EARLY IMPACT VIRGINIA

Virginia General Assembly Report 2026

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Virginia Home Visiting System: Executive Summary 2026

Virginia's home visiting system is entering a new chapter.

For more than a decade, the Commonwealth has invested in building high-quality home visiting programs that improve outcomes for pregnant people, young children, and families. Those investments created a strong foundation. Today, the challenge is different. Success is no longer defined solely by the quality of individual programs, but by how well those programs work together as part of a coordinated system that ensures every family can access the right support at the right time.

This year marked an important step in that evolution.

While local programs continue to face significant challenges—including workforce pressures, changing family needs, rural access, and persistent funding uncertainty—they also demonstrated remarkable resilience and innovation. After several years of declining statewide reach, signs of stabilization are emerging. Programs reported increases in workforce capacity and enrollment of pregnant women, adapted service delivery to better meet families where they are and strengthened partnerships within their communities. At the same time, Virginia increased investment in home visiting to secure additional federal resources, and positioned evidence-based home visiting for future sustainability through new funding opportunities.

Perhaps more importantly, this year reinforced that improvement must extend beyond individual programs.

Across statewide surveys, continuous quality improvement initiatives, listening visits, referral assessments, family engagement, and cross-sector partnerships, one message emerged consistently: families experience systems, not programs. Although Virginia benefits from an extraordinary network of local providers, **access continues to depend too heavily on geography, individual relationships, and fragmented referral pathways.** Strengthening outcomes for families will require strengthening the connections between organizations just as intentionally as we strengthen individual services.

These insights are reshaping Early Impact Virginia's work.

Throughout the year, EIV worked alongside state agencies, local programs, families, healthcare providers, and community partners to better understand what families need, what communities are learning, and where statewide action could make the greatest difference. Those insights informed efforts to strengthen the infrastructure that supports home visiting—from workforce development and leadership to coordinated referrals,

continuous quality improvement, public awareness, and sustainable funding. By connecting people, ideas, and resources across the Commonwealth, EIV helped build a stronger, more coordinated system for families.

This work reflects an important shift in how Virginia approaches home visiting. **The Commonwealth is moving beyond expanding individual programs toward building an integrated maternal and early childhood system that is more coordinated, equitable, and responsive to families' needs.** That evolution recognizes that lasting impact depends not only on the quality of services, but on the strength of the relationships, infrastructure, and partnerships that connect them.

Looking ahead, Early Impact Virginia is developing a new strategic plan that reflects the system's continued evolution—from strengthening individual programs to intentionally building a more connected and coordinated home visiting system that improves access for families across the Commonwealth.

By aligning local excellence with stronger statewide coordination, Virginia is building the conditions for every family to receive the support they need—and for every child to have the strongest possible start in life.

This report reflects the accomplishments, challenges, and system-level progress that defined 2025–2026 and reinforces the essential role of home visiting within Virginia's evolving maternal, infant, and early childhood system. We look forward to continuing this work in partnership with state leaders, families, and communities across the Commonwealth.

Home Visiting in Virginia

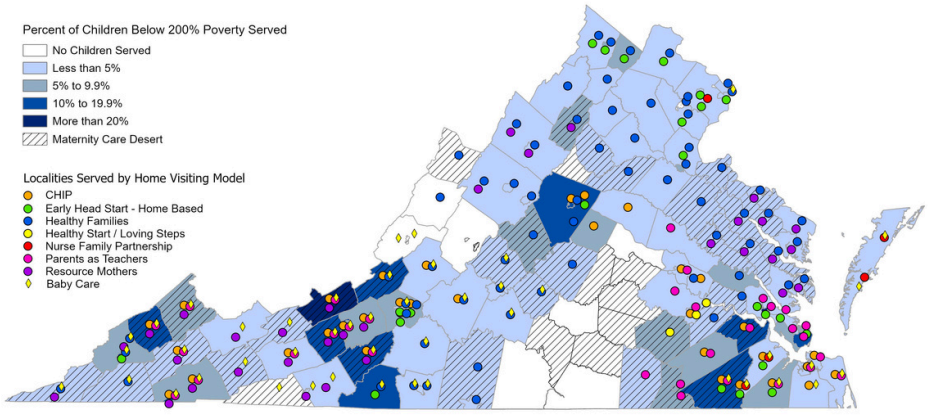
How Virginia Delivers Services

A community-based service, 77 local early childhood home visiting programs currently serve 87% of Virginia localities and 117 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. Over the last 5 years, statewide reach has declined year over year as local programs grappled with workforce turnover, changing family needs, community dynamics and funding uncertainty. Data from the field indicates significant stabilization and local adaptation to address to changing needs and expectations. For some providers it has meant right-sizing caseloads to better reflect increased work, travel time and innovative engagement strategies. For others, it has meant discontinuing home-based service delivery altogether. Specifically, over the last year, three Early Head Start sites have discontinued home based services to instead focus on center-based services. These sites are all located in rural communities (Galax, Farmville, and Orange), further contributing to declining home visiting services in some of our most under-resourced communities.

Local programs do report a number of areas of improvement that indicate statewide investment in critical infrastructure supports like workforce development, systems building and continuous quality improvement efforts are paying off. Over the last year, programs reported increases in the number of pregnant women enrolling in services along with significant increases in workforce. Both trends are particularly important to addressing key statewide priorities to improve maternal and infant health and expand access to home visiting.

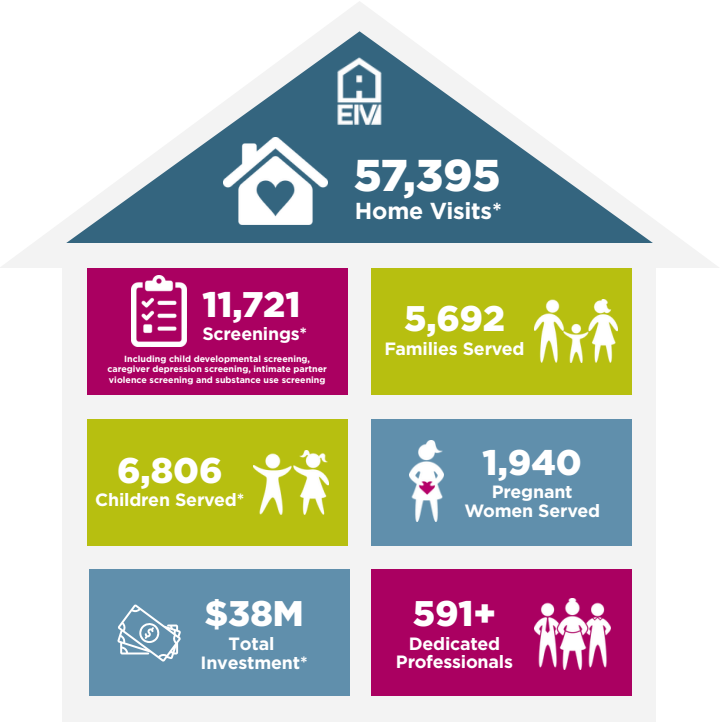
Despite the proven benefits of home visiting, programs across the Commonwealth reach only a fraction of at-risk children ages 0–5 in low-income households. This gap highlights the need for Early Impact Virginia to lead coordinated efforts with partners to identify, advance and advocate for strategies that expand access to home visiting services, particularly in communities where unmet needs are greatest.



Using this data to guide system-level planning, resource alignment, and advocacy, **EIV will continue efforts to ensure that more families—especially in newly identified and currently unserved areas—can benefit from the supports provided by home visiting.**

2026 Data Update

Early Impact Virginia (EIV) plays a central role in collecting, analyzing, and translating statewide home visiting data into meaningful insights. Our comprehensive 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 performance benchmarks. Through ongoing analysis, EIV is able to ground continuous quality improvement, program innovation, and policy advocacy with real-time community needs to strengthen the impact of Virginia's home visiting system and ultimately improve outcomes for Virginia families.



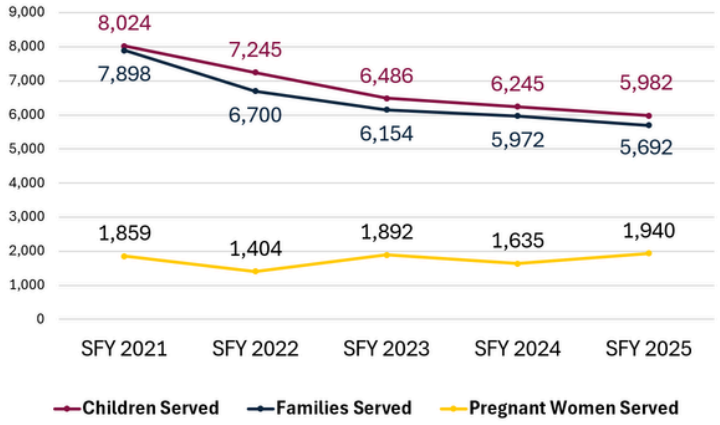
Current State

Each year, EIV collects data directly from local home visiting programs implementing one of the **eight home visiting models** implemented across the Commonwealth: **CHIP, Early Head Start, Family Spirit, Healthy Families, Healthy Start/Loving Steps, Nurse Family Partnership, Parents as Teachers**, and **Resource Mothers**. This data supports EIV to understand the services being delivered, the families being reached, and the opportunities and challenges experienced by local programs and families.

To provide a more complete picture of home visiting and family support services provided across the Commonwealth, EIV partnered with the Virginia Department of Health this year to include **BabyCare** program data. Administered by select local health departments, BabyCare connects pregnant women and children up to age two with support from a nurse and services that may include home visits, parent education, clinical care, and connection to community resources.

Home Visiting service and workforce highlights presented here include data collected between January-February of 2026. Findings include service data from the 2024-2025 state fiscal year (SFY) as well as point-in-time program and workforce data and trends. EIV also tracks five-year trends in service reach, illustrated in the accompanying chart.

Home Visiting Service Reach Trends

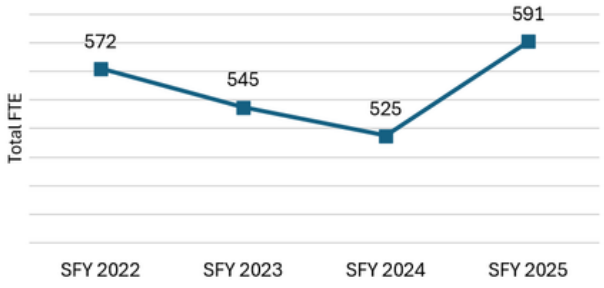


*Data was not available for Family Spirit in SFY 2024

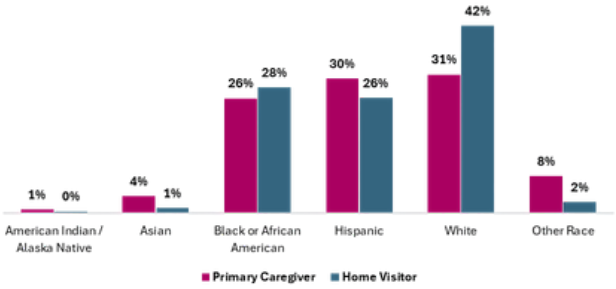
2026 Summary of Virginia Home Visiting Trends

We are excited to report increasing numbers of pregnant women receiving services. Earlier engagement in home visiting programs leads to improved pregnancy, birth and overall health outcomes. Simultaneously, local programs report continued declines in overall number of families and children enrolling in home visiting. This trend that began during the pandemic has continued over the past five years for a number of reasons. Most importantly, issues related to workforce turnover and retention have created significant challenges in family enrollment and retention resulting in year over year declines. For the first time in more than five years, local programs have reported substantial workforce progress-- hiring 66 new home visitors in FY'25 which should translate into a sizable increase in the number of families able to receive services.

Virginia HV Workforce



2026 Comparison of Home Visiting Workforce to Families Served



Annual Data Collection Impact on EIV Activities & Strategic Priorities

Gathering information from all home visiting programs is essential for EIV to understand the needs, successes and challenges experienced across the state. By systematically collecting and analyzing annual survey data across programs, EIV monitors trends over time, identifies emerging opportunities and barriers, and better understands changes in the home visiting landscape. These insights help EIV align strategic activities with emerging and ongoing needs across programs, ensuring that our strategies are relevant and data-driven.

Home Visiting Works!

New Study Finds Positive Outcomes for Families

The 2025 report of the Mother and Infant Home Visiting Program Evaluation (MIHOPE) longitudinal study of the effects of MIECHV-funded home visiting on child and family outcomes published in 2025 re-affirmed that home visiting improves:

- Maternal coping and mental health
- Parenting practices
- Parent/child interactions
- Children's social/emotional functioning in the home
- Safety/reduced violence in the home

Source: Portilla, X. A., et. al. 2025. Beyond the Early Years: The Long-Term Effects of Home Visiting on Mothers, Families, and Children. OPRE Report 2025-052. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

The Funding Landscape

Virginia home visiting has long history of public-private collaboration to successfully leverage limited resources to create a strong network of local programs. 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 and critical for maintaining the basic infrastructure needed for scaled expansion.

In 2026, 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'26, the state investment in home visiting increased slightly as a part of required matching funding through the MIECHV program. In addition, the Virginia Department of Social Services (VDSS) has laid 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 by including Healthy Families, Nurse Family Partnership and Parents as Teachers to the state implementation plan.

Overall investment in local home visiting services totaled approximately $38 million in SFY'26, an increase of nearly 10% in funding supporting local services. Federal funding is by far the greatest source of investment in Virginia program services at $18.8 million, representing 48% of total funding. State general fund dollars make up less than ten percent (10%) of overall funding for home visiting at $4 million. Localities continue to contribute more than a quarter (28%) 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 $5 million (13%) to support local program operations. The following chart illustrates how local communities leverage federal funding to support services for families throughout the Commonwealth.

Funding Sources

SFY 2025

Federal Government Sources Include:

- Maternal Infant and Child Home Visiting (MIECHV)
- Temporary Aid to Needy Families (TANF)
- Healthy Start
- Promoting Safe and Stable Families (PSSF)
- Community Based Child Abuse Prevention (CBCAP)
- Community Development Block Grant (CDBG)
- Title V
- Other Federal Funding

Source	Amount
Federal Government	$18.8M
State Government	$4.0M
Local Government	$10.7M
Private	$2.8M
Third Party	$0.8M
In Kind	$0.8M
Other	$0.7M
Total	$38.6M

State Government Sources Include:

- State General Funds
- Virginia Department of Health
- Virginia Department of Social Services Prevention Grant
- Other State Funding

CERTIFICATE of RECOGNITION

By virtue of the authority vested by the Constitution of Virginia in the Governor of the Commonwealth of Virginia, there is hereby officially recognized:

Home Visiting Week

WHEREAS, the early childhood years represent the most active period of brain development, and a stable, secure relationship with a nurturing and caring adult is essential to the healthy growth of young children; and

WHEREAS, children experience a stronger and healthier start in life when their parents and caregivers have access to supportive resources, yet many families feel unprepared at the beginning of their parenting journey or are unaware of the services available to them; and

WHEREAS, home visiting includes a wide range of programs and models – such as early childhood home visiting and parenting education programs – that provide families with guidance, information, and support; and

WHEREAS, home visiting programs help parents meet the unique needs of their children, promote healthy development, strengthen family relationships, reduce the risk of abuse and neglect, and advance equity by connecting families furthest from opportunity with essential resources; and

WHEREAS, well-trained professionals deliver early childhood home visiting services in ways that honor and respect each family's beliefs, traditions, and cultural practices, ensuring that all families can access information in a manner that supports their dignity and strengths; and

WHEREAS, the Commonwealth of Virginia encourages individuals, families, and organizations to utilize home visiting resources whenever needed to support the health, wellbeing, and success of young children and their caregivers;

NOW, THEREFORE, I, Abigail D. Spanberger, do hereby recognize April 20-26, 2026, as **HOME VISITING WEEK** in the COMMONWEALTH OF VIRGINIA, and I call this observance to the attention of all our citizens.

Governor

Secretary of the Commonwealth

Read the Proclamation

www.governor.virginia.gov/newsroom/proclamations/proclamation-list/home-visiting-week.html

HOME VISITS

Funds key to help families thrive

The path to stronger outcomes for children and families doesn't begin in a classroom or clinic — it begins at home, and home visiting brings the support families need directly to their door.

This week (April 20-24) is National Home Visiting Week, a time to recognize the impact of home visiting and the dedicated professionals who show up every day for our families. In Virginia, we have much to celebrate and a clear opportunity to do more.

LAUREL APARICIO

Home visiting connects pregnant and parenting families with young children with trained professionals who provide personalized support through pregnancy and the early stages of a child's development — all in the safety and comfort of home. The results are clear: Home visiting works. Decades of research show lasting improvements in child development, school readiness, maternal health and positive parenting practices.

Adding to this strong body of evidence, a 2025 national study found that the benefits families experience today continue well into the future — extending five

$4.5 million in federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds. Together, these resources would help to sustain and expand services to reach more families.

As lawmakers reconvened during National Home Visiting Week, it's critical that this funding remains in the final budget.

Behind the numbers are real people. Last year alone, 525 family support professionals conducted more than 55,000 home visits across Virginia. Each visit represents a relationship built on trust and hope — supporting parents, answering questions, easing challenges and celebrating milestones.

Home visitors, of course, are the heartbeat of our work. Through my role, I've had the opportunity to meet some incredible individuals who walk alongside families during those first years, as coaches, educators, cheerleaders and trusted advisers.

As one parent puts it, "My home visitor has had a profound impact on my life and the lives of my children. Not only does she provide essential assistance [....], but she goes above and beyond by creating a sense of family and belonging. Through her compassion and care, she has transformed my previous visitor and family.

Home visitors serve as a vital bridge to other services — helping families access health care, food, housing, child care and early education supports. As these systems become harder to navigate, home visiting brings trusted support directly to the home, connecting families to resources that promote stability and long-term economic mobility. If we are serious about reaching underserved communities, home visiting must be part of the strategy.

And while the data tells a powerful story, it doesn't capture everything. Just as important are the moments that happen in between — when a parent gains confidence, when a baby and caregiver share joy, when laughter fills the room during a learning activity, or when connection begins to replace isolation. These moments matter. Joy matters. And every family deserves the chance to experience them.

Virginia's lawmakers face difficult decisions as they finalize our state's budget later this month. But, this is a clear choice. A modest investment today unlocks millions in new funds and strengthens one of our most effective tools for helping children and families thrive.

Read the Op/Ed

https://static1.squarespace.com/static/5ff0884de13675281090aab6/t/69efb08c44ef0d15835f881f/1777315980975/Funds+key+to+help+families+thrive+-+RTD.jpg

Home Visiting Recognition

National Home Visiting Week

Virginia's home visiting community shined brightly during National Home Visiting Week in April. Co-sponsored by Virginia's own Senator Mark Warner, National Home Visiting Week has quickly become an important opportunity for communities across the country to recognize and celebrate the impact of home visitors and the families they serve.

This year marked a significant milestone for the Commonwealth, as Governor Abigail Spanberger issued Virginia's first-ever National Home Visiting Week Proclamation. Throughout the week, local programs and home visitors highlighted their work through community events, social media campaigns, and local news coverage, bringing greater visibility to the vital role home visiting plays in supporting healthy pregnancies, strong families, and positive outcomes for young children.

Early Impact Virginia 2026

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 Purpose/Goal

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

Our Values

Innovation
We are nimble and move continuously to innovate home visiting.

Collaboration
We seek engagement, advice, and partnership to achieve our shared vision.

Accountability
We hold ourselves accountable for delivering on our commitments.

Listening
We believe family and community voices are essential to growing home visiting.

Equity
We are committed to fostering a home visiting system that is unconditionally inclusive.

Passion
We find joy in our work creating generational change for children and families.

Our Role

Strategic Leadership
Spearhead, steward, and manage progress of Virginia's plan to sustain, strengthen and grow home visiting as a vital early childhood prevention and intervention strategy in communities.

Innovation
Support system innovation, continuous quality improvement, professional development, coaching and coordination across Virginia's home visiting programs to ensure a qualified workforce and high-quality evidence-based and/or best practice services.

Demonstrate Impact
Collect, analyze and report statewide community needs and home visiting data to inform policy, resource allocation and statewide system planning.

Collaboration
Convene home visiting models, state funders and cross-sector early childhood stakeholders and those with lived experience to facilitate alignment, capacity, and collective impact in communities.

Advocate
Educate stakeholders on home visiting services, family support professional careers, home visiting family and community impact, and Virginia's plan to strengthen and grow home visiting.

EIV

9 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.

Families don't experience systems in isolation; they experience them through the people and programs closest to them. What follows is a look at how Early Impact Virginia worked this year to strengthen those connections, across statewide and community leadership and services.

Between July 1, 2025 and June 30, 2026, 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

Partnering for Impact

EIV advances and accelerates the equitable and sustainable growth of maternal, infant and early childhood home visiting in Virginia. The strategic plan sets direction, but partnership is what moves it forward. EIV's work this year depended on a wide network of collaborators, state agencies, local programs, and cross-sector partners alike, each playing a role in advancing these shared goals.

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, an advisory body convened quarterly to provide relevant insights and inform collective work across state level partners within the home visiting and the broader maternal, infant, and early childhood ecosystem. These partners include representatives from home visiting model offices as well as early intervention, preschool special education, infant and early childhood mental health, public health, substance use services, early care and learning, and child welfare. The work of the Alliance is enhanced by targeted workgroups and EIV's Home Visiting Ambassadors program that provide opportunities for provider and family-level voices in planning and systems coordination activities. In 2026, these workgroups included the Sustaining Workforce Action Team and the Systems Coordination and Partnership Development Action Team.

Last year, the EIV team partnered with a consultant to survey and interview Alliance members and help shape the focus and purpose of the work going forward. Through this feedback, the Alliance was consistently praised as an valued forum to learn about partner activities, stay connected across emerging opportunities, and collaboratively navigate changes in the broader landscape that are impacting programs and the families and communities they serve.

To continue to leverage the expertise and experience of Alliance members and align meetings in support of systems-level initiatives, in 2025 a new quarterly schedule was adopted for Alliance meetings:

- **February:** Landscape Review (Federal/State Policy Priorities, Administration Changes)
- **May:** Data Deep Dive (Insights and Discussion Informed by Updated EIV Data)
- **August:** Advocacy (Identifying Opportunities to Continue Building Value for Families)
- **November:** Strategic Planning (Where to Focus Workgroups, New Initiatives Next Year)

Looking ahead, we're continuing to evolve Alliance membership and workgroup focus areas to continue to be responsive to the changing needs of families, communities, and programs and to make sure that key partners are at the table. In 2026 we have established the Coordinated Referral Steering Committee to help kick-start a larger focus on understanding and improving how families learn about and access services. Additionally, we're working to develop infrastructure to support the development and implementation of expanded supports, learning, and resource sharing for home visiting program managers and supervisors in response to feedback from the field.

MIECHV

Early Impact Virginia (EIV) partners with the Virginia Department of Health (VDH) to jointly lead the Commonwealth's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Together, EIV and VDH coordinate home visiting efforts statewide, ensuring consistent, high-quality support for all providers.

Leveraging EIV's legislatively defined role, Virginia continues to strengthen a seamless statewide system that standardizes expectations, reduces administrative burden, and maximizes resources for workforce development and continuous quality improvement.

This year, EIV worked closely with VDH to design and implement a new request for applications (RFA) for MIECHV funding in Virginia. The updated RFA aims to create opportunities for existing MIECHV sites to expand their reach into at-risk communities, while also supporting new sites seeking to participate in the program.

Currently, MIECHV funding supports twenty-one (21) local implementing agencies that collectively serve more than 1,451 at-risk pregnant women and families with young children across 47 communities. In addition, one local agency—Moms CAN with United Way of the Virginia Peninsula—receives funding to implement behavioral-health-risk–integrated centralized intake services in Hampton and Newport News, and provides support for these services in seven additional Eastern Virginia communities, as needed.

96%	11%	10%	16%	10%
Low Income	Pregnant Below Age 21	Children with Developmental Delay	History of Child Abuse/Neglect	History of Substance Abuse

MIECHV Performance Measures 2025

MIECHV grantees must demonstrate measurable improvement in outcomes for eligible families across at least four of the six required benchmark areas. These areas include improved maternal and newborn health; prevention of child injuries, abuse, neglect, or maltreatment, and reductions in emergency department visits; enhanced school readiness and academic achievement; reductions in crime or domestic violence; increased family economic self-sufficiency; and strengthened coordination of, and referrals to, community resources and supports.

This chart highlights Virginia's MIECHV benchmark data for 2025, with the green highlight representing measures where Virginia saw improvements from 2024 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.

Preterm Birth	**9.6%**
Breastfeeding	**33.1%**
Depression Screening	**67.2%**
Well Child Visit	**66.4%**
Postpartum Care	**66.2%**
Tobacco Cessation Referrals	**74.2%**
Safe Sleep	**57.1%**
Child Injury	**0.02%**
Child Maltreatment	**1.6%**
Parent Child Interaction	**62.8%**
Early Language and Literacy Activities	**81.5%**
Developmental Screening	**65.0%**
Behavioral Concern Inquiries	**90.7%**
Intimate Partner Violence Screening	**70.7%**
Primary Caregiver Education	**14.9%**
Continuity of Insurance Coverage	**64.1%**
Completed Depression Referrals	**56.4%**
Completed Developmental Referrals	**86.4%**
Intimate Partner Violence Referrals	**29.6%**

Innovation Spotlight

Responding to the growing needs of families and the limited resources available in many communities, the Virginia MIECHV team invited local programs to reimagine how they deliver services to reach more families. Embracing technology and the evolving nature of work in the post-pandemic era, home visiting leaders encouraged programs to design innovative staffing models and build new partnerships to serve communities previously out of reach.

Healthy Families at ReadyKids rose to the challenge—answering the call with creativity, collaboration, and a commitment to expanding access in rural communities.

Healthy Families at ReadyKids, based in Charlottesville, is a long-standing community program originally serving families in Charlottesville and Albemarle County. Surrounded by rural areas with limited access to home-visiting or other support services for young families, the team has always looked for ways to expand support for new parents and child

When new MIECHV funding became available in 2021, they saw an opportunity to innovate —by launching remote home visiting. The program began with one home visitor serving Nelson County. In 2024, the team expanded again, adding another home visitor to meet the growing need in Nelson County and extending services into Buckingham County.

Building on lessons learned during the pandemic, the team created a new service model that promotes better work-life balance for staff while strengthening community connections through team members who live and work locally.

To say that they have successfully implemented this new approach would be an understatement. Where others may see barriers, the Healthy Families team saw opportunity. Shannon O'Neill, Healthy Families Program Manager, credits their success to three key factors:

1 Organizational Commitment

ReadyKids is a strong, stable organization that fully lives into its mission -- providing steady stewardship and the support needed to explore new approaches and take on new challenges.

2 Visionary Leadership

Sarah Carter, if you know, you know! As Program Director, Sarah's energy and vision are unmatched. Passionate, highly organized, and driven by purpose, she turns ideas into action and has brought this work to life through her unwavering commitment to expanding access.

3 Teamwork and Trust

A culture of collaboration and trust has been essential in creating an environment that supports creativity and **intentionally** builds strong connection across all team members, whether based in the Charlottesville office or working remotely.

While the team has been very successful, Shannon notes that each community is unique, and building trust, especially in rural areas, takes time and attention. Having a home visitor who lives in the community has been crucial. "It's not an outsider coming in," Shannon explains. "It's someone who lives there, understands the history, and truly knows the community."

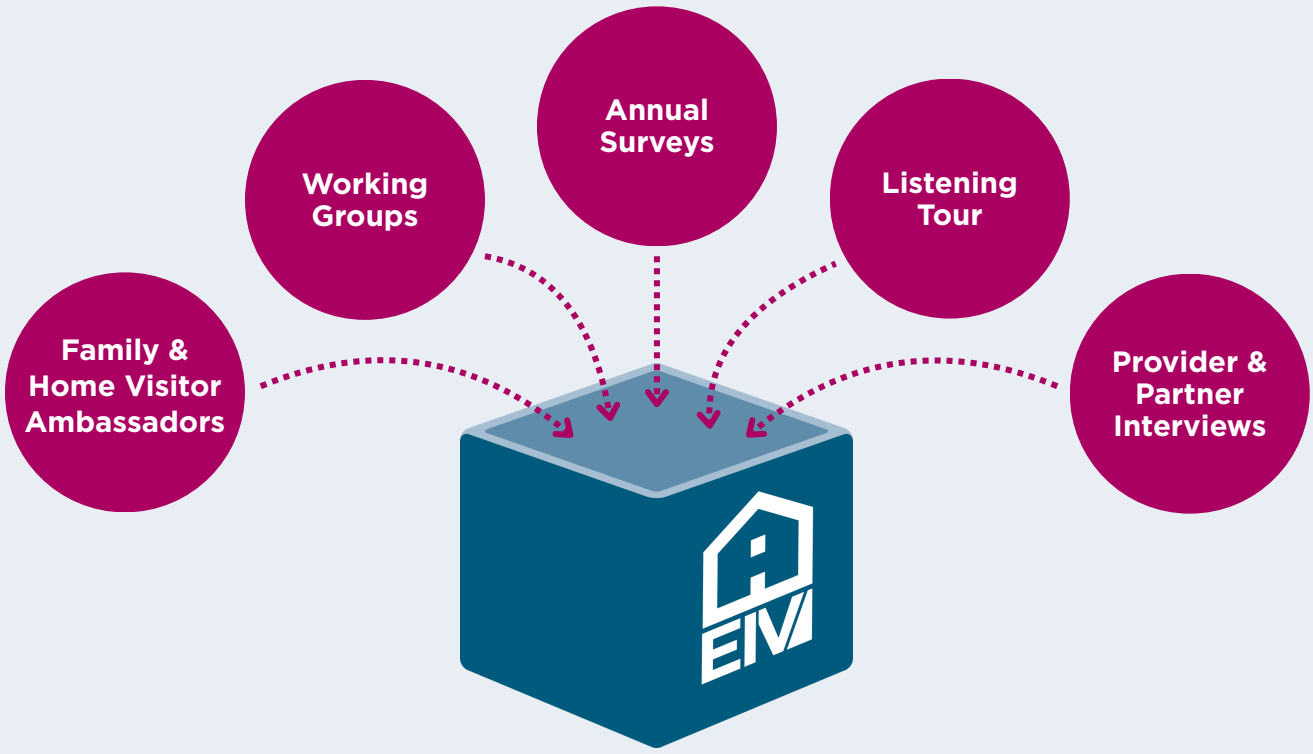
Another key to success has been partnering with trusted community *champions*--people already doing work--who can help open doors, build relationships and strengthen community connection.

Healthy Families

Thank you to the amazing ReadyKids team for turning this vision into reality and continuing to strengthen and support families every day.

Understanding Local Strengths, Needs, and Opportunities

Early Impact Virginia plays a unique role in identifying emerging needs, elevating local innovations, and connecting lessons learned across programs, communities, and systems. No single source provides a complete picture of the home visiting landscape. Instead, EIV intentionally gathers information through multiple complementary activities—including annual statewide surveys, continuous quality improvement (CQI) initiatives, listening visits, family and provider engagement, cross-sector partnerships, and targeted referral system assessments—to understand both the challenges facing local programs and the opportunities for statewide action.



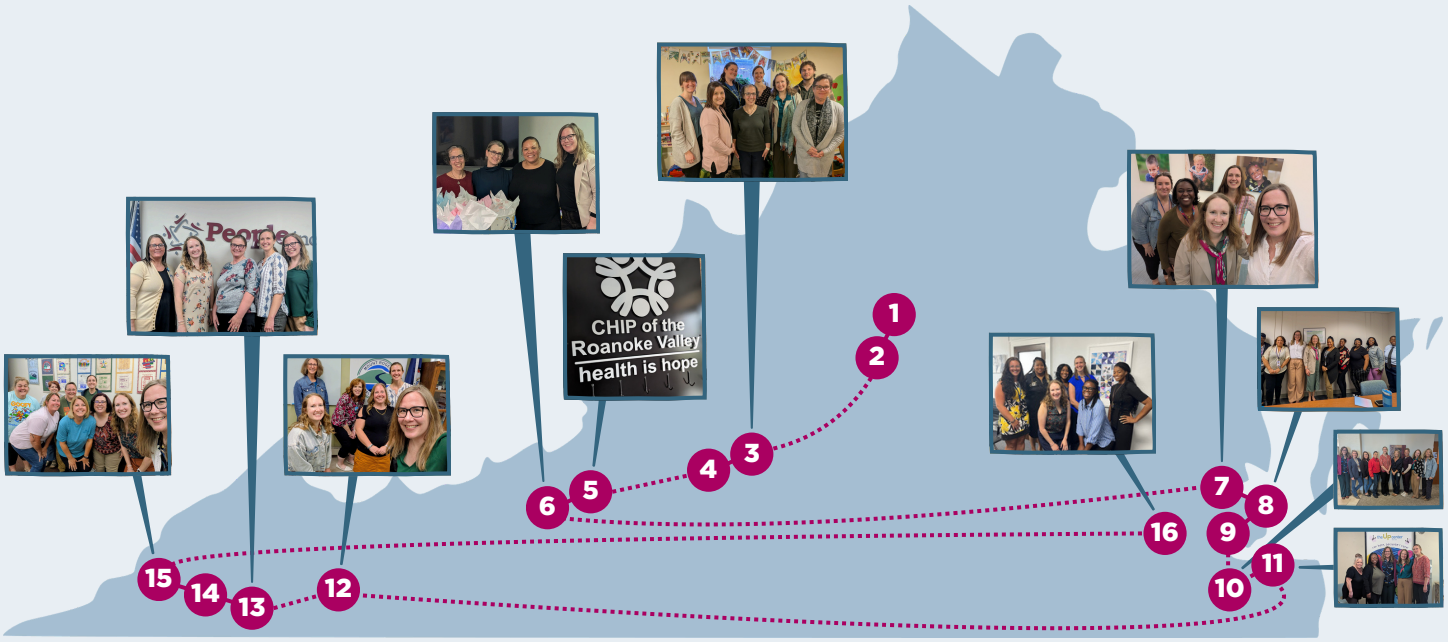
Annual surveys provide a broad view of trends across Virginia's home visiting system, helping EIV monitor changes over time, identify emerging opportunities and barriers, and align strategic priorities with the evolving needs of local programs. One of the most consistent findings over the past several years has been the challenge of maintaining public awareness and strong referral relationships to successfully engage families. Programs continue to report that most referrals originate through hospitals, health departments, WIC, and departments of social services, yet many referral processes remain dependent on individual relationships rather than embedded organizational workflows. Maintaining those partnerships requires significant time and local capacity, creating an ongoing burden for programs while contributing to inconsistent access for families across communities.

Recognizing that survey data alone cannot explain why these challenges exist—or how they might be addressed—EIV intentionally pairs statewide data with deeper engagement activities that provide context, identify promising practices, and validate findings across multiple perspectives.

Top Challenges Identified by Local Providers

- **Public Awareness**
- **Maintaining Referral Relationships**
- **Family Engagement**
- **Staffing**
- **Administrative Burden**
- **Data Systems**

Listening and Learning Tour 2026



1. Child Health Partnership, Charlottesville
2. Blue Ridge Health Department
3. HumanKind
4. Central Virginia Health District
5. CHIP of Roanoke Valley
6. Roanoke Healthy Families
7. Child Development Resources
8. Newport News Parents as Teachers
9. Peninsula Health Department
10. Western Tidewater Nurse Family Partnership
11. The UP Center
12. Mount Rogers Health Department
13. People Inc.
14. Cumberland Plateau & Lenowisco Health Department
15. Mountain Empire
16. Hopewell Healthy Families & Loving Steps

Listening to the Field: Learning Directly from Local Programs

In February 2026, EIV launched a statewide listening and learning tour to better understand the opportunities, challenges, and innovations shaping home visiting across Virginia. Through conversations with sixteen programs representing multiple program models and geographic regions, EIV sought to learn directly from the staff and leaders working most closely with families. The tour will continue into the new year to ensure that the wide variety of experiences and needs are fully integrated into future planning and investments.

The visits reinforced the extraordinary commitment and adaptability of Virginia's home visiting system. Programs described rebuilding referral relationships post-pandemic with hospitals and WIC offices, developing creative community outreach strategies, meeting families in trusted settings such as libraries and grocery stores, leveraging virtual engagement, and strengthening partnerships that connect families to broader networks of support. These conversations also highlighted the expertise and dedication of home visitors, whose trusted relationships remain one of the field's greatest strengths.

While each community's experience was unique, common themes consistently emerged across regions. Programs reported increasing complexity in family needs, including housing instability, transportation barriers, financial stress, and behavioral health concerns. Many also described persistent misconceptions about home visiting, noting that some families continue to associate services with child welfare involvement. Referral systems frequently relied on longstanding personal relationships that were vulnerable to staff turnover, while fragmented systems and inconsistent messaging made it difficult for referral partners to understand which program best met a family's needs. Programs also identified broader structural challenges—including reporting requirements, data systems, geographic eligibility, and funding uncertainty—that influence their ability to serve families effectively.

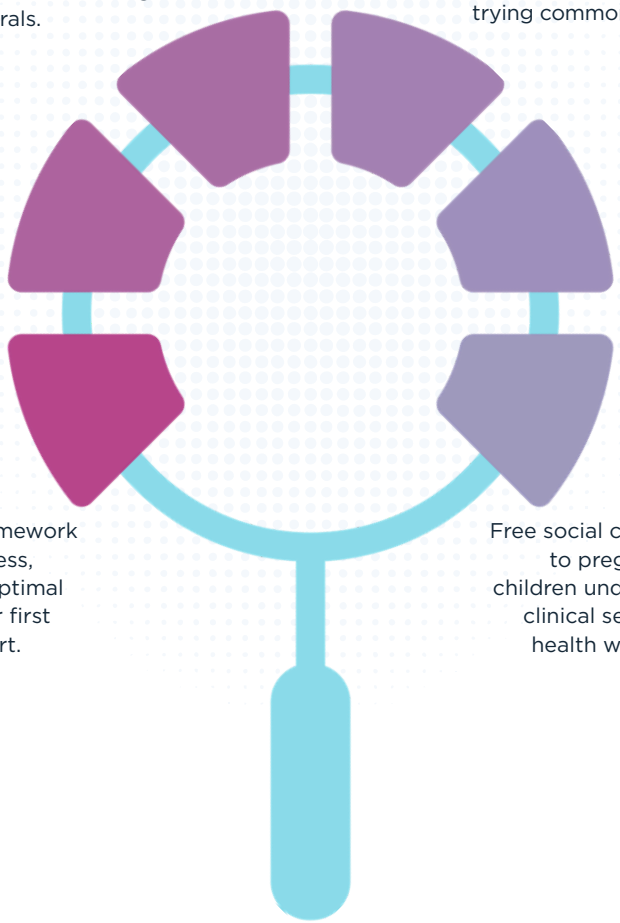
Just as importantly, the listening tour identified numerous bright spots that demonstrate what is possible when communities intentionally invest in collaboration, including examples of:

- Integrated service delivery
- Coordinated referral models
- Workforce innovations
- Cross-sector partnerships that improve access to services

These successes now provide practical models that can be shared and adapted across Virginia and remind us that the best solutions are developed alongside the communities, programs and families they are intended to serve.

System Coordination

PARTS OF THE SYSTEM THAT WE LOOKED AT MORE CLOSELY



Early Intervention/ Part C

Overview of EI program structure, eligibilty, workforce challenges and referrals.

EIV Coordinated Outreach and Referral

Shared connection points with overlapping workforce with Baby Care and CHWs and trying common referral form

Urban Baby Beginnings

UBB shared their pregnancy and early parenting care coordination services and diaper bank.

Sentara Health *Welcoming Baby*

Provides maternal and child health outreach services to Medicaid members.

VDH - Title V & *Baby Care*

Title V shared their framework and focus areas of access, capacity, impact and optimal health. Presented their first annual Baby Care report.

Ballad Health *Strong Starts*

Free social care navigation services to pregnant and caregivers of children under age 5. Embedded in clinical settings with community health workers helping connect families to resources..

Validating Findings Through Families and Cross-Sector Partnerships

The listening tour represented one component of a broader engagement strategy designed to ensure statewide priorities are informed by multiple perspectives. Throughout the year, EIV continued convening the **Systems Coordination and Partnership Development Action Team**, bringing together representatives from state agencies, health systems, higher education, community organizations, and maternal and child health initiatives to better understand the full continuum of supports available to pregnant people and families with young children. Rather than focusing solely on home visiting, the Action Team explored how programs such as Title V, BabyCare, Early Intervention, community health workers, managed care organizations, hospital-based services, and community-based family supports intersect—and where stronger coordination could improve family access and system efficiency.

Families benefit most when systems work together

These discussions expanded understanding of the broader maternal and child health workforce while reinforcing a common conclusion emerging from local programs: families experience systems as a whole, not as individual programs. Whether support comes from a home visitor, community health worker, doula, care coordinator, or another trusted professional, families benefit most when organizations work together through coordinated, family-centered systems rather than isolated services.

Systems Coordination & Partnership Development Action Team Members

- Virginia Department of Health (VDH)
- Virginia Department of Behavioral Health and Development (VDBHDS)
- Virginia Commonwealth University (VCU)
- Ready Regions/Thrive Birth to Five
- Postpartum Support Virginia (PSVa)
- Families Forward (FF)
- Virginia Community Health Workers Association (VACHWA)
- Virginia Public Media (VPM), Urban Baby Beginnings (UBB)
- Virginia Neonatal Perinatal Collaborative (VNPC)
- Virginia Department of Social Services (VDSS)
- Virginia Hospital & Healthcare Association (VHHA)

EIV also strengthened opportunities for direct family and provider engagement by redesigning its Home Visitor and Family Expert Panels into a new **Home Visiting Ambassador Program**. The inaugural cohort includes both home visiting professionals and participating families representing multiple home visiting models, diverse communities, and geographic regions across Virginia. Ambassadors provide an ongoing mechanism for elevating lived experience, identifying emerging issues, testing communication strategies, and strengthening public understanding of home visiting through trusted local voices.

EIV Home Visiting Ambassadors

Together, these engagement strategies allow EIV to continuously validate findings, identify statewide trends, and ensure that strategic priorities reflect the experiences of families, providers, and partners alike.

Systems Building

The findings from annual surveys, CQI initiatives, listening visits, Action Team initiatives and engagement with families and local home visiting experts consistently pointed toward the same conclusion: Virginia's home visiting programs are strong, but families continue to experience fragmented referral pathways and inconsistent access depending on where they live. These converging findings shaped one of EIV's major strategic priorities for the year—strengthening coordinated referral systems that build upon local relationships while creating more consistent, equitable pathways to services across the Commonwealth.

Why Coordinated Referrals Matter

Building a More Coordinated Referral System

The findings described throughout this section made clear that improving family access requires more than strengthening individual programs—it requires strengthening the systems that connect families to services. Families often interact with multiple organizations during pregnancy and early childhood, including hospitals, obstetric and pediatric providers, WIC offices, local health departments, community-based organizations, and home visiting programs. Without intentional coordination, referrals can be delayed, duplicated, or missed altogether, leaving families to navigate a complex network of services on their own.

A coordinated referral approach creates a "no wrong door" experience, helping families connect to the right services at the right time while reducing the burden on providers who may not know every available program in their community. Rather than replacing successful local approaches, EIV has focused on identifying what is already working, understanding where gaps remain, and creating infrastructure that supports greater consistency across the Commonwealth.

Communities across Virginia are already demonstrating what effective coordination can look like. In Norfolk, partners have developed coordinated referral processes that improve communication and support referral decision-making across multiple home visiting programs. In the Peninsula and Hampton Health Districts, long-standing partnerships between health departments and local home visiting organizations have strengthened collaboration and alignment across maternal and child health services. These examples reinforce an important lesson that has guided EIV's work throughout the year: successful referral systems depend on both trusted relationships and intentional infrastructure.

To better understand the statewide landscape, EIV expanded its capacity by creating a **Community Engagement Manager** position focused on outreach, partnerships, and coordinated referral efforts. Additionally, EIV conducted interviews with outreach staff, home visiting leaders, and community partners representing ten home visiting programs, six evidence-based models, and ten health districts. These conversations explored how referrals are generated, where local approaches are succeeding, and what barriers continue to limit family access.

Learning from Community Experts

10 Interviews / **14** People

6 Home Visiting Models Represented (HF, PAT, NFP, LS, CHIP, RM)

10 Regions Represented: Lenowisco, Blue Ridge, New River, Central Shenandoah, Lord Fairfax, Loudoun, Fairfax, Norfolk, Crater, Central

While communities have developed creative local solutions, the assessment revealed a referral system that remains highly relationship-driven but structurally fragmented. Programs receive referrals through multiple channels—including web forms, email, phone, fax, and paper forms—and digital intake capacity varies considerably across the state. Although hospitals, obstetric providers, and self-referrals remain the primary referral sources, there is no standardized referral pathway or shared infrastructure connecting programs. As a result, referral practices, enrollment rates, and family experiences vary significantly from one community to another.

Perhaps most importantly, these conversations confirmed that Virginia's challenge is not a lack of referrals, but the absence of a coordinated system for routing and connecting families to the most appropriate services. Existing referral platforms remain underutilized, referral-to-enrollment rates vary widely—with consistent drop-off occurring between initial referral, family contact and enrollment-- and programs continue to invest substantial staff time maintaining local referral relationships. These findings reinforced the opportunity to improve efficiency, reduce provider burden, and expand equitable access by strengthening statewide coordination rather than creating additional parallel systems.

Building on these findings, EIV developed a **Coordinated Referral Steering Committee**, bringing together home visiting model leaders and maternal and child health partners to guide development of more equitable, family-centered referral pathways. The Steering Committee reviewed statewide referral data, examined regional variation, identified opportunities for greater coordination, and explored strategies for balancing streamlined referral processes with ongoing education about home visiting.

One key takeaway emerged repeatedly: technology and referral tools alone cannot solve referral challenges. Sustainable systems require continued relationship-building, shared understanding of the value and role of home visiting and other maternal and early childhood services, and ongoing engagement among referral partners.

Across Virginia, home visiting programs continue to cultivate trusted partnerships with hospitals, WIC offices, healthcare providers, and community organizations. At the same time, many referral networks rely heavily on individual champions, making them vulnerable to staff turnover and organizational change. *Long-term success will require preserving those trusted relationships while creating shared processes and infrastructure that make coordination more consistent and sustainable across communities.*

Coordinated Referral Foundational Principles

- **Community-Driven and Collaborative:** Design and implementation will be rooted in local input and done *with* partners, not *to* partners.
- **Fill Gaps, Not Replace Success:** CI strengthens and complements existing systems rather than duplicating or disrupting what works well.
- **Adapt to Regional Contexts:** There is no one-size-fits-all solution; CI approaches will reflect unique community needs and resources.
- **Streamlined, No-Wrong-Door Referral Pathways:** Families can enter through any door and still be connected quickly and efficiently to the right services.
- **Family-Centered and Equity-Driven:** The best interest of families is our north star. CI systems will prioritize family choice, respect preferences, and ensure equitable access to services.
- **Transparency and Continuous Improvement:** Data will be shared openly and used to refine CI processes and strengthen outcomes over time.
- **Inclusive of Providers:** CI systems will incorporate all relevant programs, regardless of funding source, to maximize options for families.
- **Coordinated Outreach:** Partners will work collectively to raise awareness of home visiting and related services, broadening the pool of eligible families.

As a starting point, EIV began testing new access points for families and providers. A Home Visiting Interest Form launched on EIV's website to connect families directly with available services, and a common referral form was piloted with maternal and child health partners, including VMAP, BabyCare, community health workers, and managed care organizations. Initial referrals were routed through existing regional referral hubs, allowing EIV to build on local infrastructure while identifying opportunities to strengthen coordination in areas where referral networks remain limited.

Looking ahead, EIV will continue building the infrastructure needed to strengthen coordinated referrals statewide. Priorities include supporting regional referral coalitions, developing shared outreach resources, launching a Community of Practice for outreach and referral professionals, expanding statewide referral data collection, and continuing to test strategies that improve coordination while preserving the local relationships that remain at the heart of family engagement. By strengthening both relationships and systems, EIV aims to help create a more connected maternal and child health network where every family can access the right support, regardless of where they first enter the system.





Workforce Development

Coordinated systems and strong referral pathways still rely on someone showing up at the door. Behind every successful partnership is a home visitor doing the relationship-building that makes it work, which is why investing in that workforce remained a priority this year. Early Impact Virginia continues to advance its mission by equipping Family Support Professionals with the comprehensive resources needed to foster meaningful and sustained professional growth. Over the past year, this commitment has been demonstrated through the implementation of several strategic initiatives designed to strengthen workforce capacity and elevate practice across the statewide network. These initiatives include:

- **Classroom-based professional training opportunities** that build foundational knowledge and enhance practice skills.
- **Reflective Supervision Learning Communities** aimed at strengthening supervisory practice and supporting workforce well-being.
- **Competency-based professional development offerings**, delivered through a blend of live instruction and online learning modules to provide flexible, accessible learning pathways.

Classroom Training

Early Impact Virginia training courses 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 25-26, EIV offered **19 advanced and skill-experiential live trainings totaling 73 hours to 316 participants** on the following topics:

- Adult Mental Health Learning Lab
- Trauma 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
- Working with Pregnant and Parenting Teens
- Mothers and Babies

Community Conversations

- Community Conversation Supporting Pregnant and Parenting Teenagers
- Breaking the Silence: A community conversation on Intimate Partner Violence
- Supporting Families Through Grief and Loss
- Real Talk: Understanding the Impact of Substance Use on Families
- Supporting Perinatal Mental Health

Feedback from Evaluations

Engaging
"I found the training it both informative and relatable."

Experienced Trainers
"I appreciate that the instructor had a lot of experience in topic."

Tangible Tools
"The tools provided were super helpful and made for a more organic conversation than I expected."

Challenges and Opportunities

To remain responsive to the evolving needs of the field, this year we expanded our professional development offerings to include a series of community conversations focused on key issues facing early childhood home visiting. These sessions provide opportunities for shared learning through presentations from subject matter experts paired with facilitated discussions among participants. The smaller group format encourages participants to reflect on their own experiences, exchange strategies, and explore alternative approaches that may better support families receiving home visiting services.

Feedback on this expansion has been overwhelmingly positive. Community conversation sessions have reached full capacity, often with waiting lists, indicating strong interest and value for the network.

Moving forward, we will continue to offer and refine these community conversations, broadening the range of topics and increasing the number of sessions to best meet the needs of our statewide network.

Supervisor Support

Reflective Supervision Learning Communities

Strong, well-supported supervisors are essential to the effectiveness of any home visiting program. While they provide daily guidance, coaching, and stability for home visitors, comparable support structures for supervisors themselves have not always been consistently available.

Reflective Supervision remains a cornerstone of high-quality practice and professional development across the early childhood and home visiting fields. When implemented effectively, it strengthens the supervisory relationship, enhances staff competencies, mitigates burnout and vicarious trauma, and ultimately contributes to the delivery of high-quality, family-centered services.

This year, Early Impact VA:

- Completed 15-month Reflective Supervision 2.0 learning community with the graduation of 10 reflective supervisors.
- Delivered 3 Reflective Supervision 3.0 virtual connection sessions for seasoned early childhood home visiting reflective supervisors.

Competency-Based Professional Development Trainings - The Institute

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 continues to support 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 100 e-learning modules, available at no cost and accessible regardless of the provider's location.**

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)**

With a nationwide user base of over 55,000 Family Support Professionals, including 7,487 registered Virginia learners, the Institute has become the major source of competency based professional development for the field. Over the last year, Virginia learners completed 3,469 competency-based training modules.

In Virginia, home visiting partner organizations have long relied on EIV e-learning to advance their professional development needs: last year alone, 630 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 (15.7%), early childhood educators (19.4%) and social workers (13.1%).

Home Visiting Leadership Summit

Home visitors don't do this work alone; they're shaped by the supervisors and leaders who guide them day to day. This year, EIV turned its attention to strengthening that layer of support directly. EIV hosted its inaugural Leadership Summit, Insights to Impact, bringing together home visiting directors, program managers, and supervisors from across Virginia for two days of collaboration, professional development, and networking. The event began with a Finance and Budget pre-summit meeting, providing leaders with an opportunity to discuss fiscal priorities and program sustainability. The summit continued with an interactive leadership development experience centered on the Insights Inventory assessment, equipping participants with tools to better understand communication styles, strengthen team dynamics, and enhance leadership effectiveness. Attendees also heard from a dynamic speaker who shared their personal leadership journey, inspiring participants to reflect on their own growth and impact within Virginia's home visiting system.

By the Numbers

11
Advanced Learning Workshop Offerings

2
Interactive General Sessions

100+
Registered Leaders + Assessments Taken

Key Takeaways from Summit Participants

"Leadership is a journey not a destination!!!

"How to create conditions for staff to thrive and how to help them succeed"

"Strategies to focus on staff strengths while leading with intention and clear direction"

"How to use curiosity when having difficult conversations"

Challenges and Opportunities

Historically, professional development and support for program leadership have been limited, and feedback from the field has consistently indicated that additional, targeted support is needed. A central challenge has been identifying the specific needs and priorities of leaders and determining the most effective strategies to address them. Expanding leadership support has therefore become a primary focus of our work this year.

Strong programs rely on strong leadership, and this renewed emphasis has been welcomed across our network of home visiting programs. Our efforts moved beyond supporting supervisors solely through reflective supervision skill development and instead broadened to include more comprehensive support for program leaders. These supports were designed to address the day-to-day operational challenges leaders face and to strengthen their capacity to guide high-quality home visiting services.

A key component of this work has been creating opportunities for shared learning, cross-program collaboration, and connections with leaders in other human service sectors. This cross-sector approach has enriched the learning environment and expanded the perspectives available to program leaders.

In addition, we piloted new initiatives in partnership with Early Intervention to build stronger, integrated supports for supervisors across both networks. This collaborative work will continue to inform our approach as we further develop leadership support in the coming year.

Continuous Quality Improvement

Good leadership creates room for honest reflection, and honest reflection is where real improvement starts. EIV's continuous quality improvement work this year built on that foundation to sharpen service delivery across the state. 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 5 Learning Community sessions and 210 individual coaching sessions, totaling 68 hours of continuous quality improvement support to the early childhood home visiting network.

This year, Virginia implemented two statewide Continuous Quality Improvement (CQI) initiatives to strengthen the effectiveness and capacity of home visiting programs. The first initiative focused on enhancing program capacity to increase the number of families served across the Commonwealth. This project examined two critical drivers of capacity: staff engagement and retention, and family engagement and retention. Participating programs tested a range of strategies addressing challenges such as prolonged staff vacancies, limited referral partnerships, and barriers to sustained family participation in services. Through this initiative, sites identified key operational challenges and adopted evidence-informed strategies that improved their ability to meet service demand during the project period and positioned them for continued progress.

During the second half of the year, programs were provided with the opportunity to direct their CQI efforts toward areas of service delivery where they experienced specific operational challenges. For some sites, this work represented a continuation of their capacity-building efforts, allowing them to further refine strategies to support staff stability and family engagement. Other programs selected priority areas aligned with their local needs, including improving education and resources related to safe sleep practices, strengthening referral pathways to maternal mental health resources, and enhancing family goal-planning processes. These targeted CQI efforts supported programs in addressing community-specific needs while advancing statewide priorities for quality and consistency in home visiting services.

Key Learning

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EARLY IMPACT VIRGINIA | MIECHV

2025 MIECHV CONTINUOUS QUALITY IMPROVEMENT FOCUS:

Overcoming Program Capacity Challenges to Increase Families Served

To support Virginia's goal of maximizing the number of families served through MIECHV home visiting programs, Early Impact Virginia (EIV) led a targeted CQI initiative from June–November 2025 focused on strengthening referral systems, improving family engagement and retention, and optimizing staffing. Using the Plan-Do-Study-Act quality improvement approach, project sites tested changes, reviewed data, and refined their strategies to increase the number of families served while maintaining high-quality services.

Essential to any effort to expand services to more families is a commitment to thoughtful, sustainable growth that preserves the quality and consistency of home visiting services. Achieving our full home visiting caseload capacity enables local programs to extend services to more families while upholding the high standards that define evidence-based programs. At the beginning of the project in June 2025, MIECHV-funded programs served 1,011 families. At the end of this targeted CQI project, this number increased to 1,109 families served in November 2025. As of March 2026, MIECHV-funded programs were serving 1,170 families continuing the upward trajectory of successfully connecting with and retaining families with MIECHV evidence-based home visiting programs.

EIV staff worked with participating programs through monthly 1:1 CQI coaching calls to provide timely, tailored support along with facilitating quarterly learning community calls enabling information sharing and collaborative discussions to help amplify impact. Throughout this work, EIV also engaged community resources and referral platforms including 211, Bridges to Resources, and VDH's WIC program tied to project goals of serving more families, increasing awareness of home visiting programs, and strengthening partnerships across available services.

Key Outcomes

Ongoing increases in the number of families served throughout and following the project period (1,011 in June 2025 and 1,170 in March 2026)

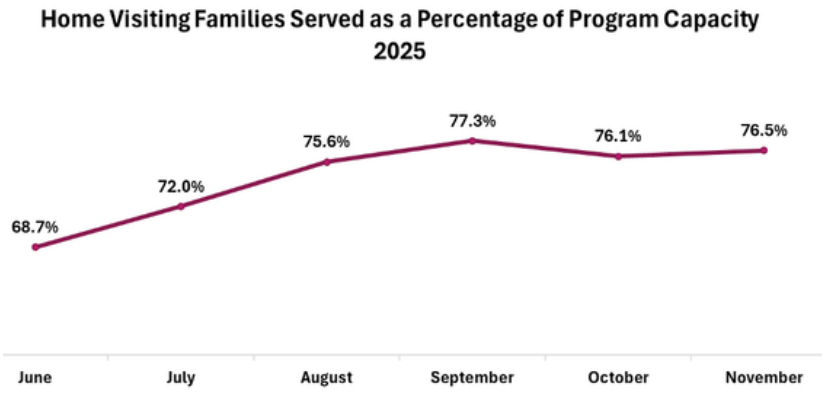
Timelier program-level responses to emerging challenges impacting the number of families served for programs across the Commonwealth

More tailored guidance through the monthly coaching approach to provide support when it is most impactful and increased consistency and reinforcement of best practices

71% of respondents rated monthly coaching calls as very or extremely helpful (compared to 48% for learning community webinars)

Capacity Project Data Highlights

A total of **21 home visiting programs** participated in the CQI project with a combined maximum caseload capacity of **1,449 families** (determined based on model-specified caseload sizes). This chart shows the combined number of families served as a percentage of the total maximum capacity each month throughout the project.



Successful Strategies Across Programs

Outreach & Referrals

Referral incentive: Use of a referral incentive enabled expansion to a rural area with limited community partners and increased outreach, enrollment, and retention

Electronic referral system: Use of an online referral application created a new hospital partnership and pipeline for targeted and streamlined referrals

Cross-training: All staff were trained as dual home visitors/assessment workers to help increase support for services to enroll new families into the program

Standardized messaging: Implementation of standardized elevator pitches for community health workers to share more information about home visiting

WIC connection: Outreach staff embedded in WIC clinics enabled weekly engagement with pregnant women

Family Engagement

Updated materials: Role-play exercises led to updating welcome packets and messaging tested across diverse communities.

Warm welcome: Introduction of a "warm welcome" strategy - sending families a team photo and home visitor bio before the pre-enrollment visit.

Staff Recruitment & Retention

Hiring videos: Sharing home visit videos with job candidates supported informed hiring and clarified expectations.

Staff and family well-being: Creating resiliency kits for staff to support retention and well-being - kits were later shared with families as well.

Lessons Learned and Considerations

Service Expansion

Entering areas without established relationships with referral partners as well as a lack of public awareness about home visiting requires more time and resources to build a steady pipeline of families seeking services. Additionally, smaller or more rural communities lack the robust infrastructure found in more densely populated areas, creating additional barriers to outreach, coordination, and enrollment. As a result, targeted outreach strategies and longer timelines to invest in relationship building and communication are especially critical.

Workforce

Successful expansion is often dependent on system-wide engagement and shared responsibility for outreach, recruitment, and referrals. Program expansion requires thoughtful planning inclusive of dedicated staff and organizational support at all levels. Additionally, we know that workforce retention is a critical factor in sustained family engagement so additional consideration is needed to balance the dynamic and evolving demands on programs working to connect with and serve more families.

Data

Improved data availability enables more informed decision-making and supports broader planning and system level initiatives. Access to comprehensive capacity data has been limited, and previous reporting did not provide a full picture.

Next Steps

Recognizing the importance of maintaining caseload capacity, EIV will continue to check-in with programs as an ongoing component of future CQI projects and track and share progress and success stories as well as troubleshoot ongoing challenges.

Opportunities

Building on the success of our expanded approach to Continuous Quality Improvement and the individualized coaching provided to sites, we will continue offering monthly coaching sessions in the coming year. In addition, we will participate in a national initiative aimed at strengthening breastfeeding support for families served through Maternal, Infant, and Early Childhood Home Visiting (MIECHV)–funded programs. This collaboration will allow Virginia sites to connect with programs across the country and learn from improvement strategies developed by national leaders.

Participation in this project will enable us to deepen our focus on breastfeeding, an area of practice with well-documented, long-term benefits for maternal and child health. By engaging in this national learning community, we aim to enhance the quality and consistency of breastfeeding support across our network and further strengthen outcomes for the families we serve.

Communications and Public Awareness

EIV communications support system-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 frontline 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.

Over the last year, EIV has worked to test new strategies to build broader public awareness of home visiting among parents through targeted social media campaigns.

Improving services from the inside only goes so far if families never hear about them. EIV's communications work this year focused on closing that gap, helping more families find their way to the support already available to them. EIV communications supported system-wide training promotion, focus group recruitment, conference promotion, and ongoing system updates throughout the year. Communications were segmented to ensure relevance, with tailored content for supervisors, general audiences, and engaged practitioners.

56,000+
Website Views

32
Newsletters Sharing Home Visiting Updates, Events and Opportunities

4,500+
Monthly Newsletter and Email Subscribers

This year, EIV also began sharpening its approach to reach communities where home visiting remains underutilized or underrepresented, recognizing that broad statewide messaging alone cannot close persistent gaps in awareness and access. Rather than relying on a single, static strategy, EIV adopted a more agile communications posture, monitoring performance in real time and adjusting messaging, channels, and targeting as campaigns unfolded to keep communications as effective as possible.

As an example of this approach, EIV piloted a partnership with Lantern to test targeted text messaging as a tool for reaching expectant parents and families with young children directly. These strategies reflect a broader shift in EIV's approach: moving beyond simply raising visibility for home visiting as a concept, toward more precisely connecting families and communities with the specific home visiting services available where they live.

Paid Social Campaign: Meeting Families Where They Are

Early Impact Virginia ran a sustained paid social media campaign throughout the spring of 2026 to build broader public awareness of home visiting among Virginia parents and families. The campaign targeted four areas of the state where local program leaders requested additional support to build community awareness and drive referrals, including Charlottesville, Lynchburg, Big Stone Gap and Williamsburg. The campaign tested a range of creative approaches and messaging to determine what most effectively connects families to the concept of home visiting and, ultimately, to the providers serving their own community.

One creative approach grounded the campaign in a trusted, local face rather than a general statewide message. EIV featured the Director of Healthy Families at HumanKind Central Virginia, serving the Lynchburg area, one of the campaign's targeted regions. Having recently authored a guest column in the Richmond Times-Dispatch's Mother's Day edition, "Every mother deserves support, every baby deserves a healthy start", the campaign featuring a local home visiting expert allowed EIV to draw on a quote from her column and promote her writing and perspective while her Lynchburg location made the message geographically relevant to that targeted audience. This "meet your local home visitor/expert" framing, pairing a recognizable face with messaging audiences could connect to a place, is a tactic EIV intends to test further in future geographically targeted campaigns.

By the Numbers

- From March through June 2026, the paid social campaign generated more than 3.6 million impressions and resulted in over 37,000 clicks to EIV's website, on a total ad investment of roughly $22,000.
- Performance improved steadily over the course of the campaign, with the strongest weeks in mid-May through June, generating more clicks for less ad spend.
- Paid social was consistently the top driver of website traffic throughout the campaign, accounting for 82% to 91% of all website visits in any given week.
- In its first two weeks, the "meet a local expert" creative alone reached more than 90,000 people and generated over 650 clicks, a period in which website visits jumped from about 2,200 to nearly 3,800 users.

What We Learned

This campaign reinforced that helping families discover home visiting only matters if they can also easily find the program serving their own community. Reaching people where they already spend their time is just the first step; the next is helping them connect what they see to a real, local provider nearby. Testing new platforms and formats, like the Lantern text messaging pilot and the "meet a local expert" creative, helped EIV see which approaches most effectively move someone from general awareness to that next, local step.

The results also showed that no single metric tells the whole story. The “meet a local expert” creative drove a notable surge in website traffic even though its click-through rate wasn't higher than the campaign's average, suggesting people engaged directly with content about a real local home visitor rather than clicking through, a meaningful outcome when the goal is building trust in someone families can picture working in their community. Performance also improved steadily as targeting and creative were refined, reinforcing the value of staying agile and adjusting in real time.

The "meet your local home visitor" approach remains especially promising. Pairing a trusted, recognizable face with geographically targeted messaging moves beyond raising general awareness of home visiting and toward something more concrete: helping a family recognize that home visiting is available to them, through someone real, nearby. EIV intends to test this tactic further in future geographically targeted campaigns.

Text Messaging Campaign: Expanding Awareness of Home Visiting

In the fall of 2025, Early Impact Virginia partnered with Lantern to test targeted text messaging as a strategy to increase awareness of home visiting services among expectant parents and families with young children. Four messages with concise, strengths-based language that emphasized support, confidence, and trusted guidance were delivered in English and Spanish. One message reached more than 10,000 families statewide, two messages targeted families living in lower-income zip codes, and one message was customized and co-created with a local home visiting program seeking to increase referrals.

Outcomes

- Reached nearly 20,000 families across Virginia.
- Generated 296 visits to home visiting information and referral webpages.
- The statewide campaign reached 10,183 families and generated 168 webpage visits.
- A locally tailored message developed with a home visiting program achieved a 4.0% click-through rate, outperforming the broader statewide and targeted awareness messages and highlighting the value of community-specific outreach.

What We Learned

This campaign demonstrated that text messaging is a cost-effective strategy for increasing awareness of home visiting and directing families to information and referral resources. We found that locally tailored messages generated stronger engagement than broader awareness campaigns, suggesting that community-specific outreach may be more effective in connecting families to services. Future outreach efforts could explore ways to better connect awareness campaigns with referral and enrollment data to understand families' journeys from initial interest to service participation.

Sustainability

Maximizing MIECHV Funding

Awareness brings families to the door but keeping that door open requires resources. EIV's sustainability efforts this year focused on securing the funding and policy support needed to meet the demand that awareness creates. EIV successfully led a statewide advocacy campaign to secure the state matching funds needed to fully draw down Virginia's federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) allocation to expand evidence-based home visiting services in 'at-risk' communities throughout the Commonwealth.

After the Governor's proposed biennial budget did not include the required 25% state match, home visiting champions mobilized quickly. In response, three Virginia legislators introduced budget amendments to unlock $4.5 million in federal funding for Virginia families. With the required state investment secured, Virginia's MIECHV funding will increase by $6 million over the next two years, strengthening and expanding services for families who need them most. As a result of how Virginia administers its MIECHV grant, home visiting programs will start to more fully experience the increase in funding beginning in the 2027-2028 program year.

This investment reflects Virginia's commitment to giving every child the strongest possible start in life. Home visiting remains one of the Commonwealth's most effective strategies for strengthening families and supporting healthy pregnancies, births, and childhoods. As these resources are implemented, EIV will continue to center the voices of families and communities to ensure this expansion improves access to the supports they need most so that all Virginia children can grow up healthy, safe, and ready to succeed.

Family First Prevention Services

As a part of the ongoing efforts to build and expand access to Title IV-E Prevention Services funds available through the Families First Prevention Services Act, VDSS has worked with stakeholders, including home visiting, to update the Virginia Plan, including 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

This year EIV looks forward to continued work with VDSS to align state infrastructure and support resources necessary to the successful utilization of Title IV-E funds for applicable home visiting services following federal approval that is anticipated later in 2026.

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

Taken together, this year's work tells a consistent story: every initiative, from referrals to workforce to funding, ultimately comes back to the relationships that connect families, providers, and systems across Virginia. Virginia's home visiting system is at an important inflection point. The lessons of this year reaffirm that strengthening outcomes for children and families requires more than expanding individual programs—it requires investing in the statewide infrastructure that connects them. As Early Impact Virginia launches its new strategic plan, our focus will be on accelerating this evolution by strengthening the systems that make high-quality home visiting more accessible, coordinated, and sustainable across the Commonwealth.

Over the next several years, EIV will focus on:

- **Advancing a coordinated statewide system** by strengthening referral pathways, cross-sector partnerships, and system integration so families can more easily access the services they need.
- **Expanding equitable access** by using data, family voice, and community partnerships to identify gaps and reduce disparities in access to home visiting.
- **Strengthening the workforce** through leadership development, professional learning, and strategies that improve recruitment, retention, and workforce well-being.
- **Driving continuous improvement** by supporting innovation, using data to inform decision-making, and sharing effective practices across Virginia's home visiting network.
- **Building long-term sustainability** by advancing public awareness, strengthening policy partnerships, diversifying funding, and securing the resources needed to sustain and expand evidence-based home visiting.

Together with families, local programs, healthcare providers, community organizations, and state leaders, Early Impact Virginia will continue building a home visiting system that is more connected, more responsive, and better equipped to ensure every Virginia family has access to the supports they need to thrive.