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## **MIECHV Home Visiting and Continuous Quality Improvement Survey Report**

**February 2018**

The Center for Prevention Research and Development at the University of Illinois (CPRD) provides Illinois MIECHV home visiting programs with Continuous Quality Improvement (CQI) supports and services. CQI is the complete process of identifying, describing, and analyzing strengths and challenges, and subsequently testing, implementing, and learning from solutions. It is a vital component of Illinois MIECHV, providing a mechanism to generate meaningful commitments from all levels of the program. A CQI Specialist and a coordinated intake (CI) Specialist work with teams at each home visiting and coordinated intake agency, conducting monthly technical assistance calls and providing support in planning and implementing CQI activities.

As part of the evaluation of CQI and to continue to improve MIECHV systems and services, the evaluation team conducts an annual survey of MIECHV staff to gain insight into and garner staff input on the strengths, weakness, opportunities and threats to the staff experiences, and attitudes, beliefs and practices related to CQI and home visiting more generally. The Home Visiting and Continuous Quality Improvement Survey (HV/CQI Survey) was initially administered in 2013, and has been repeated annually through 2017. The survey has been modified and updated over time to address salient issues related to the workforce, such as salaries, retention, family engagement, and safety.

## **Method**

### **Sample**

The 2017 survey was sent to all MIECHV providers on June 22, 2017. All MIECHV personnel, which included home visitors, supervisors, and coordinated intake staff, were asked to complete the survey. Three reminder emails were sent and the survey was closed on July 25, 2017. As an incentive, twenty respondents were chosen at random, and each was awarded a \$25 Amazon gift card. The survey closed with an 85% response rate.

### **Measures**

The survey measures were derived from CPRD's prior work related to the adoption of innovations in organizational settings. Questions relate to the socio-demographics of home visiting staff, their experience with CQI, their employment characteristics and motivations, and their interest in training and technical assistance.

In 2015, in response to concerns voiced from the field, CPRD added a series of questions about personal safety and home visiting. In 2017, we followed up on the topic of safety, using a subset of the original safety-related questions. In response to funding instability in Illinois, this year we also added a section related to private funding of home visiting.

## Results

Results of the FY 2013—FY 2017 CQI surveys are reported below. The socio-demographic factors presented in **Table 1** show that the FY 13—FY 17 samples are very comparable, with the exception of the length of time employed as a home visitor.

**Table 1. Sample socio-demographic characteristics, FY 13—FY 17**

		2013		2014		2015		2016		2017	
		N	%	N	%	N	%	N	%	N	%
Gender	Male	1	1.2%	3	3.9%	1	1.4%	1	1.6%		
	Female	84	98.8%	73	96.1%	73	98.6%	60	98.4%	86	100%
Work status	Full-time	72	88.9%	65	89.0%	64	87.7%	56	93.3%	79	92.9%
	Part-time	9	11.1%	8	11.0%	9	12.3%	4	6.7%	6	7.1%
Your role	HV	42	50.0%	35	44.3%	33	45.2%	33	55.9%	44	52.4%
	Supervisor	17	20.2%	17	21.5%	24	32.9%	19	32.2%	29	34.5%
	CI staff	9	10.7%	11	13.9%	10	13.7%	5	8.5%	9	10.7%
	Other staff	2	2.4%	3	3.8%	2	2.7%	2	3.4%	2	2.4%
Years worked at this agency	1 or less	42	56.8%	22	32.8%	16	21.6%	11	18.3%	25	29.8%
	2-3 years	8	10.8%	29	43.3%	27	36.5%	17	28.3%	11	13.1%
	4-5 years	4	5.4%	5	7.5%	10	13.5%	15	25.0%	22	26.2%
	6-9 years	7	9.5%	5	7.5%	4	5.4%	6	10.0%	6	7.1%
	10 or more	13	17.6%	6	9.0%	17	23.0%	11	18.3%	20	23.8%
Prior relevant experience	1 or less	43	58.1%	35	52.2%	28	37.8%	25	41.0%	26	30.6%
	2-3 years	8	10.8%	7	10.4%	9	12.2%	9	14.8%	20	23.5%
	4-5 years	4	5.4%	9	13.4%	10	13.5%	5	8.2%	15	17.6%
	6-9 years	8	10.8%	9	13.4%	12	16.2%	8	13.1%	9	10.6%
	10 or more	11	14.9%	7	10.4%	15	20.3%	14	23.0%	15	17.6%
Highest level of education	No degree					3	4.1%	1	1.6%		
	HS/GED	3	3.6%	2	2.6%	5	6.8%	4	6.6%	6	7.0%
	Associate's	9	10.8%	10	13.0%	10	13.5%	6	9.8%	8	9.3%
	Bachelor's	37	44.6%	32	41.6%	27	36.5%	28	45.9%	47	54.7%
	BA +	34	41.0%	33	42.9%	29	39.2%	22	36.1%	25	29.1%

Across the five years of the survey, home visitors report similar breakdowns of education level, job type and work status. The number of years' experience prior to coming to their current agency has remained about the same from 2016. The percent of staff who have Bachelor's and/or advanced degrees remains in excess of 80% of the survey respondents.

This year there was a slight increase in the number of staff reporting they have been in their current position for one year or less. This number had been systematically decreasing since a high of 57% in year 1, but almost doubled from 2016 to 2017. This uptick may reflect the struggle home visiting agencies have had due to the Illinois budget crisis, which has led to layoffs, furloughs and higher turnover.

## Continuous quality improvement

The CQI team is the basic organizational structure from which CQI work is implemented within each Local Implementing Agency (LIA). CQI team membership appears to have stabilized from FY 14 to FY 17 with approximately 2/3 of the home visitors participating on the CQI team. It continues to be interesting that nearly 15% report that they do not know whether they are on the CQI team, which we believe most likely means they are not.

**Table 2. CQI team membership, FY 13—FY 17**

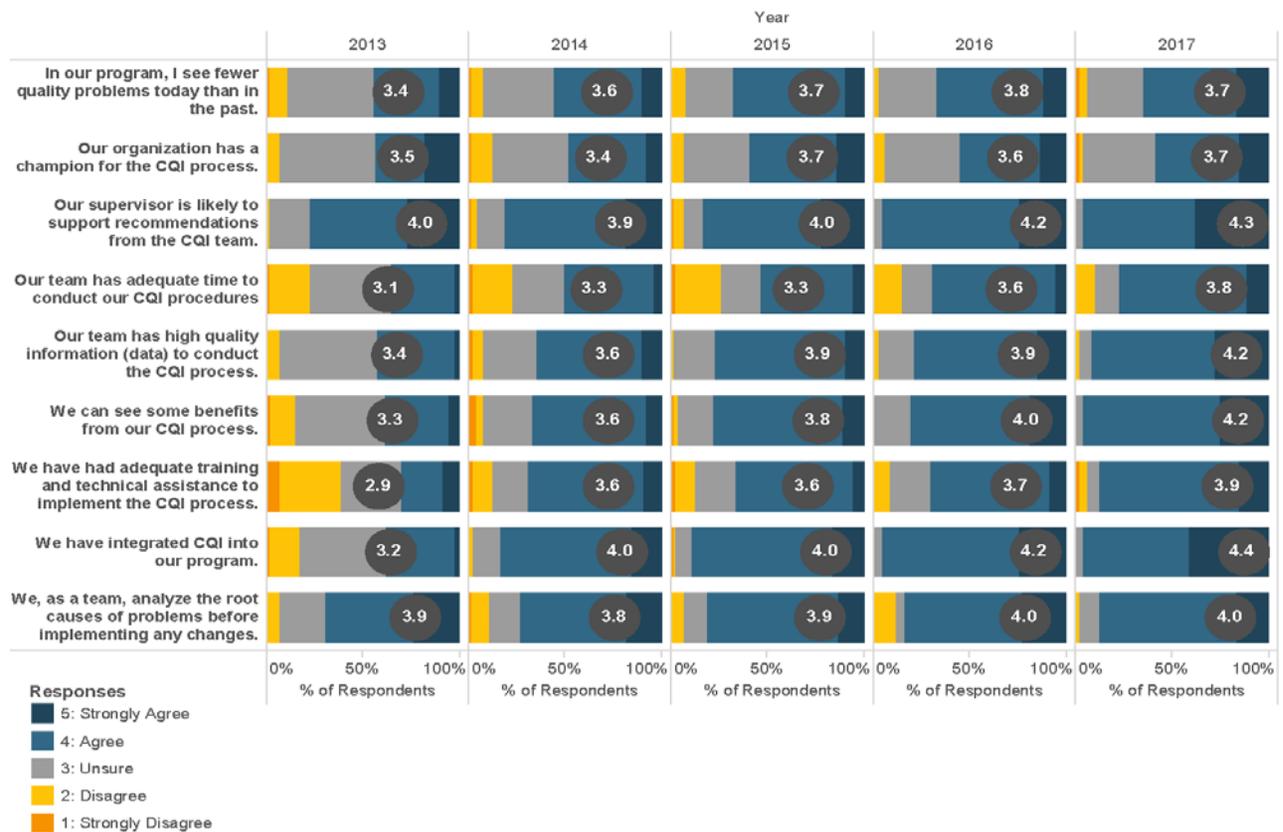
		2013		2014		2015		2016		2017	
		N	%	N	%	N	%	N	%	N	%
CQI team membership	Yes	34	42.0%	51	65.4%	51	68.9%	41	67.2%	56	65.1%
	No	8	9.9%	15	19.2%	11	14.9%	13	21.3%	18	20.9%
	Don't know	39	48.1%	12	15.4%	12	16.2%	7	11.5%	12	14.0%

## Home visiting staff attitudes and beliefs regarding CQI practices

Participation in CQI programming is a requirement of the MECHV grant, and each LIA is expected to have a standing CQI team that develops and implements CQI plans focusing on the MIECHV benchmarks or other areas of home visiting quality. A major part of the FY 13—FY 17 HV/CQI survey was to assess the knowledge, beliefs, and implementation of CQI in the MIECHV LIAs. **Table 3** shows the frequency in means and percentages of responses to CQI related questions from FY 13 to FY 17.

Average responses have improved over the five survey years, with some showing significantly larger improvements than others. For example, staff report more favorable responses to adequate team time for CQI, higher quality data, demonstrated benefits of the CQI process, and greater integration of CQI into their programs. These improvements are key factors driving Illinois' improvements achieving the MIECHV benchmarks.

**Table 3. Respondent agreement (agree/strongly agree) by survey item, FY 13—FY 17**



### Home visitor knowledge development

A home visitor’s role requires an array of knowledge, skills and practices to effectively serve participants. In 2015, the CQI survey began asking home visitors about their interest in additional training and technical assistance in several areas. Topics identified on the survey are adapted as new issues surface that may need additional attention and support. **Table 4** shows reported interest level by content area. The evaluation team collapsed two columns that indicate respondents’ level of interest (“interested” and “very interested”) and report the aggregate of those two categories.

It is interesting to note that the highest levels of interest remain the same from prior years, and include Adverse Childhood Experiences (ACEs), depression/mental health, infant mental health services, adults with developmental delays, and children with special needs. It should also be noted that the less highly rated topics still garnered high interest levels by more than half the respondents. These include: domestic violence safety planning (65.9%), working with male caregivers (64%), family planning (59.5%) and breastfeeding (58.3%). Home visitors clearly want and need additional support in most or all of the content areas.

**Table 4. Home visitor interest in training and technical assistance**

	2015		2016		2017	
	N	%	N	%	N	%
Breastfeeding	43	58.1%	40	65.6%	49	58.3%
Depression/mental health	54	75.0%	53	86.9%	72	83.7%
Adults with learning disabilities	53	71.6%	48	78.7%	63	73.3%
Family planning	43	58.1%	44	74.6%	50	59.5%
ACEs and childhood trauma	54	73.0%	48	78.7%	68	80.0%
Domestic violence safety planning	45	62.5%	38	63.3%	56	65.9%
Children with special needs	50	69.4%	52	85.2%	61	71.8%
Infant mental health services	54	73.0%	46	76.7%	66	76.7%
Working with male caregivers			45	75.0%	55	64.0%

### Home visiting staff motivation to remain in or leave their position

A programmatic factor that plays a critical role in the quality of home visiting programs is the rate at which staff turns over. In an attempt to understand and monitor home visitor turnover, the evaluation team included a series of questions in the HV/CQI Survey designed to capture multiple factors that may contribute to staff departing or retaining their positions.

There are two ways to examine these results – looking at the aggregate of each factor and looking at change over time for each factor. **Table 5** shows that the highest rated factor related to departing home visiting was the degree to which home visitors believed the funding was insecure, at nearly 68% and at a slight increase from 2016. This is not surprising considering that Illinois did not have a budget for over two years. Salary remained a significant reason for considering leaving their current position (53%), a small decrease from the prior year, while another 24% did not consider salary to be a factor in this decision. This was a slight increase from 2016.

There were several important changes between last year and this year’s results. Home visiting colleagues were a more popular reason for respondents to stay in their current positions (from 35.5% to 56.5%). This was primarily a shift away from “not a factor for staying or leaving.” This indicates a stronger support network among colleagues, possibly as a result of more experience among the teams, and stronger professional relationships due to increased time working together.

Perhaps because of the increased experience among home visitors, several advancement-related reasons to consider leaving a position increased in this year’s results. Home visitors were more likely to consider leaving their current position because of lack of opportunities for career advancement within their agencies (36.8% to 46.5%) and within the field (30.3% to 48.5%). Personal commitment to home visiting and the belief that they were making a difference in the lives of others continue to be reasons to stay.

**Table 5. Factors related to remaining in or leaving a position, FY 14—FY 17**

		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	2014	40	53.3%	22	29.3%	13	17.3%
	2015	39	54.9%	18	25.4%	14	19.7%
	2016	40	65.6%	10	16.4%	11	18.0%
	2017	45	52.9%	20	23.5%	20	23.5%
Benefits	2014	18	24.0%	27	36.0%	30	40.0%
	2015	18	25.7%	28	40.0%	24	34.3%
	2016	10	16.7%	21	35.0%	29	48.3%
	2017	18	21.2%	26	30.6%	41	48.2%
Variety and flexibility of work	2014	5	6.8%	21	28.4%	48	64.9%
	2015	7	10.1%	23	33.3%	39	56.5%
	2016	4	6.8%	10	16.9%	45	76.3%
	2017	1	1.3%	11	14.3%	65	84.4%
MIECHV colleagues in my agency	2014	10	13.2%	39	51.3%	27	35.5%
	2015	8	11.3%	35	49.3%	28	39.4%
	2016	11	18.3%	24	40.0%	25	41.7%
	2017	6	7.2%	39	47.0%	38	45.8%
Opportunities for career advancement within the field	2014	23	30.3%	35	46.1%	18	23.7%
	2015	33	48.5%	21	30.9%	14	20.6%
	2016	27	45.8%	22	37.3%	10	16.9%
	2017	32	38.6%	35	42.2%	16	19.3%
Opportunities for career advancement within my agency	2014	28	36.8%	29	38.2%	19	25.0%
	2015	33	46.5%	22	31.0%	16	22.5%
	2016	30	49.2%	19	31.1%	12	19.7%
	2017	33	39.8%	33	39.8%	17	20.5%
Not many other job opportunities where I live or work	2014	7	9.2%	44	57.9%	25	32.9%
	2015	12	16.9%	37	52.1%	22	31.0%
	2016	4	6.6%	34	55.7%	23	37.7%
	2017	5	6.0%	54	64.3%	25	29.8%
Personal commitment to home visiting	2014	1	1.4%	22	29.7%	51	68.9%
	2015	6	8.5%	24	33.8%	41	57.7%
	2016			17	27.9%	44	72.1%
	2017	3	3.6%	29	34.9%	51	61.4%
Making a difference in the lives of others	2014	2	2.6%	5	6.5%	70	90.9%
	2015	3	4.3%	10	14.3%	57	81.4%
	2016	1	1.7%	6	10.3%	51	87.9%
	2017	1	1.2%	12	14.1%	72	84.7%
Insecure state or agency funding	2016	39	63.9%	13	21.3%	9	14.8%
	2017	57	67.9%	21	25.0%	6	7.1%
MIECHV requirements	2016	19	31.1%	36	59.0%	6	9.8%
	2017	19	22.6%	60	71.4%	5	6.0%

These changes are likely the result of increased home visitor experience, resulting in interest in new challenges. They may also be the result of increased burnout, especially given Illinois' fiscal climate and the funding instability of MIECHV nationwide.

## Home visitor staff salaries

A series of questions on the 2017 survey asked home visiting staff about their annual salary. This year, staff salaries ranged from \$18,000 to \$80,000. Median salary was \$32,500. Using these data, we conducted a further analysis of salaries by staff characteristics such as level of education, years in the profession, and job title. To understand the factors that might contribute to differences, a non-parametric statistical analysis was used to compare these characteristics. **Table 6** shows statistically significant differences between full and part-time employment, years' experience, levels of education, and job titles.

**Table 6. Home visitor salary by demographic or employment characteristics**

	N	Median	Mean	Std	Min	Max
Total sample	64	\$32,500	\$36,674	\$11,942	\$18,000	\$80,000
Community*						
Cicero	7	\$30,900	\$31,586	\$10,125	\$18,000	\$50,000
Elgin	6	\$32,289	\$33,446	\$7,024	\$25,100	\$43,000
Englewood	11	\$35,000	\$38,118	\$8,125	\$30,000	\$55,000
Macon	11	\$36,000	\$37,273	\$11,359	\$28,000	\$67,000
Rockford	8	\$47,042	\$49,685	\$21,347	\$26,000	\$80,000
Vermilion	6	\$31,000	\$33,960	\$7,092	\$28,000	\$46,000
New agencies	15	\$30,000	\$32,987	\$7,824	\$23,000	\$47,500
Employment						
Full-time	61	\$33,000	\$37,428	\$11,709	\$25,100	\$80,000
Part-time	3	\$23,000	\$21,333	\$2,887	\$18,000	\$23,000
Number of years as a home visitor*						
One year or less	18	\$32,500	\$34,527	\$8,227	\$23,000	\$50,000
2- 5 years	28	\$30,750	\$32,077	\$6,012	\$18,000	\$47,500
6 years or more	18	\$41,500	\$45,971	\$16,497	\$26,000	\$80,000
Education*						
HS/GE/Associate Degree	9	\$28,000	\$28,001	\$3,264	\$23,000	\$33,700
BA/BS	40	\$32,000	\$35,634	\$10,999	\$18,000	\$77,400
Beyond college or advanced certificate	15	\$40,300	\$44,650	\$13,379	\$28,000	\$80,000
Job Title*						
Home visitor	39	\$30,000	\$30,490	\$4,533	\$18,000	\$40,000
CI	5	\$34,577	\$31,915	\$4,572	\$26,000	\$36,000
Supervisor/Site Administrator	20	\$46,500	\$49,923	\$12,574	\$35,000	\$80,000

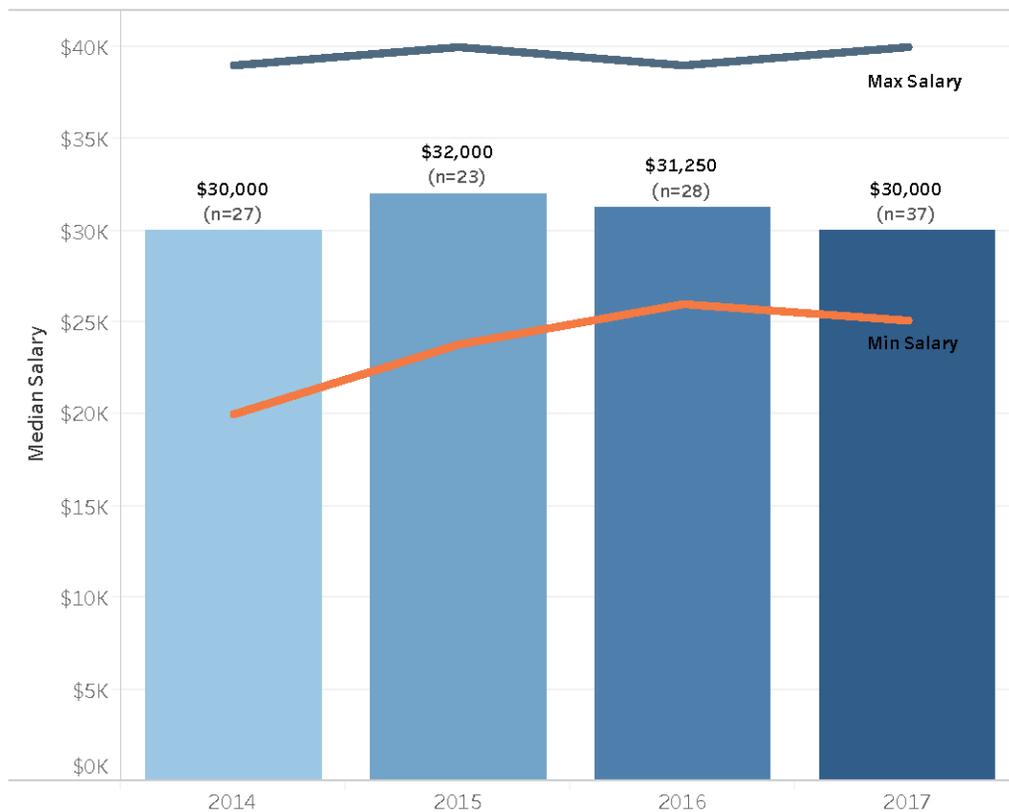
\*significant differences at  $p < 0.05$

As might be expected, salaries were highest for staff who have been in the profession longest and have higher levels of education—particularly an advanced degree or certification. Median home visitors’ salaries, when differentiated from those of CIs and Supervisors, were significantly lower at \$30,000, compared to \$34,577 for CI Staff, and \$46,500 for Supervisors/Site Administrators.

**MIECHV salaries over time**

**Table 7** below shows a trend line of MIECHV salaries reported in the HV/CQI survey over the past four years. The trend shows a modest increase in 2015 and 2016, but then a decrease in 2017. The bottom line is that salaries remain low for full time home visitors ranging somewhere between \$20,000 and \$40,000 with an average around \$31,000. The decrease in average salary from 2016 to 2017 may be related to the larger sample size or the greater number of new staff that were hired in the prior year. Twelve home visitors or 31% of the 2017 survey responded they had been in their positions less than one year.

**Table 7. Full time home visitor salaries, FY 2014 – FY 2017**



## Illinois non-MIECHV home visiting salaries

CPRD was able to acquire an additional salary data set from the Ounce of Prevention Fund (OPF). However, these data are collected and reported in a slightly different format. **Table 8** salaries reflect OPF categories Statewide, Upstate, and Downstate, which appear to be quite comparable, with a modest increase from 2014 to 2016. The average MIECHV home visitor salary is quite similar to the OPF sample. The comparability of both MIECHV and non-MIECHV home visiting salaries is not really surprising as the two systems are often co-located in the same LIAs. Finally, it should be noted that the MIECHV survey sample is significantly smaller than the Ounce's data. Their sample represents most or all the other home visiting programs in Illinois (non-MIECHV).

**Table 8. Ounce of Prevention Fund Salary Study – FY 14 & 2016**

<b>Ounce Survey</b>	<b>2014</b>	<b>2016</b>
<b>Employment characteristics</b>	<b>Average Salary</b>	<b>Average Salary</b>
Statewide	\$29,206	\$31,012
Upstate	\$29,286	\$32,371
Downstate	\$29,014	\$30,096

## Home visitor safety

Due to the unique nature of home visiting, safety is a particular concern for home visiting programs. MIECHV has targeted high-risk communities across Illinois and, as a result, home visitors face safety challenges in their day-to-day work. To gain a better understanding of these issues a series of safety-related questions was added to the 2015 survey. Results indicated that home visiting staff experienced high levels of concern about a number of potential safety issues. However, perhaps because home visiting staff and agencies employed a number of reported safety-related procedures and policies, home visitors reported relatively few unsafe experiences. In 2017, we revisited two components of the safety questions: unsafe experiences and organizational policies and procedures.

## Unsafe experiences

While home visitors reported high levels of concern about safety, it is encouraging that they do not report high levels of unsafe experiences compared to their perceptions of risk. **Table 9** shows reported unsafe experiences in 2015 and 2017. Across years, home visitors report very little intimidation or harassment in homes and neighborhoods. While these experiences are especially concerning, home visitors also report experiencing very little theft, robbery or violence. Modest differences between years are most likely the result of changes in the workforce due to turnover.

**Table 9. MIECHV staff unsafe experiences, FY 2015 and FY 2017**

		2015		2017	
		N	%	N	%
Intimidated or harassed in a home	Yes	3	4.1%	5	5.8%
	No	59	79.7%	65	75.6%
	N/A	12	16.2%	16	18.6%
Intimidated or harassed in a neighborhood	Yes	6	8.1%	9	10.5%
	No	59	79.7%	63	73.3%
	N/A	9	12.2%	14	16.3%
Had something stolen from your property (car, purse) while working	Yes	5	6.8%	3	3.5%
	No	62	83.8%	71	83.5%
	N/A	7	9.5%	11	12.9%
Robbed or mugged while working	Yes	1	1.4%	0	0.0%
	No	65	89.0%	76	88.4%
	N/A	7	9.6%	10	11.6%
Heard gunshots while working	Yes	23	31.1%	20	23.8%
	No	44	59.5%	54	64.3%
	N/A	7	9.5%	10	11.9%
Witnessed violence to others	Yes	18	24.3%	22	25.6%
	No	49	66.2%	54	62.8%
	N/A	7	9.5%	10	11.6%
Experienced violence yourself	Yes	1	1.4%	2	2.3%
	No	66	89.2%	74	86.0%
	N/A	7	9.5%	10	11.6%

### Agency efforts to reduce risk

In 2015 home visitors were also asked about their agencies' safety practices or policies, to gauge agency safety efforts, as well as home visitor knowledge of those safety efforts. As a follow up to the survey, all agencies with MIECHV home visitors were asked to provide their safety policies, as well as any additional information about safety-related practices not included in their policies. The majority of responding agencies reported not having safety policies or having inadequate or outdated safety policies. In 2016, and again in 2017, we asked home visiting staff to indicate which, if any, safety-related policies or procedures their organization implemented. **Table 10** shows results for each year.

Across years, home visiting staff report similar results for safety included in orientation, organizations having written safety policies or manuals, and agencies having standing safety committees. Fewer staff reported that their agency provided annual safety trainings, however this may be related to the increased number of staff in their first year of employment, especially given the similar results on the other safety practices. The one main difference between years is that a far greater percent of staff were provided cell

phones by their agencies in 2017 compared to 2016. We are not able to determine whether this change was made as a result of safety findings in 2015.

**Table 10. Organizational policies and procedures, FY 2016 and FY 2017**

		2016		2017	
		N	%	N	%
Provides information about safety during orientation	Yes	52	85.2%	74	87.1%
	No	5	8.2%	8	9.4%
	Not Sure	4	6.6%	3	3.5%
Provides annual safety trainings to all home visitors/CI staff	Yes	42	70.0%	51	60.0%
	No	10	16.7%	21	24.7%
	Not Sure	8	13.3%	13	15.3%
Has a written safety policy or manual	Yes	51	83.6%	73	85.9%
	No	8	13.1%	5	5.9%
	Not Sure	2	3.3%	7	8.2%
Has a standing safety committee	Yes	29	49.2%	44	51.8%
	No	18	30.5%	26	30.6%
	Not Sure	12	20.3%	15	17.6%
Allows staff to cancel/leave a home visit for safety reasons	Yes	59	98.3%	81	96.4%
	No	0	0.0%	1	1.2%
	Not Sure	1	1.7%	2	2.4%
Provides cell phones to home visitors/CI staff	Yes	28	46.7%	53	62.4%
	No	31	51.7%	30	35.3%
	Not Sure	1	1.7%	2	2.4%

### Private funding sources for home visiting

In response to fiscal instability in Illinois, the evaluation team developed a series of questions designed to understand to what extent home visiting programs received private sector funding. These questions were limited to Supervisors or Site Administrators with the assumption that this group would be most likely to have this level of information. However even this group may not have been fully aware of private sector funding at their agencies.

The development of these questions created numerous challenges as to how to ask, understand, interpret and report this type of information. The first question asked whether or not they received private funding for the home visiting programs. Of the 26 individuals who responded, 10 (34.5%) reported their organizations received some private funding. Responses are presented in **Figure 1** below.

Private institutional funders	Individual or family donors	Direct appeals
<ul style="list-style-type: none"> <li>• <b>Type of funding</b> <ul style="list-style-type: none"> <li>• Grants (8)</li> <li>• In-kind donations (3)</li> <li>• Donated services (2)</li> </ul> </li> <li>• <b>Use of funds</b> <ul style="list-style-type: none"> <li>• Program (8)</li> <li>• Operations (6)</li> <li>• Training (7)</li> <li>• Salary (7)</li> </ul> </li> <li>• <b>% of overall budget</b> <ul style="list-style-type: none"> <li>• 8-40%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Type of funding</b> <ul style="list-style-type: none"> <li>• Grants (2)</li> <li>• In-kind donations (8)</li> <li>• Donated services (4)</li> </ul> </li> <li>• <b>Use of funds</b> <ul style="list-style-type: none"> <li>• Program (3)</li> <li>• Operations (4)</li> <li>• Training (2)</li> </ul> </li> <li>• <b>% of overall budget</b> <ul style="list-style-type: none"> <li>• 2-20%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Types of funding</b> <ul style="list-style-type: none"> <li>• Online fundraising (5)</li> <li>• Direct mail (7)</li> <li>• Special events (7)</li> </ul> </li> <li>• <b>Use of funds</b> <ul style="list-style-type: none"> <li>• Program (3)</li> <li>• Operations (5)</li> <li>• Training (1)</li> </ul> </li> <li>• <b>% of overall budget</b> <ul style="list-style-type: none"> <li>• 10-20%</li> </ul> </li> </ul>

**Figure 1. Private funding sources for MIECHV home visiting programs**

Results from this line of questions indicate that home visiting programs do identify and secure funding from multiple private sources and depend on these sources for a wide range of uses. This area merits additional research, especially in light of Illinois’ fiscal instability and many programs’ braided funding structures.

### Conclusions and recommendations

Based on results of the FY 17 Home Visiting and CQI Survey, and trends identified over multiple years, the following recommendations are proposed for future consideration:

- 1) Advocate for increased professionalization and salaries for home visitors, as well as increased opportunities for advancement in the field.
- 2) Increase communication with and advocacy efforts by the home visiting workforce around issues of state and federal funding.
- 3) Provide agencies with resources, including policies, best practices and trainings, to increase the safety and security of their home visiting staff.
- 4) Increase home visitor understanding of CQI processes by providing more advanced trainings for new and experienced staff.
- 5) Assist programs with supplemental funding opportunities and potential new funding sources.

## Appendix. MIECHV open-ended question response

Overall, there were 58 written responses to the open-ended question: “How can we change or improve the MIECHV CQI process for your agency or organization?” Four of these responses were either N/A or no comment; so, 54 people responded substantively to the question with several respondents including observations about multiple aspects of MIECHV CQI. Observations were coded individually so that there were 80 total coded references.

**Table 1** presents the number of comments or “coded references” by categories that were assigned during coding of these comments using NVivo 9. Based on the number of total coded references, most references (n=17) regarded MIECHV training. The second most common reference was to salary (n=13), and the third most common reference (n=7) was for a need for funding, which is related to salary issues. There were 15 comments that referred to MIECHV reporting; but, they were different enough to be divided into three different categories as shown by Table 1. Other less frequent comments are also listed in the areas of caseload, CI and CQI.

**Table 1: MIECHV open-ended comments by category**

<b>Comment Category</b>	<b># of references</b>
Training	17
Salary	13
Need for funding	7
MIECHV Reporting	
Different program reporting requirements	6
Improvements to Visit Tracker	6
Change notification	3
Issues surrounding caseload and workload	5
Coordinated Intake (CI)	4
Continuous Quality Improvement (CQI)	4

Other comments not in the table included: Marketing and evaluation (3), Other home support needed (3), Tech support needed (3), Improve awareness of changes (3), Being new to MIECHV (2), Job security (2), Promotion and advancement (1), and Safety and inclusion (1).

### **Training**

Seventeen of the 80 substantive comments referred to training. Generally, there were few unfavorable comments regarding training, and one was quite favorable: “We are new to MIECHV and have been given a lot of support as far as training and learning how to

implement.” One respondent noted a need for “more interesting/exciting training (it's hard to stay awake).” Another critique was, “The trainings should pertain to the role. As a CI worker I have a lot of trainings that are geared more towards home visitors.” Importantly, as single responses, these cannot be considered to be widely-held observations.

Beyond that, respondents generally were favorably inclined to having more training, workshops and courses. There was interest in having more trainings on MIECHV requirements, procedures and roles. Another respondent requested: “DCFS data base training would also be helpful instead of driving around looking for resources.” Other specific training suggestions (requested by single respondents) included: “Trainings for home visitors and support staff;” “Child development and prenatal care;” “Trainings in the designated areas according to the population they work with;” “More relationship-based trainings to help support families;” and “A parenting class curriculum and not just knowledge on what the child/children should be doing during the different ages.” There may be some interest in some personal trainings also. One mentioned an interest in a “support group” and two respondents requested “self-care” trainings. Regarding the means of training, two comments were directly contradictory. One respondent requested “more webinars instead of traveling to trainings” while another requested “host in- person trainings.”

## **Salary**

Thirteen of the 80 substantive comments referred to salary -- the second highest number of specific comments. Most of these simply referred to more salary, better pay and/or annual raises (n=9). Two offered specific amounts of around \$38,000 and one offered the comparison that “there are other MIECHV agencies in the community that make \$5,000 to \$10,000 more than what we make here. We have more to do.” On that note, another respondent stated: “Home visiting is a complex job and requires a lot of hard work;” and, another offered: “Pay is always going to be an issue in this field and we could use more support where that's concerned.”

Two respondents noted the need to increase MIECHV funding to support salaries: “Provide increased grant funds for higher salaries.”

## **Need for funding**

The next most frequent number of comments (seven of the 80 references overall) referred generally to the need to advocate for more resources -- in particular, ongoing or increased MIECHV funding. One respondent said: “Advocate for our jobs by informing politicians of the importance of our roles. It's important to help our most vulnerable by funding programs like this.” This respondent went on to add: “As of June 30th, our agency will lay us off. Families will be without services for an unknown time.”

A lack of funding was juxtaposed against MIECHV mandates: “MIECHV funding is very limited and our model has many requirements that make it difficult for us to accomplish; funding gets reduced, yet requirements from MIECHV go up.”

Interestingly, one respondent had a slightly different comment than the others: “I feel that funders are doing a great job with supporting the program. The change needs to occur in our agency.”

### **MIECHV reporting**

Several comments focused on reporting requirements broadly. Six of these comments referred to the difficulties of managing different program reporting requirements and guidelines by different agencies, such as PAT and ISBE PIHV. For example, one respondent commented: “It is difficult to keep track of PAT, PI (ISBE), and MIECHV requirements since they have different guidelines.” Another offered: “It would also be helpful if other public funding sources incorporated MIECHV benchmarks, requirements, and CQI process. It would go far to bolster quality of overall home visiting programs.” Two respondents expressed a desire for “less paperwork;” and finally, one respondent pointed out: “Sometimes Home Visitors are so focused on data collection or other numbers that is it hard to focus on the parent's needs. I also understand that we need all the data collection in order to show that what we are doing is helping.”

There were six comments referring specifically to the Visit Tracker system, with few consistencies across responses. These included: A need for reminders with due dates within the system; and another felt Visit Tracker should give more points when mothers and fathers are involved together or for twins. Other comments included that the system should update across multiple fields on multiple pages simultaneously, and it should put more emphasis on process instead of outcome measures and limiting benchmarks on the home visitors.

Three comments referred to notifications about system changes. These included making agencies aware of changes prior to implementation, reporting of due dates and lead time for providing information instead of only one or two days’ notice. Another respondent said, “The amount of changes occurring in such a short length of time causes a lot of confusion.”

### **Caseload and workload**

Five comments referred to the caseload, and all five felt MIECHV should “reduce the caseload” and “less cases to give better attention to the families.” Other comments in this area referred to the workload more generally: “All the work -- such as outreach, referrals, reports, data entry, trainings, CQI projects -- that is required is overwhelming.” One person, who held two different positions, felt “the mix of two positions is extremely challenging and limits my ability to be excellent at either position.” Finally, one comment referred to audits: “This year we have had three audits within two months. It doesn't sound

like a problem but it is with other requirements that we must deal with. I would ask that audits are scheduled earlier in the year.”

### **Coordinated intake**

Four comments referred to Coordinated Intake. One suggested the need for a “blueprint for CI statewide” and another observed “referring parents to IEP’s is needed.” Referrals were also mentioned as an issue -- in particular a need to “enforce that CI be in a separate agency from HV” and to “develop guidelines for when ‘passing’ on a referral can or cannot be allowed.” This person also suggested “passes need to be better documented.” One additional comment suggested: “It is difficult to juggle recruitment and systems development and maintain the recruitment numbers needed,” as well as “having incentive for clients to engage or maintain engagement would be helpful.”

### **Continuous quality improvement**

Four comments referred to the CQI process and all were uniformly positive: “I think MIECHV has done a great job supporting my agency through CQI calls and being available to answer questions when we have them.” “I think that CQI is -- being in our case -- a very special and important support for the staff, because they help us to understand better MIECHV benchmarks and provide a better service to the participants.” “Stacey has been incredibly wonderful to work with and very helpful in assisting us with CQI,” and “I have seen a vast improvement over the years.”

### **Other single comments**

Finally, other single comments referred to different aspects of home visiting. Some comments included better backpacks for home visits, more resources for parents to get what they need and even “bug prevention.” Other comments referred to job security and safety and inclusion, more unified marketing materials, providing evaluative data, and tailoring the program for a shelter environment.

Technologically, some individual comments referred to a need for cell phones, laptops or tablets.

### **Summary**

Overall, written comments mostly focused on training, salary, and reporting requirements. Training comments were widely disparate, but all reflected a need for more training. Salary comments reflected a need for higher salaries. Several issues were identified regarding reporting requirements, generally suggesting a need for greater consistency and simplicity. However, none seemed broadly consistent across a number of different respondents. Most of the other comments should be accepted as singular suggestions rather than broadly held needs, demands or preferences.

Generally, open-ended comments, such as these, reflect singular concerns of those who made them and may not represent broader concerns or trends. Even something presumably as important as “salary” was only mentioned by 18 of 58 total respondents. These comments should, however, be taken as singular “suggestions” of how MIECHV might be improved and to identify potential areas of concern that might deserve further scrutiny or investigation, especially when more than just a few people collectively identify a single concern, such as training or salary.