



# Mentoring Opportunities for Youth in Parks and Recreation

Grantee Training Summary Report  
November 2019



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## Mentoring Opportunities for Youth Grant Overview

In September of 2018, NRPA was awarded a grant through the Office of Juvenile Justice and Delinquency Prevention (OJJDP), a component of the Office of Justice Programs, U.S. Department of Justice, to support the implementation of evidence-based mentoring programs in local parks and recreation (grant #2018-JU-FX-0036). The funding supports a three-year project dedicated to developing and implementing evidence-based mentorship programs for youth impacted by opioids in five communities in rural, central Appalachia.

NRPA identified and selected five local park and recreation agencies poised to tackle the effects this epidemic is having on youth and families in their communities through targeted one-on-one and group mentorship. Connecting youth to positive, caring adults and positive experiences through mentorship opportunities is a key component of substance use prevention and stopping the generational cycle of substance use disorder.

Throughout the grant period, NRPA is supporting these agencies' efforts to reduce and prevent opioid use and engagement in other risky behaviors, among Central Appalachian youth through the implementation and expansion of evidence-based mentoring practices. In addition, NRPA is working to build the capacity of local park and recreation agencies across the country by:

- Disseminating an innovative and evidence-based youth-mentoring framework focused on supporting positive youth development and leveraging local park and recreation assets
- Increasing staff resources and training to park and recreation professionals focused on MENTOR: The National Mentoring Partnership's (MENTOR) six elements of effective practice for mentoring
- Helping agencies recruit relevant and compassionate mentors
- Helping agencies engage high-risk youth mentees
- Assessing other related needs, including closing gaps in community programming for youth, building community and supporting families

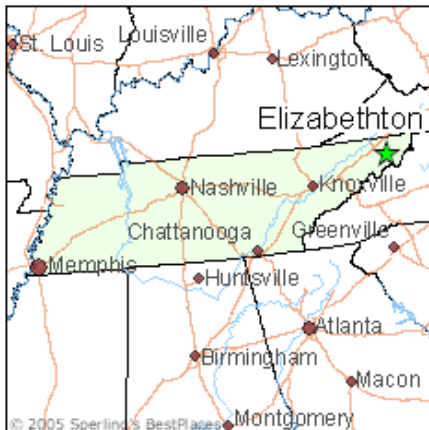
Following data collection, key informant interviews, group calls, individual site visits and focus groups were held with each grantee agency in the summer of 2019. All five agencies, plus partners and consultants, were then brought together in November of 2019 for a 2.5-day training in Elizabethton, Tennessee. The training focused on networking, learning about the unique assets and challenges of each community, developing a deeper understanding of the opioid crisis and the impact of adverse childhood experiences (ACE) and trauma on youth, receiving coaching on best practices to build mentorship programs, and engaging in brainstorming and program planning to reflect the individual needs of each community. The training balanced data-driven presentations, personal stories of struggle and strength, interactive activities, networking time and an off-site outdoors experience in the Doe River Gorge.

“We tend to think the opposite of addiction is sobriety. It is not. The opposite of addiction is connection.”

—Jessie, in recovery from substance use disorder

## Grantee Information

Each of the five grantees bring unique assets and strengths to the table, as well as challenges that have been historically difficult to overcome. To begin the training, each grantee had the opportunity to share a little bit about their community, highlighting the traits that make each agency unique.



### Elizabethton, Tennessee

Elizabethton is located in Carter County, Tennessee, within the tri-cities area encompassed by Bristol, Johnson City and Kingsport. Surrounded by beautiful mountains and rivers, including the Doe River and the Watauga River, the city's downtown is listed on the National Register of Historic Places and features the Elizabethton Covered Bridge as a well-known landmark in the state. There is strong evidence across the community that the opioid crisis has impacted Elizabethton. Many in the community have been impacted in some way, either directly or indirectly through family and friends struggling with

substance use disorder. Other challenges that youth in the community experience include experimenting with other substances (e.g., tobacco use and vaping), hunger, poverty, homelessness and ending generational cycles of adversity. The opioid overdose mortality rate is 24.1, with a poverty rate of 23.9 percent and a median household income of \$33,200. Across the state, data shows that 61 percent of Tennessee adults have at least one ACE, and 27 percent have three or more.

County-wide survey data demonstrates that 44 percent of 10th graders have abused alcohol, and 30 percent of 10th graders have smoked cigarettes. No data has been compiled yet on vaping. As a response, the Carter County Drug Prevention Coalition was developed to create a safe and healthy Carter County through substance use prevention. To support this work, youth and adult coalitions have been formed to focus on addressing stigma, connecting community members to needed resources and treatment, educating caregivers and changing local policies.

The county has also recognized the peripheral effects of substance use and has taken steps to support the whole community. The county has established a youth mental health lending library, which is a safe, private place where kids can check out books focused on mental health topics anonymously. The county also offers programs to support safe sitter behaviors, especially for siblings babysitting younger kids as a result of absent parents or caregivers, and mom groups have formed to discuss postpartum issues and substance misuse while parenting.

Elizabethton also has focused on incorporating sexuality training throughout many offerings to encourage confidence and comfort and self-respect among youth. This helps to reduce risk factors by recognizing how sexuality intersects with low self-esteem, likelihood of substance misuse, suicide risk, etc., citing "If we're comfortable with who we are, we're less likely to engage in risky behavior."

The county also has developed partnerships to host drug take-back programs, and has teamed with the school district to offer vaping suppression counseling — encouraging students go through four counseling sessions rather than face detention or suspension.

Carter County Drug Prevention and Elizabethton Parks and Recreation have long collaborated on programs, education offerings and trainings for staff and more. Together, they will focus their mentorship program on engaging kids during vulnerable out-of-school times, offering additional activities to youth and teens in the community, including skateboarding and biking, e-sports and new team sports, and engaging local leaders as mentors.



## Mount Airy, North Carolina

Mount Airy is located in Surry County, North Carolina, with a population of just more than 10,000. Mount Airy was a well-established manufacturing community — historically tobacco, textiles and granite. But over the past several decades, many of those industries have dissipated. One thing that remains in Mount Airy is its thriving tourism industry. The city is widely known as the home to actor Andy Griffith, and it's believed that it was the basis of Mayberry, the setting of "The Andy Griffith Show." With the association with the popular show, the city has a large hospitality and tourism industry,

estimated to contribute more than \$5 million in revenue each year.

Surry County has been grappling with the impact of the opioid crisis on the community, with a high opioid overdose mortality rate of 24.6. Across the state, 23.8 percent of children experience two or more ACEs. Eighty percent of kids in high school report vaping and cite the reason for turning to substance use as not enough structured programming for them, but the park and recreation agency has found that it had a limited response from families when trying to do outreach for enrolling kids in programs.

The park and recreation department offers a variety of programs and events, including athletics, summer camps, swim lessons, an afterschool program and community events. It also manages several parks and a river trail running through the city that is connected to local schools and features a hammock park for teens to hang out in. The goal of the mentoring program is to "bridge the gap" for at-risk youth, help them perform better in school, make good choices and contribute to the community.

The Mount Airy P&R department already has been working to get ahead of the effects of substance misuse by training some staff in restorative yoga to support those in substance use recovery. They also offer recovery-focused programs that include woodworking, mentorship and a school lunch buddy program. There is great community spirit in Mount Airy, evidenced by the many partners that will be collaborating on the mentorship program, including the United Fund of Surry County, a 26-agency coalition designed to give a space for volunteers to be active and engaged.



## Danville, Virginia

Danville is located on the southwestern border of Virginia and North Carolina, along the fall line of the Dan River. Tobacco and textile mills were a major source of wealth for the community and provided jobs to the majority of community members. While the downtown fell into disrepair after closing many mills and the loss of jobs, the city has been rebuilding and revitalizing the community. New shops, restaurants and lofts fill the downtown that also features community gardens, farmers markets, parks, trails and outdoor activities. While there is new energy in the city, there are many challenges, including high rates of ACEs and

substance use. The opioid overdose mortality rate is 29.8, with a poverty rate of 21.5 percent.

Other challenges include food insecurity, transportation and navigating a long history of racial tension, while the population continues to diversify with more than 50 percent of the population comprised of people of color. During the Civil War, Danville was transformed into the strategic center of the Confederacy and was known as the “last capital of the Confederacy.” During the Civil Rights Movement, Danville became the center of heightened activism, as people of color fought for the end of segregation through marches and protests in the summer of 1963. Demonstrations failed to achieve desegregation until the federal government passed the Civil Rights Act and the Voting Rights Act. This history continues to linger today.

The park and recreation department operates an afterschool program, summer camp, a fit mobile program, sports leagues, special events for families and more. The mentorship program is an opportunity to connect vulnerable youth struggling with ACEs to caring, compassionate adult mentors in the community. One of the greatest assets in Danville is the huge outdoor recreation industry — lots of biking and hiking trails, a river trail, 1,400 acres of parkland, a clean waterfront act in place for a whitewater activity center in development.



## Middlesboro, Kentucky

Middlesboro is located in Bell County, Kentucky, one mile west of the Cumberland Gap. The city sits in the Middlesboro Basin, an enormous meteorite crater. The city, known as “The Magic City,” is the home of ragtime music and the oldest continuously played golf course in the country. Once an incredibly affluent community, Middlesboro was built to be the “Pittsburgh of the South” and was responsible for designing the first electric street cars west of Washington, D.C., during the 1930s to support a thriving tourism industry that featured gambling and saloons. During the 1970s, the coal industry thrived, but it

has since declined. With the economic downturn, chronic pain suffered by the coal-mining workforce and other factors, the opioid crisis has hit the community hard. The county has an opioid overdose mortality rate of 69.9, a poverty rate of 36.6 percent and a median household income of \$22,600. A 2011–2012 Survey of Children’s Health found that 30 percent of children in Kentucky



experience two or more ACEs. When surveyed, students admit they don't think about future opportunities, because they aren't exposed to what's possible. Forty-eight percent of students are being raised by someone other than a parent; 42 percent of kids live with their grandparents or great grandparents, and Middlesboro has been ranked as one of the top 10 worst counties to live in the nation.

The city's parks have been a victim of the opioid crisis, with many falling into disrepair due to substance use in and around parks. Needles, sharps and drug activity are common occurrences. Middlesboro is working to revitalize the community, particularly the downtown area, and has received several grants, including funding to support a summer concert series. The city's park and recreation department predominately is focused on maintenance of existing city property.

Moving forward, the community is placing an emphasis on academic and soft skills for youth. Its mentorship program will focus on 5th through 8th graders. A challenge to overcome is that there's currently a six-month wait for mental health appointments.



## Steubenville, Ohio

Steubenville is located in Jefferson County, Ohio. It sits west of the Ohio–West Virginia state line, approximately 30 miles west of Pittsburgh, Pennsylvania. The city is known as the “city of murals” and features more than 25 murals downtown. It's also known as the city where Dean Martin of the Rat Pack was born and raised. Steubenville's main economic driver for many decades was steel, but it has experienced a sluggish economy since the decline of the industry in the 1980s.

The opioid overdose mortality rate is 30.4 (30.4 deaths per 100K people between ages of 15–64) and the poverty rate is 17.2 percent, with an unemployment rate of 8.3 percent.

According to Groundwork Ohio, 49 percent of kids across the state have experienced at least one Adverse Childhood Experience (ACE), while 1 in 7 youth have three or more ACEs.

Steubenville's park and recreation department offers a variety youth activities and events throughout the year, including basketball and flag football leagues, swim lessons and holiday events. With funding, the department is building a mentorship program to support at-risk and low-income youth in the community who experience daily challenging, including exposure to substance use, hunger and lack of positive adult connections.

## The Opioid Crisis in Rural, Central Appalachia

Michael Meit, senior fellow with the NORC Walsh Center for Rural Health Analysis, joined the training to share some data points on rural Appalachia, gathered from years of study. Meit reaffirmed what we heard from our grantee introductions — Appalachia is a lot more diverse than it gets credit for — the people, industry and populations that contribute to the 420 counties across 10 states are rich with diversity. But despite these assets, studies continue to show that access to education and healthcare is low, poverty remains high, and rural communities face significantly high rates of health and socioeconomic disparities, chronic disease and shorter life expectancy.



Rural communities need investment to rebuild the economy, which has yet to bounce back after the decline of many industries (coal, manufacturing, textiles, etc.) and the 2008 recession. **The lack of economic opportunity impacts the community in significant ways, including contributing to the fact that the deaths of despair rates continue to be 45 percent higher in Appalachia than nationally, with 60 percent higher overdose rates, 30 percent higher suicide rates and 10 percent higher alcohol related deaths.** These negative trends, unfortunately, continue to increase.



## Tools Available to Support Communities

Meit shared that some data and tools, like NORC's and the Appalachian Regional Commission's (ARC) [overdose mapping tool](#), do exist for agencies to use for research and advocacy, helping to demonstrate impact, garner support and take action in communities. While researchers have been investing in data collection specific to the opioid crisis, it should be noted that overdose rates can be misconstrued. Deaths by overdose are reported, but are often underreported due to stigma or classified as other causes of death, by as much as 35 percent. Another factor skewing data is that overdoses that don't result in death are not reported, which points to the increased availability of lifesaving medications, like Naloxone, rather than a decrease in opioid use. Because of these challenges with the data, the need for more investment in prevention, addressing the root causes of substance use, and treatment often goes ignored and unfunded.

Tools like the prosperity index also help communities understand influences, increases and decreases in misuse by looking at economic, social, risk and resilience factors. For example, there is a direct correlation between prescription pill use and regions with a high presence of jobs that require physical labor (coal, manufacturing, textiles, etc.).

Meit also shared that studies show that methamphetamine use disorder among people seeking treatments for opioid use has increased,

pointing to the need to focus efforts more broadly on root causes of substance use disorder, rather than just opioids. Data demonstrates that among youth, alcohol and tobacco are still the highest-used substances, while prescription pill use is still fairly low. That being said, 25 percent of counties nationally are heavily impacted by opioid fatalities, but this issue is still not viewed and treated in the same way that we identify as distinct epidemics, like obesity, HIV and AIDS, influenza, or even the common cold.

Data shows that in a few communities, opioid overdose mortality rates appear to be decreasing. It is believed, however, that this does not signify a decrease in use, rather it may be due to increased availability of overdose reversal medications (Naloxone). More research needs to be done, as there is a fear that policymakers may see decreased death rates and stop investing resources in these communities. In addition, there is strong evidence that the opioid crisis has sparked the resurgence of other substance use dependencies, including alarming increases in methamphetamine use. In fact, methamphetamine use among people seeking opioid treatment has increased by 80 percent.

## A Holistic Approach

Angela Hagaman, operations director for the Center for Prescription Drug Abuse Prevention and Treatment at East Tennessee State University, joined the conversation to provide insights about work taking place locally in Appalachia and recommendations for implementing community-wide, comprehensive solutions to substance use challenges. Hagaman encouraged agencies to view this epidemic holistically, needing to apply solutions from a human lens, focused on prevention, response and recovery. She expressed that there must be a focus on both substance users and non-users, and a recognition of the factors that have impacted their behaviors and likelihood to engage in certain behaviors over time. It's imperative that we don't forget or write off the families, parents, grandparents, friends and caregivers who are experiencing trauma and stress from this crisis in so many ways. She provided several recommendations for grantees to keep this top of mind, including:

- **Build trust and optimism across generations.** Use story circles to connect older and younger generations to share what used to be, what is and what can be in the future.
- **Create opportunities for more open conversations across the community.** Train and encourage healthcare providers to have the difficult conversations and share the risks and options for opioids. Creating space for providers to offer SBIRT (Screening, Brief Intervention and Referral to Treatment) is key to an effective approach.
- **Educate communities on the availability and benefits of medically assisted treatment (MAT), including methadone, buprenorphine and naltrexone.**
- **Break down stigma.** Substance use disorder is a chronic relapsing disease that impacts the decision-making center of the brain. It's a disease, the same as heart disease and diabetes, but it's often seen very differently as a choice and a lifestyle.
- **Change the narrative.** Grantees and community leaders need to be careful with the language used when talking about this epidemic. For example, say a "person with substance use disorder," rather than calling the individual an addict. "Addictionary.com" and "shatterproof.com" are great resources for learning more about the language we use when talking about substance use disorder.



## Elements for Effective Mentoring

Desireé Robertson, director of training and product design with MENTOR: The National Mentoring Partnership, joined the training virtually to share best practices for building effective mentorship programs. She emphasized the importance of each mentoring program having a clear vision and goals, and reflecting the local community's strengths, assets and people. Robertson covered the six evidence-based elements of effective mentoring practices in detail, providing resources, discussion opportunities and case studies. The key elements highlighted include:

- **Recruitment:** This focuses on enlisting appropriate mentors and mentees by realistically describing the program's objectives and expected outcomes. Recruitment strategies should build positive attitudes and emotions about mentoring, and target mentors and mentees whose skills, backgrounds and needs best match the goals and structure of the program.
- **Screening:** This focuses on screening prospective mentors to determine whether they have the time, commitment and personal qualities to be a safe and effective mentor; and screening prospective mentees to determine if they have the time, commitment and desire to be effectively mentored. Screening emphasizes keeping participants, especially young people, safe in mentoring relationships.
- **Training:** As an essential element for the success of a mentoring program, training ensures that prospective mentors, mentees and their parents or guardians have the basic knowledge, attitudes and skills needed to build a safe and effective relationship.
- **Matching and Initiating:** Matching helps create appropriate mentoring relationships by using strategies most likely to increase the odds that the relationship will be safe and effective. This should consider individual characteristics about the mentor and mentee to foster an enduring relationship. Initiating is the step that formally establishes the mentoring relationship.
- **Monitoring and Support:** These are critical not only to create satisfying and successful mentoring relationships, but also to adjust to changing needs of the mentee and mentor and to ensure safety. Support ensures ongoing advice, problem-solving, training and access to resources for the duration of a mentoring relationship.
- **Closure:** Bring a mentoring relationship to a close in a way that affirms the contributions of both the mentor and the mentee. This is essential to ensuring the relationship ends with positive consequences for the mentee. Closure is a normal stage in a mentoring relationship and mentors and mentees should be able to prepare for this and assess their experience with the relationship.

## **BEST PRACTICES FOR RECRUITMENT**

- Implement strategies for recruitment in ways that meet your community needs — tie it in with community events, do personal outreach
- Aim to build positive attitudes around mentoring
- Recruit mentors whose goals and skills match those of your agency
- Ensure policies are in place to have firm goals and actions in writing, including:
  - Social media use
  - Travel and transporting a mentee
  - Appropriate activities
- Consider demographics – who are you building your program for, and who would be an ideal match? Identify challenges, barriers, skills, age, race, life experience
- An asset map can help identify strengths of the community
- When recruiting, think of who can help build the program. There are two types of helpers:
  - Gatekeepers: people in a position of power who can help you get in the door
  - Bridge builders: people who are active in a lot of areas to build networks and connections
- **RECRUITMENT STRATEGIES**
  - Warm body: large number of potential volunteers are recruited in a short amount of time (community events, recruitment fairs, large gatherings). Volunteers may have limited qualifications, so the yield can be low, but as a marketing tool, it's successful.
  - Targeted: smaller audience with specific skills, not commonly found. This is a personal approach with identified prospects and has a higher yield.

## **BEST PRACTICES FOR SCREENING**

- Screening is a whole process, not just background checks
- Agencies need clear written policies and practices when it comes to screening, including policies that outline:
  - Mentoring priorities
  - A written application to gather information
  - An interview process structured to gather additional information
  - Reference checks
- Screening can and should be an evolving process
- Someone can be screened and then not meet the final criteria. It's OK, this needs to be what's best for your program.
- Screen for safety and sustainability – effective screening mitigates risk
- The keys for screening success are:
  - Time
  - Commitment
  - Personal qualities to be safe and effective
  - Desire to be a part of the program

## **BEST PRACTICES FOR TRAINING**

- A well-thought-out and planned training program ensures everyone has the knowledge, attitude and skills to build a safe and effective relationship
- Training should prepare mentors for situations they may experience, questions they may be asked, challenges they may encounter, etc.
- Training should clearly cover their responsibilities, expectations, program policies, etc.
- Provide an opportunity for mentors to engage in hands-on learning opportunities
- Provide trauma-informed education and adverse childhood experiences
- Effective trainers are welcoming, practiced, relevant, innovative, interesting, engaging, flexible and prepared
- Parent training is an important part of this process – an orientation of what their child will experience, and how to support the growth that will happen

## **BEST PRACTICES FOR MATCHING AND INITIATING**

- It's important to have strong matches to build consistent, trusting relationships
- Choose activities that the pair enjoy doing together, but also consider exposure to new experiences to grow that future view
- For a relationship to flourish, youth must feel supported and connected, provide learning opportunities to help mentors create this connection and trust
- Not all matches will last – check in with mentors and mentees to ensure the match is promising
- Ways to build matches include:
  - Staff chooses
  - Mentor chooses
  - Parent chooses
  - Youth directed
  - Group based (like speed dating)
  - Mutual choice

## **BEST PRACTICES FOR MONITORING AND SUPPORT**

- Define what support is for your program. Support is important to monitor the quality of relationships, ensure kids are safe, and set up the relationship for success
- Develop a clear process for consistent check ins, seeking feedback, and handling problems
- Communicate regularly with participants
- Help matches find ways to reach goals
- Address concerns and manage expectations
- Bring mentors together for peer support
- Provide ongoing training opportunities
- Document all contact and attempted contact
- Recognize the work mentors and mentees are doing (January is National Mentor Month)



- Know how to spot red flags – talking about religion in a non-religious setting, spreading an agenda, gaps in mentor/mentee meetings, mentee doesn't want to share what was talked about
  - Program leaders need to cover the rules clearly and directly, so people know if they're breaking them

## **BEST PRACTICES FOR CLOSURE**

- The match will come to an end – start thinking about closure from day one so that expectations exist for the length of the relationship
- At the close, offer the chance to reflect on the relationship – how it made you feel, why it needed to end (expected vs. unexpected), celebrate the relationship for what it was
- Regular check-ins with mentors and mentees can help eliminate the sudden closure of a relationship, maintain frequent communication with all parties

## Getting in the Mentor Mindset

Dudney Sylla, program manager with MENTOR: The National Mentoring Partnership, shared best practices on building more intentional mentorship relationships through parks and recreation. Sylla provided best practices and tips on getting park and recreation staff in the mindset of serving as mentors.

Sylla shared a variety of activities to help grantees see themselves as mentors and understand how to build trust within a match. Grantees were led through a quick activity where they practiced tiny teaching — a great activity to bring back to unique mentor programs. In pairs, partners share one thing that they can teach their partner in just a few minutes. This helps mentors to see themselves as teachers, ensuring that they feel they can contribute to the relationship. This activity allows mentees to feel valued and acknowledge that they have unique skills and contributions they bring to the table. It's a great first step in building trust and reciprocity.

“Often, we think too hard about what it means to be a good mentor, but in reality, it starts with hello and a relationship is built from there. You can't just jump in and expect to address heavy topics. Start small and build those bonds and trust.”

—Dudney Sylla, MENTOR



Sylla also shared that accessibility and vulnerability — with appropriate boundaries — is key when building the relationship. This lets youth know you're available and willing to help when needed. Together, grantees explored being vulnerable with one another, sharing accomplishments, challenges they've overcome and barriers they've faced in life. Being vulnerable can be uncomfortable, but it breaks down walls and is key to building trust in a relationship. It's important for mentors to share with mentees so they understand that overcoming challenges is possible and acknowledge the shared experiences of others.

Providing tools for continued growth and checking in frequently on goals and progress is another great way to exhibit the mentor mindset. While it can be scary, giving kids the opportunity to make safe decisions and learn from results is an important step in development. When decisions don't turn out as expected, incorporate the challenges into discussions. Overcoming challenges in a safe environment allows youth to develop confidence and self-esteem, expanding possibilities and future views. A great way to overcome challenges is to help youth look at things they've done successfully, identify the steps they took to get there, then apply those same strategies to the challenge.

Grantees also were encouraged to remember the phrase, **"Nothing about us without us,"** meaning that engaging young people in community building can help develop youth identity and sense of purpose. To advance community building activities, create a web of support and partners who can commit to your greater goals.

As a mentor, it's also important to foster relationships with parents and caregivers and meet them with compassion. It's easy to be frustrated by their actions or lack thereof, but try to understand their own traumas and let them know that when they're ready to receive help and support, you'll be there for them as well.

Sylla also shared some keys to hosting training for mentors — something all agencies should prioritize as they start their mentoring program. A mentor training program provides an opportunity to educate and guide mentors to best serve in their role, while providing a thorough overview of program policies and practices and addressing any questions or concerns mentors may have. Agencies should aim for at least 2 hours of mentor training in each of these phases:

- Orientation
  - Understand mentor roles and responsibilities, program policies, commitment required and basic mentoring principles
- Pre-match training
  - Understand how to build trust, demonstrate support, gauge interests of youth and structure mentoring sessions so they are effective
- Post-match training
  - Understand how to foster positive growth, continue to set goals for the relationship, build a sense of community, prepare for closure

While the role mentors play is huge, it's not always enough. It's important to continue to work toward the goal of a community-wide network of support for all youth. Take time to evaluate who is at the table and who is not. What organizations are missing? Who can join your efforts? How can others actively build better relationships with youth? How can you demonstrate the importance of investing in youth and the community to local stakeholders?

Although no one wants to talk about it, be sure to address relationship failure during trainings and how to avoid that. Common reasons for failure include a lack of motivation, mentors and mentees not understanding expectations, or a lack of skills and support.

It's also important to touch on culturally responsive mentoring, including an awareness of cultural bias, backgrounds and values. This can segue into having conversations around connection, like what is healthy attachment and supportive communication. And above all, talk about what a mentor is, and find a definition based on the individual — remember, each community and person is unique, and the program should reflect that.

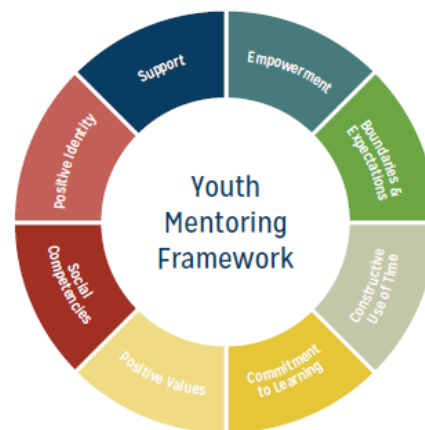
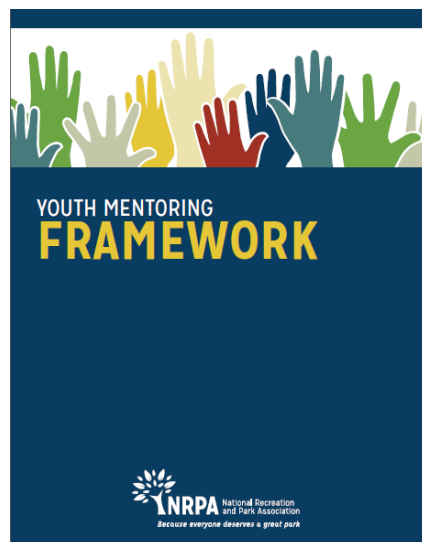


## Utilizing NRPA's Youth Mentoring Framework

NRPA developed the Youth Mentoring (YM) Framework to help local park and recreation agencies craft their own unique, individualized mentoring programs. It is designed to help agencies leverage local park and recreation assets that build protective factors around at-risk youth, while also forming strong social connections and positive relationships to address trauma, adversity and other challenges that youth experience.

The YM Framework is rooted in data collected and analyzed across the park and recreation field, encompassing direct feedback from youth, park and recreation staff, and subject-matter experts in the mentoring field. It considers common assets found in park and recreation agencies, as well as feedback on the need for self-care, reflection and mindfulness for both mentors and mentees. In addition, the YM Framework is grounded in the [Search Institute's Developmental Assets Framework](#). It outlines 40 research-based, positive experiences and factors that influence youth development and lead to positive life outcomes. The more assets individuals have, the less likely they are to engage in risky behaviors.

The Framework can be used in both group and one-on-one mentoring settings and suggested guidance for weekly discussions, activities, reflection and self-care. While the Framework provides 16 weeks of lesson guidelines, mentoring activities can be repeated or expanded on with the goal of supporting a mentor/mentee relationship for a minimum of one year. It includes weekly conversation starters related to the overarching themes, sample activities for mentors and mentees, as well as community service projects, family engagement and self-care tips. During the training, grantees worked together in small groups to brainstorm weekly sessions between mentors and mentees, developing an understanding of how the Framework can be used to provide structure to mentoring programs, but also how it is designed to be flexible, adaptable and to reflect the unique aspects of each community. Grantees also brainstormed family engagement activities and community service projects.



# Youth and Community Coalitions to Address Substance Use

To ensure that local voice was incorporated into the training, NRPA worked closely with Carter County Drug Prevention to showcase its innovative and inspiring programmatic efforts across the community. The coalition has established two sub-coalitions to support its work, an adult coalition comprised of community leaders and organizations, and a youth coalition. The youth coalition is made up of preteens and teens who are passionate about serving as health leaders and educators in their community, working to make Carter County and Elizabethton a safer, healthier and more opportunistic community for young people. During the training, attendees had the opportunity to hear from both coalitions through panel discussions, and to learn more about their role and ideas surrounding a drug-free community and how other park and recreation agencies could replicate a coalition in their own community.

## Youth Coalition: Thoughts on Substance Use Prevention

- Youth are a strong voice for change and should have a seat at the table when decisions are made that impact them.
- Adults need to listen to youth, take what they say to heart, and ensure that their actions reflect what the youth are saying.
- Kids are gullible and swayed to try substances, so this is an opportunity for peers to support each other and mitigate usage risk.
- Vaping and marijuana are easy to access and easy to hide, so mentors should be aware of that.
- Coaches, teachers and other community leaders are in a position to share personal stories with kids to relate, and can step up as caregivers, parents, support systems.
- It's important for adults to offer the same education and information — talk with kids, not at them, and be respectful of kids and their own morals and values.
- Youth sports teams or student clubs are in a position to have a zero-tolerance policy — teaching kids that if they engage in risky behaviors, it can cost them what they love to do.
  - Team members should hold each other accountable and make sure they're not risky.

## Opportunities for Parks and Recreation to Engage Youth

- **Offer additional activities for youth:**
  - Park and recreation agencies can host teen-friendly events, like kickball and dodgeball tournaments, showing that you don't need substances to have fun.
  - Agencies should survey youth on what programs and events they are interested in attending.
- **Look at the data:**
  - Through school-based county-wide surveys, Carter County found that kids start using drugs in 4th and 5th grades, so they made a decision to start a junior coalition to engage kids at a younger age and are actively building up programming during out-of-school times to reach those vulnerable youth.



- Conduct outreach to other community organizations where kids spend time to recruit youth, including home-schooled youth and the faith-based community.
- **Give youth leadership opportunities:**
  - Youth love their communities, and they are incredibly passionate about creating positive change.
  - Youth seek out opportunities to give back, learn new skills and gain valuable work experience that can influence their career choices.
    - The Youth Coalition meets once a month to develop programs for the community; youth take on the majority of the responsibilities and are committed to the work.
      - The group designed a murder mystery activity based on the drug and tobacco issues in their own community — the game focuses on stigma, opioid use, poverty and more.
  - Youth seek the chance to be peer leaders and positive role models.
    - The group isn't trying to tell people what to do — they're just trying to educate, help and support people to make safe choices; they see the impacts of substance use in their community every day and want to create a safer and brighter future.

## Community Coalition: Thoughts on Substance Use Solutions

- Prevention and response efforts to substance use challenges need to be comprehensive and community-wide.
- Every organization in the community has a role to play, sometimes you have to help them see where they fit.
  - The Carter County Community Coalition includes representatives from the park and recreation department, local community institutions, including faith-based partners, financial services, employers, etc., court system, law enforcement, school district, recovery groups, youth sports providers, individuals in recovery, university staff, counseling services, etc.
- Other issues often impact the same youth, creating additional toxic stress and a high presence of adverse childhood experiences.
  - Hunger, domestic violence, insufficient clothing/basic needs and parents being incarcerated often are accompanying factors.
  - Community members are seeing a homelessness issue in schools — oftentimes, parents are in jail or kids don't feel safe living with them. Schools have the opportunity to address this, so in Elizabethton, they brought in a counselor as staff who can work with kids. Kids can self-refer or take advantage of scheduled office hours for families.
- Substance use disorder is a cyclical, generational disease often passed down from parents to youth. It's critical to reach youth earlier to help connect them to positive, caring adults, positive experiences, and opportunities.
- It's critical to break down stigma across the community, for both substance users and non-users. Many of the adults struggling with substance use disorder are fearful of the systems that are in place to provide assistance. Often, adults will reject this assistance out of fear.

- There's a fear that if parents accept home-based services, the child will be removed from the home. This results in many youth going without early-intervention services, especially alarming rates of infants born dependent, who are already at a great risk of challenges later in life.
  - "These are sick people who need to get well, not bad people who need to be good."
- Naloxone should be widely available, and all should be training on how to administer it.
  - The panel is working to get Naloxone in schools and training school staff in the event that there is a potential overdose on school property.
- Other concerns are escalating around suicide and other substance use addictions, including methamphetamine.
- There is a responsibility to provide trainings and education to the community to share information on the resources available, including suicide prevention and substance abuse as a result of reduced inhibitions and impulse control.

## Addressing the Stigma of Substance Use

Perhaps one of the most important components of this work is the opportunity to address and break down the long-held misperceptions and beliefs associated with substance use disorder. As overdose rates continue to rise and people from all walks of life are impacted, both directly and indirectly, it's imperative that we confront this epidemic and build a greater understanding of the science behind it and how individuals are susceptible to substance use disorder based on brain chemistry, life experiences and the impact of toxic stress and trauma. We need to see substance use disorder and mental health disorders more broadly as a disease — the same as heart disease, diabetes, arthritis, etc. When we view substance use disorder as a disease, and when we see the individuals struggling with addiction as human lives, most of whom are looking for opportunities to break the cycle of addiction, we are more inclined to support treatment and recovery.

The training provided an opportunity to hear directly from community members recovering from substance use disorders, both through a series of videos and in-person discussions and storytelling. Individuals shared personal stories of struggle, of loss, of grief and of recovery. Some thoughts from the profound and powerful presentations included:

- There is stigma around substance misuse generally, both from those struggling with substance use disorder and non-users, but it's key to remember that the "opposite of addiction is not sobriety; it's connection."

According to the [American Foundation for Suicide Prevention](#), men died by suicide at a rate of 3.54 percent higher than women in 2017.

[Mental Health America](#) reports 6 million men are affected by depression in the United States every single year.

The [National Institute on Alcohol Abuse and Alcoholism](#) puts the annual number of men dying due to alcohol-related causes at 62,000, compared to 26,000 women.

Depression and suicide are ranked as a [leading cause of death](#) among men, and yet, they're still far less likely to seek mental health treatment than women.

- Many non-users believe that substance use is a choice, a lifestyle and failure to see it as a disease.
- There is a stigma around who is experiencing substance use disorder. Many people hold onto outdated images of “addicts” as depicted as “bad people.” But, it’s important to recognize that this disease doesn’t discriminate, rather anyone, including friends, family members, professionals, athletes, community leaders, etc., can be struggling.
- More broadly, there is a stigma around mental health conditions more generally — depression, anxiety, etc. Often, people struggling with those conditions don’t have access to mental healthcare or don’t embrace healthy coping mechanisms, and instead, turn to substances to numb the pain.
- Those struggling with substance use disorder often don’t seek treatment because of shame, fear and the belief that they can overcome their challenges on their own.
  - It is frowned upon and shameful to need or ask for help from others.
  - This struggle with stigma is especially evident in men who have a harder time seeking treatment the culture of toxic masculinity. One person in recovery shared that he did not seek treatment earlier because he believed, “I am a man and I need to get my house in order.” This is a mindset that suggests he could handle his problems on his own and didn’t need help from others.
- We need to decrease stigma around accessing and the availability of treatment. If someone had a heart condition, we wouldn’t tell them not to take medicine. Addiction should be the same.
  - We often hear negative views around Naloxone administration and how first responders are constantly called back to the same homes to provide medical care for someone experiencing an overdose. While response services in many communities are limited, addiction should be treated the same as someone with another chronic disease who needs medical assistance.

## Understanding Trauma and ACEs

As we work to support youth impacted by the opioid crisis, we must acknowledge that many of their life experiences may be filled with trauma and toxic stress. Jillian Reece with Carter County Drug Prevention led grantees through a session focused on understanding trauma, how trauma shapes child development, and how Adverse Childhood Experiences (ACE) impact future health outcomes.

Healthy child development leads to educational achievement, economic productivity, responsible citizenship and lifelong health. Development begins at birth and is initially supported with serve-and-return interaction that is key in child development. This action of engaging with youth in the critical early

### Three main kinds of stress:

Positive: short, stressful events that lead to something good – meeting new people, the first day of school

Tolerable: tragic, but can be overcome with support – a death in the family, loss of a job

Toxic: everyday, repeated stress – family member has substance use disorder, violence in the home

childhood years builds strong brains and trusting relationships. When these actions are not positive, it can have the opposite effect.

Grantees learned that while it may seem counterintuitive, certain types of stress is a key part of healthy childhood development. While positive and tolerable stress is good for healthy brain development and reinforces self-regulation, stress management and coping skills that are needed throughout life, toxic stress impacts youth in negative ways.

One form of toxic stress is ACEs. According to the Centers for Disease Control and Prevention (CDC), ACEs are potentially traumatic events that occur in childhood (0–17 years), such as experiencing violence, abuse or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability and bonding, such as growing up in a household with substance misuse, mental health problems or instability due to parental separation or incarceration of a parent, sibling or other member of the household.

ACEs can alter brain development, immune systems and lifelong health, including heart disease, lung health and mental health, like depression and anxiety. Those with more than six ACEs have a 20-less year life expectancy. But ACEs do not determine someone’s destiny, as they can serve as a tool to educate, to make healthy decisions, to mitigate risk and to interrupt the cycle. That’s because most ACEs are generational.

The good news is that Positive Childhood Experiences (PCEs) do exist and can be achieved with the presence of two non-parent adults, like mentors, coaches, teachers, etc., in safe, stable, nurturing environments — leading children to feel that they belong in their school and with their peers, and that they contribute to the community. Communities can move the needle on PCEs by investing early, as executive function is formed in infancy and adolescence.

It’s also important that people who work with youth apply a trauma-informed care (TIC) lens within their work. TIC recognizes the presence of trauma symptoms and acknowledges the role that trauma may play in an individual’s life. From an organizational perspective, TIC changes culture to emphasize respecting and appropriately responding to the effects of trauma at all levels. It is not the intention of TIC to treat individuals, rather, to provide support and related services in a way that is accessible and appropriate to those who may have experienced trauma. The risk for triggering or worsening trauma symptoms and re-traumatizing individuals increases when not using this approach, and a lack of policies in communities can directly relate to an increase in ACEs. This has lasting effects on communities, as ACEs can impact community prosperity and lead to non-contributing members of society.

When addressing ACEs and applying a trauma-informed lens, one strategy would be to create a shift in the conversation. Rather than saying, “what’s wrong with you,” think “what has happened to you?” This creates an opportunity for park and recreation professionals to incorporate TIC and to see every youth as an individual with unique life experiences. This is also an opportunity to bring in parent education and let them know their own ACEs impact how they parent, and it’s not their fault, but there are ways to mitigate and correct.



## The Power of Nature

While the training focused on program planning, preparation and thought-provoking conversations around the opioid crisis, we also recognized the importance of taking time for self-care and reflection. One of the observations gathered from our summer listening tour was the emotional toll and caregiver fatigue this crisis is having on community leaders, first responders, youth service providers and others. We wanted to explore one of the greatest assets that each grantee has at his/her disposal — the ability to connect mentees and mentors to the healing and inspiring power of nature.



Studies have shown that spending time in nature and green space can result in measurable changes in the body, including lower levels of cortisol, which is involved in blood pressure regulation and immune system functioning. Time in nature also has been linked to positive symptom relief for anxiety, depression, heart disease, cancer and attention disorders.

Grantees were able to experience the many benefits of nature during an off-site visit to the Doe River Gorge. As grantees took a train ride through the gorge then reflected over a campfire, the discussion shifted to the healing properties of connecting with nature — breathing in fresh air, feeling the ground under your feet, experiencing awe. Grantees also were led through a brief meditation, which can be transformative in brain chemistry, and a powerful tool to reset when life feels overwhelming.



## Thank You

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