Chapter 11: Home Visiting and Other Variations in Service Delivery Sites

Introduction

Home visiting and other various sites of service delivery are frequently used strategies to support families and improve the health and development of children. The issues facing many families often can best be addressed by reaching out to the family in a non-clinical setting.

As a method of delivering services, home visiting is popular because it is flexible and allows the family to interact in a setting that is often most comfortable for them. Home visiting or care provision in other non-clinical settings has been used as an effective mechanism for delivering specific interventions and has been shown to improve outcomes, improve care giving and child development, decrease child abuse, and increase maternal attachment and personal development. However, home visiting is an expensive method of service delivery, so its use must be weighed in the context of community and individual assets and needs.

Standards and Criteria

Standard 11.1 Healthy Start services will be participant and family focused and provided at sites where the concerns, priorities, and resources of the participant and/or family can best be met in a cost-effective manner.

Criterion:
The Healthy Start participant receives services in the home or in varied service delivery sites based upon identified level of risk, need, and participant's ability to access services.

Standard 11.2 Healthy Start services delivered in the home or in varied service delivery sites will be provided by qualified and trained providers.

Criteria:
11.2.a Qualifications and competencies are met as specified in Chapters 4 –10, 20, and 21 of these Standards and Guidelines, and as specified in rule 64F-3.006(8), F.A.C.

11.2.b All providers of services delivered in the home or in varied service delivery sites receive a minimum of two weeks pre-service training or demonstrate competencies as specified in Chapters 4 -10, 20, and 21 of these Standards and Guidelines, as appropriate. Training should be divided into two tracks; professional and paraprofessional. Pre-service training related to home visiting should include both formalized training with a structured curriculum and opportunities for the trainee to accompany an experienced home visitor as he/she performs home visits. A curriculum for training related to home visiting should include, at a minimum, the following elements:

- Information on the potential benefits of home visiting;
- Information on some of the drawbacks of home visiting;
- Discussion on being a guest in a participant's home;

- Discussion regarding how home visiting can complement other modes of Healthy Start service delivery;
- Discussion regarding how to decide which clients will benefit most from home visiting;
- Training regarding HMS coding for home visiting;
- Training regarding whichever questionnaires/screening tools have been adapted by the local Healthy Start services provider (e.g. Denver II, Ages and Stages, etc.);
- Information on safety concerns related to home visiting and how to minimize associated risks;
- Information regarding cultural differences, respect for the values and beliefs of people of many different cultures, and the ability to respond appropriately and sensitively.

11.2.c Competency and up-to-date knowledge related to home visiting and community-based service delivery is maintained.

11.2.d Training materials that are provided by the Department of Health and locally adapted resources are utilized.

11.2.e All providers participate in pre-service and ongoing locally provided training.

Standard 11.3 All providers of home visiting services or services in varied service delivery sites will accurately code service information in a timely manner for Health Management System (HMS) data entry.

Criterion:
Coding complies with the requirements of the Department of Health publication DHP 50-20. All home visiting services or services delivered in varied service delivery sites will be coded to the appropriate service location.

Standard 11.4 Providers of services in the home or in varied service delivery sites will document services in the participant's existing clinical record, or in the absence of a clinical record, in a format determined by the local coalition and provider.

Criteria:
11.4.a Services are documented in the record of the individual receiving the services. In the event that services are provided to another person on behalf of a Healthy Start program participant, the services are only referenced in the Healthy Start participant's record. The actual detailed documentation occurs in the record of the individual receiving the service.

11.4.b Documentation occurs in other components of the record, such as the Family Support Plan (DH 3151), as appropriate.

11.4.c An authorization for release of information is requested from every participant receiving a face-to-face contact. If the release is refused, the refusal is documented in the participant's record. If the release is obtained, the original form is maintained in the participant's record.

11.4.d Documentation of services includes, at a minimum, documentation of:
1. All attempts, successful or unsuccessful, to provide service in the home or in varied service delivery sites to potential program participants, and
2. All activities and components of care coordination and Healthy Start services provided as outlined in these Standards & Guidelines.

Guidelines

Home visiting does not stand alone but instead supplements and complements a wide array of service delivery strategies. Home visiting can augment a system of community-based family support services that reflects the unique strengths and challenges of the community. Participants who receive home visits should be carefully selected for this service delivery strategy because of the associated high cost of the service. Home visits should be provided specifically to those individuals and families most in need and most likely to benefit from these services.

The success of home visiting depends upon:
- Developing clear goals and objectives with the participant for the home visit;
- Understanding the goals and objectives of the program;
- Carefully planning and focusing the services to be offered (offering those services in the home that will truly make a difference because they are offered in the home); and
- Offering services using a mix of staff with varied backgrounds (professionals, paraprofessionals, volunteers) to meet the goals and objectives of the home visit.

This chapter will focus on home visiting in the broader context, incorporating home visiting and its concepts into many variations in service delivery sites. When the term home visiting is used throughout the chapter, the reader should apply this broader definition. This broader context was chosen because convenience and participant preference may make other sites of service delivery (in addition to the home) equally valuable, for example, school-based visits, neighborhood center visits, or visits to the offices of other service providers.

Additionally, the need for this broader definition of home visiting is based upon the assumptions that the choice of service delivery location should be dictated by the participant's comfort level and need for flexibility. In order for the service delivery location to be truly family centered, it should be provided in a location comfortable for the participant, and the provision of services in locations other than in the home initially may ultimately pave the way for a visit to the home in the future.

Many of the services that are offered in the home or in various service delivery sites might also be offered in a clinic setting. The value in providing these services in the home or in various other settings is that service delivery in the non-clinical setting may offer a perspective on the needs, concerns, priorities, and resources of the family that might not become evident in more traditional settings. The home visitor can learn a lot about the client's strengths and challenges by observing the neighborhood, conditions within the home itself, and interactions between the participant and other inhabitants within the neighborhood and/or the home. The goals and objectives may also be more easily achieved when the service is delivered in a setting that is chosen by the participant.

Home visits should be provided in a prioritized manner, with the top priority placed upon safety concerns and the severity of the situation. Additional consideration should be given to:

- The defined home visiting population as determined by the local coalition;
- The desired goals and outcomes of the relationship between the participant, the provider, and the program, and
- The availability of other community resources to support the family in the home.

It is important to remember that the home visitor is a *guest* in the participant's home. A home is a place where people go to feel safe and to retreat from the stressors of the outside world. The home visitor should remember the importance of treating participants with courtesy, kindness, and respect –especially when meeting with them in the home setting- this helps to foster a sense of trust and can ultimately lead to improved outcomes.

Unfortunately, some Healthy Start clients live in home environments that are less than ideal – this may include housing that is cramped/overcrowded, cluttered, foul-smelling, noisy, too hot/too cool, etc. While such conditions may be temporarily unpleasant for the home visitor, they do not pose a safety risk for the home visitor, and should not discourage the home visitor from attempting to work with the client in the home setting if it has been mutually determined by the home visitor and the participant that home visits are a desired mode of service delivery. Even in less than ideal surroundings, home visiting can prove to be a very pleasant experience for both the home visitor and participant when overtures of courtesy, kindness, and respect lead to achievement of goals and improved health outcomes for pregnant and interconception women and their children.

Safety concerns include those issues related to the safety of both the participant receiving the home visit as well as the home visitor. Following is a list of items to consider when making a home visit:

Safety Considerations for the Home Visitor

Trust your own instincts. If you feel unsafe, leave.
Never give personal information (i.e. home phone number, etc.) to participants.

Prior to the Visit, Assess the Situation

- Is there known violence in the home?
- Are there weapons in the home?
- Is the home located in a high crime area?
- Is the location unfamiliar to you?
- Is the location isolated?

Plan for the Visit

- Contact the participant ahead of time to confirm the visit.
- Ask if there are animals present. Advise the participant that any animals may need to be restrained or removed for the visit.
- Obtain precise directions to the home.
- Leave an itinerary at your office that includes the participant's name, phone number, address, and time and length of visit.

- Carry a cellular phone if one is available to you.
- Plan ahead for the time of day for the visit. Morning visits often are safest.
- Dress to protect yourself:
  - Avoid wearing excessive or expensive jewelry.
  - If in keeping with local policy, dress in traditional public health navy and white.
  - Dress in non-restrictive clothing.
  - Wear protective clothing or insect repellant, if insect season.
  - Wear shoes you can run in or remove quickly.
  - Wear official identification in plain view.
  - Don't carry a purse; lock it in secure location (i.e., trunk of car) before leaving the worksite.
  - Carry a whistle or noise-making device to attract attention if necessary.
  - Carry keys in your hand when going to and from car.
  - Carry minimal cash.

Car Safety

- Use an official vehicle if one is available to you.
- Use magnetized official car door decals when available.
- Park in a visible location where your car is in view during the visit if possible.
- Park in the direction you want to leave when you go home.
- Be aware of dead-end streets.
- Park on the street rather than in the driveway when possible.
- Have a full tank of gas.
- Drive with doors locked and windows up.
- Lock your car.
- Minimize the amount of supplies you take with you, preferably in one bag or case.
- Don't leave valuable items in view (lock your valuables in the trunk before leaving the office when possible).
- Carry an area map.
- Do not block mailboxes or put anything in mailboxes.

Neighborhood Safety

- Be aware of regular visitors in the community.
- Avoid dark alleys, bars, etc.
- When possible, use visible access ways.
- Show confidence by your demeanor.
- Walk briskly and with purpose.
- If you encounter hostility or feel uncomfortable in any way, walk away and reschedule.
- Pay attention to warning signs such as "No Trespassing," "Beware of Dog," etc.
- Be cautious of animals.
- Look for places to go in case of emergency. Know where to go and have an emergency plan.

Potentially Dangerous Drug Environment

- Be aware if methamphetamine (meth) labs are known to be in the area:
  - Be observant but never place yourself in danger.

- Be alert to "what's wrong with this picture" (covered or darkened windows).
- Be alert for booby traps.
- Don't let on when you suspect a meth lab.

- Signs of a dangerous drug environment include an unusual supply of:
  - cold meds, cold med boxes, (or requests for meds).
  - Denatured alcohol, hydrogen peroxide.
  - Lye, antifreeze, or ammonia.
  - Lighter fluid, propane fuel.
  - Solvents, paint thinners, or fingernail polish remover.
  - Pool chemicals, pesticides.
  - Coffee filters lying around.
  - Pillow cases or bed sheets stained red (used to filter red phosphorous), or containing a white powdery residue.
  - Blenders, jars, or batteries.
  - Matches, match boxes.
  - Funnels, hosing, and clamps.
  - Hot plates, gas tanks, or compressed gas cylinders.
  - Alcohol, ether, or heavy propane odors.
  - Actual meth gas is odorless, tasteless, and clear.

- A meth lab is a toxic waste site. DO NOT:
  - Use a cell phone within 300 feet - could ignite any bombs onsite.
  - Turn switches on or off – may set off a spark which could cause an explosion.
  - Open closed containers - they may explode or emit dangerous gases.
  - Open a refrigerator.

- Individuals may be very dangerous; do not challenge or make them feel threatened:
  - Talk slowly.
  - Avoid touching things.
  - Keep hands in sight so you don't trigger paranoid concerns.
  - Leave as soon as you can.
  - Alert law enforcement and call abuse hotline if children are exposed to the home.

At the Home

- Pause at the door before knocking. If you hear loud quarreling or fighting, leave immediately.
- Sit as close to the door as possible.
- Consider rescheduling visit if primary caregiver is not available.
- Be aware of all occupants in the home at time of visit.
- Choose a hard chair if possible. (You reduce the risk of carrying home unwanted visitors such as fleas or lice and/or sitting on unknown substances.)
- Ask that any animals be restrained or removed. Do not assume they will not hurt you.
- Ask permission before going to another part of the home or using the telephone.
- Do not go into another area of the home first; have the participant lead you.

In Case of an Emergency Situation

- Don't show fear.
- Try not to show facial expression.
- Control your breathing.
- Speak slowly and lower the pitch of your voice.
- Maintain eye contact.
- Be assertive, but do not challenge.
- Repeat the purpose of your visit.
- Stand up and leave.

Home visiting may be the method of service delivery for providing any of the components of the care coordination process. There should be ongoing assessment and evaluation of the success of this method of service delivery and whether or not there is a need to alter the frequency, intensity, and duration of home visiting for the participant. While there is tremendous value in providing services in the home, it is a rare circumstance that home visits can be provided to all Healthy Start participants on a long-term basis. Visits may be intermittent or intensity may decrease as family goals are achieved and health risks decrease.

Provider Qualifications

Rule 64F-3.006(8), F.A.C. specifies that home visiting shall be provided by trained and qualified health-related professionals and paraprofessionals using locally approved protocols and procedures that standardize their training and qualifications and the services they provide.

The rule defines health-related professionals as registered nurses, registered or licensed dietitians, public health nutritionists, social workers, nutrition and health educators, and other health and human services professionals who function independently or with the care coordinator as part of the interdisciplinary team and are qualified to provide or supervise the provision of services. The rule defines the health paraprofessional as a non-professional person who functions under the supervision of a care coordinator, health care provider, or health related professional and is trained to assist in providing direct services to Healthy Start participants within the parameters of specific locally approved written protocols. Health paraprofessionals include resource mothers, sisters, and fathers; health aides; parent educators; outreach childbirth educators; breastfeeding peer counselors; and other appropriately trained and professionally supervised individuals.

Section 383.011, Florida Statutes, states that "the care coordination process must include family outreach workers and health paraprofessionals who will assist in providing home visiting to support the delivery of and participation in prenatal and infant primary care services." Family outreach workers are defined as social work professionals or nurses with public health education and counseling experience. Paraprofessionals are defined as resource mothers and fathers, trained health aides, and parent educators.

It is this mix of health professionals, health paraprofessionals, and family outreach workers of varied backgrounds that helps to meet the goals and objectives of the home visit as a method of service delivery in the most cost effective and time efficient manner.

Chapter 4, Care Coordination and Risk Appropriate Care, outlines the level of professional and paraprofessional support needed for the delivery of care coordination services.

The ongoing role of the paraprofessional should be one of support, encouragement, and reinforcement in an effort to attain the desired goals and objectives set out for the home visit. All home visitors should be trained in and have an understanding of cultural differences, respect for the values and beliefs of people of many different cultures, and the ability to respond appropriately and sensitively. Home visitors should remember first and foremost that they are guests in the home of the participant.

Documentation

Activities provided during a home visit are documented in the same manner as similar activities provided in other settings; these activities are documented in the participant's record. Documentation should focus on ongoing progress and the achievement of goals and objectives set forth prior to the home visit. Documentation of ongoing progress should include, at a minimum, documentation of information on initial contact, assessments, ongoing care coordination plan, education, participant response to interventions, referral information, follow-up activities, and case closure. The following forms may be used to document home visiting activities, as appropriate, or comparable forms for the non-CHD provider:

- Consent for release of Information
- Progress Notes/SOAP format
- Family Support Plan for Single Agency Care Coordination (DH 3151)

Sample Questionnaires/Screening Tools
Listed below are some examples of questionnaires and screening tools that may be used by Healthy Start providers during home visits (see Appendix B).

- Ages and Stages Questionnaire
- Home Observation for Measurement of the Environment (HOME)
- "Tell Us About Yourself " psychosocial questionnaire (DH 3131)
- Women's Health Questionnaire
- Domestic Violence Screen
- Edinburgh Postnatal Depression Scale
- Postpartum Depression Screening Scale
- Medicaid Behavioral & Developmental Screening form
- Nursing Child Assessment Satellite Training (NCAST) Feeding Scale
- NCAST Teaching Scale
- Prescreening Developmental Questionnaire (PDQ) II
- Denver II

HMS Coding

1. Services
Healthy Start services provided through home visiting must be coded with the appropriate Healthy Start program component and service codes as detailed in Chapters 4 -10, 12, 20, and 21 and with a service location code that corresponds to the location of service provision.

2. Service Location Coding

Service location coding (#17, Section B, Healthy Start Encounter Form) provides information on where the Healthy Start service was provided.

Providers determine the location codes for home visits or services delivered in varied sites by the location of the actual activity or attempt, and use one of the following codes on the encounter form depending on the location. A list of service codes can be found in the Personal Health Coding Pamphlet DHP 50-20. Service locations for delivering Healthy Start services are:

Service location	Code
CHD Office	31
CHD Clinic	39
Private premise	84
School	92
Other	98

Quality Management (QM)/Program Improvement (PI) Performance Measures

QM/PI for home visiting should include a review of the participant's record and the documentation of home visiting activities. Documentation of the home visit should be goal driven and should follow a logical progression. When progress notes are reviewed, the reviewer should be able to answer the following questions:

- Did the home visit focus on the achievement of goals and objectives?
- Was the home visit provided by the most appropriate individual (paraprofessional, professional, family outreach worker) in order to achieve the goals and objectives?
- Was the participant satisfied with the home visit service?
- Did the supervisor follow-up to confirm the home visit was actually made?
- Is it necessary to continue making home visits?

References

Chapter 64F-3, Florida Administrative Code

§383.011, Florida Statutes.

Home Visiting: Analysis and Recommendations, Gomby, Larson, Lewit, Behrman.

A Guest in my Home: A Guide to Homevisiting Partnerships that Strengthen Families and Communities, Florida Department of Health and Rehabilitative Services, Ounce of

Prevention Fund of Florida and Florida Department of Education Bureau of Student Services and Exceptional Education (1996).

American Academy of Pediatrics: www.aap.org

The Future of Children, publication of Princeton University and The Brookings Institution: www.futureofchildren.org

National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting medical research: www.nih.gov

United States Department of Health & Human Services (HHS), Reference Collections: www.hhs.gov

NOTES:

Self Study Questions: **(Answers to these questions may be found in Appendix H)**

1. What are the main advantages of home visiting versus providing services in a clinical setting?

2. What are the main disadvantages of home visiting versus providing services in a clinical setting?

3. What factors can be used to predict the success home visiting?

4. What is the mix of staff recommended to provide optimum success in a home visiting program?

5. What questions should the reviewer be able to answer when reviewing progress notes as part of the QM/PI assessment for home visiting?