2020 was an unforgettable year marked by a global pandemic, a subsequent national recession, a summer of racial reckoning, and political unrest.

2020 was also a year ripe for examining long-standing inequities and the opportunities to correct them. The need for stronger social safety nets, re-examination and reconciliation of the racist policies that have built this country, and the desire for a trusted and efficient public health system all emerged from these emergencies. As governments contend with the harm inflicted by biased systems, and as people organize to compel leaders to make the long overdue changes needed for all people to thrive, many strategies are filling in the gaps. Home visiting is one of several services that directly support expectant parents and families of young children during these financially, emotionally, and physically trying times.

Over the course of the year, home visiting programs in the District continued to show up for their families - especially for families from communities long marginalized by unjust policies - in both new and familiar ways. Home visitors supported families facing amplified stressors, offered guidance for accessing relief services, and helped families continue to center the development, health, and well-being of both child and parent. During several Home Visiting Council COVID-19 town halls, home visiting providers described their experience helping families meet basic needs while quickly and creatively adapting to a virtual form of home visiting.

The Home Visiting Council’s diverse members - including home visiting providers, local government agency representatives, advocates, and early childhood partners - have witnessed the tireless efforts of home visiting programs in supporting families to stay healthy and afloat during the District’s public health emergency. This report highlights these efforts and provides a progress update on the last three years of the Home Visiting Council’s strategic plan.
The DC Home Visiting Council is a body of District agency representatives, child advocacy organizations, home visiting providers, early childhood partners, and stakeholders. Since 2016, DC Action has chaired the Home Visiting Council and has been staffed by a coordinator (also housed at DC Action).

The Home Visiting Council membership works together to strengthen home visiting as a strategy to support positive child and family outcomes in the District of Columbia. The Home Visiting Council is committed to supporting home visiting programs to provide families with the resources, access, information, and autonomy to navigate DC’s early childhood system and the services they need to flourish in their communities by addressing the systemic needs of DC home visiting programs, their staff, and the families they support.

Ruqiyyah Anbar-Shaheen, Home Visiting Council Chair

Nisa Hussain, Home Visiting Council Coordinator
HOME VISITING COUNCIL PARTICIPATION

The following organizations participated in the HV Council in 2020:

AmeriHealth Caritas District of Columbia
Bainum Family Foundation
Bright Beginnings
CentroNia
Children’s National Hospital
Children’s Law Center
Community Family Life Services
Community of Hope
Council for Professional Recognition
DC Action for Children
DC Affiliate of the National Association for the Education of Young Children
DC Child and Family Services Agency
DC Department of Behavioral Health
DC Department of Health
DC Department of Health Care Finance
DC Fiscal Policy Institute
Generation Hope
Georgetown University Center for Child and Human Development
Healthy Babies Project Inc.
Howard and Geraldine Polinger Family Foundation
HSC Home Care
Mamatoto Village
Martha's Table
Mary’s Center
Office of the State Superintendent of Education
Parents as Teachers National Center
Rosemount Center
SPACES In Action
The Family Place
Trusted Health Plans
United Planning Organization
Washington Area Women’s Foundation
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Home Visiting in the District of Columbia at a Glance

Home visiting is an evidence-based strategy that supports expecting parents and families by connecting them to a trained home visitor or family support provider to help the family reach a variety of outcomes including positive parenting practices, healthy child development, improved perinatal and postnatal health, and more. Home visiting is just one of several important child and family supports offered in the District. It plays a unique and crucial role in bridging the maternal and early childhood systems, including health, early education, and general family support.

The home visiting field deploys a variety of program models and curricula to achieve these goals with families. Because a wide range of programs use the term “home visit” to describe services delivered in the home, the Home Visiting Council pursued a common understanding of the elements of home visiting and a clearer description of what home visiting aims to achieve.

The Home Visiting Council ratified a District-specific definition for home visiting in December 2019. The Home Visiting Council convened its membership, including local agency representatives from DC Health, the DC Department of Behavioral Health, DC’s Child and Family Services Agency (CFSA), DC’s Office of the State Superintendent of Education (OSSE); managed care organizations; home visiting providers; and early childhood advocates, to participate in the development process. After several rounds of discussing a shared understanding of the service’s goals and strengths, reviewing national and state examples, and analyzing the elements of home visiting models, the Home Visiting Council voted upon the following definition:

DC Home Visiting Council Definition

Home visiting is a service delivery strategy that serves as a prevention and early intervention support for expecting parents and families of young children from before birth until kindergarten entry. In these voluntary programs, trained home visitors and participants regularly meet in the home or another comfortable setting designated by the family.

A key characteristic of these programs is that each implements a model for addressing specific maternal, family, and child outcomes through education, counseling, coaching, and other services. Home visitors also provide families with connections to community-based services and resources relevant to their goals. Home visiting programs must meet all of the following criteria:

- Visits are home-based, meaning that more than half of the visits should be at the family’s home or in another setting designated by the family, according to model design.
- Home visits occur according to a program model or curriculum, with flexibility to address the goals and needs of participants.
- The age range of children in participant families falls in the prenatal period up to approximately kindergarten entry, although not all programs serve the entire age range.
- Participation is voluntary.
DC Home Visiting Council Definition:

- Models must target improvement in one or more of the following areas:
  - Child and family safety
  - Pregnancy outcomes
  - Timing of subsequent births
  - Maternal or child health
  - Parenting skills and practices
  - School readiness
  - Social, emotional, and cognitive development of children
  - Parental education, employment, and other parental factors linked to child development
Impact of Home Visiting

Home visiting programs provide invaluable support to families in exciting, challenging, and sensitive periods in a child’s life: during pregnancy, infancy, and toddlerhood. By developing trusting relationships with expectant parents and families of young children, home visitors have an opportunity to work with families to build a stable home environment during this critical period of development.

Pregnancy and the first five years of life lay the foundation for a child’s cognitive, emotional, and social development. Brain connections form during these years that shape emotional regulation, auditory processing, learning skills, and more. Young children are also more vulnerable to the damaging, long-term effects of adverse childhood experiences (ACEs). ACEs can include exposure to violence, abuse, or neglect and living in an insecure or unstable environment, as well as systemic factors like racism, economic disenfranchisement, and other forms of marginalization. Families want the best for their child’s growth but, like all families transitioning into parenthood, those experiencing multiple adversities during this period need all the support they can get. Home visiting can offer families stability and support identifying and accessing the resources they need to create the positive environment that a child needs to reach their full potential and minimize the incidence and the long-term effects of negative experiences.

Apart from this important benefit, a strong body of research shows that evidence-based home visiting supports improved outcomes for the entire family, ranging from positive parent-child relationships to family economic self-sufficiency. Some home visiting models focus on the expectant

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parent’s health and demonstrate improved maternal mental health, reductions in pregnancy complications, and fewer preterm or low birthweight babies. Moreover, home visiting equips parents and caregivers with the confidence and ability to best support and nurture their child’s growth. Whether it is guiding them to practice parenting skills or helping them navigate the additional services they may need as they raise their family, home visiting prioritizes parent engagement and increased self-sufficiency.

While a healthy, well-supported family is important to a child’s success, programs also provide services that directly benefit children. Programs help children have more completed well-child visits, on-time immunizations, improved school readiness, and reduced incidence of child neglect and abuse.

Home visiting makes it more possible for parents and caretakers who want to do well by their children to reach their goals. It is a service that sets the whole family on a more positive trajectory. When families have the supports they need, like a home visitor on their side, to navigate a thriving future, the entire community benefits.

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COVID-19 and Home Visiting

The COVID-19 pandemic put the world through tremendous hardship in 2020 and its impact continues to reverberate. The public health emergency disrupted families in countless ways—job layoffs, financial hardships, food insecurity, illness, and loss.

In DC, the impact on families has been significant. 52% of DC’s Black adults in households with children experienced loss of income, 37% of DC renters with children reported concerns around housing insecurity, and 20% of child care slots in DC will be permanently lost without continued funding.10 Both locally and nationally, Black and brown communities have also dealt with higher rates of infection and fewer opportunities for economic recovery, highlighting existing health and economic disparities.11

Families were hard hit by stay-at-home orders, especially with the uncertainty around child care, virtual learning, and the effects of social isolation on a child’s wellness and development. The lockdown amplified stressors that have put children and families at a heightened risk for increased child abuse, neglect, and domestic violence12 13. Child abuse is the result of an accumulation of risk factors and toxic stress, many of which the pandemic has intensified.

The role of home visiting has never felt more...
critical as during this public health emergen-
cy. Home visiting largely looked differently in
2020 than it did prior to the pandemic to re-
fect this new reality. Programs had to quick-
ly adapt to virtual visits by phone or video
to comply with safety guidelines, reach and
recruit new families in a virtual world, and
modify their visits to engage families facing
heightened adversity. Home visitors were a
lifeline to families who need the support to
manage the stressors of this lockdown.

The pandemic has highlighted the impor-
tance of home visiting’s adaptiveness. This
strategy, designed to follow families through
various challenges in their lives and support
them in identifying solutions, was well-posi-
tioned to pivot in the face of the new and in-
tensified stressors brought on by COVID-1914.
During the COVID-19 pandemic, program ad-
aptations included the following.

The majority of home visiting programs in DC successfully
transitioned to virtual only visits.

Nearly all DC home visiting programs served
families through virtual visits during the
COVID-19 pandemic. These programs adapt-
ed their strategies to meet safety guidelines
and recognized that virtual visits were still an
effective way to continue services. Some pro-
grams noted benefits to virtual home visiting,
noting the flexibility around meeting families
at more accommodating times of the day and
the convenience of traveling less.

Since each home visit is dependent on both
the home visiting model guidance and the
preferences of the family served, the type
of virtual visit delivery varied. Many utilized
Zoom to comply with Health Insurance Por-
tability and Accountability Act (HIPAAAA)
standards. Some found that phone calls were
more comfortable or more accessible for
families, especially when families had limit-
ed technological literacy or resources. One
home visiting director explained:

“The barriers to program implementation are the digital divide, lack of access to tech-
nological devices, and access to broadband internet...The digital divide is leaving DC
residents at a disadvantage especially low-income families and people of color.”

In addition to virtual visits, some programs
allowed socially distanced in-person visits
with families who requested it. These were
held safely outdoors on families’ porches or
in open air settings, with participants wearing
masks. Most programs dropped off urgent
supplies like groceries, diapers, and cleaning
supplies to families through no-contact de-


15. COVID-19 AND HOME VISITING
The needs of families shifted during the pandemic, so home visitors’ priorities are around fulfilling basic needs and recognizing amplified stressors.

During the COVID-19 pandemic, home visitors have had to adjust the nature of their conversations, the structure of their visits, and the focus of their curriculum to better fit the urgent concerns of families related to the pandemic. Families experienced higher levels of stress adjusting to balancing home life with their children's virtual learning, sharing necessary technology across the household, and a loss of child care options. Pregnant participants also required specific support around preparing their births with the new hospital restrictions on family member presence and increased feelings of isolation. Some programs saw increased requests for mental health services, increased incidents of domestic violence and child abuse, and increased need for technological devices for both the virtual visits and for their older children's virtual learning. Home visitors found themselves more frequently helping parents navigate unemployment benefits and connecting them to COVID-19 related relief resources across the District.

Home visiting programs reported an increased focus on basic needs and supplies such as diapers, food, cleaning supplies, and household items, as well as financial support, primarily around rent assistance. While many home visitors continue to safely deliver basic needs and stipends, 70% of DC programs reported insufficient supplies to help meet families’ needs as a major challenge they faced this year.

Home visitors shared the collective impacts of the pandemic, particularly around an increase in stress and overwhelm. However, their own needs did not shift as significantly, possibly due to the flexibility of working from home.

Many home visitors have also faced their own personal and emotional challenges this year. Some shared the same challenges of caretaking during the stay-at-home orders and personal anxieties as the families they work with. There was also an increase in staff need for support with adapting to the impact of the pandemic on their way of delivering services, including with technological support and managing the urgency of meeting essential needs for their families. Home visiting programs reported that home visitors have faced higher levels of stress and heavier workloads as they support families through the pandemic.

Apart from the expected difficulties of supporting families from home, many home visitors found relief in the new telework posture of their role and found themselves able to align their hours to fit both their own families and the families they serve.

Overall, the home visiting programs in DC were crucial in supporting the families who needed a trusted connection in their corner during a difficult year. Home visitors intend to continue adapting their services for their families as the pandemic and recovery evolves.
In fiscal year 2020, 13 organizations implemented 16 home visiting programs in the District. In total, these programs had the capacity to serve about 1,362 children and families and served 1,277 families in 2020. Ten of these programs were publicly funded, including five programs receiving direct federal funding and 8 receiving local funding or locally administered federal funding. These programs are detailed in Figure 1.

FIGURE 1: DC HOME VISITING PROGRAMS IN FY 20*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Program</th>
<th>Model/ Curriculum</th>
<th>Target Population</th>
<th>Capacity</th>
<th>Funding Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright Beginnings Inc.</td>
<td>Home-Based Program</td>
<td>Early Head Start, Parents as Teachers</td>
<td>Families experiencing homelessness with children under the age three and pregnant mothers experiencing homelessness</td>
<td>64 families at a time</td>
<td>Federal (Head Start), and private</td>
</tr>
<tr>
<td>CentroNia</td>
<td>CentroNia Early Head Start at Upshur</td>
<td>Early Head Start, March of Dimes, The Creative Curriculum</td>
<td>Low-income families in the DC area, which may include teen mothers, single families, pregnant mothers, families experiencing homelessness, and bilingual Spanish-speaking families</td>
<td>72 families at a time</td>
<td>Federal (Head Start), and private</td>
</tr>
<tr>
<td>Community Family Life Services</td>
<td>Parent Education and Home Visitor's Program</td>
<td>Nurturing Skills for Families</td>
<td>Families with low incomes and women who are incarcerated and justice affected.</td>
<td>100 families annually</td>
<td>Local (CFSA)</td>
</tr>
<tr>
<td>Community of Hope</td>
<td>Healthy Families America Program</td>
<td>Healthy Families America</td>
<td>Families with children under age three and people experiencing high-risk pregnancies, primarily in Wards 5, 7, and 8</td>
<td>40 families at a time</td>
<td>Local (DC Health) and private</td>
</tr>
<tr>
<td></td>
<td>Parents as Teachers Program</td>
<td>Parents as Teachers Program</td>
<td></td>
<td>60 families at a time</td>
<td></td>
</tr>
</tbody>
</table>

15 Home visiting capacity and enrollment tracking differs across programs, with some programs counting the total number of families (regardless of number of children) they have the capacity to enroll and others counting the total number of children (regardless of how many of them come from the same families). Because this is not consistent across programs, this total represents a combined count of both slots for children and slots for families.
<table>
<thead>
<tr>
<th>Place</th>
<th>Program</th>
<th>Description</th>
<th>Families</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Family Place</td>
<td>HIPPY Home Visiting</td>
<td>Home Instruction for the Parents of Preschool Youngsters (HIPPY)</td>
<td>Spanish-speaking families with low incomes</td>
<td>20 families at a time</td>
</tr>
<tr>
<td>Generation Hope</td>
<td>Next Generation Academy</td>
<td>Parents as Teachers</td>
<td>Teen parents in college and their preK children</td>
<td>30 families annually</td>
</tr>
<tr>
<td>Georgetown University Center for Child and Human Development</td>
<td>Parenting Support Program</td>
<td>Parents as Teachers, Tymchuk</td>
<td>Parents with intellectual and developmental disabilities</td>
<td>40 families at a time</td>
</tr>
<tr>
<td>Healthy Babies Project Inc.</td>
<td>Healthy Families America Program</td>
<td>Healthy Families America</td>
<td>Pregnant and parenting youth under the age of 22, living in the District of Columbia</td>
<td>52 children at a time</td>
</tr>
<tr>
<td>Mamatoto Village</td>
<td>Mothers Rising</td>
<td>Mothers Rising Model</td>
<td>Pregnant Medicaid-eligible Black women and people of color residing in DC and Prince George’s County, MD</td>
<td>300 families annually</td>
</tr>
<tr>
<td>Martha’s Table</td>
<td>Family Visiting</td>
<td>Early Head Start, Parents as Teachers</td>
<td>Families in Ward 7 and 8, as well as families in Wards 1-6 that may be deemed homeless</td>
<td>33 children at time</td>
</tr>
<tr>
<td>Program</td>
<td>Services</td>
<td>Eligibility</td>
<td>Families at a time</td>
<td>Funding Sources</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mary’s Center Healthy Families America Program</td>
<td>Healthy Families America</td>
<td>Pregnant and postpartum families who are expecting a baby or recently had a baby.</td>
<td>180 families at a time</td>
<td>Federal (MIECHV), local (DC Health), and private</td>
</tr>
<tr>
<td>Parents as Teachers Program</td>
<td>Parents as Teachers</td>
<td>Expecting families and families with children under 3 who live in designated service areas.</td>
<td>160 families at a time</td>
<td>Federal (MIECHV), local (CFSA, DC Health), and private</td>
</tr>
<tr>
<td>Father-Child Attachment Program</td>
<td>Parents as Teachers, 24/7 Dad®</td>
<td>Any caregiving masculine figure with a child under 5 years of age with no open CFSA cases.</td>
<td>50 families at a time</td>
<td>Local (CFSA)</td>
</tr>
<tr>
<td>Rosemount Center Home-Based Program</td>
<td>Early Head Start, Parents as Teachers, Teaching Strategies, Partners for a Healthy Baby</td>
<td>Lower income and immigrant families</td>
<td>77 families at a time</td>
<td>Federal (Head Start) and private</td>
</tr>
<tr>
<td>United Planning Organization Early Head Start Home-Based Program</td>
<td>Early Head Start, Parents as Teachers</td>
<td>Teen parents and expecting families, including families experiencing homelessness, immigrant families, families of children with special needs, and families with low-incomes</td>
<td>84 families at a time</td>
<td>Federal (Early Head Start)</td>
</tr>
</tbody>
</table>

*This table includes all home visiting programs in DC. The Perry School provided home visiting services in 2020 but the Home Visiting Council was unable to confirm details.
Local Public Funding

Child and Family Services Agency (CFSA)

CFSA, which funds home visiting as part of its child abuse and neglect prevention approach, used a small amount of local funding to support home visiting programs in 2020. These funds, supported two providers to implement Mary’s Center’s Father-Child Attachment program and Community Family Life Services’ Parent Education program and Home Visitors Program in FY 2020.

In FY 2019, local CFSA home visiting funds were one-time funds set to expire at the end of FY 2020 and were not included in the FY 2021 budget. These funds were restored on a one-time basis by the DC Council. CFSA continued its partnership with DC Health by funding home visiting services for pregnant and parenting youth in foster care, aging out of care, or known to CFSA, as an expansion of a DC Health-administered Parents as Teachers program at Mary’s Center. These funds are part of the implementation of the District’s five-year prevention plan: Putting Families First in DC, as part of the Family First Prevention Services Act (FFPSA).
In FY 2020, DC Health’s local funding for home visiting supported five home visiting programs. Among these five programs are two home visiting programs funded as part of the Birth-to-Three for All DC law.

DC Council amended Birth-to-Three for All DC to include an additional home visiting program: Home Visiting for First-Time Mothers. This pilot program, which was authorized in the Fiscal Year 2020 Budget Support Act of 2019 and allocated $150,000, was intended to serve first-time mothers with low incomes, beginning before their 28th week of pregnancy. DC Health was unable to grant funding for this pilot in FY 2020 due to the budgetary impact of COVID-19. However, DC Council renewed funds for the program in the FY 2021 budget, and it is currently in development at Mary’s Center.

In partnership with the HV Council, DC Health also continued to develop a coordinated, centralized intake system for home visiting and launched a pre-pilot referral process through the Help Me Grow DC program at the end of 2020. After an evaluation of the pre-pilot’s successes and challenges, the agency anticipates an official pilot of the referral process in 2021.

While OSSE has not administered home visiting programs since 2015, the agency received approximately $4 million in FY 2020 to expand Early Head Start home visiting programs for immigrant families and families experiencing homelessness. Those funds were reallocated in OSSE’s budget from initiating this new program to fill OSSE’s funding gaps due to COVID-19.

MIECHV has supported home visiting services in the District through grants to DC Health since 2010. Administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF), this program has greatly impacted DC’s home visiting infrastructure. In FY20, DC Health received $1.6 million in MIECHV funding. This funding supports home visiting services and implementation evaluation, as required by MIECHV.

DC Health received an additional $200,000 in MIECHV funding last year to support a state needs assessment for home visiting, as re-

quired by MIECHV reauthorization. Georgetown University’s Center for Child and Health Development was awarded this amount to lead this effort and successfully submitted its needs assessment in 2020. The findings were released in early 2021.

On May 15, 2020, the US House of Representatives passed the Health and Economic Recovery Omnibus Emergency Solutions Act, or HEROES Act, to provide $3 trillion in relief for Americans struggling amid the coronavirus pandemic, including an increase in MIECHV home visiting funding by $100 million. On October 1, 2020, an updated version of the HEROES Act was passed by the US House of Representatives and the $100 million increase to MIECHV funding remained in this iteration.

Family First Prevention Services Act (Family First)

In 2020, the District approved the amended DC Title IV-E Prevention Program Five-Year Plan: Putting Families First in DC. Through this federal Family First Prevention Services Act (Family First), CFSA was permitted to invest additional federal dollars into services for families at risk of entering the child welfare system. As a Family First requirement, this five-year plan laid out a plan to implement evidence-based programs to prevent children from being removed from their homes and placed into foster care. The federal government developed a clearinghouse of approved, evidence-based programs and services. Those strategies included home visiting, particularly home visiting models with strong evidence behind preventing child abuse and neglect such as Parents as Teachers, Healthy Families America, and Nurse-Family Partnership. Approved by the Children’s Bureau, CFSA currently uses Family First dollars to fund its Parents as Teachers program in partnership with DC Health.

Early Head Start Home-Based

In 2020, five organizations in the District were funded by the Federal Administration of Children and Families’ Office of Head Start to implement Early Head Start - Home Based. These programs had the capacity to serve 314 families.

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The Home Visiting Council works to strengthen home visiting in the District of Columbia to support positive family and child outcomes. The Home Visiting Council convenes its diverse membership regularly and works to meet its goals through four subcommittees: programs, advocacy, data, and c-intake (these committees are described in the Home Visiting Council Charter).

2020 was the final year of the Home Visiting Council’s first three-year strategic plan from 2018-2020. This strategic plan outlined the mission, vision, and goals of the Home Visiting Council for these years, with a significant focus on increasing knowledge of, capacity, and support for home visiting. The Home Visiting Council’s three-year goals and accomplishments are outlined below.

**Strategic Plan 2018-2020 Goals:**

1. **Promote well-trained and well-supported home visitors**
   - The Programs Subcommittee engaged the home visiting workforce through surveys and focus groups to better understand their needs and the challenges they face, including in the areas of training, safety, organizational support, and compensation. The subcommittee published findings from this research in its 2021 report *Voices from the Field: The Experiences of the District's Home Visitors.*

19. Appendix A [https://docs.google.com/document/d/1zRnVsslEijDkYzSaCTDghw4ErqZacK5XRUqEehhDlo/edit](https://docs.google.com/document/d/1zRnVsslEijDkYzSaCTDghw4ErqZacK5XRUqEehhDlo/edit)

The Home Visiting Council developed messaging guides, talking points, and communication tools that were instrumental in promoting the value of home visiting to policymakers and external stakeholders. The Advocacy Subcommittee coordinated testimonies from families and home visitors to further elevate the need of home visiting in the District.

The Advocacy Subcommittee successfully advocated for three new home visiting programs, funded by $860,000 dollars from the Birth-to-Three law. (Note: all advocacy activities are conducted by organizational members of the advocacy subcommittee and do not represent the full Home Visiting Council.)

The Advocacy Subcommittee advocated to protect and sustain funding for existing home visiting programs during three budget seasons.

DC Health and the Home Visiting Council collaborated to develop a vision for a coordinated intake and referral process for home visiting, executed the research and preparation needed to inform this process, and designed a decision tree map to support the design of the coordinated intake process throughout the three years of the strategic plan. By the end of 2020, DC Health and Help Me Grow launched a pre-pilot and have developed a plan to strengthen the process.
5. Use data to understand, support, and demonstrate impact of home visiting

- The Home Visiting Council deployed annual surveys to each home visiting program and collected ongoing data points and qualitative information each year of this strategic plan. This monitored data was published in three annual reports, used to inform Home Visiting Council activities, and shared with key stakeholders regularly.

6. Self-govern sustainably and effectively

- The Home Visiting Council recruited members to sign the official charter, launched a website to house its standing information and publication, funded and filled a coordinator position to manage operations, and ratified a new multi-year strategic plan for 2021-2023.

While the work described above occurred over the past three years, the Home Visiting Council carried out these following activities in 2020.

Program Support

- Conducted focus groups and interviews with the home visitor to better understand the experiences of the home visiting workforce and contribute to the publication of Voices from the Field report
- Coordinated a Home Visiting Storytelling Project to demonstrate the value of home visiting to policymakers and the public. Members engaged families and home visitors to share their stories through video clips
- Created a social media toolkit and led a successful social media event to elevate the Home Visiting Storytelling Project videos and stories
- Compiled and distributed COVID-19 relief resources for home visitors and families
- Hosted COVID-19 town halls for home visiting programs and provided updates to the full Home Visiting Council on adaptations and needs
Advocacy (Note: all advocacy activities are conducted by organizational members of the Advocacy Subcommittee and do not represent the full Home Visiting Council.)

- Supported the Home Visiting Storytelling Project to communicate the value of home visiting program funding to policymakers
- Developed additional messaging and language to communicate the importance of home visiting to external stakeholders
- Promoted alignment around home visiting across early childhood initiatives and sought out external partners to join the Home Visiting Council to further collaborate

C-Intake

- Continued a strong partnership with DC Health to develop a coordinated, centralized intake system (c-intake) for home visiting through the District’s Help Me Grow system
- Interviewed home visiting programs to update and better inform a referral decision tree
- Collaborated with Help Me Grow Care Coordinators to analyze decision questions and develop a decision tree map to support the c-intake process
- Prepared and launched a pre-pilot of the c-intake process at the end of the year

Data

- Tracked home visiting data to inform the work of the Home Visiting Council
The Home Visiting Council spent the latter half of 2020 developing new goals for 2021 through 2023. After reviewing their accomplishments of the previous few years, the Home Visiting Council identified areas of focus that felt relevant to keep or adapt for the present landscape. Volunteers from each subcommittee convened regularly to form a Strategic Planning Workgroup to lead the effort of drafting this revised plan. This group updated the goals, mission, and vision of the Home Visiting Council and worked to develop a values statement and a theory of change statement to guide our work. These new components are included below.

**Strategic Plan 2021-2023**

**Home Visiting Council Values:**

- We believe in a **strengths-based approach** that honors the knowledge and skills of communities we work alongside.
- We will direct the **knowledge and skills** of home visiting programs and Home Visiting Council to inform systems change that eases the burdens on families navigating institutional barriers such as sexism, discrimination, capitalism, racism, etc., and their intersections.
- We commit to developing a home visiting workforce that is well-supported, fairly compensated, and **reflects the communities** we work alongside.
- We commit to support home visiting programs in being **accessible** in language, location, ability, and more.
- We commit to a continuous effort of **reconciliation and accountability**, by addressing the traumatic experiences that health care, nonprofits, advocates, and governmental services have inflicted on certain communities.
- We commit to developing **ethical standards of engagement** with partners and funders in both success and dilemma.

**Vision:** All families in the District of Columbia have full access to responsive systems that facilitate quality education, safety and stability, and the resources they need to flourish in their communities.

**Mission:** The Home Visiting Council convenes, mobilizes, and informs DC families and early childhood stakeholders to strengthen home visiting to support the needs and outcomes of families with expectant parents or young children.
Theory of Change: Expectant parents and families with young children across the District have the strong will to care for their children and support their development. Yet all families need extra support during this strenuous period to parent and prosper in a safe and secure environment. Some families are also further burdened by external factors such as economic and racial injustices.

Home visiting supports families to have healthy babies and young children who receive the care they need to meet their highest potential, and guides parents and caretakers to address their own challenges so that they are better able to meet their goals and do the important work of caring for their young children.

In partnership with parents and families, home visiting uses evidence-based strategies to improve parent-child attachment, child school readiness, health care utilization, family health outcomes, address challenges that affect parenting capacity, identify and support children with developmental concerns, and reduce child abuse and neglect.

The Home Visiting Council is committed to supporting home visiting programs to provide families with the resources, access, information, and autonomy to navigate DC’s early childhood system and the services they need to flourish in their communities by addressing the systemic needs of DC home visiting programs, their staff, and the families they support.

The Home Visiting Council convenes maternal and early childhood stakeholders to develop programmatic support for home visiting programs, identify and advocate for systems improvements and sustainable investment in home visiting, lead the development of quality referral pathways to home visiting, and disseminate home visiting data.

Three-Year Goals: The Home Visiting Council and its four subcommittees aim to accomplish these six goals moving forward for the next three years.

1. Promote well-trained and supported home visitors to increase the capacity of the workforce to deliver home visiting services, with appropriate adaptations to address the impact of COVID-19 on the workforce.

2. Promote home visiting as a family support strategy within the District.

3. Ensure development, implementation, and evaluation of a District-wide coordinated, centralized intake and referral system for home visiting.

4. Use data and storytelling to understand, support, and demonstrate impact of home visiting, including the short- and long-term impacts of COVID-19 on home visiting programs and families.

5. Deepen the Home Visiting Council’s pursuit of racial justice by strengthening the equitability of internal practices, advancing systems changes that address structural inequities, and supporting the capacity of home visitors to fortify and build trust with communities in the District.

As the COVID-19 pandemic continues beyond 2020, home visiting programs and the systems they interact with must contend simultaneously with two very real priorities. First, many DC families and communities continue to be economically, emotionally, and physically strained as they navigate the barriers brought on or exacerbated by the pandemic. Second, as the District accelerates distribution of the COVID-19 vaccine and recovery feels within reach, now is the time to make the meaningful, permanent changes needed for all DC families to have the opportunity to thrive. The Home Visiting Council seeks to play a role in both, guided by our new strategic plan. We will work to strengthen DC home visiting programs - which support families’ efforts to not just meet their basic needs, but their highest potential even during an incredibly difficult time - and the systems that surround them.

While the future of the public health emergency and the District’s recovery continue to evolve, the Home Visiting Council hopes this report reflects the enormous value of home visiting as one important strategy to support families during 2020 and beyond.