Home Visiting

Ohio Policy Statement

Home visits must be available to all Help Me Grow (HMG)-eligible expectant parents, newborns, infants, toddlers and their families to offer support, education and community referrals. Home visits shall be voluntary, confidential, culturally sensitive and respectful of the family.

Procedures

1. Each county Family and Children First Council (FCFC) will ensure that home visits are available to the families who are enrolled in the HMG Program.

2. Families must request a visit and provide written consent before starting the first home visit. Consent must also be given for ongoing home visits.

3. Home visits must be scheduled to fit the family schedule and be respectful of family routines.

4. Prenatal home visits can be provided to eligible families (see Eligibility Policy). A registered nurse (RN) or a HMG service coordinator or home visitor can conduct prenatal visits. Prenatal visits should include:
   a. Helping the family establish a medical home;
   b. Referrals to community resources as needed;
   c. Promoting early literacy; and,
   d. Providing prenatal health education information.
   When an RN makes the prenatal visit, the visit must be followed up by a newborn home visit.
   When a service coordinator who is not an RN makes a prenatal visit, a referral for a newborn home visit by an RN must be made.

5. Newborn home visits must be made by an RN within the first six weeks after birth or discharge from the hospital and the visit shall include the following components:
   a. Maternal health assessment;
   b. Newborn health assessment;
   c. Education about the care of the newborn;
   d. Promoting early literacy; and,
   e. Referrals to service providers and/or ongoing HMG services, if appropriate.

6. Ongoing home visits must be provided primarily in the residence of the family. Face-to-face contacts with the family should occur in everyday routines, activities.
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and places. Ongoing home visits and contacts should include the following components:

a. Screening of child health and development;
b. Referrals to service providers;
c. Family support, information and education; and,
d. Parent education that promotes early literacy and focuses on parent/child interaction and child development.

7. The intensity, frequency and duration of ongoing home visiting services must be guided by the needs of the family and documented on the IFSP.

8. Personnel who provide ongoing home visits or “face-to-face” contacts will use research-based birth to 3 curriculum(s) that focus on child development, parent education, early literacy and parent/child interactions in the home environment. Handouts and materials that reinforce the curriculum should be discussed and left with the family to reinforce ideas and concepts discussed on home visits.

9. Home visiting personnel providing ongoing home visits must receive clinical supervision (see Personnel Standards Policy for definition and qualifications) at a minimum of eight hours per month. Home visiting personnel who are less than full-time must receive a proportional amount of clinical supervision. Home visiting personnel must also receive administrative supervision.

10. Registered nurses who are providing newborn home visits must be supervised by Registered nurses (see Personnel Standards Policy).

11. Caseloads for home visiting personnel making home visits should not exceed a maximum weighted caseload of 45 children (see Service Coordination policy for definition of weighted caseloads).

References

Ohio Department of Health, Division of Family and Community Health Services’ Policy on Home Visiting Programs.