

Opioid and Substance Use Disorder Pilot Program Interim Summary

BACKGROUND

The opioid crisis is impacting families nationwide, prompting state and local governments to enact systems-level public health responses. Evidence-based home visiting (EBHV) programming successfully engages with high-needs families, including those struggling with substance use. In 2018, Pennsylvania invested in EBHV as a promising mechanism to support families in communities with a high burden of opioid use disorder. Twenty state-funded pilot sites proposed varied strategies to serve families impacted by substance use in a diversity of geographic settings and EBHV models.

METHODS

We took a mixed-methods approach to evaluate the implementation of pilot programs designed to address substance use in EBHV in Pennsylvania.

Longitudinal surveys were developed using the Home Visiting Applied Research Collaborative (HARC) Indicators of Coordination¹ and the Center for the Study of Social Policy's Strengthening Families and Protective Factors Framework.² These data were collected at three timepoints to measure concepts of implementation across the sites, including organizational climate, service capacity, and coordination efforts, as well as the delivery of pilot components as intended.

Site visits and interviews were conducted at 10 of the 20 sites selected for variability in geography, EBHV model, pilot components, indicators of coordination and capacity. These data were collected eight months post-implementation and used to inform our understanding of barriers and facilitators to implementing this work. A total of 36 interviews were conducted with 52 individuals.

KEY TAKEAWAYS

- The home visiting model was a good fit for the substance use disorder and recovery population—**bringing support into families' homes and focusing on parenting support** facilitated parent engagement.
- Sites identified several innovative approaches to program adaptation to engage and serve families impacted by substance use disorder:

Service Delivery

Increased **frequency of visits** to once per week

Incorporated Families in Recovery curriculum for groups

Staffing

Co-located Drug & Alcohol Specialist for staff supervisory and training support

Certified Peer Recovery Specialists as home visitors

Setting

Group parenting classes and 1-on-1 home **visits in treatment centers**

Home visits at visit center for parents with **children in out-of-home care**

Recruitment

Referrals from health center with **prenatal universal drug screen**

On-site **recruitment from local prison**

¹ <https://www.hvresearch.org/service-coordination-toolkit/indicators-of-coordination/>

² <https://cssp.org/our-work/project/strengthening-families/>

- **Partnerships with other support services**, including substance use treatment and mental health supports, facilitated identifying and engaging families, and provided important supports for families and HV staff.
- There were **place-based challenges and strengths in both rural and urban communities**. Smaller, more rural communities tended to have stronger networks, but lacked certain resources, like hospitals and substance use treatment providers. While larger, urban sites were rich with social services and drug treatment options, but often had difficulty building meaningful partnerships.
- Some **staff had difficulty working with families** struggling with substance use disorder due to personal experiences, discomfort and personal biases.
- Some sites wished they had been **connected to other pilot sites** in order to address similar problems and challenges in this work.

RECOMMENDATIONS

Based on pilot experiences, future efforts would benefit from the following recommendations:

- **Ensure staff are comfortable and competent** by hiring staff with content expertise (e.g., peer support recovery specialists) or providing training for existing home visitors and decreasing the standard caseload of staff working with families impacted by SUD.
- **Make the content relevant and valuable** to these families by adapting curricula or adding a group component.
- **Encourage multi-sector partnerships** to improve access to and engagement of families, including collaborations with child and youth services, drug and alcohol treatment and mental health supports.
- **Design a learning collaborative** to support the exchange of knowledge and support across agencies doing this work.