



**VIRGINIA GENERAL  
ASSEMBLY REPORT 2024**



# TABLE OF CONTENTS

Executive Summary ..... page 3

Home Visiting in Virginia ..... page 4

- How Virginia Delivers Services ..... page 5
- Statewide Service Data ..... page 6
- The Home Visiting Workforce ..... page 7
- Addressing Workforce Needs ..... page 9
- The Funding Landscape ..... page 11
- Shifting State Investment ..... page 12
- Evidence of Effectiveness ..... page 13

Early Impact Virginia ..... page 14

- EIV's Leadership & Strategic Plan ..... page 15
- Partnering for Impact ..... page 16
- Alliance for Early Childhood Home Visiting ..... page 17
- Partnering with Families & Providers ..... page 18
- MIECHV ..... page 19
- Workforce Development ..... page 20
- Continuous Quality Improvement ..... page 26
- Data Management ..... page 30
- Collective Impact ..... page 32
- Sustainability ..... page 36
- Looking Ahead ..... page 37



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#HomeVisitingWorks  
@EarlyImpactVA



## EXECUTIVE SUMMARY

**The past year proved to be another of change and growth for Virginia's home visiting system.** With rapidly changing family and workforce needs at the forefront, local providers and leaders have worked to address immediate challenges while simultaneously adapting to major environmental shifts. As pandemic disruptions have leveled off, providers worked to rebuild relationships with community partners and regain footing in significantly changed landscapes. Throughout, local programs have maintained a steadfast commitment to being present with and for families as they navigate the parenting journey. And while much has changed, many things have not.

Fundamentally, new parents still want and need the same things for themselves and their children — good health, nurturing relationships, safe homes and communities and above all else joy — joy in parenting, joy in childhood and joy in life. What has changed is our collective understanding of the extent to which many of our systems have remained unresponsive to the needs of pregnant women and families with young children resulting in preventable trauma that carries lifelong consequences, including death. Rising rates of maternal mortality and morbidity and preventable infant deaths are now being prioritized and addressed. And, we are finally reckoning with the disparate treatment, access and outcomes endured by persons of color, especially black and brown women.

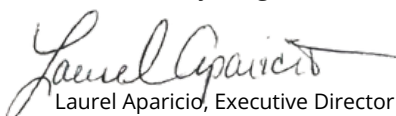
These issues are not new and have been well-known and reported for years by maternal and child health champions, including home visiting. Over the last couple of years, Virginia has made great strides improving access to perinatal supports, raising public awareness and educating providers to address racial bias and inequity in our healthcare and social support systems. Concrete changes in targeted services to support pregnant persons of color and those at the greatest risk, like Medicaid supports for Community Doulas, expanded postpartum coverage and expanded access to high quality early care and education are having a very real impact.

For home visiting, these changes are welcome, but come with challenges as we work to ensure all local programs understand what is changing and are able to support families to access community resources while navigating rapidly changing systems and expectations. Development of new services and supports without systemic approaches leaves communities and families to figure it out on their own. As a holistic service, home visiting works in collaboration with community partners across maternal, infant and early childhood systems. As new services are introduced, local providers must be careful to maintain a family-centered approach and not unintentionally seed competition or confusion among partnering organizations. This offers opportunity to build responsive systems in communities but also continues to contribute to fragmentation and inequitable access.

While addressing these systemic challenges is beyond our reach and capacity, Early Impact Virginia is committed to working with state partners to develop systemic solutions while prioritizing work to stabilize the home visiting system by addressing the following key strategic objectives:

- **Building** the home visitor pipeline to support workforce recruitment and retention.
- **Ensuring** continuous quality improvement that prioritizes family voice.
- **Collecting** real-time data for decision making and equity analysis.
- **Supporting** community readiness for innovative, effective service delivery.
- **Creating** sustainable funding strategies to enhance program stability and targeted growth.

Early Impact Virginia is pleased to present the following report highlighting the current state of home visiting in Virginia and the ways in which we are leading efforts to address the Commonwealth's key priorities for families and young children.

  
Laurel Aparicio, Executive Director

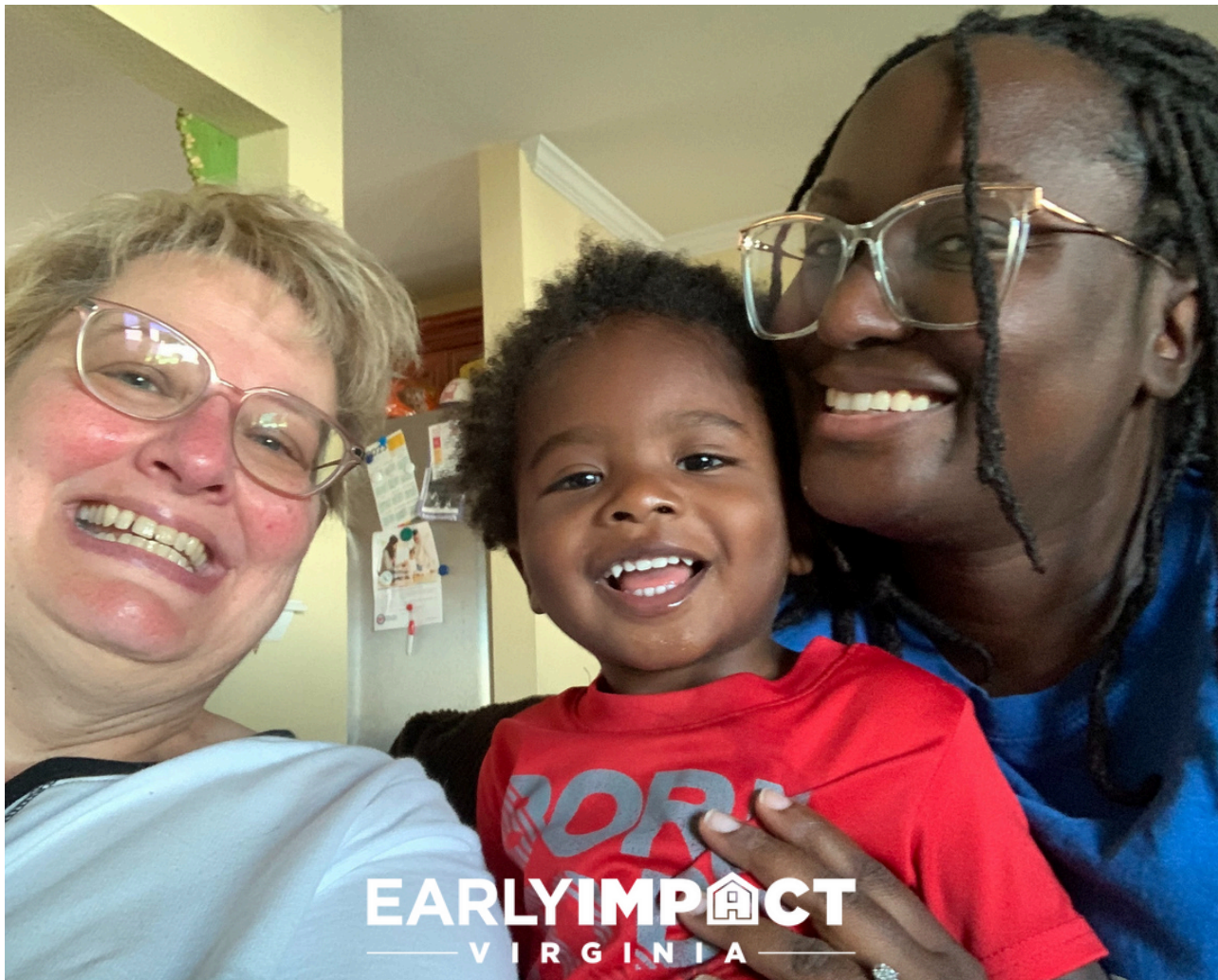




## EARLY CHILDHOOD HOME VISITING IN VIRGINIA

**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 children's health and well-being. Virginia has a proud history of strong support for evidence-based home visiting. And, while this support remains strong, it has not resulted in the types of strategic investment necessary for efficient administration or scaling of services for impact. Leaders consistently demonstrate an unyielding commitment to achieving the absolute best outcomes for young children. This commitment has never been more essential as Virginia's home visiting system faces significant challenges that require clear leadership and strategic investment to ensure future success.





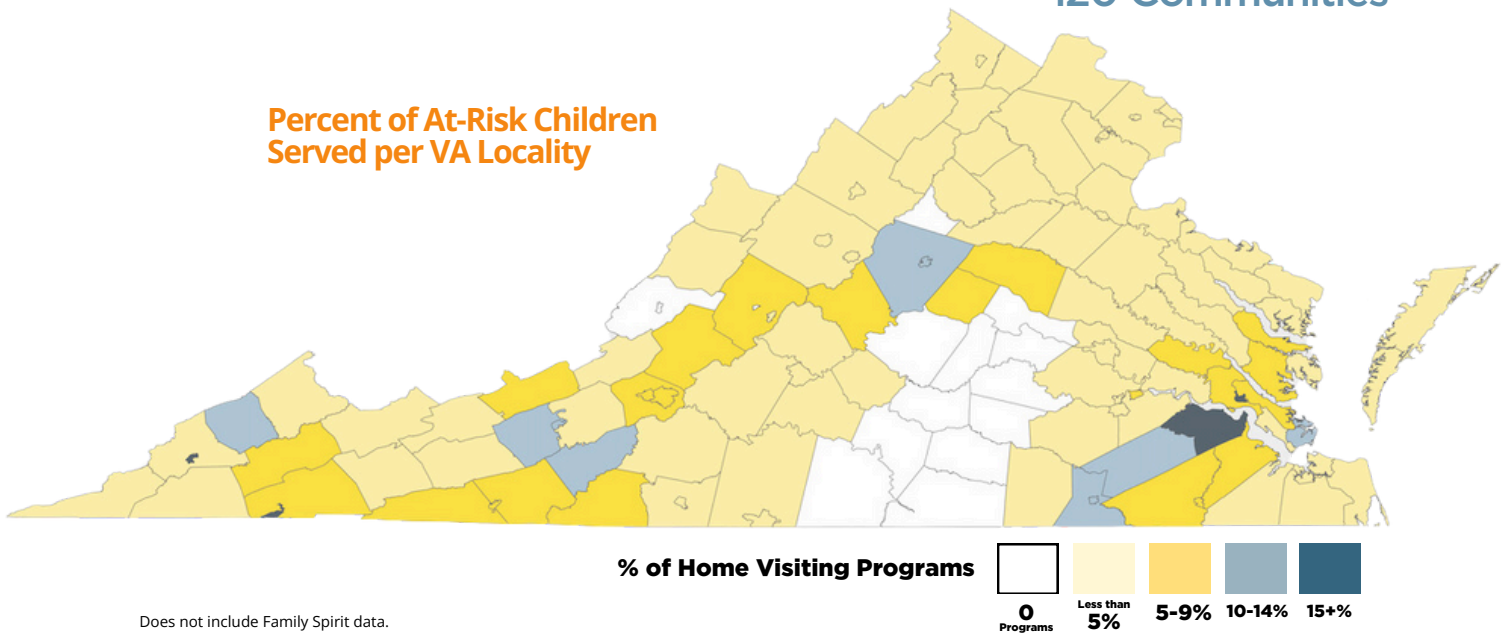


# How Virginia Delivers Services

**A community-based service, 68 local early childhood home visiting programs currently serve ninety percent (90%) of Virginia localities and 120 communities.** A reflection of unique public-private partnership, home visiting services are administered through local non-profit organizations, health systems and public agencies.

**68 Home Visiting Programs**  
**6,744 VA Children**  
**120 Communities**

**Percent of At-Risk Children Served per VA Locality**



Does not include Family Spirit data.  
At-risk children are defined as having a household income of less than 200% of the poverty threshold.  
Source: 2024 Annual Data Collection Survey (includes SFY 2023 data), 2023 American Community Survey 5-year estimates.

**While home visiting services may be available in most Virginia communities, the actual capacity of providers remains limited with reach in most communities continuing to be well under 5% of the families in need.** As the home visiting system has continued to adapt to rapidly changing environments, the Commonwealth has lost services in several critical parts of the state and gained services in others. During the last year, Tri-County Healthy Families program closed, leaving this high-risk region that includes Halifax, Charlotte and Mecklenburg with access to no services and deepening the lack of maternal and child health supports in this highly under-resourced part of the state.

Another local program, Loudoun Healthy Families, faced a lengthy service disruption when its host agency abruptly closed. This closure resulted in the loss of a seasoned, bilingual team while the Healthy Families Virginia State Office partnered with community leaders and partners to reopen this program. A local home visiting leader, Northern Virginia Family Service (NVFS) assumed responsibility for rebuilding this program and is now administering services. Both instances represent the challenging nature of sustaining service delivery across rapidly changing systems and environments and highlight the need for strong, well-resourced host agencies.

On a brighter note, several local programs were able to expand services. The following communities experienced a significant increase in home visiting service delivery — Emporia, Franklin, Gloucester, Greenville, Isle of Wight and Surry Counties. The Charlottesville-based Healthy Families program, Ready Kids, expanded its service area to include Nelson County, providing services to fifteen (15) families in the last year.



# Statewide Service Data



**57,374**  
Home Visits\*



**11,658**  
Screenings\*

Including child developmental screening, caregiver depression screening, intimate partner violence screening and substance use screening

**6,412**  
Families Served



**6,744**  
Children Served



**1,760**  
Pregnant  
Women Served



**545**  
Dedicated  
Professionals\*

**\$36M**  
Total  
Investment\*



\*Data unavailable for Early Head Start and Family Spirit

**FY2023**





## Statewide Service Data

**In 2023, Virginia home visiting programs continued to rebound following significant disruptions during the pandemic.** While the overall number of families receiving services declined, enrollment of pregnant persons increased by twenty-five percent (25%), evidence that the statewide focus on improving maternal health and eliminating racial and ethnic disparities is having an impact. Work to rebuild referral relationships across local and state systems has likely influenced this trend as well.

Correspondingly, programs reported strong increases in perinatal depression and intimate partner violence screening and referrals, addressing this critical need.

	SFY' 2022	SFY' 2023	% Change
Children Served	7,245	6,744	-9%
Families Served	6,700	6,412	-4%
Pregnant Persons Served	1,404	1,760	+25%
Home/Virtual Visits	63,510	57,374	-10%
Total Staffing (FTE)	572	545	-5%

Workforce challenges continued to impact service delivery, with reductions in service numbers reflecting decreases in staffing. Local programs reported losing an additional 27 full-time positions, further limiting service availability.

It is a true testament of the deep commitment of local providers and strength of the home visiting system that despite the extensive challenges, home visiting programs partnered with more than 6,400 families in 120 communities across the Commonwealth to build parenting skills, enhance family functioning and support healthy child development.



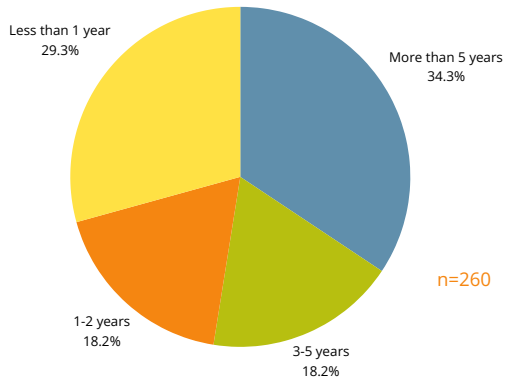
## Home Visiting Workforce

**Virginia's home visiting workforce represents a great diversity of backgrounds, expertise and personal characteristics.** Importantly, it is a workforce that reflects the racial, ethnic and linguistic characteristics of families receiving services.

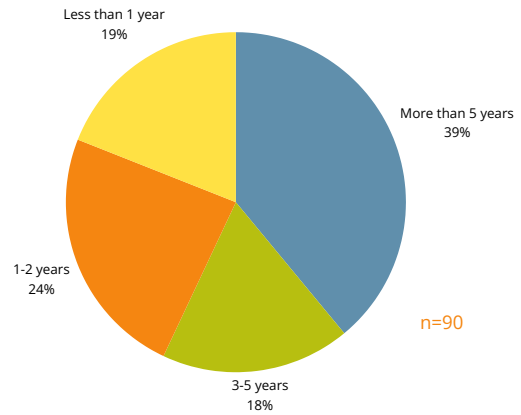
To provide a fuller understanding of home visiting workforce characteristics, Early Impact Virginia (EIV) collected workforce educational background and length of service this year. To better support decision-making, conduct equity analysis, and stay on top of statewide workforce trends, EIV will begin collecting workforce data quarterly. Having access to more current data will also facilitate several other critical EIV activities designed to support workforce development including training scheduling, targeted recruitment supports and communication.

## Home Visitor Time in Position

Does not include Nurse Home Visitors

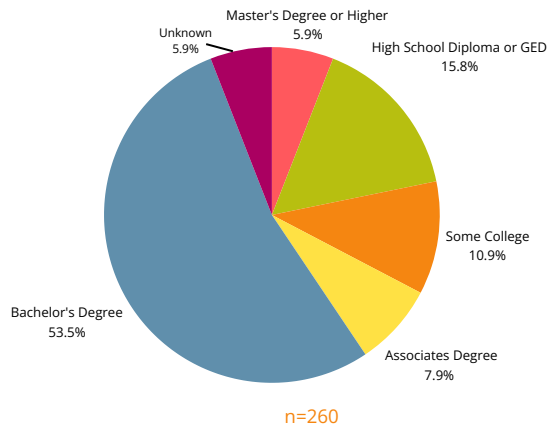


## Supervisor Time in Position

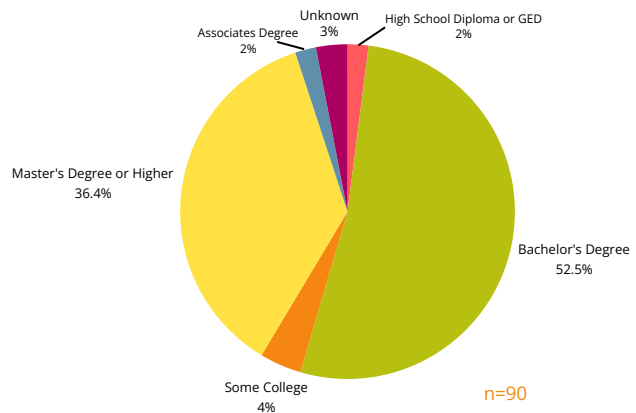


## Home Visitor Education

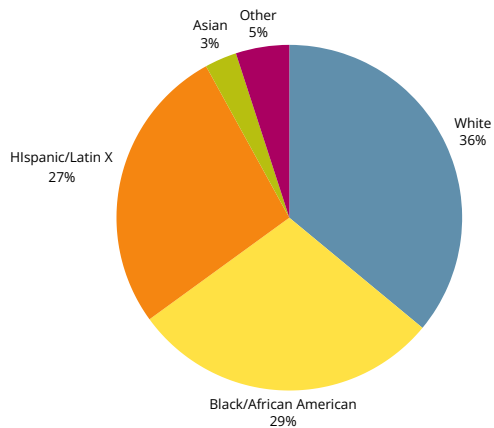
Does not include Nurse Home Visitors



## Supervisor Education



## Home Visitor Ethnicity



**Over 25% of VA Home Visitors are Spanish speaking**





# Addressing Workforce Needs

**In 2023, workforce recruitment and retention, a statewide issue among human service providers, continued to present a significant challenge for many local programs.** Turnover of home visitors continues to be a concern with 62% of local programs reporting a large or moderate amount of turnover during the last year. 42% of programs reported a large or moderate amount of nurse home visitor turnover during the last year.

Flat funding, low wages, a highly competitive job market and a reduced labor pool have all contributed to this current workforce situation. Additionally, increasing needs of enrolled families, escalating neighborhood violence and limited community resources are contributing to staff burn-out and stress. Overwhelmingly, local providers cite poor compensation as the greatest factor influencing staff turnover

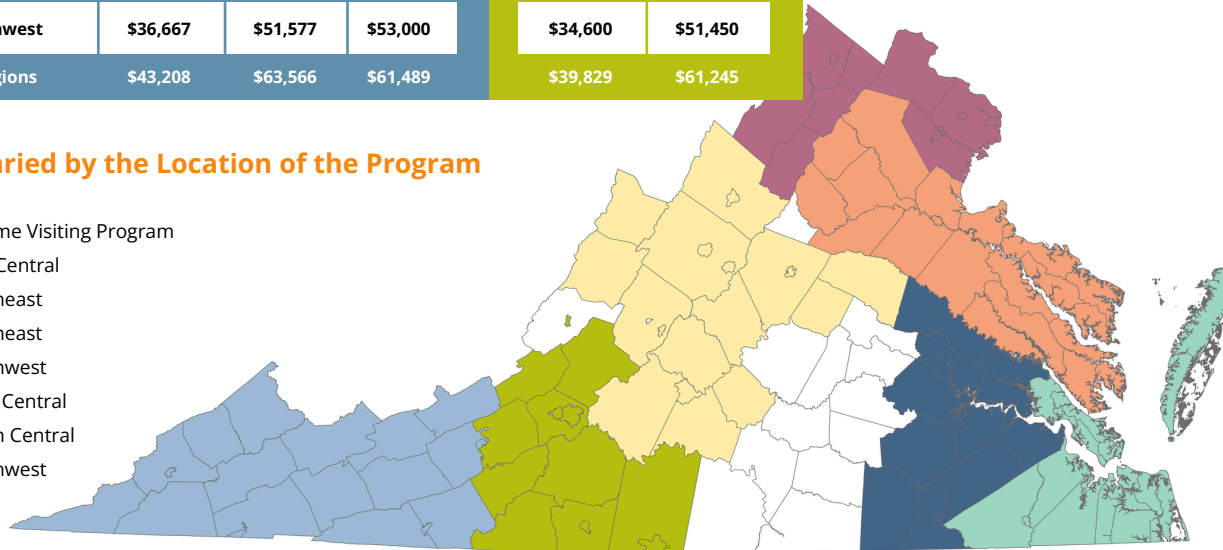
**Cumulatively, the home visiting workforce lost 27 staff over the last year.** This represents a five percent (5%) reduction in staffing, contributing to the overall trend that amounts to a thirty-two (32%) reduction over the last five years.

To fully appreciate the scope of issues related to compensation, EIV collected statewide workforce and salary data to better understand staffing dynamics, isolate specific needs and target support to those local programs experiencing significant turnover.

Average Salaries				Average Starting Salaries	
Region	Home Visitors	Nurse Home Visitors	Supervisors	Home Visitors	Nurse Home Visitors
1 East Central	\$47,349	\$68,000	\$66,884	\$44,948	\$65,000
2 Southeast	\$44,475	\$64,327	\$64,862	\$40,775	\$62,470
3 Northeast	\$45,021	n/a	\$57,485	\$39,773	n/a
4 Northwest	\$42,487	\$92,432	\$62,257	\$39,110	\$88,138
5 West Central	\$39,469	\$57,433	\$56,640	\$36,278	\$54,500
6 South Central	\$42,000	n/a	\$52,620	\$36,065	n/a
7 Southwest	\$36,667	\$51,577	\$53,000	\$34,600	\$51,450
All Regions	\$43,208	\$63,566	\$61,489	\$39,829	\$61,245

## Salaries Varied by the Location of the Program

- No Home Visiting Program
- 1 East Central
- 2 Southeast
- 3 Northeast
- 4 Northwest
- 5 West Central
- 6 South Central
- 7 Southwest



**Salary data indicates that the average salaries for home visitors was \$43,208 (a 6% increase from the previous year). Nurse home visitors earn an average salary of \$63,566 (an 8% increase from the previous year) and supervisors' average salary was \$61,489 (an 8% increase from the previous year).** While these statewide averages reflect strong gains, the improvements are not consistent across all regions with salaries varying greatly by location. Addressing workforce and service delivery challenges requires significant investment of time and resources across the entire system, from supporting local recruitment efforts to building lucrative pathways into the field through higher salaries and meaningful opportunities for professional growth and career advancement.

**Workforce development and retention remains the single greatest opportunity for optimizing impact and return on investment as staff turnover has devastating effects on family engagement and success.** EIV continues to lead efforts to create mechanisms and policy to advance informed decision making at all levels. This is critical for long term success and impact as much of the existing system was developed decades ago and must now evolve to meet changing community needs, funding priorities and shifting business models.

The home visiting system must be prepared and supported to effectively implement significant changes in administration. EIV continues to work in partnership with state and local leaders to support effective change, minimizing service disruption while streamlining administration.







# The Funding Landscape

Virginia has a demonstrated track record of public-private collaboration across home visiting program models to leverage scarce resources. Effective leveraging of state and local investments for sustained service delivery can only be successful with dedicated stable and predictable investment.

**Overall investment in local home visiting services totaled approximately \$36 million in SFY'24.**

This represents a modest increase in funding that can largely be attributed to CARES and American Rescue Plan (ARP) grants that were provided to local programs to support direct support for concrete family needs, not increased services. Most local programs rely on multiple funding sources.

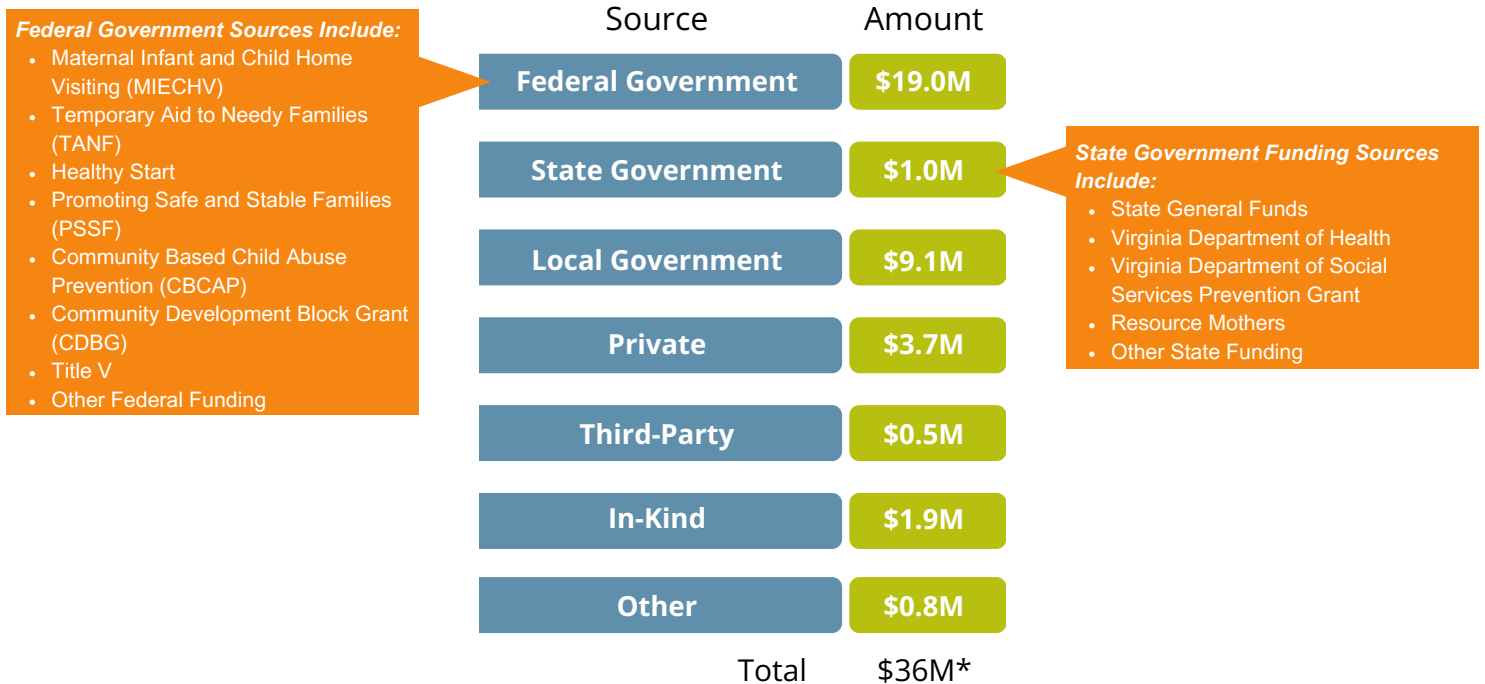
Federal funding is by far the greatest source of investment in Virginia program services at \$19.0 million, representing 53% of total funding. State general fund dollars make up less than three percent (<3%) of overall funding for home visiting at \$1,005,816. Localities continue to contribute a quarter (25%) of the statewide funding for community-based home visiting services. Local programs work with partners, both public and private, to earn or raise an additional \$7.0 million (19%) to support local service delivery.

TANF funding for home visiting is legislatively directed, has exceeded \$13M each year and provides the key foundational funding used by localities to leverage an additional \$11M for direct services. Additionally, TANF funding helps to support the critical statewide infrastructure necessary for ensuring the highest quality services to families in more than ninety percent (90%) of Virginia communities.

The following chart illustrates how local communities leverage federal funding to support services to families throughout the Commonwealth.

## Funding Sources

SFY 2022-2023





# Shifting State Investment

**For more than a decade, Virginia’s fiscal commitment to home visiting has primarily relied on discretionary TANF funding from reserves accumulated over years when program revenue exceeded expenditures.** However, this trend has reversed as TANF payments have risen in recent years, while Virginia leaders have increasingly depended on discretionary TANF reserve funds to support social service programs like home visiting.

In a February 2023 legislative report, the Virginia Department of Social Services reported that the TANF reserve fund was at risk of depletion at the close of SFY’24. With the state’s key investment in home visiting in jeopardy, state leaders and champions got to work to ensure stable funding in SFY’25 and beyond.

Governor Youngkin’s biennial budget included several key shifts in funding to maintain support for existing services while also adding new funding to meet new MIECHV match requirements. The final Virginia budget kept the Governor’s changes intact with important changes to how the Commonwealth funds home visiting (outlined in the table below).

Funding Source	SFY’2024	SFY’2025	SFY’26
TANF	\$13,035,000	\$ 9,035,000	\$ 9,035,000
General Funds	\$ 832,000	\$ 5,165,000	\$ 5,332,000
New MIECHV	\$ 0	\$ 777,000	\$ 1,500,000
<b>Total</b>	<b>\$13,867,000</b>	<b>\$14,977,000</b> (+8%)	<b>\$15,867,000</b> (+13%)

This increased state general fund investment will not only maintain existing funding levels, but also creates the opportunity for state leaders to draw down additional federal dollars via several key funding vehicles in addition to MIECHV. And, while these increases will help stabilize the field, they are not likely to lead to significant increases in services as state investments have remained flat for the past seven years when inflation and workforce costs have increased by nearly twenty percent.

**EIV applauds the Commonwealth’s quick response to this crisis, affirming the vital role that home visiting plays in strengthening families and communities.**







# Evidence of Effectiveness

**Virginia home visiting program models continue their efforts to collect and report uniform outcome data.** Until unified outcome reporting is possible, the following data has been selected to demonstrate effectiveness. These data points, taken directly from 2022 annual evaluation reports provided by Virginia program model offices, were chosen to illustrate the breadth of service activities and the quality of service delivery across different models.

**50% of all participating mothers reported that they themselves had been abused as children. Yet over 99% of participating children had no founded cases of child abuse or neglect. This result strongly suggests that Healthy Families services are successfully breaking the cycle of violence.\***

Domain & Indicator	Selected 2022 Outcomes	Virginia Program
<b>Maternal &amp; Child Health</b>		
Healthy Birth	5.4% of babies were born pre-term (VA pre-term birth rate 9.9%)	Nurse Family Partnership
Health Insurance	97% of women and children were enrolled in health insurance	Loving Steps/Healthy Start
Well-Child Visits	95% of children received well-child visits on schedule	Parents as Teachers
Medical Home	93.6% of children have a medical home	CHIP of Virginia
Unintended injury	.02% of children experienced an injury related ER visit	Nurse Family Partnership
Substance Abuse	98.2% with positive substance abuse screens were monitored and connected with services. 100% continued receiving home visiting svcs	Healthy Families Virginia
<b>School Readiness</b>		
Early identification of developmental delays	90% of children referred for potential health and/or developmental delays qualified for follow-up services	Parents as Teachers
Early Intervention referral	100% with positive screen received services in a timely manner	Nurse Family Partnership
<b>Relational Health</b>		
*Child Abuse and Neglect	.75% founded incidents of child abuse or neglect among (n=1,594)	Healthy Families Virginia
Perinatal Depression	100% with positive depression screen were connected with services.	Loving Steps/Healthy Start
Intimate Partner Violence (IPV)	98.2% with positive IPV screens were monitored and connected with services. 100% continued receiving home visiting svcs	Healthy Families Virginia
<b>Family Functioning</b>		
Employment	13% increase in families with one or both parents employed after 1 year	CHIP of Virginia
Food Insecurity	47.1% decrease in families with unmet food needs after one year	CHIP of Virginia





# EARLY IMPACT VIRGINIA



## Our Goal

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



## Our Charge

Early Impact Virginia is charged by the **Virginia General Assembly** with the authority and responsibility to:

- Determine, systematically track, and report annually on 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,
- Support continuous quality improvement, training and coordination across Virginia's home visiting programs on an ongoing basis.

## Our Vision

All children grow up healthy, loved and ready to learn in thriving families and strong, supportive communities.

## Our Mission

Advance and accelerate the equitable and sustainable growth of maternal, infant and early childhood home visiting in Virginia.

## Our Organization



9

Team Members

8

Board Members

3

Strategic Partnerships

\$1.9M

Annual Budget

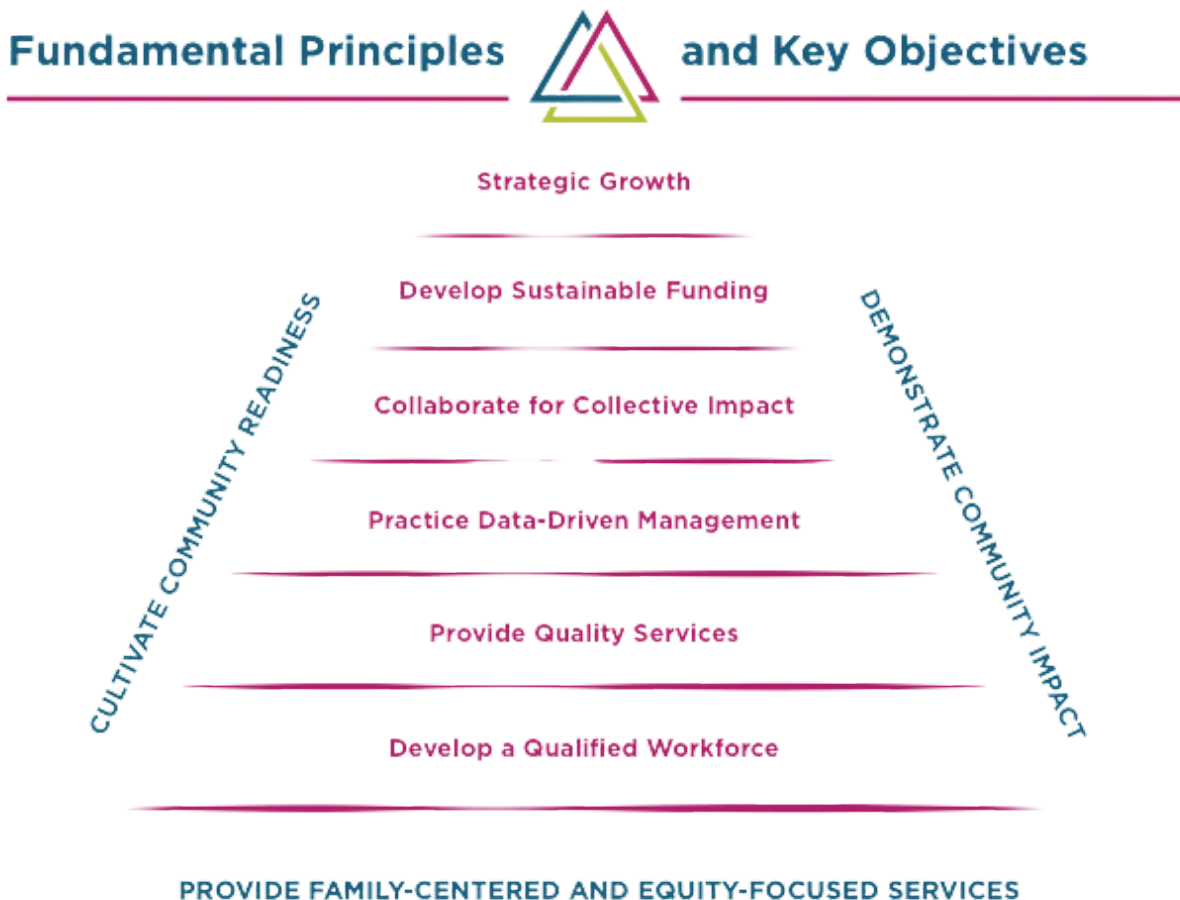


# EIV's Leadership & Strategic Plan

Virginia's home visiting system continues to serve as an example of the vital 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 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, 2023 and June 30, 2024, Early Impact Virginia worked 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.

The Early Impact Virginia Strategic Plan, published in January 2022, provides the context and direction necessary to fully operationalize the Commonwealth's Plan for Home Visiting. Adopted in 2019, *Virginia's Plan for Home Visiting* addresses the Commonwealth's key priorities for pregnant individuals and families with young children and sets a bold strategic direction for expanding services to achieve collective impact. Informed by the Early Impact Virginia statewide home visiting needs assessment and input from more than 200 stakeholders at the local and state levels, the strategic plan serves as a blueprint for ensuring quality and efficiency while building the statewide capacity for scaled growth.





**Collectively, stakeholders identified the fundamental principles and key objectives upon which *Virginia's Plan for Home Visiting* is grounded.** These fundamental principles were informed by the shared values and priorities of Virginia providers and leaders, including:

- provide **family-centered** and **equity-focused** services
- cultivate community **readiness** for expanding home visiting
- demonstrate community **impact** of home visiting

With the publication of this plan, Early Impact Virginia clearly articulated both the vision for early childhood home visiting in Virginia and the organization's role in leading this work. EIV continues to work collaboratively with partners to meet these strategic objectives. Limited resources, combined with a fragmented statewide system and strict funding requirements, necessitate prioritization to ensure the greatest return on investment.



## Partnering for Impact

**Early Impact Virginia continues to capitalize on well-established partnerships that allow the organization to focus on its mission while simultaneously building a sustainable organizational structure.** Our ability to achieve this is due largely to our deep partnership with Families Forward Virginia, the organization that has incubated EIV from the start. Currently, Early Impact Virginia is incorporated as a non-profit organization and receives fiscal sponsorship through Families Forward Virginia. Early Impact Virginia's role continues to evolve and grow to meet the needs of local programs, communities and families.

As a part of this evolution, this year, EIV adopted a new mission. To achieve our shared vision that *all children grow up healthy, loved and ready to learn in thriving families and strong, supportive communities*, the EIV Board and Staff team have redefined our leadership role in this work by continuing to build upon our rich history of advancing high-quality, efficient services and now moving to embracing equitable access and a growth mindset.

**EIV advances and accelerates the equitable and sustainable growth of maternal, infant and early childhood home visiting in Virginia.**

Collaboration remains fundamental to all EIV work. We are dedicated to working in partnership with providers, funders, and impacted individuals to ensure that all voices are included in developing and guiding decision-making.

Home visiting is a complex system involving multiple program models and numerous partnering organizations. Extensive coordination is necessary to support effective communication and decision-making, ensuring that our system is responsive to the needs of families and communities while addressing the Commonwealth's key priorities and supporting strong outcomes.



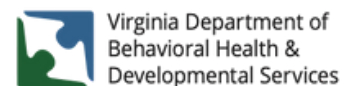


# Alliance for Early Childhood Home Visiting

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 500 providers serving nearly 7,000 children in 120 of Virginia's 133 localities.** In addition to this reach, through the Alliance for Early Childhood Home Visiting, EIV partners closely with maternal and 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 a meaningful, relevant way. EIV relies on the expertise of local providers, stakeholders, and state leaders in all of its work. Alliance Workgroups provide a vehicle for including provider voices in decision-making. Early Impact Virginia sets the course and partners with the Alliance to advance statewide priorities.

In 2023, in response to evolving roles and expectations, EIV worked with partners to redefine the Alliance's role as an advisory body. Over the past year, the Alliance has transitioned to a new meeting structure, cadence, and member engagement, with EIV providing actionable information for discussion, guidance and decision-making as appropriate. This transition will be complete in September 2024 when EIV convenes the next Alliance Retreat and co-develops a shared work plan to advance the statewide home visiting strategic objectives. This progressive transition allows partners to adapt to the necessary changes, enabling EIV to fully step into our leadership role and realize the vision for strategic growth. This includes building mechanisms for authentically centering the voices of impacted individuals in policy and programming guidance and decision-making.





# Partnering with Families & Providers

**11**

Expert Panelists representing **4 program models** and **6 regions** of the state

**6**

Meetings

**100%**

Participation in feedback via email between sessions

**To further embrace our family-centered, equity-focused goals, EIV has concentrated on creating formal and informal mechanisms to engage with families and service providers.** Over the past year, we have fully developed the Home Visitor and Parent Expert Panels. These Expert Panels, part of the EIV Alliance, are designed to inform and guide statewide home visiting programming and policy. Parent participants are recruited for panel membership through the Home Visitor Expert Panel, and all work is coordinated by dedicated EIV staff.

**Tamara, CHIP New River Valley**

I joined the panel because I believe it's important for those working with families, and the actual families, to have a voice in how services are received and implemented. "A person's a person, no matter how small." ~ Horton Hears a Who!

**In 2023, EIV conducted a Family and Home Visitor survey to understand the lived experiences in communities.** The survey results were shared with home visiting programs, state funders, and policymakers, and were included in a statewide community campaign to raise the visibility of Home Visiting. More than 120 families and 140 home visitors participated in the survey.

**82%** of parents feel their Home Visitor is their most trusted community partner

Top 3 things parents say have changed for the better with home visiting:

- #1** Ability to spend time playing with & enjoying their child(ren) (75%)
- #2** Access to healthy, nutritious food (59%)
- #3** Access to health care as needed (56%)

Home Visitors cite **housing stability, anxiety/depression and substance use** as increasing family needs and **limited community resources** as their greatest challenge serving families.

Home Visitors cite **housing stability, anxiety/depression** and **substance use** as increasing family needs and **limited community resources** as their greatest challenge serving families. Partnering with local Home Visiting programs, EIV also raises awareness of Home Visiting services in communities through family and community engagement campaigns designed to encourage family enrollment, support referral networks, and generate interest in home visiting careers.

The insights gained from the survey are particularly valuable in our work to raise awareness of family needs and educate decision makers about home visiting impact — one of the most important ways EIV does this is through annual advocacy activities. This year, EIV partnered with Families Forward Virginia to host a **Home Visiting Advocacy Day** at the General Assembly. Nearly 150 Home Visiting champions participated, including **40 families** and **100 home visitors** from across the Commonwealth.



Early Impact Virginia partners with the Virginia Department of Health (VDH) to collaboratively lead Virginia's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. EIV and VDH work closely to fully align home visiting activities to support all home visiting providers in the Commonwealth.

**Leveraging the legislatively directed role of EIV, Virginia is working to create a seamless approach to supporting the needs of local programs by standardizing expectations, reducing administration burden and maximizing resources for workforce development and continuous quality improvement.** The collaborative MIECHV team includes the VDH MIECHV team, the EIV team and funded program model leads. This group meets monthly to guide decision making, enhance coordination and streamline activities.

**Currently, MIECHV funding supports twenty-one (21) local implementing agencies serving more than 1,000 at-risk pregnant women and families with young children in 40 communities.** One local agency, Smart Beginnings Virginia Peninsula, receives funding to implement behavioral health risk integrated centralized intake services in both Hampton and Newport News and supports these services in an additional seven communities in Eastern Virginia, as needed.

**This year, Virginia MIECHV program funding increases by more than \$3M to expand services in 'at-risk' communities.** Currently, only existing MIECHV funded programs are eligible to apply for these expansion funds. Understanding the very real challenges local programs continue to face, MIECHV set a statewide growth target and developed support mechanisms to help local programs address their unique needs while also responding to key MIECHV expansion priorities.

**The MIECHV expansion approach is three-fold:**

- Provide services to an additional 500 families living in identified 'at-risk' communities.
- Address emergent issues facing priority populations:
  - Maternal and infant mortality
  - Maternal health deserts
  - SEI/NAS births
- Recruit and retain a qualified workforce.

**To support local providers across these three priority areas, the MIECHV team is providing the following:**

- Support for innovative service strategies to reach unserved communities.
- Updated data by priority indicator and 'at-risk' community to support local providers to consider innovative strategies to address these needs in their community.
- Minimum salary recommendations and salary increases for service providers as defined locally using the Living Wage calculator.







# Workforce Development

<p><b>20</b> Live trainings (<b>110 hours</b>) conducted</p>	<p><b>286</b> Participated in live trainings</p>	<p><b>31</b> Supervisors received <b>132 hours</b> of support through Reflective Supervision Learning Communities</p>
<p><b>32</b> Home Visiting Professionals are now <b>nationally certified</b> as Family Support Professionals through the Institute.</p>		

Early Impact Virginia provides all the resources needed for Family Support Professionals to take charge of their career growth and advancement. Over the last year, this was accomplished through several key initiatives:

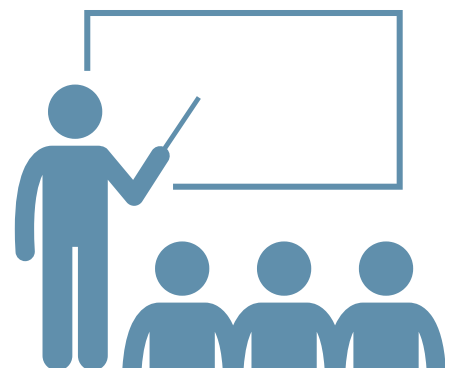
- Classroom Trainings
- Reflective Supervision Learning Communities
- A new pilot program designed to support home visitors' professional advancement by earning the national certification as a Family Support Professional
- Competency-based professional development trainings (live and on-line modules)

## Classroom Trainings

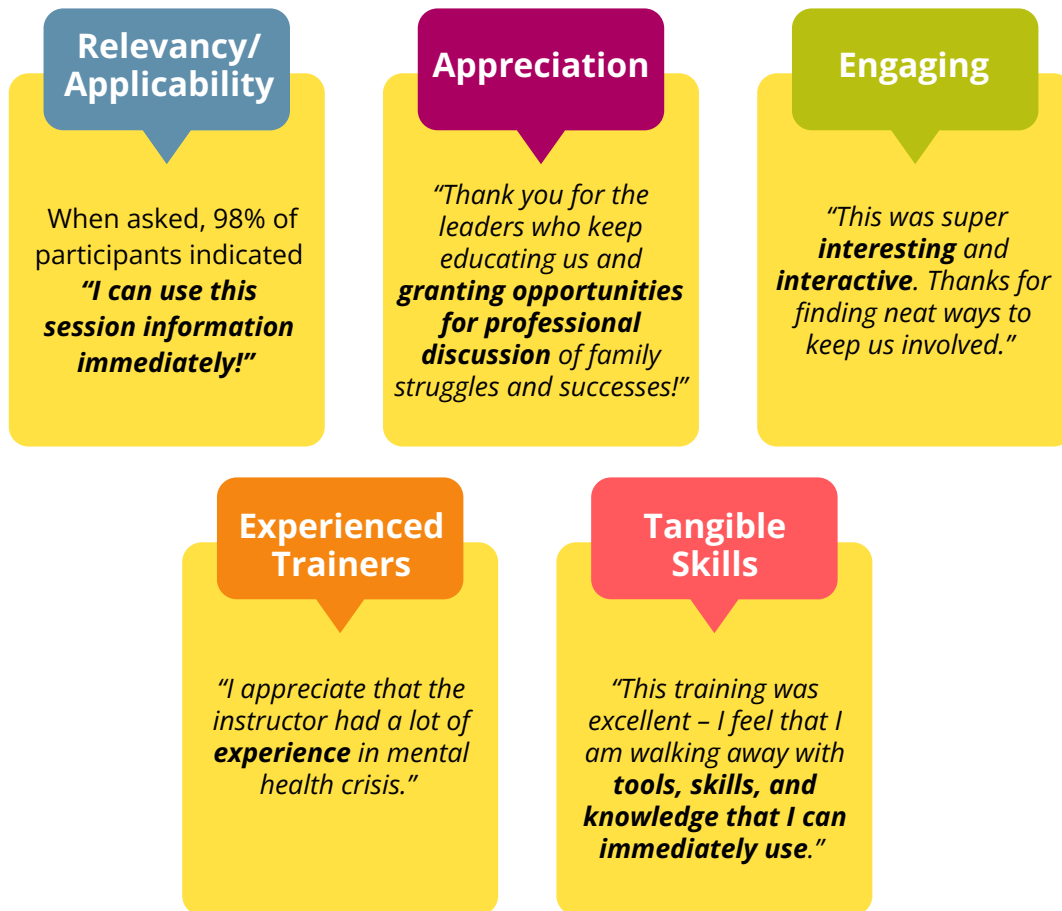
Early Impact Virginia trainings are designed to prepare and advance the knowledge of home visitors, supervisors, and family support professionals, and they have all been created by, for and with home visitors and are continually updated and revamped as needed.

**In FY 23-24, EIV offered 20 advanced and skill-experiential live trainings totaling 110 hours to 286 participants on the following topics:**

- *Adult Mental Health Learning Lab*
- *Healthy Outcomes for Families: Intimate Partner Violence and Family Well-being (formerly Healthy Moms, Happy Babies w/CUES)*
- *Motivational Interviewing for Home Visitors*
- *Screening, Brief Intervention & Referral to Treatment (SBIRT) for Risky Behaviors*
- *Trauma Learning Lab*
- *Working with Pregnant and Parenting Teens*



## Feedback from Evaluations



## Challenges & Opportunities

In 2020, EIV began offering virtual trainings in response to the COVID-19 pandemic. Since then, we have provided live trainings to professionals in the field of home visiting exclusively in the virtual format. Although we have been able to reach thousands this way, high staff vacancies coupled with slow turnover rates have led to declines in training registration, attendance, and completion.

As a result, we have made several changes to our offerings including:

- **Revised no-show policy and procedure** intended to encourage communication
- **Reduced frequency** of trainings (each training is offered once per quarter)

To continue providing high-quality, relevant professional development, we have explored mechanisms to reengage the workforce. Throughout the year, all of our trainings have been reviewed and updated to include the most recent data, statistics and guidance according to literature. The Intimate Partner Violence training, *Healthy Moms, Happy Babies w/CUES*, was completely revamped to focus more on family well-being. As we continue to consider the needs of the field, we are pivoting to a new approach to providing training, through the implementation of community of practice groups focused on specific topics. The new approach will enable participants to learn key concepts on various topics and practice having conversations with families.

Families are reporting increases in anxiety, depression, and stress (*source: EIV Family Survey*). To help address this need, EIV will also be relaunching the Mothers and Babies intervention training to provide home visitors with an evidence-based approach to supporting families who are experiencing depression, anxiety and stress.

## Reflective Supervision Learning Communities

**Strong supervisors are a critical piece of an effective home visiting program. They provide support and guidance to home visitors daily, but similar support is not always available for Supervisors.**

Reflective supervision is an essential element contributing to effective practice and professional development in the early childhood home visiting field. Effective reflective supervision strengthens the relationship between supervisors and home visitors, builds staff skills, is a buffer to burnout/vicarious trauma and promotes high quality service delivery.

This year, Early Impact VA:

- Completed a 20-month **Reflective Supervision 2.0** learning community with the graduation of **20 reflective supervisors**.
- Delivered **4 Reflective Supervision 3.0 virtual connection sessions** for seasoned early childhood home visiting reflective supervisors.
- Implemented one **in-person Reflective Supervision 3.0 training**, in collaboration with Early Intervention, focused on Vicarious Trauma and Burnout to 23 supervisors across our networks.

**100% of Reflective Supervisors shared that they are fully present during reflective supervision sessions after participating in Reflective Supervision 2.0, a 45% increase from before participating in the learning community.**

### Challenges & Opportunities

This year we have learned a lot about the needs of our supervisors. Our recent annual survey indicates that 19% of our supervisors have been in their position for less than 1 year and the support they need varies.

In response to this changing workforce dynamic, EIV is pivoting our approach to supporting supervisors across the early childhood home visiting field. In addition to offering our support around reflective supervision, we are also going to launch a new community of practice focused on general supervision activities. EIV believes strongly that adapting our approach is the best way to support supervisors and meet them where they are in their journey as a supervisor.

In the upcoming year, Early Impact Virginia will:

- **Launch Supervisor 1.0** — a learning community for new supervisors, focused on helping them transition to the role of supervisor.
- **Launch a redesigned Reflective Supervision 2.0** learning community.
- **Refine and execute Reflective Supervision 3.0** to meet the needs and support the continued growth of our seasoned reflective supervisors across Virginia.



## Family Support Professional Certification Pilot

Developed by the Institute for the Advancement of Family Support Professionals (the Institute), the Family Support Professional credential provides home visitors and other family support professionals the opportunity to demonstrate their mastery of the core competencies needed to ensure success in home visiting.

Over the last year, EIV led a comprehensive certification preparation program for 38 Virginia home visitors. These home visitors represented professionals from across the Commonwealth and each of Virginia's eight models of service delivery. EIV provided monthly study groups to strengthen participant knowledge around the core competencies. At the end of the 12-month pilot, all participants sat for the certification exam.

**91% of the participants who sat for the certification exam passed and became Certified Family Support Professionals.**





## Competency-Based Professional Development Trainings - The Institute

**11**

Modules designed and launched

**17**

Modules in development and will be launched by September 30, 2024

**86**

e-Learning trainings available, including **8 in Spanish**

**6,040**

Registered Virginia users

**3,930**

Trainings were completed by Virginia learners

**EIV plays a pivotal role in the home visiting system by driving professional development.** As a national leader, EIV partners with the Iowa Department of Public Health to deliver the Institute for the Advancement of Family Support Professionals (the Institute), a comprehensive, competency-based professional development system for home visitors and supervisors.

### Efforts & Impact

*The Institute* is an innovative effort to advance workforce development nationwide and streamline the home visitor experience. With the development of new modules and the updates to outdated modules, EIV now offers **86 foundational e-learning modules**, available at no cost and accessible regardless of the provider's location.

With a nationwide user base of nearly 40,000 Family Support Professionals, including **6,040 registered Virginia learners**, the Institute has become a major source of competency-based professional development for the field. In Virginia, home visiting partner organizations have long relied on EIV e-learning to advance their professional development needs: last year alone, **865 new Virginia learners** registered an account with the Institute. Nearly 60% of these learners identified as professionals providing family support services in programs other than home visiting, including Virginia nurses (21.5%), early childhood educators (18.2%) and social workers (13.9%).

In collaboration with James Madison University, EIV coordinates the development and delivery of training tailored to Virginia-specific and competency-based learning objectives. Over the past year, 11 modules were designed and launched on the Institute, supporting the professional development of home visitors and supervisors.

**Currently, the Institute offers 86 e-learning modules and EIV will add 17 new modules by September 30, 2024.**



## Supportive Features & Innovation Grant

The Institute is continuing to build features to support workforce development through a robust system of support, including:

- **Individualized digital learning maps**
- **National Certification**
- **Digital badging** for specialized skill building
- **Undergraduate degree credit** at greatly reduced cost (University of Kansas)
- **CEU credits** (James Madison University)

Work continued this year on the Innovation Grant awarded to Virginia and Iowa. A crucial element of the development of trainings this year has been the focus on ensuring equitable access to Institute training modules. **Eight of the existing training modules are available in Spanish with a further 7 to be made available by September 30, 2025.**

Working in collaboration with Spanish speaking home visiting professionals, EIV developed a process for completing cultural interpretation of the training content. The content is interpreted for meaning, rather than word for word, and reviewed by multiple Spanish speakers. Other elements included in the e-learning training development process include a review of images with a diversity lens, incorporating feedback from the Home Visitor and Parent Expert panels, and focusing on diversity when casting actors and hiring staff.

## Further Developments

An additional component of the Innovation Grant was developing a web-based app with the dual functions of recruitment and retention of the home visitation workforce.

This app, *Knock*, will be an online community for those new to the field and those already serving families. *Knock* will be a hub for home visiting resources and home visiting professionals across the country. A key component of the app is the incorporation of relational competencies — the relationship between the home visitor and the family that makes home visiting successful.

To support the identification and nurturing of this crucial component of home visiting, 6 relational competencies were identified: empathy, emotional intelligence, sense of self, lifelong learner, maintaining relationships, collaborating for change. The app includes quick quizzes learners can complete to see where they have strengths and where they have room to grow. *Knock* will not only allow individuals to consider their relational capacities, but also provide supports for local programs to further support home visitors in developing these skills.

**As we look toward the future, we will continue to develop content for supervisors so they will be prepared to support the diverse home visiting workforce.**





# Continuous Quality Improvement

<b>9</b> Learning Community sessions	<b>26</b> Participating local home visiting programs	<b>135</b> Staff participants
<b>14</b> Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) sessions		<b>93</b> Coaching sessions

**Virginia is very proud of the commitment state leaders and local providers are making to continuous quality improvement (CQI).** As a key tenet of the MIECHV program, our state has offered multiple pathways for programs to participate in CQI work with opportunities to engage with colleagues across the state and nationally. This year Virginia offered 9 Learning Community sessions and an additional 14 sessions with the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). Throughout these projects the CQI Coordinator provided 93 individual and team coaching sessions.

## Spreading CQI Statewide

Virginia has worked to spread CQI across the entire statewide network of programs by coaching state model teams to support their local programs in implementation and by encouraging non-MIECHV sites to join ongoing learning communities. The topics of *Joy in Work*, staff retention and recruitment, and community referral partnerships brought new CQI team members to the table; supervisors joined, home visitors, outreach specialists and administrators. By actively participating in the process these team members shared their voice, enhanced their skills, and fostered a culture of continuous learning and professional growth.

Participating teams made small changes to improve staff well-being and retain and recruit qualified home visitors. The insights and experiences shared during the learning communities and the regular satisfaction surveys played a crucial role in shaping the MIECHV team's strategy to include a minimum salary recommendation in the FY2025 grant proposal to ensure fair compensation for the workforce. The work also highlighted the need for our state and the home visiting field to better understand turnover rates, the true cost of turnover, the correlation between salaries and program performance, and utilizing core competencies to hire qualified and good fit candidates.

## Addressing Post-COVID Challenges

Low service numbers in the wake of COVID-19 led our state to center our attention in 2024 on incoming referrals, enrollment numbers, and building community partnerships. By focusing on building strong relationships through in-person interactions and unified messaging, home visiting programs have strengthened their community referral partnerships ensuring a robust network is in place to support service expansion to meet the growing needs of families.

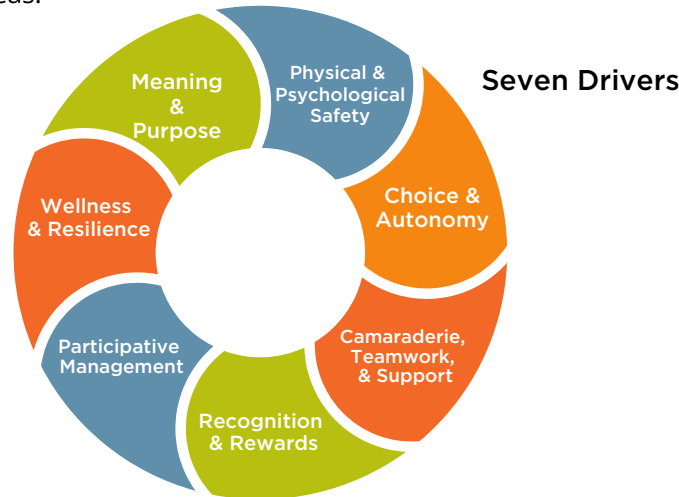
## Statewide Learning Community Opportunities

### Joy in Work

(February-October 2023)

**Goal: Improve staff well-being and the culture of wellness within teams and organizations.**

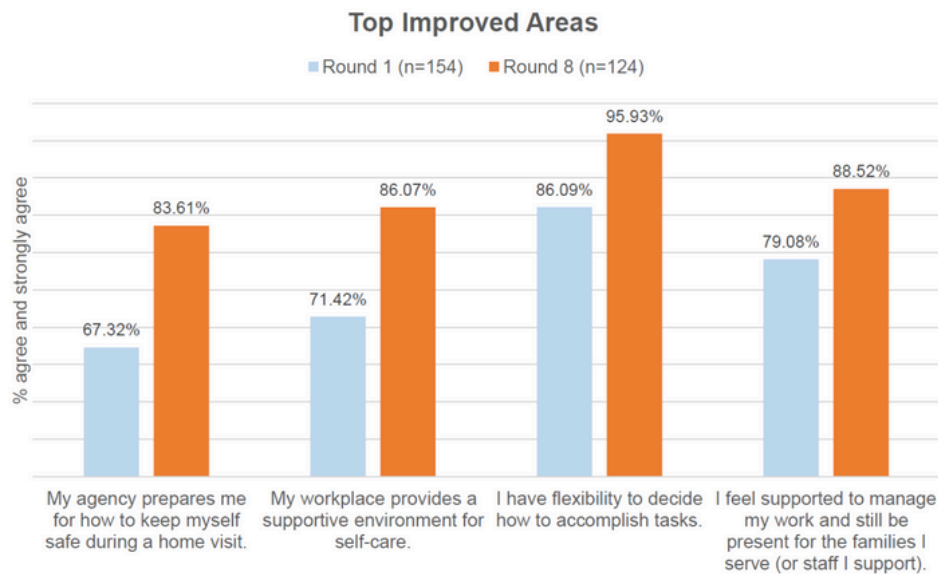
Home visiting staff and supervisors completed a monthly survey in English or Spanish to assess their efforts around seven key areas:



### Outcomes & Impact

- **21 programs** and **49 unique individuals** participated in the *Joy in Work* Learning Community project.
- An average of **28 people** joined the monthly calls with the survey reaching all team members.
- Teams discovered what strategies worked to **build the culture of wellness** within their teams and organizations.
- Results showed an **increased satisfaction** in each of the seven primary drivers, as well as in **90%** of the 21 survey questions.

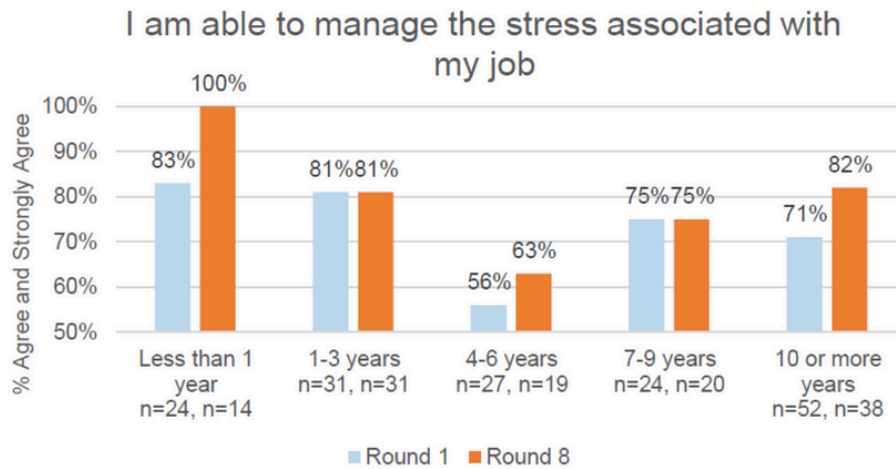
Below are the four questions with the most significant increases in respondents agreeing and strongly agreeing. For a full summary of what teams tested and learned [click here](#).





## Key Learning

By disaggregating the data, we learned that home visitors and staff with 4-6 years of experience scored lower around wellness and in feeling supported to manage their work and still be present for the families that they serve or the staff they support. The HV CollIN data from the staff retention & recruitment cohort found a similar dip in satisfaction around this length of time in the field, signaling a national trend.



## What's Next

We are starting to think about how we can better track and monitor data around turnover and when staff are leaving the field and use this information to understand these differences in satisfaction to better support our workforce.

*“This project really brought our team together and was a team-building experience. There were staff that felt alone in their feelings before the project. This project allowed me to dig deeper with my staff and hear their feelings, it brought out their strengths and made me aware of where I could support/guide them.”*

## Community Referral Partnerships

(February-June 2024)

**Goal: Increase incoming referrals and enrollments to improve capacity and specifically the percentage of funded caseload served.**

Teams also worked to build back relationships with community referral partners that shifted during the COVID pandemic, maintain and build new referral partners and improve referral and enrollment processes.



## Outcomes & Impact

**Twenty-five (25) programs** and **81 unique individuals** participated in the learning community with an average of **50 participants** for each monthly webinar. The timing of the work aligned well with MIECHV expansion, ensuring that local programs have good community connections as we look to increase the number of families that our state serves and reach new communities with little to no services.

## Key Learning

We encountered one challenge with the monthly data collection around the percent of funded capacity served: we found that staff reported clearly how many families they were serving each month but were changing or guessing at their program's funded capacity numbers. We learned that there were different interpretations depending on the model.

## What's Next

In the future EIV plans to work with the Alliance to develop a common language, guidelines, and policies around funded capacity of families served to ensure our state can accurately report this data.

*“It can be hard to know exactly how to tailor our messaging for various stakeholders (within the agency, referral partners, community members, parents, donors, and so on.) I appreciated the concrete guidance shared during the webinar.”*

## HV CoIIN on Staff Retention & Recruitment

**Goal: Build more comprehensive and equitable systems for recruitment, professional development, reflective practices and wellness support for their home visiting teams.**

## Outcomes & Impact

**Three (3) Virginia programs** and **11 participants** immersed themselves in CQI, collaborating with sites nationwide. This intensive effort led to an **8% increase in staff wellness** for the Virginia teams. Our state saw the most significant improvement in reflective practices, with home visiting supervisors reporting their ability to consistently implement these practices rising from 58% to 86.9%.

## Key Learning & What's Next

Over the summer, EIV plans to share back what these teams tested and celebrate their yearlong CQI journey. By utilizing the HV CoIIN playbook resource and engaging the network of home visiting programs with tangible tests of change, we aim to inspire and spread the ideas around best practices to retain and recruit staff.

*“Amazing to be a part of a large group of professionals all struggling with the same issues and see that small changes over time really do make a big impact”*

EIV continues to evaluate our statewide systems, exploring innovative methods to support the home visiting field and adapt to the evolving needs of our families and workforce. Our state will harness data to identify areas for improvement, offering support and coaching to local programs to build CQI capacity and ensure high-quality home visiting services throughout Virginia.



## Data Management

**Data Warehouse  
built and fully  
functional**

**85%**

Percent of MIECHV data  
captured

**50%+**

Percent of statewide data  
captured in warehouse

### Annual Data Collection & Reporting

**For the past six years, EIV has collaborated with local providers to collect program-level data, showcasing the scope and impact of service delivery and identifying current trends in the field.** Each year, 54 local organizations across the state voluntarily report data to EIV for shared reporting. Our approach prioritizes making this process manageable for local providers while also achieving broader goals: streamlining reporting, ensuring accountability, demonstrating impact, and framing our story. Additionally, EIV partners with Early Head Start/Head Start state leaders to gather relevant data on the 14 local programs providing home-based services in Virginia communities.

Our next data collection survey, scheduled for completion in January 2025, will continue to compile service data for the entire state. This survey will include family and program trends, as well as home visiting workforce data, such as turnover and salary information.

### Early Impact Virginia Data Warehouse

**State leaders have long been committed to easing the data burden on local providers while ensuring accurate reporting and the use of data to demonstrate impact and drive improvement.** To achieve this goal, EIV has worked to create a data warehouse to automate reporting across models. Rather than create new data collection systems that require provider input, EIV imports data into the data warehouse from program model legacy data systems, analyzes the data and reports in aggregate across program models. 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.

Currently, the data warehouse has integrated data from Healthy Families Virginia and, most recently, from Parents as Teachers. **These two models represent 85% of the MIECHV caseload and more than 50% of statewide home visiting services and reflect considerable progress towards achieving the statewide goal to automate shared reporting.** In addition to successful annual MIECHV benchmark and service reporting, EIV supports quarterly quality assurance activities to ensure data accuracy and completion for MIECHV reporting.



## Challenges

A key goal of the data warehouse is to begin tracking unified outcome indicators from all home visiting programs. This effort has been hampered by the lack of interoperable data and the limited capacity of program models and EIV to integrate data into the data warehouse. In order to make the data collection more feasible, EIV will continue to work with Alliance members to narrow down the number of indicators to be collected reducing the data reporting burden.

By adding Parents as Teachers data to the warehouse, another burdensome data collection system was replaced with a more accurate case management system. However, EIV learned this year that Parents as Teachers will be discontinuing use of its current data system over the next year.

The discontinuation of this data system will have significant impact on the workforce and the functionality of the data warehouse. A transition plan is being developed and work to determine the best strategy for data collection and reporting is underway.

Currently, EIV and most local home visiting programs have limited access to real-time data for decision making or quality improvement. In an increasingly data dependent environment, home visiting programs are rarely able to fully capitalize on advances in technology that could be used to support service delivery (referral/intake, service planning, case notes, etc.), reporting, continuous quality improvement and routine decision making.

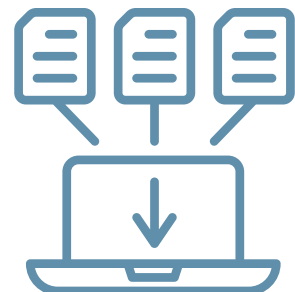
## What's Next

In the next year, EIV will work with partners to develop the statewide plan to streamline data collection and reporting. EIV will prioritize capitalizing on existing state investments in the data warehouse and case management systems while elevating availability of real time data to track emerging needs, understand trends and facilitate local and statewide reporting requirements.

## Needs Assessment Data Update

**To support the MIECHV team and local providers plan for service expansion in the upcoming year, EIV completed an update of 2021 MIECHV needs assessment data.** To further inform this process, EIV presented data on four key priority maternal and child health issues not included in the previous needs assessment including infant mortality rate, maternal mortality rate, substance exposed infant rate, and maternal care health deserts. In the coming year, a more comprehensive needs assessment is planned that will be centered around family engagement and insights from local providers to better understand the changing needs and preferences of families and communities.

All data reports and data illustrations are accessible on the EIV website and are used to maintain a statewide Directory of Home Visiting Service Providers to support local referrals and connections.







# Collective Impact

**26,757**

Website views in 2023

**828,932**

Social media reach in 2023

**2,700+**

Monthly newsletter and email subscribers

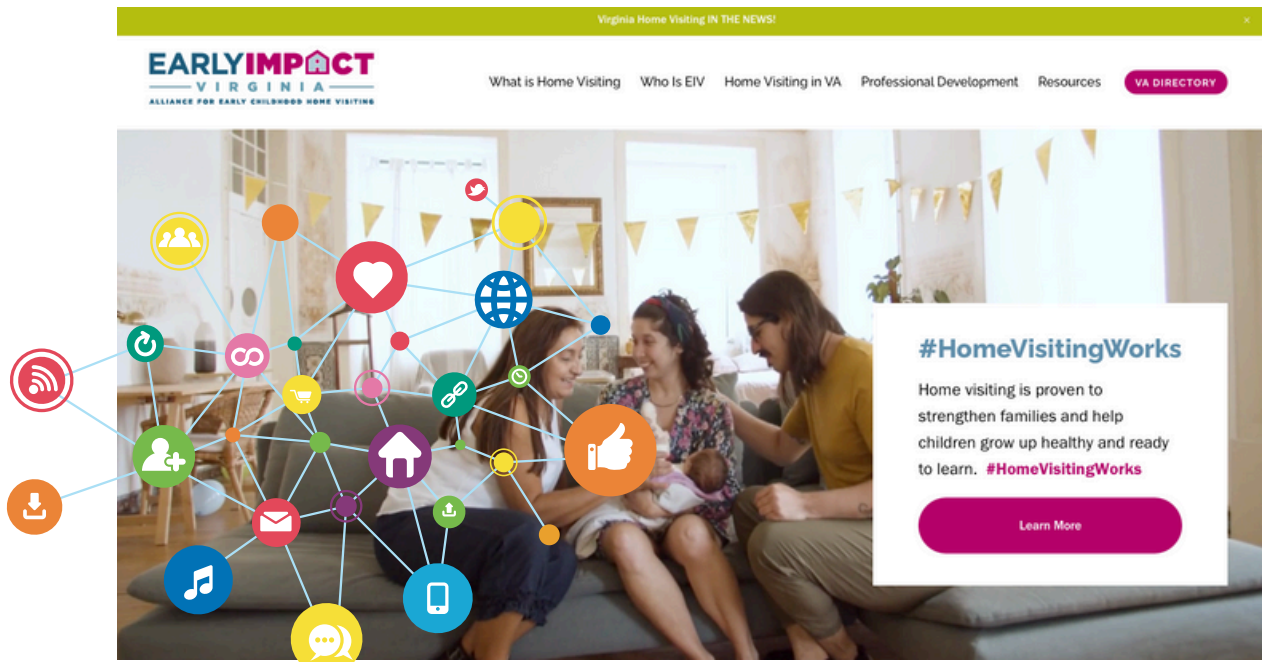
**EIV coalesces the voice of home visiting in Virginia, leading communication, education, and advocacy initiatives to support system building, stakeholder awareness and family engagement.** To advance the *Virginia Plan for Home Visiting*, EIV leads statewide communication, education, and advocacy programs designed to encourage field engagement in home visiting system initiatives, family enrollment in community-based services, and stakeholder support for home visiting as an early childhood prevention strategy.

### Communication Channels

EIV's **website** is the central hub for information, data, and news about home visiting in Virginia. It is the primary portal for accessing home visiting program and professional development resources, as well as updates on the *Virginia Plan for Home Visiting* for early childhood stakeholders, including local and state policymakers, referral networks, and cross-sector partners. The website had 26,757 views in 2023.

EIV maintains **4 social media channels** to promote home visiting services, update on program and professional development news, and share trends and important information impacting early childhood development and home visiting. Our social media activities reached 828,932 users in 2023.

EIV's **online newsletters**, distributed twice a month, provide relevant information and updates for the home visiting and early childhood community, including news on home visiting system initiatives, CQI and professional development opportunities and trends in home visiting, both in Virginia and nationally. The newsletter currently has over 5,000 subscribers.



# Home Visiting Works! Campaign

In 2023, EIV initiated a public awareness campaign to raise the profile of home visiting and home visitors to support family enrollment and workforce recruitment at a community level. The statewide regional visibility campaign focused on family success stories and the impact of home visitor relationships to drive interest among families, early childhood stakeholders and the public to learn more about home visiting in Virginia.

**EIV's Home Visiting Works! campaign generated tremendous excitement among families, local programs and home visitors who eagerly participated in storytelling in their communities.** In addition, EIV opinion-editorials on the impact of home visiting as well as Virginia's leading-edge initiatives through the Institute appeared in regional publications. Additionally, EIV amplified the voices of families and home visitors through print and social media advertising, highlighting findings from a statewide EIV community survey.



**Home Visiting Works in Virginia**  
The Home Visiting Works campaign took place  
September 2023-January 2024

### EarlyImpactVa.Org

 Views	 Users
During campaign - 17.6k	During campaign - 11k
Previous 3 months - 313	Previous 3 months - 128

#HomeVisitingWorks Web Page

 7.6k views	 6.4k users
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### By the Numbers: Paid Social

-  19 Meta advertisements
-  3.05M impressions
-  15.5K link clicks
-  1.53M reach



### Home Visiting in the News

**Richmond Times-Dispatch**  
Making a Difference  
**Chesterfield program supports and guides new parents**



- Daily News-Record:** [Poverty Among Children Increases While Funding is Decreasing](#)
- The Phil:** [Parenting in Community Part 1](#)
- Daily News-Record:** [State Family Programs At Risk Due to Funding Shortage](#)
- The Phil:** [Parenting in Community Part 2](#)
- Daily News-Record:** [Home Visiting Programs: The Story of a Young Mother](#)
- WCYB:** [Home Visiting Program Offering Parenting Education and Support for Local Families](#)
- Fredericksburg Advance:** [New Parents 'Have a Friend' in Healthy Families](#)
- WFIR Radio:** [New Survey Find Commonwealth Families Facing Limited Resources](#)

### Op-eds

- Virginia Mercury:** [Early Childhood Home Visiting Works](#)
- Cardinal News:** [To Support Virginia Families, Start at Home](#)



#HomeVisitingWorks


# 84%

of home visitors believe there are not enough community resources to support families.




"Kids don't come with an instruction manual. Having somebody in your corner to say, 'Hey it's OK, this is normal. Or hey, this is not normal, but I'm here.' It's really invaluable."

**- Meredith Fulcher**  
Healthy Families Central Virginia  
HumanKind



## Cultivating Community Readiness

A fundamental principle prioritized by Virginia leaders, community readiness, is a somewhat elusive concept and highly contextual. As a part of the 2021 Needs Assessment and Strategic Planning process, EIV developed a Community Readiness Toolkit designed to support local communities in planning and decision making for successful home visiting program development and implementation. An inherent challenge in developing community readiness and/or capacity building is the need for a coordinated growth plan that includes mechanisms for funding services, a framework for supporting communities and concrete strategies directing program development to address the Commonwealth's key impact priorities.

**EIV has worked to further develop this concept and approach specifically for home visiting services within the context of the overall Virginia landscape that includes wide regional variations in community resources, supports and needs.** EIV engaged a consultant to study this issue, gain insights from key state experts and make recommendations that can be used to guide initial thinking and discussions by EIV and state partners to inform next steps.

### Challenges & Strategic Adjustments: Place-Based Home Visitors

This work was paused last year as the field grappled with the uncertainty of state funding moving forward. While this more extensive project was put on hold, EIV continued work to develop strategies to support effective, targeted growth in communities without services. With increased MIECHV funding available only to existing MIECHV sites, the opportunity to develop new services in 'at-risk' communities seemed unlikely. Working together with state partners, the MIECHV team defined an approach to expand services using existing service providers by capitalizing on community partners and technology to test different service implementation strategies. MIECHV sites were encouraged to consider implementing "Place-Based Home Visitors" to provide services in unserved communities.

Place-based home visiting may provide a solution to meeting the needs of families in unserved communities. Virginia has long struggled to provide home visiting services in several communities that lack the necessary structure and resources to support a full-scale program. Families in these communities need services just as much as those in other areas. Building on our experiences with virtual home visiting and supervision strategies developed during the COVID pandemic, we have demonstrated that these services can be effectively supported and delivered while maintaining quality and model fidelity.

A place-based home visitor is hired to provide services in a particular community but is supervised by a program/organization that is not necessarily located in that community or that may not even be in close proximity.

The place-based home visitor may work out of their home or could have space at or be a part of a partnering local program. For example, a place-based home visitor may work out of a local health district office, early intervention office, FHQC, Ready Region or other local resource that is willing to house the staff position and deepen the partnership. Supervision and program support may be provided in multiple ways — virtually, in-person or some combination thereof.





At a minimum, we anticipate that local programs will need to be open to exploring this option and will need to carefully consider the following:

- **Recruitment and retention** of both staff and families in areas where they do not have existing connections/familiarity.
- Timeline and on-going process for **building partnerships** with local community resources.
- **Defining the protocols** for successful implementation by local implementing agency (LIA).
- In-person or virtual supervision, team meetings, and other program/org requirements.
- **Verifying health insurance coverage** and other possible 'benefit'-related issues.
- **Remote office needs** (technology, equipment, etc).

EIV will coordinate (or provide) the following as needed to support local providers as they develop this approach

- Model specific **guidance, technical assistance and support**.
- **Community Readiness Assessment and Capacity Building** Support.
- **Training and coaching** for effective virtual supervision techniques/team building.
- **Allowances for special needs** related to development and implementation.

Together, we will test and learn how place-based home visiting can help address the needs of families with limited access to resources. This approach represents a significant shift in business model for many local programs. EIV looks forward to providing individualized support for successful implementation and learning what works for whom and under what circumstances to continue to inform strategies for cultivating community capacity and service expansion.

**With state funding stabilized, EIV will re-engage partners in these discussions and develop a clear plan for developing community readiness that includes support and recommendations for testing.**





# Sustainability

## State Investments in Home Visiting

**With Virginia’s primary investment in home visiting at stake, this was a very challenging year for local communities and families.** Virginia home visiting educated and thanked Virginia state leaders during this year’s Home Visiting Advocacy Day. With over 150 home visitors and families sharing the very real and important impact home visiting is making in communities throughout the Commonwealth, the final budget maintained current funding levels and added a small increase in state funding that will be used to draw down additional federal MIECHV funding. And, importantly shifts funding from TANF to General Funds, providing greater security and opportunity for future growth.

	This Year	Next Year
TANF	\$13,035,000	\$9,035,000
General Funds	\$832,000	\$5,165,000
New MIECHV	\$0	\$777,000
Total	\$13,867,000	\$14,977,000 (+8%)

**With state funding secured over the next two years, EIV turned attention back to work on developing sustainable funding for the future by beginning discussions with partners at VDSS to determine the feasibility of leveraging Family First Prevention funding.** This work is complex and will require significant time and coordination across state agencies and home visiting partners. We look forward to participating in this work over the next year.







# Looking Ahead



## Training & Workforce Development

### **Adapting to changing needs:**

1. Transitioning back to one day training
2. Adding more Learning Lab training experiences (topic driven)
3. Developing supervisor supports to include Supervision 101 and extended Reflective Supervision training and consultation
4. Launching HV Safety and Knock apps

### **Supporting statewide priorities:**

1. Testing minimum wage recommendations
2. Planning the statewide conference
3. Developing more robust Maternal Health training modules
4. Providing Mothers & Babies training and TA
5. Improving usability of Institute resources, including event registration

### **Creating the HV Career Pathway:**

1. Supporting use of Relational Competencies for workforce recruitment
2. Marketing home visiting as a career



## Quality Services

1. Fall 2024 CQI Learning Community addresses maternal depression and anxiety—leverages Mothers & Babies intervention
2. Strengthening mechanisms for inclusion of impacted persons in policy and programming guidance and decision making (Providers and Families)
3. Developing targeted supports for MIECHV expansion and effective implementation through capacity building and/or community readiness activities
4. Developing Needs Assessment to center family voice to inform system and service goals



## Coordination

1. Develop targeted public awareness activities to support referrals
2. Support coordinated referral efforts via Bridge2ResourcesVa
3. Identify community readiness/capacity building priorities
4. Convene key cross-sector stakeholders to prioritize HV growth strategies



## Data Reporting

1. Refine VA Data solution to facilitate shared collection, reporting and actionable data
2. Conduct quarterly analysis of workforce data to identify trends and needs
3. Develop needs assessment strategy for risk determination



## Sustainability

1. Partner with VDSS to develop FFPSA funding strategy
2. Define shared HV vision and goals
3. Develop and communicate HV policy agenda





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