PLAN FOR SUSTAINABLE GROWTH

September 2016
HOME VISITING IN VIRGINIA

Home visiting is not new to Virginia. Early childhood home visiting programs have been serving at-risk families for decades. However, recent advances in the science around early brain development and the negative impact of childhood trauma and toxic stress on lifelong health have increased our understanding of the importance of early intervention and have galvanized communities to consider how effective prevention strategies can drive collective impact. This understanding coupled with the growing evidence base demonstrating the effectiveness of early childhood home visiting is increasing interest and investment in programs across the country.

Voluntary home visiting programs consistently demonstrate positive outcomes for young children and their parents. And, research indicates a return on investment of up to $5.70 for every dollar spent. In the short term, benefits include better birth outcomes, early detection of developmental delays, and early literacy skills in young children. Longer term benefits include improved school readiness and academic success, healthier relationships, greater self-sufficiency and stronger families. These outcomes for young children and families contribute to important benefits for the communities in which they live and work.

For more than 25 years, home visiting programs have been serving families throughout the Commonwealth. Virginia home visiting programs consistently demonstrate strong evidence of effectiveness in a number of domains including maternal and child health, behavioral health, family self-sufficiency, parent-child relationships and child maltreatment. Virginia home visiting programs are a proven prevention strategy for building resiliency and enhancing the overall health and well-being of communities. Please refer to Appendix 1: Virginia Home Visiting Outcomes for a summary of Virginia Home Visiting Program Evaluations.

Until recently, funding for home visiting programs in the Commonwealth has largely been grant funded and allocated at the local and state level. In 2010, funding for home visiting was included in the federal budget through the Maternal, Infant and Early Childhood Home Visiting program (MIECHV). This funding has enjoyed bi-partisan support and was recently extended through September 2017. The Virginia Department of Health administers the MIECHV funding and successfully competed for and received additional funding to expand services in at-risk communities throughout the state. MIECHV funding has allowed over 1,000 additional families to receive services each year and is contributing to the development of more comprehensive early childhood systems at the state and local level. This new funding initially addressed the approximate loss of one third (1/3) of the state funding for home visiting between 2009-2012, a time when poverty rates drastically increased and the number of families in need of services continued to rise. State funding is still significantly below the 2009 level, but the MIECHV grants have helped programs begin to regain their footing in communities. And, while many programs cut services for families in need, others had to close their doors.

Benefits of Home Visiting

**Improves Family Health and Well-Being**
- Better birth outcomes
- More efficient use of health care
- Enhanced parent-child relationships
- Prevention of child abuse and neglect

**Improves School Readiness and Success**
- Early detection of developmental delays
- Better school performance
- Fewer behavior problems
- Reduced grade retention

**Improves Family Functioning**
- Increased high school or GED completion
- Greater rates of employment

**Reduces Costs**
- Returns of more than $41,000 per family served
Currently, in Virginia, 9,066 families living in 110 communities are receiving home visiting services. However, it is estimated that up to 120,000 families could benefit from family support services during the early childhood period. And, it is important to note that while program services are available in the majority of Virginia localities, on average, they serve fewer than 10% of eligible families.

**Home Visiting Program Models**

Home visiting programs in Virginia are administered at both the state and local level. Many are affiliated with national models while others are 'home grown' and specific to Virginia. Virginia has a strong history of local independence and locally driven service delivery. The evolution of home visiting in Virginia certainly reflects this value. Over the years, communities have adopted home visiting models to meet diverse local needs. Currently, there are 7 models of voluntary home visiting programs serving families statewide, including:

- CHIP of Virginia
- Early Head Start
- Healthy Families
- Healthy Start/Loving Steps
- Nurse Family Partnership
- Parents as Teachers
- Resource Mothers

In addition to these programs, there are two statewide programs that primarily provide services via home visiting and are strong HVC partner programs, but are not included in this Expansion plan. Eligibility for these mandated services is specifically limited to women or children experiencing clearly defined issues. **Project Link** provides intensive case management services for pregnant, parenting and "at-risk" substance using women and their children. **Part C/Early Intervention** services are provided to infants or toddlers (birth-age 2) who are not developing as expected or who have a medical condition that can delay normal development. Both of these services are administered through Virginia’s Department of Behavioral Health and Developmental Services.

![Service Capacity by Program Model (2015)](image)

<table>
<thead>
<tr>
<th>Program Model</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP of Virginia</td>
<td>21%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>34%</td>
</tr>
<tr>
<td>Healthy Start/Loving Steps</td>
<td>3%</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>3%</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>4%</td>
</tr>
<tr>
<td>Resource Mothers</td>
<td>8%</td>
</tr>
</tbody>
</table>

Program models may differ in some elements of service implementation, however, there are a number of critical elements common among all models, including:

**Voluntary**

All program services are voluntary.

**Early Childhood Focused**

Program services are offered prenatally through school entry—typically up to age 6.

**Home-based**

Services are offered to families in their home and/or community.

**Holistic focus**

While different program models may focus on one or more areas of service delivery, for example health care or child development, all program models provide services that are holistic in nature and designed to support the overall health and well-being of all family members.
**Best practices**

Many of the program models implemented in Virginia are evidence based and all models are evidence informed and grounded in best practice principles. Each program has a well-defined model of service delivery that local programs must implement with fidelity.

**Curriculum-based**

Each program utilizes a standardized curriculum to support work with families.

**Professional Staff**

All program model staff are required to participate in extensive training including model and curriculum specific implementation training.

**Evaluation**

The evidence base for home visiting in general is strong and all program models are data driven. Program evaluation demonstrates effectiveness by tracking participant outcomes in multiple domains including maternal and child health, child development, family functioning, school readiness, relational health and child maltreatment.

**Quality Assurance/Quality Improvement**

Data is not only used to track program outcomes but also for quality assurance and to drive improvements and innovation in service delivery.

**Early Impact Virginia**

**Early Impact Virginia**, the Alliance for Family Education and Support in the Home, formerly the Virginia Home Visiting Consortium (HVC), was established in 2006 to represent each of the state level public and non-profit organizations that deliver in-home parent education and family support services to families from pregnancy to school entry. Early Impact VA (EIV) was established to bring together home visiting and early childhood leaders to enhance collaboration and facilitate more effective system building at the state and local level.

In recent years, Early Impact VA has evolved to meet the emerging needs of member organizations. In 2013, EIV identified the need to develop a more strategic approach to expanding local capacity to serve more of Virginia’s eligible population. Over the next year, Early Impact VA conducted an intensive sustainability planning process and developed a comprehensive work plan to identify and pursue viable sustainability strategies. The work plan incorporates strategies to not only identify funding options, but also outlines the steps necessary to position EIV to provide the statewide leadership needed to scale-up services in Virginia. This infrastructure development is essential to the delivery of high quality, consistent services that can save health care and government money and improve outcomes for children and their parents.

In February 2015, EIV hired its first paid staff member. The Early Impact VA Director is coordinating the implementation of the Sustainability Work Plan which includes managing the organizational change necessary to support the expanded role of EIV. Since that time, EIV has started its transition from an informal coalition to a more formal organization. Ultimately, Early Impact VA plans to evolve into an independent intermediary capable of negotiating and communicating on behalf of member organizations. Additionally, EIV is working to develop the necessary infrastructure to support capacity building activities among home visiting programs statewide. Finally, EIV continues to lead a number of efforts to ensure quality service delivery, effective messaging, and increased revenue, including:

**Building a Qualified Workforce**

Early Impact VA offers a comprehensive competency based system for professional development. In addition to providing training, EIV is currently developing a *Virginia Home Visiting Certificate*. And, EIV is partnering with a number of early childhood organizations to develop career ladder opportunities for home visitors. For example, a joint training project
Early Impact VA and Virginia's Early Childhood Mental Health Association is preparing home visitors and their supervisors for the nationally recognized Infant Mental Health Endorsement.

Developing Common Measures of Success

From the start, home visiting program models have been built on evidence and have used data to drive improvement. Collecting good, reliable data is essential to accountability, quality assurance and improvement. Early Impact VA recognizes the value of defining and collecting common data across all programs and is working with program evaluators to develop unified data collection and reporting systems.

Building Public Awareness

Early Impact VA is developing a comprehensive marketing plan to not only showcase the value of home visiting services, but also to support and enhance referrals for program services. This effort will result in the development of unified marketing language and materials that focus on home visiting’s continuum of services and benefits to families and communities while introducing a more deliberate sharing of resources.

Driving Resource Development

Early Impact VA is actively pursuing a number of resource development opportunities including assessing the feasibility of increasing Medicaid revenue, partnering with health care organizations and social impact financing, such as Pay for Success. For more details about Virginia’s Home Visiting Sustainability plan, please see Appendix 2: “Virginia Home Visiting Consortium: Home Visiting Sustainability Research Findings and Work Plan”.

Plan for Sustainable Growth

The effectiveness of home visiting programs for families is well established. Research indicates that community impact can be realized once at least 50% of the eligible population is receiving services. Early Impact VA is committed to reaching this critical tipping point and realizing community impact. However, this requires significant investment of time and resources.

Scaling up any program or service requires a great deal of planning. An essential part of any planning process is anticipating challenges and unintended consequences. In Virginia and across the nation, home visiting expansion through MIECHV has provided valuable lessons that will serve us well moving forward.

As part of the MIECHV funding requirements, communities must demonstrate strong local collaboration as home visiting programs rely on community partners for successful implementation. While community partnerships were consistently strong among the MIECHV funded sites, the most common challenges that programs faced in expansion related to basic infrastructure. Issues faced by local program sites included:

- hiring and training qualified staff in a timely manner,
- meeting the rigorous data/evaluation demands of the MIECHV program,
- generating an adequate number of appropriate referrals for services,
- meeting the complex needs of a predominantly high-risk population, and
- managing administrative and reporting requirements.

These challenges were exacerbated by the very tight federal timelines and implementation requirements of the MIECHV grant.

One unintended consequence of the MIECHV funding that had a significant impact on programs related to a shift in the target population for services. MIECHV funding is designed to fund expansion of home visiting services in ‘at-risk’ communities. Overall, families referred to the expanded programs were at much higher risk, living in unstable situations, and therefore significantly more difficult to engage and retain in services. Many programs have adapted by supplementing traditional staffing with a Registered Nurse or a Mental
Health Clinician. Programs have also adapted by decreasing caseload size requirements and enhancing supervisory support for home visitors. Additionally, on the administrative side, due to increased reporting requirements, sites also responded by adding a data specialist or additional administrative support. All of this has helped to stabilize the expansion effort, but it took time to understand and address these issues.

Any future growth plan must recognize the challenges inherent in scaling-up. It will be critical to integrate these lessons learned through the MIECHV experience in a meaningful way that does not jeopardize quality or cost effectiveness. With that in mind, Early Impact VA recommends the following Plan for Sustainable Growth.

**Phase One: Collective Impact & Capacity Building**

Early Impact VA recommends a gradual increase in the number of families receiving services from 9,000 to 13,000 families statewide. The recommended strategy for scaling up services during this initial phase focuses on two primary activities.

1. Expand services in communities with the demonstrated need, capacity and willingness expand services.

2. Concurrently, state level infrastructure must be strengthened to support capacity building for high need communities with limited resources.

Addressing growth in this way allows Virginia to focus its resources in two critical ways—driving a collective impact approach in communities with demonstrated capacity and extending reach in underserved communities with limited resources.

In communities throughout the Commonwealth, and at the state level, home visiting is an integral part of the early childhood system of services for families. Given the preventive, holistic nature of services, home visiting often serves as the ‘hub’ of the early childhood system. Not only do local programs identify families early, but they must work with virtually every supportive service in a community to meet the diverse needs of families. Home visiting programs are especially well positioned to facilitate system building across Early Childhood systems by partnering with health care providers, early intervention, preschool (Head Start and VPI+) providers and childcare providers to ensure child health, safety and school readiness. Early Impact VA welcomes the opportunity to partner in at-risk communities to increase collective impact through system alignment and integration. Not only will this improve community wide outcomes, but it will also increase cost savings across the Commonwealth.

Identifying the “target” communities for Phase One investment requires a comprehensive assessment process that includes defining local need and evaluating organizational capacity and community readiness.

1. **Community Need:**

Early Impact VA will use current needs assessment data, including the MIECHV Needs Assessment (November 2015) and Title V Needs Assessment (July 2015) to identify communities with the highest rates of eligible families for services and then drill down to clearly define the ‘unmet’ need for services in each identified community. Additionally, Early Impact VA will use data collected through the Pay for Success feasibility study to help communities prioritize needs and target service expansion activities. Finally, Early Impact VA will target expansion activities in communities with the greatest potential to develop a collective impact approach. For example, targeting expansion of home visiting services in challenge school districts and VPI+ communities offers an incredible opportunity to strengthen the early childhood system and realize collective impact.

2. **Organizational Capacity:** Organizational capacity is undoubtedly one of the single greatest predictors of programmatic success.
Home visiting program implementation is complex and current trends point toward increasing complexity as client populations change and funding and data requirements become more rigorous. The following criteria are recommended to determine local capacity to support significant expansion of Home Visiting Services:

- Proven track record of successful service delivery
- Ability to recruit and retain qualified staff
- Well-established referral relationships
- Infrastructure to support growth (physical space, fiscal management and IT resources)

3. **Community Readiness:** Any expansion must be fully supported by the community in which the home visiting program delivers services. Strong community partnerships and investment are critical to program success. Communities will need to present well-articulated plans for growth including demonstrated community support and collaboration.

In general, large urban areas have the resources and systems in place to effectively manage expansion. The number of families served in these areas is typically limited primarily by fiscal constraints.

Concentrating initial expansion in more populous communities with established programs and collaborative networks will allow for faster growth in the areas best equipped to support it. Simultaneously, as these programs expand, capacity building efforts can be occurring with interested small to mid-size communities that need time and support to prepare for program development and/or expansion.

**Recommendation #1**

Support initial expansion in the following regions:

- **Greater Richmond**
- **Northern Virginia**
- **Roanoke and New River Valley**
- **Tidewater**

Collectively, these regions represent more than 50% of the statewide eligible population for services. Strategically targeting growth in these regions with the existing capacity to manage growth offers the greatest opportunity to achieve meaningful impact.

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![Percent of Families Served by Region 2015](chart)

See Endnotes for a detailed list of communities included in each region.
Capacity building can be an elusive concept. It is critical that any expansion effort is coupled with a comprehensive assessment of community and organizational readiness for implementation. While this is an important part of the initial growth plan, it will be even more critical in subsequent phases. Any plan for sustainable growth must take into account not only readiness but also cost effectiveness—expansion must make practical sense and financial sense. Experience has taught us that in order to reach cost-effective, economies of scale in smaller, typically more rural communities, there must be some centralization of administrative functions. Facilitation of capacity building will require not only a comprehensive assessment process, but also the support structure to assist communities and organizations to strengthen the local infrastructure required for growth. Early Impact VA is well positioned to drive the development of these activities and is currently working to strategically position itself to support local communities in a number of ways through the following activities:

**Professional Development:** Ensure a qualified workforce through competency based training and certification; support a strong workforce through advanced training and support for home visitors and supervisors; develop a career ladder to recruit and retain qualified, committed staff.

**Marketing:** Develop unified messaging and outreach materials to enroll eligible participants; showcase the value of home visiting services; facilitate negotiation with public and private health care providers for increased business partnerships.

**Data Collection:** Conduct rigorous evaluation to ensure quality; define common data indicators and report statewide outcomes; use data to drive quality improvement and innovation; quantify home visiting as a cost effective service delivery through standardized unit cost analysis and return on investment data.

**Continuous Quality Improvement:** Implement CQI at all levels of service delivery to ensure accountability, responsiveness and innovation.

**Fiscal/Billing management:** Facilitate billing; coordinate and lead resource development; assist in contract management and reporting.

### Phase Two: Extending Reach

In the second phase of expansion, Early Impact VA recommends a more aggressive growth strategy to realize collective impact by continuing to invest in the original target communities and extending reach into underserved communities. During the initial phase, Early Impact VA will identify communities for phase two expansion and work with those communities to ensure readiness to provide services. During this phase, Early Impact VA recommends increasing the number of families served from 13,000 to 17,000, almost doubling the current statewide home visiting capacity.

**Recommendation #3**

Expand services in small to mid-sized communities while continuing to increase investment in original target communities.

Essential to any successful home visiting program is community investment, system integration and collaboration. Effective program implementation is rooted in strong community partnerships. Evidence of community collaboration and investment will be required for any EIV supported growth. Therefore, it is premature to specify communities for Phase Two expansion. However, given the current service statistics, it is reasonable to assume that many will be located in Southside Virginia, Northwestern and Southwestern Virginia. Data supports the great need and severely limited services available for families in these areas.
Collaborating for Effectiveness

Early Impact VA has a long history of collaborating with partner organizations to increase effectiveness and impact. With the increased awareness of the importance of early childhood and the increased investment in early childhood services, collaborating across systems is more critical now than ever before. Early Impact VA is firmly committed to working together with state and local partners to build strong, comprehensive early childhood systems. In addition to working across systems at the state and local level, home visiting participates in and supports a number of statewide initiatives designed to improve services and affect system change across the Commonwealth, including:

- Trauma Informed Care Network
- Smart Beginnings (VECF)
- Thriving Infants (VDH)
- Vision 21 (VDSS)
- Handle with Care (DBHDS)
- VPI Plus and Challenge School Districts (VDOE)
- Project Connect (VDH)
- VA Cross Sector Professional Development
- Early Childhood Mental Health Association
- School Readiness Committee
- Population Health Plan (VDH)
- Bridging the Nutritional Divide

Financing Expansion

National averages for home visiting service delivery typically range anywhere from $3,000 to $5,000/family per year depending on the intensity of services and the professional qualifications of home visitors. Given the increased focus on higher-risk families and more specialized service delivery coupled with advanced training needs to ensure a trauma informed approach, it is not unreasonable to expect to see these costs level out above the median. In Virginia, home visiting service costs are typically estimated at approximately $4,000/family. For the purposes of the attached illustration, Early Impact VA is estimating the costs in Phase One to be $4,500/family per year to allow for gradual expansion and infrastructure development activities. In Phase Two, Early Impact VA projects a decreased unit cost of $4,000/family per year as economies of scale are realized through increased expansion and firmly established infrastructure.

While many home visiting programs offer services to families throughout pregnancy and the early childhood years, the average length of participation is two years. Therefore, in general, the total investment in this comprehensive service delivery for families is approximately
$8,000 to $9,000/family. Conservative return on investment data estimates a return of $5.70/dollar invested. Using this formula, it is reasonable to assume an overall cost savings of more than $40,000 for each family receiving services.

The Early Impact VA Sustainability Plan identifies a number of possible strategies for financing growth including increasing Medicaid revenues and other public or private funding, service integration with health care organizations, and engaging in Pay for Success. For more details about the Early Impact VA Sustainability plan, please see Appendix 1: “Virginia Home Visiting Consortium: Home Visiting Sustainability Research Findings and Work Plan”.

Summary
Since 2006, Early Impact Virginia has been advancing the delivery of high quality, efficient services that improve the health, social and educational outcomes for new and expecting parents, young children and their families by developing safe homes and connected communities. Early Impact VA fully intends to continue to lead this effort by building the infrastructure needed to provide the highest quality, cost effective services to vulnerable children and their families.

The time to invest is now.
The benefits are proven.
The systems are ready.
Together, we can affect meaningful change in the lives of thousands of Virginians and create the healthiest, safest state in the Union.

EARLY IMPACT VIRGINIA RECOMMENDATIONS

1. Immediate expansion in the following regions:
   Greater Richmond
   Northern Virginia
   Roanoke and New River Valley
   Tidewater

Collectively, these communities represent more than 50% of the eligible population for services.

2. Infrastructure development to facilitate statewide capacity building activities.

3. Expand services in small to mid-sized communities demonstrating significant unmet need while continuing investment in original target communities.

“High quality home visiting for disadvantaged children can reduce inequality and promote economic growth.”
James Heckman, Nobel Prize winning University of Chicago Economics Professor and Paul Gertner, Director, UC Berkeley Clauson Center for International Business
### Regional Definitions:

**NOVA**  
Alexandria  
Arlington  
Fairfax  
Fairfax City  
Loudoun  
Prince William  
Manassas  
Manassas Park  
Falls Church

**NW**  
Clarke  
Faquier  
Frederick  
Culpeper  
Orange  
Madison  
Rappahannock  
Page  
Warren  
Winchester  
Shenandoah

**Central/Eastern**  
Caroline  
Essex  
Fredericksburg  
Gloucester  
King George  
King and Queen  
King William  
Middlesex  
Northumberland  
Northampton  
Accomack  
Richmond  
Spotsylvania  
Stafford  
Matthews  
Westmoreland  
Lancaster

**Piedmont**  
Albemarle  
Charlottesville  
Bath  
Buena Vista  
Augusta  
Fluvanna  
Harrisonburg

**Central**  
Charles City  
Chesterfield  
Colonial Heights  
Hanover  
Goochland  
Hopewell  
New Kent  
Prince George  
Powhatan  
Petersburg  
Henrico  
Richmond city  
Amelia

**Central/Western**  
Prince Edward  
Appomattox  
Bedford  
Amherst  
Botetourt  
Craig  
Alleghany  
Covington  
Giles  
Floyd  
Montgomery  
Roanoke  
Roanoke City  
Radford  
Pulaski  
Salem  
Campbell  
Lynchburg

**SW**  
Bland  
Bristol

**Southside**  
Charlotte  
Brunswick  
Dinwiddie  
Danville  
Emporia  
Franklin  
Franklin city  
Halifax  
Henry  
Greensville  
Lunenburg  
Nottoway  
Martinsville  
Mecklinburg  
Patrick  
Pittsylvania  
Isle of Wight  
Surry  
Sussex  
Southampton  
Suffolk

**Tidewater/SE**  
Chesapeake  
Hampton  
James City  
Poquoson  
Portsmouth  
Norfolk  
Newport News  
Virginia Beach  
Williamsburg  
York
Appendix 1: Selected Virginia Home Visiting Outcomes

Improving Pregnancy and Birth Outcomes

Pregnant women who participate in home visiting programs are more likely to receive recommended prenatal care and their babies are born healthier.

- 92% of prenatal enrollees had recommended prenatal care
- 91% of prenatal enrollees delivered babies weighing at least 2,500 grams

Healthy Families Virginia 2013

Compared to a control group, babies at high risk of preterm birth experienced:
- 44% fewer in-patient days
- Half as many NICU days

CHIP of Virginia 2007

Improving Family Health and Well-Being

Participating families are more likely to have a medical home, use it appropriately and access preventive health care.

- 96% of participating children had a medical care provider at birth or within 2 months
- 95% of participating children continued with a medical care provider
- 93% of participating children completed 100% of scheduled immunizations

Healthy Families Virginia 2013
Breaking the cycle of Child Abuse and Neglect

Many families receiving home visiting services were victims of abuse or violence in the home. Yet, of the 50% of participating parents who report being abused in childhood, less than 2% harm their children while enrolled in program services. And, overall, **99.2%** of participating families had **no founded cases of child abuse or neglect**.

Healthy Families Virginia 2013

Improving School Readiness and Success

**100% of HVC Home Visiting Programs** use the Ages and Stages developmental screening tool with families at prescribed intervals. Children with any suspected delays are referred for thorough assessment and services.

Graduates of the Hampton Healthy Families program were compared to the general population on five measures of kindergarten readiness (motor, self-help, social, language, and overall readiness) and found to be indistinguishable from the general population.

Improving Family Functioning

Participating families are more likely to have stable living situations, gainful employment and complete educational or job training opportunities.

**After One Year of CHIP Services…..**
- 52% reduction in families who moved 2 or more times
- 42% reduction in the number of families with unmet food needs
- 50% increase in the number of families with one or both parents employed

CHIP of Virginia 2014
Appendix 2:

Early Impact Virginia:

Scaling-Up Services: A Five Year Plan
Appendix 3:

Early Impact Virginia:

Home Visiting Sustainability Research Findings and Work Plan