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MIECHV Home Visiting and Continuous Quality Improvement Annual Survey Report for July 1, 2019 – June 30, 2020

| 510 Devonshire Dr, Champaign, IL 61820 | (217) 333-3231 | website: publish.illinois.edu/cprd |

This project is supported by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (HHS) under Grant Number X10MC33578 and Grant Number X10MC39684 and Grant Number X10MC33578 in the total award amounts of $8,345,310 and $8,257,262, respectively, for the Maternal, Infant and Early Childhood Home Visiting Program, and 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the United States Government.

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Introduction

The Center for Prevention Research and Development (CPRD) at the University of Illinois provides Illinois' Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs with ongoing Continuous Quality Improvement (CQI) supports and leadership. CQI is the 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 home visiting (HV) CQI Specialist and a coordinated intake (CI) CQI Specialist work with teams at each Illinois HV and CI agency, conducting monthly technical assistance calls and providing training and support in planning and implementing CQI activities.

As part of the assessment of CQI and to continue to improve MIECHV systems and services, CPRD conducts an annual survey of MIECHV Local Implementing Agencies (LIA) to gain insight into and garner staff input on the strengths, weaknesses, opportunities and threats to staff experiences, 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 2020. The survey has been modified and updated over the last eight years to address issues related to the workforce, such as salaries, retention, family engagement, training, safety, and the impact of COVID-19 on MIECHV home visitors and services. The 2020 survey covered activities during the state fiscal year 2020 (July 1, 2019 - June 30, 2020).

Sample

The FY 2020 survey was sent via email to all MIECHV providers (155) on June 24, 2020. Key MIECHV personnel – which includes home visitors, supervisors, and CI staff – were asked to complete the survey. The survey link was closed on July 27, 2020. As an incentive for participating, twenty respondents were randomly selected and awarded a $25 Amazon gift card (e-card). Ninety-seven completed surveys were received with a response rate of 62%.

Measures

The survey measures were derived from prior CPRD research related to the adoption of innovations / new practices in organizational settings. Survey structure remains fluid to explore relevant and salient issues as they transpire. Questions that have been posed in multiple survey years focus on home visitor staff socioeconomic demographics, experience with CQI, employment characteristics and motivations, interest in training and technical assistance, and job safety. In FY 2018, queries were added to address the effects of the opioid crisis on home visiting, drug use in the home, the effect of immigration policies on home visiting and recruitment, CI, staff turnover, and perceptions of home visitors on job efficacy. In FY 2019, new survey items sought to further elucidate staff turnover and to assess staff burn-out in home visiting. In FY 2020, questions were added to evaluate the effects of COVID-19 on home visiting staff.

COVID-19

In March 2020, Illinois Governor Pritzker issued "Shelter-at-Home orders" to minimize the spread of COVID-19. As a result, the provision of home visiting services and supports were required to transition drastically. In-person home visits virtual ceased and were replaced by virtual home visits. Access to a plethora of community services was diminished as service delivery either halted or was altered. Recruitment was hugely impacted as in-person outreach to clients shifted to virtual and customary referral services altered service delivery and program priorities.

Executive Summary

Key Findings

- Almost 42% (41.7%) of all respondents (54% of home visitors) report one year or less of relevant prior experience when hired for their current position.
- Over 80% of home visitors and 86.5% of all home visiting program staff (includes home visitors, supervisors, CI workers) have a bachelor's degree or higher.
- On a scale of 1 – 10 (1 as the lowest; 10 as the highest), almost 87% of home visitors rated their level of effectiveness on the job as 8 or higher (up from 83% in FY 2019).
- Overall commitment to the CQI process increased to slightly over 88% in FY 2020 (around 83% in both 2018 and 2019 survey years).
- Almost 8 out of 10 respondents agreed/strongly agreed to statements indicating satisfaction with the CQI approach used in FY 2020 (79.6%).
- From FY 2017-FY 2019, survey respondents have indicated the two top training topics of interest are Depression/Mental Health and ACES/Childhood Trauma, respectively. FY 2020 differed, with the top five training topics of interest (in successively decreasing order) are: depression/mental health, infant mental health, working with early intervention providers, children with special needs, and safety and personal protection.
- Overall, home visitor survey respondents earn a mean annual salary of $34,168 (median=$33,000; N=53). However, home visitors who have worked at their agency one year or less earn on average an annual salary of $32,942. Salary continues to be the predominant reason home visiting staff consider leaving their jobs [(FY 2017= 52.9%; FY 2018= 57.5%; FY 2019=68.3%; FY 2020=58.4%; 67.2% for home visitors)].
- In FY 2020, MIEHCV full-time supervisor salaries averaged $45,206 annually, with a median salary of $45,500 (N=18). Although the sample size of CI workers was small (N=9), the salaries earned trended lower than that of home visitor salaries (mean=$32,889 and Median=$32,500).
- In FY 2018 and FY 2019, over half of home visiting supervisors expressed a concern that staff turnover affected their program's ability to maintain full caseloads. This decreased to 43.5% in FY 2020.
- In FY 2020, a little over 40% of survey respondents indicated that staff turnover presented challenges to their program during the year.

- FY 2020 showed an increase (29% in FY 2018; 45.5% in FY 2019 and 61.5% in FY 2020) in the percentage of CI workers who recounted that the current political environment impacted immigrant recruitment.
- Only slightly over 15% (15.4%) of CI staff indicated that substance abuse impacted recruitment. Incidentally, one out of every four home visitors (26.22%) and one out of every five survey respondents (22.9%) reported witnessing drug or alcohol use in the home.
- Almost 93% (92.8%; 90% in FY 2019) of survey respondents reported an adequate amount of supervision to complete the responsibilities of their positions, and 88.7% (85% in FY 2019) reported receiving reflective supervision.
- Slightly over 80% (80.4%) of all survey respondents meet with a mental health consultant (MHC). Over half (53.2%) meet with their consultant both individually and in a group.
- Out of 62 home visitors responding to the survey, 61.1% had been exposed to at least one unsafe situation on the job; 37.0% have been exposed to 2-5 unsafe situations. Out of the remaining 35 respondents [supervisors, CI staff, and program directors], 45.7% reported experiencing anywhere from 1 to 7 unsafe situations while on the job.
- Over 93% (93.8%) of Survey participants indicated that they are allowed to cancel or leave a home visit for safety reasons (6.2% are unsure of whether they are allowed to leave). Almost 98% (97.9%) of respondents state their agency allows virtual visits.
- In FY 2019, 21.9% of respondents indicated some modicum of burnout. In FY 2020, there was a slight decrease (18.7%).
- When supervisors were asked the reasons why staff left their job, the most frequent response was “Left for a better paying job”.

Key Highlights

Staff Development

Home visiting staff were asked to rank their interest in training on various topics. From FY 2017 through FY 2020, depression/mental health has continuously been designated the foremost topic of interest. In FY 2020, infant mental health and working with early intervention providers are ranked as the 2nd and 3rd topics of interest respectively.

Safety

Due to the unique nature of the work, home visitor safety in the field is an ongoing concern. In FY 2020, 26.2% of home visitors (22.9% of all HV staff) had “witnessed drug and alcohol use in the home” and 16.1% of home visitors (22.7% of all HV staff) have “heard gunshots while working”. In FY 2020, a question regarding exposure to communicable diseases (e.g., flu, strep throat, early childhood diseases, COVID-19) was added to the survey. While 39.2% of all home visiting staff reported they had been exposed, the incidence for home visiting staff was even higher at 43.5%. When incidents per respondent are examined, 61.1% of home visitors and 54.6% of all home visiting staff experienced from one to seven unsafe incidents. To reduce risk to home visiting staff, agencies implement safety practices and policies. Almost 93% of

respondents report their agency provides safety information during orientation/onboarding; 87.5% of respondents report written safety policies or manuals. Slightly over 80% are provided with work cell phones and 93.8% of respondents are allowed to cancel or leave a home visit for safety reasons. In March 2020, once COVID-19 state-wide restrictions were implemented to reduce the spread of virus, GOECD approved virtual visits in lieu of in-person visits for all MIECHV programs. All but one survey respondent indicated that their organization allows virtual visits.

Continuous Quality Improvement (CQI)

Each year, changes are made to the Continuous Quality Improvement process based on the data supplied through the previous year's survey. In FY 2019, changes to the process included CQI teams choosing their own benchmark of focus, one-on-one coaching and instruction with each team (23 teams total), and the completion of a CQI tool activity during each monthly CQI call. These changes were retained in FY 2020. Over 91% found it helpful to choose the benchmark for which to base their CQI project, 83% of respondents understood how to use their program data to measure improvement, 91.5% agreed or strongly agreed that the CQI specialist uses the time on the calls to move the CQI work forward, and slightly over 68% report having adequate time to conduct their CQI project.

Staff Turnover

In FY 2020, the overall staff turnover rate for all MIECHV positions FY 2020 was 19% and 23% for home visitors. The average length of employment was 2.3 years for all staff; 1.8 years for home visitors. The overall length of time it took for a MIECHV staff vacancy to be filled was slightly over 2 months (2.09).

Slightly over 40% of home visitors and home visiting supervisors indicated that staff turnover had presented a challenge to their programs in FY 2020 (down from 48.2% in FY 2019). In addition, 43.5% of supervisors (53.6% in FY 2019) report that staff turnover affected their ability to maintain full caseloads over the past year. The lack of "opportunity for advancement in my agency" (35% overall; 41.9% for home visitors) and "opportunity for advancement in the field" (30.5% overall; 36.1% for home visitors) are the second and third reasons chosen why home visiting staff consider leaving their jobs. Salary is the top reason why home visitors consider leaving their jobs (58.4% overall; 67.2% for home visitors).

From a preset list of responses, supervisors were asked to identify the reasons why staff left their jobs in FY 2020. The top 3 reasons chosen were as follows: left for a better paying job, moved out of the area, and position not a good fit.

From FY 2014 through FY 2020, the top 3 reasons staff consider staying in their home visiting positions continues to be as follows: "making a difference in the lives of others", "variety and flexibility of work", and "personal commitment to home visiting." In FY 2020 the percentage of all respondents who chose each response were 91.7%, 78.4%, and 63.9%, respectively.

Supervision

Reflective Supervision is a vital component in preventing burnout and compassion fatigue among home visiting staff. Over 9 out of 10 respondents (92.8%; 88.7% in FY 2019) felt they received an adequate amount of supervision to complete their job responsibilities. In addition, 88.7% (85.5% in FY 2019) of respondents stated they received regularly scheduled reflective supervision from their supervisor.

Mental Health Consultants

Mental Health Consultants provide individual reflective consultation with the program manager/supervisor/home visitor, group reflective consultation, training, and more. Over half (53.2%) of survey participants report they meet with their MHC both individually and in a group; 63.3% meet with their consultant only once per month.

Burnout

Professionals who serve at-risk families sometimes find their work to be stressful and experience feelings of burnout. New questions were added to the FY 2019 survey (and retained in FY 2020) to access burnout, and over 19% of respondents indicated some modicum of burnout. Although burnout rates and turnover rates are not synonymous, a survey performed by Illinois Partners for Human Service reports "the voluntary employee turnover rate was 37% and the involuntary rate was 9%" and "Less than 40% of employees had tenures of three years or longer" (p. 4).

Participant Recruitment

Maintaining a caseload capacity of at least 85% across sites is a MIECHV federal grant requirement. Less than two-thirds (65.2%) of supervisors, down from three-quarters (78.6%) in FY 2019, report that they receive an adequate number of referrals to their HV program. Since COVID-19 caused temporary withdrawal of some agencies from the referral pipeline, it is not surprising that the number decreased. However, for the referrals LIA's received, 95.7% of supervisors (up from 82.1% in FY 2019) reported the referrals to be a good fit, matching the requirements for their program model.

Over 61% of Coordinate Intake (CI) workers report the current political environment has impacted immigrant recruitment to home visiting services. Fear of deportation and confusion about changes to the "public charge rule", are reasons CIs report complicating recruitment efforts.

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FY 2020 MIECHV HV/CQI Survey Data and Discussion

The results of the FY 2020 survey are reported, with comparisons to prior years' survey responses for some survey items.

Socio-demographic Characteristics

The socio-demographic factors presented in Table 1 show a predominantly full-time workforce, with three-quarters of respondents who have worked at their agencies 2 or more years.

Table 1: ***Sample socio-demographic characteristics, FY 2018 - FY 2020***

		2018 (n = 80)	2019 (n = 83)	2020 (n=95)
Work status	**Full-time**	88.6%	95.2%	96.8%
	Part-time	11.4%	4.8%	3.2%
Role	**Home visitor (HV)**	46.3%	53.0%	63.9%
	Supervisor or manager of HVs	33.8%	33.7%	21.6%
	Coordinated intake staff	15.0%	12.0%	12.4%
	Other	5.0%	1.2%	2.1%
Years worked at current agency	**One year or less**	35.9%	24.1%	30.2%
	2-3 years	21.8%	33.7%	36.5%
	4-5 years	9.0%	12.0%	10.4%
	6-9 years	10.3%	13.3%	8.3%
	10 years or more	23.1%	16.9%	14.6%
Prior relevant experience	**One year or less**	25.0%	36.1%	41.7%
	2-3 years	26.3%	21.7%	15.6%
	4-5 years	13.8%	16.9%	10.4%
	6-9 years	10.0%	10.8%	14.6%
	10 years or more	25.0%	14.5%	17.7%
Highest level of education	**No degree**	0.0%	0.0%	0.0%
	High School /GED	7.5%	4.8%	5.2%
	Associate's	8.8%	8.4%	8.2%
	Bachelor's	58.8%	61.4%	64.9%
	Bachelor's +	25.0%	25.3%	21.6%

Over the past three years, reports of prior relevant experience of new hires has fluctuated, with 41.7% reporting one year or less of prior experience in 2020 compared to 36.1% in 2019 and 25.0% in 2018. Upon closer look, 54.0% of home visitors came to their position with a year or less of prior experience. However, out of the 54.0%, almost three-quarters (72.7%) have stayed in their positions for two years or more.

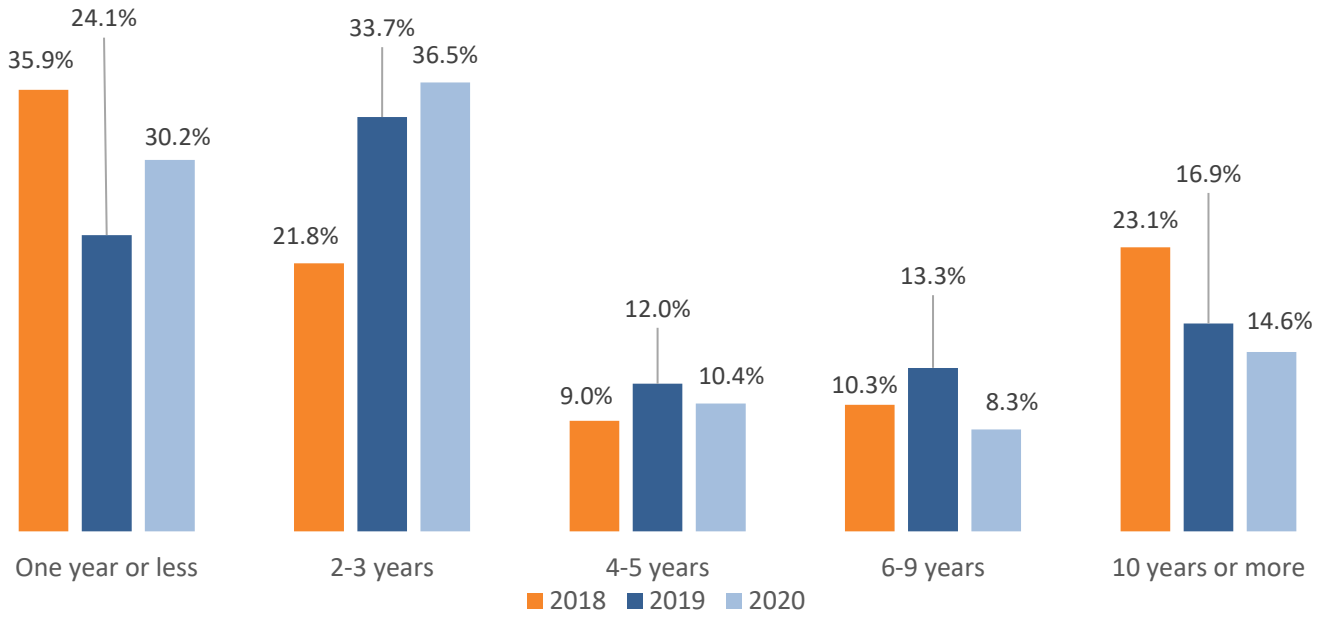


Figure 1: **Years worked at agency, FY 2018 - FY 2020**

Staff who have a bachelor's and/or advanced degrees remain in excess of 80% of all survey respondents across survey years. The Illinois Department of Human Services requires programs to follow their model's minimum educational requirements for home visitors and supervisors. For the Parents as Teachers model, the minimum educational requirement for a parent educator (home visitor) is a high school diploma or equivalency. For Healthy Families America home visitors are required to have a "high school diploma or bachelor's degree… depending on state or agency need." In the FY 2020 MIECHV HV/CQI Survey, almost 87% (86.5%) of survey respondents and 80.6% of home visitors reported earning a bachelor's degree or higher [compared to 71.8% of home visitor respondents to the Illinois Home Visiting 2020 Statewide Needs Assessment (INA) who represent multiple funding streams (CPRD, 2020)].

As shown in Table 1 and in Figure 1 above, FY 2020 shows an increase in the number of staff who have only been at their agency for one year or less (from 1:4 employees in FY 2019 to approximately 1:3 employees in FY 2020). When staff role is factored in, the percentage of home visitors who have been with their agency for one year or less is 35.4% (similarly, 38.8% of home visitor respondents to the INA reported being in their current positions for one year or less) (CPRD, 2020). Moreover, in both FY 2018 and FY 2019, 4 out of 10 respondents in the FY 2020 MIECHV HV/CQI Survey worked at their agencies between 4 and 10+ years; this decreased to 3 out of 10 respondents in FY 2020.

Contingent on the role, previous work experience, on-going support and onboarding of an employee, literature on business trends suggest that it can take anywhere from six months to two years for an employee to become fully productive. If there is a 33% turnover rate of home visitors annually, it is unrealistic to posit that a fully productive workforce can be realized unless staff turnover issues are addressed. Unfortunately, only 64.5% of home visiting respondents, report they had worked at their agency for two or more years (75.9% in FY 2019).

Home Visitor's Feelings of Competency

MIECHV home visitors provide services to families in at-risk communities who often have complex concerns beyond those related to parenting, including intimate partner violence, lack of resources, and mental health concerns. Home visitors must develop trusting relationships and be flexible in service delivery to meet the unique needs and goals of each family they serve. Knowing that many MIECHV home visitors are new to their positions, a series of items was originally added to the FY 2018 survey and retained in the FY 2019 and FY 2020 surveys to gauge home visitors' feelings of self-efficacy when providing home visits. Home visitors were asked to rate their level of effectiveness and confidence on a variety of specific home visiting tasks and situations. FY 2020 results appear in Figure 2.

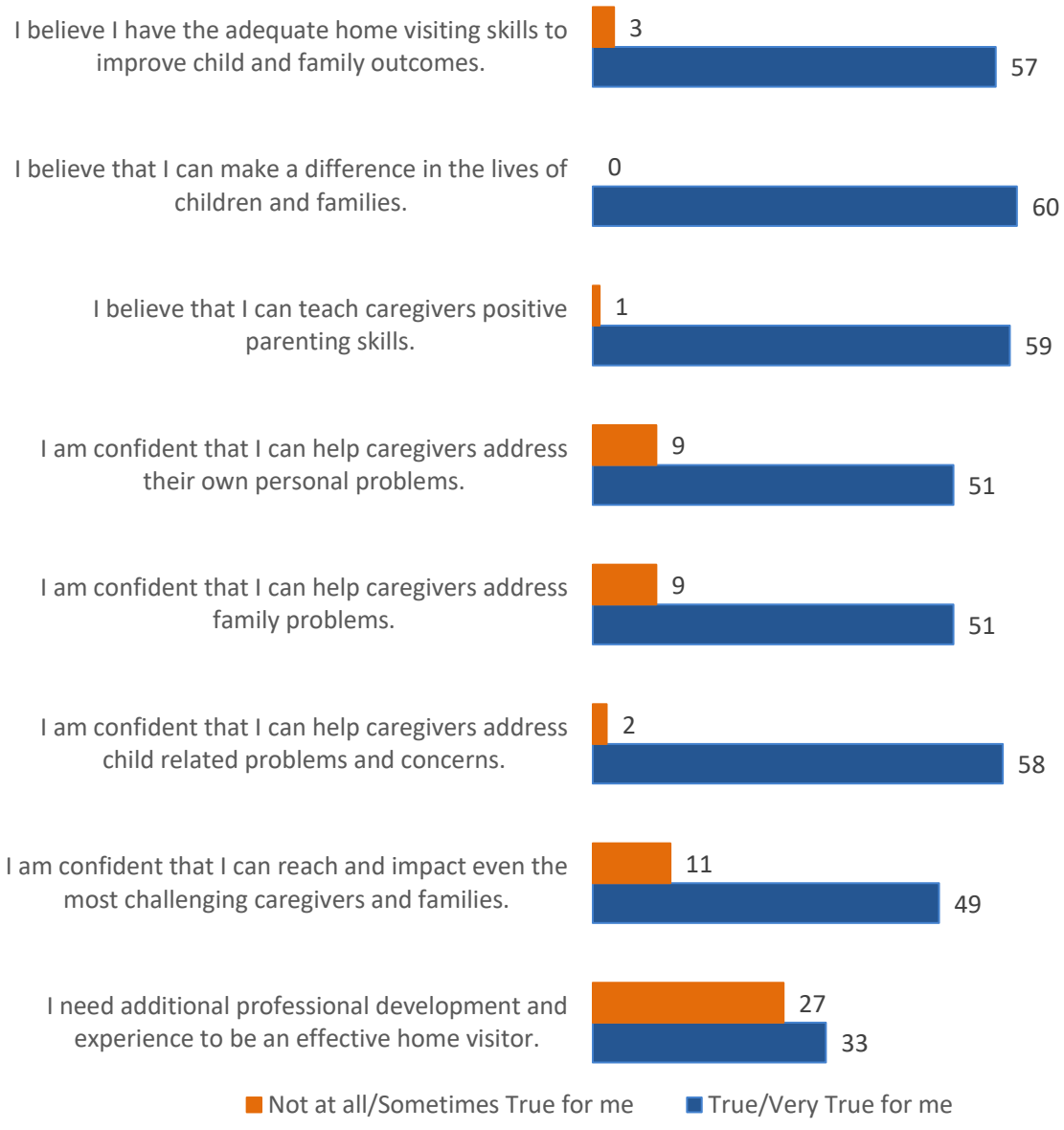


***Figure 2*: Home visitor self-efficacy, FY 2020 (N=60)**

Overall, as shown in Figure 2, the 60 home visitors who responded to the statements reported possessing the adequate knowledge and skills to do their jobs well and provide positive outcomes for their participants.

The final item in this section asked home visitors to rate their level of effectiveness on a scale of 1-10, 10 being the highest. One's belief in their ability to be successful can play a major role in how work tasks and challenges are approached (Maddux, J., 2012). Shown in Figure 3 below, of the 60 home visitors who ranked themselves, 86.7% rated themselves at 8 or higher (slightly up from 83.3% in FY 2019).

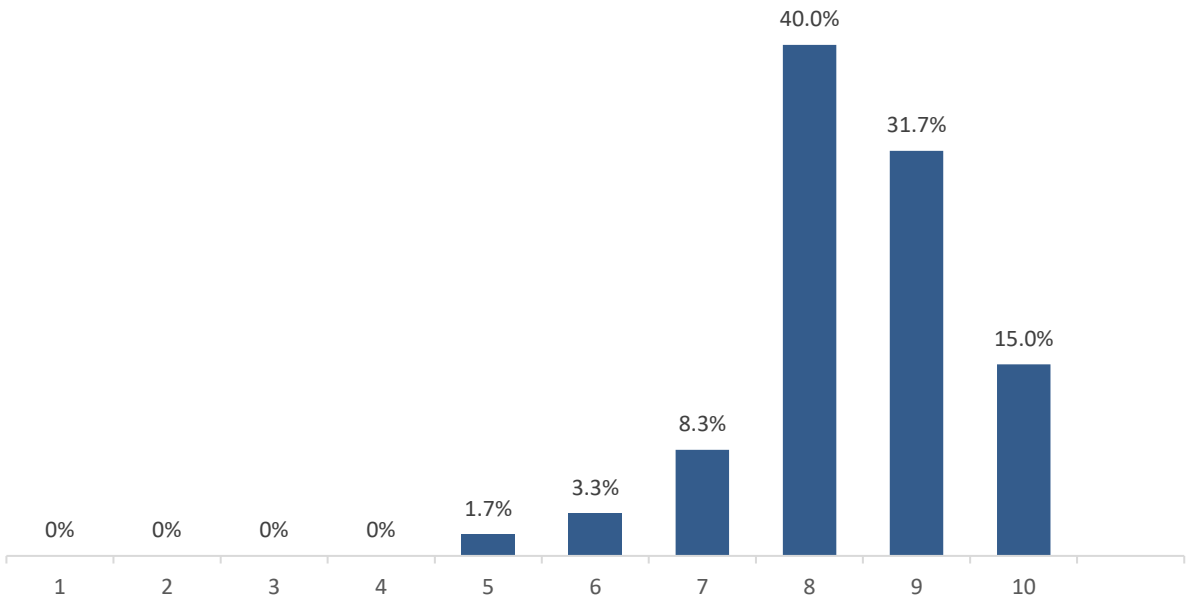


***Figure 3*: Home visitor self-rated level of effectiveness, FY 2020 (N=60)**

As a follow-up question, home visitors were asked "what knowledge and/or skills would you like to receive to improve your home visiting practices"? A significant majority of responses demonstrated a desire to improve skills to work with the diverse needs and dynamics of families (e.g., grandparents, male caregivers, parents of children with disabilities, families in crisis, families experiencing domestic violence), as well as how to engage families in a variety of situations (e.g., parenting groups, virtual visits, engaging "hard to engage" families. Several participants also stressed the challenge of engaging families effectively while visits are being conducted virtually at this time. Additional areas of improvement sought by respondents were related to supporting mothers during pregnancy and breastfeeding, responding to mental health needs (e.g., maternal depression), increasing knowledge in child development (e.g., positive discipline, toilet training, developmental milestones), and connecting parents to community resources and other professionals. Numerous responses were also provided that simply requested additional or continued training to increase experience and overall knowledge applicable to the field.

On a scale of 1-10, with 10 being the highest, the average effectiveness level rating for home visitors was 8, reflecting confidence in their skills.

Home Visitor Continuous Quality Improvement Teams

The CQI team is the basic organizational structure from which CQI work is implemented within each Local Implementing Agency (LIA). Survey respondents were asked if they were a member of a CQI team. As shown in Figure 4 below, although there is approximately a 5% decrease in respondents who stipulate they are involved as a CQI team member, there is also a decrease in respondents who are unsure of their team status (5.2%).

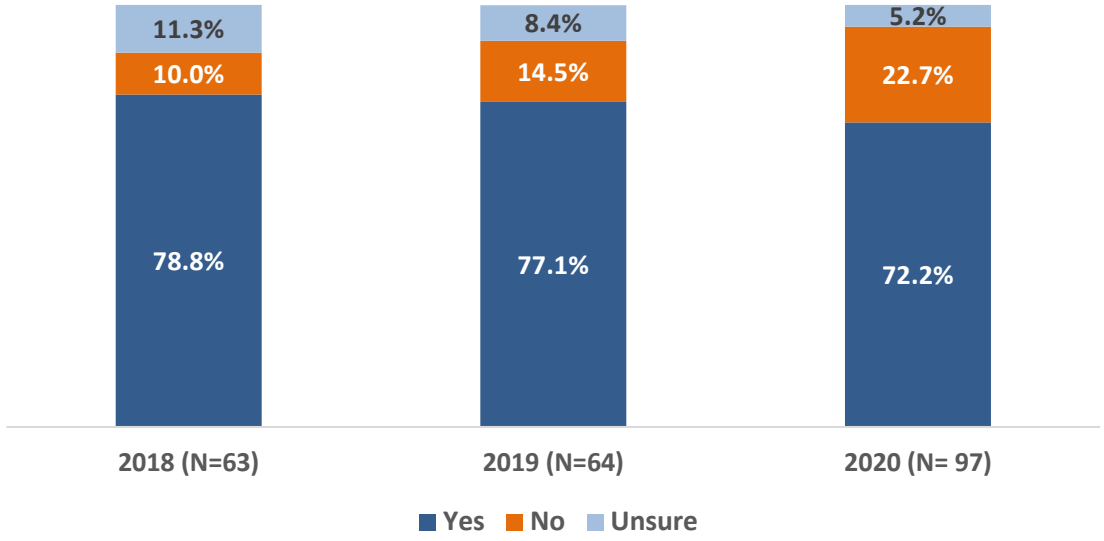


***Figure 4*: Home Visitor CQI team membership, FY 2018 - FY 2020**

Home Visiting Staff Attitudes and Beliefs Regarding CQI Practices

Participation in a CQI project is a requirement of the MECHV grant. Each LIA is expected to have a standing CQI team that develops and implements CQI plans focused on MIECHV benchmarks or other areas of home visiting services. A major goal of the Annual HV/CQI survey is to assess the knowledge, beliefs, and implementation of CQI in the MIECHV LIAs. Figure 5 below, shows the means and percentages of responses to CQI-related questions for FYs 2018, 2019 and 2020.

All adaptations to the MIECHV CQI approach are research-based, data-driven and incorporate participant feedback.

Overall, averages have remained consistent over survey years. It is interesting to note that the overall response rate to the question **"**We have had adequate training and technical assistance to implement the CQI process**"** has increased from 2.9 in FY 2013 to 4.0 in FY 2020. All adaptations to the MIECHV CQI approach are research-based, data-driven and incorporate participant feedback. The objective is to continually provide a CQI approach which is strategic, comprehensive, and user-friendly and remains responsive to the needs of Illinois MIECHV CQI teams.

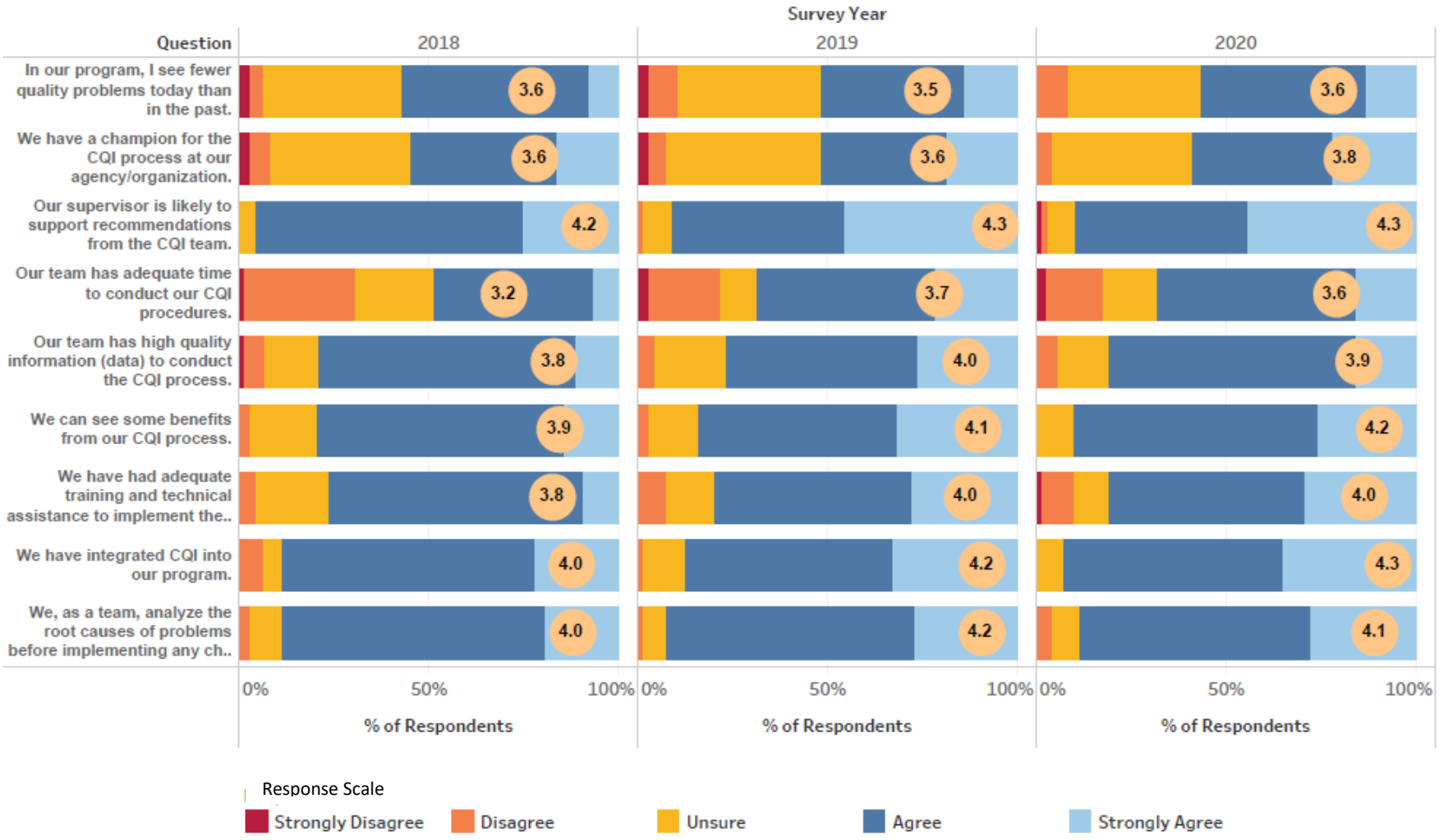
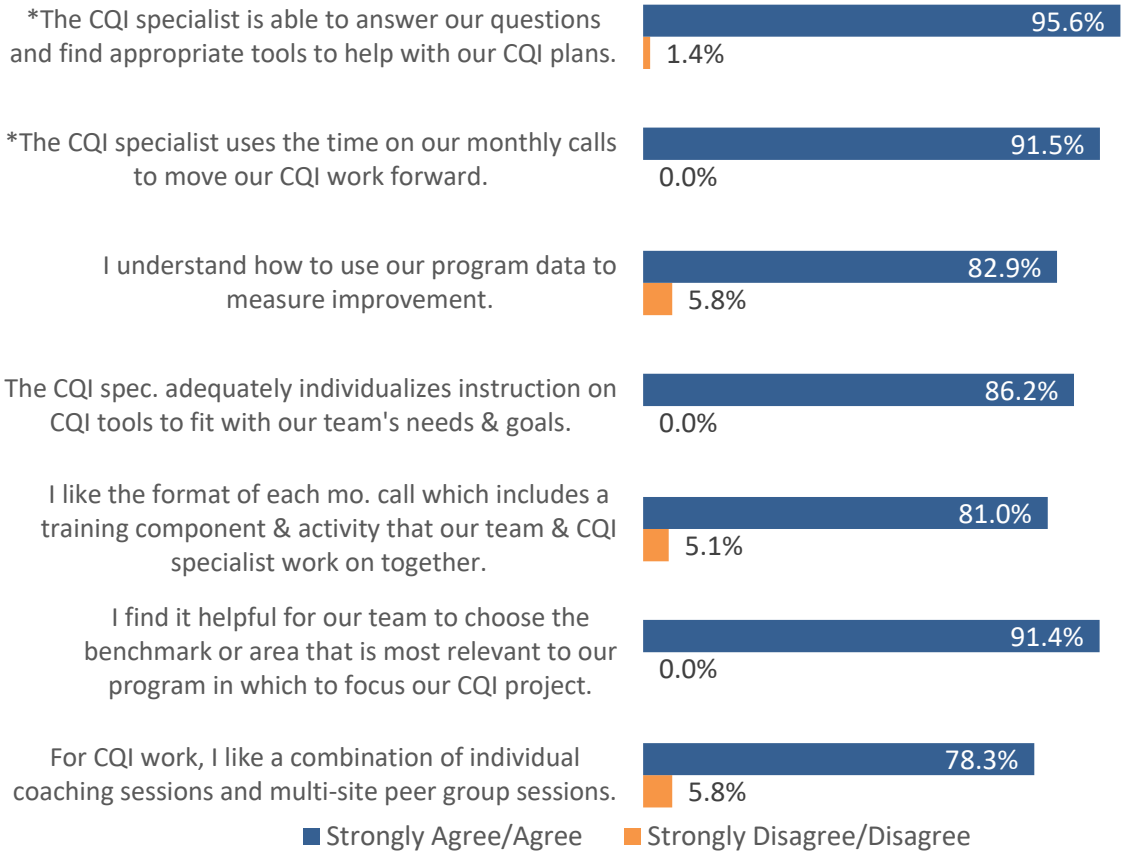


***Figure 5*: Staff attitudes and beliefs regarding CQI practices, FY 2018 - FY 2020**

Numbers in circles represent the mean response to each question; the different colors represent the frequency of each response on the scale. While means for each item remain similar from FY 2018 – FY 2020; participant response rates to items tends to fluctuate.

HV CQI Approach, FY 2020

In FY 2020, an approach was conducted that included individual team coaching calls, team activities completed over the phone, and the LIA's choice of benchmark on which to focus. A set of survey questions was asked and respondents were invited to provide additional feedback and suggestions. Figure 6 indicate agreement or disagreement with the statements (note: the neutral response "unsure" was omitted from the tables; percentages for items will not total 100%).



* New items in FY 2020 survey

Figure 6. **Staff attitudes about FY 2020 CQI Approach**

Decisions on how to structure the FY 2020 CQI process originated from data supplied from the FY 2019 HV/CQI survey. For example, in FY 2019, 79.6% of respondents "like" the format of the monthly call which includes a training component and activity performed jointly by the team and the CQI Specialist. That format was retained in FY 2020 and the percentage of respondents who liked the format increase to 81%. In addition, beginning in FY 2019, teams were able to choose their own benchmark in which to focus their CQI project. Over 91.4% of 2020 survey respondents (90.7% in FY 2019) found this helpful. Around 68% of survey respondents stated they had adequate time to conduct their CQI procedures in FY 2020 (Figure 5)

compared to 48.4% in FY 2018 when a different CQI process was utilized. Three comments suggested allowing teams to decide upon the CQI tools to use to achieve goal attainment, rather than being instructed on which ones to use.

MIECHV Staff Knowledge Development

An array of knowledge, skills and practices is required for a home visiting program to effectively serve participants. In FY 2015, the CQI survey began asking staff's interest in additional training and technical assistance in several areas. In FY 2018, the topics "working with Early Intervention providers" and the "impact of substance abuse on families" were added. In FY 2020, "conducting virtual assessments", conducting assessments" and "safety and personal protection" were added. Table 2 delineates the percentage of interest in training/professional development by content area over the past three years.

For 2017-2020, depression/mental health continue to be the topic ranked first. ACES and childhood trauma had been ranked 2nd from FY 2017-FY 2019; only to be usurped in FY 2020 by infant mental health (although infant mental health services has been one of the top five picks from FY 2017-FY 2020). Adults with developmental delays (2017, 2019), working with male caregivers (2018), children with special needs (2017), working with Early Intervention providers (2018, 2019, 2020) and safety and personal protection (2020) round out the top five topics of interest from FY 2017-FY 2020 (See Figure 7).

Table 2: ***Staff interest in training and technical assistance, FY 2018 - FY 2020***

Interested or very interested in additional training and TA	2018 (n = 80)	2019 (n = 83)	2020 (n = 97)
Breastfeeding	72.2%	77.1%	77.9%
Depression/mental health	89.9%	85.5%	90.8%
Adults with learning disabilities	79.7%	81.9%	80.2%
Family planning	78.5%	69.1%	78.1%
ACEs and childhood trauma	87.5%	84.1%	82.3%
Domestic violence safety planning	78.5%	78.0%	80.4%
Children with special needs	81.6%	78.4%	85.6%
Infant mental health services	83.8%	79.5%	86.6%
Working with male caregivers	85.0%	72.3%	83.5%
Working with early intervention providers	84.5%	80.5%	86.6%
Impact of substance abuse on families (including opioid crisis)	81.0%	72.3%	78.2%
*Conducting virtual visits			80.4%
*Conducting assessments			69.5%
*Safety and personal protection			84.1%

**new item in FY 2020*

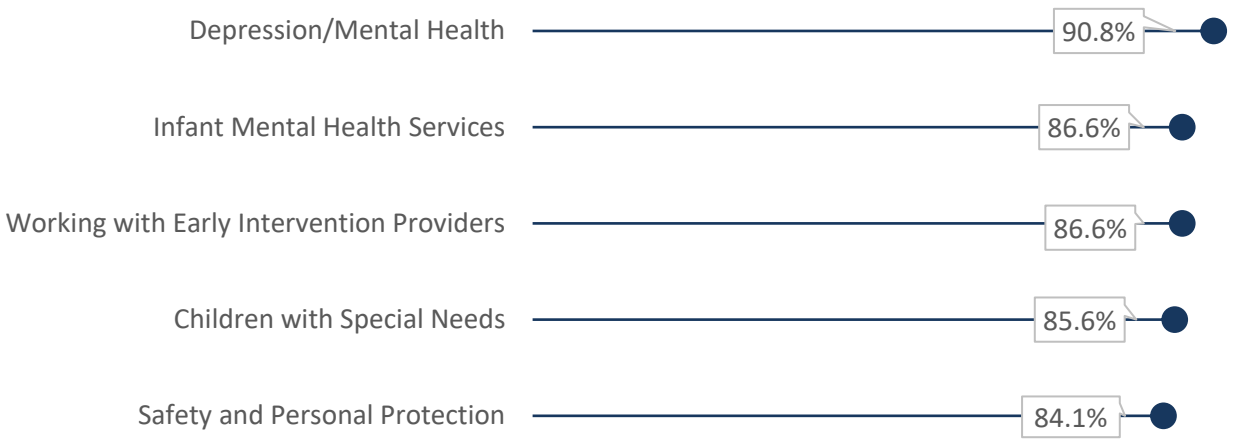


Figure 7. **Top five training and technical assistance topics in FY 2020**

Written comments and feedback suggest the desire for further training on a range of additional topics. Topics include systemic racism, racial equity, cultural awareness, sensitivity training, blood-borne pathogens, failure to thrive, finances and budgeting with families, navigating application for financial assistance programs, parent-child interaction, developmental milestones, "activities to do on home visits", childbirth and postnatal supports (e.g., certification for lactation specialist), working with foster families and fathers, team building, and self-defense.

Survey participants were further asked to identify knowledge and/or skills necessary to improve their home visiting practices. Out of 32 responses, two primary categories of comments emerged as follows: proficiency in a topic or area of service to assist clients (e.g., breastfeeding, virtual home visits and assessments, domestic violence, early childhood milestones, positive parenting and discipline, toilet training tips, post-partum depression, coordination of services with community partners); and ability to work with specific populations (e.g., grandparents who have guardianship of their grandchildren, families who are hard to engage, families in crisis, parents with disabilities, families and children enrolled in Early Intervention services, male caregivers). Miscellaneous comments included "parenting involvement in groups" and "how to make mini-videos with stories and crafts to catch the children's attention".

When "Interested" and "Very Interested" responses are tallied to measure the percentage of interest in each topic, percentages ranged from 69.5% - 90.8%. Thus, approximately 7 out of 10 respondents indicated an interest in further training on the topics listed.

New this year, safety and personal protection, was a top 5 ranked training topic.

COVID-19 "Shelter-in-Place" orders afforded many home visitors with additional time to pursue online learning opportunities. The top 3 training websites utilized by home visitors were Ounce of Prevention (now Start Early), Parents as Teachers and the Erikson Institute. The top 3 areas for learning opportunities were as follows: COVID-19, virtual visits and the PICCOLO or PICCOLO/HOVRS (Survey of Illinois Home Visiting – Impact of COVID-19, April 2020).

Workforce Issues

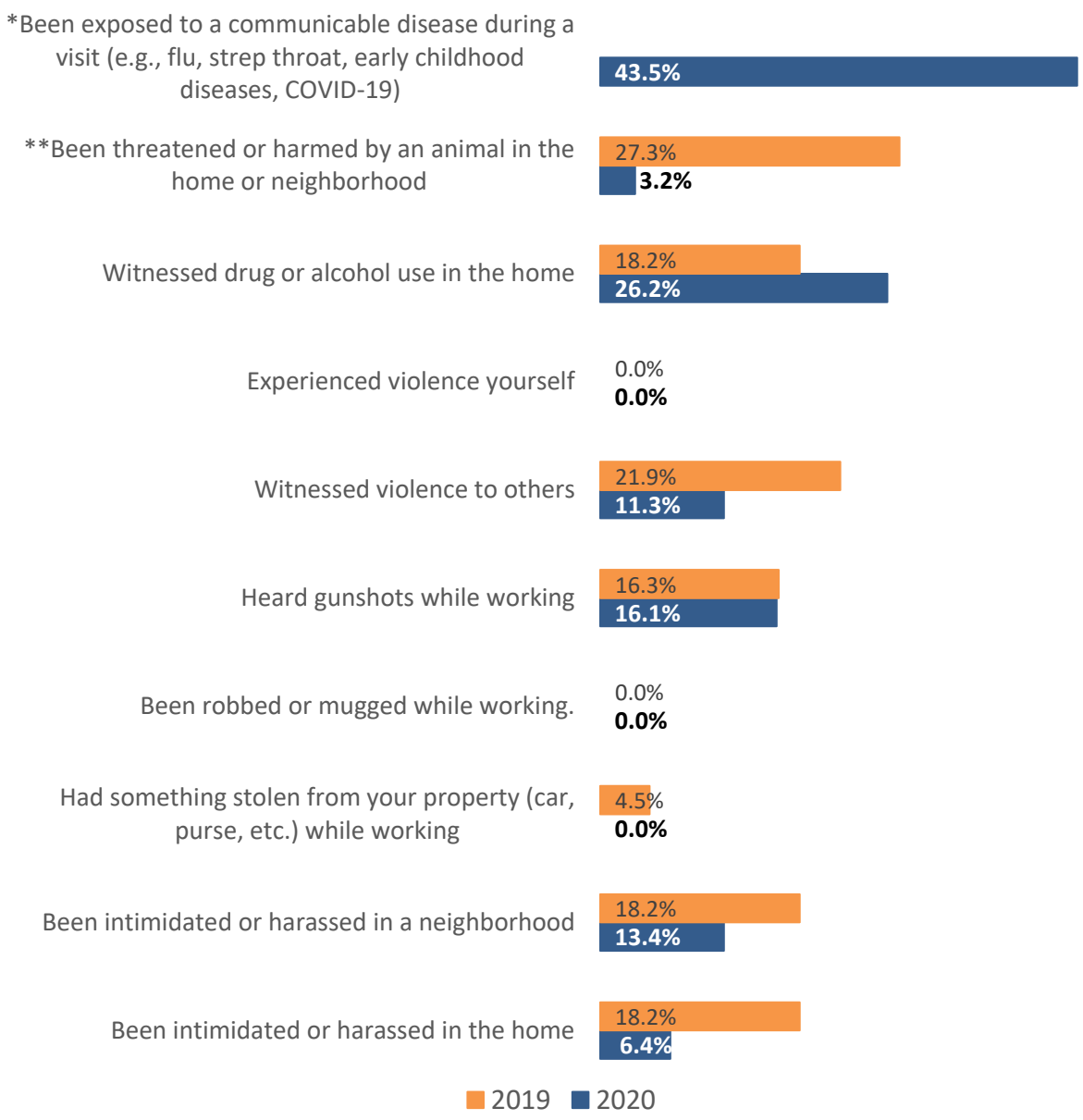
Home Visitor Safety: Unsafe Experiences

Due to the unique nature of home visiting, safety is a 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. A series of safety-related questions was first introduced in the FY 2015 survey. (In 2016, the Illinois Governor's Office of Early Childhood Development created the Home Visitor Safety presentation, revised in 2019, to highlight strategies for home visitor safety.) Subsequent questions were added in FY 2018, FY 2019, and FY 2020 to address the following significant, topical issues: opioid and drug abuse in the home (FY 2018) animal safety (FY 2019), and exposure to communicable diseases (e.g., flu, strep throat, early childhood diseases, COVID-19) during visits (FY 2020).

Figure 8 shows reported unsafe experiences in FY 2018 – FY 2020. Unlike in past fiscal years, COVID-19 may have been instrumental in decreasing the incidence of unsafe situations typically noted by home visitors in past surveys (Shelter-in-Place orders were issued by Governor Pritzker on March 21, 2020 and in-person home visits effectively ceased). Thus, while almost one in four respondents in FY 2018 "witnessed violence to others" and a little more than one in five in FY 2019; only a little over one in ten respondents did in FY 2020. Similarly, while 27.3% of respondents reported being "threatened or harmed by an animal in the home or neighborhood" in FY 2019, only 3.2% responded affirmatively in FY 2020. A similar pattern exists with "been intimidated or harassed in the home" [results show 13.5% (FY2018), 18.2% (FY2019) and 6.4% (FY 2020)]. While the incidence of hearing gunshots has decreased over survey years, 16.1% of respondents still report gunshot exposure on the job in FY 2020. HVs also report experiencing very few incidents of theft, robbery or personal violence on the job. Modest differences between years may also be the result of changes in the workforce due to turnover.

Home visitors reported an increase from 18.2% in FY 2019 to 26.2% in FY 2020 of drug and alcohol use observed in the home. Information from numerous sources including the Center for Disease Control (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIH), and the American Psychological Association (APA) speak to the increase of substance use disorders (SUD) during COVID-19. For instance, an article published online by the APA, states "as of June 2020, 13% of Americans reported starting or increasing substance abuse as a way of coping with stress or emotions related to COVID-19." Another online article published by the CDC, reports that for four months prior to Illinois' Shelter-in-Place order, the mean number of opioid overdose deaths in Cook County went from 22.6 per week to 35.1. During the 11 weeks of Shelter-in-Place, the mean increased to 43.4 per week, dipping to 31.2 once the orders were lifted. In conjunction with an increase of substance use during COVID-19, recreational marijuana became legal for adult use in Illinois on January 1, 2020; total sales surpassed $1 billion in 2020 (Pantagraph).

In response to increased substance use, a guidance document has been created by IDHS and will be posted later this year. In addition, the 4Ps Plus© (a screening for substance use during pregnancy) training has been shifted to web-based to provide greater access to home visitors.



**New item in 2020 survey*
*** New item in 2019 survey*

Figure 8: **MIECHV home visitor unsafe experiences FY 2019 (n=44) & FY 2020 (n=62)**

Unfortunately, when the number of incidents per respondent are examined, 59.7% of home visitors and 54.6% of all home visiting staff experienced from one to seven unsafe incidents in FY 2020. Over 52% (52.3%) of supervisors responded "Not Applicable" or "No" to all unsafe experience questions, which may mean their job responsibilities do not often take them out into the field.

Home Visitor Safety: Agency Efforts to Reduce Risk

In 2015, home visiting staff were first surveyed about their agencies' safety practices or policies as well as knowledge of those safety efforts. At that time, most LIAs reported either having no safety policies or inadequate or outdated safety policies. To monitor progress towards implementing risk reduction policies and practices, FY 2017-2020 annual surveys have asked home visiting staff to recount their organization's current safety related policies and procedures. Table 3 shows results for the past three years only.

Table 3. ***Organizational policies and procedures implemented, FY 2018 – FY 2020***

	2018		2019		2020	
	N	%	N	%	N	%
Provides information about safety during initial orientation/onboarding.	64	81.0%	72	86.8%	90	92.8%
Provides annual safety trainings to all home visitors/CI staff	55	68.8%	60	73.2%	76	78.4%
Has a written safety policy or manual	59	74.7%	70	86.4%	84	87.5%
Has a standing safety committee	39	49.4%	43	51.8%	56	57.7%
Allows staff to cancel/leave a home visit for safety reasons	73	93.6%	78	95.2%	91	93.8%
Provides cell phones to home visitors/CI staff	53	66.3%	58	69.9%	78	80.4%
*Allows virtual visits					95	97.9%

** First asked in FY 2020 survey*

From FY 2018 – FY 2020, almost every item shows a gradual increase in assenting responses ("provides cell phones" demonstrates the largest increase at 10.5%). Whether the increase in work cell phones increased prior to COVID-19 or after, the ability of staff to maintain client contact, albeit virtual, was facilitated. In addition, most agencies rapidly created and adopted policies based on virtual visit provision once Shelter-in-Place orders took effect, demonstrating swift LIA responsiveness to significant issues.

CI staff indicated less awareness of whether safety-related policies and procedures existed in their organizations. CI marked "not sure" to one in every 5 safety-related items whereas the frequency of "not sure" responses was much less for both home visitors (7.4%) and supervisors (3.4%). It is important for organizations to address this gap in policy awareness.

MIECHV Caseload Capacity

Maintaining a caseload capacity of at least 85% across sites is a MIECHV federal grant requirement. Data from monthly capacity reports show that programs have struggled to keep caseloads full, so questions were added in FY 2019 to gather feedback on the challenges to building and maintaining full caseloads.

In FY 2020, around two-thirds (65.2% vs. 78.6% in FY2019) of supervisors report that they receive an adequate number of referrals to their HV program, and 95.7% (82.1% in FY 2019) report the referrals are a good fit, matching the requirements for their program model. Referrals can come from a variety of sources, including home visitor recruitment and participant referrals of friends and family, but are primarily received from CI. Resources utilized for recruitment include (but are not limited to) clinics and hospitals, community fairs and events, WIC clinics, schools, family case management/local health departments, DHS/FCRC/TANF, screening events, DCFS, libraries, prenatal classes/groups, Facebook and laundromat (CPRD, 2020). When perusing the list, it is important to note that access to these sources declined once COVID-19 guidelines and recommendations went into effect.

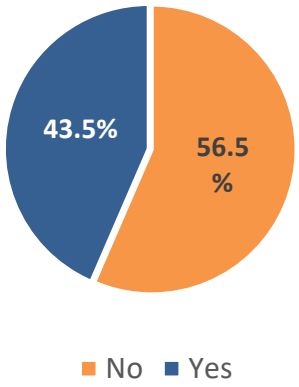


Figure 9. **Has staff turnover affected your ability to maintain full caseloads over the past year? – FY 2020**

Over four out of every 10 supervisors (43.5% in FY2020 compared to 53.6% in FY 2019) also report that staff turnover affected their ability to maintain full caseloads over the past year (Figure 9). Additional comments by supervisors speak to an assortment of impacts from turnover including a delay in filling caseloads until staff training requirements are completed, losing families who do not want to switch to a new home visitor, and inability to fill vacancies with qualified staff. COVID-19 also played a significant role in staff turnover as it delayed the ability of staff to receive required training to provide services to families.

Other unique comments:

- Difficult to fill position after staff person left in the previous year.
- Supervisor left at very beginning of FY and it took time to get new supervisor trained enough to keep caseloads full.
- The whole team, including CI are new. Due to the turnover and COVID-19, our caseload is taking a hit.

CI workers were asked if "staff turnover at the home visiting agencies you serve presented challenges over the past year." Over 90% of CI staff (92.3%) reported "Yes." Comments included "Being down a home visitor causes a waitlist and you lose the momentum of the participant wanting to be a part of the program", "Local agencies are constantly hiring, losing, and hiring their staff. This makes it harder to get anything done" and "There has been several changes with the staff at some of the HV agencies we partner up with. When a new staff is hired, they only take a few families at a time so it is a much slower process."

CIs highlighted that both the trusting relationship with the family and the community are jeopardized. “It’s hard getting families to come on board, but when they do, it’s imperative they latch on to the program and especially to their home visitor…,” and “Due to high turnover, it’s difficult to build rapport and trusting relationships with community providers.”

Recruiting

Questions were included in the survey to explore factors that may be impacting recruitment. Respondents were asked whether the current political environment impacted immigrant recruitment and has substance use disorder impacted recruitment.

While 72% of respondents to the 2020 Illinois HV Needs Assessment Report indicated “there are immigrant/refugee families in our community”, over 60% of CI staff report the current political environment has impacted recruitment of this specific population (Figure 10). Respondents who replied “yes” were asked to elucidate. Although confusion about the “public charge rule” still obfuscates recruitment efforts (e.g., “Immigrants lack trust due to the political environment” and “people offering help or assistance aren’t as welcoming as in times past. Not trusted or there’s a catch type mentality…”), Illinois was also ranked 9th highest for the number of deportations in the United States (“World Population Review”, Deportation Statistics 2020). In addition, one comment addressed the lack of bilingual home visitors or interpreters for “almost any language” as a reason for low turn-out amongst non-English speaking families.

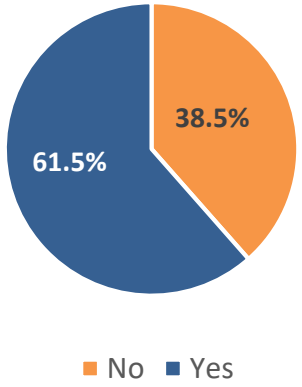


Figure 10. **Has the current political environment impacted immigrant recruitment? – FY 2020**

The opioid crisis is a statewide concern in Illinois. In 2017, the Neo-Natal Abstinence Syndrome (NAS) rate in Illinois was 2.90 per 1,000 deliveries; for publically insured infants (Medicaid), it was 5.0 per 1,000 live births. According to HRSA, “HRSA’s Home Visiting Program plays an important role in the continuum of supports, from prevention to treatment.”

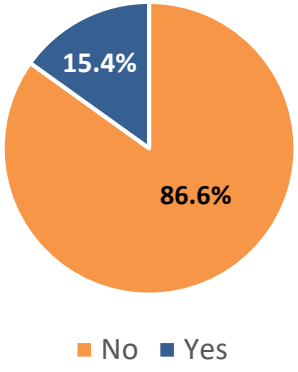


Figure 11. **Has family substance use disorder impacted recruitment? – FY 2020**

CI Staff were asked if family substance use disorder has had an impact on recruitment. Two of 13 respondents (15.4%) said yes. (Figure 11).

For staff who answered yes, challenges and concerns were elicited. Comments included “Families with substance abuse impact are not as willing to let someone in the home because they are afraid to get reported in some way”, and “It’s hard for family’s focusing on following up with enrollment and visits because they have so many other issues that they have to deal with involving substance abuse.”

Home Visiting Staff Motivation to Remain in or Leave Their Position

The rate of staff turnover is a programmatic factor that plays a critical role in the quality of home visiting programs. To help understand and monitor HV turnover, a series of questions in the HV/CQI Survey are designed to capture multiple factors that may contribute to staff exits and retention.

The results are examined two-fold – looking at both the aggregate of each factor, and the change over time for each factor. Table 4 shows FY 2020 responses, with Figures 12 and 13 highlighting the top 3 reasons for considering staying and leaving. Overwhelmingly, "Making a difference in the lives of others" is the premier reason (93.5%) chosen for remaining in home visiting positions. Another chief reason, selected by one in eight respondents (80.6%), is the "Variety and flexibility of the work", which reflects the unique nature of providing home-based early childhood services. From FY 2014-FY 2019, "Personal Commitment to Home Visiting" rounded out the top 3 reasons to stay. However, in FY 2020, "Acknowledgement and respect as a professional in the agency" came in third (67.2%), with "Personal Commitment to Home Visiting (66.1%) ranked 4th.

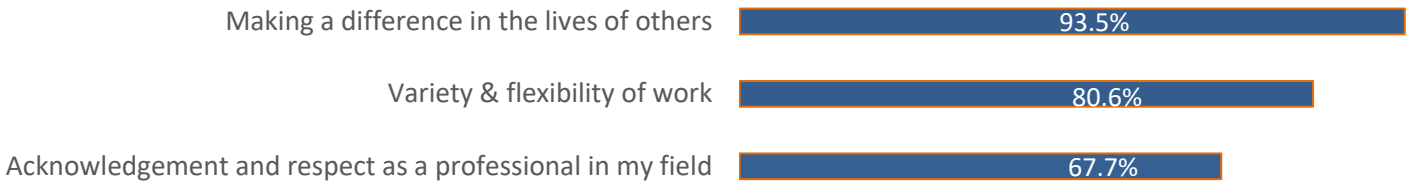


Figure 12: **Top three reasons for staying in HV position, FY 2020**

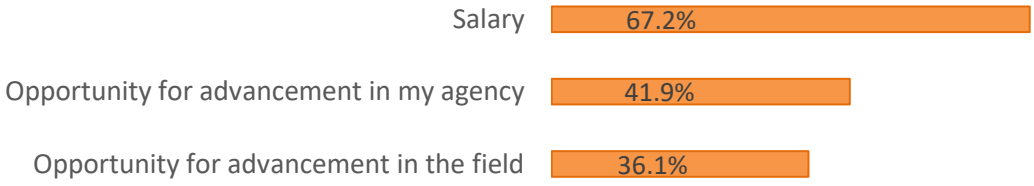


Figure 13: **Top three reasons for leaving in HV position, FY 2020**

By contrast, the highest rated factor for considering leaving home visiting in FY 2020 is salary (58.4% overall; 67.2% for home visitors), with only 19.8% overall reporting salary as a reason for staying. Interesting to note, when this factor was rated by 541 home visitors in the INA (CPRD, 2020), 46.9% ranked the factor as a reason to leave; 32% as a reason to stay. (Survey size differs substantially between the two as follows: the MIECHV HV/CQI survey includes MIECHV-funded home visitors only; the INA includes home visitors funded through multiple funding streams.) In addition, most home visitors are expected to use their personal vehicles for travel to and from home visits. Even with mileage reimbursement at 57.5 cents per mile in FY 2020, home visitors in the INA reported travelling from 6-15 miles to serve 2,168 (33%) families and more than 15 miles to visit 1,178 (18%) families (CPRD, 2020). As such, home visitors may be required to put substantial wear and tear on their family cars.

Worth highlighting are some of the differences and similarities for the reasons people consider staying and leaving between the INA and the FY 2020 MIECHV HV/CQI Survey. Although the sample is larger and there's an inclusion of non-MIECHV funding streams in the Needs Assessment, responses are very similar for many of the items (see Table 4).

"Opportunity for advancement in my agency" was chosen as the second major reason to consider leaving (35% overall; 41.9% for home visitors) and "Opportunity for advancement in the field" (30.5% overall; 36.1% home visitors considered it a reason to leave while 42.9% supervisors considered it a reason to stay) was rated third.

When comparing FY 2014 – FY 2020 results in the reasons considered for leaving (see Figure 14), shifts over time are observed. With the exception of fiscal years 2016, 2017 and 2018, the top 3 reasons for leaving were "Salary", "Opportunities for advancement in my agency" and "Opportunities for advancement in the field." However, from FY 2016 – FY 2018, "Insecure funding" supplanted both "Opportunities for advancement in the field" (2016, 2017) and "Opportunities for Advancement in the agency" (2018) as a top 3 reason. Fiscal years 2016-2018 happen to coincide with the Illinois Budget Impasse which occurred from July 1, 2015 – August 31, 2017. The ensuing financial gridlock resulted in lost funding to numerous non-profit programs across Illinois, including home visiting programs.

"Making a difference in the lives of others" progressively continues to be a solid factor in the consideration to stay at the job (from 87.3% in FY 2018 to 93.4% in FY 2020). It is noteworthy and a positive reflection on the passion of the workforce that 100% of home visitor respondents answered "True for me" or "Very true for me" to the statement "I believe that I make a difference in the lives of children and families" when rating their confidence over various home visiting tasks.

Table 4 also summarizes the reasons home visitors considered staying or leaving their position by survey years 2018-2020. Note that the neutral "not a factor in staying or leaving" response was omitted from the table; percentages will not add up to 100%. "MIECHV colleagues in my agency" has become increasingly popular as a reason staff consider staying in their current positions (48.1% in FY 2018 to 57.4% in FY 2020). This could indicate a stronger support network among colleagues, and stronger professional relationships due to increased time working together. Strong peer support also plays a mediating factor in reducing staff turnover and burnout.

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Table 4. ***Home Visitor Major and Minor Reasons for Considering Leaving or Staying, FY 2019- FY 2020 (MIECHV HV/CQI Survey) and IL MIECHV Needs Assessment Survey of HV (NA)***

	NA (n= 541)		2019 (n= 37)		2020 (n= 62)	
	Reason:					
	to leave	to stay	to leave	to stay	to leave	to stay
Salary	47.2%	32.2%	68.3%	17.0%	67.2%	18.1%
Benefits (e.g., healthcare, vacation, sick leave)	16.9%	53.2%	31.7%	47.6%	18.6%	54.2%
Variety and flexibility of work	6.2%	53.2%	8.6%	72.8%	8.0%	80.6%
MIECHV colleagues in my agency*	13.1%	63.0%	9.8%	54.9%	8.2%	57.4%
Opportunities for career advancement within the field**	24.8%	33.0%	35.8%	34.6%	36.1%	36.1%
Opportunities for career advancement within my agency**	NA	NA	43.2%	25.9%	41.9%	30.7%
Not many other job opportunities where I live or work	6.9%	27.1%	6.3%	19.0%	11.3%	27.4%
Personal commitment to home visiting	3.9%	74.7%	2.4%	69.5%	6.5%	66.1%
Making a difference in the lives of others	0.8%	95.7%	2.5%	90.1%	0%	93.5%
Insecure state or agency funding	20.3%	34.1%	32.9%	10.9%	25.8%	16.4%
MIECHV requirements for assessments and other data collection+	27.4%	22.9%	32.9%	7.3%	27.9%	16.4%
MIECHV requirements for data system (Visit Tracker) use+	NA	NA	25.9%	8.6%	21.3%	13.2%
Number of MIECHV required trainings	7.6%	15.2%	13.4%	12.1%	14.8%	16.4%
MIECHV caseload capacity requirements	17.5%	8.8%	15.9%	14.6%	17.7%	19.4%
Support from my supervisor and agency leadership	NA	NA	15.9%	60.9%	17.7%	62.9%
Acknowledgement and respect as a professional in the field	NA	NA	16.0%	65.4%	8.1%	67.7%

NA = Not Asked

**In NA Survey, question is "Colleagues in my organization"*

***The needs assessment survey combined opportunities for career advancement within my field and within my agency into one question: "Opportunities for career advancement".*

+The needs assessment survey combined the "requirement" questions into one: "Requirements for grant and model (paperwork, data entry, assessment, caseload, travel).

Challenges of Changes in MIECHV Requirements

In 2017, there were major changes to the MIECHV benchmarks, and requirements for benchmark data collection. These changes necessitated revisions in the Visit Tracker data collection system and required additional trainings for home visitors. In addition, caseload capacity requirements increased, adding pressure on programs to keep caseloads full. CPRD added four items to the 2018 survey to ascertain how these changes may have influenced staying or leaving. The items were retained in the 2020 survey.

Table 5. ***Impact of changes to MIECHV benchmarks and requirements in data collection to home visitors, FY 2019 and FY 2020***

Item	Reason I have considered leaving		Not a factor in staying or leaving		Reason I have considered staying	
Fiscal Year	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
MIECHV requirements for assessments and other data collection	32.9%	27.9%	58.1%	55.7%	7.6%	16.4%
MIECHV requirements for data system (Visit Tracker use)	27.1%	21.3%	64.2%	65.6%	7.5%	13.2%
Number of MIECHV required trainings	13.4%	14.7%	77.2%	68.9%	15.2%	16.4%
MIECHV caseload capacity requirements	15.9%	17.8%	73.8%	62.9%	8.8%	19.4%

In Table 5, the questions are investigated more closely. The "neutral" column was added to enhance analysis. In both survey years, a higher percentage of respondents chose the neutral response to these items compared to the other items listed in Table 4. Yet, home visitors still ranked "MIECHV requirements for assessments and other data collection" and "MIECHV requirements for data systems" as respectively, the fourth and sixth highest reasons they would consider leaving.

Home Visitor Staff Salaries

Again, in the 2020 survey, home visitors were asked to report their annual salary. For the 55 staff responding to this question, full-time annual salaries ranged from $24,000 to $55,000, with a median salary of $33,000 and a mean salary of $34,168. Using these data, CPRD conducted a further analysis of salaries by staff characteristics such as level of education and years in the profession.

As might be expected, Table 6 shows that mean salaries were higher for staff who have been in the profession longer and higher levels of education yield a graduated increase in salary - particularly an advanced degree. However, it is evident that salaries, especially for new staff, remain low for many full-time home visitors.

Table 6. ***Home Visitor Salary by Demographic or Employment Characteristics, FY 2020***

MIECHV Survey		N	Median	Mean	Min	Max
Current home visiting work experience	One year or less	21	$33,400	$33,971	$24,000	$42.000
	2-5 years	26	$32,500	$34,038	$25,000	$55,000
	6 years or more	6	$33,500	$35,416	$32,000	$42,000
Education	HS/GED/AA	8	$30,250	$30,050	$25,000	$33,400
	BA/BS degree	39	$33,000	$34,551	$24,000	$55,000
	Masters +	6	$35,000	$37,166	$32,000	$45,000
Prior Experience	One year or less	28	$32,250	$33,267	$25,000	$55,000
	2-5 years	12	$36,000	$36,583	$30,000	$45,000
	6 years or more	12	$33,200	$33,450	$24,000	$42,000
Overall		**53**	**$33,000**	**$34,168**	**$24,000**	**$55,000**

Since 30.2% of the home visiting staff report having been on the job one year or less and earn a mean salary of $33,971, they may be receiving "starting salaries". However, utilizing the Neuvoo Income Tax Calculator, the net salary in Illinois for $33,971 is equal to $27,300 (deductions include federal income tax, state income tax, social security and medicare tax). The net hourly wage for the home visitor is $13.12 (assuming a 40 hour work week). The minimum wage for Illinois in 2021 is $11.00. Based on a family size of 2, a household income of $32,942 (before taxes) in Illinois, is considered to fall in the lower income tier (although in Decatur, the individual would be considered to be in the middle tier).

Twenty-four home visitors (45%) earned less than the median of $33,000. The median and mean salaries for that subgroup were $29,521 and $30,000 respectively. Their gross hourly wage equaled $14.20; their net hourly wage was $11.51. In addition, according to the Living Wage|calculator, an adult with one child would need to make $26.48 per hour to earn a living wage, a single adult with no dependents would need to earn $12.80 per hour.

In addition 86.5% of home viitors report having earned a bachelor's degree or higher. According to the United States Bureau of Labor Statistics, in 2019, the average weekly earnings of workers with a bachelor's degree is $1,248. Those with a master's degree earn $1,497 per week. The mean weekly gross salary of MIECHV home visitor respondents = $657.07.

Illinois Non-MIECHV Home Visiting Salaries

CPRD was able to acquire additional salary data from Start Early (SE) (formerly names the Ounce of Prevention). However, these data are collected and reported in a slightly different format. The salaries also reflect various funding streams. The sample size for FY2020 is comparable between SE and the MIECHV Survey. Table 7 salaries reflect SE categories Statewide, Chicagoland, and Downstate, which appear to be quite comparable, with steady increases from 2014 to 2018. The average MIECHV home visitor salary is similar to the SE sample (see Table 8). The comparability of both MIECHV and non-MIECHV home visiting salaries is not 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 SE data. Their sample represents 59 (non-MIECHV) home visitors in Illinois.

Table 7. ***Start Early salary study – FY 2018, FY 2019 & FY 2020***

Ounce Survey	2018	2019	2020 (N=59)
Employment characteristics	**Average Salary**	**Average Salary**	**Average Salary**
Statewide	$35,131	$34,383	$36,573
Chicagoland	$37,093	$34,002	$35,776
Downstate	$33,169	$35,140	$38,127

Table 8. ***Start Early and MIECHV HV salary comparisons over time***

	2018	2019	2020
	Average Salary	**Average Salary**	**Average Salary**
Start Early	$35,131	$34,383	$36,573
MIECHV	$31,300	$31,501	$34,168

The median home visitor salary for FY 2020 reported by Start Early is $35,000. According to the United States Bureau of Labor Statistics CPI Inflation Calculator, the 2018 average salary of $35,131 is equivalent to $36.120.08 in July 2020 (the salaries are measured from July of 2018 – July 2020 as the State Fiscal year begins July 1 and is typically when salary increases go into effect). Therefore, excluding the cost of living increase between 2018 and 2020, home visitors pocketed an extra $453 per year (or approximately 22 cents per hour). Similarly, 31,300 is equivalent to $32,181.22 in 2020. As for the difference between FY 2018 and FY 2020 MIECHV salaries, once the cost of living increase is applied, the real increase in salary between the two years is 96 cents per hour.

Staff Turnover

Table 9 delineates staff turnover by position for State Fiscal Year (SFY) 2020. The state Fiscal year covers the period of July 1, 2019 – June 30, 2020.

Table 9: ***Staff turnover rates – SFY 2020***

MIECHV Position Title	Total # in Position	# of New Hires	# of departures	% of departures	Average overall length of vacancy (months)	Average length of MIECHV Employment in years
CI Worker	13	7	5	38%	2.57	1.7
CI Supervisor	6	1	0	0%	0.00	4.6
Home Visitor	86	43	20	23%	2.34	1.8
Supervisor	26	6	3	12%	0.43	3.1
Other Staff	27	10	2	7%	0.77	3.6
Grand Total	**158**	**67**	**30**	**19%**	**2.09**	**2.3**

Turnover rate for FY 2020 was 19%; home visitor turnover was slightly higher at 23%. Some literature speaks to the unique job market created by the pandemic. From March 2020 until June 2020, with shelter-in-place orders instituted nationally, the voluntary "quit" rate decreased (quit rate refers to people who leave their jobs voluntarily as opposed to being forced out or laid-off). According to SHRM, "As jobs disappear, employees hang on to what they have." Further, according to the Washington Center for Economic Growth, "When the labor market is not dynamic, workers are not changing jobs in response to the ability to achieve higher wages..."

In his book "Good to Great" (2001), Jim Collins uses the analogy of "getting the right people on the bus" and the "right people in the right seat" as a way to successfully recruit (and hopefully retain) new hires. However, low salaries and lack of career advancement are two crucial factors which tend to impede recruitment of qualified candidates and hamper strategic hiring practices.

The Impact of Staff Turnover

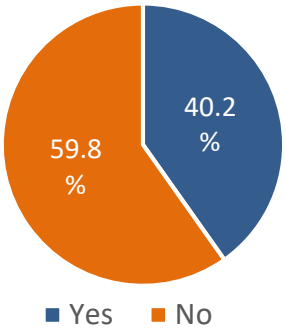

Figure 14. **Has staff turnover presented any challenges to your program over the past year? -- FY 2020**

Home Visitors and Home Visitor Supervisors were asked whether staff turnover had posed any challenges to their program in the past year. Those who responded yes were asked to elaborate on challenges and concerns and to offer suggestions related to turnover. Thirty respondents commented.

Figure 14 delineates the number of yes and no responses to the question "Has staff turnover presented any challenges to your program over the past year?" In FY 2020, only 4 out of every 10 home visitors and supervisors (down from almost half of all respondents in FY 2019) agreed that staff turnover had presented challenges to their program in the past year. When asked to elucidate, several themes emerged. Technology and Data systems posed a challenge for some home visiting staff and several recommendations were offered: Instead of imputing date into several systems, the systems should be incorporated into one, "improve the speed

of the internet, have computers with more capacity and tablets to take to visits and thus facilitate our work, and provide more trainings on data input." Some comments articulated the stressful situations in which either/both the home visitor and/or client must contend: "With all the work that has to be done, we aren't offered any mental health time. It can be stressful and overwhelming sometimes with things that have to be done from visits… sometimes we need a break!, "It comes challenging for the clients when their PE (parent educator) leaves…and it also causes some anxiety for staff to have to get a new supervisor", and "having to adjust to people leaving and the emotional toil that can take…". Supervisors also noted impacts to program quality and services (e.g., "Clients get tired of having new HVs is often and it makes it difficult to build relationships").

Eight comments related to feeling overworked or overwhelmed by paperwork, job responsibilities, and other program requirements (e.g., administering assessments in the time allotted for completion). One respondent observed: Staff turnover "creates gaps in services and the overworking of other staff". Another stated "When parents or children are constantly ill or parents have to work overtime, we fall behind on screenings and assessments. We have no control over time, but yet it looks like we are not doing our job. It is ironic that families who need us the most are often the ones who miss the most visits."

Low salaries are mentioned (10 comments) with several supervisors noting how low salaries affect their ability to find and retain qualified applicants, and that staff leave for better paying jobs. However, a few state that it's very difficult to find qualified individuals to fill positions ("I honestly feel that at times we hire people because we need a body to pull down funding and as a result we aren't getting the best fit of people. This leads to additional turnover of both participants and staff"; "It seems staff last about 6 mos. before leaving. Onboarding is rushed and confusing…"). For supervisors, challenges of hiring also puts "a lot of strain on the team". One supervisor articulates "Just having to adjust to people leaving and the emotional toll that can take, plus the time it takes to hire new people in various positions. It can interrupt the ebb and flow of the office."

CI staff were also asked about the impact of staff turnover at the home visiting agencies they serve in their work, which focuses on recruiting potential participants to home visiting and promoting home visiting services in the community. Those noting it had an impact elaborated on challenges and concerns and offered suggestions related to turnover.

Seven CI comments focused on the impact of staff turnover on caseload capacity and timely service delivery ("It's hard to maintain numbers due to turnover"; Hard to fill a large number of home visit slots all at once"; and, "When you don't have enough people to take on the high demand of people that comes into a program… that can cause delays in people receiving services"; inability to "get staff trained quickly enough to start opening families"). Seven other comments closely mirrored those of the home visitors and supervisors including the following: "Being down a home visitor causes a waitlist and you lose the momentum of the participant wanting to be a part of the program", "It's difficult to build rapport and trusting relationships with community providers"; "grant amounts not sufficient enough to pay appropriate salary for position"; "It's hard getting families to come on board but when they do, it's imperative they latch on to the program and especially the home visitor…".

In his book "Good to Great" (2001), Jim Collins uses the analogy of "getting the right people on the bus" and the "right people in the right seat" as a way to successfully recruit (and hopefully retain) new hires.

Reasons for Staff Turnover

Supervisors were provided with a list of responses and asked to choose the reason(s) staff had left their agency within the past year. Figure 15 shows the spectrum of reasons supervisors indicated staff left along with the number of supervisors who chose it.

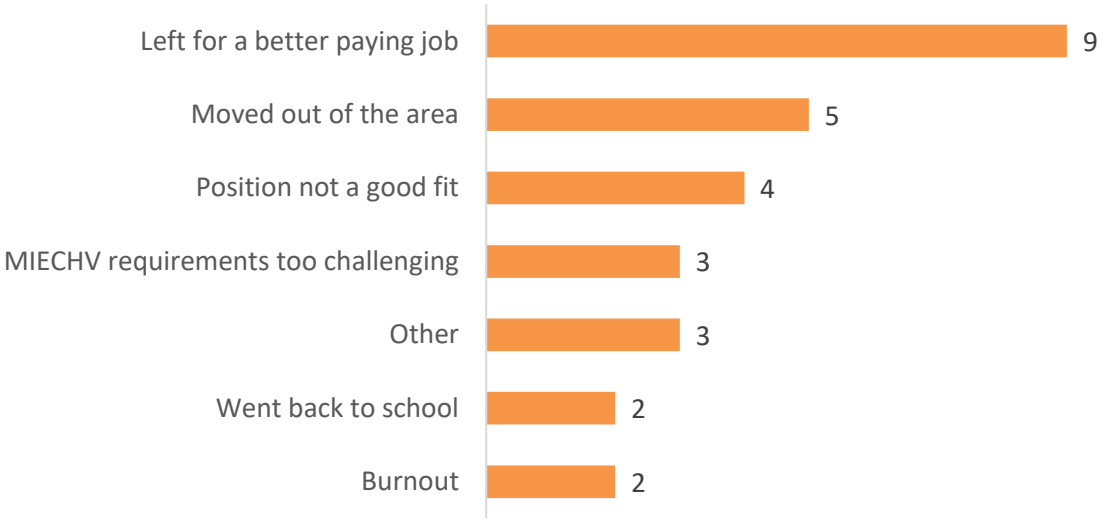

Figure 15. **Reasons why staff leave their agency, FY 2020**

"Left for a better paying job" was reported as the primary reason why staff had left their agency within the past year. Other reasons reported by supervisors for staff turnover were "mental health issues" and "two left on maternity leave and did not return".

It is important to note that the reasons chosen for leaving are supplied by someone other than the employees who left. However, it is not surprising that "left for a better paying job" is the primary reason chosen and salary was the number one reason home visitors considered leaving their job. These findings are analogous to those found in Home Visiting Career Trajectories, a report written by the Urban Institute and published in February, 2020 (pp.76, 77).

"Low salary is the most prevalent reason for home visitor turnover, according to program managers." – Home Visiting Career Trajectories

Strategies to Address Staff Turnover

Respondents were asked to list challenges, concerns, and suggestions to combat staff turnover. Out of 38 comments, 5 included suggestions.

- "With all the work and data input on different data systems can be frustrating. I believe we should use all one system for everything… Offer mental health days".
- "Simplify the paperwork, (if possible) schedule training's when the weather safety permits to do so and giving the workers a raise."
- "Changing educational requirements for those who have experience working in fields related to home visiting and working with families."
- "It would be nice to be able to pay home visiting salaries at the same level of other programs."
- "Improve the speed of the internet, have computers with more capacity and tablets to take to visits and thus facilitate our work."

Supervision

The FY 2019 survey added questions about supervision to assess the frequency and adequacy of support provided to home visiting staff. Parents as Teachers (PAT) and Healthy Families America (HFA) home visiting models specify requirements for supervision. These questions were retained in FY 2020 Survey.

Survey participants were asked "Do you feel you get an adequate amount of supervision to complete the responsibilities of your position?" Out of 97 responses, more than nine out of 10 (92.8%) respondents said yes; 7.2 (down from 10.8% in FY 2019) said no. Respondents were encouraged to comment on their choices. Although one person stated "We have great support from our supervisor", others observed that both they and their supervisor were new and learning together, and others remarked that supervision was not always helpful ("Supervision is not what I expected it to be and not always helpful…I get enough supervision but whether it helps with my responsibilities that's not always clear" and "Yes, I have enough supervision time and discuss the concerns of the families but I do not receive the support that the situation or problem requires.") One person commented that she needs to rely on the information provided by her fellow home visitors because her supervisor doesn't "…know how to do the paperwork, how often it needs to be updated…how often we should be asking the MIECHV questions in VT".

Respondents were queried regarding whether they received regularly scheduled reflective supervision. More than 88% responded affirmatively to the question while 11.3% said no. Two respondents shared that although they received supervision, it was not necessarily done on a scheduled, regular basis and a few questioned whether their supervision was reflective, "Reflective supervision should be a little more 'reflective' instead of using the time to overwhelm the staff and assign more work". One individual expressed "I can seldom say that we have reflective supervision".

Mental Health Consultants (MHC) provide individual reflective consultation with the program manager/ supervisor/home visitor, group reflective consultation, training, and more. According to an HV-ImpACT January 2017 Issue Brief (page 7), "Reflective Supervision helps home visitors develop coping skills and resiliency." Over four-fifths (80.3%) of FY 2020 survey respondents report meeting with their MHC. Over half (53.2%) of survey participants state they meet with their MHC both individually and in a group while

44.3% meet with their MHC in a group only; 2.5% meet individually only. Over 19.6% respondents indicate that they do not meet with an MHC.

Survey participants were then asked to record how often they met with their MHC. Almost two-thirds (63.3%) of respondents meet with their MHC once a month [64% (N=247) of respondents to the Survey of Illinois Home Visiting – Impact of COVID-19, also reported a once per month frequency]. Another 27.8% reporting a twice a month frequency and slightly less than 9% (8.9%; up from 3.5% in FY 2019) meet with their MHC either 3 or 4 times per month.

Eighty percent of respondents report meeting with their Mental Health Consultant.

Burnout

Separate questions regarding burnout were first added to the FY 2019 survey and repeated in FY 2020. These questions acknowledged that professionals serving at-risk families sometimes find their work to be stressful and experience feelings of burnout. Respondents were asked to read a series of five statements denoting stages of burnout, and check which response best reflected their feelings at work. Figure 16 shows the statements along with the percentage of respondents who chose them.

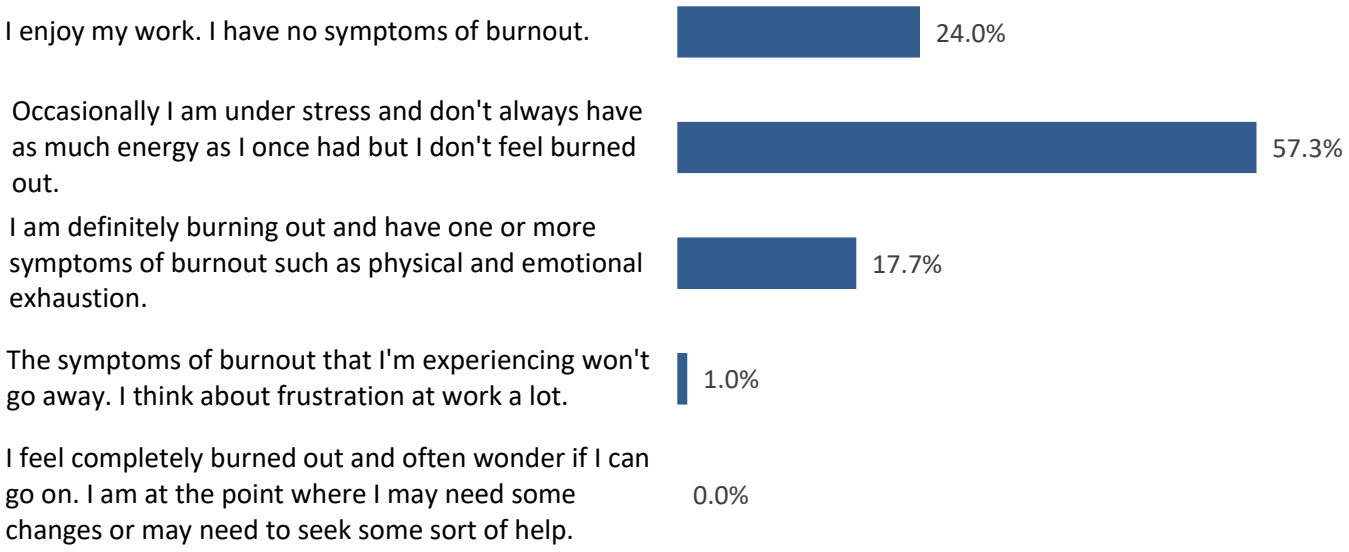

Figure 16. **Percentage of respondents by burnout statement chosen, FY 2020**

In the FY 2020 survey, less than 1 in 5 (18.7%) home visiting staff respond to experiencing burnout. When the same set of questions was posed in a survey to 302 home visiting staff representing programs from all Illinois funding streams, a month after "Shelter-at-Home" orders were enacted, 21% of respondents indicated some modicum of burnout (Survey of Illinois Home Visiting – Impact of COVID-19, April, 2020; CPRD). The concept of burnout among home visitors was also explored in the 2020 Illinois Needs Assessment Survey. A 10 item standardized subscale from the Professional Quality of Life Scale Questionnaire (Gill, Greenberg, Moon, & Margraf, 2007; Stamm, 2010) was utilized to ascertain the

frequency in which respondents experienced (N=541) factors associated with compassion fatigue and burnout. That survey concluded that respondents identified as caring individuals (98.7%) and reported high levels of happiness (85.1%), and productivity (80.5%). It also reported that respondents recounted feeling worn out (53.9%), overwhelmed (54.3%) and bogged down (41.4%). Almost two out of 10 respondents (19.3%) felt "sometimes or often" felt trapped in their job. These elements are suggestive of compassion fatigue or burnout and require further evaluation to ascertain the percentage of respondents who score within burn-out/compassion fatigue ranges (Illinois Needs Assessment survey, p. 74).

Impact of COVID-19 on Home Visiting Services

Questions were included in the FY 2020 survey to query respondents about the effects of COVID-19 on CI, benchmark completion, and home visiting in general. Questions sought to collect both qualitative and quantitative data. CI workers were asked how COVID-19 most impacted their CQI work. Responses ran the gamut from its impact to home life ("Bringing my work home has invaded my space. At one point I was unable to distinguish between work and my personal life") to its impact on community systems (e.g., medical providers, health department, public aid). Somewhat over 45% of CI respondents stated referral numbers had decreased due to COVID-19. Respondents also remarked how connections to recruitment resources or potential clients had become difficult because "everything is closed", "(cannot) meet with referrals, only over the phone or video chat", and, "It's hard to be out in the public engaging when you can't be out in public engaging. And wearing a mask adds another wall to get thru." One CI summed up the challenges by stating the following: "I do feel that during this time HV has become a more difficult sell to prospective families. Many partner pipelines have altered services in a way that negatively impacts referrals. This time necessitates innovative thinking."

"I do feel that during this time HV has become a more difficult sell to prospective families. Many partner pipelines have altered services in a way that negatively impacts referrals. This time necessitates innovative thinking."
-- CI Survey Respondent

Another question asked home visitors and supervisors to measure the perceived impact of COVID-19 (positive, negative, or neutral) on 17 out of 19 MIECHV benchmarks (Preterm Birth and Child Maltreatment were excluded from the survey). For purpose of analysis, the neutral percentage outcome was not used. Instead, the negative and positive percentage outcomes for each benchmark were calculated and a simple comparison made to ascertain which one was higher. The higher percentage was used to decide whether the impact on benchmark completion was positive or negative. For FY 2020 CQI Project benchmarks, COVID-19 was gleaned to positively impact Breastfeeding, Safe Sleep and Early Language Literacy. Perhaps due to COVID-19 restrictions, some parents were able to spend more time with their children in the home environment (Table 10).

For the remaining HV CQI project focused benchmarks, respondents perceived the impact of COVID-19 as primarily negative on benchmark completion. For most, over one in three respondents indicated the impact as negative, with Well-Child Visits garnering an 80% negative response rate. For 12 (or 71%) of the benchmarks listed, respondents' appraisals of COVID impact matched actual data results. Only five benchmarks yielded results contrary to respondent perceptions of impact -- Well-Child Visits, Child injury, Tobacco Cessation, Primary Caregiver Education and Completed IPV Referrals, with only Well-Child Visits and Primary Caregiver Education illustrating marked differences between FY 2019 and FY 2020 percentage outcomes. Of the three home visiting sites that worked on improving Well-Child Visit rates as part of their CQI projects, all three sites improved in Well-Child Visit completion rates in FY 2020. Stay at Home Orders may have also provided the opportunity for some primary caregivers to take advantage of online educational opportunities.

Table 10: ***Respondent benchmark impact perceptions vs. benchmark data results***

Benchmark	Positive Impact	Negative Impact	FY 2018 Data	FY 2019 Data	FY 2020 Data
Breastfeeding	17.6%	5.9%	25%	27%	28%*
Depression Screening	9.4%	47.1%	89%	92%	86%*
Well-Child Visits	4.7%	80.0%	71%	55%	59%
Postpartum Care	3.5%	47.1%	80%	69%	66%*
Tobacco Cessation	6.0%	26.2%	82%	58%	59%
Safe Sleep	14.3%	10.7%	66%	66%	69%*
Child Injury	10.8%	12.0%	1%	2%	1%
Parent-Child Interaction	25.9%	42.4%	81%	78%	73%*
Early Language Literacy	37.6%	16.5%	67%	77%	83%*
Developmental Screening	22.4%	35.3%	85%	83%	80%*
Behavioral Concerns	9.4%	51.8%	96%	96%	94%*
IPV Screening	10.8%	41.2%	93%	96%	87%*
Primary Caregiver Education	14.3%	23.8%	30%	23%	30%
Health Insurance Continuity	13.1%	21.4%	80%	80%	75%*
Completed Depression Referrals	9.5%	34.5%	57%	39%	22%*
Completed Developmental Referrals	8.4%	41.0%	100%	41%	22%*
Completed IPV Referrals	6.1%	28.0%	75%	83%	83%

* Respondent perceptions matched result

In a separate question regarding benchmarks, home visitors and supervisors were asked to describe a particular challenge related to a benchmark and then detail how it was strategically addressed. Out of 34

challenges provided, 12 pertained to benchmarks requiring screenings or assessments. Challenges included providing parents with consent forms and copies of assessments/screenings ahead of administration and finding virtual or visual platforms to view client or child responses to screening items. Solutions offered were mailing copies of paperwork ahead of time, placing copies of forms into "large plastic bags and put them in the mailbox", and using Google Duo and Zoom to provide assessments or have "caregivers send photos or videos of children completing a task."

Four respondents noted how the pandemic impacted well-child visits. Challenges not only pertained to parents' perceptions on the safety of taking children to well-child visits at this time but COVID related policies on best practice by the medical community and the CDC. Some medical facilities cancelled well-child visits and immunizations to prioritize COVID cases. Some families' neighborhood medical homes were designated as COVID-19 facilities and were no longer available to provide routine medical care.
Other benchmarks mentioned by respondents were Completed Developmental Referrals ["our EI programs are doing therapy sessions virtually" but "are still not conducting evaluations of children with suspected development delay for eligibility" (assessments for new referrals)], Depression Screening ("depression is harder to notice"), and Breastfeeding ("It's harder to share the knowledge on important subjects, such as breastfeeding, so more moms are formula feeding").

Suggestions to Improve MIECHV Support to Programs

The final survey item asked for open-ended feedback to the question: "How can we change or improve the MIECHV CQI process for your agency or organization?" A variety of issues were raised by 45 survey respondents. Many offered suggestions which were concise; some suggestions reflected the absence of the issue (e.g., Too strict deadlines? Relax deadlines). A summary of comments by topic area is below.

Salary and Benefits

The majority of comments by respondents related to salary and benefits. Specifically, better pay (10 comments), better benefits (1 comment) and increased funding for salaries (1 comment). One respondent stated "opportunities for mental health days normalized".

Paperwork and Program Administration

Another common theme concerns administrative challenges and burdens, such as "too much paperwork" (2 comments), and timeframes for data collection, assessments and benchmark completion are too strict (7 comments). Suggestions proffered for paperwork included "condense some of the requirements being asked (e.g., demographics, income)", "Advocate for an automated system and not the need for so much paperwork", "Cut down on some of the redundant paperwork", and "Simplify the paperwork… so the home visitor can respectfully devote the time needed to serve each family." Too combat strict deadlines and timeframes, "there needs to be concrete policy and procedures that allow for flexibility", due dates need to

be modified for home visitors working with two or more children in a family, and there should be exceptions to completing some of the benchmarks in the designated timeframes (e.g. "Due to extreme stresses with families I have worked with, assessments and screenings are not always able to be completed on time. Since we are in a relationship based job, we need to provide support and address those issues which should be a priority"). Two comments addressed a reduction in caseloads to "help us reduce stress and complete the information they request on time" and to "Devote the time needed to serve each family."

Concrete Program Supports

Recommendations were made of various program supports that could be provided or altered. One suggestion was for MIECHV to update technology and offer computers with more capacity and tablets to take to visits. Another suggestion was to help agencies create a secure/encrypted email that will ensure safety in the information we receive. A CI respondent proposed that MIECHV provide marketing materials that specifically address the value of home visiting during COVID-19.

> "MIECHV has been a godsend during this time with providing support and information during the pandemic." -- *Survey respondent*

Support for Staff

An array of supports were requested by respondents including the following: support to make sure that data is entered in the computer appropriately; continued support for home visitors through recognition and bonus programs; provide more mental health support; provide career advancement; and, require state funded home visiting programs, WIC, and FCM programs to submit referrals.

Perhaps due to the intentional supports instituted during COVID-19 at every level of Illinois MIECHV, eight comments focused on the scope of support provided. A comment reflecting the totality of feedback follows: "MIECHV has been a godsend during this time with providing support and information during the pandemic."

Training

Feedback (12 comments) on training included: "training on new requirements when they happen"; "additional trainings on benchmarks and requirements"; "courses to improve technology and keep families interested in visits through the screen" training for supervisors on "how to balance being reflective with your CI worker and overwhelming them", "home visiting, tools and protocols"; and, annual training for CIs "specifically related to the systems that we are tasked at engaging."

It is important to note that some of the comments provided above are single responses, and they cannot be considered to be widely-held observations. These unique comments should be accepted as singular suggestions rather than broadly held needs, requests or preferences of how MIECHV might be improved. The comments provided identify a variety of areas that might deserve further investigation.

Conclusions and Recommendations

1) Take measures to reduce burnout and increase staff retention through various initiatives including a trauma-informed staff, infant mental health consultant support, and reflective supervision; a working environment that fosters teamwork, engenders staff autonomy and nurtures work life balance; and provide clearly defined job expectations and a sensible work flow which allows time for both direct service and record-keeping. To mediate stress, provide sufficient and systematic professional development and onboarding (Alitz, et.al., 2018).

2) To reduce turnover, pay a living wage and offer competitive benefits, provide incentives for increased education and training and offer a career lattice so there is room for advancement. Increase the recognition of home visiting as a professional field with a specialized skill set.

3) Recognizing that one in three staff are new on the job, offer consistent, supportive and comprehensive onboarding. New staff supports should include reflective supervision, mentors, and opportunities to shadow experienced home visitors, clear and consistent policies and procedures.

4) Offer an array of trainings to address the many aspects of home visiting work, including specialized trainings geared towards the challenges of virtual visits and engaging families during a pandemic.

5) As multiple home visiting models and funders stipulate data collection requirements, prioritize efforts to streamline data collection activities and requirements.

5) Continue working with the Illinois MIECHV Data System Developers to quickly address and eradicate technical issues, and to respond to feedback from users. Ensure availability of accurate data for state and federal reporting. Continue to provide ongoing training and technical assistance on the use of the data system.

6) Provide agencies with resources, including policies, best practices and trainings, to increase the safety and security of their home visiting staff. Ensure position specific safety training is incorporated into all staff onboarding.

7) Continue to support programs in using their program specific data by providing trainings for new and experienced staff on CQI tools and processes. Take advantage of national technical assistance supports provided by the Home Visiting Collaboration Improvement and Innovations Network.

8) Assist programs with supplemental funding opportunities and identifying potential new funding sources. Allow flexibility with use of funds to address the most pressing program needs.

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