

IDHS Home Visiting Guidance for Addressing Substance Use Issues and Providing Referrals

Home visiting remains an essential service for families as they navigate social isolation, economic uncertainty, the challenge of balancing work and remote learning, and other stressors exacerbated by the COVID-19 pandemic. Substance Use Disorder (SUD)—including opioids, alcohol, and other drug use—is among the challenges that families with young children may be facing and requires an empathetic and informed response by home visitors.



Substance Use Disorder (SUD) is a chronic disease that is treatable, characterized by “recurrent use of alcohol or drugs (or both) that results in problems such as being unable to control use of the substance; failing to meet obligations at work, home, or school; having poor health; and spending an increased amount of time getting, using, or recovering from the effects of using the substance.”ⁱ Parental SUD can have negative impacts on children, and parental substance use ranges in severity. According to 2015 National Survey on Drug Use and Health (NSDUH) estimates, there were 12,657 pregnant women and 113,376 women with dependent children in Illinois who in the past-year experienced Alcohol Use Disorder (AUD) or SUD.ⁱⁱ

As trusted messengers of health information, home visitors can be vital in identifying substance use issues in parents and caregivers and can provide important connections to recovery supports. This document is intended as a general overview for home visitors providing guidance and support to families experiencing SUD and other substance use issues.

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4P's Plus © Screening Tool and Brief Intervention

Developed by NTI Upstream, the 4P's Plus © screening tool is a validated behavioral health screening instrument designed specifically for pregnant women, and includes brief screening questions for alcohol, tobacco, marijuana, and illicit drug use, in addition to depression and intimate partner violence.

The 4P's Plus © tool includes a brief intervention strategy, grounded in motivational interviewing techniques. The tool provides guidance and a booklet on how to use the "I am concerned..." approach to talk with parents who have been identified through the screening process to be using alcohol, tobacco, or other substances.

MIECHV programs have used the 4P's Plus © screening tool since 2012, and MIECHV funding made the tool available to additional home visiting programs in Illinois that are funded by other sources. **MIECHV providers are currently required to screen for substance use using the 4P's Plus ©.** All programs that use the 4P's Plus © send their de-identified screening data to NTI Upstream for aggregation and analysis.

To use the 4P's Plus ©, home visitors receive training through Start Early's Professional Learning Network (formerly the Ounce of Prevention Ounce Institute). Training is comprised of three sessions, accessible for registration through the Achieve OnDemand learning platform.

- 1) [The 4Ps Plus: Identifying and Intervening in Pregnancies Complicated by Substance Use and Abuse - Part 1](#)
- 2) [The 4Ps Plus: Identifying and Intervening in Pregnancies Complicated by Substance Use and Abuse - Part 2](#)
- 3) [The 4Ps Plus: Identifying and Intervening in Pregnancies Complicated by Substance Use and Abuse - Part 3](#)

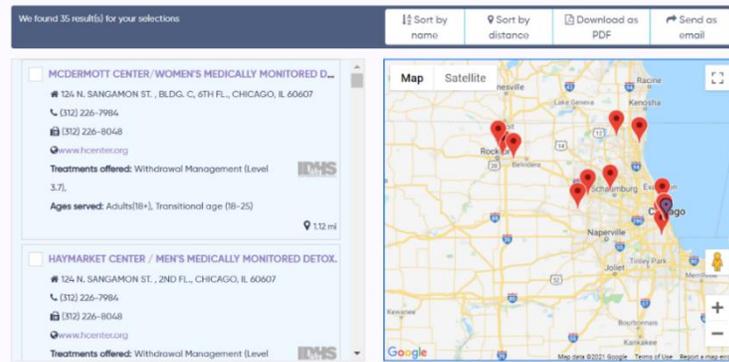
If you or your program supervisor have questions about using the 4P's Plus ©, please reach out to the MIECHV program at DHS.HomeVisiting@illinois.gov. Your program's Infant and Early Childhood Mental Health (IECMH) consultant can be a valuable resource when working with families who experience substance use issues and SUD.

Making Substance Use Referrals

The [Illinois Helpline for Opioids and Other Substances](#) is a central hub for supports for individuals dealing with substance use issues and helping professionals like home visitors. The Helpline is supported through a State Opioid Response (SOR) grant to the [Illinois Department of Human Services, Division of Substance Use Prevention and Recovery](#).

- They offer a free and confidential helpline via phone, chat and text. These services are available 24/7, 365 days a year.
- **Call 833-234-6343, text "HELP" to 833-234, or [chat here](#)** to talk with a Helpline Specialist about the recovery service available to the families you support.

- There are various kinds of support services available to individuals dealing with substance use. You can find support services using the [Helpline's screening search tool](#). using and



Recovery supports and treatment for SUD are not one-size-fits-all. It is important that families know that they do not have to have insurance to get access to certain kinds of recovery supports. Common services and descriptions from the Helpline include the following:

SUPPORT SERVICE	DESCRIPTION
Medication-assisted treatment (MAT)	MAT is an outpatient treatment option, meaning that people on MAT can live in their own home during treatment. Several medications help to reduce cravings for alcohol or opioids (including heroin and prescription pain pills) and reduce withdrawal symptoms. MAT programs provide medication, like methadone, buprenorphine, and injectable naltrexone. They also provide other medical and support services. All MAT medications require supervision by a licensed professional or program. Treatment can be short-term or long-term (known as maintenance). Some programs offer outpatient withdrawal management or short-term MAT services. Some inpatient programs offer MAT that is continued after the patient leaves the treatment program (and becomes outpatient).
Counseling and outpatient services	These are outpatient substance use disorder treatment services. This means that people can access these services while living at home, in their community. The frequency and intensity of treatment is based on a person's needs and is unique to each person. These services must take place in organizations licensed by DHS/SUPR.
Linkage programs	Linkage programs offer a range of services to help people access treatment for substance use disorder (SUD). This may include screening, assessment, recovery coaching, and coordination of other services, such as transportation and health care coverage.
Withdrawal management (inpatient detox)	These programs offer residential services that help to stabilize and resolve acute withdrawal symptoms. Medical supervision is often minimal. A secondary goal of withdrawal management is to help a person enter or maintain recovery by moving them into post-withdrawal services. Services are for adults or adolescents and must take place in organizations licensed by IDHS/SUPR.
Short-term residential	Short-term residential services are medium to high intensity services for adults or adolescents. These services are best for people who have struggled with treatment or recovery in the past and would benefit from additional support. The average stay is about 15-30 days, depending on a person's medical needs and health care coverage. These services must take place in organizations licensed by IDHS/SUPR.
Residential treatment	These services are clinically managed services for adults or adolescents who need time and structure to practice their recovery and coping skills in a residential,

SUPPORT SERVICE	DESCRIPTION
	supportive environment. Residential extended care services are best for people in early recovery, who would benefit from additional support in maintaining their recovery. The average stay is 1-3 months. These services must take place in organizations licensed by IDHS/SUPR.

Referrals to Early Intervention

As described in [Chapter 9 - Early Intervention Eligibility Criteria, Evaluation and Assessment of the Child & Family Connections Procedure Manual](#),ⁱⁱⁱ children are automatically eligible for Early Intervention services if there is a consensus of qualified staff based upon multidisciplinary evaluations and assessments that development of a DHS-determined eligible level of delay is probable if EI services are not provided, because a child is experiencing either:

1) A parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual 5 (DSM 5) that has resulted in a significant impairment in the client's level of functioning in at least one major life functional area or a developmental disability;

OR

2) Three or more of the following risk factors:

- Current alcohol or substance abuse by the primary caregiver;
- Primary caregiver who is currently less than 15 years of age;
- Current homelessness of the child. Homelessness is defined as children who lack a fixed, regular and adequate nighttime residence, in conformity with the McKinney Vento Homeless Assistance Act;
- Chronic illness of the primary caregiver;
- Alcohol or substance abuse by the mother during pregnancy with the child;
- Primary caregiver with a level of education equal to or less than the 10th grade, unless that that level is appropriate to the primary caregiver's age; or
- An indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

Home visitors should note that several of these risk factors, including those highlighted above, may be present with families experiencing substance use issues. **It is important that home visitors working with families experiencing substance use issues make referrals to Early Intervention services, when appropriate.**

Broaching the conversation about EI referrals with parents is an important first step to ensuring that children are connected to vital services. Your program supervisor may be able to identify tools available to support you as you initiate a conversation with parents and caregivers about concerns regarding developmental delays. For more information and explainers on EI, home visitors can access public awareness materials and other helpful resources on the [IDHS website](#). Additionally, the Early Intervention Training Program's [Early Intervention Referral module](#) includes in-depth information on the referral process, including the EI Standardized Referral Form. Home Visitors can also visit the [EI Clearinghouse](#) to get an EI referral toolkit.

Principles of Harm Reduction

Harm reduction is an approach to responding to substance use and other behaviors that pose a risk to health and safety. This approach aims to minimize risks and harm. Some examples of harm reduction in daily behavior include wearing seatbelts or using helmets for contact sports. Just as safety-promoting behaviors associated with daily activities like driving are commonly used and normalized, harm reduction strategies associated with substance use should be discussed without stigma.

Substance use is common—69.5 percent of adults surveyed by the 2019 National Survey on Drug Use and Health (NSDUH) reported that they drank alcohol in the past year.^{iv} Varied substance use at social occasions is common in American culture at work events, holidays, and other celebrations that incorporate alcohol. Examples of real-life harm reduction activities that many parents already practice when choosing to use substances include arranging for child care before they attend a wedding or New Year’s Eve celebration where they know they will be drinking, using taxis or ride sharing services to get home, or deciding that one parent will abstain from substance use.

[Pregnancy and Substance Use: A Harm Reduction Toolkit](#) is a valuable resource from the Academy of Perinatal Harm Reduction and the National Harm Reduction Coalition; it is available for free via online access. In addition to covering the fundamentals of quality prenatal care, this toolkit offers information about the basics of employing a harm reduction approach with pregnant and parenting individuals who are using substances. It includes information on the substance-specific health impacts on pregnant persons, developing fetuses and nursing infants, and insights into intersections with the medical and legal systems. The type of substance used, timing of use, the quantity and frequency of use, can all lead to a variety of effects on the developing fetus. Effects may not be realized immediately at birth but can become evident during childhood. Depending on the type of substance used, breastfeeding may not be recommended.

Pregnant and parenting persons may be reluctant to seek treatment, as they fear that their children may be removed from their care. Women who use substances face many different challenges than their male counterparts, including increased health risks in pregnancy and the postpartum period and societal judgement of their ability to parent.

“Pregnant and parenting people who use substances are one of the most stigmatized and demonized subsets of the population. Experience with bias, judgment, and scrutiny—especially from healthcare workers, loved ones, family, and friends—can isolate people and make it harder to seek prenatal care, mental health counseling, social services, and community support. People do not like to go to places where they do not feel welcomed. They may fear for their safety, or the safety of their children, or their pregnancy. That’s why having even one nonjudgmental and trustworthy person to support them can make all the difference in the world.”

- Excerpted from Pregnancy and Substance Use: A Harm Reduction Toolkit^v

Clarifying Mandated Reporter Requirements

In Illinois, home visitors and home visiting program supervisors are considered mandated reporters of child abuse and neglect. This means that they must contact the Department of Children and Family Services (DCFS) if they have reasonable cause to suspect abuse or neglect (Illinois Department of Children and Family Services, 2019). Mandated reporters are directed to call the 24-hour Child Abuse Hotline at 800-25-ABUSE (800-252-2873 or TTY 1-800-358-5117) if it is suspected that a child has been harmed or is at risk of being harmed by abuse or neglect. Calls to the 24-hour Child Abuse Hotline are confidential and help ensure the safety of the child.

It is important to recognize that substance use on the part of the parent does not automatically constitute harm or the risk of harm to a child. Home visitors and other providers who enter the home may observe parental substance use or believe that a parent is under the influence but should assess child safety including whether there is adequate supervision and the safety and context of the environment as they would in any other situation.

A hypothetical example, grounded in real experiences shared in a local provider discussion group, helps provide additional insight on the importance of assessing the full context and actual risk of harm to a child. For example, a provider is working with a family, and when she arrives, one of the parents appears to be under the influence. The other parent is sober and is participating normally in the visit, and the home visitor does not identify harm or risk of harm to the child. The home visitor confirms that the sober parent understands and acknowledges their responsibility to provide adequate supervision and will not leave their child alone while the other parent is using substances and unable to provide care.

In this scenario, while some may suggest that the home visitor should have made a hotline call because they suspected one parent of being under the influence, the home visitor did not assess harm or risk of harm to the child and further implemented actions to support families in building protective factors by checking in with the sober parent to make sure they had a plan in place to provide adequate care and supervision while the other parent was engaging in substance use. Substance use on the part of a parent does not automatically constitute harm or the risk of harm to a child, and thus, a hotline call was not warranted in this situation. Stigma surrounding substance use can lead to unnecessary surveillance and child welfare involvement for families, as well as impact the trusting relationship between a provider and the family.

Regardless of whether a child welfare referral is necessary, it is still critically important for home visitors to identify substance use issues in parents and caregivers, and to provide connections to recovery supports and other resources. Screening and referral for SUD and other substance use issues does not require concerns over child welfare; home visitors can and should still screen and refer for substance use issues outside of situations involving harm or risk of harm to a child. Program supervisors and/or Infant and Early Childhood Mental Health (IECMH) consultants can be a valuable resource when working with families who experience substance use issues and SUD to assess harm or risk of harm to the child.

Naloxone for Stopping Opioid Overdose

Naloxone (also called Narcan®) is a medication delivered through injection (intramuscular) or nasal spray (intranasal) that can save lives by stopping an overdose from opioids. Naloxone saves lives. It is safe, easy to use, and cannot be abused. If you are working with families that use opioids, it is a good idea to get trained to use naloxone and always have it with you. To learn more about how to recognize and respond to an opioid overdose, please access [DHS's informational brochure](#).

[Overdose Education and Naloxone Distribution \(OEND\) service sites](#) across the state offer overdose prevention training and distribute naloxone free of charge. They train people who use drugs, their family and friends, community members, service providers, and first responders to respond to opioid overdoses. This includes education on using naloxone and providing naloxone kits. **If you are considering exploring providing Naloxone training and access within your home visiting program, more information can be found on the [Illinois Helpline](#).**

Parents can also get naloxone at pharmacies; most chain pharmacies like Walgreens or CVS can provide naloxone without a prescription to individuals who ask for a naloxone kit. Medicaid and other insurance providers also cover some or all of the cost of naloxone, for individuals who request a prescription naloxone from their doctor.

Everyone can play a role in stopping overdoses. This includes people who actively use opioids, friends and family, first responders, and even community members. You can help by knowing what overdose looks like and being prepared to help someone who might be having an overdose.

[Illinois' Good Samaritan law](#) protects a person having an overdose and the people who help. The law encourages people to seek emergency medical help, while providing protection from being charged or prosecuted for drug possession. The law protects those who provide assistance, such as administration of Naloxone, from prosecution if the person who has overdosed has an unwanted outcome.

The Illinois Department of Human Services (IDHS) supports local grantee/organizational policies allowing home visitors to carry naloxone and supports organizations partnering with local health departments in doing the same.

- If home visitors carry naloxone, their employer should support at least annual training on its use and how to respond to an overdose. Home visitors must comply with employer policies related to carrying naloxone.
- Narcan® can be obtained free of charge through designated OEND service sites and other programs. A program may decide to provide OEND services through the IDPH standing order by enrolling with the IDHS/SUPR Drug Overdose Prevention Program [here](#).
- If home visitors encounter an overdose and use naloxone, they are advised to follow the instructions provided in the training, including promptly calling for emergency medical assistance (ie, 911).

Immediate Supports for Families

- [Safe Families for Children](#) (SFFC)
 - Safe Families for Children is a voluntary resource for families experiencing crises, including substance use crises, that impede their ability to provide care for their children. Parents in need may approach SFFC through self-referral or other referral sources and can place their children in the care of volunteer Host Families who are screened by SFCC, for short period of time. Parents can reunite with their children at any time. Both the family in need and the Host Family participate voluntarily, with no compensation or expectation of adoption. SFFC is a faith-based organization.
- [Maryville Crisis Nursery](#)
 - The Maryville Crisis Nursery is a vital and innovative program that provides free short-term care for parents in distress and experiencing a crisis. The Crisis Nursery protects their children, birth to age six, from abuse, neglect or trauma.
 - Children receive round-the-clock care for up to 72 hours for each stay. Issues that bring families to the Maryville Crisis Nursery include unemployment, parental illness or hospitalization, poverty and homelessness.
 - The Crisis Nursery is located at 6650 W Irving Park in Chicago. Parents can call the 24-Hour Crisis Helpline, 773-205-3637, to access services.
- Resources for Parents Experiencing Intimate Partner Violence
 - Supporting parents experiencing both SUD and Intimate Partner Violence (IPV) involves additional complexities. The resources below can be found on the [National Center on Domestic Violence, Trauma, and Mental Health website](#).
 - [Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma](#) is a comprehensive curriculum and training module authored by Patricia J Bland, MA, CDP and Debi S Edmund, MA, LPC, and edited by Erin Tinnon, MSW. It is designed for advocates and their community partners to provide trauma-informed training on substance use and abuse in the context of domestic violence and sexual assault.
 - [Palm Card on Substance Use Coercion \(printable 8.5x11\)](#)
 - [Palm Card on Substance Use Coercion \(printable 5x7\)](#)

Additional Training for Home Visitors

Additional training on substance use issues are available to home visitors.

- [Challenges in Home Visiting: Substance Abuse \(Self-Paced Course v2.0, Achieve OnDemand\)](#) training through the Start Early Professional Learning Network.*
- [Understanding Substance Abuse through the Family Lens \(Webinar, see Achieve OnDemand for dates\)](#) training through the Start Early Professional Learning Network.*
- [Growing Challenges of Substance Use, Treatment & Recovery During COVID-19](#), a webinar from the National Institute for Health Care Management (NIHCM) Foundation.
- [Stopping the Opioid Crisis Begins at Home: The Role of Home Visiting Programs in Addiction Prevention](#), a report from the Council for a Strong America and Fight Crime: Invest in Kids.

**Practice has shifted away from describing SUD and other substance use issues as “substance abuse.”*

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ⁱ Lipari, Rachel N., and Struther L. Van Horn. "Children living with parents who have a substance use disorder." *The CBHSQ report* (2017).

ⁱⁱ 2020 MIECHV Needs Assessment, Center for Prevention Research and Development. <https://cprd.illinois.edu/files/2020/12/Illinois-HV-Needs-Assessment-Report-CPRD-2020.pdf>

ⁱⁱⁱ Chapter 9 - Early Intervention Eligibility Criteria, Evaluation and Assessment <https://www.dhs.state.il.us/page.aspx?item=96963>

^{iv} Alcohol Facts and Statistics, 2019 <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>

^v Pregnancy And Substance Use: A Harm Reduction Toolkit, from the Academy of Perinatal Harm Reduction and the National Harm Reduction Coalition, updated December 2020, available at <https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>