

First 5 Commission of San Diego

June 29, 2009

Feedback to the Commission on the Strategic Plan: Home Visiting

Newborn Home Visiting

Description of current program:

Healthy Development Services (HDS) newborn home visiting program is targeted to all first time parents in San Diego. Services are provided by registered nurses and include:

- Lactation support
- Physical examination
- Basic newborn care (e.g. assessing ongoing health issues, parent-child bonding, shaken baby prevention)
- Provision of, and education on, the Kit for New Parents
- Connection to a medical home
- Screening for referral to smoking cessation
- Connections to community based services and other HDS services
- Minimum of two follow-up phone calls to assess breastfeeding and general care

Outcomes: As the newborn home visit is a universal service, the population served includes middle and upper income families.

SERVICE	Initial Visit	6-8 WEEKS	6 MONTHS	Comparison Data	Source
Breastfeeding	85.9%	73.5 %	55.5%	75% 83.4%	Healthy People 2010 @ 6 weeks F5SD Family Survey
Health Insurance	95.3%	-	96.0%	62%	County @ 13 mos.
Medical Home	99.7%	-	98.2%	91.2%	County comparison
Well Child Visits	96.0%	-	98.2%	94.5%	CA data, CHIS 2005
Immunizations (at 8 weeks or older)	21.6%	-	97.8%	90.0%	Healthy People 2010

- Referrals to other HDS services: 4,169
- Referrals to outside community resources (e.g. Health, Dental, Parent/Family support): 5,764

Numbers served and Cost Analysis:

FY 2007/08 numbers and costs vary by region and service provider. Costs per region are estimated by an average amount and include administrative costs.

CHILDREN SERVED	COST PER VISIT
Total: 8331	Average cost: \$256

Issues affecting this area:

1. Costs per visit by a registered nurse are a considerable expense. It is estimated that to meet HDS identified goals of providing this service for 75% of all first time parents in San Diego will take approximately \$8.2 million, more than half the current annual costs for the entire HDS project. Factoring out the funds for evaluation and regional coordination (25% of \$15.2m = \$3.9m) \$8.2m is roughly 70% of available HDS service dollars.
2. Research demonstrates a limited benefit derived from a single-visit for families with newborns. Visits that provide a series of visits as the child ages do more to connect the family with needed community services.

AT-RISK HOME VISITING

Description of current program:

Healthy Development Services (HDS) at-risk home visiting program is targeted to all families in the county that demonstrate a need for extra supportive services yet do not qualify for the intensive services that Public Health nursing provide for families identified as “high-risk”. Among the 12 high-risk criteria for public health are: postpartum complications, history of drug abuse of domestic violence, and teen parents. HDS at-risk services may last from 1-3 months for low intensity while at-risk for high intensity may last as long as 24 months and involve intensive case management and need for follow-up. Services provided include:

- **Family assessments** for stress, postpartum depression, domestic violence or abuse, smoking and other substance abuse.
- **Case management** - coordination of referrals with minimal required follow-up for basic needs (food, housing, etc...), employment, childcare, referrals for treatment based on assessments (e.g. mental health, substance abuse, domestic violence), connection with health insurance and a medical home.
- **Parenting supportive services** including lactation support, information on home and infant safety, education on navigating community services for healthcare and legal needs, and identifying children’s developmental needs and milestones.
- **Intensive case management** occurs when families present with multiple severe stressors that require frequent visits by a home-visitor case manager.

Outcomes:

SERVICE	Initial Visit	6-8 WEEKS	6 MONTHS	Comparison Data	Source
Breastfeeding	88.0%	88.0%	68.4%	75%	Healthy People 2010 @ 6 weeks F5SD Family Survey County @ 13 mos.
				83.4%	
Health Insurance	94.5%	-	95.5%	62%	County comparison
Medical Home	99.9%	-	98.2%	91.2%	CA data, CHIS 2005
Well Child Visits	97.0%	-	97.7%	94.5%	Healthy People 2010
Immunizations (at 8 weeks or older)	45.8%	-	88.0%	90.0%	

- Parents increase in knowledge about health and developmental needs: 59.1%
- Parents increase in skills to help improve their child’s health and developmental needs: 52.1%
- Referrals to other HDS services: 539
- Referrals received from other HDS services: 2,564
- Referrals to outside community resources (e.g. health, dental, family support): 4,764

The specific services vary from low to high intensity services. Client served and costs per visits demonstrate that variety. Numbers served and Cost Analysis: FY 2007/08 numbers and costs are estimated by an average amount and include administrative costs.

Intensity of Services	CHILDREN SERVED	AVG. COST PER VISIT
LOW	1369	\$36
HIGH	788	\$195

Issues affecting this area:

1. The needs for “at-risk” services are broad. Services must be tailored to the family needs, so there are no standardized set of services delivered.
2. Levels of services vary by family. Low intensity services may not be enough while high intensity services may be more than the family requires and overwhelm their abilities to cope effectively.