

## Virginia's Plan for Home Visiting: A Proposed Framework

**WHY:** Virginia leaders have long recognized the value of early childhood home visiting as an effective strategy for improving the health and well-being of families and their young children. 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 investing in effective trauma prevention strategies. 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 proven prevention strategies for building resiliency and enhancing the overall health and well-being of families and the communities in which they live.

In 2015, the Commonwealth Council on Childhood Success recommended increasing Virginia's investment in early childhood home visiting to reach more families in need. This led to an annual increase of \$6.75M in state funding for three Virginia home visiting program models; Healthy Families Virginia, CHIP of Virginia and Resource Mothers. Currently, more than ninety (90%) of the \$33.7M invested in Virginia home visiting programs are public funds administered by state or local agencies.

The opportunity to strengthen the statewide home visiting system has been clearly identified by our state and local leaders. In its 2017 report, *Improving Virginia's Early Childhood Development programs*, the Joint Legislative Audit and Review Commission (JLARC) found that Virginia's home visiting programs consistently demonstrate strong outcomes for families and communities. "However, these programs lack adequate administrative infrastructure to ensure effective coordination, evaluation, and planning across programs. The funding for voluntary home visiting programs in Virginia is unstable and difficult to predict each year, and this instability hinders the ability of these programs to operate in a consistent, strategic manner over time."

Our Virginia leaders acted swiftly during the most recent legislative session to address these recommendations by including legislation to support this work. The 2019-2020 budget signed into law by Governor Northam grants Early Impact Virginia, "*the authority and responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis.*"

Virginia's home visiting system serves as an example of the important role that public-private collaboration can play in building effective, innovative approaches to service delivery. Sustaining and expanding home visiting services to achieve the promise of prevention requires a higher level of coordination across the early childhood system. While evidence-based programming is essential to strong outcomes, so too is maintaining model fidelity and efficiency to ensure the absolute best use of public and private investment. This document is designed to create the structure and expectations needed to support long-term sustainability. Capitalizing on the system that is in place and building a sustainable approach for the future will yield the greatest return on investment and the best possible outcomes for Virginia's most vulnerable young children.

**WHO:** The Leadership Council is convened by the Children’s Cabinet – Health, Social Services, DBHDS, DMAS (HHR); DOE, Juvenile Justice, Commerce/Trade

Early Impact Virginia (EIV) member programs including CHIP of Virginia, Early Head Start, Healthy Families Virginia, Healthy Start/Loving Steps, Nurse Family Partnership, Parents as Teachers, and Resource Mothers.

**WHAT:** Early Impact Virginia’s Leadership Council will oversee the development of a comprehensive plan for the coordination of home visiting program services within the early childhood system to ensure quality service delivery and sustainable growth addressing the following key elements:

**1. Qualified service providers**

- a. Adopt core set of competencies and required training for all home visiting staff;
- b. Adopt and implement professional certification based on competencies and DMAS provider criteria;

**2. Quality Service Delivery/Model Fidelity**

- a. Adopt core set of standards and outcome indicators for programs,
- b. Adopt requirements for a monitoring framework;

**3. Quality Assurance**

- a. Adopt uniform reporting format for all state-administered funding,
- b. Develop strategies to facilitate shared data collection and reporting capacity,
- c. Report demographic data and outcomes by and across program models,
- d. Conduct statewide needs assessments at least once every three years to identify gaps in home visiting service network;

**4. Sustainability**

- a. Funding strategies that promote quality, model fidelity, efficiency and accountability, including a **common contract** for home visiting programs (per plan definitions), consistent funding practices and support for the development and maintenance of the home visiting system including training, quality assurance, quality improvement and evaluation.
- b. Funding strategies that support sustainability through streamlined financing strategies, diversification, braiding and promotion of cross-agency opportunities.
- c. Funding strategies that create stable, predictable revenue streams and leverage relevant statewide programs, including Medicaid, Family First Prevention Services Act, TANF, and so forth.

**5. System Building**

- a. All relevant child-serving public agencies participate in statewide home visiting planning and evaluation activities through EIV membership,
- b. Develop strategies to increase awareness and identify eligible families at the earliest possible point.
- c. Promote cross-sector collaboration among relevant state organizations to reduce duplication and advance common goals:
  - i. School Readiness Committee
  - ii. Part C: Early Intervention
  - iii. Part B: Early Childhood Special Education
  - iv. Health Care providers (OBs, Primary Care Physicians, AAP, ACOG)
  - v. FQHCs
  - vi. DMAS and MCOs
  - vii. Universities
  - viii. VECF/Smart Beginnings

- ix. VHHA
- x. VACO/VML
- xi. Other key stakeholders

## **HOW: Defining early childhood home visiting in Virginia**

“Home visitation” is defined as a **voluntary** service delivery strategy that is carried out in relevant settings, **primarily** in the homes of families with children **ages 0 to 5 years and pregnant women**.

“Home visiting system” is defined as the infrastructure and programs that support and provide home visitation.

### **Program Model Requirements:**

The agencies shall only support home visitation programs that include regular home visits per model requirements to improve the health, well-being, and self-sufficiency of parents and their children.

Home visitation programs supported under this plan shall provide face-to-face visits by nurses, social workers, and other early childhood and health professionals.

Home visitation programs supported under this plan shall address and measure the following, as appropriate:

- (a) Work to improve maternal, infant, or child health outcomes including reducing preterm births.
- (b) Promote positive parenting practices.
- (c) Build healthy parent and child relationships.
- (d) Enhance social-emotional development.
- (e) Support cognitive development of children.
- (g) Empower families to be self-sufficient.
- (h) Reduce child maltreatment and injury.
- (i) Increase school readiness.

The agencies shall support only the following Virginia evidence-based and promising practice home visitation programs:

CHIP of Virginia, Early Head Start (home based), Healthy Families, Healthy Start/Loving Steps, Home Instruction for Parents of Preschool Youngsters (HIPPPY), Nurse Family Partnership, Parents as Teachers, Resource Mothers

New programs may be considered based on the following criteria:

- (a) Evidence-based programs that are based on a clear, consistent program or model that are or do all of the following:
  - (i) Research-based and grounded in relevant, empirically-based knowledge. Evidence-based programs are linked to program-determined outcomes and are associated with a national organization, institution of higher education, or national or state public health institute. Evidence-based programs have comprehensive home visitation standards that ensure high-quality service delivery and continuous quality improvement, have demonstrated significant, sustained positive outcomes, and either have been evaluated using rigorous randomized controlled research designs and the

evaluation results have been published in a peer-reviewed journal or are based on quasi-experimental research using 2 or more separate, comparable client samples.

(ii) Follow a program manual or design that specifies the purpose, outcomes, duration, and frequency of service that constitute the program.

(iii) Employ well-trained and competent staff and provide continual professional development relevant to the specific program model being delivered.

(iv) Demonstrate strong links to other community-based services.

(v) Operate within an organization that ensures compliance with home visitation standards.

(vi) Operate with fidelity to the program or model.

(b) Promising programs that do not meet the criteria of evidenced-based programs but are or do all of the following:

(i) Have data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women, infants, children, or their families. There must be an active evaluation of each promising program, or there must be a demonstration of a plan and timeline for that evaluation. The timeline shall include a projected time frame for transition from a promising program to an evidence-based program.

(ii) Follow a manual or design that specifies the program's purpose, outcomes, duration, and frequency of service.

(iii) Employ well-trained and competent staff and provide continual professional development relevant to the specific program model being delivered.

(iv) Demonstrate strong links to other community-based services.

(v) Operate within an organization that ensures compliance with home visitation standards.

(vi) Operate with fidelity to the program or model.

For the purposes of this plan, Early Childhood Home Visiting is a long-term strategy designed to provide prevention services for families. It does not include the following:

(a) A program that provides early intervention services under part C of the individuals with disabilities education act or Part B Early Childhood Special Education services, Project Link, or court ordered child abuse and neglect prevention/family preservation services.

(b) A program that provides a 1-time home visit or infrequent home visits, such as a home visit for a newborn child or a child in center-based preschool (e.g. Head Start/VPI). In the event that specific care coordination programs designed to facilitate home visiting referrals and universal prevention needs are developed, key elements of this plan must be adopted to ensure quality and systemic alignment.