



July 1, 2021

**RE: Early Impact Virginia 2021 Annual Report**

Early Impact Virginia is pleased to submit the following Annual Report for activities completed in state fiscal year 2021 as required by:

**Budget Bill - HB5002 (Chapter 2)**

Bill Order » Office of Health and Human Resources » Item 346

Department of Social Services

Authority: Title 2.2, Chapter 54; Title 63.2, Code of Virginia; Title VI, Subtitle B, P.L. 97-35, as amended; P.L. 103-252, as amended; P.L. 104-193, as amended, Federal Code.

**Item 346**

N. Out of this appropriation, \$250,000 the first year and \$600,000 the second year from the federal Temporary Assistance to Needy Families block grant shall be provided to contract with Early Impact Virginia to continue its work in support of Virginia's voluntary home visiting programs. These funds may be used to hire three full-time staff, including a director and an evaluator, and to continue Early Impact Virginia's training partnerships. Early Impact Virginia shall have the authority and responsibility to determine, systematically track, and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. Early Impact Virginia shall report on its findings to the Chairmen of the House Appropriations and Senate Finance Committees by July 1, 2019 and annually thereafter.

Please do not hesitate to contact me if you need any additional information.

Sincerely,

Laurel Aparicio  
Executive Director

(804) 359-6166

[laparicio@earlyimpactva.org](mailto:laparicio@earlyimpactva.org)

## Executive Summary

The past year presented numerous opportunities and challenges for our organization and local home visiting providers as the Commonwealth faced three pandemics: health, racial equity/social justice and economic. While challenged by these crises, our home visiting system responded swiftly and compassionately to meet the needs of Virginia families. Local providers immediately pivoted to connecting with families by whatever means necessary to ensure their safety and well-being. More often than not, this meant that home visitors and families together had to learn new ways of connecting via technology. And, local providers had to find, or in many instances create, new ways of supporting families to get their needs met. From safely dropping off emergency supplies to ensuring COVID safe medical and mental health care, home visitors accomplished heroic feats on a daily basis. And, our statewide system also rose to the occasion by springing into action to provide the support that local providers needed to maintain meaningful connections with families. From immediate policy provisions to providing emergency supplies, training and technology, Virginia's system responded efficiently and effectively. With a shared commitment to supporting families adversely impacted by the pandemics, often at great personal sacrifice, Virginia home visitors and leaders met the challenge of the last year in ways that continue to inspire awe and deep appreciation.

In the midst of these transitions, Early Impact Virginia (EIV) maintained a clear focus on addressing the rapidly changing needs of local communities, local providers and families while also completing numerous large scale strategic projects, including:

- Home Visiting Data Warehouse
- 6 Virtual Home Visiting e-learning modules & Interactive Supervisor Toolkit
- New Intimate Partner Violence Screening Approach
- 7 Classroom training courses converted to virtual delivery
- Home Visiting Needs Assessment
- Community Readiness Toolkit
- Strategic Growth Plan

Highlighted in this year's annual report, EIV led the development of the Home Visiting Strategic Growth Plan. This Strategic Plan provides the context and direction necessary to fully operationalize the *Plan for Home Visiting* adopted by the Children's Cabinet in May 2019. Informed by the EIV statewide home visiting needs assessment and input from more than 200 stakeholders at the local and state level, the Home Visiting Strategic Plan addresses the Commonwealth's key priorities for pregnant persons and families with young children and sets a bold strategic direction for scaling services to achieve community level impact.

The following report details the ways in which Early Impact Virginia is leading or contributing to advancing the Commonwealth's vision for young families.

## Early Childhood Home Visiting in Virginia

The foundation for lifelong health and well-being is built in pregnancy and early childhood. The evidence is conclusive and grows daily. The absolute best opportunity to build healthy, safe communities begins with families. Supporting families from the start creates multi-generational change and the pathway to true population health.

For more than 25 years, Virginia Early Childhood Home Visiting programs have partnered with local communities throughout the Commonwealth to strengthen families and improve child health and well-being. Virginia has a proud history of strong support for evidence-based home visiting. Leaders consistently demonstrate an unyielding commitment to achieving the absolute best outcomes for young children. This commitment has never been more evident than over the past decade as the investment in early childhood home visiting has increased significantly.

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*“The biggest help was knowing I wasn’t alone and that I have someone I can always talk to and ask questions.”*

*Parent, Virtual Town Hall 2021*

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## Pandemic Impact

Over this past year, local programs navigated system-wide disruptions to traditional referral networks that initially led to significant reductions in service enrollment and engagement. By mid-year, these numbers stabilized as local systems adapted to the changed environment and access to services returned to pre-pandemic levels. Throughout the pandemic experience, local providers continued to gain great insights into the new and different ways in which families were engaging. With new virtual and telehealth strategies in place, home visitors began to see many families reaching out and engaging with greater frequency and often in very different ways. Home visitors began discovering that families were taking on a very different role in their relationship and often seemed more at ease leading activities with the home visitor providing coaching virtually. Entirely new connections were being developed and home visitors found



themselves tapping into different skills in new and unique ways. Overwhelmingly, families reported that the support they received from home visitors was invaluable. Time and again, families shared sentiments like, “I don’t know what I would have done without her” and “My home visitor was my lifeline during the pandemic”. After a year of providing pandemic impacted services, the data began to illustrate these shifts.

Below is a preliminary analysis of data shared by three program service models: CHIP of Virginia, Healthy Families Virginia and Nurse Family Partnership. Collectively, these three models account for approximately two-thirds of all families receiving home visiting services.

At the end of March 2021, local program providers reported the following changes since the start of the COVID-19 pandemic response:

- ✓ Approximately 85-90% of visits remain virtual
- ✓ Enrollment rates have stabilized to pre-pandemic levels
- ✓ **13% increase** in # of families served
- ✓ **14% increase** in home visit rates
- ✓ Limited impact on workforce retention (*new staff <10% of total workforce*)
- ✓ **70% of local programs** report continued issues with access to technology

In addition to this important data illustrating shifts in service delivery, EIV is pleased to report that in SFY 2020, local providers continued to partner with more than 8,000 families in 123 communities all across the Commonwealth to build parenting skills, enhance family functioning and support healthy child development.

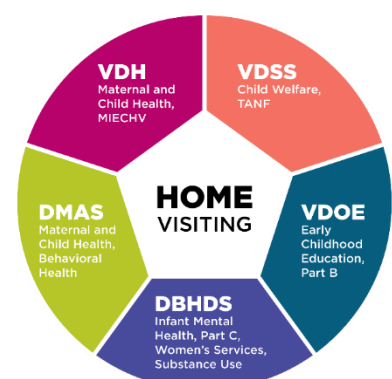
### Early Impact Virginia Summary of Activities and Achievements

Virginia's home visiting system continues to serve as an example of the important role that public-private collaboration can play in building effective, innovative approaches to service delivery. Sustaining and expanding home visiting services to achieve the promise of prevention requires a higher level of coordination across early childhood systems. While evidence-based programming is essential to strong outcomes, so too is the need for comprehensive, integrated early childhood systems. Optimizing the Commonwealth's investment in early childhood home visiting and building a strong foundation for the future can only be achieved through deliberate planning and strong, committed leadership.

Between July 1, 2020 and June 30, 2021, Early Impact Virginia continued to maximize the impact of home visiting in Virginia by providing leadership at the state level, embracing collaboration with multiple partners, fostering innovation, and supporting excellence in service delivery.

#### LEADERSHIP

In Virginia, home visiting lives at the intersection of five child serving agencies, with each agency playing a significant role in all or some part of the administration, funding, and delivery of home visiting services. While this offers certain advantages for collaboration, it also creates inherent fragmentation and adds to the complexity of an already disparate system. Addressing this requires shared vision, clear commitment and significant coordination to ensure all partners are fully



engaged in determining the ways in which home visiting will help to achieve the Commonwealth's priorities for and with families.

In May 2019, [Virginia's Plan for Home Visiting](#) was endorsed by the Children's Cabinet to guide the development of a comprehensive framework for coordination of home visiting program services within the early childhood system to ensure quality service delivery and sustainable growth. The plan defines the home visiting system and establishes the requisite key elements for success, thereby laying the foundation for strategic growth.

Over the last five years, the Virginia home visiting system has invested in developing shared approaches to workforce development, data collection and reporting, and continuous quality improvement to prepare for scaled growth. Simultaneously, Virginia leaders have been working to strengthen early childhood systems and to identify stable, predictable funding to ensure equitable access to critical supports for pregnant persons and young children. These focused efforts have brought Virginia's home visiting system to a critical point. The infrastructure is built and the systems are ready.

### **A Strategic Vision for Growth**

Inherent in any growth plan is the assumption that growth will lead to improved results. Virginia leaders recognize home visiting's well-established benefits and local programs consistently demonstrate strong outcomes among participating families. However, realizing the true promise of prevention occurs when communities are able to see population level change in key health and well-being indicators. This type of impact can only be achieved through scaled intervention. Across the Commonwealth, local home visiting programs rarely reach more than ten percent of eligible families. Maximizing the impact of home visiting through scaled, sustainable growth requires a clear vision and defined growth target.

#### Our Vision

*All pregnant and parenting families in Virginia have access to high-quality, early childhood home visiting, how and when they choose.*

#### Strategic Growth Target

Maximize impact by reaching 50% of eligible families at the community level

#### Guiding Principles

- Ensure Family-Centered and Equitable Service Delivery
- Develop Community Readiness to support effective growth
- Demonstrate value to families, funders and partners

#### Objectives

##### **Qualified Workforce**

*Promote equity, effectiveness, retention and diversity in workforce development.*

##### **Quality Services**

*Provide family-centered, high-quality home visiting services for all families based on best practice and/or evidence-based standards.*

### **Data-Driven Management**

*Use data to inform and drive decision making within all parts of the home visiting system (families, staff, organization, community, and state) to build quality, enhance efficiency and demonstrate impact and ROI.*

### **Collective Impact**

*Engage all partners in developing collaborative approaches that facilitate cross-system alignment and integration for seamless, family-centered services.*

### **Sustainable Funding**

*Support sustained service delivery and targeted growth by diversifying public funding.*

## **Home Visiting Medicaid Benefit**

After efforts to restore funding for the Home Visiting Medicaid benefit during the 2020 Special Legislative Session were unsuccessful, home visiting advocates worked together with elected leaders during the regular session to advance a plan to resume this work in the new fiscal year. Ultimately, the final 2022 Budget included a language only amendment directing DMAS to conduct a study and make recommendations by December 1, 2021. This work will begin in July 2021. Specifically, the budget included the following:

*Budget Item 313: EEEEE. The Department of Medical Assistance Services (DMAS) shall convene a workgroup and make recommendations on a Medicaid home-visiting benefit to support members' health, access to care and health equity. The workgroup shall include representatives from DMAS, Managed Care Organizations, the Virginia Department of Health, the Department of Health Professions, licensed and unlicensed providers of maternal and child health services, Early Impact Virginia, stakeholder groups, and community organizations. The workgroup shall: (i) analyze federal and state regulations and funding mechanisms impacting establishment of a Medicaid home visiting benefit; (ii) review home visiting strategies and benefits implemented in other state Medicaid programs; (iii) analyze and make recommendations on appropriate services and rates to be included in a Medicaid home visiting benefit; and (iv) project estimated costs over the next five years. The department shall report on the results and recommendations of the workgroup to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2021.*

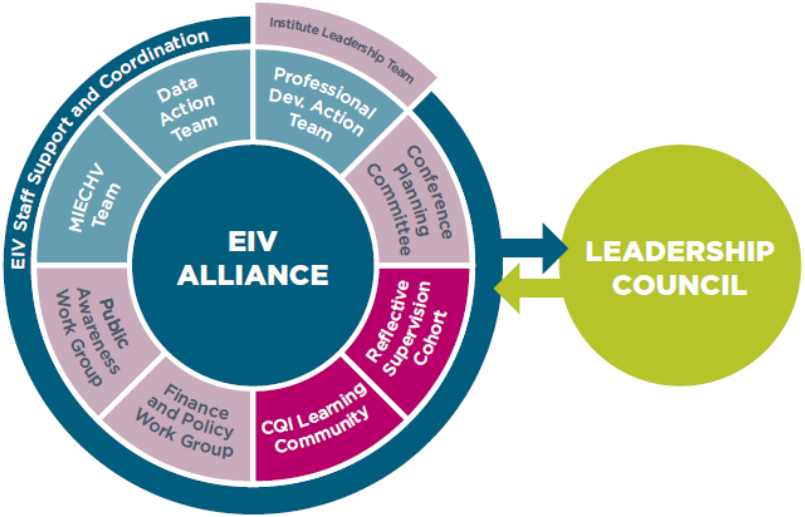
## **Raising Family Voices**

During the 2021 Legislative Session, Early Impact Virginia partnered with Families Forward to facilitate a series of six (6) Virtual Parent Town Halls with legislators across the Commonwealth. These regional events offered home visiting families the opportunity to specifically share their home visiting experiences while also discussing the challenges faced during the pandemic. The Town Halls were very well attended with a total of 195 participants, including home visiting families, staff and legislators. Overwhelmingly, parents were grateful for the opportunity to share their stories.

# COLLABORATION

Collaboration is fundamental to all EIV work. Home visiting is a complex system that includes multiple program models and numerous partnering organizations. Extensive coordination is necessary to support effective communication and decision making to ensure that our system is responsive to the needs of families and communities while also addressing the Commonwealth’s key priorities and supporting strong outcomes.

## Alliance for Early Childhood Home Visiting



Early Impact Virginia leads the Alliance for Early Childhood Home Visiting. As both a convener and partner in implementation, EIV has well established relationships at the local and state level. Member organizations represent an early childhood workforce of more than 750 providers serving 8,000 families in 123 of Virginia’s 133 localities. In addition to

this reach, as the Alliance for Early Childhood Home Visiting, EIV partners closely with early childhood providers across the system, including early intervention, preschool special education, infant/early childhood mental health, substance use services, early care and learning, child welfare, food/income security, health care providers, insurers and academic institutions.

Key to any EIV led project or activity is the engagement of those in the field. To be effective, EIV must represent the entire field in meaningful, relevant ways. EIV relies on the expertise of local providers and stakeholders as well as state leaders in all of its work. Action Teams provide the vehicle for including the provider voice in decision making. The Leadership Council sets the course, but it is the Alliance that will advance the work through collaboration with both existing and new partners.

In addition to addressing the evolving needs of the field over the last year, the Alliance and Leadership Council engaged in an extensive planning process to develop the Strategic Growth Plan. Planning was conducted virtually during regular meetings and through surveying. Both the Leadership Council and Alliance membership completed a comprehensive qualitative survey to provide context and develop the collective vision for growth.

## Coordinating with Community-Based Doulas

In addition to strategic planning, the Alliance continued to cultivate collaboration across sectors. The Alliance worked with the Virginia Department Health and stakeholders from the doula community in early 2021 to develop a presentation and FAQ document to support collaboration among home visiting programs and community-based doulas. Part of the

presentation also included updates from the two Doula Stakeholder Workgroups that had been established by the Governor’s administration to develop a Medicaid benefit and training and certification process for doulas in Virginia.

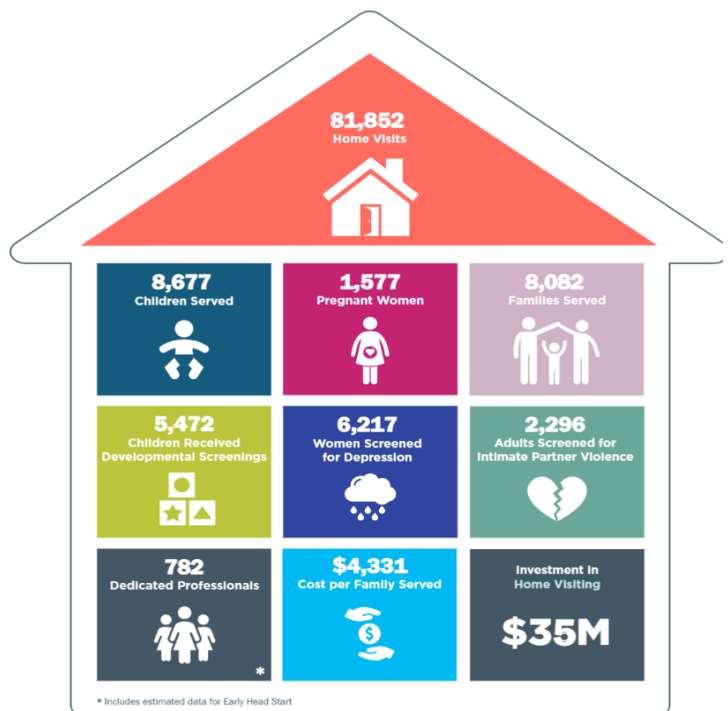
### MIECHV

Early Impact Virginia continued to partner with the Virginia Department of Health to collaboratively lead Virginia’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. In 2020, representatives from the home visiting models funded by MIECHV in Virginia joined the team. The addition of these partners to the MIECHV Team has helped to increase understanding of grant requirements, and created new mechanisms to identify and address challenges effectively. The MIECHV Team successfully navigated changing guidance from the federal and state levels during the pandemic so that programs continued to receive funding, and were able to serve families virtually throughout the year.

### Communication

Early Impact Virginia maintains a statewide and national email list of more than 2,000 subscribers, including home visitors, supervisors, and other stakeholders. Monthly newsletters are the primary vehicle for communicating EIV sponsored events and activities, as well as relevant information and updates for the field. This year, EIV started a new Newsletter specifically for home visiting Supervisors. This newsletter shares upcoming training opportunities and information of particular importance for supervisory staff. Social media communication became even more prevalent over the course of the last year. EIV provides regular Facebook posts of current events and relevant resources. Social media posting has also offered many new opportunities to share local provider success stories and celebrations.

**INNOVATION** From the start, home visiting program models have been built on evidence and have used data to drive improvement. Collecting reliable data is essential to accountability, quality assurance and improvement. Early Impact Virginia recognizes the value of defining and collecting common data across all programs and worked together with service providers and funding partners to develop unified data measures and reporting structures to share the impact of our work.



### Annual Data Collection and Reporting

For the past four years, EIV has partnered with local providers to collect program level data to demonstrate the scope and impact of service delivery. Annually, 56 local organizations voluntarily report data to EIV for shared reporting. Our focus has been to conduct this work in



a way that is manageable for local program providers while also informing broader goals to streamline reporting, ensure accountability, demonstrate impact and frame our story. Each year, EIV partners with federally-funded Early Head Start/Head Start home-based programs to capture accurate data for statewide reporting. Significant progress has been made in building relationships with Head Start/Early Head Start Directors who manage home-based programs. Ultimately, only 3 of the 14 home based providers were able to share data for this year's annual report. While this is less than hoped, significant progress was made in securing good data from these providers, allowing for a more accurate reflection of services in those communities. This year's data report reflects both the impact of the pandemic on enrollment and the significant decrease in Early Head Start data reporting. The overall number of families and children served during SFY'20 decreased by approximately 10-15%. However, the number of home visits and depression screenings provided increased, illustrating the statewide trend during the pandemic of lower enrollments, but more intensive and frequent connections with families.

This year, Early Impact Virginia collected additional qualitative and workforce data to begin identifying emerging trends and issues. Early Impact Virginia is committed to transparency and accountability. Coordination of statewide data collection and reporting remains a top priority.

### **Early Impact Virginia Data Warehouse**

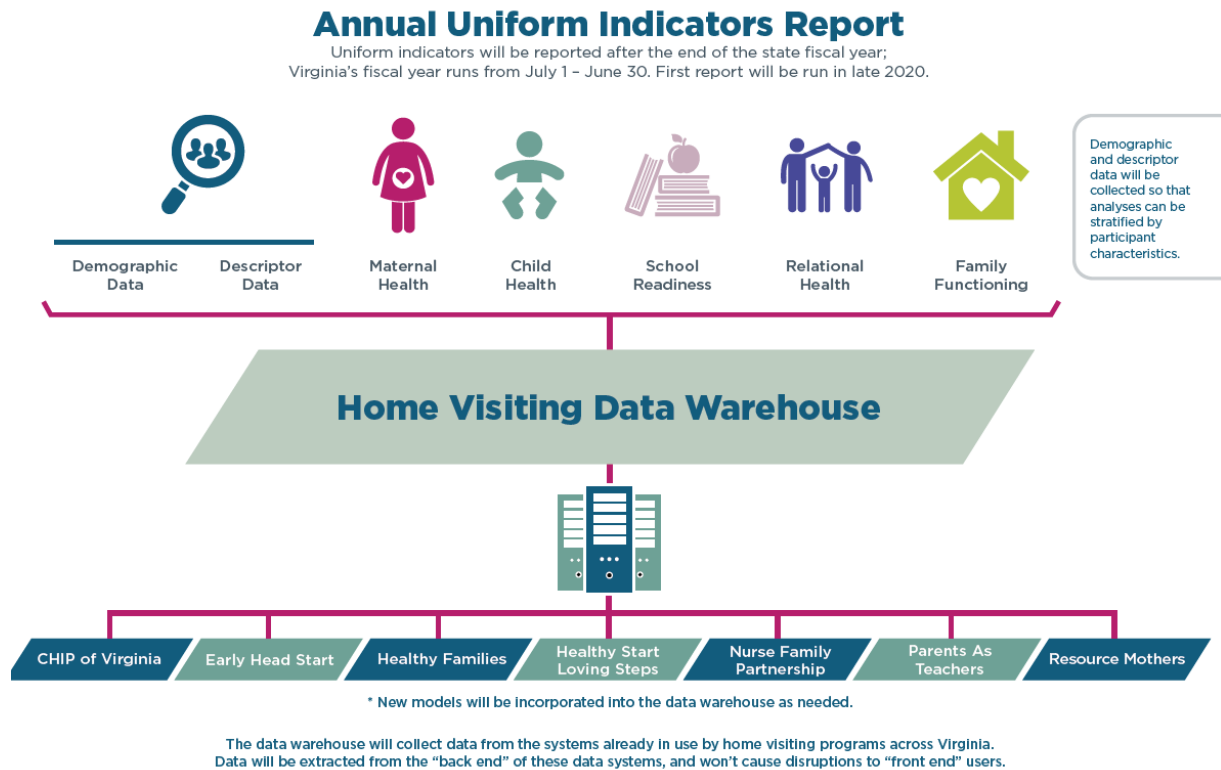
To achieve the extensive reporting and evaluation activities, EIV is in the final stages of developing a data warehouse to automate shared reporting and allow for full integration of data from each of Virginia's seven home visiting models with relevant statewide data systems. Rather than create new data collection systems that require provider input, EIV will import data into the data warehouse from each of the state model legacy data systems, analyze the data and report in aggregate across all program models. As seen in the data schema below, which is also included in [Virginia's Home Visiting Uniform Indicator document](#), this complex, but efficient strategy was designed to specifically reduce the reporting burden on local home visiting providers while building capacity to fully illustrate impact of home visiting across a number of key indicators.

Over the last year, significant progress was made on the development of the EIV Data Warehouse. The Data Warehouse has been built and data from Virginia's two largest providers, CHIP of Virginia and Healthy Families Virginia has been ingested for analysis. Current efforts focus on building the MIECHV code to collect and report the MIECHV performance measures at the close of the current federal fiscal year, September 2021.

EIV's Data Action Team, with representation from each program model, continued to work to develop shared priorities. Over this past year, much of this team's work focused on Needs Assessment analysis, identification of critical COVID related data points and development of shared statewide outcome data reports. The team has identified the following projects for completion in the upcoming year:

- Virginia Home Visiting Report Card
- A Collaborative Home Visiting Evaluation Report
- Series of Infographics
- Social Media Campaign

With the completion of the Data Warehouse, shared outcome reporting becomes possible. EIV will continue to work together with providers and partners to develop shared reporting strategies. Additionally, EIV will begin work to integrate home visiting data with other state early childhood data sets within the Virginia Longitudinal Data System (VLDS).



### Virginia Home Visiting Needs Assessment

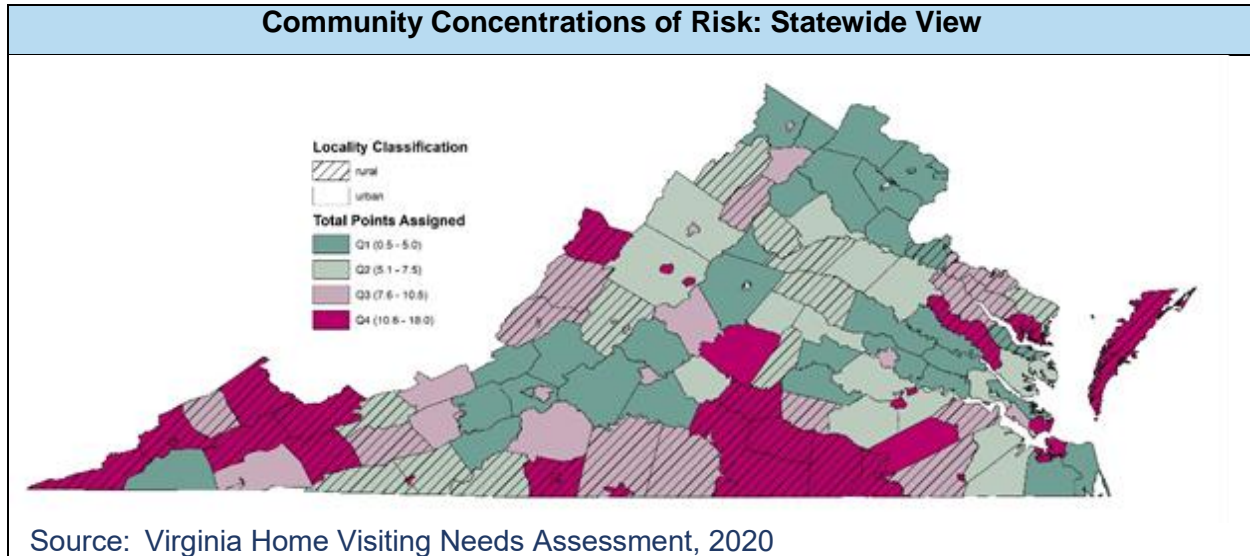
Throughout 2020, Early Impact Virginia conducted the [Virginia Home Visiting Needs Assessment](#). This needs assessment is the product of a statewide collaborative effort to identify strengths and needs in Virginia's system of home visiting programs and was designed to meet the requirements of both the federally funded MIECHV program and to inform the development of the Home Visiting Strategic Growth Plan.

The effort to produce this needs assessment was informed by dozens of organizations and hundreds of individuals from across Virginia. These stakeholders shared their insights, ideas, and critiques of Virginia's home visiting system from a wide range of perspectives. This guidance is invaluable for understanding the needs, challenges, and opportunities for optimizing home visiting in Virginia.

Virginia is a large and diverse state with wide variations in community need and community capacity for home visiting. Virginia selected sixteen Maternal and Child Health indicators that were identified as key proxy measures of maternal, infant, and early childhood development and health to identify concentrations of risk to help determine the need for home visiting across the state.

Selected Maternal and Child Health Indicators in Virginia		
<ul style="list-style-type: none"> <li>• Number of Children Age 0-6 in Low-Income Households</li> <li>• Number of Children in Food-Insecure Homes</li> <li>• Child Maltreatment Rate</li> <li>• Late/No Prenatal Care Rate</li> <li>• Low Birth Weight Rate</li> <li>• Preterm Birth Rate</li> <li>• Teen Pregnancy Rate</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Live Births</li> <li>• Unemployment Rate</li> <li>• Pain Reliever Abuse Prevalence Rate</li> <li>• Illicit Drug Use Prevalence Rate</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol Abuse Prevalence Rate</li> <li>• Crime Rate</li> <li>• High School Dropout Rate</li> <li>• Marijuana Abuse Prevalence Rate</li> <li>• Juvenile Arrest Rate</li> </ul>

A concentration of risk score was calculated for each locality using these indicators. Localities in Virginia were then ranked according to their concentration of risk.



As an additional factor for setting priorities, localities were categorized as urban or rural based on classifications assigned by the Virginia Department of Health. These designations are illustrated on the map with cross-hatching of rural localities and were examined when forming the final list of at-risk communities.

This data will be used to inform capacity building efforts and strategic growth strategies. Currently, there are eleven (11) communities with no home visiting services. Of these eleven communities, five (5) have concentration of risk scores that place them in the top two quartiles of risk, including:

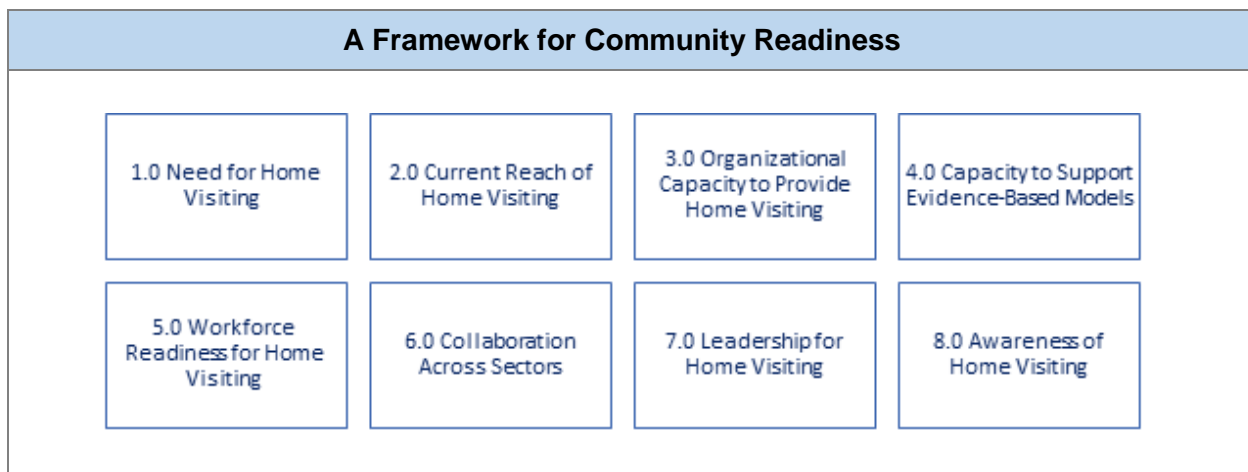
- Buckingham County
- Lunenburg County
- Nelson County
- Prince Edward County
- Surry County

It will be particularly important to understand the unique needs of these communities and the opportunities for building readiness to support service delivery. Additionally, as previously noted, while home visiting services are available in 123 Virginia localities, it is rare that a local program is able to reach more than ten percent (10%) of the need for services. Strategic growth requires a community level approach to ensure effective service delivery.

Decades of experience has created a keen understanding of the importance of supporting the necessary infrastructure and collaborative systems for successful implementation. It is through this lens that strategic growth must be considered.

### The Importance of Community Readiness

Understanding the need for home visiting, as well as other issues facing pregnant and parenting families, is only the first step. Community readiness can be defined as the extent to which a community is ready, willing, and able to meet the home visiting needs of young children and their families. As part of the needs assessment, Early Impact Virginia developed a framework to assess community readiness that includes eight core elements that influence a community's ability to successfully sustain and scale a home visiting program.



Qualitative data on community readiness was captured in the 2020 needs assessment to add richer detail and community-level context to the quantitative data. The following qualitative research was conducted: Home Visiting Workforce Focus Groups, key informant interviews, and the Virginia Home Visiting Needs Assessment survey.

Each community has a distinctive set of home visiting needs. Likewise, each community has an existing capacity for home visiting that is likely to have both strengths and gaps. It is essential to understand these community dynamics, and use resulting insights to inform home visiting strategies at the state and local level.

Ideally, this work should be informed by a community readiness assessment that provides data and insights for strategy development. Early Impact Virginia developed the *Community Readiness Toolkit* to help home visiting programs, community leaders, state funders, and families to work together to assess community readiness for expanding or creating home visiting programs.

## EXCELLENCE

One of the biggest challenges facing home visiting in Virginia during the COVID-19 pandemic was the suspension of in-person home visits, which necessitated an immediate shift to virtual service delivery.

Home visiting programs did not close for extended lengths of time like many other early childhood and human service organizations did. While there had been some use of video chat and texting to provide support to families, the wholesale switch to virtual visits only was a drastic departure from “business as usual” for all home visiting programs in Virginia. Knowing that there would be a need for significant training and development to successfully implement virtual service delivery, Early Impact Virginia shifted its professional development activities to creating content to support providers in delivering virtual home visiting services.

### Rapid Response Virtual Home Visiting

This shift led to a partnership with the National Alliance of Home Visiting Models, Parents as Teachers National Center, and James Madison University to spearhead the Rapid Response-Virtual Home Visiting collaborative. Through the Rapid Response project, Early Impact Virginia worked with national partners to develop a weekly webinar series, ten (10) webinars with accompanying resources, documents, and learning tools, and launched the Rapid Response website between the months of April through June 2020. At that time, the role of Early Impact Virginia shifted away from weekly webinar development to transitioning relevant content about virtual service delivery into online learning modules.

Those initial webinars and shift to focus on virtual services delivery culminated in the creation and launch of the Virtual Home Visiting online learning series, accessible at no-cost through the *Institute of Family Support Professionals*. The series of six training modules, which officially launched on April 30, 2021, provides the foundational knowledge and best practice principles for delivering virtual home visiting services. With clear guidance and tips from the field, this series was designed to support home visitors in all aspects of their work. When all six modules and quizzes are completed, the home visiting professional will earn a **Virtual Home Visiting Digital Badge** that will be added to their online transcript in The Institute. In addition to the modules, a Supervisor's Toolkit was developed and launched at the same time. The interactive toolkit is available in both English and Spanish and provides resources and information for supervisors on virtual home visiting.



Virtual Home Visiting

Early Impact Virginia continue to work with national partners to lead these efforts as the field continues to transition back to in-home service delivery while also adopting hybrid approaches for on-going connection.

### The Institute for Family Support Professionals

Early Impact Virginia continues to serve as a lead partner on *The Institute for the Advancement of Family Support Professionals*, in partnership with Iowa Department of Public Health. With a



nationwide user base of more than 14,000 Family Support Professionals, The Institute has become a major source of competency based professional development for the field. Registered users doubled over the last year as local providers sought high quality, on-line training opportunities. This growth has led to new opportunities for partnership

with other state systems and providers. Early Impact Virginia and James Madison University coordinate the development and delivery of training to support Virginia-specific, competency-based, and advanced learning objectives. Over the last year, six (6) modules were designed and launched on the Institute to support the professional development of home visitors and supervisors. During the same time period, seven (7) additional modules began development, four (4) of which will be completed by September 30, 2021.

Early Impact Virginia continued to convene the Professional Development Action Team, a statewide workgroup and part of the Alliance for Early Childhood Home Visiting. The Professional Development Action Team provides guidance on training topics and content that support early childhood home visiting programs. Most recently this led to the initiation of two (2) modules on racial equity and disparities related to maternal and infant health. These modules will support the home visiting field in identifying causes of racial disparities in maternal and infant health and in learning how they can help prevent maternal and infant mortality. Early Impact Virginia engaged key content experts, early childhood partners, and home visiting experts/providers to provide input and advice regarding content and delivery method for each module.

EIV now offers 75 e-learning foundational training modules. In addition to supporting core competency development through on-line training, EIV also offers seven (7) advanced classroom trainings for Virginia home visiting professionals in all parts of the state. All EIV trainings are specially designed for home visitors and are developed together with early childhood partners, experts and local providers. All trainings are free and accessible regardless of provider location.

The Institute is continues to support workforce development through a robust system of support, including:

- Individualized digital learning maps,
- National Certification and Registry,
- Digital Badging for Specialized Skill building,
- Undergraduate degree credit at greatly reduced cost (University of Kansas),
- CEU credits (James Madison University), and
- Reciprocal agreements with certifying organizations, e.g. CDA for Home Visitors.

Over the last year, Early Impact Virginia worked with partners through the *Institute for the Advancement of Family Support Professionals* to develop and launch a Home Visitor Certification and Registry system nationwide. Currently, thirty-six (36) Virginia home visitors and supervisors have received certification.

## Continuous Quality Improvement

Virginia's home visiting system has a long history of using data to drive improvement. Local programs have embraced a culture of quality and EIV is leading statewide quality improvement efforts. Working together with state program model TA/QA staff, EIV implemented a *Family Engagement Learning Community* over the last calendar year. This Learning Community was specifically designed to support the 18 MIECHV funded programs. This was a very important topic during the pandemic, however, the average participation rate dropped to 82% over the year, down from 92% in 2019. While the level of engagement diminished, the success of the participating programs did not. Sixteen (16) of the eighteen (18) participating programs made improvements over the course of 8 PDSA cycles. Two local programs had difficulty staying consistently engaged in PDSA cycles in 2020 due to staff attrition.

Over the past year, many local providers described feeling burned out with virtual service delivery, teleworking, and their CQI efforts. In response to that, a few CQI teams turned their efforts inwards and focused their CQI efforts on self-care and team dynamics. Other teams shifted to a different family engagement topic or to improving quality of their data entry in an effort to regain motivation for CQI.

There has been some positives as a result of COVID. More providers now have access to webcams and began using them during work. As such, webcam use increased significantly during the monthly CQI Learning Community webinars. The CQI Coordinator also decreased their use of slides during the webinar. Those two things, combined with increased experience with virtual service delivery, led to strong engagement during the early months of COVID. While this isn't reflected in the engagement data, local providers clearly experienced the value of connecting with their peers across the state. They shared frustrations, successes, and motivated one another; they came together as a community in a different way.

Looking forward to the new year, CQI Learning Community participants decided to continue to address **Family Engagement** for this year's learning community. Within "family engagement," 12 of the 18 programs selected one of the following subtopics: Enrollment, Home visiting frequency, Retention. Six of the 18 programs chose a different topic, such as improving data quality or team engagement.

## Reflective Supervision

Early Impact Virginia continues to work in partnership with the Early Childhood Mental Health Virginia state office to provide intensive Reflective Supervision training for home visiting supervisors to build reflective supervision skills, infant mental health knowledge, and opportunities for Virginia Infant Mental Health Endorsement. The 2019-2021 cohort included 28 participants, representing seven home visiting models. Through a combination of live training (in-person and virtual) and virtual reflective group sessions, supervisors became more familiar with infant mental health theory and strategies and increased their reflective supervision skill. Four "Lead Supervisors", graduates of previous cohorts, facilitate group reflective supervision sessions as a way to continue building their own reflective supervision skill and to expand reflective supervision leadership and capacity across Virginia. This cohort has also included an increased focus on issues related to diversity and equity, with a goal of equipping supervisors to engage in and advocate for diversity-informed and inclusive practices

within their own organizations. Early Impact Virginia is exploring the development of regional reflective supervision/practice groups to provide ongoing professional development and reflective skill development for home visiting supervisors across Virginia. These groups would provide a statewide system of learning and capacity building, in order to continue building infant mental health and reflective practice expertise for supervisors.

### **Mothers & Babies**

Early Impact Virginia worked with Northwestern University to launch *Mothers & Babies* in Virginia. This evidence-based curriculum is designed specifically for home visitors to use as a prevention and/or intervention strategy to address mild to moderate perinatal depression. *Mothers & Babies* has been highlighted as one of the most effective interventions for the prevention of postpartum depression and EIV is working together with partnering programs to provide this training to every home visiting program in Virginia. To date, 30 local programs have received training and technical assistance to support effective implementation of the *Mothers & Babies* intervention. This intervention was particularly important over the past year as families exhibited much higher levels of anxiety and mild to moderate depression due to the uncertainty and stress of the three pandemics.

Early Impact Virginia has also developed a statewide, technical assistance infrastructure to support long-term sustainability of the intervention among participating home visiting programs.

### **CUES**

Over the last year, Intimate Partner Violence screening guidance was adjusted to address safety concerns related to conducting this type of screening virtually. Futures without Violence, the national expert for IPV screening recommended shifting to a new protocol, CUES (Confidentiality, Universal Education, and Safe Supports). This new protocol is a universal education approach rather than a screening and disclosure based approach to intimate partner violence. EIV contracted with Futures without Violence to conduct two (2) Train the Trainer sessions for Virginia Home visiting Supervisors and EIV Trainers to get trained to be able to immediately support local providers in the transition to this new approach. To date, seventy-four (74) supervisors and EIV trainers have received training and all local programs plan to transition to this approach.



## What's Next?

The upcoming year promises to be just as busy as the last as EIV continues to work in partnership to fulfill its mission and support sustainable growth to reach more Virginia families. While much of the foundation is in place, it will be particularly important for Virginia leaders to think and act strategically to build systemic approaches that support effective growth. Aligning new funding opportunities with existing structures will be critical for ensuring the most efficient and sustainable growth for local programs.

In FY'22, Early Impact Virginia will continue to lead this work by doing the following:

- Maintain a competency based professional development system for home visitors and implement a Home Visitor Certification System.
- Complete development of statewide HV Data Warehouse, design reporting protocols, complete statewide service and uniform indicators reporting and integrate HV data with VLDS
- Enhance partnership with MIECHV program to streamline implementation
- Support the DMAS Home Visiting Medicaid Benefit Work Group
- Coordinate Home Visiting integration with *UniteUs* platform
- Lead the EIV Alliance and Leadership Council to advance the state's strategic priorities, including:
  - 1. Qualified service providers**
    - a. Adopt Core set of competencies and required training for all home visiting staff;
    - b. Adopt and implement professional certification based on competencies and DMAS provider criteria;
  - 2. Quality Service Delivery/Model Fidelity**
    - a. Adopt Core set of standards and outcome indicators for programs,
    - b. Adopt requirements for a monitoring framework;
  - 3. Quality Assurance**
    - a. Adopt uniform reporting format for all state administered funding,
    - b. Develop strategies to facilitate shared data collection and reporting capacity,
    - c. Report demographic data and outcomes by and across program models,
    - d. Conduct statewide needs assessments at least once every three years to identify gaps in home visiting service network;
  - 4. Sustainability**
    - a. Funding strategies that promote quality, model fidelity, efficiency and accountability, including a **common contract** for home visiting programs (per plan definitions), consistent funding practices and support for the development and maintenance of the home visiting system including training, quality assurance, quality improvement and evaluation.
    - b. Funding strategies that support sustainability through stream-lined financing strategies, diversification, braiding and promotion of cross-agency opportunities.

- c. Funding strategies that create stable, predictable revenue streams and leverage relevant statewide programs, including Medicaid, Family First Prevention Services Act, TANF, and so forth.

**5. System Building**

- a. All relevant child serving public agencies participate in statewide home visiting planning and evaluation activities through EIV membership,
- b. Develop strategies to increase awareness and identify eligible families at the earliest possible point.
- c. Promote cross-sector collaboration among relevant state organizations to reduce duplication and advance common goals

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**For more information, please contact:**

**Laurel Aparicio**

Director | Early Impact Virginia

Business: 804-359-6166, ext. 201 | [laparicio@earlyimpactva.org](mailto:laparicio@earlyimpactva.org)