Logic Models to Address Substance Use and Mental Health in Tolland

February 7, 2023

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PROGRAM EVALUATION • NEEDS ASSESSMENT • GRANT PREPARATION

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Introduction

Background: In the Fall of 2022, Tolland Human Services, on behalf of the Tolland Mental Health & Substance Use Advisory Task Force, requested a proposal to support data driven decision making around supporting Tolland resident's behavioral health. Through discussion of the Task Force's (TF) process to-date and needs B Weyland Smith Consultant's outlined the following goals and objectives.

Goals:

1) Prioritize substance use/misuse and mental health concerns, with associated risk factors across the lifespan for Tolland residents.
2) Ensure that the TF has data needed, at the town level (or from comparison communities) for substance use/misuse and mental health concerns, prioritization, ongoing needs assessment and to support possible state and federal grant applications in the future.

Objectives:

1) Implement an anonymous online survey of Tolland adults ages 18 and older regarding their knowledge of community and area resources, ability to access resources, comfort accessing resources, knowledge and attitudes related to substance misuse and mental health concerns (but not personal experience), their perceptions of priority issues and wellness topics they wish to have more information on as well as the medium they wish to receive this information.
2) Review of available youth behavioral health data
3) Compendium of available substance use/misuse data, or comparison community data, provided in a comprehensive slide deck that will be utilized to inform decisions via a prioritization process and may inform grant applications, and serve as baseline for any programs or strategies implemented as a result of prioritization process.
4) Presentation of data inventory slide deck to TF and other key community leaders to initiate a structured prioritization process, for mental health and substance use/misuse. Over two in-person sessions. Resulting in a logic model including the priority problems, risk factors, local conditions with identified evidence-based strategies for the TF or other town leaders to select from to address the priority issues.

On January 9, 2023, the Evaluation Consultants met with the Tolland Mental Health and Substance Use Advisory Task Force to review available data on substance use and mental health across the lifespan. Data reviewed included the 2021 Substance Use and Risk Behaviors Assessment administered to Tolland youth, Census data, Arrest and Crash data from the CT State Department of Emergency Services and Public Protection and the CT Crash Data Repository, fatal overdose data from the CT Department of Public Health, and substate estimates from the National Survey on Drug Use and Health. Data was also shared from the results of the Town of Tolland Survey of Adult Community Members, implemented by the Evaluation Consultants in October of 2022. A full compendium of slides presented at the two sessions was provided, along with a full slide deck of the outcomes of the Tolland Survey of Adult Community members.

After reviewing the data, the workgroup underwent a substance and mental health condition prioritization process. Participants were asked to consider **Magnitude, Impact, and Changeability** of various substances and mental health topics, and select the top two of greatest concern, by age group: youth 11-17, young adults 18-15, adults 26-65, and adults 66+. Detailed charts of these results can be found in Appendix A.

- For youth ages 11-17, alcohol and marijuana were identified as the top substances of concern, followed by e-cigarettes and tobacco, and non-medical use of prescription drugs. Depression and anxiety were the top-ranked mental health issues of concern, followed by suicide and trauma.
- For young adults 18-25, alcohol was identified as the top substance of concern, and marijuana and non-medical use of prescription drugs were tied, followed by heroin/fentanyl. The top mental health issue of concern was depression, followed by anxiety and suicide (tied), then trauma.
- For adults 26-65, alcohol and non-medical use of prescription drugs were identified as the top substances of concern, followed by marijuana and tobacco/e-cigarettes (tied). The top mental health issues of concern were depression and anxiety, followed by trauma, then suicide.
- Finally, for adults 66+, alcohol and non-medical use of prescription drugs were identified as the top substances of concern, followed by tobacco/e-cigarettes. The top mental health issues of concern were depression and anxiety, followed by suicide and trauma.

In the second session, on January 30, 2023, the workgroup reviewed the outcomes from the first prioritization process, and data on risk factors from both the 2021 Substance Use and Risk Behaviors Assessment and the Town of Tolland Survey of Adult Community Members.

The workgroup was then divided into two groups, one focusing on youth substance use and mental health, and the other focusing on adult substance use and mental health. The groups were tasked with discussing local conditions driving these priority issues, and were asked to consider the following: **Why is this occurring in Tolland now? What does this look like in the community? Where is this occurring?** They were also asked to consider a selection of risk factors for substance use and mental health (see Appendix B). Each group then reported out results from their discussions. Every workgroup member was given twelve "dots" and were asked to distribute the dots by voting for risk factors they identified as both **important** and **changeable**.

Outcomes for Youth and Adults:

	Priority Issue	Selected Risk Factors
Youth 11-17	Underage Drinking	• Peer norms • Mental health concerns • Family norms
	Marijuana Use	
	Depression & Anxiety	• Stressful life situations • Lack of access to appropriate treatment
Adults 18+	Alcohol Use	• Mental health concerns
	Non-medical use of Prescription Drugs	• Ease of Access
	Depression & Anxiety	• Stressful life situations • Trauma

Young Adults Ages 18-25 and Older Adults ages 66 and Older:

In the substance use and mental health prioritization that occurred in the first session, the group identified some priorities unique to young adults and older adults. Due to gaps in data specific to those populations, a risk factor prioritization did not occur, however a discussion was held related to these topics for the group to consider in the future.

Unique to **young adults**, **the group selected marijuana and suicide to be issues of concern**. The group discussed the following risk factors or drivers: social media driving perceptions, the cost of living/housing, lack of life skills, and stress/pressure related to going to college and getting a job.

For **older adults, the group discussed alcohol and prescription drug misuse, as well as depression**. The group identified loneliness/isolation, as well as anxiety as a barrier to accessing services due to needing transportation.

The following pages include logic models developed in response to this prioritization process and incorporate recommended strategies to address these issues. A menu of evidence-based strategies for substance use can be seen in Appendix B.

Youth Substance Use Logic Model

Problem: Underage Drinking & Marijuana Use*	Root Causes/Risk Factors (But Why?)	Local Conditions (But Why Here?)	Recommended Strategies tied to Local Conditions
Alcohol is the most common substance used by Tolland youth, grades 8-12, in their lifetimes (22.6%).[1] Among those who had used alcohol, 35.8% reported having used 10 or more times. 7.7% of Tolland youth, grades 8-12, reported having used **marijuana** in their lifetime. 4.2% reported having used in the past 30 days.	**Peer Norms:** Youth in a comparison community (DRG C) most frequently report using alcohol and marijuana with friends and their home or their friends home.[2] Only 73.8% of these DRG C high school youth report their peers would feel it is moderately/greatly wrong for them to use alcohol, and only 58.6% report peer disapproval for marijuana use. **Mental health concerns:** 27.3% of middle and high school youth in a comparison community who had never used substances reported feeling anxiety always/almost always, compared to 43.7% of youth who had used substances. 17.4% of youth who had never used substances reported feeling sad or hopeless 2+ weeks in a row, compared to 39.5% of youth who had used substances.[2] **Family norms:** 91.1% of middle and high school youth in a comparison community report their parents would feel it is moderately/greatly wrong for them to use alcohol or marijuana, lower than perceived parental disapproval for cigarettes, vaping, and nonmedical use of prescription drugs.[2] Only 73.4% of youth report clear family rules for alcohol, and 85.0% for marijuana.	**Peer Norms**: Youth are drinking or using marijuana because of peer pressure, or the perception that there is nothing else to do. Substance use is also part of the local culture around sports, with the indication that there is an adult and youth "Friday Night Lights" culture. **Mental health concerns:** Youth are sometimes using substances to cope with anxiety or depression, as well as boredom. They lack the skills necessary to cope with problems and stressors, some of which was identified as a consequence of the pandemic, i.e. "social arrested development." **Family norms:** Some parents are seemingly permissive, "intentional ignorance." They are often employing perceived harm reduction approaches: ensuring the youth have a safe ride home or are sleeping over.	**Social marketing/positive social norms campaign** targeting peers, emphasizing how few youth actually use alcohol and marijuana. **Age-appropriate stress/anxiety management programs** aimed to allow youth identify stressors and utilize time management and mindfulness strategies (i.e. exercise, journaling, EFT (emotional freedom technique), yoga, medication, to plan and cope. Provide information on clinical mental health resources if anxiety/depression becomes a barrier to wellness. **Social marketing campaign** targeting parents/guardians /adults in the community on securing alcohol (ex. Locking it up, use of "liquor stickers") from minors and the social host law.

[1] 2021 Tolland Substance Use and Risk Behaviors Assessment
[2] 2022 Youth Voices Count Survey Report- DRG C Comparison Community (utilized where Tolland specific data was not available)

*Note participants identified the **same risk factors** for both substances, one logic model was created.

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Youth Mental Health Logic Model

Problem: Depression & Anxiety	Root Causes/Risk Factors (But Why?)	Local Conditions (But Why Here?)	Recommended Strategies tied to Local Conditions
Depression: 23.6% of middle and high school youth in a comparison community report feeling sad or hopeless 2+ weeks in a row, and 11.6% report having considered suicide in the past year.[2]	**Stressful Life Situations:** Youth may not have enough appropriate skills to cope with stressful life events. In a comparison community, youth report stress as a result of academics, schedule, post-high school planning, and peers.	Youth in Tolland may be struggling to cope with pressure and expectations, including college acceptance and athletics. There is a sense of "ultra competitiveness" in both athletics and academics. Youth are struggling with eating disorders, driven in part by social media as well as athletics and sports pressures. They are also experiencing family stresses. Overall, there is a lack of coping skills, and self-regulation.	Age-appropriate **stress/anxiety management programs** aimed to allow youth identify stressors and utilize time management and mindfulness strategies (i.e. exercise, journaling, EFT (emotional freedom technique), yoga, meditation, to plan and cope.
Anxiety: 32% of middle and high school youth in a comparison community report feeling "almost always" or "always" anxious or nervous in the past year.[2]	**Lack of access to appropriate treatment:** Only 9.8% of surveyed Tolland adults reported knowing where to get help in Tolland for children and teens struggling with mental health issues, and only 39.7% reported knowing where to get help for children and teens in the area around Tolland.[3]	There is a lack of access to mental health treatment in and around the community, and this may be especially so for specialized care for ADHD and Eating Disorders.	Age-appropriate, culturally sensitive **anti-stigma messaging** normalizing anxiety and depression as a common and treatable, and highlighting access to resources and therapeutic supports.

Increase access to, and awareness of, resources for youth behavioral health including specialists. Including messaging about what happens when you first start treatment (ex. What is it like? Who will know what?) |

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[3] 2022 Tolland Survey of Adult Community Members

Adult (18+) Substance Use Logic Model

Problem: **Alcohol and Non-Medical Use of Prescription Drugs**	Root Causes/ Risk Factors (But Why?)	Local Conditions (But Why Here?)	Recommended Strategies tied to Local Conditions
Alcohol: 68% of adults in the North Central region of CT report using alcohol in the past month, and 29.9% report binge drinking.[4]	**Mental Health Concerns:** Alcohol is socially acceptable and frequently used among adults. It is often used for self-medication of depression and other issues. There is stigma associated with seeking help and a lack of readiness and capacity to seek supports, as other issues can be priority (i.e. hierarchy of needs, stages of change). Additionally, there is a lack of resources for problem drinking, and AA is not perceived as effective.		**Social marketing targeting adults** aiming to inform them about their position as role models to youth in the community and highlighting healthy coping strategies. **Increase access or make adults aware of community supports** for financial management, housing supports, and agencies who help with navigating health insurance. Increase access to or make adults aware of **appropriate clinical services** to support reduced alcohol use or to treat alcoholism.
NMUPD / Opioids: 4.5% of adults in the North Central region report past year pain reliever misuse, and .7% report past year heroin use.	**Ease of Access:** Opioids and pain relievers are easy to get. Drugs are cheaper than alcohol if you have a prescription with insurance. There are also online retailers for this. People also share unwanted prescription drugs.		**Utilization of Connecticut's state-wide, locally customizable, "Change the Script" campaign:** Website: https://www.drugfreect.org/ Toolkit with editable materials: https://www.drugfreect.org/prevention/change-the-script-campaign/toolkit/

*Root causes/Risk Factors and Local Conditions were merged here due to lack of risk factor data among the adult population.

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[4] National Survey on Drug Use and Health- Substate Estimates 2016-2018

Adult (18+) Mental Health Logic Model

Problem: Depression & Anxiety	Root Causes/Risk Factors (But Why?)	Local Conditions (But Why Here?)	Recommended Strategies tied to Local Conditions
Depression/Anxiety: 65% of surveyed Tolland adults reported they were concerned or extremely concerned about Tolland adults' mental health.[3]	**Stressful Life Situations:** Inflation, finances, and job insecurity all contribute to depression and anxiety in adults. Some adults are also struggling with other family stressors.		**Increase access to or make adults aware of community supports** for financial management, housing supports, and agencies who help with navigating health insurance.
	There is a lack of understanding about mental health concerns as well as stigma associated with seeking help. Only 14.2% of surveyed Tolland adults feel that adults in the community would be comfortable participating in groups to support mental health issues.[3] 17.7% reported knowing where adults could get help for mental health issues in Tolland, and 45.5% reported knowing where adults could get help in the area around Tolland. Concerns about stigma ranked as the 3rd highest barrier to behavioral health care (48.1%).		Age-appropriate, culturally sensitive **anti-stigma messaging** normalizing anxiety and depression as treatable. Increase access to or make adults aware of **appropriate clinical services** to support depression, anxiety or other mental health conditions. Increase access or make adults aware of **groups that support individuals experiencing grief and loss.**
	Trauma: The constant barrage of news intended to catch the attention of viewers highlights negative local, national, and international crisis. This is compounded through the dissemination of news through social media. In the "post-" pandemic world, individuals are suffering which is amplified through news cycles.		Research best practices for adults **limiting exposure to negative news broadcasts and publications.****

*Root causes/Risk Factors and Local Conditions were merged here due to lack of risk factor data among the adult population.

**This is a new finding in a priority process and requires additional research to be considered an "evidence-based" strategy.

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Recommendations

The themes emerged throughout the two-session process from discussions related to the quantitative data presented and conversations about risk factors or drivers of identified priorities. These themes were rooted in community members' lack of comfort accessing supports, community or family beliefs that that mental health and substance issues should be dealt with in the home, or were normalized in the community and within social media, particularly for youth, as part of life, rather than an issue that can be treated, such as within a medical model. The proposed strategies within the logic models highlight options to address this, one of which requires limited staff time and materials, which is an "age appropriate, culturally sensitive anti-stigma messaging normalizing anxiety and depression as a universal experience" and seeking supports for these issues as a sign of strength. This can be implemented with simple use of flyers, social media posts, and messages to youth and other adults using existing communication channels. It should be noted that is a first step, when you "prime" people to access treatment, that treatment needs to be accessible. The other theme was lack of access to clinical or support services for mental health and substance misuse. Partnerships with private or organizational mental health and substance use treatment providers, which take insurance, should be a strategic next step to close the gap in services available in Tolland and in the surrounding area.

Other suggested strategies may require more trained staff or overall fiscal resources. Support for this can be found in collaborations with external organizations or through competitive grant applications to local foundations, the state, and the federal government. The compendium of data provided, as well as the logic models above, would serve as the foundation for a number of requests for proposals. While it was noted in Session 2 that grants "go away" it is the Consultants' experience as behavioral health program evaluators, that each grant has at least one positive outcome or impact on a community.

Suggested Next Steps

The outcomes of the two sessions lay the foundation for the Task Force to consider lifespan issues and set up Tolland Human Services and community partners for continued data-driven planning around substance use and mental health concerns. They also allow for continued age-specific refinement of strategies to enhance availability of quantitative and qualitative data to guide these processes.

A recommended process includes the following:

1. Determine if proposed strategies within the above logic models are a good fit for Tolland,
    a. Consider how they might be enhanced or modified based on available human and financial resources and community readiness to receive the planned approaches.
    b. Where priority substance use, mental health issues, and risk factors overlap by age group or target population, allow for implementation of strategies that build on economy of scale.
    c. Once strategies are selected and an implementation plan is in place, data-driven outcomes should be selected along with a plan to collect appropriate data to measure the outcomes on a short and longer-term basis.
2. Enhancing the existing coalition and/or task force aimed to address behavioral health issues across the lifespan, comprised of CADCA's 12 "sectors," representing Tolland in terms of race/ethnicity, sexual or gender identity, and economic diversity. One or both groups can provide guidance about implementation of selected strategies.
3. Ongoing data collection,
    a. Qualitative data to describe the risk factors and local conditions of the identified priority substance use and mental health issues, by age group, with an update of support-measuring outcomes of implemented strategies and update priorities in accordance with changes in the

community and emerging related concerns. Focus groups may be a valuable tool to guide this in the future.

    b. Continued and enhanced quantitative data collection through partnerships with the health district, early childhood groups, Tolland Public Schools, and senior advocacy groups to better describe and measure change regarding behavioral health issues as well as to refine proposed strategies to plan implementation. These data should be updated every 24 months.

Products to Support Next Steps:
The two-session process included establishing several documents that will support next steps. The following have been provided to Tolland Human Services by the Consultants:

1) A Primary PowerPoint or "compendium" of available data on mental health and substance use, and risk factors, across the lifespan, with trend, where available. This can edited to present data specific to certain issues or age group or can be added to as new data become available.
2) A PowerPoint of the outcomes of the Tolland Adult Community Survey.
3) Tables of risk factors and evidence-based, or evidence-informed, strategies (Appendix B), were created by the Consultants utilizing modified documents from other experts. This can be utilized, and added to, to guide future age group-specific planning.
4) Logic models (pages 5-8) (a total of 4) were created to visually align the outcomes of the two sessions with corresponding possible strategies that aim to address the priority problems and associated risk factors. A coalition may utilize these to determine if the proposed strategies are a good fit for Tolland in terms of capacity to implement them and community readiness to receive such proposed approaches.

Appendix A: Priority Substances and Mental Health Concerns by Age Group

Results from the workgroup's January 9, 2023 prioritization process

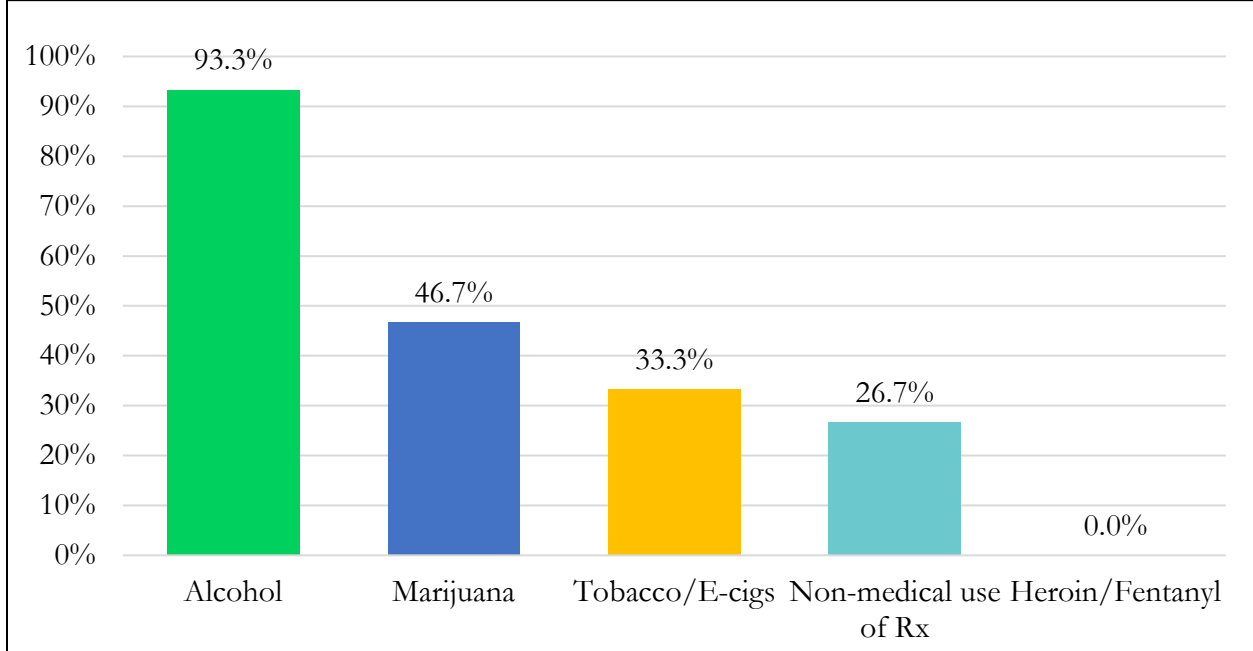Figure 1. Youth Ages 11-17 Substances of Greatest Concern

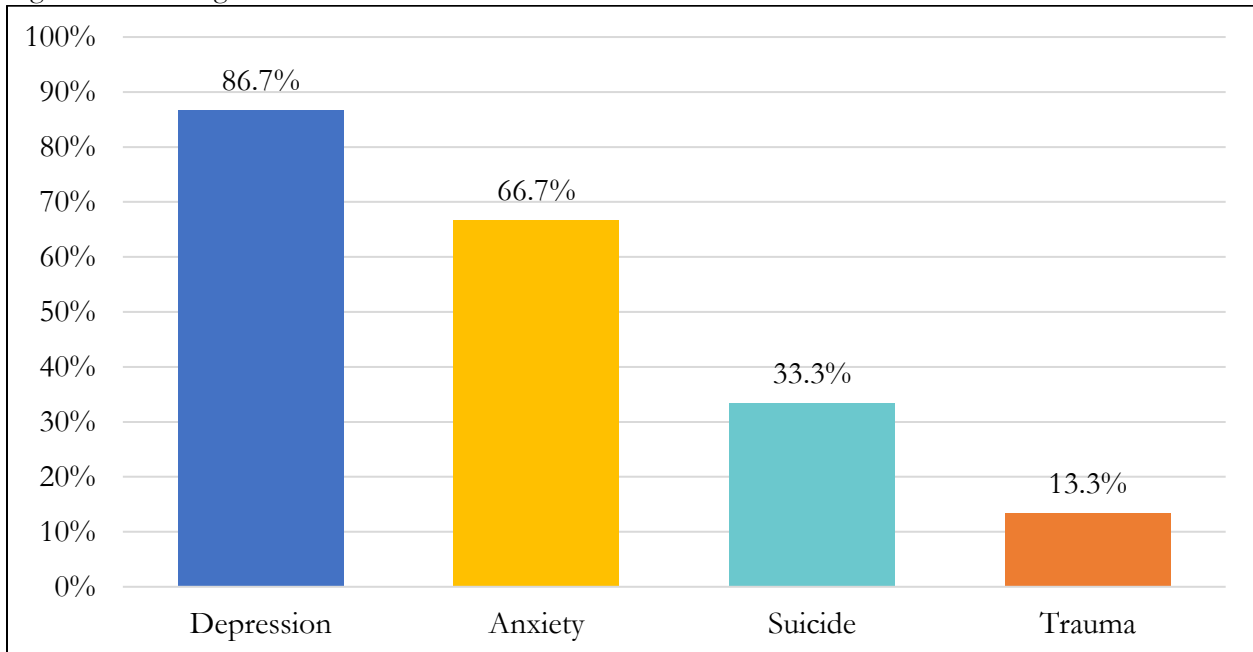Figure 2. Youth Ages 11-17 Mental Health Issue of Greatest Concern

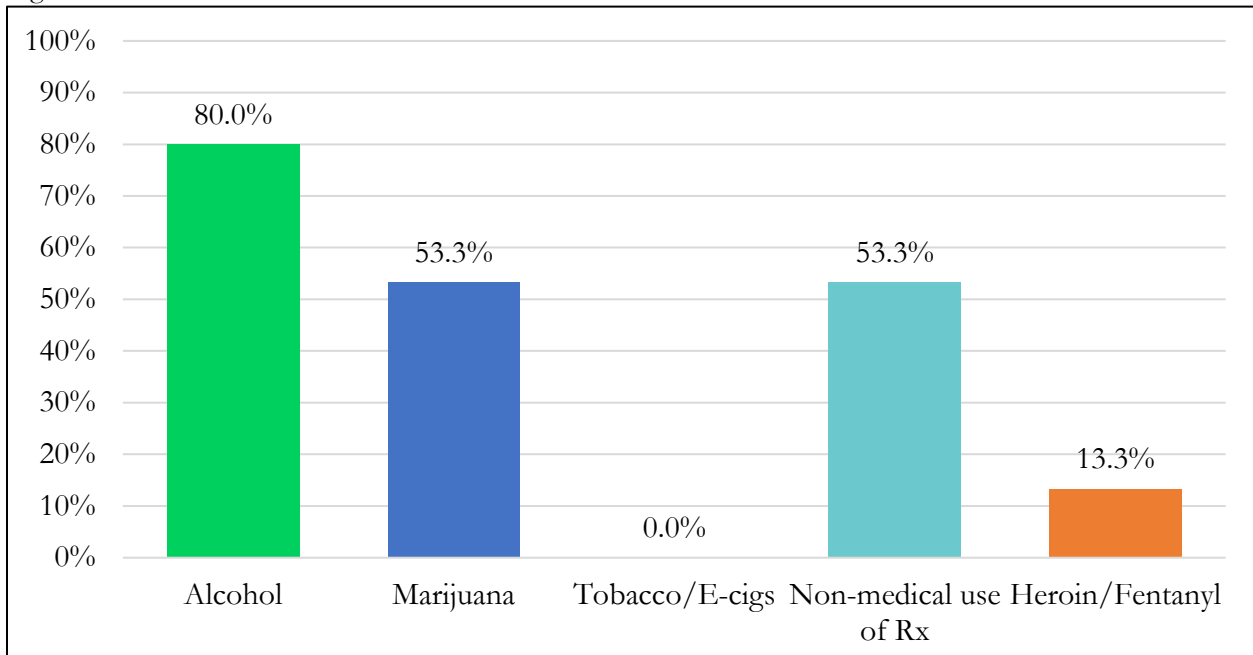Figure 3. Youth Adults 18-25 Substances of Greatest Concern

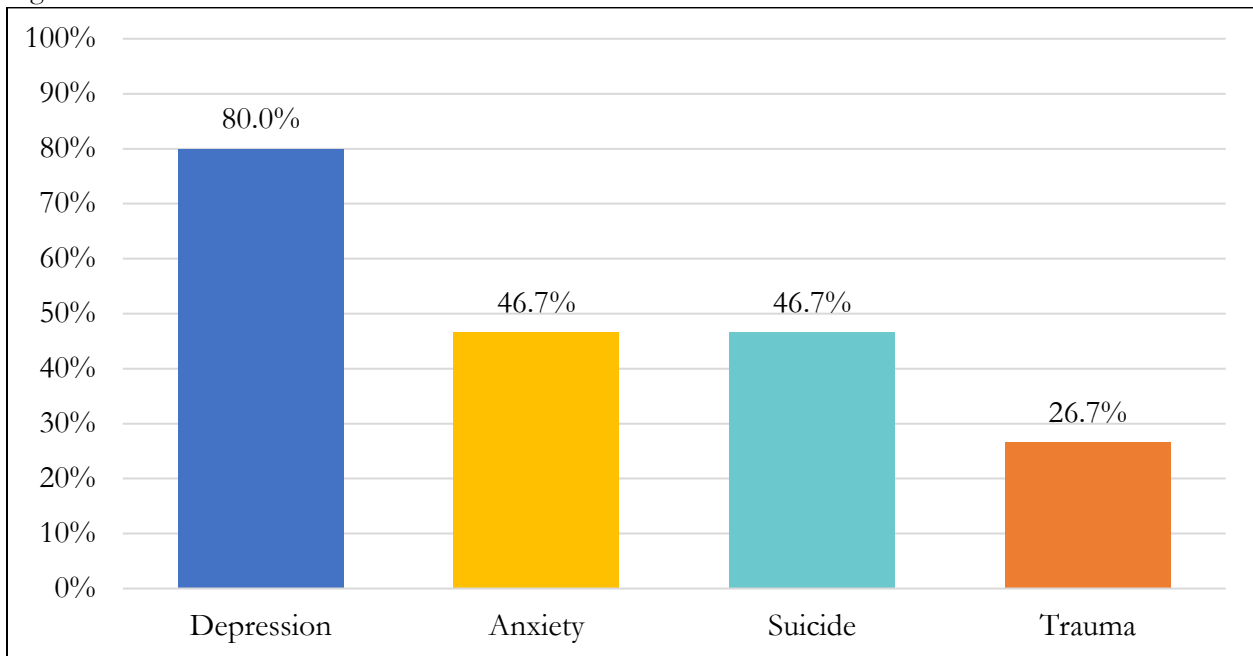Figure 4. Youth Adults 18-25 Mental Health Issue of Greatest Concern

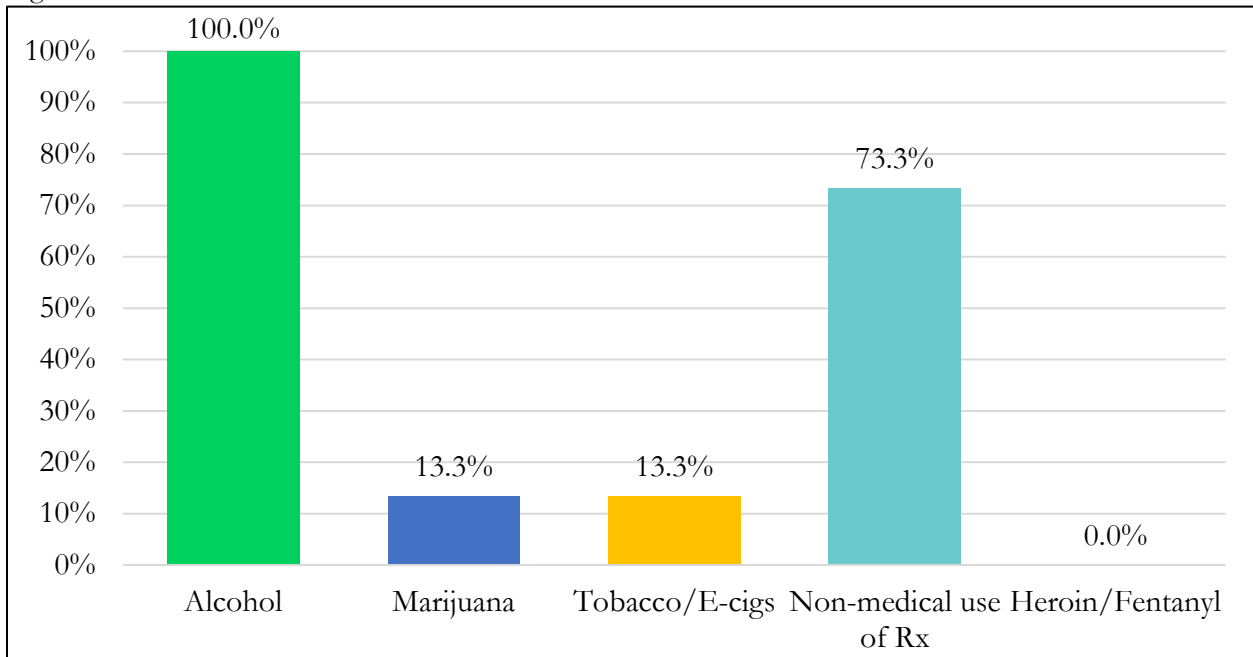Figure 5. Adults 26-65 Substances of Greatest Concern

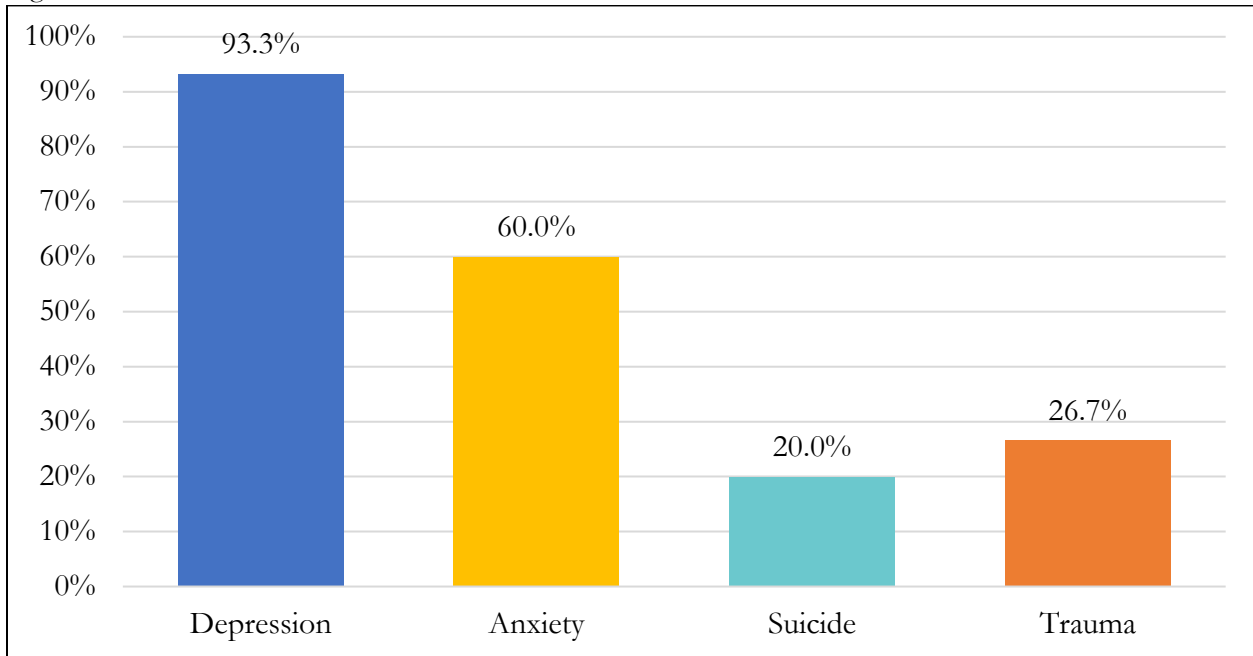Figure 6. Adults 26-65 Mental Health Issue of Greatest Concern

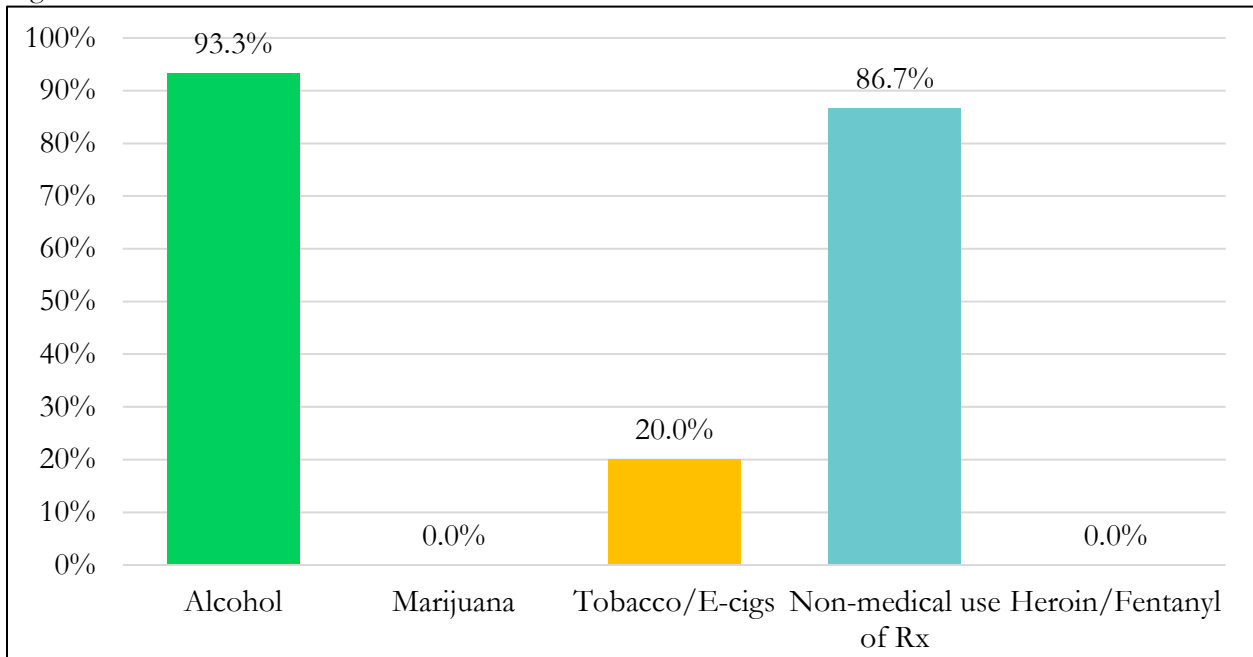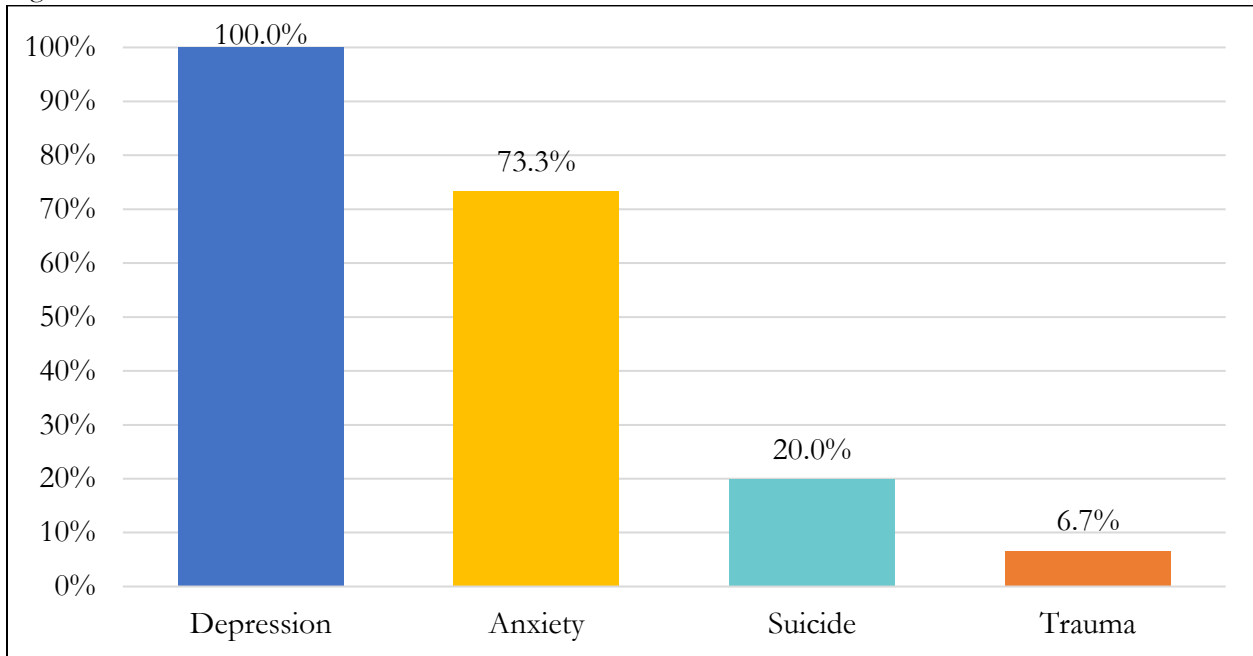Figure 7. Adults 66+ Substances of Greatest Concern

Figure 8. Adults 66+ Mental Health Issue of Greatest Concern

Appendix B: Risk Factors and Strategies

Risk Factor	Evidence-based Practices or Evidence-informed Approaches to Address Selected Substance Use Risk Factors
Social Access	• Enforcement • Policy Change • Social Marketing to change attitudes and behavior of the target audience • Coalition Building/Sector Engagement • Raise Awareness/Communications • Training/Education including Evidence-Based Curriculum or Programs To address obtaining alcohol, tobacco, or other drugs from family, friends, adults, peers, or at parties
Low enforcement of alcohol and drug laws and policies	• Enforcement • Policy Change • Coalition Building/Sector Engagement • Raise Awareness/Communications • Training/Education including Evidence-Based Curriculum or Programs To address insufficient effort to enforce drug and alcohol laws, including social host law, seller/server laws (overserve , underage sales of alcohol and paraphernalia), and possession policy laws (underage and open container/public use, and DUI).
Peer norms that encourage/accept ATOD use	• Policy Change • Social Marketing to change attitudes and behavior of the target audience • Coalition Building/Sector Engagement • Raise Awareness/Communications • Training/Education including Evidence-Based Curriculum or Programs To address attitudes or behaviors that are common among peers that might directly or indirectly contribute to ATOD use by their influence on peers. Ex. Large community events promoting/serving alcohol or recreational marijuana/THC.
Family Norms/Parental Disapproval that encourage/accept ATOD use	• Policy Change • Social Marketing to change attitudes and behavior of the target audience • Coalition Building/Sector Engagement • Raise Awareness/Communications • Training/Education including Evidence-Based Curriculum or Programs To address attitudes or behaviors that are common among family members that might directly or indirectly contribute to ATOD use.
Low perceived risk of harm	• Enforcement • Policy Change • Social Marketing to change attitudes and behavior of the target audience • Coalition Building/Sector Engagement

	• Raise Awareness/Communications • Training/Education including Evidence-Based Curriculum or Programs To address the belief that there are limited or no detrimental consequences of engaging in ATOD use/misuse
Ease of Access	• Enforcement • Policy Change • Social Marketing to change attitudes and behavior of the target audience • Coalition Building/Sector Engagement • Raise Awareness/Communications • Training/Education including Evidence-Based Curriculum or Programs To address perceptions on how easy or difficult it is to acquire alcohol and other drugs, legally or illegally

Risk Factor	Evidence-based Practices or Evidence-informed Approaches to Address Selected Mental Health Risk Factors
Family history of mental illness	Early identification protocols or messaging, with resources for available mental health resources
Stressful life situations- finances, housing insecurity, family death, divorce	Financial management resources, housing supports, housing policies, support groups for loss
Loneliness/Isolation	Prosocial activities/groups with age-appropriate activities and social skill building
Chronic medical conditions-ex. diabetes, neurological disorders, disabilities	Support groups, medical management education materials or groups.
Alcohol and other drug misuse	Evidence-based substance use prevention, screening and brief intervention (SBIRT), peer recovery supports, and clinical substance use treatment, including access to Medication Assisted Treatment (MAT)
Trauma- military combat, assault, intimate partner/family violence, ongoing threats and harassment, racism, discrimination	Culturally appropriate anti-stigma messaging about access to resources and supports; policy review, change and enforcement to support systematic transformation.

Sources:
DMHAS Prevention in CT Communities 2021, Coalition Guidance for a Community Strategic Plan
SAMHSA various web publications and grant materials