AGENDA

TOLLAND MENTAL HEALTH & SUBSTANCE USE ADVISORY TASK FORCE

November 7, 2022 – 7:00 P.M.

ZOOM REMOTE MEETING

1. Call to order

2. Approval of agenda

3. Approval of minutes

4. Public Participation

5. Points of information

6. Weyland Survey

7. Review recommendations: mentoring

8. DEI Discussion

9. Correspondence to task force

10. Next Steps

11. Public Participation

12. Points of information

13. Adjournment

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Tolland Mental Health & Substance Use Advisory Task Force

REMOTE ZOOM MEETING

October 3rd, 2022 – 7:00 PM

Members Present: Becky Moore (Chair), Madhu Renduchintala (Vice Chair), Jacob Marie (Secretary), John Reagan, Colleen Yudichak, Carleen Oehmsen, Rita Malenczyk, Darrell Irwin, Jenn Gallichant

Members Absent: Jayden Regisford, Jessica Palozie,

Others Present: Maureen Flanagan (Assistant Director of Human Services)

1) **Call to Order:** Ms. Moore called the meeting to order at 7:14 pm.
2) **Approval of Agenda:** Ms. Malenczyk moved to approve the agenda and Mr. Renduchintala seconded the motion. Motion passed unanimously.
3) **Approval of Minutes:** Ms. Malenczyk moved to approve the agenda and Mr. Renduchintala seconded the motion. Motion passed unanimously.
4) **Public Participation:** None
5) **Points of Information:** None
6) **Update on Weyland Smith Community Survey and Date Collection:** Ms. Flanagan stated that the survey will go live this week. She stated that she will send out an e-blast and asked the Task Force to promote the survey on social media. Ms. Moore asked if town departments could share the survey on their social media pages as well. Ms. Flanagan answered that they could. Mr. Reagan asked when the Task Force would receive its next update on the survey. Ms. Flanagan said that she will give an update at the next meeting, and she doesn't plan on having the survey open for more than a month.
7) **Review of Recommendation Around Mentoring:** Ms. Moore gave an overview of this draft recommendation and asked for feedback. Mr. Reagan expressed concern that the recommendation might be reaching beyond the scope of the Task Force. He felt that the section regarding training adults to re-enter the work force was not strictly mental health or substance use related. Mr. Marie stated that he felt the traditional mentoring section needed to be elaborated on because it didn't give the Town Council enough information or detail to go off of. Ms. Malenczyk suggested that the recommendation include a description of the Big Brothers Big Sisters program that the traditional mentoring recommendation drew inspiration from. Mr. Renduchintala agreed with Ms. Malenczyk and recommended including some talking points from Big Brothers Big Sisters in the

recommendation. In regards to the career mentoring section, Ms. Flanagan noted that she has discussed the Hockanum River Community Council (HVCC) program with school staff. She will be meeting with the Tolland High School guidance department to see how to promote the HVCC program in the school. Mr. Irwin suggested discussing the long-term benefits of mentoring in the recommendation. Ms. Moore felt that the benefits will likely come up during discussion with the Town Council. Ms. Gallichant stated that she likes the Youth Mentoring Youth recommendation. She suggested that it could be started with an existing club, and it could allow older kids to gain service hours. Ms. Moore acknowledged that the Youth Mentoring Youth recommendation comes with logistical challenges but could have great benefits and should be piloted. Mr. Reagan agreed that the Youth Mentoring Youth recommendation could be useful, but expressed concern that it wasn't clearly related to the Task Force's charge. He stated that there needs to be language in the recommendation clearly making the mental health and substance use connection. Mr. Renduchintala responded that he will research mental health and substance use statistics around mentoring for the recommendation. Ms. Malenczyk agreed with Mr. Reagan that the connection needs to be made more explicit. Ms. Oehmsen noted the benefits of Youth-to-Youth mentoring in her own life. Ms. Gallichant discussed her experiences as well. Mr. Irwin suggested that Task Force leadership will need to be at the Town Council meeting to sell the recommendation. Mr. Irwin also asked whether it would be appropriate for mentors to reach out to their mentees on social media. Ms. Moore expressed that this was a complex issue that would probably be solved by the implementors of the recommendation. She stated that she will consider all feedback and edit the draft for the next meeting.

8) **Review of Recommendation Around DEI Task Force:** Mr. Renduchintala gave a summary of the Diversity Equity and Inclusion Task Force recommendation and asked for feedback. Ms. Moore said that it should be noted that Ellington has a similar committee. Mr. Reagan expressed concern that this recommendation goes well beyond the scope of the Task Force, especially with the section regarding hiring practices. Ms. Moore responded that it does go beyond the Task Force's scope, and that is why she feels that a separate task force needs to be created to deal specifically with DEI issues. She noted that this recommendation comes as a result of many community members expressing concerns over this issue. Mr. Reagan responded that it would not be good for the Task Force to try and create a recommendation for every group that comes forward regardless of whether their concern is related to the mission of the Task Force. He suggested that the appropriate thing to do would be to direct them to the proper authority that can address their concerns. Mr. Renduchintala stated that he disagrees that racism doesn't affect mental health. Ms. Malenczyk stated that she supports the recommendation but that it should specifically address mental health and reference the public demand for this separate task force. Mr. Marie stated that he agrees with Mr. Reagan and that the recommendation is too far removed from the charge of the Task Force for him to support. He stated that he would be happy to support a recommendation to make sure under-served populations are getting access to mental health and substance use services instead. Mr. Renduchintala responded that the rationale behind creating a separate task force was because the topic wasn't related to the main mission of the Task Force. Mr. Marie

responded that the recommendation should still tie in with the charge of the Task Force in some way or another for us to consider it. Ms. Oehmsen stated that she could see where both sides were coming from, but wondered where people who were dealing with racism and discrimination should go for help. She suggested maybe a narrower recommendation. Mr. Reagan responded that the Town Council or Board of Education would be the appropriate authorities. Ms. Moore suggested that maybe the recommendation could be less of a formal recommendation and more of a suggestion to the Town Council that something needs to be done. Mr. Irwin suggested that the Task Force could send a semi-annual report to the Town Council regarding all its activities along with inquiries that go beyond its authority so that the Town Council could address them. Ms. Moore summarized the conversation thus far by noting that people were uncomfortable with the recommendation but wanted something to be done. Mr. Renduchintala asked why no one spoke up earlier about their concerns, and expressed frustration that it wasn't going to be voted on tonight. Ms. Moore asked if there was an alternative way to get information to the Town Council. Ms. Yudichak answered that she could bring it up as a concern under the Councilor's petitions portion of the meeting. Ms. Moore suggested that the recommendation be reworded, and if there is still no agreement, Ms. Yudichak can discuss the concern under Councilor's petitions. Ms. Malenczyk stated she would still like to have a vote at some point. Mr. Reagan stated as Chair of the Task Force Ms. Moore could send a formal letter, and that her concerns would definitely be discussed by the Town Council. Ms. Yudichak agreed with Mr. Reagan's suggestion. Mr. Reagan noted that a letter would be more formal than a petition. Mr. Irwin asked if the letter could be from both the Chair and Vice Chair. Mr. Reagan stated that it could be from both. Ms. Moore stated that Mr. Renduchintala would rewrite the recommendation and turn it into a letter which will then be voted on by the Task Force.

9) **Early Childhood/Elementary Mental Health Needs Discussion:** Ms. Malenczyk moved to table Item Nine. Mr. Renduchintala seconded the motion. Motion passed unanimously.

10) **Next Steps for Task Force:** None

11) **Public Participation:** Lisa Burns, 214 Slater Road, stated that she felt the conversation regarding the DEI recommendation was good. She likes the compromise that was discussed and wants the final action to be within the scope of the Task Force. She felt that making a recommendation solely because someone comes to you asking for action is not good, but that a letter to the Town Council would be appropriate. She appreciated Mr. Reagan's and Ms. Yudichak's input.

12) **Points of Information:** Mr. Renduchintala responded that the impetus for the recommendation was that several people expressed a need to the Task Force. Ms. Moore added that people spoke about how racism affected their personal lives, and recognized the differences of opinion with regards to the scope of the issue.

13) **Adjournment:** Mr. Renduchintala moved to adjourn the meeting and Ms. Malenczyk seconded the motion. The motion passed unanimously and the meeting adjourned at 8:34pm.

Respectfully Submitted,

Jacob Marie

INTRODUCTION

Mentors have always been assets to young people when they are experiencing periods of stress, depression, anxiety, or even more serious mental health challenges. Inherent in the role of "mentor" is the idea that this person is there for a youth through the good and the bad, but especially in times when life feels overwhelming or hopeless. Some of the earliest studies of youth mentoring programs in the United States document that not only can mentoring programs provide meaningful services to youth with a variety of mental health needs[1] and circumstances, but that they can provide meaningful support and reductions in symptoms of depression[2] and other mental health conditions.

This support has never been needed more for the nation's children than today. One recent study found that over 25% of high school students reported declines in their mental health due to the pandemic.[3] Another 2021 study found that two-thirds of all high school students felt like they were unable to cope with sources of stress in their lives.[4] This impact has been even more profound on vulnerable populations, such as LGBTQ youth, who have experienced extremely high rates of anxiety (73%) and depression (67%) during the pandemic. This pandemic has also had a negative impact on younger children, with 22% of parents of elementary-age children reporting worsening of their child's mental and emotional health.[5] Even 47% of the parents of *preschoolers* indicated that they were more concerned about their child's social and emotional development.[6] America's youth were struggling with their mental health long before this pandemic hit — for example, the suicide rate for youth ages 10-24 increased by 60% between 2007 and 2018,[7] with more recent data suggesting that rates for both boys and girls have increased during the pandemic.[8] And with the nation's system of mental health providers stretched thin during the pandemic, these challenges have only deepened for all young people and especially those from already-marginalized communities.

This crisis offers the nation's adults a meaningful opportunity to step up and support the mental health and development of young people in this critical moment. The mentoring movement is well-positioned to step in and help young people reconnect to their schools, their communities, and their futures. Prior research on the intersection of mentoring and mental health suggests this will be a valuable and impactful form of support.

MAJOR RESEARCH FINDINGS

There have been several major meta-analyses and research syntheses on the topic of mentoring and mental health outcomes for youth.

- A 2016 evidence review by the National Mentoring Resource Center concluded that mentoring programs specifically designed for youth with mental health challenges have demonstrated **meaningful positive impacts on mental health symptoms** and academic success of participating youth.

- Similarly, a 2013 meta-analysis[9] of 14 evaluations of mental-health focused mentoring programs found a small-to-moderate effect across a variety of outcomes, including **internalizing and externalizing mental health symptoms, interpersonal relationships, and academic outcomes**. The meta-analysis concludes that "mentoring programs that target youth with emotional and behavioral problems are viable candidates for serving as alternative or adjunctive interventions to improve the current mental healthcare service delivery system."

- An earlier meta-analysis[10] reached a similar conclusion, noting that mentoring services had a small positive impact on youths' internalizing and externalizing mental health symptoms, while also finding that mentoring these children **reduced the stress experienced by their parents**, suggesting that mentoring can be an asset to the families of youth with mental health needs.

- Leading mentoring scholar Jean Rhodes noted in her recent book, *Older and Wiser: New Ideas for Youth Mentoring in the 21st Century*, that the young people signing up for mentoring services already exhibit drastically elevated levels of mental health needs[11] and that parents often turn to mentoring in lieu of traditional mental health services. Fortunately, there is considerable research that trained paraprofessionals, such as volunteer mentors, can deliver lighter mental health interventions — often as effectively as professionals can.[12]

Research suggests that this type of specialized mentoring support, in which mentors are trained to support evidence-based interventions, can yield the strongest results.[13] Other mentoring researchers have concluded that using the nation's mentors in this way "could simultaneously **increase the number of youth receiving evidence-based mental health services** and reduce the burden on existing systems of care."[14]

REPRESENTATIVE PROGRAMS FROM THE FIELD

Below we highlight just a few of the program models that illustrate how these services can be structured and the impact that they can have on young people.

- **Great Life Mentoring** is a program that's been providing supportive mentoring relationships to youth receiving services from Columbia County (WA) Mental Health Services for several decades. In this program, youth receiving clinical support are also provided with a mentor who supports their engagement in the services and offers a caring relationship and social-emotional support. A study of the program's outcomes found that youth in Great Life Mentoring had significantly better ratings of adaptive functioning and were far less likely to leave treatment prematurely than a comparison group of non-mentored youth. Impressively, the average match length in the program was over 3 years.[15]

- An evaluation of the **Eye to Eye** program, which pairs elementary and middle school youth with LD/ADHD with mentors in high school or college who also have LD/ADHD, found significant gains on symptoms of depression, self-esteem, and interpersonal relations, compared to similar youth not in the program.[16] This program demonstrates that near peers can, with the right structure scaffolding their experience, be as effective as adults in providing this mentoring support.

- Studies of the **Big Brothers Big Sisters** program model have found meaningful impacts around youth mental health. One Canadian study[17] found that "mentored youths … reported significantly fewer behavioral problems and fewer symptoms of depression and social anxiety than did nonmentored youths." Mentored "Littles" also demonstrated increased coping skills, with youth who received a full year of mentoring showing the strongest mental health benefits.

- The **Role of Risk study**, which also involved a number of Big Brothers Big Sisters agencies among other providers, determined that not only could mentoring programs provide meaningful services to youth with serious mental health needs and other elevated risk factors, but that the strongest and most consistent finding for participating youth was a reduction in their depressive symptoms.[18]

- An evaluation of the **Fostering Healthy Futures** program, which provides clinical supports and mentoring to youth recently placed in the foster care system, found significant impact in reducing mental health

symptomatology, especially trauma symptoms, and increasing mental health service utilization.[19]

- A recent study of the **Mentor-UP** program, which offers school- and community-based mentoring over eight months to youth with hyperactivity and inattention problems in Italy, found that mentored youth experienced significant reductions on both of those issues compared to unmentored youth.[20]

- Both the one-to-one and group versions of the **Cognitive Behavioral Intervention for Children with Emotional and Behavioral Disturbances** have proven to produce meaningful results for those young people, with multiple studies highlighting improvements in internalized and externalized mental health symptoms, social problem solving, social skills, and parent reports of reduced stress.

- An evaluation of the **Rochester Resilience Project**, which used highly-trained paraprofessional mentors in elementary schools, found that participating youth showed improvements in behavioral, social-emotional, and learning problems compared to a control group of youth with similar mental health needs.[21] The program had a statistically significant, positive effect on children's task orientation, behavior control, assertiveness, and peer social skills.

- Lastly, the **Youth-Nominated Support Team** model, which has been provided to youth who have already attempted suicide, has proven to be a promising group mentoring approach for

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reducing future deaths, particularly those resulting from drug overdoses.[22]

PRINCIPLES FOR SUCCESS

In looking across the research on effective mentoring interventions, there are several programmatic features that make these interventions successful:

- *Providing mentoring to youth most likely to benefit* – These interventions tended to be most effective when youth had mild to moderate mental health symptoms. Programs have also experienced difficulties offering mentoring to youth who have experienced extreme trauma that makes it challenging for them to form strong relationships with mentors.

- *Providing robust mentor training* – This is true both in programs where mentors are delivering some form of mental health intervention themselves and in program models where mentors are working alongside clinicians to offer "supportive accountability" relationships that enhance treatment participation.

- *Involving parents and caregivers directly* – The work of mentors can not only be reinforced at home by parents and other caregivers, but in many cases, those caregivers also directly benefitted form the mentoring provided to the child in the form of decreased stress and increased feelings of support.

- *Offering mentoring consistently* – It is important for these young people to have consistent, long-term mentors who can understand their challenges, work closely with the family, shift their focus as the youth's needs change, and provide a source of stability in a life with potentially many service providers coming and going.

OPPORTUNITIES AHEAD

The research cited in this document demonstrates that mentors can have a meaningful positive impact on mental health symptoms and other factors. Mentoring is an innovative, evidence-based practice and, uniquely, is both a prevention and intervention strategy that can support young people of all demographics and backgrounds in all aspects of their lives. Mentors can even, when trained properly, deliver effective light mental health interventions – which has important implications at a time when there is unprecedented need for mental health supports for youth.

There are many paths forward to ensure that all youth in this country have a relationship with an adult that they can turn to when times are tough. MENTOR advocates for and supports legislation and policies that expand the quantity and quality of mentoring relationships across the country. Ultimately, to cultivate the strongest relationships and most effective outcomes for youth, intentional private and public investment into communities and programs is required.

Contact Caden Fabbi at
cfabbi@mentoring.org with any questions
mentoring.org | #MentoringAmplifies

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Area of Need

The town of Tolland currently has no formal mentoring programs available to town residents. There are outside programs, such as Big Brothers/Big Sisters (see attached for program description), that will take referrals from Tolland, however the wait lists are long and prioritized by those who have the highest needs. We have heard from community members that youth need more resources to be set up for success in the "real" world- socially, emotionally and financially. In addition, community members have identified that there are limited resources for career counseling in Tolland for adults who are looking to enter or reenter the workforce.

There is an abundance of research available that shows the impact of mentoring programs on community wellness. Mentoring programs facilitate meaningful connections within the community. When a community is well connected, community health and wellness improves. Many factors, including Covid-19 have impacted the ability to create meaningful connections in the Tolland community. This recommendation offers new pathways of connection amongst all town citizens.

How is mentoring connected to Substance Use/Mental Health?

Please see an info sheet attached with research and data surrounding the impact of mentoring programs on mental health and substance use.

Recommendation

The Task Force recommends that mentoring programs within the town of Tolland are created. In discussions about this, the Task Force identified three different potential mentoring opportunities for the town of Tolland.

1. *Traditional Mentoring:* Adults (over 18) volunteer to mentor youth (under 18) within the town of Tolland. This would follow a Big Brothers/Big Sisters model, in which adults in the community apply to be mentors and youth can be signed up to be mentored. Adults who are mentors would be screened appropriately, including background checks, reference checks, and an interview with the program coordinator. Youth in the community can be referred by anyone. Mentors are matched appropriately with youth based on a variety of factors, which could include similar interests, hobbies or personality traits. Mentors and youth then connect on a regular basis in both individual activities or group activities with other Mentors/Youth.

2. *Career Mentoring*: Research shows that those in recovery from substance use/mental health difficulties are more likely to be successful when they have access to resources enabling them to obtain productive employment and explore different career paths. In addition, many youth do not have the skillset to obtain employment when they first enter the working world. This would be aimed at developing real world skills, exploring different careers and supporting individuals wishing to enter (or re-enter) the work force.

As we explored this, a program offered by HVCC came to our attention. Rather than reinvent this for our town, we recommend that the program offered by HVCC is made more accessible to Tolland residents. While Vernon is close by, we can't assume that everyone has the motivation and means to get there. Two suggestions are:

    a. invite this program into Tolland High School to directly provide support to students
    b. Facilitate resources from this program utilizing space in town weekly to provide access to services

3. *Youth Mentoring Youth:* Mentoring program created that would utilize school resources to allow older youth to mentor younger youth. At the end of the school day, students in this mentoring program would take a bus to the identified school they are mentoring at. They would be partnered with an identified child/group of children, and spend an allotted amount of time with this child/group. Students would then be bussed back to the HS in time to take the late bus home. The Task Force suggests that this starts with two identified grades to pilot the program and identify successes/challenges.

Benefits:
    -   Eliminates barrier of transportation for youth to participate in a program like this
    -   Allows students an opportunity to build their resume, gain volunteer hours and connect with youth in town
    -   Gives children access to relatable role models
    -   Provides SEL support
    -   Improves self esteem for mentors and youth being mentored
    -   Increases real world skills such as: conversation making, planning and executing an activity, maintaining relationships
    -   Establishes work ethic and responsibility

<u>Big Brothers Big Sisters Info</u>
(taken directly from the Big Brothers/Big Sisters website)

Since 1904, Big Brothers Big Sisters has operated under the belief that inherent in every child is incredible potential. As the nation's largest donor- and volunteer-supported mentoring network, Big Brothers Big Sisters makes meaningful, monitored matches between adult volunteers ("Bigs") and children ("Littles"), ages 5 through young adulthood in communities across the country. We develop positive relationships that have a direct and lasting effect on the lives of young people.

Big Brothers Big Sisters helps children achieve success in school, helps them avoid risky behaviors such as getting into fights and trying drugs and alcohol, and helps them improve their self-confidence. We hold ourselves accountable to our supporters by regularly measuring our impact.

Scope of Task Force

The Tolland Town Council has tasked the Mental Health and Substance Use Task Force to identify the needs of the community and make recommendations.

Background

According to studies:

- 45% of LGBTQ youth seriously considered attempting suicide in the past year.
- 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.
- LGBTQ youth who live in a community that is accepting of LGBTQ people reported significantly lower rates of attempting suicide than those who do not.
- Racial minorities experiences higher rates of depression and anxiety during the pandemic than non hispanic white people (Black Americans were 1.16 times more likely to screen positive for depression than White respondents.Hispanic Americans and Asian American were 1.23 and 1.15 times more likely to screen positive for depression, respectively.) This has been proven to directly lead to an increase in substance use and addiction.

Recommendation

Our community is comprised of many unique cultural backgrounds, ethnicities, race, orientation, and experiences. We have ascertained that there is a need to focus on promoting diversity, equity, and inclusion in our community. The Task Force also realizes that we are not equipped to handle this this sufficiently, and therefore makes the following recommendation:

The Task Force recommends that the Tolland Town Council create a Diversity, Equity, and Inclusion Task Force or Commission. It is suggested that Council review what the DEI Groups of other towns and private

companies do to encourage and ensure diversity, equity, and inclusion within their towns and organizations.

Sources:

https://www.thetrevorproject.org/survey-2022/
https://sprc.org/scope/racial-ethnic-disparities
https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a3.htm