

# State Opioid Response: Prevention in Early Childhood

## Case Study: Components of an Early Childhood Response



### Smithtown At-a-Glance

Smithtown is a community of 23,500—a suburban town with a population growing in both size and diversity. One of the drivers of this population growth is young professional families leaving the city for a more family-oriented community. These better-resourced families are renovating Smithtown’s neighborhoods, razing smaller homes, building large houses, that are unaffordable to those families that have traditionally lived there. Families of color are the most impacted by this shift.

A high proportion of pre-K [ages 3-5] children in Smithtown (27%) are not entering kindergarten with the social-emotional skills needed to thrive, particularly among youth without safe, nurturing, and predictable environments at home and in the classroom (45% vs. 17%).

### About the Smithtown Early Childhood Task Force

The combined leadership of the town’s public health department and network of early childhood providers serving Smithtown’s young families initiated the **Early Childhood (EC) Task Force**. The task force is charged with developing a plan for ensuring that those children struggling in early education and care sites (perhaps from homes where substance use disorder is present but not necessarily) can enter kindergarten with the social-emotional skills needed to thrive. They have engaged several partners in a short-term planning process to find an evidence-informed approach to begin to address this issue.

#### Who’s Involved

The task force comprises representatives from the town’s public health department; local health care providers, including behavioral health providers; and early education and care providers, including the Smithtown public school’s Head Start director. The task force is connected to another large coalition in the community—The Smithtown Prevention Coalition—which has a strong history implementing a broad range of prevention efforts, including efforts focused on tobacco and underage and binge drinking. The coalition is currently focused on preventing unintentional opioid overdoses. The coalition also has experience using the Strategic Prevention Framework (SPF) to guide its work and some of its members have volunteered to help the task force through this process in the early childhood realm.

The task force has given significant thought to how to include the voices of people with lived experience and engage those not often included in community planning efforts. To achieve this,

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they are working with a number of cultural, faith, and community-based organizations to engage them in assessment efforts.

### Who's Missing

The task force has had a hard time engaging with the *substance use disorder intervention and treatment sector*—specifically, representatives from the regional substance use disorder treatment facility. Legitimate concerns about patient confidentiality make finding ways to work together difficult. Treatment providers have shared that the families they work with are concerned that if they get involved in prevention efforts the Department of Child Welfare (DCF) will take their children away from them. Challenges also include high levels of staff turnover within the treatment system and limited time to engage in non-billable endeavors. Continued efforts to engage the treatment and recovery community are underway, including sharing assessment findings with members of the treatment community to gain their perspective and help shape priorities and inviting treatment providers to train task force members on topics such as substance use-related stigma and recovery-oriented systems of care (see capacity-building, below).

In addition, the task force has been unable to engage the *Smithtown public school leadership*; they are primarily focused on the K-12 spectrum and feel that the early childhood providers should develop their own solutions. The group has had some initial success reaching out to the local Head Start program. The director joined the task force's most recent meeting and is hoping to become a member.

Finally, *police* are not engaged but have expressed concerns about supporting young children in their interactions with families. The only tool they have currently is to inform DCF when they encounter children on a call, which more often than not leads to the children being removed from the home.

### **Conducting the Needs Assessment**

To understand the local needs, resources, and readiness of the community to address the impact that risk factors such as exposure to substance misuse and substance use disorder can have on children, the Smithtown EC Task Force took the lead in conducting a community needs assessment. The assessment was coordinated and facilitated by the EC Task Force coordinator and supported by the public health department.

- The group started by looking at available census and population health indicators.

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- They conducted informational interviews with health providers and parents and surveyed early education and care providers.
- They worked with faith community and nonprofit partners to host two parent focus groups (participating parents were provided a meal and stipends).
- They worked with the Smithtown Prevention Coalition to review findings from a recent community needs and resources assessment the coalition had conducted and reviewed the data points it had used.

To optimize family engagement in the assessment process, the task force collaborated with peer recovery support providers and cultural brokers (e.g., local faith leaders, organizations that serve historically disenfranchised communities) to develop interview and focus group protocols and develop relevant questions. These community members have a deep understanding of the families they serve.

To support these efforts, the task force received technical assistance from its state liaisons on effective strategies for bringing diverse groups together to build prevention capacity, cross training models, and data sharing agreements.

### What they Learned

Assessment findings include the following:

- **Poverty.** The poverty rate in Smithtown was 8% prior to the pandemic and there are concerns that this number has increased since the onset of COVID. While the median household income in 2019 was \$80,000, disparities in family economic status are on the rise. There is a growing need for affordable housing and childcare; many of the families accessing local food banks and baby pantries are struggling to stretch their income to cover the basic needs of family life.
- **Substance use.** Like many other communities in the area, Smithtown has struggled over the past decade with an epidemic of opioid misuse and overdose. This problem has straddled all socio-economic and racial segments of the community, yet not all those impacted have had the same access to intervention, treatment, and recovery resources.
- **Early childhood.** While the entire population of Smithfield is growing, one particular segment is showing explosive growth: the number of children under age eight.

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According to census data, most of this increase is attributed to children under age five. This has created a serious need for more early education and care for children aged 3-5.

- **Access to Services.** Access to services—or lack thereof—varies by population. For example, the public schools are seeing rising numbers of English language learners, and census numbers show growing numbers of new citizens moving into town. During informal discussions with task force leadership, school and community health center partners expressed concern about the challenges that many of these families are facing accessing and navigating the health care and education systems, and about the disparities in child wellbeing and educational outcomes that these challenges are producing. *Centro Familia*, a local Latinx family support organization, provides some access and navigation support; they also work closely with a strong network of faith communities to help to meet the basic needs of young families, including food and baby supplies, and parent play groups.
- **Community Organizations.** While many Smithtown residents are struggling, the community does have a number of locally based community organizations that provide important resources to community members. Some of these have been mentioned above. While access remains challenging for some, the community has the resources to develop a strong network of community organizations that can support families across early childhood and health care services.

### Understanding the Impact on Children: Homing In on Intervening Variables

The assessment provided important context for understanding the needs of Smithtown’s young children and their families:

- Results from the survey with health care and early education providers revealed that children across multiple community sites lacked the ability to regulate their feelings and behaviors sufficiently to positively engage in learning, and that the number of young children displacing challenging behaviors in preschool environments was increasing. They expressed concern that these challenging behaviors would interfere with the learning of other children. They also reported a desire for greater skills and strategies for intervening and redirecting the challenging behavior of these children. For older youth, the schools do implement a variety of evidence-based programs that address multiple health issues.

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- Respondents to the health care/early childhood survey also expressed suspicions that at least some of the children displaying these problem behaviors came from homes where substance use, and particularly opioid use, was suspected. These suspicions had also been expressed by the director of the Smithtown Prevention Coalition—and was the prime incentive for forming the Smithtown EC Task Force in the first place.
- Discussions with directors of early education sites revealed concerns that staff were feeling stressed and exhausted. They shared that many of their sites were over-enrolled and understaffed due to a dire shortage of childcare in the community. Depressed wages for childcare workers added to the challenge.
- Finding from the parent focus groups revealed that many parents felt uncomfortable and often ashamed to access Smithtown’s food and baby pantries. At the same time, they are struggling with financial stress and isolation, and a lack of positive support in raising their young children. They worry about system involvement, being judged a ‘bad parent’, and that their children will be removed from their care. These concerns were heightened among parents who shared that they were in early recovery and currently receiving medically assisted treatment (MAT).
- Conversations with faith leaders confirmed that stigma and fear of intervention by DCF are the main reason parents don’t access more services for their young children.
- The task force representative from the community health center expressed concerns over high levels of lead paint exposure in young children in specific neighborhoods. He also expressed concerned about the amount of opioid use happening among caregivers.

### What They Still Need to Know

The task force was surprised by how much they learned from the assessment process, and how many connections they made in the process. They made sure to track who they connected with, and how often, so they had a record of where to go if and when they needed more information. They were disappointed, however, by the quality of the existing data that they uncovered. Most of the population-based data sources they looked at, including the Pregnancy Risk Assessment Monitoring System and the census information—were lagging by three to five years. And where they were able to access more current data—including local hospital data on the number of babies born with neonatal opioid involvement—the numbers were very small. They’re hoping that their state technical assistance providers will be able to help them assess the validity of

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these data and/or the degree to which they accurately reflect Smithfield's opioid use landscape. They'd also welcome guidance on where to go to access more current data and have initiated conversations with members of the Smithtown Prevention Coalition about developing a community-wide, government-supported data set related to young children and familial substance use.

### **Building their Capacity to Do the Work**

Smithtown is fortunate to have a long history implementing successful prevention efforts to reduce substance misuse and the prevalence of substance use disorder—particularly through its Prevention Coalition. Members of the coalition have built some strong partnerships and worked collaboratively for many years, though rarely in the early childhood realm. They do, however, have experience using the SPF process to identify prevention interventions aimed at reducing youth substance misuse and opioid overdose.

Though the focus on early childhood is new, there is much enthusiasm for this work, and it is being spearheaded by a dedicated group of stakeholders interested in addressing the behavioral health issues cropping up in the community's early childhood programs. The initial members of the EC Task Force have a deep understanding of early childhood development and the needs and challenges faced by Smithtown's growing population of young families. This group is under-resourced and overutilized, but they are also persistent and committed. They are thrilled to be joining forces with the more-established Prevention Coalition to move their efforts forward. They are confident that together, they can be successful in identifying and implementing effective strategies to build protective factors that counter the risk factors experienced by young children who are growing up in homes where substance misuse or substance use disorder are present.

To build their collective capacity to do this work, the EC Task Force and Prevention Coalition will engage in a series of cross-trainings; these will provide an opportunity to share expertise across the two and develop a shared language and approach. For example, recovery peer support providers will provide trainings on stigma and its effect on parent engagement with child services; the EC Task Force on youth development, and the Prevention Coalition on the SPF.

The task force is also working with its early education and care providers to integrate an understanding of substance misuse prevention and substance use disorders into their ongoing professional development syllabus. They will also work to build this understanding among their own task force members by sharing videos such as [No Small Matter](#). These films provide an

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excellent foundation for how communities can come together to implement effective early childhood prevention efforts. As every member of the task force engages in these learning opportunities, they have agreed to share this information with their respective organizations to increase community-wide capacity. Finally, the process of having engaged in a collaborative assessment process will also help to ensure that all members of the task force have a shared understanding of local issues and prevention capacity and can actively engage in the planning process.

### **What's Next?**

Once the assessment is complete and key capacity-building activities were completed, each task force member reviewed the findings and shared their experience related to the issue, the strategies they have implemented, and how they can contribute to progress towards a solution. The group also shared some of their findings with members of the treatment community and Centro Familia to get their perspective. They now have a strong collective understanding of the issues and can begin to prioritize the identified intervening variables they have identified. They will balance these key questions: Which priorities are most important, which are changeable, and where can the task force have the greatest impact? Once they have established clear priorities, they can consider which evidence-informed approaches/strategies are most likely to address them.

### **Engaging in a Strategic Planning Process**

To inform their strategic planning process, the EC Task Force builds on its strong collective understanding of the most pressing early childhood issues facing families in the community, and the factors contributing to them. They identify a small, representative team to take the lead in drafting a prevention plan and logic model. The team includes task force members with a deep understanding of the issues and real potential to make a positive impact: an early education and care provider from the Smithtown Preschool Program (SPP), a parent volunteer at SPP, an early childhood behavioral health provider, the Smithtown Prevention Coalition prevention coordinator, a family recovery peer coach, a family navigator from Centro Familia, and the grant coordinator (to facilitate the meetings). The team tried to recruit the Headstart teacher from the public schools, but her participation was not approved by the School Board.

The planning group met five times over two months, including once with the full task force to share their plan and logic model and get input. The team aligned their efforts with the key tasks

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of the [SPF planning step](#) and followed the [SOR-PEC Strategic Plan Development Guide](#) and the [SOR PEC Logic Model Development Guide](#) provided by the funder.

### **Develop a Needs Statement and Prioritize Intervening Variables**

The planning team's first task was to articulate a needs statement informed by local data. To do this, they reviewed the data they had collected as part of their needs assessment. They considered Smithtown's capacity for implementing an early childhood prevention strategy by assessing the community resources and readiness. With this information, they identified a data point to focus prevention in early childhood in Smithtown. This is their statement:

*Local Manifestation of Need Statement:* 27% of Smithtown children are entering kindergarten without the social emotional skills needed to thrive. Most of these children lack sufficient nurturing (45%) and predictable environments (17%).

The planning group then sought to prioritize the intervening variables associated with these needs, considering which variables most contributed to the problem and where could they make a sustainable impact. They selected these two variables:

- Poor self-regulation can lead to frustration and constant negative attention on the child by peers and teachers at school.
- Lack of classroom structure in the school environment can lead to additional social and behavioral problems in children who have trouble switching from one activity to another.

### **Identify a Centered Population and Setting**

The team's next task was to select a population of populations to center. Based on need and ability to implement, they decided to focus their efforts on children aged 3-5 who were enrolled in early education and care settings, and the staff who care for them. Their decision was informed by the following:

- The intervening variables they prioritized were most evident in the years preceding Kindergarten.
- Most of the children who were identified as lacking social emotional competencies were transitioning from the town's childcare settings.



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- Many providers working in these settings had communicated that they were unprepared to manage these difficult behaviors.

With their population selected, they set out to find a suitable setting for their intervention. The setting most prepared and willing to engage in prevention efforts was the Smithtown Preschool Program—the community’s largest and most diverse provider. SPP was invested in implementing an evidence-based curriculum for their pre-K program; in fact, they had already established a goal in their annual plan related to integrating social emotional learning into their center’s programs. They did, however, underscore the fact that “just learning the curriculum wasn’t enough,” and highlighted the importance of also providing ongoing professional development on managing difficult behaviors in the classroom. The planning team was on-board with this idea and suggested that the SPP open these professional development opportunities to Smithtown’s broader early childhood provider community. SPP agreed to approach their leadership with this suggestion.

### Selecting an Evidence-based Intervention

With the problem identified; and variables, populations, age range, and setting defined; the team was ready to think about interventions. Their charge to find no more than two evidence-based or -informed interventions that were a good conceptual and practical fit for their community.

With support from their state training and TA provider, the team identified and quickly reviewed the available evidence-based social and emotional learning (SEL) curricula that could be implemented in a preschool setting, including programs listed on the [National Association for the Education of Young Children](#) and [CASEL](#) websites. From these lists, they decided to look more deeply at these four curricula--Al’s Pals, Incredible Years (Dinosaur Classroom and Teacher Training), Positive Action, and Second Step—as these programs showed strong outcomes related to Smithtown’s priority intervening variables.

They ultimately decided on [The Incredible Years](#) because it directly addressed social emotional skills development (particularly self-regulation) and classroom management skills—the coalition’s two priority intervening variables. It also includes a Spanish language component, which was important because many of the students at SPP had caretakers whose first language

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was Spanish. Excited by their choice, they presented their choice, accompanied by a description of their decision-making process, draft strategic plan, and logic model, to the full task force for input. They shared the process description, plan, and logic model in advance so the group could come to the meeting with questions.

During the meeting, the group discussed the cost of the materials and training needs. To help them assess practical fit, they also asked a number of questions related to implementation, including how SPP would integrate the new lessons into their daily curriculum, including the Spanish language materials.

Following a rich discussion, the group agreed to commit current grant funding to the purchase of the *Incredible Years Teacher Training Program*. While both the PreK classroom curriculum and teacher training addressed the coalition's priority intervening variables, the group was reluctant to take too much on initially. The teacher training felt like a good place to start because it would allow them to reach a broader audience, and thus have a greater impact than starting with the curriculum. They were particularly excited that SPP was willing to open the teacher trainings to the broader Smithtown early education and care provider network for free.

The planning group was now able to finalize its [logic model](#). The logic model documented all of the group's planning work in one place, and identified the short-, intermediate-, and long-term outcomes it hoped to achieve with its efforts.

The coalition expressed interest in adding the classroom and parent components down the road, and recommended doing continued work to build readiness and secure resources for these additions. They agreed that after the first year of implementation, they would revisit the addition of the curriculum.

### **Never Too Early to Think About Sustainability**

The conversation about the future parent program leads to a broader discussion of sustainability.

Smithtown's civic leaders (the town selectmen and the board of health) had just announced prevention as a core public health strategy and identified the early childhood years as a critical phase of development for prevention interventions—a major shift from the community's previous focus on youth and young adults. The task force attributed this shift to the support their work was getting from the long-standing and well-respected Smithtown Prevention

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Coalition (that is, their willingness to fold this early childhood project into their ongoing work). The task force set as a priority finding ways to continue the momentum they've built.

The task force is also attentive to the current discussion of the importance of high quality affordable universal childcare and understands that integrating the SEL lens into all professional development and childcare expansion is another important sustainability strategy.

### **Next Steps**

SPP is ready to begin implementation planning as soon as the task force receives approval from BSAS to move forward. Once approved, they anticipate needing TA support for the next steps of the SPF process: implementation and evaluation. They especially look forward to receiving TA on best processes for capturing local outcome data and meeting statewide evaluation requirements. Task force leaders have also expressed interest in continued training and TA on how to sustain prevention efforts across the continuum.