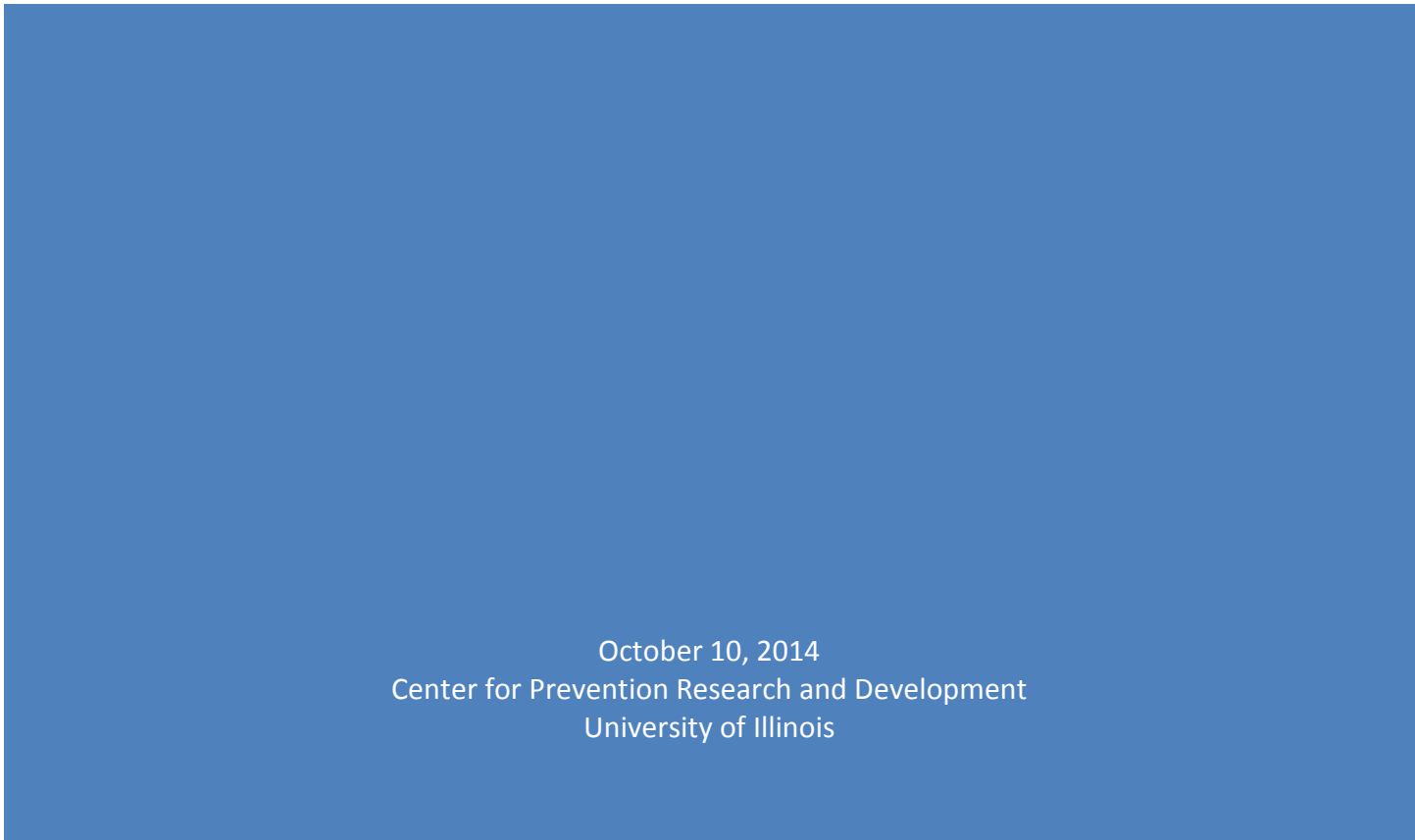




MIECHV BRIEF STUDY
REPORT – CQI SURVEY AND
COMPARATIVE RESULTS –
2013-2014



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Center for Prevention Research and Development
University of Illinois

Illinois MIECHV CQI Survey and Comparative Results – 2013-2014

The Center for Prevention Research and Development at the University of Illinois provides the Illinois MIECHV home visiting programs with Continuous Quality Improvement (CQI) supports and services. A full-time CQI specialist works with home visiting staff at each agency, with their community system's development staff and with the statewide CQI team. As part of identifying home visitor needs and evaluating and monitoring the CQI process, CPRD has conducted an annual CQI survey designed to gain insight and understanding from home visitors and supervisors regarding experiences, attitudes, beliefs and practices. The FY 13 CQI survey was conducted in June 2013, and repeated in June 2014.

The conceptual framework for the CQI survey is the theory of “adoption of innovation,” which posits various factors related to the success of planned efforts towards organizational and procedural improvement. Aspects of this framework stress the perceptions and responses of service providers (in this case, home visitors) who are asked to implement and integrate CQI practices into their professional routines and behavior. These perceptions relate to organizational structures, home visitor participation, benefits and barriers, complexity, experience, and organizational supports for conducting CQI at agency and program levels. Moreover, it's important to note that this MIECHV CQI process was a top-down or authority-based innovation, since it was required by the funder; it was not a process that the home visiting programs selected themselves. Thus multiple factors in relation to substance, procedures, and authority may play a critical role in the adoption and implementation of this CQI process, or of any such organizational innovation.

Method

Sample

As a follow-up to the 2013 CQI Readiness Survey, CPRD initiated the 2014 Home Visiting and Continuous Quality Improvement (CQI) Survey via email to 112 MIECHV providers (the actual number of possible participants dropped to 107). CPRD received and updated a provider list from the Office of Early Childhood Development and all MIECHV providers; home visitors, administrators, coordinated intake personnel and community systems development personnel were asked to complete the survey. Two reminder emails were sent to all possible participants, and nine more emails were sent at different times to specific agencies with low response rates. On July 15th the survey was closed. As an incentive for participating, two participants from each of the six communities were chosen at random, and each was awarded a \$25 Amazon gift card. Winners were announced on July 16th. The survey closed with 80 responses (a 75% response rate). Although these two samples are in essence cross-sectional snapshots of Illinois MIECHV home visitors, they appear to appropriately represent the two groups.

Measures

The survey measures were derived from CPRD's prior work related to the adoption of an innovation or new practices in organizational settings; these surveys considered adoptees' knowledge, perceived benefits, perceptions of supervisor support and expectations, and sense of efficacy with the implementation of the CQI process. Other key survey questions related to the socio-demographics of home visitors and their employment qualities and characteristics. The first set of questions asked home visiting staff to report their experience, education and job title.

This was followed by a series of questions that explore the responders' understanding, motivation, perceived benefits and support for CQI. A final group of questions asked home visitors their perceptions of the benefits of remaining a home visitor and the reasons that they would consider leaving their jobs. The ultimate goal of the second wave (2014) of questions was to determine how the CQI staff and agency-based teams integrated and improved their CQI processes and achieved short-term improvements.

Results

The results of the FY 2013 and FY 2014 CQI surveys are reported below in five broad questions addressing home visitors' demographics, employment status, experiences, beliefs, practices in their work and the CQI processes. We also inquired about issues related to perceptions of their current home visiting position, and factors related to their remaining in their current position or exploring other employment opportunities. The socio-demographic factors presented in Table 1 show that the FY 14 sample was very comparable to the FY 13 group, with the exception of the length of time as a home visitor; the latter finding was expected.

Most home visiting staff are females, 90% are full time and most have baccalaureate degrees and higher. As mentioned above, the percent of home visitors employed for one year or less decreased to 32.1% compared to 56.8% in the previous year, indicating that home visiting staff are remaining in their positions.

Table 1. Sample socio-demographic characteristics

		2013		2014	
		N	%	N	%
What is your gender?	a. Male	1	1.2%	3	3.9%
	b. Female	84	98.8%	73	96.1%
How would you describe your home visiting position at this agency?	a. Full-time	72	88.9%	65	89.0%
	b. Part-time	9	11.1%	8	11.0%
How many years have you worked as a home visitor at this current agency?	a. One year or less	42	56.8%	22	32.8%
	b. 2-3	8	10.8%	29	43.3%
	c. 4-5	4	5.4%	5	7.5%
	d. 6-10	7	9.5%	5	7.5%
	e. 10 or more years	13	17.6%	6	9.0%
How many years have you worked as a home visitor prior to this current agency?	a. One year or less	43	58.1%	35	52.2%
	b. 2-3	8	10.8%	7	10.4%
	c. 4-5	4	5.4%	9	13.4%
	d. 6-10	8	10.8%	9	13.4%
	e. 10 or more years	11	14.9%	7	10.4%
Which of the following academic degrees do you have?	a. No degree or certification	0	0.0%	0	0.0%
	b. High School Diploma/GED	3	3.6%	2	2.6%
	c. Associate degree or certification for example: AA AS	9	10.8%	10	13.0%

	d. Bachelor’s degree for example: BA AB BS	37	44.6%	32	41.6%
	e. College degree or certificates beyond Bachelor’s	34	41.0%	33	42.9%

Across the two years of the CQI survey, similar percentages of home visitors report working full-time versus part-time; education levels and years of experience in home visiting also yielded similar percentages across both years. This pattern suggests a certain level of stability and continuity among home visitors in the six MIECHV communities. Furthermore, for each year over 83% reported having received a baccalaureate or advanced degree, indicating a highly educated workforce.

Home visiting staff attitudes and beliefs regarding CQI practices

The major part of the FY 13 and FY 14 CQI survey was comprised of 20 questions pertaining to home visitor knowledge, beliefs, norms and implementation of CQI practices. These statements primarily relate to CQI, but also refer to multiple components of their organization, CQI team, clients and implementation of procedures.

Overall results show 12 questions for which responses demonstrate moderate to large improvements from 2013 to 2014. Thus CQI team members report agreeing or strongly agreeing that they/I...

- Know the difference between CQI and QA (increased from 69% to 82%).
- See fewer quality problems than in the past (increased from 44% to 66%).

- Agree with their commitment to CQI (increased from 61% to 79%).
- Have developed a detailed CQI plan (increased from 30% to 72%).
- Have integrated CQI into their home visiting programs (increased from 38% to 83%).
- Have adequate time to conduct CQI processes (increased from 35% to 51%).
- Have high quality data to conduct CQI (increased from 43% to 63%).
- Are provided with opportunities to gain new knowledge and skills (increased from 48% to 69%).
- Have had adequate training and TA to implement CQI (increased from 30% to 69%).
- Are already seeing the benefits of our CQI process (increased from 38% to 67%).
- Have a strong CQI team (increased from 46% to 65%).
- Have a team CQI team leader who is well organized (increased from 49% to 69%).

From FY13 to FY 14, there were minimal or modest changes in the following eight beliefs by home visitors, providing continued opportunities for improvement in these areas.

Respondents report agreeing or strongly agreeing that they/I...

- Feel that CQI does not take away from the quality of our home visiting work (7% to 16%).
- Remain eager to implement our CQI program (64% to 67%).
- Have a CQI champion with our organization (43% to 46%).
- Have a team that analyzes the “root causes” of problems before implementing any changes (69% to 73%).
- Have improved my home visiting skills (35% to 45%).
- Are part of a home visiting program that has strong partnership in the community (84%

to 82%).

- Have received positive feedback for providing quality home visiting services (77% to 78%).
- Have strong support for CQI recommendation from supervisors (77% to 81%).

These home visitor responses provide a comparative report of staff knowledge, attitudes, beliefs and experiences with respect to CQI. A full presentation of these questions is provided in Appendix A.

Home visiting employment characteristics

Table 2 presents data regarding basic job characteristics for survey respondents for 2013 and 2014. Respondent employment characteristics appear to be comparable for their job title or position. Regarding their participation on a CQI team, an interesting finding in Table 2 was an increase from 42% to 65% from the “No” to the “Yes” category, and 19.4% moved from the “don’t know” category to the “No” category.

In addition, only 15.4% report they “don’t know” if they are a member of the CQI team, a desirable decrease from 48.1% in the Year 1 survey response. It is unclear to the evaluation team how it is that 15% or 12 individuals are unclear regarding their participation in CQI. Our only hypothesis is that administrators or other staff members (support staff) are uncertain as to whether they are considered CQI team members or not.

Finally, responses to a question asking home visitors how often (frequency) their home visitors’ team meets indicate a significant increase over the past year in each of the expected categories – once a week, several times a month and every couple of months. The data show that a small number of CQI teams meet monthly or more (13.3%), that the largest number of CQI

teams meet several times a month (46.7), and that over one-third (34.7%) meet every couple of months. The frequency of meetings increased across the board for all home visiting programs; furthermore, we know that all CQI teams meet at least monthly with CPRD’s CQI Specialist. These findings suggest that the CQI teams are better organized, have increased participation and have more formalized processes in place than reported in the prior year survey.

Table 2. Employment characteristics

		Year			
		2013		2014	
		n	%	n	%
Which of the following titles or positions best describes your position at this agency\program? (Please select one)	a. Home visitor	39	46.4%	34	43.0%
	b. Supervisor of Home visitors	17	20.2%	17	21.5%
	c. Community systems development member	5	6.0%	6	7.6%
	d. Coordinated intake member	7	8.3%	9	11.4%
	e. Site administrator	9	10.7%	7	8.9%
	f. Other	7	8.3%	6	7.6%
Are you a member of the CQI team?	a. Yes	34	42.0%	51	65.4%
	b. No	8	9.9%	15	19.2%
	c. Don’t know	39	48.1%	12	15.4%
How often does your CQI team meet?	a. Have not met yet	46	56.8%	4	5.3%
	b. Once or more a week	5	6.2%	10	13.3%

	c. Several times a month	13	16.0%	35	46.7%
	d. Every couple of months	17	21.0%	26	34.7%

Job motivation for home visitors

Over the first year of the Illinois MIECHV project, the evaluation staff calculated staff turnover rates by community ranging from 0% to almost 100%, with an average of approximately 36% in FY 12-13. Staff turnover rates raise significant concerns based on the time and resources required for staff training and the relationships that home visiting staff have with MIECHV participants. This issue also surfaced in CPRD’s focus groups and feedback that the CQI Specialist received as part of the CQI monthly calls. On the basis of these concerns, CPRD added a series of questions to the FY 14 CQI Annual Survey designed to capture multiple factors that may contribute to staff departing or retaining their position as a home visitor. Table 3 shows the responses from the FY 14 CQI survey.

Table 3. Factors related to remaining in or leaving a home visiting position (FY 14)

	Reasons I have considered leaving (major and minor)		Not a factor for staying or leaving		Reasons I have stayed (major and minor)	
	N	%	N	%	N	%
Salary	40	53.3%	22	29.3%	13	17.3%
Benefits (e.g., healthcare, vacation, sick leave)	18	27.7%	27	41.5%	20	30.8%

Variety and flexibility of work	5	6.9%	21	29.2%	46	63.9%
Home visiting colleagues in my agency	10	13.2%	39	51.3%	27	35.5%
Opportunities for career advancement within the field of home visiting	23	30.3%	35	46.1%	18	23.7%
Opportunities for career advancement within my agency	28	36.8%	29	38.2%	19	25.0%
Not many other job opportunities where I live or work	7	9.3%	44	58.7%	24	32.0%
Personal commitment to home visiting	1	1.4%	22	29.7%	51	68.9%
Making a difference in the lives of others	2	2.8%	5	7.0%	64	90.1%

Several survey questions asked about potential reasons or factors that they would consider for leaving their position versus the reasons they want to remain. Salary was by far the most significant reason for considering leaving their current position (53.3%), while another 30% did not consider salary to be a major factor in this decision. Over 30% of respondents agree that the lack of opportunities either within their agency or within the field of home visiting (two

separate survey items) contributes to their considering leaving their current position. By contrast, the most significant reasons for remaining in their current position are related to the belief they are making differences in the lives of others, and their personal commitment to home visiting programs and the profession (nearly 70% and over 90% respectively). These value-based commitments to the people and profession appear to be super-ordinate factors to remaining in their current job.

Other highly-rated reasons for remaining in their current job include variety and flexibility of work (63.9%), fringe benefits (30.8%) and their home visitors' colleagues (35.5%). The most neutral or non-factors for remaining or leaving were benefits, colleagues, opportunities, lack of other job options and personal commitment to home visiting.

Home Visitors Knowledge Development Efficacy

A home visitor's role requires an array of knowledge, skills and practices to effectively serve participants. As mentioned earlier, most Illinois MIECHV home visitors are relatively new to the profession; most are in their first 3 years of their first home visiting position, so most report having a lot to learn. To that end, the CQI survey asked home visitors their "confidence or efficacy" in their own ability to educate families on a variety of maternal health and care issues. This information also has the potential to provide the project staff with a better understanding of what MIECHV staff may need for statewide professional development, training and technical assistance. The list of content areas was selected from the home visiting benchmarks, program models and child development literature; it does not provide an exhaustive list of skills sets, because the evaluation team was limited by survey space.

Table 4 shows the content areas that home visitors reported to be "confident," "very

confident,” and a sum of the percentages of these two responses. The highest levels of confidence are reported in relation to safety, family goal planning, their home visiting model and understanding community resources. The areas in which home visitors reported being least confident are immigration issues, implementing CQI, and addressing depression and mental health. The low rating reported for immigration may also be related to the fact the not all sites have significant numbers of immigrants, who appear to be concentrated in 2-3 of the MIECHV communities.

Table 4. Home visitor reports of confidence addressing a content area

	Not at all confident		Somewhat confident		<i>Not at all + Somewhat Confident</i>	Confident		Very confident		<i>Confident + Very Confident</i>
	n	%	n	%	<i>Total%</i>	n	%	n	%	<i>Total%</i>
Breastfeeding	6	8.0%	17	22.7%	30.7%	27	36.0%	25	33.3%	69.3%
Depression /Mental Health	4	5.4%	15	20.3%	25.7%	32	43.2%	23	31.1%	74.3%
Developmental Delays	6	8.2%	10	13.7%	21.9%	27	37.0%	30	41.1%	78.1%
Implementing MIECHV CQI	6	8.0%	29	38.7%	46.7%	30	40.0%	10	13.3%	53.3%
Dealing with different cultures	0	0.0%	14	18.7%	18.7%	35	46.7%	26	34.7%	81.4%

Safety	0	0.0%	6	8.0%	8.0%	33	44.0%	36	48.0%	92.0%
Home visiting model	3	3.9%	7	9.2%	13.1%	29	38.2%	37	48.7%	86.9%
Domestic Violence	1	1.3%	15	20.0%	21.3%	35	46.7%	24	32.0%	78.7%
Children with special needs	6	8.1%	16	21.6%	29.7%	29	39.2%	23	31.1%	70.3%
Immigration related	20	26.7%	32	42.7%	69.4%	15	20.0%	8	10.7%	30.7%
Family goal planning	0	0.0%	8	10.7%	10.7%	32	42.7%	35	46.7%	89.4%
Community resources	0	0.0%	10	13.3%	13.3%	33	44.0%	32	42.7%	86.7%

A second way we examined Table 4 was to look at those content areas in which home visitors report little or no confidence in their understanding. The respondents report having the lowest confidence in addressing immigration issues (69%), and implementing CQI (47%). The next three issues in which they are least confident are linked to the three mental/behavioral health issues: depression/mental health (27%), developmental delays (22%) and supporting families with special needs child (30%). In some ways, these three mental health issues are likely to be linked and may be able to be concomitantly addressed.

A final issue that was somewhat surprising to the evaluation team was that 31% of home visitors report no/low confidence in addressing breastfeeding with their families. This percentage seems higher than might be expected, given that breastfeeding is such an important issue for

home visiting services. Overall, the home visitor staff survey results suggest several key areas for a more in-depth examination and how these issues may vary by program. This further examination would provide better guidance for topics and formats for professional development, training and technical assistance.

Home visitor staff salaries

A final series of questions on the 2014 CQI survey asked home visitors about their annual salary. Full-time home visitors and ancillary staff salaries range from \$20,000 to \$70,000, with median salary of \$32,000. Using these data, we conducted a further analysis of home visitors' salaries by staff characteristics such as level of education, years in the profession, and job title or position. To further understand the factors that might contribute to differences, a non-parametric statistical analysis was used to compare these employment characteristics. Table 5 shows statistically significant differences in home visitors' salaries were observed by number of years' experience, levels of education; and job titles. As might be expected, salaries were highest for home visitors who have been in the profession longest and have higher levels of education—particularly home visitors who have an advanced degree or certification. Home visitors' salaries, when differentiated from those of CSDs and Supervisors, were significantly lower at \$30,600, compared to \$37,500 for CI/CSD and \$44,750 for Supervisors/Administrators. The salary differential between home visitors and CI/CSD appears to be significantly greater than would be expected. A closer look at the difference between home visitor and CI/CSD salaries may be helpful to understand the differences.

Table 5. Participant Home Visitor Salary by demographic or employment characteristics

	N	Median	Mean	Std	Min	Max	P-value
Total Sample	61	32,000	35,186.30	11,288.66	16,552	73,000	
Employment							
Full-time	53	32,000	35,217.21	10,071.31	20,000	70,000	
Part-time	5	25,000	28,970.40	13,336.40	16,552	50,000	
Number of years as a home visitor							0.040
One year or less	31	30,000	32,274.74	9,295.65	20,000	65,000	
2- 5 years	11	33,300	39,345	12,619.43	30,000	73,000	
6 years or more	14	34,500	39,750	13,304.87	25,000	70,000	
Education							.0001
HS / GED/ Associate Degree	9	29,000	27,727.44	6,055.45	16,552	38,000	
BA / BS	26	30,600	31,608.35	7,692.06	20,000	55,000	
Beyond college or advanced certificate	26	38,000	41346.15	12733.24	20000	73000	
Job Title							0.010
Home visitor	30	30,600	30,216.50	4,610.35	20,000	40,000	
CSD / CI	11	37,500	34,050.18	6,999.32	16,552	42,000	
Supervisor / Site Administrator	16	44,750	44,018.75	16,655.90	20,000	73,000	

A salary comparison of full time staff by MIECHV community (Table 6) shows that Chicago has the highest median salary and Macon County has the lowest, which is not surprising. However, the range of salaries are quite variable in terms of the minimum and maximum levels. This may be the result of having supervisors and site administrators who

oversee multiple programs in addition to MIECHV and have only a percent of an administrator salary charged to MIECHV.

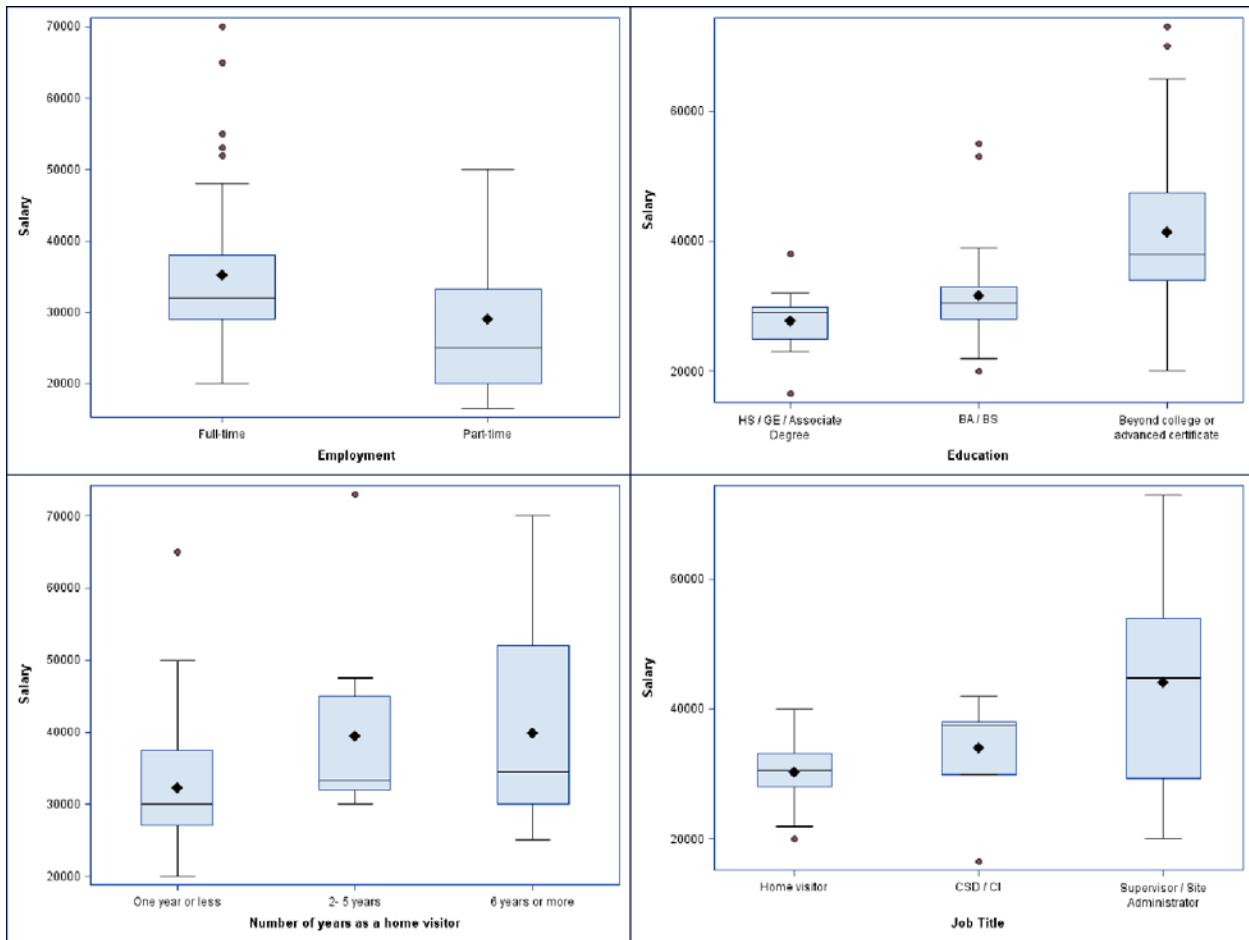
Table 6. Report of MIECHV staff salaries – FY 14 Salaries by Community

Community	N	Median \$	Mean \$	Std. \$	Minimum \$	Maximum \$
Chicago	5	44,904.00	43,029.60	19,226.80	19,284.00	69,360.00
Cicero	15	33,000.00	38,357.71	19,349.10	19,116.00	89,712.00
Elgin	23	35,100.00	40,128.65	22,584.74	0.00	10,7916.00
Macon	14	30,946.38	30,911.35	11,859.33	3,300.00	53,648.28
Rockford	31	40,833.33	46,897.94	20,655.10	13,636.36	102,500.00
Vermilion	20	38,502.00	37,347.54	10,485.43	18,096.00	58,570.95
Total	136	39,000.00	42,097.12	19,666.26	0.00	108,756.00

Since salary data are often challenging to understand based on the numbers alone, CPRD provides commonly used Box Plot figures that show salaries relative to the mean and median. Figure 1 below shows Box Plots for Illinois MIECHV by each of the four employment and demographic characteristics. The box plot shows the arithmetic mean (diamond) and median (line) and box representing the middle third of the responses. Each dot represents at least five outliers who are making over \$50,000, thus exaggerating the average salary. These salaries are also represented in the data job title. Similarly, level of education and number of years serving in a home visitor role also had several outliers, which may explain some of the differences. When the mean (diamond) and median (line) are closely aligned, this indicates that the salary distributions are comparable, while the large differences between the medians and means and numerous outliers show wide variation. A skewed distribution (outliers) increases average

salaries, and the median represents the mid-point of a range of salaries.

Figure 1. Box Plots showing median, mean, and distributions of salary by employment, education, experience and job title categories



Other home visiting salary reports

CPRD also was able to acquire two additional salary data sets from the State of Illinois and the Ounce of Prevention Fund (OPF). However, these data are collected and reported in different formats than the CQI survey. Table 7 salaries reflect OPF categories between Chicago Metro and Chicago Non-Metro, which appear to be quite comparable. Educational differences

appear to increase salaries approximately \$1,000 for staff with a baccalaureate degree or higher, which is similar to the MIECHV educational differential. Additionally, in the OPF data the supervisor’s salary approximately averages \$44,495, which is comparable to CPRD’s MIECHV survey results, but slightly lower than the IDHS data.

Table 7. Ounce of Prevention Fund Salary Study – FY 14

Employment characteristics	Average Salary
Chicago Metro Areas	\$27,762
Non-Chicago Metro	\$26,893
With college degree	\$28,612
Less than college degree	\$27,234
Home Visitor- State average	\$27,463
Supervisor - State Average	\$44,495

A final salary data source for MIECHV staff salaries was recently obtained from the Illinois Department of Human Service’s annual grant submission, which presents the Illinois MIECHV salary data to IDHS for home visitors, supervisors and administrators, community systems and community intake staff in each of the six communities. Table 8 shows a comparison between CPRD CQI survey results and IDHS salaries and titles. Overall the IDHS budget appears to be higher for each of the major categories, which may reflect that the CQI survey was an online, voluntary survey while the IDHS data reports what was submitted in their grants. Thus the IDHS reports has significantly more staff (81 vs. 57), and may also reflect that the CQI survey was conducted in July and that the IDHS salary data may also include salary increases,

promotions and other factors. The largest differences are for the CI/CSDs and the supervisors, who also had fewer numbers of CQI surveys completed.

Table 8. Salary Comparisons between CQI survey results and IDHS grant submission

	CPRD CQI Survey (median) (N= 57)	IDHS Annual Budget Submissions (N=81)
Home Visitors	\$30,216 (N= 30)	\$31,200 (N= 40)
CI/CSD	\$37,500 (N = 11)	\$43,947 (N= 12)
Supervisors	\$44,750 (N= 16)	\$48,077 (N= 24)

Conclusions and Recommendations

The FY 14 annual CQI home visitor survey provides an array of information that can be compared to FY 13 to examine progress and barriers to their work. The overall home visiting workforce appears to have remained relatively stable in turns of new staff, as well as roles, characteristics and education levels, with over 84% of home visitors having baccalaureate or advanced degrees. However, it is important to note that the majority of home visitors (76%) have still worked in home visiting for less than five years, and should be considered “early career” for home visitors, thus requiring continued professional development, coaching and support.

Based on the two year results of the MIECHV CQI staff survey, the following recommendations are proposed for future consideration:

- 1) Continue to support the home visiting workforce by providing high quality, high demand professional development activities.
- 2) Continue to support the home visiting workforce by advocating for increased

professionalization and salaries for home visitors.

- 3) Recognize the importance of home visitors' efforts in collaborating with their peers and their families.
- 4) Continue to support and acknowledge how important home visitors view their work to be and the strength of their commitment to home visiting through some type of recognition or reward system or event.
- 5) Increase the involvement and understanding of CQI processes with all home visiting staff.

Appendix A

		2013		2014	
		n	%	n	%
1) I understand the difference between CQI and Quality Assurance.	Strongly Disagree	2	2.4%	1	1.3%
	Disagree	8	9.5%	1	1.3%
	Unsure	16	19.0%	12	15.2%
	Agree	44	52.4%	44	55.7%
	Strongly Agree	14	16.7%	21	26.6%
2) Implementing CQI processes will take away from the quality home visiting services.	Strongly Disagree	12	14.3%	10	13.0%
	Disagree	43	51.2%	43	55.8%
	Unsure	23	27.4%	12	15.6%
	Agree	6	7.1%	9	11.7%
	Strongly Agree	0	0.0%	3	3.9%
3) The CQI process has improved my home visiting skills.	Strongly Disagree	2	2.4%	2	2.7%
	Disagree	6	7.3%	6	8.2%
	Unsure	45	54.9%	32	43.8%
	Agree	26	31.7%	26	35.6%
	Strongly Agree	3	3.7%	7	9.6%
4) I am eager to implement the CQI process for our program(s).	Strongly Disagree	0	0.0%	1	1.3%
	Disagree	4	4.8%	6	7.6%
	Unsure	26	31.3%	19	24.1%
	Agree	41	49.4%	46	58.2%
	Strongly Agree	12	14.5%	7	8.9%
5) Our home visiting team is committed to the CQI process.	Strongly Disagree	1	1.2%	1	1.3%
	Disagree	0	0.0%	2	2.7%
	Unsure	31	37.3%	13	17.3%
	Agree	34	41.0%	48	64.0%
	Strongly Agree	17	20.5%	11	14.7%
8) Our organization has a champion for the CQI process at our organization.	Strongly Disagree	0	0.0%	1	1.3%
	Disagree	6	7.2%	9	11.4%
	Unsure	41	49.4%	31	39.2%
	Agree	21	25.3%	32	40.5%
	Strongly Agree	15	18.1%	6	7.6%
9) We have developed a detailed CQI plan to guide our work.	Strongly Disagree	0	0.0%	2	2.6%
	Disagree	18	21.4%	7	9.0%
	Unsure	41	48.8%	13	16.7%
	Agree	21	25.0%	46	59.0%
	Strongly Agree	4	4.8%	10	12.8%

		2014		2013	
		n	%	n	%
11) We have integrated CQI into our home visiting program.	Strongly Disagree	1	1.3%	0	0.0%
	Disagree	13	16.3%	2	2.6%
	Unsure	36	45.0%	11	14.1%
	Agree	28	35.0%	53	67.9%
	Strongly Agree	2	2.5%	12	15.4%
12) We, as a team, analyze the root causes of problems before implementing any changes.	Strongly Disagree	0	0.0%	1	1.3%
	Disagree	6	7.1%	8	10.1%
	Unsure	20	23.5%	12	15.2%
	Agree	39	45.9%	44	55.7%
	Strongly Agree	20	23.5%	14	17.7%
13) In our home visiting program, I see fewer quality problems today than in the past.	Strongly Disagree	1	1.2%	1	1.3%
	Disagree	8	9.8%	5	6.5%
	Unsure	37	45.1%	28	36.4%
	Agree	28	34.1%	35	45.5%
	Strongly Agree	8	9.8%	8	10.4%
14) Our team has adequate time to conduct our CQI procedures.	Strongly Disagree	1	1.2%	2	2.5%
	Disagree	18	21.7%	16	20.3%
	Unsure	35	42.2%	21	26.6%
	Agree	27	32.5%	37	46.8%
	Strongly Agree	2	2.4%	3	3.8%
16) Our team has high quality information (data) to conduct the CQI process.	Strongly Disagree	0	0.0%	2	2.6%
	Disagree	6	7.3%	4	5.1%
	Unsure	41	50.0%	22	28.2%
	Agree	33	40.2%	42	53.8%
	Strongly Agree	2	2.4%	8	10.3%
17) Our home visiting program has strong partnerships with necessary community resources for home visiting families.	Strongly Disagree	0	0.0%	2	2.6%
	Disagree	5	6.1%	4	5.2%
	Unsure	8	9.8%	8	10.4%
	Agree	48	58.5%	49	63.6%
	Strongly Agree	21	25.6%	14	18.2%
18) Working with CQI, has provided me opportunities to gain new knowledge and skills (domestic violence, health care, pa	Strongly Disagree	0	0.0%	2	2.6%
	Disagree	5	6.3%	9	11.8%
	Unsure	37	46.3%	13	17.1%
	Agree	30	37.5%	39	51.3%
	Strongly Agree	8	10.0%	13	17.1%

		2013		2014	
		n	%	n	%
19) We have had adequate training and technical assistance to implement the CQI process.	Strongly Disagree	6	7.2%	2	2.6%
	Disagree	26	31.3%	8	10.3%
	Unsure	26	31.3%	14	17.9%
	Agree	18	21.7%	47	60.3%
	Strongly Agree	7	8.4%	7	9.0%
21) We can already see some of the benefits of our CQI process.	Strongly Disagree	2	2.5%	3	3.8%
	Disagree	10	12.3%	3	3.8%
	Unsure	38	46.9%	20	25.3%
	Agree	27	33.3%	47	59.5%
	Strongly Agree	4	4.9%	6	7.6%
22) We have a strong CQI team that works well together.	Strongly Disagree	1	1.2%	1	1.3%
	Disagree	6	7.3%	6	7.8%
	Unsure	37	45.1%	20	26.0%
	Agree	29	35.4%	37	48.1%
	Strongly Agree	9	11.0%	13	16.9%
23) The leader of our CQI team is well-organized.	Strongly Disagree	1	1.2%	1	1.3%
	Disagree	3	3.7%	1	1.3%
	Unsure	38	46.3%	22	28.2%
	Agree	32	39.0%	40	51.3%
	Strongly Agree	8	9.8%	14	17.9%
24) I receive positive feedback for providing quality home visiting services.	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	3	3.7%	0	0.0%
	Unsure	16	19.5%	16	21.6%
	Agree	44	53.7%	47	63.5%
	Strongly Agree	19	23.2%	11	14.9%
25) Our supervisor is likely to support recommendations from the CQI team.	Strongly Disagree	0	0.0%	1	1.3%
	Disagree	1	1.2%	3	3.8%
	Unsure	18	21.7%	11	13.9%
	Agree	42	50.6%	49	62.0%
	Strongly Agree	22	26.5%	15	19.0%