



VIRGINIA GENERAL ASSEMBLY REPORT 2025



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#HomeVisitingWorks
@EarlyImpactVA

EARLY CHILDHOOD HOME VISITING IN VIRGINIA



The evidence has long been clear that the foundation for lifelong health and well-being is built before birth and during the early childhood years — shaped by the conditions of pregnancy, early attachment and the home environment as well as the services and supports available to families. Investing early in families builds the strongest foundation for thriving children and communities.

Home visiting is a proven approach that equips parents with the knowledge, resources, and confidence they need to support their child's development — improving maternal and infant health, promoting school readiness, and strengthening family bonds across generations.

For more than 25 years, Virginia's early childhood home visiting programs have walked alongside families across the Commonwealth — helping them navigate systems, meet developmental milestones, and weather life's most challenging moments. But while support for home visiting remains strong in principle, much work remains to fully integrate these programs into the state's maternal, infant and early childhood systems.

As Virginia continues to seek to improve birth outcomes, reduce health disparities, strengthen school readiness, and connect families with the services and supports needed to thrive -- now is the time to treat home visiting not as an add-on — but as a core component of the prenatal-to-early childhood continuum.

This means resourcing programs not only to deliver services, but to partner effectively with other systems, plan for growth, and adapt to the evolving needs of families and communities. In the midst of an evolving and maturing maternal, infant and early childhood landscape, strong collaboration and a shared commitment to meeting families where they are is even more imperative. The families we serve still want what all parents want - healthy children, safe homes, supportive environments, and the resources and capacity to thrive. Achieving these outcomes requires more than an array of isolated and disconnected services, but an aligned and coordinated continuum of care from pregnancy through early childhood.

Strong leadership and intentional coordination can close the gap between what we know works and what families are actually able to access. Virginia has the data, the partnerships, and the commitment. What we need now is sustained investment, broader accountability, and the realization of our shared vision for home visiting that matches the scale of families' hopes — and needs. Over the past year, Early Impact Virginia's work was driven by a deepened focus on supporting and scaling the foundational elements of a thriving home visiting system: stable, supported staff; engaged families; responsive local systems; and aligned, data-driven innovation. The path ahead will require building connections and partnerships beyond our home visiting system to expand collaboration and coordination focused on the broad needs of families at both the community and regional levels.

Propelling this work forward was the launch of three new collaborative, cross-sector Action Teams created to respond to the strategic priorities identified by the Alliance for Early Childhood Home Visiting in the fall of 2024, focused on advancing Virginia’s system-wide goals across systems coordination and partnership development, workforce recruitment and stability, and public awareness. These Action Teams bring together leaders and experts from across the nonprofit and public sectors to develop aligned solutions that strengthen the home visiting and maternal, infant and early childhood infrastructure across the Commonwealth.

This report presents a snapshot of the accomplishments, challenges and systems-level efforts that defined 2024–2025 — and reinforces the essential role of home visiting as a foundational piece of Virginia’s maternal, infant and early childhood continuum. We look forward to continuing this work with state leaders, families, and communities across the Commonwealth.


Laurel Aparicio, Executive Director





2024-2025 EIV FOCUS AREAS

1. Together We Thrive

Early Impact Virginia remains deeply committed to advancing collaborative, inclusive strategies to ensure that all families have access to home visiting and that all maternal, infant and early childhood professionals have what they need to create meaningful connections with families. This last year was marked by an increased investment in Alliance driven work-- bringing together stakeholders to improve coordination across systems and further reinforced as the theme for this year's statewide home visiting conference: *Together We Thrive*.

2. Mothers & Babies

A continuous quality improvement project centered on caregiver mental health and the Mothers & Babies curriculum helped home visitors meet rising family mental health needs. EIV continues to deliver hands-on coaching and training to build local program leadership and responsiveness.

3. Elevating and Supporting the Work

Through reflective supervision cohorts, targeted trainings, and a statewide home visiting conference, EIV provided tangible support to home visiting programs. Nearly 300 participants came together at the 2025 conference, which included recognition of the 2025 Home Visitor, Supervisor, and Program of the Year. Virginia also celebrated the first annual National Home Visiting Week from April 21-25 as another opportunity to recognize the important work across our state.

4. Expanding Access Through Strategic Targeting

The 2025 MIECHV Needs Assessment was a milestone event, adding 10 new localities to the list of high-risk areas eligible for future MIECHV funding. The MIECHV Needs Assessment, CQI insights, and real-time data collection are allowing EIV to better match program growth with community-level need. EIV is building new strategies to engage these communities and support effective service growth using data, local partnerships, and community readiness tools.

5. Adapting for Impact in a Changing Landscape

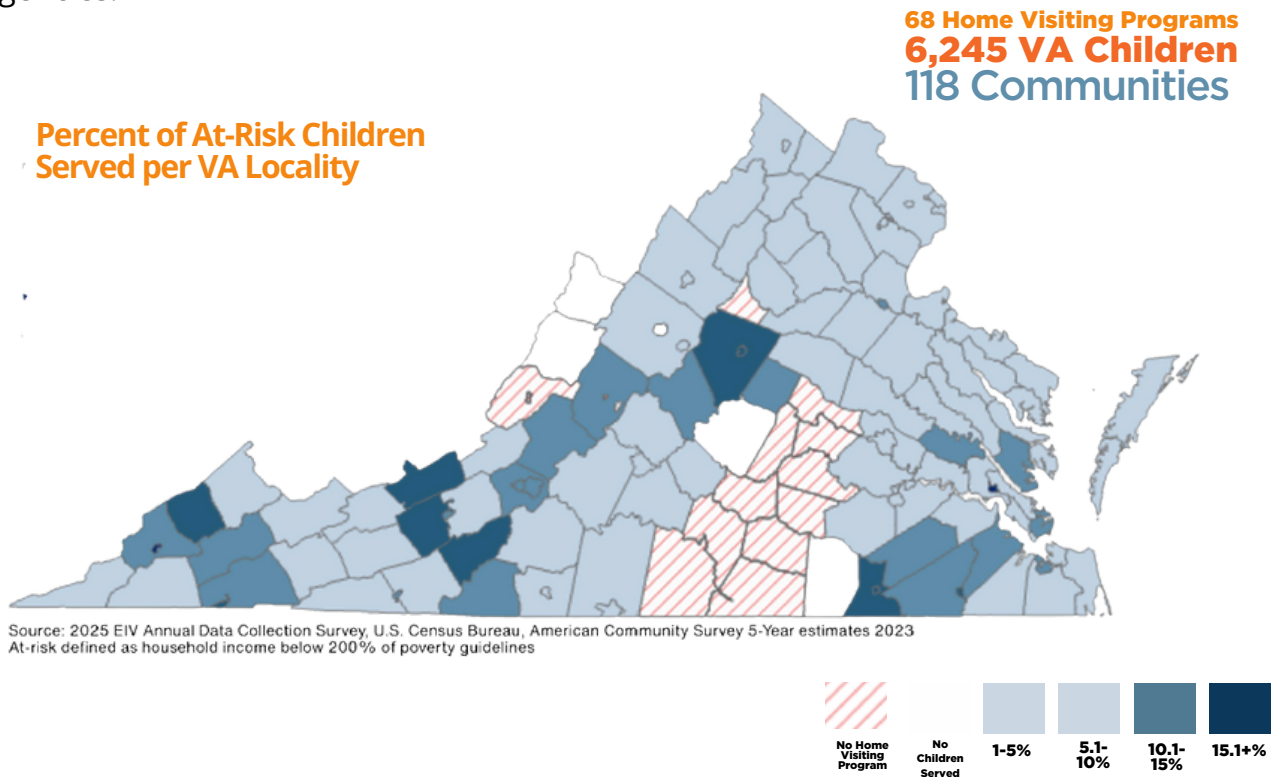
EIV is actively streamlining systems, identifying what works, and scaling successful models and innovations. At the same time, we're preparing to test new ideas that meet emerging needs — from workforce support tools and data integration to coordinated outreach across sectors.



How Virginia Delivers Services

A community-based service, 68 local early childhood home visiting programs currently serve ninety percent (90%) of Virginia localities and 118 communities.

A reflection of unique public-private partnership, home visiting services are administered through local non-profit organizations, health systems and public agencies.



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. In an opportunity to respond to ongoing need and expand the reach of home visiting around the state, MIECHV Expansion funding that became available in October 2024, is being leveraged to expand evidence-based home visiting to address gaps in the following 'at-risk' communities: Buckingham, Franklin, Lee, Norton, Williamsburg, and Wythe.

Throughout the year, established home visiting programs in the surrounding areas have focused on expanding services to meet the needs of families in 'at-risk' communities that have remained underserved for years. Expanding MIECHV funded services into these at-risk communities increases the availability of evidence-based home visiting services in 48 of the 84 MIECHV at-risk communities and supporting the overall expansion of services to more than 400 families across the Commonwealth.



Statewide Service Data



55,398
Home Visits*



10,356
Screenings*

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

5,972
Families Served



6,245
Children Served



1,635
Pregnant
Women Served



525
Dedicated
Professionals*

\$35M
Total
Investment*



**Data unavailable for Early Head Start
Family Spirit data are not included*

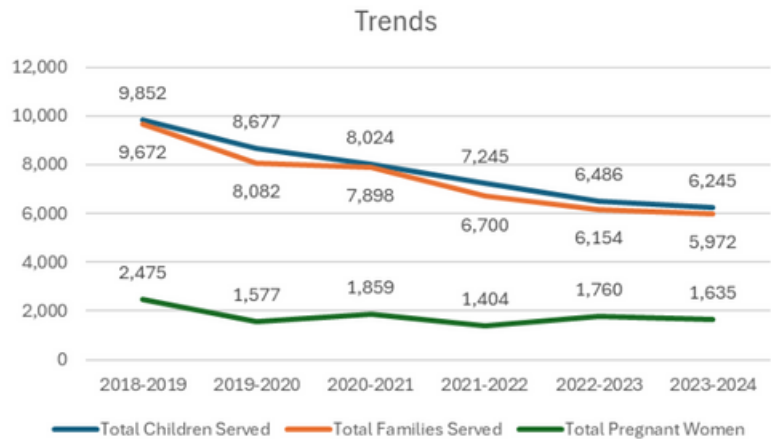
FY2024



Statewide Service Data

Virginia's home visiting system continues to serve as a lifeline for thousands of pregnant and parenting families across the Commonwealth. In 2024–2025, nearly 6,000 Virginia families received services across 68 local programs operating in 118 communities. These services included home-based parenting support, child development screening, maternal and child health promotion and provider connections, mental health screenings and intervention, and linkages to critical resources.

From the data, we see that Virginia's home visiting system is beginning to stabilize following a period of significant disruption and change. While enrollment declines were a clear consequence of the pandemic's impact, recent stabilization allows for better understanding of what the "new normal" looks like for families, communities, and the home visiting workforce. EIV continues to reflect on what these shifts reveal about emerging needs, how we reach and engage families with limited access to early childhood resources and supports, and how we continue building a stronger, more responsive home visiting system across the Commonwealth.

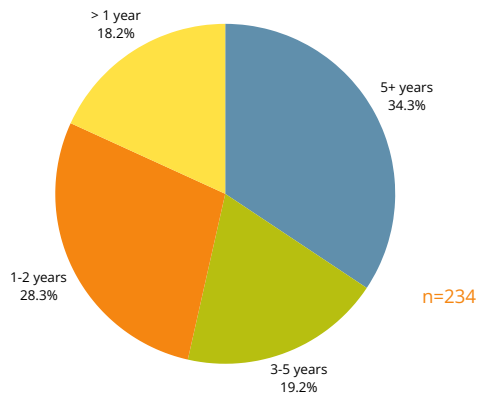


In 2024, Virginia home visiting service delivery decreased slightly as programs struggled amidst funding uncertainty, rapidly changing environments and competitive workforce markets. Early Impact Virginia has continued work to understand and support local needs as programs have focused on rebuilding referral relationships and recruiting new service providers. Changes in the maternal and child health landscape have both accelerated and complicated local and statewide efforts to address these system issues. With new MIECHV funding allocated during the last year, statewide workforce hiring and service enrollment numbers are beginning to trend upward and we are starting to see greater stabilization across the home visiting system. Additionally, home visiting providers completed more than 55,000 home visits, conducted over 10,000 screenings, and served more than 1,600 pregnant individuals — affirming home visiting as a key driver of early identification and intervention—strengthening families and communities.

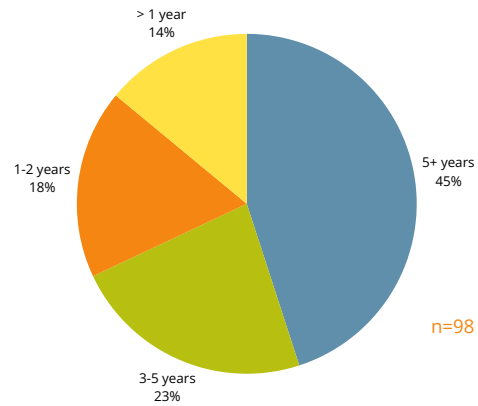
Virginia's home visiting workforce represents a great diversity of backgrounds, expertise and personal characteristics. Importantly, it is a workforce that reflects the racial, ethnic and linguistic characteristics of families receiving services. To provide a fuller understanding of home visiting workforce characteristics, Early Impact Virginia (EIV) collected the following information on Virginia's home visiting workforce through our 2025 Annual Data Collection Survey:

Home Visitor Time in Position

Does not include Nurse Home Visitors

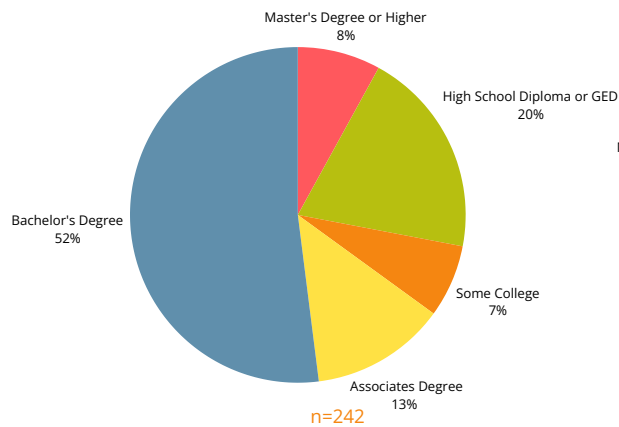


Supervisor Time in Position

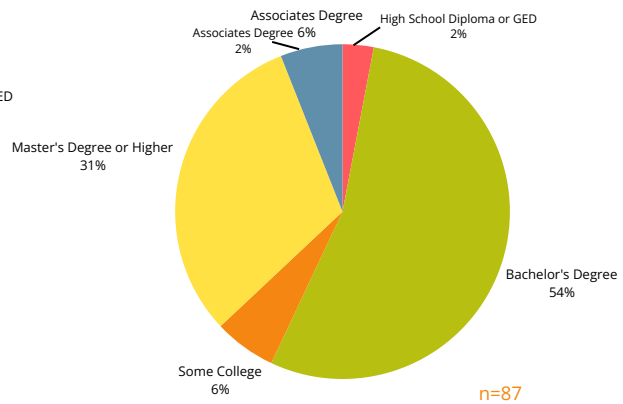


Home Visitor Education

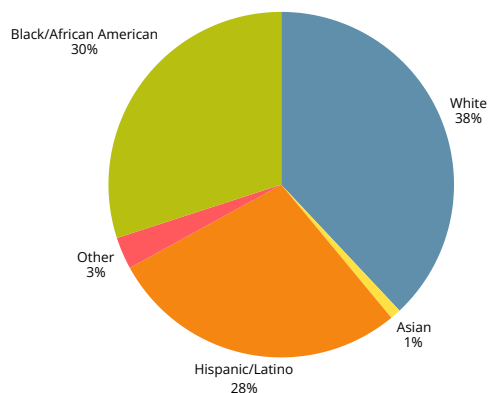
Does not include Nurse Home Visitors



Supervisor Education



Home Visitor Ethnicity



29% of VA Home Visitors are Spanish speaking



The Funding Landscape

Virginia has a demonstrated track record of public-private collaboration across home visiting program models to successfully leverage limited resources, however, maximizing the impact of state and local investments requires dedicated, stable, and predictable investment. Sustained and diversified funding is essential to Virginia's ability to deliver high-quality, evidence-based home visiting services statewide.

In 2024, the system was funded by a mix of federal, state, and local investments — with federal MIECHV funds and TANF dollars remaining core to service delivery. In SFY'25, the state investment in home visiting increased significantly with Virginia dedicating the matching funding necessary to be eligible for additional MIECHV dollars to expand reach and impact across the state. In addition, new strategic efforts led by the Virginia Department of Social Services (VDSS) are laying the groundwork for expanded access to Family First Prevention Services Act (FFPSA) Title IV-E funds to help support, expand, and sustain targeted evidence-based home visiting models. Overall investment in local home visiting services totaled approximately \$35 million in SFY'24. Federal funding is by far the greatest source of investment in Virginia program services at \$19.1 million, representing 53% of total funding. State general fund dollars make up less than three percent (<3%) of overall funding for home visiting at \$1,200,000. 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 program operations. Overall, funding decreased by approximately \$1M with the most significant shift seen in Private Funding. From \$3.7M in FY'23 to \$3.1M in FY'24.

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

Funding Sources SFY 2024

	Source	Amount	
Federal Government Sources Include: <ul style="list-style-type: none">Maternal Infant and Child Home Visiting (MIECHV)Temporary Aid to Needy Families (TANF)Healthy StartPromoting Safe and Stable Families (PSSF)Community Based Child Abuse Prevention (CBCAP)Community Development Block Grant (CDBG)Title VOther Federal Funding	Federal Government	\$19.1M	State Government Funding Sources Include: <ul style="list-style-type: none">State General FundsVirginia Department of HealthVirginia Department of Social Services Prevention GrantOther State Funding
	State Government	\$1.2M	
	Local Government	\$9.1M	
	Private	\$3.1M	
	Third-Party	\$0.7M	
	In-Kind	\$1.5M	
	Other	\$0.5M	
	Total	\$35.2M	



EARLY IMPACT VIRGINIA 2025



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



10
Team
Members

8
Board
Members

3
Strategic
Partnerships

\$2.5M
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, 2024 and June 30, 2025, 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.

Fundamental Principles and Key Objectives



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, continue to necessitate prioritization to ensure the greatest return on investment.

Partnering for Impact

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 programs, providers, funders, communities, and families 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 over 6,000 children in 118 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, public 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. Home Visitor Expert Panels and Alliance Workgroups provide a vehicle for including provider voices in planning and systems coordination activities.

Three new Action Teams were launched in January 2025 under the Alliance for Early Childhood Home Visiting, focused on advancing Virginia's system-wide goals in:

- Systems Coordination and Partnership Development
- Workforce Recruitment and Sustainability
- Public Awareness

In addition to advancing strategic priorities in these three areas, looking ahead the Alliance will also continue to provide input and insights to more fully integrate home visiting and needs assessment data into community readiness conversations to continue to expand the reach of home visiting aligned with the needs and priorities of communities across the Commonwealth.



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



Virginia Department of
Behavioral Health &
Developmental Services



CardinalCare
Virginia's Medicaid Program



Families Forward
Stronger Virginia Families
Two Generations at a Time



Healthy Families
Virginia™



parents as teachers®



**Nurse-Family
Partnership**
Helping First-Time Parents Succeed®



VIRGINIA HEAD START ASSOCIATION



VIRGINIA
Resource Mothers
CRADLE THE FUTURE



LOVING STEPS
Giving Kids A Healthy Start



family SPIRIT™
Promoting Maternal and Early Child Health



Institute
for the Advancement of
Family Support Professionals



HRSA
Health Resources & Services Administration



HVWFD
INSTITUTE FOR HOME VISITING
- WORKFORCE DEVELOPMENT -

& Jackie Walorski Center for Evidence-Based Case Management



HEDG
Health Education Design Group



VCU



Partnering with Families & Providers

11

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

5

Meetings

100%

Participation in feedback via email between sessions

In order to be both aligned with and responsive to shifting family and home visitor needs, EIV continues to invest in mechanisms to engage with families and service providers and solicit actionable feedback from the field. Over the past year, we utilized the experience and expertise of our Home Visitor Expert Panel to inform and guide statewide home visiting programs and policy.

Highlights of What We've Learned

- 1) Workforce Retention & Support:** Home visitors emphasized the importance of mental health support, flexible scheduling, peer connection, and the fulfillment they find in their roles.
- 2) Training Needs:** Panelists voiced a need for additional training in areas such as vicarious trauma, advocating for immigrant families, and cross-cultural parenting practices.
- 3) Public Awareness:** Home visiting was described as “a bridge” for families—filling critical gaps in access and connection to resources. Home Visitors emphasized the need for ongoing messaging that reflects support, trust, and inclusion.
- 4) Systems Coordination Challenges:** Barriers included limited referral pathways, complex documentation processes, and staff turnover among partner agencies—impacting continuity in collaborative care.

Additionally, panelists contributed recommendations for Alliance Action Teams and made suggestions for upcoming community conversations and conference workshops, including topics such as grief and loss, working with families affected by incarceration, and supporting caregivers with developmental delays.

“My home visitor made me feel safe and respected. I never felt judged, only supported.”





Maternal, Infant, And Early Childhood Home Visiting Program (MIECHV)

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 1,400 at-risk pregnant women and families with young children in 25 communities. One local agency, First Spark/Ready Region Chesapeake Bay, receives funding to implement behavioral health risk integrated centralized intake services in Hampton, Newport News and in the last year was able to expand services to include the City of Williamsburg.

This year, Virginia MIECHV program funding to local service providers increased by more than \$2M to expand services in 'at-risk' communities. New funding has allowed local programs to:

- provide services for more than **400 new families**,
- increase home visitor salaries to meet minimum 'living wage' requirements, and
- to implement innovative approaches to reach unserved communities and to address emergent issues facing priority populations, including:
 - Maternal and infant mortality
 - Maternal health deserts
 - SEI/NAS births





Maternal, Infant, And Early Childhood Home Visiting Program (MIECHV)

MIECHV grantees are required to demonstrate improvement in outcomes among eligible families participating in the program in at least four of six benchmark areas: improved maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

This chart highlights Virginia's MIECHV benchmark data for 2024, with the green highlight representing measures where Virginia saw improvements from 2023 measures. Areas for continued improvement due to poor outcome data or data quality issues are highlighted in yellow.

To learn more about what these measures specifically include, how they are defined, and how they are calculated, please reference the [Summary of MIECHV Measures](#).



MIECHV Performance Measures 2024	
Preterm Birth Rate	9.8%
Postpartum Care	53.9%
Depression Screening	76.4%
Completed Depression Referrals	73.8%
Tobacco Cessation Referrals	100%
Child Injury Rate	.02%
Behavioral Concerns	90.2%
Early Language and Literacy Activities	80%
Completed Developmental Referrals	100%
Intimate Partner Violence Screening	70.9%
Continuity of Insurance Coverage	72.3%
Well Child Visit	66.1%
Breast Feeding Rate (at 6 months)	23.5%
Child Maltreatment Rate	2%
Safe Sleep	40%
Developmental Screening	61.7%
Parent Child Interaction	65%
Completed Intimate Partner Violence Referrals	36%



The UP Center MIECHV Pilot: Home Visiting and Doula Services

The Up Center, serving families across South Hampton Roads, launched an integrated home visiting and doula pilot in October 2024. By embedding optional doula care within the trusted Parents as Teachers (PAT) home visiting program, this initiative delivers enhanced emotional, physical, and educational support through a team-based approach during pregnancy and beyond. Building on PAT's bi-weekly home visits and Healthy Families' intensive newborn support, the Doula Pilot Program stands out by embedding doulas as additional advocates and service providers to help empower families throughout pregnancy, delivery, and the postpartum period.

With 75% of participants being people of color, this culturally attuned care bridges gaps in maternal health equity. The numbers reflect its reach: of 225 projected annual participants, 138 have been served by mid-2025, mostly in Norfolk (111) and Portsmouth (22).

As The Up Center expands this work, their vision shines: every parent deserves comprehensive support to thrive. One birth, one story at a time, they're proving this integrated model leveraging the support and expertise of home visitors and doulas doesn't just work—it changes lives!





Workforce Development

32

Live trainings (**110+ hours**) conducted

350+

Participated in live trainings

30

Supervisors received **98 hours** of support through Reflective Supervision Learning Communities

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
- Competency-Based Professional Development Trainings (live and on-line modules)
- Virtual, Topic-Focused Community Conversations

EIV Trainings and Community Conversations

A total of 380 individuals participated in 32 training sessions, receiving 110 hours of instruction.

Topics included:

- *Edinburgh Postnatal Depression Scale - US Update*
- *Engaging Dads Community Conversation*
- *Healthy Outcomes for Families: Intimate Partner Violence and Family Well-being*
- *Motivational Interviewing for Home Visitors*
- *Advanced Motivational Interviewing*
- *Mothers & Babies (Perinatal Depression Intervention)*
- *Mothers & Babies Community of Practice*
- *Screening, Brief Intervention & Referral to Treatment (SBIRT) for Risky Behaviors*

Community Conversations were introduced as a new professional development format designed to complement traditional classroom training. These sessions were developed in response to feedback from the field, particularly supervisors, who expressed a need for more flexible, relevant, and discussion-driven opportunities for peer learning.

Community Conversations are structured as facilitated discussions rather than formal trainings, allowing participants to engage in real-time problem solving, share effective strategies, and reflect on emerging challenges in their day-to-day work. This adaptive format enables Early Impact Virginia to respond more nimbly to workforce needs and emerging topics - such as supporting teen parents, father engagement, and addressing intimate partner violence - by bringing peers together for timely, solutions-focused dialogue.



Reflective Supervision Learning Cohorts

EIV continued to implement two parallel learning cohorts - Reflective Supervision 2.0 and Reflective Supervision 3.0 - designed to support supervisors in applying reflective principles in practice. The redesigned RS 2.0 cohort included 15 supervisors from across the state and shifted from a quarterly in-person model to a more responsive every-other-month cadence, allowing for deeper relationship-building and more regular engagement. Reflective Supervision 2.0 was led by Virginia Association for Infant Mental Health (VAIMH)-endorsed facilitators, enabling participants to apply session hours toward initial endorsement or ongoing renewal. The RS 3.0 cohort included both virtual and in-person sessions for 15 participants, providing flexible access for returning participants seeking to deepen their practice.

In total, EIV provided 98 hours of direct support to supervisors during the year, spanning coaching, facilitation, and resource development. Feedback from participants emphasized the value of peer connection and the application of real-world case discussions to strengthen supervisory practices. In response, EIV began developing a new supervisor-specific Community Conversation model. This format is designed to complement existing cohorts with additional opportunities for cross-model, peer-led dialogue focused on shared challenges, emerging needs, and practical tools.

Infrastructure for Professional Development

Early Impact Virginia continued to invest in infrastructure that supports high-quality, accessible, and role-specific learning across the home visiting workforce. In FY25, this included both content development and collaborative systems design aligned with statewide goals.

EIV maintained weekly coordination with James Madison University (JMU) to design Virginia-specific, competency-based training content. This partnership ensured that professional development offerings remained aligned with the evolving needs of the workforce, incorporating both foundational and advanced competencies.

To strengthen access to training statewide, EIV also added or updated multiple asynchronous e-learning modules on the Institute for the Advancement of Family Support Professionals platform. These included translated modules in Spanish to support language access, as well as supervisor-focused content that reflects current best practices in reflective supervision, documentation, and safety.



Competency-Based Professional Development Trainings - The Institute

13

Modules designed and launched

6,879

Registered Virginia users

99

e-Learning trainings available, including 16 in Spanish

A national leader in home visiting professional development, EIV co-led the development of the Institute for the Advancement of Family Support Professionals (the Institute), a comprehensive, competency-based professional development system for home visitors and supervisors. Together with the Iowa Department of Public Health, EIV co-led the Institute work as a part of the HRSA sponsored, national Home Visiting Workforce Development Institute and Jackie Walorski Center for Evidence-Based Case Management. The Institute is an innovative effort to advance workforce development nationwide and streamline the home visitor experience. **Currently, the Institute offers 99 e-learning modules, including 13 new modules completed by Early Impact Virginia during the last year. These are available at no cost and accessible regardless of the provider's location.**

With a nationwide user base of nearly 50,000 Family Support Professionals, including 6,879 registered Virginia learners, the Institute has become the 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, 839 new Virginia learners registered an account with the Institute. Nearly 70% of these learners identified as professionals providing family support services in programs other than home visiting, including Virginia nurses and other healthcare providers (17.2%), early childhood educators (26.4%) and social workers (18.5%).

In collaboration with James Madison University, EIV coordinates the development and delivery of training tailored to Virginia-specific and competency-based learning objectives. Currently, Early Impact Virginia is developing a new training module specifically designed to address pregnancy and maternal health risks. *Navigating Difficult Conversations about Maternal Health* will explore key maternal health issues faced by Virginia women and provide strategies to engage in meaningful dialogue to promote healthy decisions with a particular focus on addressing escalating rates of pregnancy related risks, including unhealthy lifestyles, STDs during pregnancy and legal/illegal substance use.



Supportive Features and New Workforce Supports

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. Sixteen (16) of the existing training modules are now available in Spanish.

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*, provides an online community for those new to the field and those already serving families. The Institute is continuing its work to develop *Knock* as 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.

Over the last year, EIV contributed to Institute work to refine the national family support competency framework (home visitor and supervisor) to include emerging or changing needs of the field. As a part of this process, the Institute has identified the need for additional professional development resources to support community referrals and a code of home visiting ethics. In the upcoming year, Early Impact Virginia will support the development of content to meet these training needs. Additionally, the Institute is currently contributing to the development of standardized Professional Development Plans for the home visiting field. These plans will incorporate the family support competency framework and further add to the growing knowledge base for home visiting workforce development.





"TOGETHER WE THRIVE" 2025 VIRGINIA HOME VISITING CONFERENCE



Conference Overview

The 2025 event kicked-off with pre-conference trainings and meetings on May 8th setting the stage for a dynamic day of learning on May 9th!

As part of the conference, we are thrilled to get to honor EIV's 2025 Excellence In Home Visiting Award Winners:

Outstanding Home Visitor:
Lorena Rodriguez, Family Lifeline

Outstanding Supervisor:
Carol Peters, CHIP of New River Valley

Outstanding Program:
Hampton Healthy Families

Opening Plenary

Seize Your Well-Being: Navigate Beyond Burnout with nationally recognized speaker Jasmie Brett Stringer

Closing Plenary

Together We Thrive: Reconnecting and Recommitting to the Work with Virginia home visiting advocates LaWanda Tatum and Jeannette Grimes

2025 Conference Highlights



12
Workshop Offerings

2
Interactive Plenaries

3
EIV Award Winners

300+
Registered Attendees



Facilitating Impact: Quality Improvement

Caregiver Mental Health

(August 2024-April 2025)

Continuous Quality Improvement (CQI) continues to be a core pillar of Virginia's home visiting system infrastructure, helping programs test and embed improvements in real time. This past year's statewide CQI initiative focused on **Caregiver Mental Health**, chosen in response to screening data signaling rising maternal depression and anxiety rates, benchmark data showing gaps in screening, referrals, and rescreen outcomes, and growing awareness of perinatal depression.

This year's initiative supported 89 staff across 23 programs in implementing small tests of change through a structured learning community. Between August and April, participants engaged in monthly peer learning sessions, quarterly coaching calls, and monthly feedback cycles to refine Plan-Do-Study-Act (PDSA) strategies.

Caregiver Mental Health CQI Goals

- 1) Increase staff confidence in discussing mental health and completing caregiver screenings & interventions
- 2) Boost collection of 90-day depression screenings post enrollment and birth
- 3) Improve referral rates to both internal and external mental health services
- 4) Improve re-screening scores for caregivers connected to support services

Outcomes

- Programs showed strong results across all four goals. Staff confidence improved by 85% across 13 tracked indicators, and screening rates exceeded the 85% target for five consecutive months - peaking at 95.5%.
- Two-thirds (67%) of the 245 caregivers with elevated scores were successfully referred to services, and 69% of those screened again showed at least a 25% reduction in symptoms.
- These gains reflect improved screening practices, stronger supervision support, and the strategic use of tools such as follow-up reminders, revised supervision checklists, and integrated training content.

Key Lessons Learned

- Investing in staff knowledge and peer support strengthens day-to-day practice and shapes how staff approach mental health with families—through their behaviors, routines, and decision-making. Staff gained confidence and skills by learning from peers and receiving ongoing coaching. Supervisory support was especially critical in helping staff navigate sensitive conversations.
- Embedding evidence-based resources into trusted, non-clinical settings expands access. The Mothers & Babies curriculum proved effective in reaching families facing barriers to traditional mental health care.
- CQI creates momentum and ownership. Programs valued the collaborative learning environment and were able to adapt strategies based on real-time feedback and data.



Facilitating Impact: Quality Improvement

Caregiver Mental Health: Successful Strategies

Mothers & Babies - a preventive intervention for maternal depression - was used by several sites to address access barriers. Delivered in familiar, non-clinical settings, the curriculum reached 77 families through 75 newly trained staff.

Resources for Programs Supporting CQI Goals

Throughout the CQI learning community, programs were able to take advantage of ongoing training and resources provided by Early Impact Virginia and the Institute for the Advancement of Family Support Professionals related to screenings, mental health, and caregiver supports directly connected with improvement goals. For example, to better support families facing barriers to mental health services—such as transportation, language, stigma, or limited availability—many programs integrated the evidence-based Mothers & Babies curriculum (75 staff were trained and 77 families were engaged). Delivered in familiar, non-clinical trusted settings, this approach helped families manage stress, build coping skills, and strengthen the caregiver-child bond. By embedding this curriculum into existing services, it was possible to reach families who might not otherwise engage with formal mental health systems. In addition, many programs highlighted the value of interpersonal support.

Activities to Sustain & Grow Improvements

As a result of CQI activities connected with these goals, programs are embedding the following improvements to maintain progress going forward:

- Enhancing and updating new staff training to include updated screening tools and the Mothers & Babies curriculum.
- Revising policies and procedures for depression screening and follow-up using updated best practices and tools.
- Setting database reminders for upcoming re-screens.
- Updating supervisor monitoring checklists to include follow-up for elevated depression screens.



CQI Outcomes & Impact

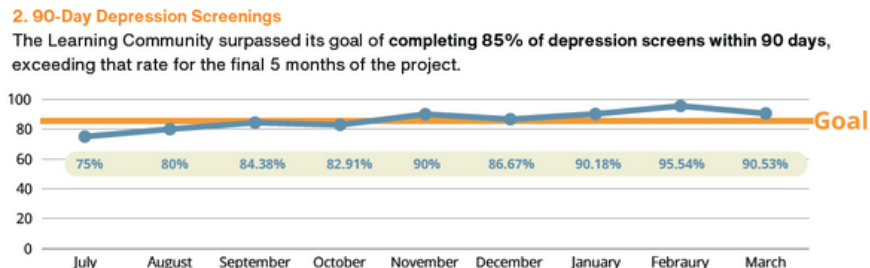
1. Staff Confidence & Practice: Survey Results

Home visitors and direct service staff completed pre- and post-project surveys measuring confidence, knowledge, and practices related to caregiver mental health. Of the 13 measures, 11 showed improvement—an 85% overall gain. Below are the top areas of growth, from 1 being strongly disagree to 5 strongly agree.

Survey Statement	Pre survey n=103	Post survey n=110	Change
I know where to find educational resources around mental health to support my professional development.	4.14	4.41	+.27
I have tools and strategies within my scope to use in supporting caregiver mental health impacted by intimate partner violence.	3.9	4.23	+.33
I have tools and strategies within my scope to use in supporting caregiver mental health impacted by substance use.	3.71	4.04	+.33

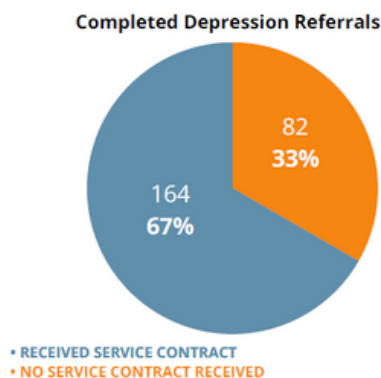
2. 90-Day Depression Screenings

The Learning Community surpassed its goal of completing 85% of depression screens within 90 days, exceeding that rate for the final 5 months of the project.



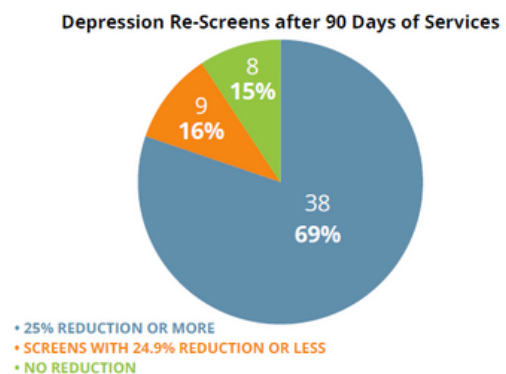
3. Improved Referral Rates & Connection to Services

Out of 245 caregivers with elevated depression scores, 67% were successfully connected to mental health services—just shy of the 70% target.



4. Improved Re-Screening Results

Among caregivers who received mental health services after an elevated screen, 69% showed a 25% reduction or more on their follow-up re-screen (approximately 12 weeks later).





2025 Update to MIECHV Needs Assessment

**84 Total At-Risk
Localities Across
Virginia**

10

New localities added, eligible
for future MIECHV funding

19

Indicators used to assess risk

2025 Update to MIECHV Needs Assessment

In early 2025, Early Impact Virginia completed an update of the 2020 MIECHV Needs Assessment to meet Federal HRSA requirements and ensure continued alignment of resources with areas of greatest need. The update used the same core methodology as the original assessment, evaluating counties and independent cities on 16 indicators across six domains while incorporating three additional measures in response to Virginia's maternal and child health-related priorities. These measures span areas such as socioeconomic status, substance use, crime, child maltreatment, and domestic violence, drawing on federal, state, and local data sources.

The assessment identified 84 localities as "at-risk," including 10 newly eligible communities that surpassed the risk threshold for the first time. Among these new additions, most were rural areas facing persistent socioeconomic disadvantage and limited access to services. The updated risk profiles showed significant regional variation, with Southwest and Southside Virginia continuing to represent a high concentration of at-risk communities. The analysis also revealed 13 localities in the top quartile of risk that currently do not receive MIECHV-funded services, highlighting a major opportunity for expansion.

Beyond risk scores, the update incorporated analysis of service capacity and local program presence. It found that while MIECHV programs currently operate in 63% of at-risk localities, many face capacity constraints that limit their ability to expand. The report specifically noted workforce shortages - particularly the recruitment and retention of qualified home visitors - as the most pressing barrier to scaling services in high-need areas. These challenges were cited in both the data and direct input from local implementing agencies (LIAs) gathered during the review process.

Findings from the update will inform multiple areas of planning, including future resource allocation, cross-agency coordination, and targeted technical assistance. They also directly support EIV's ongoing efforts to address capacity constraints through Action Team work, policy development, and grant-seeking. By pairing quantitative risk assessment with on-the-ground insights, Virginia's MIECHV system is better positioned to advance equity, strengthen statewide service delivery, and meet the needs of families in under-resourced communities.



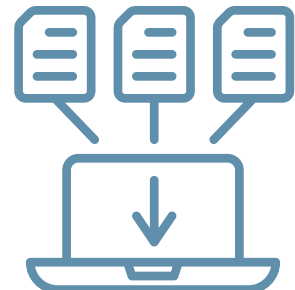
2025 Annual Data Collection Survey

Early Impact Virginia plays a central role in collecting, analyzing, and translating statewide home visiting data into meaningful insights. Our robust data efforts encompass service reach (including the number of children, families, and pregnant women served), program locations and capacity, workforce demographics and retention factors, community needs assessments, and funding landscapes.

Through comprehensive and ongoing analysis, EIV is able to ground continuous quality improvement, program innovation, and policy advocacy with real-world needs as well as enable informed decisions that strengthen the home visiting system and ultimately improve outcomes for Virginia's families. By systematically collecting and analyzing annual survey data across programs, we are also able to track trends over time and identify emerging challenges or opportunities. This helps EIV align strategic activities with emerging and ongoing needs across programs, ensuring that our strategies are relevant and data-driven.

Our survey also gives us valuable point-in-time insights into the needs and experiences of families served by home visiting programs. For example, through the 2025 Annual Data Collection Survey we learned that:

- 1) Families generally saw modest improvements with access to food, health care, and other basic needs, though housing instability continued to be on the rise.
- 2) Family experience of anxiety and depression increased, however, programs continued to invest in trainings and resources.
- 3) As a result of ongoing initiatives and home visitor training, parents reported increased knowledge of infant care and importance of medical care and immunizations, as well as more confidence in their skills and abilities as parents.
- 4) A collective focus across programs on community outreach and partnership development helped to strengthen relationships with families and partners.
- 5) Programs continued to expand the range of services provided including bilingual support and lactation counseling.





Recognition of Home Visiting

Virginia's home visiting field received significant recognition from 2024-2025, both nationally and statewide. During the inaugural National Home Visiting Week in April 2025, Danielle Fields of Bristol ' was honored as one of the Home Visitors of the Year by the Institute for the Advancement of Family Support Professionals. Her award highlights the profound impact of her service with People Incorporated, where she provides unwavering support in building trust, resilience, and practical skills among families in her community.



National Home Visiting Week
April 21-25, 2025

At the state level, Early Impact Virginia's 2025 Virginia Home Visiting Conference spotlighted excellence across the Commonwealth. Lorena Rodriguez of Richmond was honored as Outstanding Home Visitor, Carol Peters of New River Valley was recognized as Outstanding Supervisor, and the Hampton Healthy Families program received the Outstanding Program award. These selections reflect not only individual achievement but also the geographic diversity and programmatic excellence thriving across Virginia—from urban centers to rural communities.



Pictured from left to right: Lorena Rodriguez, Carol Peters, and Hampton Healthy Families

In February 2025, Early Impact Virginia was selected to present at the National Home Visiting Summit in Washington, D.C., a prestigious national convening of the maternal, infant and early childhood home visiting field. At this event, EIV shared insights on our Virginia Home Visitor Certification Pilot with the goal of strengthening the early childhood home visiting workforce through structured, competency-based formal certification as well as on public awareness efforts to build awareness and cross-sector understanding of home visiting.

These recognitions not only highlight the dedication of Virginia's home visiting professionals, they also reflect Early Impact Virginia's leadership in elevating and supporting the field. EIV's strategic coordination and investment in workforce development continue to position the Commonwealth as a model for statewide alignment and a respected voice in national conversations.



Communications and Public Awareness

25,000

Website views
2024-2025

30

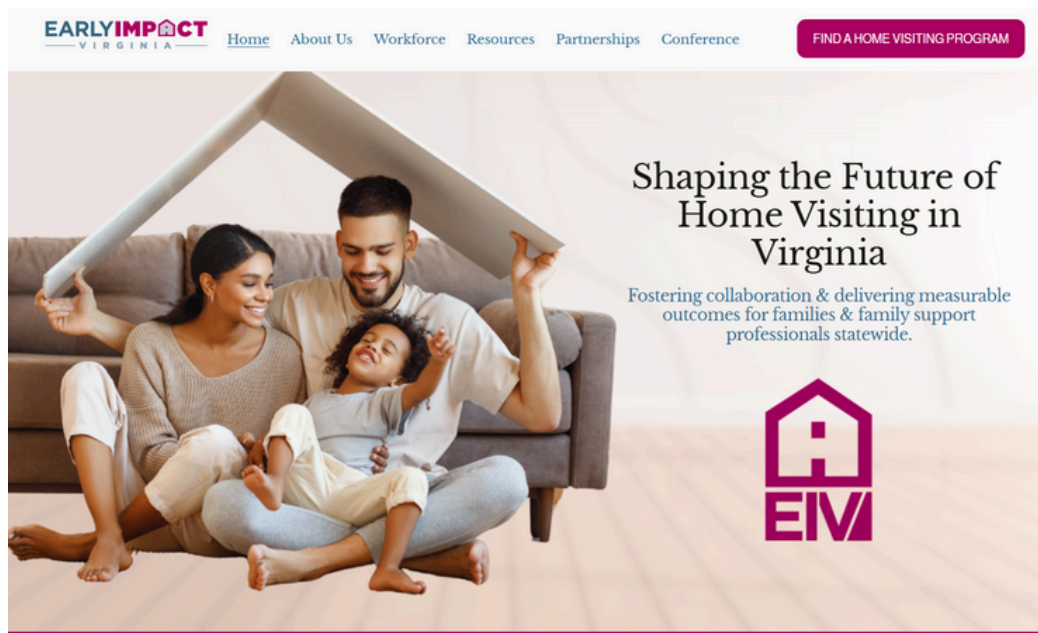
Newsletters sharing home visiting
updates, events, and opportunities

5,000+

Monthly newsletter and email
subscribers

In Fall 2024, Early Impact Virginia engaged a marketing firm to conduct a communications audit as part of its broader effort to strengthen public awareness and stakeholder engagement. This audit included a review of EIV's digital presence and a series of listening sessions with families, home visitors, supervisors, partner organizations, and internal staff. The findings underscored the need for clearer, more consistent messaging about both the role of home visiting and EIV's leadership within the statewide system. Stakeholders identified opportunities to improve accessibility, tailor content by audience, and make better use of storytelling and data to demonstrate impact. Participants also expressed a desire for resources that support community referrals, clarify program benefits, and reflect the lived experiences of families and professionals in the field. In response, EIV has taken concrete steps to implement these recommendations, including launching a rehaul of our website, working on updated outreach materials, piloting direct communication with home visitors, and expanding digital storytelling. These efforts are intended to lay the foundation for a more connected, informed, and visible statewide home visiting system.

EIV communications supported training promotion, focus group recruitment, conference promotion and system-wide updates. They were segmented to ensure relevance, with tailored content for supervisors, general audiences, and engaged practitioners—including a new list of nearly 400 front-line home visitors, compiled through the statewide workforce survey, that enabled direct communication with this audience for the first time. The consistent performance across campaigns reinforced the importance of regular communication in fostering connection, visibility, and alignment across Virginia's home visiting field.





Shared Resources: Alliance Action Team Toolkits

At its October 2024 meeting, the Alliance for Early Childhood Home Visiting identified three top priorities for strengthening the home visiting system in Virginia: partnerships and referrals, workforce recruitment and retention, and public awareness. In response, three dedicated action teams were launched by EIV to address these priorities, with the Sustaining Workforce - focused on recruitment, retention, and professional growth, solutions like onboarding supports, ongoing supervision structures, and peer connection opportunities - and Public Awareness - tasked with developing workforce-facing materials and solutions that supports recognition of the profession and broad messaging to attract new talent - Action Teams leading the development of two new resources in 2025.

The first is a workforce retention toolkit aimed at compiling strategies and best practices to help local programs retain a strong, qualified, mission-aligned workforce. The second is a messaging toolkit designed to help the public, community partners, and local advocates speak clearly and confidently about the value of home visiting. This work builds directly on insights from the Fall 2024 communications audit and serves as a natural next step, translating stakeholder feedback and digital engagement findings into practical, field-ready tools.

Both toolkits are being shaped through collaborative planning, with contributions from subject matter experts, program model leads, and frontline staff. They are informed by input gathered through statewide surveys, focus groups, and peer conversations to ensure they reflect real needs and priorities in the field. Once finalized, these shared tools are expected to support ongoing recruitment efforts and community engagement beyond the funding period.





Collective Impact

Systems Coordination and Partnership Development Action Team

EIV also set up a third Action Team focused on improving coordination and partnership development between home visiting and maternal and child health and early childhood services. The Action Team is composed of cross-sector partners from organizations such as VDH, DBHDS, VCU, Thrive Birth to Five, Postpartum Support Virginia, Families Forward Virginia, Virginia Community Health Worker Association, Virginia Public Media, Urban Baby Beginnings, and more.

Work is underway to deploy a variety of strategies to assist partners in better understanding and connecting with one another's services and identify additional areas for ongoing collaboration. Key efforts of the Action Team include information and resource sharing, exploration of statewide referral and community services platforms, and prioritizing focus areas such as Title V and intersections with local health districts as well as enhanced engagement between home visiting organizations and targeted providers such as doulas and community health workers.

Looking forward, this Action Team plans to also explore additional opportunities to build on partnerships with DBHDS, Early Intervention programs, and Community Services boards as well as connecting with health systems and Medicaid managed care organizations to continue to educate on the availability and impact of home visiting services across the state.





State Investments in Home Visiting

With the primary investments in Virginia home visiting stabilized as a part of the current biennial budget, Virginia policy focused on two key areas during the last year.

JCHC Recommendations

Early Impact Virginia worked with the Joint Commission on Health Care (JCHC) during its study on Extending Health Care Access to Vulnerable Populations. The study led to two approved policy options related to home visiting: (1) directing the Department of Medical Assistance Services (DMAS) to convene a workgroup to develop a Medicaid home visiting benefit, and (2) providing funding to Families Forward Virginia to meet federal evidence standards. Both options were formally endorsed by the JCHC and included in the agenda for the 2025 General Assembly session, with more than 100 public comments submitted in support and several members expressing strong backing for home visiting.

Family First Prevention Services

In January 2025, VDSS reconvened a Title IV-E Prevention Workgroup of stakeholders working to build and expand access to Title IV-E Prevention Services funds available through the Families First Prevention Services Act.

In the next phase of VDSS's Family First implementation, VDSS will expand the population of eligible across child welfare, early childhood, and behavioral health systems. This collaborative body was tasked with advancing the use of FFPSA funding to support a wider array of upstream prevention programs — including home visiting.

As part of this work:

- The group updated the state's definitions for eligible recipients of prevention services, allowing for the inclusion of families engaged in preventive, voluntary home visiting.
- This change was a key step in paving the way for future utilization of Title IV-E funds for evidence-based home visiting models approved in the federal Title IV-E Clearinghouse, including:
 - Healthy Families America
 - Parents as Teachers
 - Nurse-Family Partnership

EIV has worked closely with VDSS and partner organizations to align state infrastructure with this opportunity, including exploring:

- Readiness of local programs to meet Title IV-E documentation and data standards
- Alignment of services with FFPSA goals (e.g., preventing child maltreatment, reducing foster care entry)
- Potential pilot strategies to test reimbursement models in partnership with local agencies

These developments represent a significant milestone in Virginia's long-term strategy to stabilize and grow home visiting services by embedding them in the broader prevention and family support continuum..



2025 Advocacy Day

Early Impact Virginia and its partners used the January 2025 Advocacy Day to elevate the Joint Commission on Health Care home visiting policy recommendations priorities and educate lawmakers on the value of home visiting as a proven prevention strategy. While the policy options did not advance beyond committee, this coordinated advocacy effort significantly raised awareness, strengthened legislative relationships, and laid important groundwork for future advancement.

Diversified Funding

Recognizing the increasing volatility of the federal funding landscape and the need for long-term sustainability, Early Impact Virginia has taken deliberate steps to diversify its revenue sources by pursuing private philanthropic investment. This effort is not intended to replace public funding - which remains the foundation of Virginia's home visiting system - but to complement it. As the only state in the nation with a private nonprofit entity co-administering MIECHV funds, Virginia is uniquely positioned to leverage this dynamic to ensure program continuity, responsiveness, and innovation.

By intentionally pursuing both public and private funding, EIV is positioned to serve as a truly representative, cross-sector backbone for the field. This dual investment model strengthens our capacity to pilot new strategies, fill funding gaps not covered by public dollars, and respond quickly to emerging community needs. It also ensures that the voices shaping programmatic direction reflect both public systems and community-based perspectives, providing a fuller, more representative foundation for decision-making.

As federal spending constraints increasingly influence the policy environment, EIV's move toward diversified investment is a proactive strategy to safeguard and strengthen Virginia's home visiting infrastructure. It enables the organization to scale workforce support, advance systems alignment, and drive innovation while maintaining public accountability and incorporating private-sector adaptability.





Looking Ahead



Community Readiness and Capacity Building for Expansion

Adapting to changing needs:

1. Partner with interested communities to develop and test innovative strategies for service expansion
2. Strengthen mechanisms for inclusion of impacted persons in policy and programming guidance and decision making (Providers and Families)

Supporting statewide priorities:

3. Partner with Title V to support new maternal and infant health initiatives

Creating the HV Career Pathway:

4. Support use of Relational Competencies and Professional Development Plans for workforce recruitment and retention
5. Market home visiting as a career
6. Partner with Community Colleges and Workforce Development programs to present HV as a career opportunity



Professional Development

1. Add topical *Community Conversations* to address emerging training needs
2. Facilitate HV Leadership Conference to address identified systemic needs and challenges
3. Adapt Reflective Supervision training and coaching supports to meet changing needs
4. Leverage effective implementation of Mothers & Babies intervention through training and technical assistance
5. Provide individualized coaching supports for Continuous Quality Improvement



System Coordination & Targeted Supports

1. Develop targeted public awareness activities to support referrals
2. Support coordinated referral efforts via Bridge2ResourcesVa
3. Identify community readiness/capacity building priorities and facilitate local service development/expansion
4. Convene key cross-sector stakeholders to prioritize HV growth strategies
5. Support effective use of marketing tools to address specific local needs



Data Reporting

1. Consistent year-to-year data collection through the Annual Data Collection Survey allows us to continue tracking and responding to statewide trends
2. Data solution landscape continues to evolve, and in response EIV is working to build systems and strategies to minimize administrative burden while also facilitating accountability of federal and state dollars and consistent measurement of impact



Sustainability

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





VA Home Visiting Models



Comprehensive Health Investment Project (CHIP) of Virginia offers 6 local programs to low-income families. Services are offered to those who are pregnant and from birth to age 6.

CHIP offers a practical example of taking a whole-family approach. It pairs families with integrated teams of registered nurses and parent educators, goes beyond the usual focus on maternal and infant health.

CHIP offers no less than 27 visits per year for urban or suburban families, and 22 visits for families in rural localities.



Early Head Start is a national child development program for children from birth to age 3, which provides services to promote academic, social and emotional development for income-eligible families.

EHS is designed to nurture healthy attachments between parent and child (and child and caregiver). Services encompass the full range of a family's needs from pregnancy through a child's third birthday.

Families receive 1 home visit per week (with a minimum of 46 home visits per year), lasting for a minimum of 90 minutes each.



Family Spirit serves pregnant women and families with children younger than 3 in American Indian Communities. Low income families are eligible.

FS is an evidence-based home visiting program developed for and with Indigenous communities. FS was developed by the Johns Hopkins Center for Indigenous Health in partnership with tribal communities.

Home visits are weekly from pregnancy up to 90 days postpartum, then commence bi-weekly to age 3.



Healthy Families Virginia serves families who are pregnant and/or parenting young children, enrolling prenatally or within three months of birth. Program can continue until their child is up to the age of 5. Eligibility determined by local site—some sites have income guidelines.

The HF model is rooted in the belief that early nurturing relationships are the foundation for life-long healthy development. Families work to reduce risks and build resiliency so they can raise healthy children who are ready to learn.

Families are offered weekly visits at the onset of services, typically 60 minutes. Frequency of visits is stepped down to twice a month, monthly, or quarterly over the course of services as families increase resilience and connections within the community over time.



Loving Steps primarily serves African American and Hispanic families who are at highest risk for life stressors and loss during pregnancy and parenting from prenatal to age 18 months.

Reduces infant mortality and perinatal health disparities by delivering high-quality, effective prevention strategies to individuals, families and communities. Primarily serve African American and Hispanic families.

Tier 3 clients (highest risk) have weekly visits with a minimum of 2 in person. (Other contacts can be by telephone or virtual.)



Nurse-Family Partnership serves first-time mothers. Families sign up before the 28th week of pregnancy, and once enrolled, services continue until the child is 2 years old. Program has income guidelines.

NFP is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality.

Visit frequency is flexible and content is adapted to meet the needs of the family based on nurse's assessment, along with the family's strengths, risks, and preferences. Home visits typically last 60-75 minutes.



Parents as Teachers serves pregnant women and families with children from birth to kindergarten entry. Families can enroll at any point during this time. No income guidelines.

PAT engages parents and caregivers in promoting the optimal early development, learning, and health of young children, emphasizing: Parent-child interaction, development-centered parenting and family well-being.

Families can receive monthly to twice monthly visits, depending on family needs. Home visits are generally 60 minutes.



Any pregnant teen, 19 years or younger, is eligible for the Resource Mothers. The program's main goal is to improve birth outcomes for the teen and the baby. There are no income guidelines.

Resource Mothers seeks to lower infant deaths and low birth weight rates in Virginia's pregnant and parenting teens.

Resource Mothers provides 2 home visits per month per teen client totaling at least 45 minutes/visit.



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