



SFY26 IDHS Home Visiting Best Practice Guide

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Best Practice Manual Purpose

This manual contains best practice procedures to support the development of policies aligned with program models. The Illinois Department of Human Services- Division of Early Childhood services is providing this manual as a guide for policy development, however model alignment should be the priority.

The purpose of this document is:

1. To provide transparency regarding best practice procedures to support policy development to provide evidence-based home visiting to meet federal (Maternal, Infant and Early Childhood Home Visiting (MIECHV)) and the Illinois Department of Human Services-Division of Early Childhood requirements.
2. To provide clear guidelines for programmatic policy development for local home visiting programs, coordinated intake programs, and administrative grantees, or Local Leadership Group implementation.
3. To provide guidelines for IDHS-Division of Early Childhood-Bureau of Home Visiting Staff on fiscal, programmatic, and agency best practices.

Best Practice Procedure/ Application of Procedure	Home Visiting (HV)	Coordinated Intake (CI)	Development of Policy & Procedure (P&P) Expected by Programs based on Model Requirements
Substance Use Issues and Referrals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Families with Child Welfare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant and Early Childhood Mental Health Consultation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cultural and Linguistic Responsiveness Guiding Principles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Continuing Community Collaboration Efforts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CI Policy and Procedure Manual Development		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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SUBSTANCE USE ISSUES AND REFERRALS

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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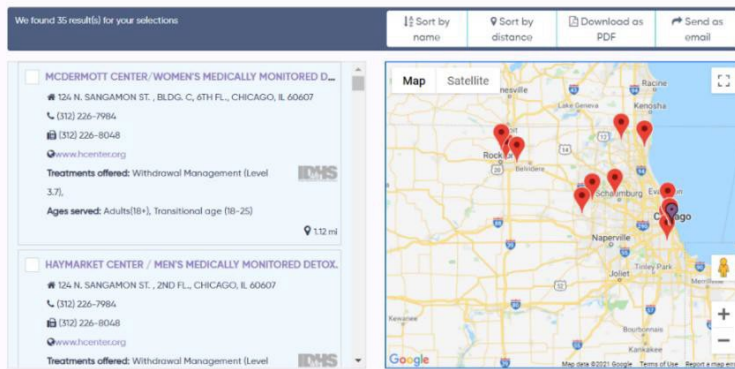
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Making Substance Use Referrals

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 and search tool](#).



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](#).

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/>

FAMILIES WITH CHILD WELFARE



MAJOR FUNDERS OF HOME VISITING

JOINT STATEMENT ON FAMILIES WITH CHILD WELFARE INVOLVEMENT

March 10, 2021

Families with child welfare involvement are a priority population for home visiting in Illinois. This includes Intact Families, families with a parent who is a youth in care, and families with a child in foster care placement. Home visiting programs are encouraged to coordinate and collaborate with their local child welfare service providers to support families with child welfare involvement.

Home visiting programs are expected to be in good standing with their model; they are advised to consult their models for any model-specific guidance related to providing services for this priority population. For example, programs using the Healthy Families America (HFA) model may use the HFA child welfare protocol if they have approval from the national model.



MAJOR FUNDERS OF HOME VISITING

JOINT STATEMENT ON INFANT/ EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (IECMHC)

March 10, 2021

The above funders of home visiting support Infant/ Early Childhood Mental Health Consultation (IECMHC) as a critical proactive support for home visiting and other early childhood programs in Illinois.

The Illinois IECMHC Model

The goal of the Illinois IECMHC model is to strengthen the home visiting workforce in Illinois by building programs' capacity to promote healthy social-emotional development within the families and communities in which children live and thrive. The model is based on Infant Mental Health principles, focusing on relationship- based, reflective practice, and is culturally responsive. Successful consultation relies on the collaboration between the consultant, program supervisor, and staff to shape a professional development plan with shared goals. Within the context of that relationship, the consultant provides a space for reflection on the system, program, and practice challenges. Through this model, consultants provide the following supports to home visiting, doula, and coordinated intake programs:

- 1) Reflective Consultation with program supervisors, individual staff, and staff groups. Consultation provides an opportunity for reflection, cross-cultural exploration, practicing staff interactions, and embedding the skills and knowledge that the consultant cultivates in the program. Staff members are encouraged to hold steady and observe with families, as opposed to problem solving and finding a solution.
- 2) Professional Development Opportunities: The reflective approach is balanced with content-specific training. The consultants develop 'mini-trainings' on topics staff members identify that encompass mental health and social-emotional themes such as: intimate partner violence; substance use; attachment; postpartum depression; trauma; safe sleep; child development; and assessments/screenings.
- 3) Consultants may also discuss circumstances when support through co-facilitation of family groups is appropriate.

IECMHC Expenses

IECMHC is an allowable expense for home visiting, doula, and coordinated intake programs funded by the above listed funding sources. Programs funded by DHS, ISBE PI, Head Start, and DFSS may include IECMHC in their budgets. MIECHV-funded home visiting and coordinated intake programs receive funding for IECMHC in their program budgets.

To request budget amendments, programs should follow the amendment process defined by their funder(s).

Find an IECMH Consultant

To find an Infant/Early Childhood Mental Health Consultant in your area, please use the registry. The [current IECMHC registry](#) is housed at the [Illinois Association for Infant Mental Health](#). In Spring 2021, the consultant registry will move to [Gateways to Opportunity](#).

For more information, please see the 2020 report, [Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children](#).

References

Illinois Children's Mental Health Partnership. (2020). *Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children*. Retrieved from <https://www.icmhp.org/wp-content/uploads/2020/03/Early-Childhood-Mental-Health-Consultation-To-Home-Visiting-Programs.pdf>

SUPPORTING BREASTFEEDING



HOME VISITING FUNDERS' STATEMENT IN SUPPORT OF BREASTFEEDING

December 8, 2020

The Illinois Department of Human Services (DHS), Illinois Head Start Association (IHSA), Illinois State Board of Education (ISBE), Maternal, Infant and Early Childhood Home Visiting program (MIECHV), and the City of Chicago Department of Family and Support Services (DFSS) support the Illinois State Physical Activity and Nutrition (ISPAN) goal to improve the continuity of care and support for breastfeeding in communities, improving links between hospitals, primary care providers, WIC clinics/services, early childhood education centers, worksites, and social and community programs and services to support low-income, rural, African-American and/or Latina moms meet their breastfeeding goals.

The following are allowable expenses for home visiting, doula, and coordinated intake programs funded by the sources listed above:

- 1) Professional development on breastfeeding (for staff)
- 2) Breastfeeding and educational materials for families

Breastfeeding webinars and resource materials especially for home visiting programs can be found on the [Illinois Public Health Institute \(IPHI\) breastfeeding resource page](#).

Additional IPHI breastfeeding materials for families and other audiences can be found [here](#).

CULTURAL AND LINGUISTIC RESPONSIVENESS GUIDING PRINCIPLES

Guiding Principles for Cultural and Linguistic Responsiveness

In Illinois we share a collective vision that each and every child will have early childhood experiences that promote healthy development that respects, promotes, and builds on their cultural, racial, ethnic, and other family backgrounds and experiences.

WE BELIEVE:

- 1) Every individual is rooted in culture.
- 2) The cultural groups within communities and families are the primary sources for culturally relevant programming.
- 3) Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.
- 4) Addressing cultural relevance in making curriculum choices is a necessary, developmentally appropriate practice.
- 5) Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.
- 6) Effective programs for children who speak languages other than English require continued development of the first language while the acquisition of English is facilitated.
- 7) Culturally relevant programming requires staff who both reflect and are responsive to the community and families served.
- 8) Multicultural programming for children enables children to develop awareness of, respect for, and appreciation of individual cultural differences.
- 9) Culturally relevant and diverse programming examines and challenges institutional and personal biases.
- 10) Culturally relevant and diverse programming and practices are incorporated in all systems and services and are beneficial to all adults and children.

**Multicultural Principles for Head Start Programs*

WE ARE COMMITTED TO:

- Early childhood professionals who understand that developing a child's first language supports the acquisition of a second language.
- Early childhood classrooms that embrace and include a rich range of diversity, allowing all to learn from it and enhancing all children's learning and development.
- Teacher preparation programs that incorporate the individual and unique needs of each child and family and the experiences they bring to the classroom.
- Culturally responsive and diverse programming that incorporates all types of diversity, including but not limited to: gender, culture, language, ethnicity, ability, race and economic status.
- Policy implementation that reinforces families and communities as children's first teachers.
- Diverse state and local organizations and agencies that are meaningfully responsive to each and every child and family they serve

WE WILL ACT TO:

- Enable professionals to incorporate the authentic language and culture of the children and families they serve.
- Increase professional development opportunities and resources addressing all types of diversity, including understanding stereotypes and biases.
- Increase all types of diversity content in teacher preparation programs.
- Increase and enhance teacher preparation practicum experiences in diverse settings.
- Promote practices in classrooms and programs that incorporate and address the diverse needs of children.
- Use an “all types of diversity” lens whenever we develop and implement policy, staff our agencies & organizations and evaluate our programming, systems and services.

*Upon adoption appropriate agency and entity logos will be placed here.

GUIDANCE FOR CONTINUED COMMUNITY COLLABORATION

Continuum of Implementing Coordination Strategies

Illinois State Board of Education and The Illinois Governor’s Office of Early Childhood Development

The Illinois State Board of Education Prevention Initiative and the Governor’s Office of Early Childhood Development embraces the State’s early childhood vision of every child entering kindergarten safe, healthy, ready to succeed, and eager to learn. The Illinois home visiting system recognizes the home as the most influential learning environment in which to strengthen the parent-child relationship and help reach the child’s full potential. The overall goals of Illinois home visiting are to promote positive parenting and healthy child growth and development, and to prepare young children for school success. Home visiting is an integral part of a continuum of services for families that is well-coordinated and integrated, and begins prenatally.

Ways of coordinating across programs and sectors include, but are not limited to:

- 1) Shared or mutual referrals: Participating programs use a shared set of protocols and/or a shared form to refer families to each other’s services.
- 2) Coordinated Intake: A collaborative process that provides families with a shared screening process and coordinated points of entry for programs serving young children and their families within a defined community. The main components include:
 - Coordinated and joint outreach.
 - A shared form and shared procedures for intake or eligibility screening that are used by all participating programs.
 - Coordination of that can come from different entities. Often one entity is identified as a coordinating entity that will collect all intake forms, track, and (when applicable) assign referrals and follow-up; and
 - Regular meetings of the participating programs to review progress and to trouble-shoot and improve the referral system.
- 3) Referral pipeline: Connects children and families with the highest needs to high- quality early childhood programs, social service providers, medical and dental services, job training

programs, and other community resources to meet family needs. These connections are made possible by strong collaboration among community partners, leveraging a shared vision and the places and spaces where families already connect. An effective pipeline may include talking points, tracking systems, and small experiments to engage strong communication and referral linkages between non-Early Childhood programs and Early Childhood programs. Pipelines should be “bi-directional,” meaning that non-Early Childhood partners should refer to Early Childhood partners, and Early Childhood partners should refer to non-Early Childhood partners.

- 4) Continuous early childhood services: Smooth transitions between early childhood programs (e.g., from 0-3 to 3-5 to kindergarten, etc.) and aligned, high-quality programming in all those settings, resulting in children’s readiness for school and for life. Children with the highest needs are identified and enrolled in appropriate services as early as possible and continue in high-quality early education through third grade via enrollment pipelines into continuous early childhood services.
- 5) Memorandums of Understanding/Shared Agreements: Program’s should have a detailed written coordinated intake plan that has been co-created and agreed upon by all community partners (signatures and dates) that describes the responsibilities of each agency participating and of the lead entity (if applicable).

The main components of the MOU/Shared Agreement include:

- Clear policy and procedure for referral and follow-up
- Defined service areas and priority populations of each entity.
- Coordinated and joint outreach to families clearly outlined in the agreement.
- A shared form and shared procedures for intake or eligibility screening that are used by all participating programs.
- A plan for reducing duplication of services.
- Authorized entities names, program names (if applicable), names/signatures of Authorized Officials of the participating entities and the dates the agreement was signed.

Illinois Home Visiting Expectations for Coordinated Intake (CI)

The State’s Vision for Home Visiting Coordinated Intake (CI)

- 6) Coordinated Intake should serve as a hub that links families with home visiting services. If there are two entities within a community with designated CI positions, a single point of entry/contact needs to be determined.
- 7) The Coordinated Intake process is dedicated to helping families, from the moment they contact the central location, to the time they are referred, and/or after screening.
- 8) Coordinated intake must provide fair and equitable services inclusive and supportive of all agencies and school districts participating. The designated coordinated intake service provider must not favor any one agency or school district, not even the agency they are employed under.
- 9) Transparency of referrals is vital to assure fair and equitable services and to establish trust between and among partners.
- 10) Coordination can come from different entities, however often one entity is identified as a coordinating entity (lead) that will collect all intake forms, track, and assign referrals and follow-up. If one entity is not designated as the lead, then a clear plan needs to be agreed upon that describes the responsibilities of each coordinating agency.

- 11) CI should be inclusive, not separatist: the long-term goal is for Coordinated Intake to act as the single point of entry for 100% of home visiting programs statewide regardless of model and/or funding stream.

Coordinated Intake and the Home Visiting (HV) Referral Process

- 12) CI serves as the repository for all home visiting intakes, and tracks what happens to each referral.
- 13) Referrals to home visiting can be generated from CI workers, from home visiting providers, and from other community resources. Agency self-referrals are allowed: a home visiting program may generate a referral to its own program, if the program coordinated directly with coordinated intake and follows the agreed upon policies and procedure (i.e. HV program completes the Coordinated Intake Assessment Tool (CIAT) and sends the CIAT to CI for processing).
- 14) Regardless of the originating source, ALL REFERRALS must go through Coordinated Intake.
- 15) All referrals received by CI workers will be sent to the appropriate home visiting program within 48 business hours.

Role of CI Workers

- 16) The role of CI workers is to assist families by determining the services and supports that are best suited for the family's particular needs, based on self-referrals and referrals from other professionals such as primary care providers, hospitals, childcare providers, and other social service agencies.
- 17) CI will convene regular meetings of the collaborative to discuss challenges, barriers, and successes of Coordinated Intake including providing regular transparency reports to the collaborative.
- 18) A level of trust must be inherent for the CI to develop and promote their roles within the community and home visiting system. While input into their roles should be discussed by the collaborative, day-to-day functions of both positions are overseen by their chain of command, not by the collaborative.
- 19) The coordinated intake service provider must be able to provide fair and equitable services inclusive and supportive of all agencies and school districts participating. The CI coordinating agency or school district must not put the CI in uncomfortable or unethical situations.

Coordinated Outreach Materials

- 20) Any document advertising home visiting should include all the community's home visiting agencies.
- 21) Publications promoting home visiting will direct families and referral sources to contact Coordinated Intake to serve as a single point of entry for family support services in the community.

Expectation of All Participating Agencies or School Districts

- To be successful, the Coordinated Intake process must have full support from all levels of management within all participating agencies and school districts.
- Agencies and school districts are expected to support families that are already enrolled in another home visiting program by not making attempts to enroll them in their own home visiting programs.

- Agencies and school districts should take an active role in local community systems development and early childhood collaborative efforts by participating in local collaborations and initiatives, including, but not limited to, participating in locally driven data collection efforts and participating in the local efforts to minimize barriers to services for families with children from birth to five. Programs should share available relevant program-level aggregated data that contributes to community needs assessment, problem identification, and setting a common agenda.
- 22) All agencies and school districts must act in the spirit of full and transparent collaboration, with no bullying, holding back of referrals, or unfairly distributing cases across agencies. If funders hear of any unfair practices taking place, funders may intervene.

Figure 1: Should Community Funding be allocated toward Home Visiting Coordinated Intake?

