

Multnomah County Auditor's Office

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Home Visiting
Focus resources for
healthier families

Summary

This report covers our review of the Health Department's home visiting efforts. Current efforts may not significantly improve the health and welfare of at-risk mothers and babies. More visits are needed to achieve the levels that have been shown to be successful elsewhere. By using paraprofessionals, increasing productivity, and generating more revenues, the program can increase service levels, but it must also target its efforts to the number of clients it can serve effectively.

Home visiting builds a caring relationship with a family while providing health advice, preventive health care, and assistance with social needs. The research literature indicates that home visits to pregnant women and young children can make dramatic improvements in the health of newborns, child development, parenting, child abuse, welfare dependency, and even criminality. As a result, home visitation can produce net savings in public expenditures.

Field Services has the equivalent of 83 full-time personnel serving over 10,000 individuals per year. It relies on the County general fund for about two-thirds of its \$7.1 million budget. Field Services primarily serves at-risk pregnant women and families with young children.

To their credit, Field Services staff provide a wide range of health and social services to their clients. The program strives to provide culturally appropriate services, but staff

could more closely reflect the population served.

We also believe that, in trying to serve more families, Field Services has reduced its ability to serve them effectively. Field Services staff provided a level of service to each family that is only 35% of that provided in programs which were shown to produce improvements for high-risk families. Field Services could also improve efforts to reach women prenatally. Further, staff may not be systematically planning services for clients due to inconsistent use of service protocols, and there is no method for ensuring that services are targeted to highrisk families.

We believe that Field Services could use paraprofessionals to increase the number of staff available to conduct home visits. Currently, Field Services has 16 budgeted paraprofessionals who are used for limited or specialized purposes. We found that less than 2% of the visits made in 1996 by Field Services nurses involved procedures requiring technical nursing skills. Most visits involved families in which social needs were more prevalent than medical needs. If recruited from the community served, paraprofessionals may be better able to reach at-risk women, especially minority populations. Paraprofessionals are increasingly used by other jurisdictions to supplement nursing staff as a cost-effective way of making home visits.

In addition, staff productivity should be examined. Overall, field staff average 1.4 visits for each eight hours worked. Nurses assigned primarily to home visiting achieve a higher productivity at 1.9 visits. Each home visit takes a total of 3.5 hours of nurse time, with about 50 minutes spent with each family. Field Services has established productivity standards, but these have not been consistently applied. Some nurses within Field Services are able to achieve a significantly higher number of visits than other nurses. Management could also explore the methods of other programs that achieve greater productivity. And, although Field Services has reduced paperwork, there may be additional ways to reduce the time spent on duties related to home visits, or other duties performed by staff.

There may also be opportunities to increase state and federal revenues for home visits. During the audit Field Services billed the State for a maximum of four maternity visits based on a conservative reading of Oregon Medical Assistance Program regulations. At current activity levels, we estimate that the program can generate \$118,000 in

additional revenues on an on-going basis, and can retroactively bill this amount for services last year. Increasing the number of visits will increase these revenues. Staff have been limiting the number of visits to families based upon the perceived Medicaid billing restriction. Further, on some field teams, the belief that visits completed by paraprofessionals could not be reimbursed has affected tasks that are assigned to them and limited the activities of these staff.

Using paraprofessionals, increasing productivity, and generating more revenues are probably not sufficient to raise the intensity of home visiting to the level of those programs that have been proven effective. Field Services should also focus its efforts on the number of at-risk clients that the program can serve effectively.

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