not reported due to not being available or having a small sample size for that group/population</li> </ul>   |
| <p>Connecticut Department of Mental Health and Addiction Services Evaluation, Quality Management, &amp; Improvement Division Treatment Admissions Data, 2023</p>  | <ul style="list-style-type: none"> <li>• Includes intake data for individuals for cooccurring disorders</li> </ul>  | <ul style="list-style-type: none"> <li>• Data exclusive to individuals seeking treatment</li> </ul>   |
| <p>2024 Survey on the Mental health of LGBTQIA+ Young People in Connecticut</p> <p><u>Author or Publisher:</u> The Trevor Project Research Team</p>   | <ul style="list-style-type: none"> <li>• Updated 2024 data available</li> <li>• Data focused on LGBTQIA+ experiences</li> </ul>                           | <ul style="list-style-type: none"> <li>• Only includes individuals age 13-24</li> <li>• Recruitment occurred primarily on social media, potentially limiting responses in other capacities</li> </ul> |
| <p>Youth Gambling and Gaming Assessment 2023</p> <p><u>Author or Publisher:</u> CT DMHAS Problem Gambling Services and Connecticut Council on Problem Gambling (CCPG)</p>   | <ul style="list-style-type: none"> <li>• Comprehensive review of gambling and gaming behaviors</li> </ul>   | <ul style="list-style-type: none"> <li>• Terminology “gaming” unclear for respondents, gaming at table games or video gaming</li> </ul>   |
| <p>United States Health Resources and Services Administration Data</p>  | <ul style="list-style-type: none"> <li>• State and county data available</li> <li>• In-depth look at potential health workforce shortage areas</li> </ul> | <ul style="list-style-type: none"> <li>• Potential late update date of 2022 or before regarding some data</li> </ul>  |
| <p>Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2024</p>   | <ul style="list-style-type: none"> <li>• Town, county, and local health department data available</li> </ul>  | <ul style="list-style-type: none"> <li>• Some data are preliminary from 2024</li> </ul>   |

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| <p><u>Author or Publisher:</u> CT DPH Injury &amp; Violence Surveillance</p>  | <ul style="list-style-type: none"> <li>• Comparison by year, age group, sex, race/ethnicity, and substance types available</li> </ul> |   |
| <p>National Institute on Drug Abuse Data</p>  | <ul style="list-style-type: none"> <li>• Comparison rates available from consecutive reports</li> </ul>                               | <ul style="list-style-type: none"> <li>• Limited CT specific data</li> </ul>                                  |
| <p>Adverse and Positive Experiences in Connecticut Data to Action Platform Youth Report</p> <p><u>Author or Publisher:</u> CT Data Collaborative</p>                                      | <ul style="list-style-type: none"> <li>• Visuals available</li> <li>• Comprehensive evaluation of state ACE data</li> </ul>           | <ul style="list-style-type: none"> <li>• Data from 2021</li> </ul>  |
| <p>B. Weyland Smith Consulting Collaboration with RBHAOs Overview, 2024</p> <p><u>Author or Publisher:</u> B. Weyland Smith Consulting</p>  | <ul style="list-style-type: none"> <li>• Extensive review of available Region 3 alcohol use data</li> </ul>                           | <ul style="list-style-type: none"> <li>• Small sample size</li> </ul>   |
| <p>SERAC Assessment of Vaping of Nicotine, May 2024</p> <p><u>Author or Publisher:</u> B. Weyland Smith Consulting, LLC and SERAC</p>   | <ul style="list-style-type: none"> <li>• Informed by national, state, and local vaping data</li> </ul>                                | <ul style="list-style-type: none"> <li>• Lacks break down of data into groups other than age/grade</li> </ul> |
| <p>On Edge: Understanding and Preventing Young Adults' Mental Health Challenges</p> <p><u>Author or Publisher:</u> Harvard Graduate School of Education, Making Caring Common Project</p> | <ul style="list-style-type: none"> <li>• Data from both quantitative and qualitative methods to inform reports</li> </ul>             | <ul style="list-style-type: none"> <li>• Data from mid-year 2022</li> </ul>                                   |
| <p>Latest Federal Data Show that Young People are More Likely than Older Adults to be Experiencing Symptoms of Anxiety or Depression</p>  | <ul style="list-style-type: none"> <li>• National/federal data used only</li> </ul>   | <ul style="list-style-type: none"> <li>• Data from 2023</li> </ul>  |

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| <p><u>Author or Publisher:</u><br/>Kaiser Family Foundation</p>  |   |  |
| <p>Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS)</p> <p><u>Author or Publisher:</u> U.S. Center for Disease Control and Prevention</p>   | <ul style="list-style-type: none"> <li>• Data provided for a vast number of mental and physical health factors</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Report published in 2023</li> <li>• Some data not reported due to not being available or having a small sample size for that group/population</li> </ul>  |
| <p>Health Disparities in Suicide</p> <p><u>Author or Publisher:</u> Centers for Disease Control and Prevention</p>   | <ul style="list-style-type: none"> <li>• Provides in-depth review of suicide data for different occupations, ages, and other diverse populations</li> </ul> | <ul style="list-style-type: none"> <li>• Data from 2016 – 2021 period</li> </ul>   |
| <p>Impacts of Legalized Gambling in Connecticut, January 2024</p> <p><u>Author or Publisher:</u> Gemini Research</p>   | <ul style="list-style-type: none"> <li>• Mixed Methods Design – quantitative and qualitative data</li> </ul>  | <ul style="list-style-type: none"> <li>• Some secondary data/information included – potential limits of data available</li> </ul>  |
| <p><i>The Impact of E-Cigarettes on the Lung</i></p> <p><u>Author or Publisher:</u> American Lung Association</p>  | <ul style="list-style-type: none"> <li>• Information from multiple different studies is overviewed</li> </ul>   | <ul style="list-style-type: none"> <li>• Information is from studies conducted in 2018 and potentially earlier</li> </ul>  |
| <p><i>National Survey of Children’s Health</i></p> <p><u>Author or Publisher:</u> Health Resources and Services Administration’s Maternal and Child Health Bureau and (Sappenfield et al., 2024)</p> | <ul style="list-style-type: none"> <li>• Extensive quantitative data informed from national outreach</li> </ul>   | <ul style="list-style-type: none"> <li>• Data brief only discusses children 12-17 years of age</li> </ul>  |
| <p><i>Anxiety in Adolescents and Subsequent Risk of Suicidal Behavior: A systematic Review and Meta-Analysis</i></p> <p><u>Author or Publisher:</u> (Fang et al., 2024)</p>                          | <ul style="list-style-type: none"> <li>• Report focuses specifically on the adolescent population</li> </ul>  | <ul style="list-style-type: none"> <li>• Search of databases for the review was limited</li> <li>• Some of information garnered to support the article comes from self-reported sources</li> </ul> |
| <p>CT Veteran Facts from Census.Gov (2018-2022)</p>  | <ul style="list-style-type: none"> <li>• Comparison of specific states,</li> </ul>  | <ul style="list-style-type: none"> <li>• Potential city/town data not available</li> </ul>   |

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|   | towns, and counties available  | for those with a population less than 5,000 <ul style="list-style-type: none"> <li>Data from 2022 and earlier</li> </ul> |
| USDVA State Suicide Data Sheet: Connecticut   | <ul style="list-style-type: none"> <li>Provides New England, state, and national data</li> </ul>                     | <ul style="list-style-type: none"> <li>Data from 2021</li> </ul>   |
| Levy, Don: Five Connecticut's 2010 Update. (2015).<br><br><u>Author or Publisher:</u><br>Don Levy         | <ul style="list-style-type: none"> <li>Town specific data available</li> </ul>                                       | <ul style="list-style-type: none"> <li>Regional data not available</li> </ul>  |
| Connecticut Town Profile, 2023<br><br><u>Author or Publisher:</u><br>CT Data Collaborative and Advance CT | <ul style="list-style-type: none"> <li>In-depth breakdown of demographic and economic information by town</li> </ul> | <ul style="list-style-type: none"> <li>Data from various years (such as some from 2019-2023, 2024, etc.)</li> </ul>      |
| American Community Survey, 2022<br><br><u>Author or Publisher:</u><br>US Census Bureau                    | <ul style="list-style-type: none"> <li>Data available at the town level</li> </ul>                                   | <ul style="list-style-type: none"> <li>Data from 2022</li> </ul>   |

## Conducting Focus Groups

Before engaging in Focus groups, our staff reviewed best practices for effectively conducting focus groups and gathering valuable participant feedback. Our team established clear objectives to guide the discussions, ensuring a comprehensive approach. The focus groups were composed of regional teams that encompassed prevention, treatment, and recovery related to mental health, substance use, and gambling. Our facilitators employed the three main questions provided to RBHAOS for the RPR, ensuring a robust data collection process. They ensured confidentiality and anonymity by turning off virtual session cameras and names and encouraging participants not to disclose their identities to unfamiliar facilitators. Key informants, including school administrators, law enforcement, and emergency medical services, were also contacted for individual responses to the same questions, adding depth to our data.

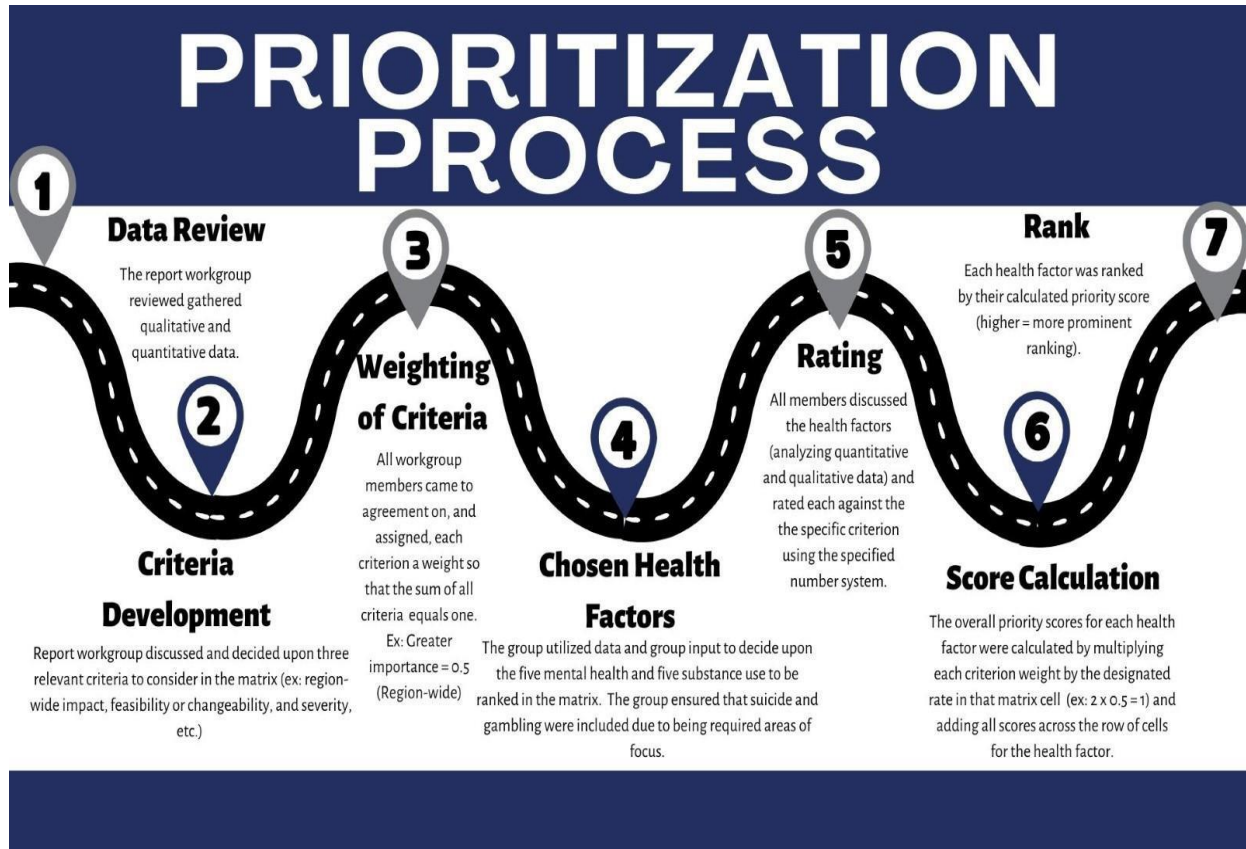
Following the data collection, our RPR Staff Team conducted a thorough analysis using NVIVO software to uncover key themes and insights, further enhancing the validity of our findings. They also focused on differing opinions, recognizing their potential to provide valuable context and impactful quotes. NVIVO software was instrumental in our qualitative and mixed-methods data collection, facilitating the creation, organization, analysis, and visualization of diverse data sets. This qualitative data has substantially contributed to the findings presented in various sections of the Regional Priority Report.

After the data collection process, our dedicated RPR Team analyzed the data. Using NVIVO software, we conducted a comprehensive analysis to identify key themes and insights. We also considered differing opinions, recognizing their potential to provide valuable context and impactful quotes. This qualitative data significantly contributed to the findings presented in various sections of the Regional Priority Report.

### **Regional Priority Report Workgroup**

The SERAC regional priority report team met biweekly to review data and plan and receive regular updates throughout the process. As a team, we identified individual community leaders with expertise in Prevention, Treatment, and Recovery covering substance use and mental health. These community leaders, with diverse backgrounds representing agencies throughout Eastern CT (i.e., New London, Norwich, Griswold, Thompson), were asked to bring their experience from their respective fields to the meetings to ensure we eliminated biases in selecting health issues to prioritize.

Figure 1b. Prioritization Process Roadmap



To efficiently select the top health issues, we sent a package of data (i.e., EPI Slide deck, summarized qualitative themes) to the Workgroup members and asked them to identify priority health issues ahead of the meetings. During our first meeting, individuals presented their selected issues based on data. At the same time, we conducted a data walk with various reports, allowing members to highlight supporting data for issues. We brought the list of issues to a vote to select 10 priorities. Some of the health issues were best justified by data for specific age groups (suicide rates for LGBTQIA < 25), or alcohol remained general based on funding for both youth/adults, while data justified the issue impacting all age groups.

The workgroup collectively discussed criteria for the priority matrix to select the best fit for our goals. Our members decided on these three criteria to weigh the health issues with the highest weight given to Region-wide impact:

- Region-wide Impact: prevalence throughout the entire region, pushing members to discuss the issue from a broader lens, outside of the area covered by the agency they represent. They selected this as the highest-weighted criterion due to community diversity.
- Changeability: resources, funding, capacity, and currently funded initiatives for changing the identified issue.
- Severity: OD rates, drunk driving incidents, school interdictions, and the residual trauma from suicide, among other factors.

For the second RPW meeting, we aimed to identify 5 Substance use/Behaviors and 5 mental health issues to work through the priority matrix. Similarly, priorities had to be based on data to be able to justify in the report. During the final part of the meeting, we took the top 10 health issues. We voted on which best aligned with our focus areas (i.e., Substance use prevention, Substance use Treatment and recovery, Mental Health Promotion, Mental Health Treatment and recovery, Suicide Prevention, and Gambling Prevention). We considered various factors, such as capacity and funding, while selecting the health issues for the focus areas, intending to create goals for the coming years.

- Vaping – Substance Use Prevention
- Alcohol – Substance Use Treatment/Recovery
- Anxiety – Mental Health Promotion
- Trauma – Mental Health Treatment/Recovery
- Suicide (LGBTQIA+ under 25) - Suicide Prevention
- Gambling Youth/Young Adults – Gambling Prevention

The recommendations were developed through data studies that identified connections between emerging issues, gaps in service areas, geographic considerations, and capacity assessments to address health issues within our communities. Internal discussions with the RPR staff team and a review of current initiatives helped us identify the key issues to address in our recommendations.

## Strengths and Limitations of This Report

A regional report that relies primarily on surveys, focus groups, key informant interviews, and limited local data has several key limitations. The findings may lack a generalized approach due to small or non-representative samples and can be influenced by selection bias or the subjective nature of qualitative input.

A regional priority report integrating community surveys, data reviews, focus groups, and one-on-one interviews offers a comprehensive and inclusive understanding of the region's needs. Drawing on a wide range of national, state, and regional data, it captures varied perspectives while anchoring its conclusions in qualitative and quantitative analysis, bolstering its credibility. Including stakeholders and community members, representing the region's diversity, fostering trust and buy-in, and ensuring the recommendations resonate with those involved. Additionally, focus groups and interviews provide deeper context-specific insights, identifying shared priorities and gaps while tailoring strategies to address pressing challenges. The goals and recommendations include multiple supporting elements with possible next steps. This methodology develops a comprehensive and practical plan and a versatile foundation for future planning and investment, maintaining flexibility and ongoing significance.

Additionally, the process, guided by the Regional Behavioral Health Action Organization (RBHAO), may have unintentional biases that favor internal goals and capacities. The report does not provide an epidemiological profile for the identified health issues or relevant data.

The evaluation process may also vary based on the skills of each RBHAO, leading to inconsistencies in addressing common issues. Without strong quantitative data, verifying trends, benchmarking against other regions, or conducting in-depth analyses becomes challenging. Insights may quickly become outdated, rely too heavily on anecdotal evidence, and fail to capture broader patterns without comparative context.

While such reports are valuable for capturing community perspectives, they must be framed transparently regarding these methodological constraints.

## Regional Profile

### Description of the Region

SERAC is one of five Regional Behavioral Health Action Organizations (RBHAO) that supports the promotion of mental health, harm reduction measures, recovery supports, and the prevention of suicide, substance use, and problem gambling in Eastern Connecticut. SERAC serves CT DMHAS Region 3, which includes the following 41 communities located in Eastern Connecticut: Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, Coventry, East Lyme, Eastford, Franklin, Griswold, Groton, Hampton, Killingly, Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Montville, New London, North Stonington, Norwich, Old Lyme, Plainfield, Pomfret, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willington, Windham and Woodstock. Eastern Connecticut is rich in cultural heritage, geographic variety, and demographic diversity. Encompassing portions of New London, Windham, and parts of Tolland County, the region includes 41 towns, with 37 classified as rural, 3 as urban periphery, and one urban core—New London. This unique blend of town types creates a dynamic mix of small-town character and more densely populated urban life.

The population of Eastern Connecticut reflects both historical roots and evolving demographic trends. Approximately 75% of residents identify as White, while 11% are Latino, 4% Black, and 4% Asian. An additional 6% identify as multiracial or belonging to other racial groups. This racial and ethnic makeup represents a vibrant, albeit modestly shifting, tapestry of cultures contributing to the region's identity.

A defining feature of Eastern Connecticut is its deep Indigenous heritage. The region is home to two federally recognized tribal nations, the Mashantucket Pequot Tribal Nation and the Mohegan Tribe, both of which play a vital role in the area's cultural, economic, and social life. These tribes operate two of the largest casinos in the world, Foxwoods Resort Casino and Mohegan Sun, respectively. These establishments serve as major employers and tourist attractions and as cultural centers that share Native traditions, art, and history with the broader public.

The interplay between the region's rural character and cultural assets fosters a sense of close-knit community while supporting economic activity beyond Connecticut's borders. As Eastern Connecticut continues to grow and evolve, its diversity—rooted in centuries-old tribal histories and shaped by contemporary demographic shifts—remains a vital element of its regional identity.

**Figure 2. Region 3 Town Characteristics**

| Town/<br>City | Total<br>Population <sup>1</sup> | Community<br>Type <sup>2</sup> | Median<br>Income <sup>1</sup> | %<br>Poverty<br>Rate <sup>1</sup> | %<br>White <sup>1</sup> | % Black/<br>African<br>American <sup>1</sup> | % Hispanic/<br>Latinx <sup>1</sup> | %<br>Asian <sup>1</sup> | % Native<br>American <sup>3</sup> | %<br>Other <sup>1</sup> |
|---------------|----------------------------------|--------------------------------|-------------------------------|-----------------------------------|-------------------------|--|------------------------------------|-------------------------|-----------------------------------|-------------------------|
| Ashford       | 4,218                            | Rural                          | \$94,778                      | 4.0                               | 80.0                    | < 1.0  | 15.0                               | < 1.0                   |                                   | 4.0                     |
| Bozrah        | 2,410                            | Rural                          | \$102,440                     | 10.0                              | 92.0                    | < 1.0  | 4.0                                | < 1.0                   |                                   | 4.0                     |
| Brooklyn      | 8,402                            | Rural                          | \$84,816                      | 6.0                               | 83.0                    | 1.0  | 7.0                                | 5.0                     |                                   | 3.0                     |
| Canterbury    | 5,067                            | Rural                          | \$96,121                      | 5.0                               | 84.0                    | 2.0  | 9.0                                | 1.0                     |                                   | 4.0                     |
| Chaplin       | 2,229                            | Rural                          | \$83,750                      | 8.0                               | 79.0                    | < 1.0  | 14.0                               | < 1.0                   |                                   | 6.0                     |
| Colchester    | 15,550                           | Suburban                       | \$114,505                     | 5.0                               | 91.0                    | 2.0  | 3.0                                | 1.0                     |                                   | 3.0                     |
| Columbia      | 5,280                            | Suburban                       | \$124,311                     | 6.0                               | 86.0                    | 2.0  | 5.0                                | < 1.0                   |                                   | 7.0                     |
| Coventry      | 12,254                           | Rural                          | \$101,916                     | 4.0                               | 92.0                    | < 1.0  | 5.0                                | 2.0                     |                                   | 1.0                     |
| East Lyme     | 18,600                           | Rural                          | \$105,064                     | 6.0                               | 82.0                    | 3.0  | 5.0                                | 7.0                     |                                   | 4.0                     |
| Eastford      | 1,618                            | Rural                          | \$100,673                     | 6.0                               | 84.0                    | < 1.0  | 12.0                               | < 1.0                   |                                   | 3.0                     |
| Franklin      | 1,892                            | Rural                          | \$95,543                      | 6.0                               | 81.0                    | 3.0  | 6.0                                | < 1.0                   |                                   | 10.0                    |
| Griswold      | 11,488                           | Rural                          | \$74,207                      | 7.0                               | 91.0                    | < 1.0  | 3.0                                | < 1.0                   |                                   | 6.0                     |
| Groton        | 38,217                           | Urban<br>periphery             | \$82,149                      | 8.0                               | 72.0                    | 5.0  | 10.0                               | 6.0                     |                                   | 7.0                     |
| Hampton       | 1,639                            | Rural                          | \$107,109                     | 6.0                               | 85.0                    | < 1.0  | 13.0                               | < 1.0                   |                                   | 3.0                     |
| Killingly     | 17,757                           | Rural                          | \$76,552                      | 14.0                              | 79.0                    | 1.0  | 14.0                               | 1.0                     |                                   | 4.0                     |

|                  |        |                 |           |      |      |       |       |       |  |      |
|------------------|--------|-----------------|-----------|------|------|-------|-------|-------|--|------|
| Lebanon          | 7,145  | Rural           | \$107,050 | 5.0  | 91.0 | < 1.0 | 5.0   | < 1.0 |  | 4.0  |
| Ledyard          | 15,394 | Rural           | \$94,509  | 7.0  | 81.0 | 3.0   | 6.0   | 4.0   |  | 6.0  |
| Lisbon           | 4,202  | Rural           | \$86,932  | 7.0  | 94.0 | < 1.0 | < 1.0 | < 1.0 |  | 5.0  |
| Lyme             | 2,390  | Suburban        | \$119,352 | 2.0  | 90.0 | 3.0   | 1.0   | < 1.0 |  | 5.0  |
| Mansfield        | 28,378 | Rural           | \$64,194  | 23.0 | 74.0 | 3.0   | 6.0   | 13.0  |  | 4.0  |
| Montville        | 18,160 | Rural           | \$84,710  | 7.0  | 78.0 | 7.0   | 6.0   | 4.0   |  | 6.0  |
| New London       | 27,596 | Urban Core      | \$56,237  | 22.0 | 49.0 | 14.0  | 29.0  | 2.0   |  | 5.0  |
| North Stonington | 5,160  | Rural           | \$91,932  | 6.0  | 88.0 | < 1.0 | 6.0   | 3.0   |  | 2.0  |
| Norwich          | 40,054 | Urban periphery | \$62,713  | 13.0 | 62.0 | 10.0  | 15.0  | 7.0   |  | 6.0  |
| Old Lyme         | 7,648  | Suburban        | \$122,116 | 4.0  | 86.0 | < 1.0 | 8.0   | 3.0   |  | 3.0  |
| Plainfield       | 15,065 | Rural           | \$68,651  | 12.0 | 82.0 | 4.0   | 11.0  | 2.0   |  | 2.0  |
| Pomfret          | 4,289  | Rural           | \$98,750  | 6.0  | 85.0 | < 1.0 | 10.0  | 3.0   |  | 3.0  |
| Preston          | 4,804  | Rural           | \$103,816 | 1.0  | 92.0 | < 1.0 | 2.0   | < 1.0 |  | 4.0  |
| Putnam           | 9,270  | Rural           | \$63,721  | 10.0 | 76.0 | 1.0   | 17.0  | < 1.0 |  | 5.0  |
| Salem            | 4,230  | Suburban        | \$114,434 | 5.0  | 89.0 | < 1.0 | 5.0   | < 1.0 |  | 5.0  |
| Scotland         | 1,542  | Rural           | \$90,317  | 2.0  | 73.0 | < 1.0 | 13.0  | < 1.0 |  | 14.0 |

|             |           |                 |           |      |      |       |      |       |    |      |
|-------------|-----------|-----------------|-----------|------|------|-------|------|-------|----|------|
| Sprague     | 2,964     | Rural           | \$94,464  | 12.0 | 85.0 | 2.0   | 7.0  | 2.0   |    | 5.0  |
| Sterling    | 3,610     | Rural           | \$82,703  | 20.0 | 75.0 | 5.0   | 13.0 | 3.0   |    | 5.0  |
| Stonington  | 18,397    | Rural           | \$102,174 | 6.0  | 85.0 | 2.0   | 3.0  | 2.0   |    | 8.0  |
| Thompson    | 9,254     | Rural           | \$95,905  | 6.0  | 86.0 | < 1.0 | 10.0 | < 1.0 |    | 4.0  |
| Union       | 917       | Rural           | \$100,547 | 4.0  | 83.0 | < 1.0 | 13.0 | < 1.0 |    | 3.0  |
| Voluntown   | 2,567     | Rural           | \$84,250  | 8.0  | 81.0 | < 1.0 | 5.0  | < 1.0 |    | 14.0 |
| Waterford   | 19,580    | Rural           | \$102,906 | 5.0  | 86.0 | 2.0   | 4.0  | 4.0   |    | 4.0  |
| Willington  | 5,586     | Rural           | \$85,893  | 14.0 | 84.0 | < 1.0 | 5.0  | 6.0   |    | 4.0  |
| Windham     | 24,450    | Urban periphery | \$54,533  | 22.0 | 61.0 | 5.0   | 30.0 | 1.0   |    | 3.0  |
| Woodstock   | 8,243     | Rural           | \$101,496 | 4.0  | 86.0 | < 1.0 | 12.0 | < 1.0 |    | 4.0  |
| Connecticut | 3,611,317 | NA              | \$90,213  | 10.1 | 65.9 | 12.2  | 16.9 | 5.0   | NA | 8.5  |

<sup>1</sup>American Community Survey, 2022

<sup>2</sup>Levy, Don: Five Connecticut's 2010 Update. (2015).

<sup>3</sup>Connecticut Town Profile, 2023

<sup>4</sup>American Community Survey, 2022.

**Figure 3. Subpopulations in Region 3**

| Subpopulation /Group              | Area(s) of Concern  | Rationale/Evidence  |
|-----------------------------------|---|---|
| Unhoused individuals and families | Substance use, mental health services, Housing, Access to treatment | <ul style="list-style-type: none"> <li>• About 27% of RPR Survey respondents identified unhoused individuals and families as a sub-population that is not being adequately served by the substance use and mental health service systems</li> <li>• Unhoused as a primitive population of concern was reflected throughout major Region 3 focus groups</li> <li>• Approximately 32.2% of 2-1-1 calls for April 26<sup>th</sup>, 2024 – April 25<sup>th</sup>, 2025, were regarding housing and shelter service requests (2-1-1 Counts Data)</li> </ul> <p>RPR Survey Respondents added:</p> <ul style="list-style-type: none"> <li>• “Affordable housing options are very limited, and the properties that are available have waitlists of 3-5 years, leading many to stay in unsafe or unhealthy situations to avoid homelessness. - Windham resident</li> <li>• “...there are people with housing vouchers that are living in tents in the woods for months because there is no housing for people to get.” - Norwich resident</li> </ul> |
| Young Adults (18-25)              | Alcohol, depression and anxiety, gambling                           | <ul style="list-style-type: none"> <li>• In Eastern Connecticut, RPR survey respondents pinpointed key issues affecting young adults.</li> <li>• Top concerns for the young adult population include:               <ul style="list-style-type: none"> <li>○ Alcohol (Mean rank: 2.87)</li> <li>○ Depression (Mean rank: 4.31)</li> <li>○ Anxiety (Mean rank: 4.8%)</li> </ul> </li> <li>• The DAWN 2024 report indicates a fivefold increase in alcohol-related emergency visits from January to December 2023.</li> <li>• Emergency visits rose from 6.7 per 100,000 for ages 10-17 to 31.7 per 100,000 for ages 18-20.</li> <li>• The Gambling Impact Study 2024 revealed that 60.1% of adults aged 18-34 in Connecticut</li> </ul>  |

|                         |                            |   |
|-------------------------|----------------------------|---|
|                         |                            | <p>had gambled at least once in the past year.</p>  |
| <p>Latino Community</p> | <p>Insurance, poverty,</p> | <ul style="list-style-type: none"> <li>• Latino students in the southeastern region have a suspension rate of 9%, compared to 5% for</li> </ul> |

|                      |                                 |  |
|----------------------|---------------------------------|--|
|                      | graduation rates,               | <p>White students (DataHaven Regional Equity Reports, 2023)</p> <ul style="list-style-type: none"> <li>• The graduation rate for Latino students is 84%, which is six percentage points lower than that of White, Black, and Asian students (DataHaven Regional Equity Reports, 2023)</li> <li>• 22% of the Latino population in Region 3 lives below the poverty threshold, the highest among all racial and ethnic groups (DataHaven Regional Equity Reports, 2023)</li> <li>• 16% of Latino adults are uninsured, which is more than double the rate of other groups (DataHaven Regional Equity Reports, 2023)</li> </ul>   |
| Military and Veteran | Suicide, co-occurring disorders | <ul style="list-style-type: none"> <li>• As of 2022, there are 146,179 veterans residing in Connecticut (CT Veteran Facts from Census.Gov, 2018-2022)</li> <li>• National suicide rates among veterans have increased since 2011 (USDVA State Suicide Data Sheet: Connecticut)</li> <li>• The current suicide rate among Connecticut veterans is 20.6 per 100,000 (USDVA State Suicide Data Sheet: Connecticut)</li> <li>• New London County has the largest population of veterans in Connecticut, with approximately 16,000 veterans (Rural Health Information Hub)</li> <li>• Veterans/service members are identified by Region 3 SERAC RPR Survey respondents consistently within the top 4-5 populations underserved by various mental health and substance use services</li> </ul> |
| LGBTQIA+             | Suicide rates and mental health | <ul style="list-style-type: none"> <li>• General lack of regional, state, and national data on behavioral health issues affecting the LGBTQIA+ subpopulation.</li> <li>• 4.4% of heterosexual high school students attempted suicide in the past 12 months (2023 School Health Survey)</li> <li>• 17.9% of LGBTQIA+ high school students attempted suicide in the same timeframe (2023 School Health Survey).</li> <li>• Trevor Project Report (2024)</li> <li>• 6% of LGBTQIA+ youth in Connecticut attempted suicide within the past year (Trevor Project Report 2024)</li> <li>• 10% of transgender and nonbinary youth reported suicide attempts in the past 12 months (Trevor Project Report 2024).</li> </ul>  |

|  |  |  |
|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>Data for this specific subpopulation is currently inaccessible, creating a limitation in National platforms.</li> </ul> |
|--|--|--|

## Findings

The Prioritization Matrix, recognized by the National Association of County & City Health Officials, enhances decision-making through several key features. It systematically compares options based on criteria like urgency, impact, feasibility, and resources, with each criterion weighted for nuanced evaluation. Options receive scores that are aggregated to establish an overall ranking, allowing teams to focus on impactful solutions, especially when resources are limited. The matrix facilitates consensus among team members and promotes transparency by clearly outlining the criteria and scoring process. Its benefits include improved decision-making by minimizing bias, optimized resource allocation for better results, increased efficiency by streamlining discussions, and enhanced chances of successful program implementation by focusing on the best solutions.

**Figure 4a. PRIORITIZATION Matrix (Priority Report 2023)**

| Identified Health Issue               | Region-wide impact<br>Weight = .5<br>Rating vs weight = T | Changeability<br>Weight = .25<br>Rating vs weight = T | Severity<br>Weight = .5<br>Rating vs weight = T | Priority Rank<br>Score<br>Sum of scores |
|---------------------------------------|---|---|---|---|
| Alcohol                               | T = 1.5   | T = .75   | T = .75   | 3                                       |
| Vaping                                | T = 1.5   | T = 1.75  | T = .5  | 2.75                                    |
| Anxiety                               | T = 1.5   | T = .5  | T = .75   | 2.75                                    |
| Trauma                                | T = 1   | T = 1   | T = 1   | 2.75                                    |
| Suicide<br>(LGBTQIA+,<br>under 25yrs) | T = 1   | T = .5  | T = .75   | 2.25                                    |
| Gambling                              | T = 1   | T = .75   | T = .25   | 2                                       |
| Timely Access<br>to Treatment         | T = 1.5   | T = .25   | T = .75   | 2.5                                     |

|             |         |         |         |     |
|-------------|---------|---------|---------|-----|
| Cannabis    | T = 1.5 | T = .5  | T = .5  | 2.5 |
| Rx (65yrs+) | T = 1   | T = .5  | T = .5  | 2   |
| Depression  | T = 1   | T = .25 | T = .75 | 2   |

### Priority Issue: Alcohol

According to the SERAC 2022 Young Adult Survey, alcohol was identified as the most used substance, with 80.4% of respondents reporting that they had used alcohol at least once in their lifetime. Nearly half of the participants (40.2%) indicated they had consumed alcohol in the past 30 days. Notably, among those aged 18-20, 72.9% reported lifetime alcohol use, and 24.3% admitted to recent underage drinking. However, a higher percentage of adults aged 21-25 reported binge drinking at some point in their lives (70.7%) compared to their younger counterparts (40.6%). About 24% of those aged 21-25 reported binge drinking occasionally (1-5 days) in the past 30 days. Additionally, more participants reported that their friends occasionally binge drank (45%) than any other activity. Approximately 6.5% of respondents noted that they had used alcohol more frequently due to the pandemic.

### Priority Issue: Vaping

Findings from the RPR Survey Data 2025, a community member in Lebanon, CT, remarked, “I am seeing more and more vapes. They seem to be readily available to kids.” Additionally, 43.4% of key informants in the 2022 Community Readiness Survey indicated that they consider vaping and electronic nicotine delivery systems (ENDS) to be a significant concern for the 12-17 age group in Region 3. The CSHS 2023 report reveals that gay, lesbian, or bisexual high school students have a higher prevalence of electronic vapor product (EVP) use at 19.0%, compared to their heterosexual peers, who report a rate of 10.1%. Furthermore, tobacco—including cigarettes and vaping nicotine—was identified as the third highest community concern among youth aged 12-17 by respondents in the RPR Survey Data 2025.

### **Priority Issue: Anxiety**

According to the 2025 RPR Regional Survey Data, anxiety was identified as the second most significant concern for infants and young children (ages 0-11) and young adults (ages 18-25). It was also the primary concern for youth (ages 12-17). Between 2016 and 2023, the prevalence of diagnosed mental or behavioral health conditions among adolescents increased from 15.0% to 20.3%. The prevalence of diagnosed anxiety increased from 10.0% to 16.1% according to the National Survey of Children's Health 2023. This individual emotion and potential mental health challenge ranked among the top three issues for all age groups in the eastern region of Connecticut. According to the SERAC 2022 Young Adult Survey, around two-thirds of the respondents (76%) felt the need for emotional support in the past 12 months or experienced anxiety that affected their learning during the day (75%).

### **Priority Issue: Trauma**

Respondents to the RPR Region 3 2025 Survey identified trauma as the foremost concern affecting infants and young children (those under 11 years old). Data in the 2023 DMHAS EQMI Treatment Admissions revealed that 23% of individuals who were admitted for treatment by DMHAS (in Region 3) presented with a trauma- and stressor-related diagnosis at the time of admission. This finding highlights trauma- and stressor-related disorders as the most prevalent mental health diagnoses reported during treatment intake.

### **Priority Issue: Suicide (LGBTQIA under 25 years old)**

Youth and young adults identifying as LGBTQIA+ and under 25 comprise 17.9% of the LGBTQIA youth demographic. According to the 2023 School Health Survey, 4.4% of all Connecticut high school students who identified as heterosexual attempted suicide in the past 12 months, in contrast to 17.9% of high school students who identified as LGBTQIA+. Data from the 2024 Trevor Project survey shows that, in the past year, 26% of LGBTQIA+ young people in Connecticut have seriously considered suicide. Data for this specific subpopulation is currently inaccessible, limiting National platforms.

## Priority Issue: Gambling

Data from Gambling Impact Study 2024 highlighted that 60.1% of Adults aged 18-34 in Connecticut had gambled at least once in the past year. The SERAC 2022 Young Adult Survey revealed that 14% of respondents have gambled for money or possessions. Among those who gamble, 9.7% do so less than once a month. Based on the Youth Gambling and Gaming Assessment 2023, Youth who had gambled in the past month had higher rates of 30-day substance use compared to those who had never gambled or had gambled in their lifetime.

## Emerging Issues

**Figure 4b. Emerging Issues in Region 3**

| Emerging Issue                          | For Whom/What Group | Rationale/Evidence   |
|---|---------------------|--|
| Timely access to treatment and services | General Population  | <ul style="list-style-type: none"> <li>• 55% of survey respondents from Region 3 were not able to secure appointments in a timely manner when reporting barriers to treatment and counseling, a figure higher than both the statewide and any regional rates (2024 DataHaven Community Wellbeing Survey)</li> <li>• 40% of respondents in Region 3 identified the inability to afford the cost of treatment as a common barrier (2024 DataHaven Community Wellbeing Survey)</li> <li>• Mental Health Professional Shortage Areas (HPSA) are reported in both New London and Windham Counties (Health Resources and Services Administration and Community Health Resources' 2024 Needs Assessment)               <ul style="list-style-type: none"> <li>○ New London County: CHR Region 2 and 3 Catchment Area</li> <li>○ Windham County: CHR Region 3</li> </ul> </li> <li>• According to respondents from CHR's catchment areas, including Eastern Connecticut, 85.1% noted long waiting lists and 70.2% mentioned insurance barriers (70.2%) work to create a gap in services (Community Health Resources' 2024 Needs Assessment)</li> <li>• Focus Group respondents in Region 3 noted:</li> </ul> |

|             |                                |   |
|-------------|--------------------------------|---|
|             |                                | <ul style="list-style-type: none"> <li>o “Transportation is the most concerning issue in this area. Unless you own your own vehicle there is little to no way to access care from social services, doctors, and any physical/mental health care appointments... The non-profit agencies are overwhelmed by the numbers of individuals seeking help and the state continues to ignore the Northeast Corner when it comes to funding and support. For years I have served on the Board of Directors of a social service agency that has been required to do “more with less”</li> </ul>   |
| Cocaine use | General population             | <ul style="list-style-type: none"> <li>• There were 463 fatalities involving cocaine across Connecticut in 2018, increasing to 663 cocaine-involved fatalities reported in 2023 (CT Department of Public Health Injury &amp; Violence Surveillance)</li> <li>• According to Overdose Response Strategy (ORS) data, cocaine is the most common illicit substance seized by law enforcement in the state of Connecticut (High Intensity Drug Trafficking Area– CT)</li> <li>• Cocaine was the second highest primary substance of use (39%) by all clients at admission in Region 3 throughout 2023 (DMHAS EQMI Treatment Admissions)</li> </ul>  |
| Depression  | Youth Under 18                 | <ul style="list-style-type: none"> <li>• 31.3% of Region 3 respondents reported that depression is the mental health of greatest concern for 12–17-year-olds (2022 Community Readiness Survey)</li> <li>• Between 2016-2023, rates of mental or behavioral health diagnoses among adolescents increased 35 percent; while depression diagnoses increased 45 percent (from 5.8% to 8.4%), all included in the NSCH 2023.</li> <li>• Nearly half (46.5%) of female high school students in CT reported feeling sad or hopeless in the past 12 months (CT Youth Risk Behavior Survey 2023)</li> <li>• Depression was ranked within the top two issues of concern for individuals age 12-17 by Region 3 respondents (2025 SERAC Regional Priority Report Survey)</li> </ul> |
| Cannabis    | Youth, young adults and adults | <ul style="list-style-type: none"> <li>• Marijuana was ranked by Region 3 respondents as one of the top five health issues of concern for youth (12-17), young adults (18-25), and</li> </ul>   |

|                                |                    |   |
|--------------------------------|--------------------|---|
|                                |                    | <p>adults (26-65) age groups (2025 SERAC Regional Priority Report Survey)</p> <ul style="list-style-type: none"> <li>• Marijuana, Hashish, and THC were identified as the second leading primary substance of use by young adult clients (18-25) in Region 3 during 2023 admission (DMHAS EQMI Treatment Admissions)</li> <li>• 58.7% of Region 3 young adult respondents reported every having smoked marijuana in their lifetime (SERAC 2022 Young Adult Survey)</li> <li>• A leading reason young adults in Region 3 who used cannabis did so, was due to the substance acting as a coping mechanism (i.e., mood management, cope with problems/feelings) (SERAC 2022 Young Adult Survey)</li> </ul> |
| Prescription Medication Misuse | Adults 65+         | <ul style="list-style-type: none"> <li>• 50% of adults between the ages of 65-85 take more than 5 medications or supplements daily, which increases the risk for mistakes and substance misuse (National Institute on Drug Abuse)</li> <li>• Prescription drug misuse ranked 4<sup>th</sup> for level of concern of various health issues among older adults (65+) in Region 3 (2025 SERAC Regional Priority Report Survey)</li> <li>• 36.6% of participants identified prescription medications as a substance of greatest community concern for adults ages 66+ in Connecticut during 2022 (Community Readiness Survey)</li> </ul>  |
| Trauma                         | General population | <ul style="list-style-type: none"> <li>• Trauma is the leading issue of concern for infants and young children in Region 3 (2025 SERAC Regional Priority Report Survey)</li> <li>• 23% of Region 3 individuals admitted for treatment in 2023 had trauma- and stressor-related disorders, making these the most common mental health diagnoses at admission (DMHAS EQMI Treatment Admissions)</li> <li>• Six in ten Connecticut children reported that they had experienced at least one adverse childhood experience (ACE) in 2021 (2021 Youth Risk Behavior Survey and CT Data Collaborative)</li> </ul>  |

## Timely Access to Treatment

In Region 3, 55% of survey respondents experienced difficulties securing timely appointments for treatment and counseling, which is higher than statewide and other regional figures. Additionally, 40% cited the inability to afford treatment as a significant barrier. Mental Health Professional Shortage Areas were identified in New London and Windham Counties. In these areas, 85.1% of respondents reported long waiting lists, while 70.2% highlighted insurance issues as factors contributing to gaps in services.

### **Cocaine**

In the state of Connecticut, the number of fatalities associated with cocaine has seen a significant increase, rising from 463 reported cases in 2018 to 663 cases in 2023. This alarming trend underscores the growing impact of cocaine-related issues within the community. Furthermore, data from the Department of Mental Health and Addiction Services (DMHAS) reveals that cocaine ranks as the second-highest primary substance for treatment admissions, with 39 individuals seeking help in 2023. Additionally, law enforcement agencies have identified cocaine as the most seized illicit substance in Connecticut, as reported by the Overdose Response Strategy (ORS) data. This highlights the persistent prevalence of cocaine in drug trafficking and its implications for public health and safety.

### **Depression**

The Community Readiness Survey 2022 shows that 31.3% of 12–17-year-olds in Region 3 are concerned about depression. According to the YRBS 2023, 46.5% of female high school students in Connecticut feel sad or hopeless. The NSCH 2023 report reveals a 35 percent increase in diagnosed mental or behavioral health conditions among adolescents from 2016 to 2023, rising from 15.0% to 20.3%. Additionally, depression rates have spiked by 45 percent, from 5.8% to 8.4%. In the 2025 RPR survey, depression ranked among the top two health concerns for ages 12-17. NSDUH 2021-2022 data indicates that 8.6% of adults in Connecticut had a major depressive episode last year, and 4.2% had serious suicidal thoughts. The 2021 Behavioral Risk Factor Survey revealed that 12.7% of adults had poor mental health for 14 or more days, with higher rates in 18 to 34-year-olds (19.5%) and females (15.2%) compared to males (10.2%).

### **Marijuana**

Recent data shows that marijuana is a key health concern across various age groups, as reported by the RPR Survey. Treatment intake data ranks marijuana as the second most common primary substance used among individuals seeking help. The SERAC 2022 Young Adult Survey revealed that 58.7% of respondents had used marijuana at some point, with 45% having vaped THC. Among young adults who recently used marijuana (n=40), coping—specifically for mood management—was a primary motivator, with a mean score of 8.20 (SD = 3.78). Additionally, about 22% of respondents reported increased usage due to the COVID-19 pandemic, highlighting its role in stress-coping strategies.

### **Prescription Medication Misuse (Adults 65+)**

In the SERAC 2025 RPR Survey, prescription drug misuse was identified as the fourth most concerning health issue by respondents among older adults (65+) in Region 3. Furthermore, approximately 36.6% of participants in the 2022 Community Readiness Survey highlighted prescription medications as a significant substance concern within the 66+ demographic in Connecticut. According to the National Institute on Drug Abuse, 50% of adults aged 65 to 85 are prescribed more than five medications or supplements daily, which elevates the risk of medication errors and potential misuse among this population.

### **Trauma**

The findings from the 2025 SERAC Regional Priority Report Survey underscored how trauma presents a critical challenge for infants and young children in Region 3. In 2023, a striking 23% of individuals seeking treatment in the region were diagnosed with trauma- and stressor-related disorders, establishing these conditions as the most prevalent mental health issues at the time of admission. Furthermore, a 2021 survey revealed a troubling statistic: nearly sixty percent of children in Connecticut reported having encountered at least one adverse childhood experience (ACE), highlighting the widespread impact of early life stressors on the well-being of these vulnerable young individuals.

### **Figure 4c. Regional Priority Report Level of concern by age group**

| <b>RPR Survey Results:<br/>Level of concern by age group</b> |                      |                             |                       |                           |
|--|----------------------|-----------------------------|-----------------------|---------------------------|
| <b>Infants &amp; Young Children (Birth-11)</b>               | <b>Youth (12-17)</b> | <b>Young adults (18-25)</b> | <b>Adults (26-65)</b> | <b>Older Adults (65+)</b> |
| Trauma   | Anxiety              | Alcohol                     | Alcohol               | Depression                |
| Anxiety  | Depression           | Anxiety                     | Depression            | Alcohol                   |
| Depression   | Tobacco              | Depression                  | Anxiety               | Anxiety                   |
| Alcohol  | Trauma               | Trauma                      | Tobacco               | Rx Drug Misuse            |
| Tobacco  | Cannabis             | Cannabis                    | Cannabis              | Tobacco                   |
| Cannabis   | Alcohol              | Tobacco                     | Rx Drug Misuse        | Trauma                    |
| Suicide  | Suicide              | Suicide                     | Trauma                | Suicide                   |
| Rx Drug Misuse   | RX Drugs Misuse      | Rx Drug Misuse              | Heroin/ Fentanyl      | Cannabis                  |
| Heroin/ Fentanyl   | Cocaine/crack        | Heroin/ Fentanyl            | Suicide               | Cocaine/Crack             |
| Cocaine/crack  | Heroin/ Fentanyl     | Cocaine/crack               | Cocaine/crack         | Heroin/ Fentanyl          |

The RPR survey results illustrate varying levels of concern regarding mental health and substance use issues across different age groups. For infants and young children (birth to 11 years), the primary concerns include trauma, anxiety, depression, and alcohol use. Among youth aged 12 to 17, anxiety and depression remain significant issues, alongside concerns about alcohol and tobacco (nicotine). In the young adult demographic (18 to 25 years), anxiety and depression are prominent, with additional worries surrounding alcohol and tobacco use (nicotine) and cannabis. Adults aged 26 to 65 also exhibit high levels of concern regarding anxiety, depression, alcohol, tobacco, and trauma. Lastly, older adults (65 and above) show particular concern for depression, anxiety, alcohol use, and prescription drug misuse. Overall, anxiety and depression are pervasive across all age groups, alongside significant issues related to alcohol and tobacco use (nicotine), especially in the older age brackets.

### **Regional Strengths, Resources, and Assets**

SERAC continues to demonstrate its strength as a regional behavioral health and prevention leader through its strong collaborative relationships and strategic resource development. A key asset of SERAC is its robust partnerships with regional mental health providers, municipalities, and local prevention councils. These longstanding relationships have fostered a shared commitment to addressing behavioral health challenges at the community level, ensuring alignment of resources and coordinated responses across the region. SERAC also maintains active engagement with schools, universities, and colleges, supporting youth and young adult-focused prevention initiatives and providing access to educational and awareness programs tailored to meet the evolving needs of young people.

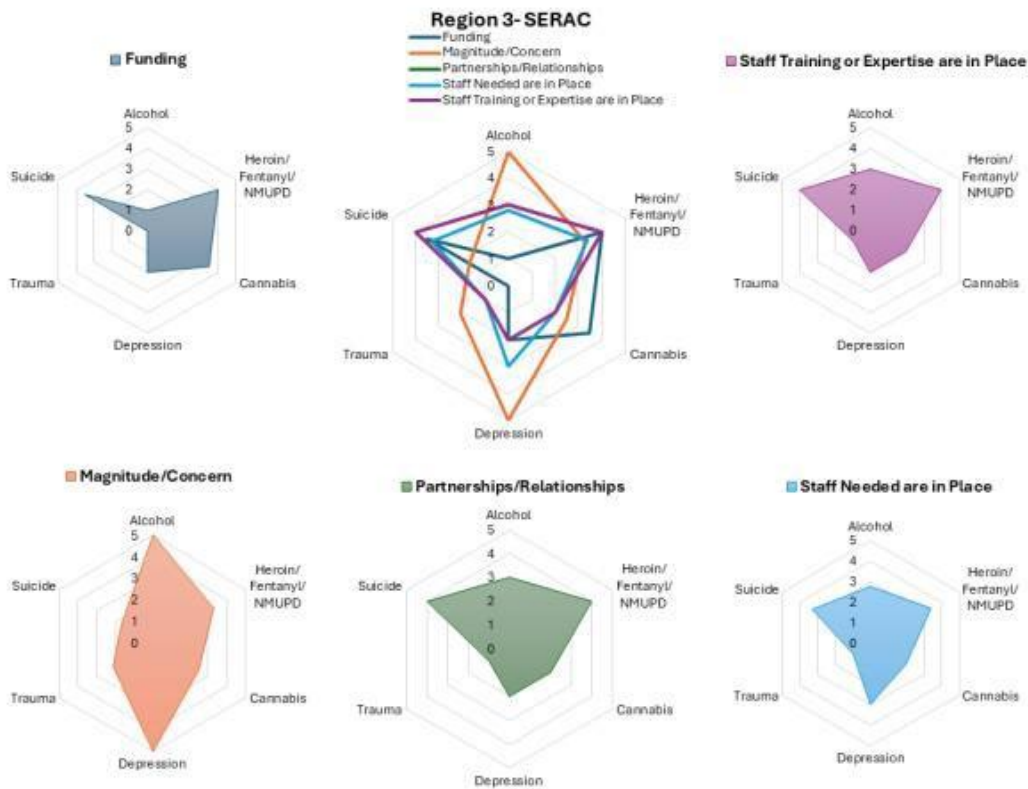
In addition to its collaborative capacity, SERAC has successfully diversified its funding streams to support various initiatives. The organization has secured dedicated funding to address cannabis and Juul use, alcohol misuse, and co-occurring disorders, as well as efforts to combat prescription drug overdoses. These targeted funding sources have enabled SERAC to expand its reach and provide evidence-based interventions and public education campaigns tailored to specific risk factors in the region.

Furthermore, the addition of new staff members has significantly enhanced SERAC's ability to serve communities effectively. With increased staffing, the organization has bolstered its programmatic reach and administrative capacity, allowing for more comprehensive support to its partners and implementing innovative prevention and intervention strategies. This expanded capacity has reinforced SERAC's role as a vital regional hub for behavioral health coordination, prevention planning, and community empowerment.

Eastern Connecticut offers a comprehensive behavioral health resource network encompassing prevention, treatment, and recovery services. These initiatives are supported by state agencies, non-profit organizations, and community-based programs, all working collaboratively to address mental health and substance use challenges in the region.

SERAC leads prevention efforts with our "21 For a Reason" campaign that educates youth and families about the legal age restrictions on alcohol, cannabis, tobacco, and gambling, emphasizing the importance of delaying substance use. SERAC's "Bring the Light" campaign also aims to destigmatize mental health issues and promote wellness across communities.

**Figure 5a. SERAC Organizational Capacity and Gaps, May 2024**



### Regional Strengths

SERAC is a leading organization in behavioral health and prevention in Eastern CT. It fosters strong partnerships with mental health providers, municipalities, and educational institutions. These collaborations focus on innovative initiatives for youth and address critical issues like substance misuse through diverse funding sources.

Recent staff growth has bolstered SERAC's capacity to meet community needs and implement effective, evidence-based strategies. Eastern Connecticut benefits from a comprehensive network of behavioral health resources, including prevention, treatment, and recovery services aimed at tackling mental health and substance use challenges.

Region 3's strengths lie in partnership and collaboration. SERAC collaborates with various governmental and non-governmental organizations in this area with limited resources, prioritizing shared goals over competition. The region hosts numerous collaboratives and task forces, such as the Norwich Opioid Taskforce, Regional Youth Summit, and the Eastern Regional Crisis Team, highlighting effective prevention coalitions with long service histories.

### Regional Resources and Assets

**Figure 5b: Summary of Resources and Assets in Region 3**

| Funding/Initiatives               |   |   |
|-----------------------------------|---|---|
| Resource/Asset                    | Focus Area  | Catchment Area/Reach  |
| RBHAO                             | ATOD, suicide, problem gambling, mental health                                | Region 3/Eastern CT   |
| Problem Gambling Awareness        | Problem Gambling  | Region 3/Eastern CT   |
| State Opioid Response             | Opioid Overdoses and death, Naloxone distribution                             | Region 3/Eastern CT   |
| PDO                               | Prescription Drug Overdoses   | First Responders in Eastern CT  |
| Regional Suicide Advisory Board   | Suicide   | Region 3/Eastern CT   |
| Recovery Friendly Workplace       | Treatment and Recovery of Substance Use Disorders                             | Businesses in Eastern CT  |
| Governor's Prevention Partnership | Connected Communities   | Groton, New London, Norwich   |
| General Funds                     | Alcohol and Co-Occurring Disorders  | Chaplin, Hampton, Killingly, New London, Norwich, Putnam, and Windham |
| STOP ACT Grant                    | Reducing recent alcohol use in middle and high school aged youth, through the | Griswold, Plainfield, Canterbury, Voluntown, Lebanon, Chaplin,        |

|   | Adolescent Learning & Leadership Institute<br>(Substance use prevention and mental health promotion through leadership Development) | Lisbon, North Stonington, Sterling and Montville |
|---|---|--|
| <b>Partnerships</b>   |   |  |
| <b>Resource/Asset</b>   | <b>Focus Area</b>   | <b>Catchment Area/Reach</b>                      |
| Regional Prevention Team  | Capacity building and collaboration between community partners  | Region 3   |
| Local Prevention Councils   | Vaping prevention and providing local resources to their community members  | 27 LPC grants covering 30 towns in Region 3      |
| Regional Gambling Awareness Team  | Collaboration between state, regional, and local partners to prevent problem gambling   | Region 3   |
| Regional Suicide Awareness Board  | Collaboration between state, regional, and local partners to prevent suicide and provide postvention supports                       | Region 3   |
| Northeast/Southeast CAC   | Liaison between DMHAS and mental health provider members with lived experience  | Region 3   |
| Priority Report Workgroup   | Community leaders and providers discussed and ranked priority issues  | Region 3   |
| k-12 and higher education institutions including staff, faculty, administration | Includes efforts to prevent vaping, cannabis, alcohol, suicide and problem gambling/gaming with youth and young adults              | Region 3   |
| Behavioral Health Agencies  | Mental Health awareness   | Region 3   |
| CT Council on Problem Gambling  | Problem gambling services   | Region 3   |
| Regional SOR grantees   | Localized opioid overdose awareness and prevention efforts  | 12 towns in Region 3                             |
| The tribal nations of the Mashantucket-Pequot and Mohegan                       | Suicide prevention, mental wellness, and problem gambling   | Southeastern CT                                  |
| Opioid Task Force Teams   | Latest data on opioid overdose deaths and   | Norwich, Windham, and New London                 |

|   |  |  |
|---|--|--|
|   | emerging issues, collaboration with impacted towns   |  |
| Sgt. Fox Suicide Prevention Grant/Easter Seas with the Veterans Rally Point | Suicide prevention/postvention   | Norwich  |
| Libraries, Senior Centers, Veteran Coffee Houses                            | Community drop-in centers that allow for information and training on ATOD, suicide, mental health and problem gambling | Region 3   |
| Regional Advisory Council for DCF   | Facilitate the coordination of services for children, youth, and their families  | Region 3   |
| Southeastern Youth Advisory Board   | support all youth who are actively involved in the work of their LPC and/or coalitions.                                | Southeastern CT  |
| <b>Services</b>   |  |  |
| <b>Resource/Asset</b>   | <b>Focus Area</b>  | <b>Catchment Area/Reach</b>  |
| Opioid Education/Naloxone/PDO   | Overdose prevention, Naloxone education and distribution, Naloxone trainings   | Region 3 and first responders  |
| Vaping  | Vaping and nicotine prevention educational programs  | Region 3   |
| Alcohol   | Adult alcohol safe consumption, youth alcohol prevention through leadership development                                | Region 3   |
| Cannabis  | Community vendor outreach, youth prevention educational programs   | Region 3   |
| Suicide Prevention  | QPR, mental health wellness, team coordination, postvention response   | Region 3   |
| Mental Health   | Behavioral Health 101, YMHFA, CAC Meetings   | Region 3   |
| <b>Strategic Plans</b>  |  |  |
| Alcohol Strategic Plan  | Actionable steps to address alcohol misuse & youth alcohol prevention  | Unsafe Alcohol use among adults and illegal alcohol use by youth in Region 3 |
| Cannabis Strategic Plan   | Actionable steps to address cannabis misuse  | Safe cannabis consumption among  |

|                                 |  |  |
|---------------------------------|--|--|
|                                 |  | adults and illegal cannabis use by youth (under 21 years old) in Region 3  |
| Nicotine Strategic Plan (Juul)  | Actionable steps to address nicotine use in ENDS, and other products | Nicotine use among youth and young adults (under 21 years old) in Region 3 |
| Opioid Strategic Plan           | Actionable steps to address opioid Misuse                            | Opioid use and fentanyl exposure, with Naloxone distribution in Region 3   |
| Problem Gambling Strategic Plan | Actionable steps to address problem gambling                         | Problem gambling and gaming among youth in Region 3                        |
| Suicide Strategic Plan          | Actionable steps to address suicide                                  | Suicide among men in Region 3  |

## Regional Resource Gaps and Needs

**Figure 6: Summary of Resource Gaps and Needs in Region 3**

| Gap/Need   | For Whom/What Group  | Rationale/Evidence  |
|--|--|---|
| Regional data (i.e.: substance use rates, mental health data, OD data, ED intakes) | General population with emphasis on Tribal, AAPI, BIPOC LGBTQIA+ and other minority population | <ul style="list-style-type: none"> <li>Lack of region-specific data available. Examples:                             <ul style="list-style-type: none"> <li>2-1-1 data can be broken down by location, including counties, but not regionally</li> <li>While ODMAP data collection cannot be broken down by region, county-wide data comparisons are possible.</li> </ul> </li> </ul> |
| Alcohol Consumption evidence-based services  | Youth, young adults and adults   | <ul style="list-style-type: none"> <li>RPR Focus groups indicated a lack of data on adult alcohol use rates in the region and state</li> <li>In 2021-2022, Alcohol was the most frequently used substance across all age groups in the state.</li> </ul>  |

|  |                          |  |
|--|--------------------------|--|
|  |                          | <ul style="list-style-type: none"> <li>o Ages 12-17: 8.2%</li> <li>o Ages 18-25: 60.4%</li> <li>o Ages 26 and older: 61.2%</li> <li>• Among high school students in Connecticut (2023), 21.1% reported using alcohol.</li> <li>• The 2024 SERAC Community Survey revealed             <ul style="list-style-type: none"> <li>o 25% of respondents viewed alcohol as the easiest substance to obtain, compared to prescription and illicit drugs.</li> </ul> </li> </ul>  |
| Depression (Social emotional Learning, wellbeing and resiliency education) | Youth (under 11 & 12-17) | <ul style="list-style-type: none"> <li>• RPR Survey 2025 Findings:             <ul style="list-style-type: none"> <li>o Respondents rank depression among the top 3 concerns for infants, young children, and youth aged 12-17.</li> </ul> </li> <li>• 2022 Community Readiness Survey (Region 3):             <ul style="list-style-type: none"> <li>o 31.3% of participants identified depression as a serious mental health issue for 12-17-year-olds.</li> </ul> </li> <li>• Focus Group Insights:             <ul style="list-style-type: none"> <li>o Common theme highlighted the lack of initiatives addressing youth and teen depression.</li> </ul> </li> <li>• 2023 CSHS (CT YRBS) Statistics:             <ul style="list-style-type: none"> <li>o 35.2% of high school students reported feeling sad or hopeless nearly every day for over two weeks in a row.</li> </ul> </li> </ul> |
| Anxiety (Social Emotional Learning, wellbeing and resiliency education)    | Youth (under 11 & 12-17) | <ul style="list-style-type: none"> <li>• RPR Survey 2025 Findings:             <ul style="list-style-type: none"> <li>o Respondents provided a mean rank for anxiety that put it within the top two areas of concern for infants and youth in the 12-17 age group</li> </ul> </li> <li>• Focus Group Insights:             <ul style="list-style-type: none"> <li>o Common theme highlighted that there are minimal initiatives targeting anxiety in Region 3 youth under 17-years-old</li> </ul> </li> </ul>  |
| Gambling Prevention and treatment resources                                | Youth and Young Adults   | <ul style="list-style-type: none"> <li>• RPR Survey 2025 Findings:             <ul style="list-style-type: none"> <li>o Respondents identified young adults as an underserved population for problem gambling services</li> </ul> </li> <li>• Connecticut Council on Problem Gambling Youth Voices 2023 Findings:</li> </ul>   |

|  |  |   |
|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>o Lifetime gambling rates increase by 50% for students going from middle school to high school</li> <li>• Gambling Impact Study 2024 Statistics:             <ul style="list-style-type: none"> <li>o 60.1% of Connecticut adults 18-34 years old reported having gambled at least once during the past year</li> </ul> </li> </ul>  |
| <p>Vaping Cessation and evidence-based prevention strategies</p> | <p>Youth under 21 yrs old, High School females</p> | <ul style="list-style-type: none"> <li>• Connecticut Youth Risk Behavior Survey 2023 Findings:             <ul style="list-style-type: none"> <li>o 11.5% of high school students have used electronic vaping products in the past 30 days</li> <li>o 16.1% of females surveyed had used an EVP in the last 30 days</li> </ul> </li> <li>• RPR Survey 2025 Insights:             <ul style="list-style-type: none"> <li>o “My biggest concern right now is that vaping is reported to be out of control at our high school...”</li> <li>o “I am seeing more and more vapes. It seems like they are readily available to kids.”</li> </ul> </li> </ul> |

## Other Needs Assessments and Funding

Several comprehensive needs assessments conducted in Region 3 throughout recent years have identified key priorities of community substance use and mental health challenges for addressment. General prominent focus areas include adult alcohol use, vaping amongst youth, and cannabis-safe consumption for both adults and minors.

Youth vaping is highlighted as an imperative concern throughout *SERAC’s Assessment of Vaping Nicotine, May 2024*, as it looked to evaluate youth survey data on vaping, garner epidemiological profiles on the topic, and obtain related survey information completed by school personnel at both the statewide and local levels. The collected data demonstrates that the rate of e-cigarette usage amongst youth in grades 7-12 has more than doubled from 2.0% in 2014 to 4.7% in 2024. An analysis of the previously mentioned statistical information, combined with the acquirement of school personnel's primary insights of future practice, best shows how the Region 3 vaping needs assessment can inform future prevention methods.

A similar SERAC needs assessment, the *Regional Cannabis Prevention Report*, also discusses information gathered from adults (parents) and youth. It was found that recent use of cannabis by Region 3 adolescents has remained at 4.8% from 2023-2024; meanwhile, 36% of Region 3 parents in 2022 believed that there is little to no risk associated with youth using cannabis 1-2 times weekly. The *Regional Cannabis Prevention Report* provides informed recommendations to meet the specific youth and parent needs, citing a parental education campaign and cannabis educational partnerships with schools to best address these gaps.

In alignment with these identified needs, as well as in conjunction with the necessity to address the gaps related to men's mental health corresponding to alcohol use, as mentioned in the *SERAC Priority Report Deeper Dive Outcome Report*, there are a series of funded projects have been established to tackle these pressing issues. The Regional Behavioral Health Action Organization, supported by DMHAS, has secured a core contract to provide essential prevention resources across various domains: substance use, suicide prevention, and gambling across the lifespan. Notable initiatives are as follows:

- Sober Truth on Preventing Underage Drinking Act (STOP): focuses on binge alcohol prevention for youth,
- Garrett Lee Smith Grant: targets suicide prevention for individuals aged 24 and under
- Prescription Drug Overdose Grant: provision of opioid overdose response kits by EMS to families and individuals that experience an overdose
- Regional Suicide Advisory Board (RSAB): delivers suicide prevention and positive mental health trainings to communities, as well as works with other professionals or families to oversee proper postvention services after the death of an individual 18 and younger by suicide in Region 3
- Problem Gambling Grant: focuses on reducing harm of problem gambling through prevention and safe gambling practices
- JUUL/Vaping and Cannabis Grants: supplies information to individuals in various formats emphasizing safe consumption of cannabis or reduced vaping practices, as well as the 21 For a Reason Campaign.

In addition, new resources aimed at promoting safe alcohol consumption and enhancing community services have been scheduled for the upcoming year. Overall, these initiatives represent a coordinated effort to improve public health in Region 3. They emphasize prevention, education, and support for vulnerable populations while addressing the changing landscape of substance use and mental health needs.

**Figure 7: Summary of Needs Assessment Priorities in Region 3**

| Needs Assessment Initiative/Project                  | Focus Area of Initiative/Project                         | Identified Priority (Issue and Population of Focus)                                     |
|--|--|---|
| CPN needs assessment and evaluation planning 2024-25 | Cannabis, Vaping, Suicide, Alcohol, Opioids and Gambling | General populations, spanning various substances and funding initiatives across 5 RBHAs |
| General Funds 2024                                   | Adult Alcohol Use  | Safe Consumption for Adults and Men’s Mental Health                                     |
| SERAC Vaping Needs Assessment                        | JUUL/Vaping Prevention                                   | Vaping Juul under 21  |
| Cannabis Needs Assessment                            | Under 21 years of age                                    | Adult Safe consumption and youth prevention of Cannabis                                 |

**Figure 8: Summary of Current Region 3 Funding**

| Initiative/Project Name  | Funding Source | Time Period     | Priority Issue and Population of Focus  |
|--|----------------|-----------------|---|
| Regional Behavioral Health Action Organization: Core Contract      | DMHAS          | 10/1/23-6/30/25 | Provide prevention resources for ATOD, suicide, and gambling across the lifespan. |
| Sober Truth on Preventing Underage Drinking Act (STOP)             | SAMHS A        | 9/30/22-9/29/26 | Binge alcohol prevention for youth  |
| Garrett Lee Smith (GLS)/CT Partnerships for Hope and Healing (PH2) | DMHAS          | 9/30/23-9/29/28 | Suicide prevention<br>Youth aged 24 and under                                     |

|  |             |                 |  |
|--|-------------|-----------------|--|
| Prescription Drug Overdose (PDO)   | DMHAS       | 6/1/24-8/30/25  | Naloxone vending machines and supplies<br>Adults   |
| Regional Suicide Advisory Board (RSAB)                                     | DMHAS       | 3/1/23-8/31/25  | Suicide prevention for adults  |
| Regional Suicide Advisory Board (RSAB-DCF)                                 | DCF         | 1/1/24-9/30/26  | Provide training for suicide prevention for children, adolescents, and adults families                           |
| Problem Gambling Prevention  | DMHAS - PGS | 7/1/23-6/30/27  | Gambling prevention across the lifespan  |
| Regional Behavioral Health Action Organization - Local Prevention Councils | DMHAS       | 7/1/24-7/30/27  | LPC for Vaping prevention is provided to each of the 41 communities.<br>Provide resources for alcohol prevention |
| Recovery Friendly Workplace /State Opioid Response                         | DMHAS       | 9/30/24-9/29/27 | Increase prevention of opioid use.<br>Recruit 10 workplaces to become certified recovery friendly workplaces     |
| Juul   | DMHAS       | 5/1/24-9/30/25  | Vaping prevention<br>Residents under 21  |
| Cannabis   | DMHAS       | 3/1/24-6/30/26  | Cannabis prevention across the lifespan  |

## Priorities, Recommendations, and Regional Goals

This section presents a comprehensive outline of the regional priorities and strategic recommendations to tackle crucial public health issues in Region 3. The workgroup identified several pressing concerns impacting the community, including rising rates of vaping among youth, increasing anxiety levels, the critical need for suicide prevention strategies targeting LGBTQIA+ individuals under 25, and the alarming prevalence of problem gambling among adolescents. Each of these priorities was selected based on its significant regional impact, the severity of associated risks, and the potential for effective intervention and change.

The subsequent recommendations are carefully crafted to address these pivotal areas through targeted and actionable strategies, engaging a wide range of local stakeholders. Key partners such as Local Prevention Councils (LPCs), healthcare

providers, educational institutions, and mental health organizations are identified as essential collaborators in this effort. By leveraging their expertise and resources, the recommendations aim to foster initiatives that effectively mitigate the emerging threats to community health.

Specific proposals include the development of educational campaigns on vaping awareness, the creation of resources to support individuals facing anxiety and mental health challenges, and the establishment of preventive measures within schools to combat gambling risks. These multi-faceted approaches are designed to enhance awareness and prevention efforts and provide robust support systems that promote resilience and overall well-being among youth and young adults. Ultimately, this comprehensive strategy strives to cultivate a healthier, more supportive environment for all residents in Region 3, ensuring that pressing public health concerns are effectively addressed.

## Regional Priorities

**Figure 9: Summary of Identified Priorities in Region 3**

| Focus Area<br>(e.g.,SU, MH,<br>Suicide, PG) | Rationale/Considerations<br>Why did your workgroup<br>select this priority?                          | Population of Focus<br>Is there a specific age group or other<br>subpopulation of focus for this priority?<br>If so, describe.   |
|---|--|--|
| Vaping                                      | Weighed Priority matrix scores with greatest rating in Region-wide Impact and Changeability criteria | Adolescents and young adults under 43.4% of key informants in the 2022 Community Readiness Survey indicated that they consider vaping and electronic nicotine delivery systems (ENDS) to be a significant concern for the 12-17 age group in Region 3. |
| Anxiety                                     | Weighted Priority Matrix with greatest rating in Region-wide Impact and Severity criteria            | Youth and young adults<br>According to the 2025 RPR Regional Survey Data, anxiety was identified as the second greatest concern for infants and young children (ages 0-11) and young adults (ages 18-25).  |
| Suicide Prevention                          | Weighted Priority matrix with greatest rating in Severity criteria                                   | LGBTQIA+ under 25 years old<br>According to the 2023 School Health Survey, 4.4% of all Connecticut high  |

|                           |   |  |
|---------------------------|---|--|
| LGBTQIA+ under 25         |   | school students that identified as heterosexual attempted suicide in the past 12 months, in contrast to 17.9% of high school students who identify as LGBTQIA+.      |
| Problem Gambling under 21 | Weighted Priority matrix with greatest rating in Changeability criteria | Adolescents and young adults. Lifetime Gambling rates for middle school students increase by 50 percent for High School students, reported by Youth Voices CCPG 2023 |

## Recommendations

Figure 10: Summary of Regional Recommendations: Region 3

| Area/<br>System of Focus                        | Recommendation  | Rationale   | Involved Parties  |
|---|---|---|---|
| <i>Considerations</i>                           | <i>Be as specific as possible</i>   | <i>What need/gap issue is this responding to?<br/>Why is it needed?</i><br><br>(reference needs, emerging issues, etc.) | <i>Who could/would implement this?</i><br><br>(e.g., DMHAS, ADPC, CPN, LPCs, providers, etc.) |
| <b>Substance Use/Misuse Prevention*</b>         | Vaping<br>Recommending flexibility in funding for vaping materials (include campaigns, materials) targeting youth and young adults under 21 years old | <b><i>Emerging issue of vaping and requests for testing vaping products in Middle Schools across the region.</i></b>    | LPCs, RBHAO, DMHAS, health care providers, School admin                                       |
| <b>Substance Use/Misuse Treatment/Recovery*</b> | Alcohol<br>Create toolkit (to include TAPS) for local physicians with information on men’s co-occurring disorders (i.e., substance use and mental     | Emerging trend data, gap in adult use rate data<br>priority matrix scoring for region-wide                              | Providers, ADPC, Physicians, RFW  |

|  | health) treatment resources for referrals  | impact, severity and changeability   |  |
|--|--|--|--|
| <b>Mental Health Promotion*</b>          | Anxiety<br>Developing a statewide educational model for youth to address resiliency, skill building, and anxiety.  | High rates of anxiety and depression   | LPCs, providers, school administrators |
| <b>Mental Health Treatment/Recovery*</b> | Trauma<br>Develop clinical series on Trauma for providers to enhance expertise regionally.   | Rates of trauma reported on treatment intakes, Priority matrix scoring for region-wide impact and severity   | Providers, ADPC, DMHAS, RFW            |
| <b>Suicide Prevention*</b>               | Suicide<br>Sustained funding for Regional Suicide advisory board   | Reported suicidal ideation rates in youth identifying as LGBTQIA+, Priority matrix scoring for severity      | DMHAS, RBHAO; RSAB                     |
| <b>Problem Gambling*</b>                 | Gambling<br>Recommend policy to all High school student athletes and parents to receive education around gambling risk factors and consequences for participation. | Lifetime Gambling rate increase transitioning to High school; past 30 day gambling rates for youth under 21. | PGS, CCPG, RBHAO, school admin, CIAC   |

In addressing various public health concerns, a range of common partners collaborate across multiple initiatives, working alongside specialty agencies to effectively tackle specific issues. Local Prevention Councils (LPCs) play a crucial role in substance use and mental health promotion, partnering with healthcare providers and school administrators in efforts to prevent and treat substance use, including vaping and alcohol-related issues. The Alcohol & Drug Policy Commission (ADPC) and the Recovery Friendly Workplaces (RFW) collaborate with treatment providers and mental health agencies to enhance support for individuals facing substance dependence, trauma, and general mental health challenges. Furthermore, the Department of Mental

Health and Addiction Services (DMHAS) and regional mental health and substance use advisory organizations engage with various community leaders and stakeholders, including school administration and health providers, to comprehensively respond to these critical community health issues.

**Figure 11: Summary of State/System Recommendations: Region 3**

| <b>Area/<br/>System of<br/>Focus</b> | <b>Recommendation</b>  | <b>Rationale</b>  | <b>Involved<br/>Parties</b>   |
|--------------------------------------|--|---|---|
| <b>Considerations</b>                | <b><i>Be as specific as possible</i></b>   | <b><i>What need/gap<br/>issue is this<br/>responding to?<br/>Why is it<br/>needed?</i></b><br><br><b>(reference<br/>needs,<br/>emerging<br/>issues, etc.)</b>   | <b><i>Who<br/>could/would<br/>implement<br/>this?</i></b><br><b>(e.g., DMHAS,<br/>ADPC, CPN,<br/>LPCs,<br/>providers,<br/>etc.)</b> |
| Statewide                            | No later than January 1, 2027, implement a comprehensive data tracking platform capable of illustrating local data to support the efforts of the Regional Behavioral Health Action Organizations (RBHAOs). The platform will inform the identification and prioritization of needs across prevention, treatment, and recovery-support systems, with the resulting data used to develop regional (RBHAO) dashboards that deliver timely, actionable insights for ongoing monitoring, strategic planning, and system-level improvements. | Improving the availability of regional and local data will enhance coordination across systems, strengthen prevention and treatment efforts, and ultimately lead to better outcomes for individuals and communities throughout Connecticut. | DMHAS, CPN, RBHAO   |

## Regional Goals

**Figure 12: Region 3 Substance Use/Misuse Prevention Goal(s)**

|  |
|--|
| <p><b>Regional Goal</b></p> <p><b>Vaping (Nicotine Products)</b></p> <p>By June 30, 2027, provide a vaping presentation to a minimum of 50 middle and high schools in region 3 to raise awareness on the dangers of vaping to include a focus on ensuring LGBTQIA students are represented</p> <p>By December of 2025, provide each ENDS retailers in region 3 with educational resources. Each retailer will be offered window clings, counter stickers promoting 21 for a reason, ID checking guides to help check ID to ensure sales are provided for only those over 21 years of age.</p> <p>By June 30, 2027, attend 35 tabling events to offer parents information on safe storage. During these tabling’s, parents will be offered safe storage boxes to store vapes to address the access to vapes. Each storage box will also contain educational material for parents on reasons to lock up their vapes.</p> <p>By November 30, 2025, create and offer quit kits with tips on quitting and sensory objects to all middle and high schools in region 3 to be given to youth found to be vaping on school grounds, or is interested in quitting.</p> |
| <p><b>Rationale</b> (problem statement, supported by data)</p> <p>4.8% of high school students in Connecticut frequently used electronic vapor products in 2023 (YRBS, 2023) and are at greater risk of lung damage compared to youth who do not use electronic vapor products (American Lung Association).</p> <p>The RPR Survey Data 2025 reveals that 43.4% of community members view vaping as a significant issue for ages 12-17. Additionally, the CSHS 2023 indicates that 19.0% of gay, lesbian, or bisexual high school students use electronic vapor products, compared to 10.1% of heterosexual peers. Tobacco use, including vaping, is ranked as the third highest concern among youth. This data emphasizes the need for targeted interventions to address vaping among adolescents, especially in vulnerable groups.</p>  |
| <p><b>Focus Population(s)</b> (supported by data)</p> <p><b>Youth &amp; Young Adults (Under 21)</b></p> <ul style="list-style-type: none"> <li>• Most Region 3 participants and statewide participants identified nicotine as the substance most frequently vaped at school (73.3%)</li> </ul>   |

- The percentage of high school youth currently using an electronic vapor product on school property was 5.8% - 2021 Connecticut School Health Survey (CSHS) Summary Graphs
- Region 3 school personnel identified the same top two drivers or risk factors for vaping among youth: access to vape products (93.3%), and using vapes to cope with mental health concerns like anxiety, depression, or others (60.0%).
- Among those who used, 68.7% reported they first used e-cigarettes between ages 11 and 15
- 17.1% 18 – 20-year-old respondents in the SERAC Young Adult Needs Assessment used an electronic cigarette to vape almost every day (21+ days)

A current dominant public health and substance use issue within Region 3 is the use of electronic vapor products by youth and young adults (individuals under the age of 21). In 2023, 4.8% of high school students in Connecticut frequently used electronic vapor products (YRBS, 2023) and are at greater risk of lung damage than youth who do not use electronic vapor products (American Lung Association).

Extensive data compilation by SERAC indicates vaping as an activity of significant concern amongst the youth and young adult population in Region 3. *SERAC's Assessment of Vaping Nicotine, May 2024*, shows that e-cigarette usage amongst regional youth in grades 7-12 has more than doubled from 2014 to 2024 (2.0% in 2014 to 4.7% in 2024), while a 2021 report by the Connecticut School Health Survey also found that 5.8% of Connecticut high school youth had used an electronic vapor product on school property. Both data points demonstrate that vaping has become a widely utilized activity throughout a variety of settings, even in areas where vaping is more regulated or strictly overseen.

The LGBTQIA+ youth and young adult population throughout the region has also been identified as a prominent group with usage of e-cigarettes. In 2023, about 19.0% of gay, lesbian, or bisexual high school students within Connecticut utilized vaping products, compared to only 10.1% of their heterosexual peers. The almost 9.0% difference between the two populations elevates the need for future vaping prevention efforts focused on the LGBTQIA+ youth and young adult regional group, as well as raises important questions about the social and societal factors influencing vaping amongst youth. When surveyed, 93.3% of region-wide school personnel identified

access to vape products as one of the top two drivers of risk factors for vaping amongst youth (*SERAC’s Assessment of Vaping Nicotine, May 2024*). A community member in Lebanon, CT, even voiced their worry about the increasing availability of vape products to children (RPR Survey Data 2025). Additionally, 60.0% of Region 3 school personnel indicated that vapes may be utilized in a manner to cope with mental health concerns like anxiety, depression, and others. Assessment of these risk factors, including mental health considerations and increased e-cigarette accessibility, through SERAC’s prevention efforts can aid in decreasing the rate of use of electronic vapor products in LGBTQIA+ youth and young adults.

SERAC’s current compilation of data highlights the growing need of the Southeastern Regional Action Council to prioritize its resources to address vaping in the youth and young adult regional population, particularly those of the LGBTQIA+ population and the school environment. Identified regional goals by the organization prioritize those gaps and need through expanded vaping education to Region 3 students through presentations with ensured LGBTQIA+ student representation, provision of educational materials on safer ways to handle their mental health and other resources. Furthermore, addressment of significant accessibility of vaping materials to youth can be met by supplying ENDS retailers with ID checking guides and providing parents with safe storage boxes and education. The entirety of the regional goals discussed are to aid in heightening the health of youth and young adults with the prevention of potential lung damage through reduced consumption of harmful vaping chemicals/substances, such as nicotine.

**Figure 13: Region 3 Mental Health Promotion Goal(s)**

|   |
|---|
| <b>Regional Goal</b>  |
| <b>Anxiety</b>  |
| By June 30, 2027, complete a comprehensive youth anxiety review to include at least 2 youth and 2 adult focus groups to capture youth and adult perspectives on youth mental health and to better understand their experiences with anxiety and positive child experiences. |

By June 1, 2026, identify a social emotional learning youth curriculum and offer it to each elementary school in Region 3 to address anxiety and also promotes resilience and offer positive coping skills amongst youth.

By June 30, 2027, attend at minimum 25 school hosted events and table with materials on mental health which include resources for parents and to youth on how to manage their anxiety.

By May 30, 2026, table at 8 college sponsored events to provide resources for young adults on anxiety and mental health.

**Rationale** (problem statement, supported by data)

A present notable mental health issue within Region 3 is the occurrence of anxiety (diagnosed or undiagnosed) in youth and young adults (individuals from birth to age 25). In 2023, 16.1% of United States adolescents had an anxiety diagnosis (National Survey of Children’s Health) and are at an increased risk for suicide and mental health issues, as well as potential disruptions in everyday activities.

Data collected at the national, state, and regional levels indicate that anxiety is an emerging issue for individuals from birth to age 25 throughout various communities. The report titled "On Edge: Understanding and Preventing Young Adults’ Mental Health Challenges," produced by the Harvard Graduate School of Education and the Making Caring Common Project, indicates that 36% of surveyed young adults reported experiencing anxiety, in contrast to 18% of teenagers nationwide in 2022.

**Focus Population(s)** (supported by data)

**Youth and young adults**

According to the 2025 RPR Regional Survey Data, anxiety was ranked the second greatest issue of concern for infants and young children (<11) and young adults (18-25), as well as the primary issue of concern for youth (12-17). The individual emotion and potential mental health challenge remained within the top three primary issues of concern for all age groups within the eastern region of Connecticut.

- Young adults in the U.S. report anxiety and depression rates twice as high as those of teens. Several factors contributing to these emotional challenges, including a lack of meaning and purpose, have been identified.
- The report "On Edge: Understanding and Preventing Young Adults’ Mental Health Challenges," by the Harvard Graduate School of Education and the Making Caring Common Project, is based on a December 2022 survey of young adults, teens, and parents. It found that 36% of young adults reported anxiety, compared to 18% of teens, and 29% reported depression, while only 15% of teens did the same.
- The analysis of the Census Bureau’s Household Pulse Survey indicates that in 2023, 50% of adults aged 18 to 24 reported experiencing symptoms of anxiety and depression. In comparison, only approximately one-third of the

overall adult population reported similar symptoms. This data suggests that young adults are more susceptible to mental health issues than any other age group.

A present notable mental health issue within Region 3 is the occurrence of anxiety (diagnosed or undiagnosed) in youth and young adults (individuals from birth to age 25). In 2023, 16.1% of United States adolescents had an anxiety diagnosis (National Survey of Children's Health) and are at an increased risk for suicide and mental health issues.

Data collected at the national, state, and regional levels indicate that anxiety is an emerging issue for individuals from birth to age 25 throughout various communities. The report titled "On Edge: Understanding and Preventing Young Adults' Mental Health Challenges," produced by the Harvard Graduate School of Education and the Making Caring Common Project, indicates that 36% of surveyed young adults reported experiencing anxiety, in contrast to 18% of teenagers nationwide in 2022. Therefore, young adults in the United States exhibited rates of anxiety two times higher than the national teenage population. Anxiety has also been found to impact Region 3 young adults in a similar manner. The SERAC 2022 Young Adult Survey demonstrates that 76% of young adults required emotional support in the past 12 months, with 75% also reporting anxiety affecting their learning. All previous information together corroborates the considerable need for SERAC to provide prevention methods in order to address anxiety among youth and young adults in Region 3.

Prevention efforts to effectively address rates of anxiety amongst youth and young adults in Region 3 are imperative for SERAC and surrounding communities to make a priority in regional response. Identified goals by the Southeastern Regional Action Council primarily concentrate on the aforementioned gaps and needs by expanding mental health and resiliency education in schools, such as through new utilization of a social-emotional learning youth curriculum in school systems and attending district events with materials available. Moreover, increasing regional data and community perspective availability on anxiety or mental health through a comprehensive anxiety review will help SERAC to analyze future next steps. It is with

these goals in mind that SERAC can work to address anxiety amongst youth and young adults, along with prevention of potential suicidal behavior within the population (as informed through the correlation between anxiety and suicidal behavior within younger populations (Fang et al., 2024).

**Figure 14: Region 3 Suicide Prevention Goal(s)**

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|---|
| <p><b>Regional Goal</b></p> <p><b>Suicide Prevention</b></p> <p>Provide Signs of Suicide to students at a minimum of 5 high schools per year, including emphasis on inclusiveness of the LGBTQIA+ populations at each school, to be completed by June 15, 2026.</p> <p>By June 15, 2026, provide 5 schools with a suicide prevention curriculum (SOS or QPR) to provide education and awareness around suicide within their schools to help them become the trusted adults needed for students.</p> <p>By August 30, 2026, work with 5 schools in Region 3 to offer insight into their health curriculum to include the addition of suicide prevention in their lessons. This will include key facts on inclusion and risk factors like bullying.</p> <p>By June 30, 2026, provide a regional presentation to Region 3, on the risk factors associated with suicide and LGBTQIA+ to reduce the stigma and increase awareness of the greater risk associated with this population.</p>         |
| <p><b>Rationale</b> (problem statement, supported by data)</p> <p>26% of LGBTQIA+ young people in Connecticut seriously considered suicide in the past year (Trevor Project, 2024) and are at a greater risk of a suicide attempt compared to those of their heterosexual peers or without suicidal ideation.</p> <p>The mental health crisis among youth, especially those identifying as LGBTQIA+, is urgent. According to the 2023 School Health Survey, 4.4% of all Connecticut high school students that identified as heterosexual attempted suicide in the past 12 months, in contrast to 17.9% of high school students who identify as LGBTQIA+. Analysis of 2-1-1 data from April 2024 to April 2025 revealed that crisis intervention and suicide-related inquiries accounted for 38.2% of the top mental health and addiction requests to the helpline in Eastern Connecticut. Statewide, Windham County ranked second, and New London County ranked fifth in these inquiries.</p> |
| <p><b>Focus Population(s)</b> (supported by data)</p>   |

### Youth and young adults LGBTQIA+ identifying (Under 25)

According to the 2023 School Health Survey:

- 15.7% of high school students reported seriously considering suicide.
- 36.4% of high school students who identify as LGBTQIA+ reported serious suicidal thoughts.

RPR Survey Data for 2025:

- Advocated for a more structured and systemic approach to suicide prevention for grades 9-12.
- Noted that insufficient effort is being directed towards integrating suicide prevention into the curriculum.

SERAC 2022 Young Adult Survey findings:

- Approximately 51% of respondents experienced thoughts of self-harm in the past 12 months.
- 53% felt helpless, impacting their academic performance.
- Around 25% reported seriously considering suicide.

Research on suicide among sexual minorities:

- Limited data available on the frequency of suicide in sexual minorities.
- High school students identifying as sexual minorities have a higher prevalence of suicide attempts compared to heterosexual students.
- In 2021, 26.3% of lesbian, gay, or bisexual high school students reported attempting suicide in the past 12 months.
- This rate is five times higher than the 5.2% reported among heterosexual students (CDC data).
- Suicide amongst LGBTQIA+ individuals was a common theme derived from RPR focus group qualitative data.
- 26% of LGBTQIA+ young people in Connecticut seriously considered suicide in the past year, including 36% of transgender and nonbinary young people. - *Trevor Project 2024 Survey on the Mental Health of LGBTQ+ Young People in Connecticut.*

An existing prominent suicide prevention issue within Region 3 is the current rates of suicidal ideation and suicide attempts by the youth and young adult LGBTQIA+ population. In 2024, 26% of LGBTQIA+ young people in Connecticut seriously considered suicide in the past year (Trevor Project, 2024) and are at a greater risk of suicide attempts compared to those of their heterosexual peers or without suicidal ideation.

The LGBTQIA+ youth and young adult population (ages 25 and under) throughout the region is identified as a prominent group with suicide and suicidal ideation. In 2023, 15.7% of Connecticut high school students reported seriously

considering suicide compared to 36.4% of high school students who identify as LGBTQIA+ (School Health Survey 2023)—about 17.9% of Connecticut high school students who identified as LGBTQIA+ attempted suicide. Regional data provides similar insights into rates of suicidal ideation, as around 25% of SERAC 2022 Young Adult Survey respondents reported that they had seriously considered attempting suicide. All provided data demonstrates that the LGBTQIA+ youth and young adult population require more significant and comprehensive suicide prevention efforts at both the regional and state levels.

Identified SERAC Region 3 suicide prevention initiatives for the future will work to address LGBTQIA+ youth and young adult suicide and suicidal ideation within the region. The actions aim to significantly enhance awareness and education surrounding suicide prevention, with a focus on supporting LGBTQIA+ youth. Various comprehensive programs and presentations, such as Signs of Suicide (SOS), Question Persuade Refer (QPR), and others discussing the heightened risk faced by the LGBTQIA+ population, will be utilized within Region 3 school systems to empower school staff to become trusted adults for students in need. Additionally, SERAC will address current suicide prevention gaps and needs by working to collaborate with schools to enrich their health curriculum by incorporating lessons regarding suicide prevention, inclusion, and the risk factors associated with bullying. The previously mentioned efforts will help to create a safe and supportive environment for all students while also attempting to prevent suicide and suicidal ideation.

**Figure 15: Region 3 Problem Gambling Goal(s)**

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| <p><b>Regional Goal</b></p> <p><b>Gambling Prevention</b></p> <p>By August 30, 2026, identify 12 middle or high schools to partner with to attend their yearly sports parents nights to discuss the risk of sports betting, introduce the Powered-Up Program, and provide resources for prevention, treatment, and recovery services in Region 3.</p> |
|---|

By June 30, 2026, provide 5 safe gaming and gambling presentations to high schools in Region 3 to inform students and teachers of the potential risks of gaming while offering resources to be shared with parents.

By June 30, 2027, 35 school sponsored tabling events will be attended to offer parents information on gambling prevention. During these tabling's, parents will be offered educational material for parents on reasons to practice responsible gambling.

By June 30, 2027, 12 college sport games to table and offer resources to student athletes and college students on dangers of online gambling.

**Rationale** (problem statement, supported by data)

38% of young adults that gamble in Region 3 do so daily (SERAC 2022 Young Adults Survey), putting them at greater risk of gambling disorder development and negative impacts on social and emotional health in comparison to young adults that do not gamble on a daily basis.

The rise of gambling among youth and young adults is alarming. According to the 2023 Connecticut Youth Risk Behavior Survey, male high school students are three times more likely to gamble than females (35% vs. 13%). Furthermore, the SERAC 2022 Young Adult Survey shows that 38% of those who gamble do so daily, emphasizing the urgent need for targeted interventions.

**Focus Population(s)** (supported by data)

- Youth & Young Adult Concerns: RPR focus groups in 2025 identified youth and young adult gambling as a significant issue.
- SERAC 2022 Young Adult Survey:
  - 86% of respondents had never gambled for money or possessions.
  - Among gamblers, 9.7% gamble less than once a month.
- Substance Use Association: Youth who gambled in the past month had higher rates of substance use compared to those who never gambled or had gambled in their lifetime (Youth gambling and gaming assessment 2023).

An ongoing gambling issue within Region 3 is the participation of youth and young adults in problem gambling practices. In 2022, 38% of young adults who gambled in Region 3 did so daily (SERAC 2022 Young Adults Survey), putting them at greater risk of gambling disorder development and negative impacts on overall health in comparison to young adults who do not gamble daily.

The youth and young adult population in Region 3 is identified as a prominent group with problem gambling practices. Although 86% of SERAC 2022 Young Adult Survey respondents acknowledge that they had never gambled for money or possessions, the remaining 14% identified that they had done so. Furthermore, data from the 2023 Connecticut Youth Risk Behavior Survey shows that 35% of Connecticut

male high school students had gambled in their lifetime, compared to only 13% of female students. Therefore, male Connecticut high school students are almost three times as likely to partake in gambling practices compared to female high school students. The mentioned data raises important questions about the social and psychological factors influencing gambling behaviors and/or choices. Information from both state and regional sources highlight the need for SERAC problem gambling prevention efforts to target the regional youth and young adult populations with a focus on the male population.

Southeastern Regional Action Council prevention initiatives regarding Region 3 youth and young adult population problem gambling are substantial actions that will work to address identified needs and gaps in conjunction with decreasing potential adverse health impacts. Identified prevention regional goals by the organization prioritize problem gambling risk factor education for students and parents through various models, such as presentations, tabling events, and informational nights. Productive accomplishment of these goals by SERAC and its team aids in emphasizing the overall health of youth with the prevention of various challenges that may arise associated with problem gambling, such as increased risk of substance use (Youth Gambling & Gaming Assessment, 2023).

## Conclusion

The 2024-25 Regional Priority Report for Region 3 highlights the urgent and multifaceted nature of behavioral health challenges that our communities face. Through a thorough examination of current issues, including substance use, mental health struggles, and their associated risk factors, we have illuminated a complex landscape that requires our immediate attention. By integrating both quantitative statistics and qualitative insights, this report paints a vivid picture of the diverse needs present within our region, revealing stark disparities in access to care and critical resources.

The recommendations outlined in this report emphasize the necessity for evidence-based strategies that prioritize equity and accessibility in all aspects of behavioral health services. The four priority behavioral health needs identified in the region include vaping, anxiety, suicide prevention, and problem gambling. Vaping is a

significant concern, especially among adolescents and young adults, as highlighted by 43.4% of key informants recognizing it as a major issue. Anxiety has also emerged as a critical need, with rising rates among both youth and young adults, particularly affecting infants and young children as well. Suicide prevention efforts are focused on the LGBTQIA+ community under the age of 25, where the incidence of suicide attempts is alarmingly higher compared to heterosexual peers. Lastly, the issue of problem gambling is being prioritized due to the notable increase in gambling rates as adolescents transition from middle to high school.

To address these needs, a multi-faceted approach is being employed. Local Prevention Councils (LPCs), healthcare providers, school administrators, and state organizations such as DMHAS and ADPC are collaborating to develop targeted strategies that foster community involvement and awareness. Recommendations to support these priorities include promoting flexibility in funding for vaping prevention materials and campaigns specifically aimed at youth and young adults under 21. Additionally, there is a call to create a statewide educational model focused on building resiliency and providing skills for managing anxiety. For suicide prevention, sustaining funding for the Regional Suicide Advisory Board is crucial to continue its vital efforts. Furthermore, implementing educational policies for high school athletes and their parents on the risks associated with gambling is essential. By pursuing these initiatives, the region aims to effectively address and mitigate pressing behavioral health concerns within the community.

Ultimately, addressing the intricate dynamics of behavioral health in Region 3 requires a sustained commitment to fostering positive change throughout this diverse region of Eastern, CT. Through collaborative partnerships, we can develop a comprehensive and responsive system that not only addresses the pressing needs of our diverse population but also proactively anticipates and mitigates future challenges. This report serves as both a call to action and a strategic guide for cultivating a healthier, more resilient community, urging all community leaders to embrace their roles in creating a brighter future for those we serve.

## Appendices

### Appendix A: Community Feedback

- A.1 Summary of Focus Group Insights NVIVO Themes
  - o Strengths Identified:
    - Strong community support networks.
    - Access to several mental health resources.
  - o Challenges Identified:
    - Stigma surrounding mental health issues.
    - Lack of awareness about available resources.

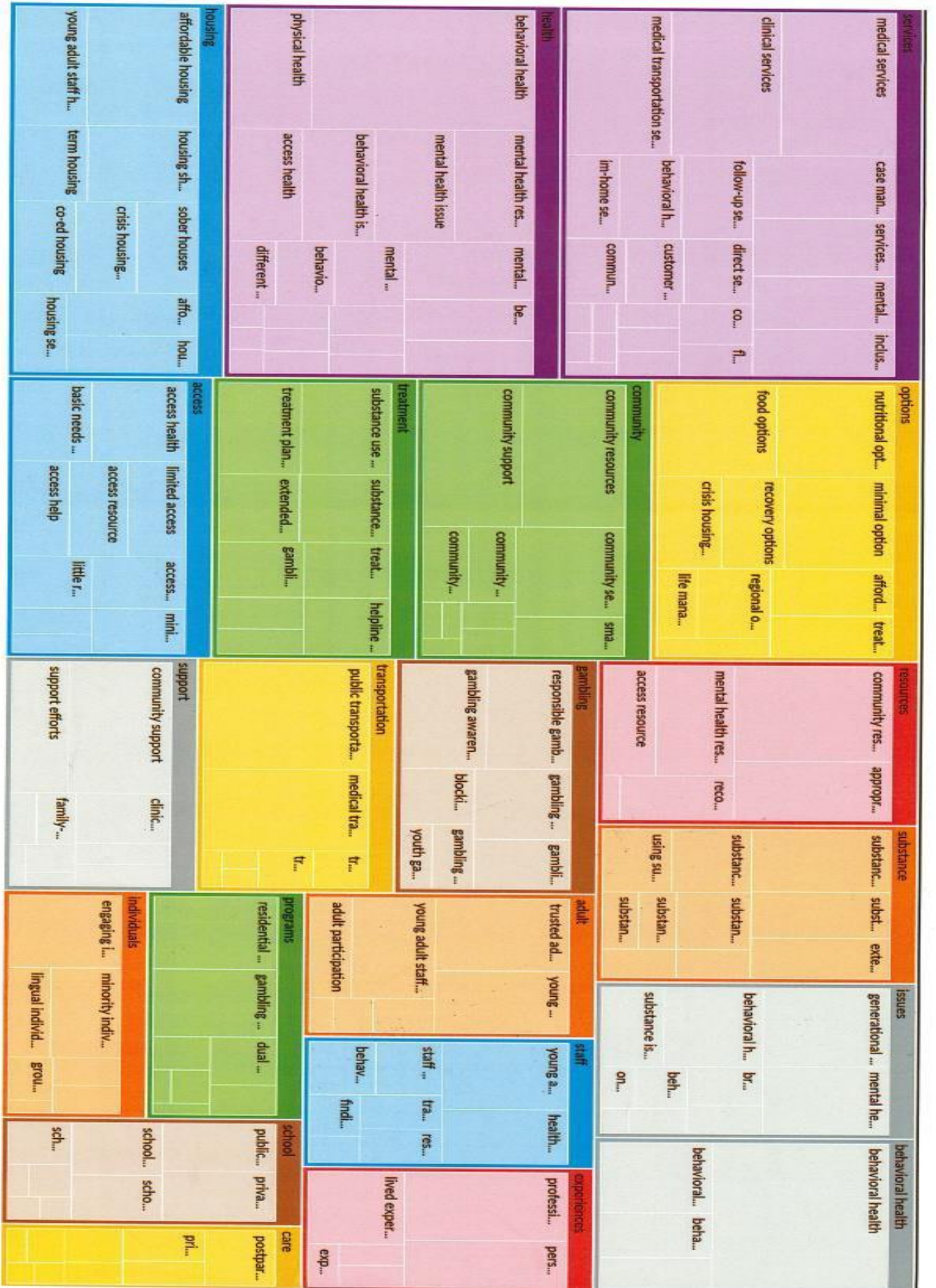
- A.2 Survey Results
  - o A survey distributed to community members received responses from 500 participants. The key findings include:
    - 72% of respondents reported experiencing mental health challenges within their families.
    - 65% stated they were unaware of local support services.

## Appendix B: References

1. Connecticut Department of Mental Health and Addiction Services (DMHAS). (2023). Behavioral Health Report 2023.
2. Centers for Disease Control and Prevention (CDC). (2023). Youth Risk Behavior Surveillance.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). Report on Substance Use and Mental Health.
4. Local Health Departments. Various annual reports and community health assessments.

## Appendix C: Terminology and Definitions

- Behavioral Health: A broad term that includes mental health, substance use, and other behaviors affecting wellness.
- Substance Use Disorder: A medical condition characterized by an individual's inability to stop using drugs or alcohol despite negative consequences.
- Prevention Initiatives: Programs and strategies aimed at preventing substance use and promoting mental health.



RPR Stakeholder Survey Y24-25

Start of Block: Introduction

You have been asked to participate in this important survey as a representative of your community. Your responses to the questions that follow will be used to inform your Regional Behavioral Health Action Organization (RBHAO)'s **biennial regional priority setting process**. This survey is **confidential**. You will not be asked to provide any personally identifying information, and survey responses will only be analyzed in aggregate (as a group). Please answer as honestly and completely as possible, utilizing your knowledge of the community where you live or work (whichever you are most knowledgeable about). Please be as specific as you can be in your responses. There is an open-ended response field at the end of this survey for any additional information you wish to share. This confidential survey will take 10-15 minutes. For any questions or concerns you have while responding to this survey, please contact Jennifer Sussman at [sussman@uchc.edu](mailto:sussman@uchc.edu). Thank you in advance for your time and participation.

For the purposes of this survey, what community do you represent? Please begin typing in the box below and then select your community from the dropdown list. \*

How would you describe yourself? (Select up to 3.) \*

- Teacher or School staff/admin
- Youth-serving organization staff
- Local government
- Treatment provider
- Prevention provider
- Recovery support provider
- Law enforcement or first responder
- Community resident
- Other (please specify) \_\_\_\_\_

Display this question:

If How would you describe yourself? (Select up to 3.) \* = Treatment provider

Or How would you describe yourself? (Select up to 3.) \* = Prevention provider

Or How would you describe yourself? (Select up to 3.) \* = Recovery support provider

If you describe yourself as a treatment, prevention, or recovery support provider, please select your area(s) of focus. \*

- Substance use
- Mental health
- Suicide prevention
- Problem gambling
- None of the above

Do you identify as any of the following? \*

|   | Yes | No | Prefer not to answer |
|---|-----|----|----------------------|
| Parent, guardian, or caregiver                                  | 0   | 0  | 0                    |
| Youth (under 18)  | 0   | 0  | 0                    |
| Individual with lived substance use or mental health experience | 0   | 0  | 0                    |

**For the next 5 questions, please drag and drop the options to rank the substance- and mental health-related issues.**

Please rank the following issues in terms of **level of concern for infants and young children (< 11) in \${town/ChoiceTextEntryValue}**, with 1 being the issue of greatest concern and 10 being the least.

- \_\_\_\_Alcohol
- \_\_\_\_Tobacco/Cigarettes/Vaping nicotine
- \_\_\_\_Marijuana/Cannabis/Hashish/THC/Vaping marijuana
- \_\_\_\_Cocaine/Crack
- \_\_\_\_Heroin/Fentanyl
- \_\_\_\_Prescription Drug Misuse
- \_\_\_\_Anxiety
- \_\_\_\_Depression

\_\_\_\_ Trauma

\_\_\_\_ Suicide

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Please rank the following issues in terms of **level of concern for youth (12-17) in** **`\${town/ChoiceTextEntryValue}**, with 1 being the issue of greatest concern and 10 being the least.

\_\_\_\_ Alcohol

\_\_\_\_ Tobacco/Cigarettes/Vaping nicotine

\_\_\_\_ Marijuana/Cannabis/Hashish/THC/Vaping marijuana

\_\_\_\_ Cocaine/Crack

\_\_\_\_ Heroin/Fentanyl

\_\_\_\_ Prescription Drug Misuse

\_\_\_\_ Anxiety

\_\_\_\_ Depression

\_\_\_\_ Trauma

\_\_\_\_ Suicide

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Please rank the following issues in terms of **level of concern for young adults (18-25) in** **`\${town/ChoiceTextEntryValue}**, with 1 being the issue of greatest concern and 10 being the least.

\_\_\_\_ Alcohol

\_\_\_\_ Tobacco/Cigarettes/Vaping nicotine

\_\_\_\_ Marijuana/Cannabis/Hashish/THC/Vaping marijuana

\_\_\_\_ Cocaine/Crack

\_\_\_\_ Heroin/Fentanyl

\_\_\_\_ Prescription Drug Misuse

\_\_\_\_ Anxiety

\_\_\_\_ Depression

\_\_\_\_ Trauma

\_\_\_\_ Suicide

Please rank the following issues in terms of **level of concern for adults (26-65) in** **`\${town}/ChoiceTextEntryValue`**, with 1 being the issue of greatest concern and 10 being the least.

\_\_\_\_ Alcohol

\_\_\_\_ Tobacco/Cigarettes/Vaping nicotine

\_\_\_\_ Marijuana/Cannabis/Hashish/THC/Vaping marijuana

\_\_\_\_ Cocaine/Crack

\_\_\_\_ Heroin/Fentanyl

\_\_\_\_ Prescription Drug Misuse

\_\_\_\_ Anxiety

\_\_\_\_ Depression

\_\_\_\_ Trauma

\_\_\_\_ Suicide

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Please rank the following issues in terms of **level of concern for older adults (66+) in** **`\${town}/ChoiceTextEntryValue`**, with 1 being the issue of greatest concern and 10 being the least.

\_\_\_\_Alcohol

\_\_\_\_Tobacco/Cigarettes/Vaping nicotine

\_\_\_\_Marijuana/Cannabis/Hashish/THC/Vaping marijuana

\_\_\_\_Cocaine/Crack

\_\_\_\_Heroin/Fentanyl

\_\_\_\_Prescription Drug Misuse

\_\_\_\_Anxiety

\_\_\_\_Depression

\_\_\_\_Trauma

\_\_\_\_Suicide

What is the age group of greatest concern for problem gambling in  $\${town/ChoiceTextEntryValue}$ ?

- Infants and young children (
- Youth (12-17)
- Young adults (18-25)
- Adults (26-65)
- Older adults (66+)
- Don't know

What is the age group of greatest concern for suicide prevention in  $\${town/ChoiceTextEntryValue}$ ?

- Infants and young children (
- Youth (12-17)
- Young adults (18-25)
- Adults (26-65)
- Older adults (66+)
- Don't know

Are there emerging substances or substance-related issues you are seeing or hearing about in your community,  $\${town/ChoiceTextEntryValue}$ ?

- Yes
- No

If Are there emerging substances or substance-related issues you are seeing or hearing about in your... = Yes

What is the substance or substance-related issue?

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If Are there emerging substances or substance-related issues you are seeing or hearing about in your... = Yes

For what population or group is this substance or substance-related issue a concern? (Select one.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Job/profession \_\_\_\_\_
- Others (please specify) \_\_\_\_\_
- Don't know

If Are there emerging substances or substance-related issues you are seeing or hearing about in your... = Yes

On what do you base your answer? (Select one.)

- Locally collected data (surveys, focus groups)
- National or state-level data
- Conversations with key informants in my community
- Anecdotal information or personal experience
- What I have seen in my work
- Media reports
- Something else (please specify) \_\_\_\_\_

If Are there emerging substances or substance-related issues you are seeing or hearing about in your... = Yes

Are there other emerging substances or substance-related issues you are seeing or hearing about in your community?

- Yes
- No

If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

What is the substance or substance-related issue?

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If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

For what population or group is this substance or substance-related issue a concern? (Select one.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Job/profession \_\_\_\_\_
- Others (please specify) \_\_\_\_\_
- Don't know

If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

On what do you base your answer? (Select one.)

- Locally collected data (surveys, focus groups)
- National or state-level data
- Conversations with key informants in my community
- Anecdotal information or personal experience
- What I have seen in my work
- Media reports
- Something else (please specify) \_\_\_\_\_

If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

Are there other emerging substances or substance-related issues you are seeing or hearing about in your community?

- Yes
- No

If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

What is the substance or substance-related issue?

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If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

For what population or group is this substance or substance-related issue a concern? (Select one.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals

- Pregnant individuals
  - Homeless individuals and families
  - Veterans/service members
  - Non-English speaking individuals
  - Job/profession \_\_\_\_\_
  - Others (please specify) \_\_\_\_\_
  - Don't know
- 

Display this question:

If Are there other emerging substances or substance-related issues you are seeing or hearing about i... = Yes

On what do you base your answer? (Select one.)

- Locally collected data (surveys, focus groups)
  - National or state-level data
  - Conversations with key informants in my community
  - Anecdotal information or personal experience
  - What I have seen in my work
  - Media reports
  - Something else (please specify) \_\_\_\_\_
- 

Are there emerging mental health- or suicide-related issues you are seeing or hearing about in your community, \${town/ChoiceTextEntryValue}?

- Yes
  - No
- 

Display this question:

If Are there emerging mental health- or suicide-related issues you are seeing or hearing about in youth... = Yes

Please describe the issue.

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Display this question:

If Are there emerging mental health- or suicide-related issues you are seeing or hearing about in yo... = Yes

For what population or group is this issue a concern? (Select one.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Job/profession \_\_\_\_\_
- Others (please specify) \_\_\_\_\_
- Don't know

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Display this question:

If Are there emerging mental health- or suicide-related issues you are seeing or hearing about in yo... = Yes

On what do you base your answer? (Select one.)

- Locally collected data (surveys, focus groups)
  - National or state-level data
  - Conversations with key informants in my community
  - Anecdotal information or personal experience
  - What I have seen in my work
  - Media reports
  - Something else (please specify) \_\_\_\_\_
- 

Display this question:

If Are there emerging mental health- or suicide-related issues you are seeing or hearing about in yo... = Yes

Are there other emerging mental health- or suicide-related issues you are seeing or hearing about in your community?

- Yes
  - No
- 

Display this question:

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

Please describe the issue.

\_\_\_\_\_

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Display this question:

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

For what population or group is this issue a concern? (Select one.)

- Age group (please specify) \_\_\_\_\_
  - Racial/ethnic group (please specify) \_\_\_\_\_
  - LGBTQ2S+ individuals
  - Pregnant individuals
  - Homeless individuals and families
  - Veterans/service members
  - Non-English speaking individuals
  - Job/profession \_\_\_\_\_
  - Others (please specify) \_\_\_\_\_
  - Don't know
- 

Display this question:

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

On what do you base your answer? (Select one.)

- Locally collected data (surveys, focus groups)
- National or state-level data

- Conversations with key informants in my community
  - Anecdotal information or personal experience
  - What I have seen in my work
  - Media reports
  - Something else (please specify) \_\_\_\_\_
- 

Display this question:

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

Are there other emerging mental health- or suicide-related issues you are seeing or hearing about in your community?

- Yes
  - No
- 

Display this question:

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

Please describe the issue.

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Display this question:

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

For what population or group is this issue a concern? (Select one.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Job/profession \_\_\_\_\_
- Others (please specify) \_\_\_\_\_
- Don't know

If Are there other emerging mental health- or suicide-related issues you are seeing or hearing about... = Yes

On what do you base your answer? (Select one.)

- Locally collected data (surveys, focus groups)
- National or state-level data
- Conversations with key informants in my community
- Anecdotal information or personal experience
- What I have seen in my work
- Media reports
- Something else (please specify) \_\_\_\_\_

Now we would like to hear your thoughts about service gaps and needs relevant to substance use, mental health, suicide, and problem gambling. **Please answer the next questions about the substance use prevention, treatment, and recovery service system.**

What treatment levels/types of care do you feel are unavailable or inadequately provided for substance use? (Select up to 3.)

- Outpatient therapy
- IOP (Intensive Outpatient)
- PHP (Partial Hospitalization)

- PCP (Primary Care Provider)
- Emergency/Crisis
- Inpatient
- Inpatient Rehabilitation – short/long term
- Telehealth
- Detoxification
- MOUD/MAUD (medication for opioid use disorder/medication for alcohol use disorder)
- Peer/Recovery Supports
- Family/loved one's support
- Other (please specify) \_\_\_\_\_
- Don't know
- Not applicable (All levels/types are available and adequate)

What sub-populations or groups are not being adequately served by the substance use service system?  
(Select up to 3.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Others (please specify) \_\_\_\_\_
- None
- Don't know

What support services/recovery supports are most needed to assist persons with substance use issues?  
(Select up to 3.)

- Community support services (incl. case management)
- Care Coordination
- Supported employment
- Crisis response
- Respite
- Housing w/support services (including sober housing)
- Screening diagnosis and risk assessment
- Peer/Recovery supports
- Family/loved one's support
- Other (please specify) \_\_\_\_\_
- Don't know

**These next questions focus on the mental health promotion and treatment system, including suicide prevention and response.**

What treatment levels/types of care you feel are unavailable or inadequately provided for mental health? (Select up to 3.)

- Outpatient therapy
- IOP (Intensive Outpatient)
- PHP (Partial Hospitalization)
- PCP (Primary Care Provider)
- Emergency/Crisis
- Inpatient
- Inpatient Rehabilitation – short/long term
- Telehealth
- Peer/Recovery Supports
- Family/loved one's support
- Other (please specify) \_\_\_\_\_
- Don't know
- Not applicable (All levels/types are available and adequate)

What sub-populations or groups are not being adequately served by the mental health service system? (Select up to 3.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Others (please specify) \_\_\_\_\_
- None
- Don't know

What support services/recovery supports are most needed to assist persons with mental health issues? (Select up to 3.)

- Community support services (incl. case management)
- Care Coordination
- Supported employment
- Crisis response
- Respite
- Housing w/support services
- Psychiatric rehabilitation
- Screening diagnosis and risk assessment
- Peer/Recovery supports
- Family/loved one's support
- Other (please specify) \_\_\_\_\_
- Don't know

What sub-populations or groups are not being adequately served by suicide prevention services?  
(Select up to 3.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Others (please specify) \_\_\_\_\_
- None
- Don't know

How would you rate your community's ability to implement suicide prevention efforts?

- No ability
- Low
- Medium
- High
- Don't know

**These next questions focus on the problem gambling service system.**

How adequate are available prevention, treatment, and recovery services to meet the needs of individuals with problem gambling issues?

- Not adequate
- Somewhat adequate
- Adequate
- Very adequate
- Don't know

What sub-populations or groups are not being adequately served by problem gambling services? (Select up to 3.)

- Age group (please specify) \_\_\_\_\_
- Racial/ethnic group (please specify) \_\_\_\_\_
- LGBTQ2S+ individuals
- Pregnant individuals
- Homeless individuals and families
- Veterans/service members
- Non-English speaking individuals
- Others (please specify) \_\_\_\_\_
- None
- Don't know

How would you rate your community's ability to raise awareness about the risks associated with gambling?

- No ability
- Low
- Medium
- High
- Don't know

End of Block: System Resource Gaps and Needs

Is there any other information you would like to provide for consideration in your region's priority setting process? If so, please share it here.

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End of Block: Additional Comments

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