Illinois Maternal, Infant & Early Childhood Home Visiting (MIECHV) Program

Annual Survey Summary Report for State Fiscal Year 2021

July 1, 2020 - June 30, 2021

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Illinois Home Visiting Collaborative

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The 2021 Illinois MIECHV Annual Survey: Coordinated Intake report is included as an appendix at the end of this document.

Introduction

The Center for Prevention Research and Development (CPRD) in the School of Social Work at the University of Illinois provides Illinois' Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs with ongoing technical assistance and Continuous Quality Improvement (CQI) supports and leadership. Twenty-six Local Implementing Agencies (LIAs) and 12 Coordinated Intake (CI) sites receive ongoing support.

As part of the assessment of supports that CPRD provides, and to continue to improve MIECHV systems and services, CPRD conducts an annual survey of MIECHV LIAs and CI providers. The goal of the survey is to gain insight into and garner staff input on the strengths, weaknesses, opportunities and challenges to staff experiences, attitudes, beliefs and practices related to CQI, home visiting and CI more generally. The MIECHV annual survey was initially administered in 2013 and has been repeated through 2021. The survey has been modified and updated over the last nine years to address issues related to the workforce, such as salaries, retention, family engagement, training, safety, and the impact of COVID-19 on MIECHV staff and services. The 2021 survey covered activities during the state fiscal year (FY) 2021 (July 1, 2020 - June 30, 2021). This report focuses primarily on home visiting staff, supervisor and director responses. CI responses are compiled in a separate report (see Appendix).

Sample

The FY 2021 online survey link was sent via email to 143 MIECHV providers on August 23, 2021. Key MIECHV personnel (home visitors, supervisors, and CI staff) were asked to complete the survey. The survey link was closed on September 20, 2021. As an incentive for participating, 30 respondents were randomly selected and awarded a $75 Amazon gift card (e-card). Ninety-six completed surveys were used for the analysis for a response rate of 67%.

Measures

The survey measures were derived from prior CPRD research related to the adoption of innovations and 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 and CI staff socioeconomic demographics, experience with CQI and technical assistance, employment characteristics and motivations, and interest in professional development. Additional questions were added to address unique concerns and new trends including: substance use in the home, immigration policies, turnover rates in the field, staff burnout, and COVID-19 impacts on service delivery.

The goal of the annual survey is to understand the strengths and challenges of the MIECHV workforce, determine the supports needed by workers in the field, and to understand the impact and benefits of the CQI and technical assistance services delivered by CPRD. The information gathered by the survey will inform DHS and other key stakeholders about the strengths, needs, and challenges of the MIECHV workforce, inform and improve CPRDs CQI and program support work, and facilitate our collective response to the implementation of MIECHV with tailored supports, communication, and action steps.

COVID-19

The data from this survey covers the time period from July 2020 to June 2021, when Illinois grappled with the new challenges of agency shutdowns, suspended in-person services, and adapting to CI and home visiting (HV) programs providing virtual service delivery. This survey represents the first full-year of CDC state and federal COVID-19 restrictions. Access to an array of community resources was diminished as service delivery either halted or was altered.

Participant recruitment was hugely impacted as in-person outreach to clients shifted to virtual connections. Service delivery and program priorities were adapted to address additional challenges including working from home, virtual school schedules for children, and scarcity of basic resources. As the COVID-19 pandemic continues, we hope to gain a better understanding of the unique challenges the pandemic causes, and as a result, the impact on service delivery.

Executive Summary

Key Findings

- In FY 2021, almost one-third (30.9%) of all respondents report one year or less of relevant prior experience when hired for their current position, a positive decrease from 41.7% the previous year.
- The MIECHV workforce is well educated. Over 82.7% of home visitors and 88.3% of all home visiting program staff (includes home visitors, supervisors, CI workers) have a bachelor's degree or higher.
- The overall staff turnover rate for all MIECHV positions remained at 19% with the home visiting rate decreasing from 23% in FY 2020 to 20% in FY 2021.
- Home visitor confidence levels on the job have declined. On a scale of 1 – 10 (1 as the lowest; 10 as the highest), fewer than half of home visitors (45.7%) self-rated their level of effectiveness on the job as 8 or higher, a big drop from 86.7% in FY 2020.
- Overall commitment to the CQI process decreased to 75% from slightly over 88% in FY 2020 (and around 83% in both 2018 and 2019 survey years).
- Sixty-five percent of survey respondents rated their enthusiasm for the FY 2021 CQI project, HV CoIIN 2.0, as either "moderate" or "high".
- Training topics of interest not currently offered include an expressed need for advanced trainings on domestic violence, conducting virtual visits and completing virtual assessments.
- In FY 2021, full-time annual salaries for home visitors ranged from $28,642 to $45,244. Overall, home visitor survey respondents earn an average salary of $35,622 ($34,168 in FY2020).
- While less so in 2021, salary continues to be the predominant reason MIECHV staff consider leaving their jobs (FY 2019 = 68.3%; FY 2020 = 58.4%; 54% in FY 2021).
- When supervisors were asked the reasons why staff left their job, by far, the most frequent response, as in years past, was "Left for a better paying job".
- Only 41.9% of supervisors, down from 65.2% in 2020, and 78.6% in FY 2019, report that they receive an adequate number of referrals to their home visiting program.
- Nearly three-fifths (58.6%) of home visiting supervisors expressed a concern that staff turnover affected their program's ability to maintain full caseloads. This is an increase from 43.5% in FY 2020.
- Key COVID-19 related challenges noted in 2021 included difficulties connecting with families to keep visits, difficulty making meaningful and sustained connections virtually, and difficulty providing home visiting materials and other items to the families due to COVID-19 restrictions.
- In the FY 2021 survey, almost one in five staff (19.3%) indicated feeling some symptoms of burnout compared to 18.7% in 2020. Almost 7% of staff report feeling high levels of burnout, while in 2020 it was just 1%.

Key Highlights

Staff Development

Home visiting staff were asked to list professional development/training topics they would like to see addressed that are not currently offered. A variety of areas were listed, including: working with diverse populations, advanced training on domestic violence, assessing domestic violence virtually, health and safety (e.g., car seats, CPR, home visiting safety), data training, mental health, systems building, and advanced training on virtual visits and assessments.

Continuous Quality Improvement (CQI)

In 2021, CQI work transitioned to participation in a national Continuous Quality Initiative program called the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN 2.0) - Lead the Change. All 100% Illinois MIECHV-funded agencies (21 LIA's) took part in this 15-month program which utilizes rapid testing and scaled interventions to improve maternal depression outcomes for women. Benefits of the HV CoIIN 2.0 include, but are not limited to, access to national maternal depression and CQI content experts and coaching. In addition, the HV CoIIN 2.0 provides participants with the opportunity to network with other industry professionals across the United States and territories.

Staff Turnover

In FY 2021, the overall staff turnover rate for all MIECHV positions remained at 19% with the home visiting rate decreasing from 23% in FY 2020 to 20% in FY 2021. The average length of employment was 2.7 years for all staff (up from 2.3 in 2020) and 2.4 years for home visitors (an increase from 1.8 in 2020). The overall length of time it took for a MIECHV staff vacancy to be filled was slightly over 2 months (2.15), with supervisor positions taking the longest to fill at almost 4 months (3.98).

Supervisors and program directors were asked if staff turnover had presented a challenge to their programs in FY 2021. Almost three out of five (58.6%) supervisors replied yes. Reasons shared by those experiencing challenges included: difficulties finding qualified staff, struggles finding applicants who would accept the non-competitive wages offered, the length of time it takes to train new home visitors and build their caseloads, as well as challenges with training virtually rather than in person. In addition, 58.6% of supervisors (up from 43.5% in 2020) report that staff turnover affected their ability to maintain full caseloads over the past year.

From a preset list of responses, supervisors were asked to identify the reasons why staff left their jobs in FY 2021. The top 3 reasons chosen were: left for a better paying job (38.3%), position not a good fit (17%), and went back to school (14.9%). Conversely, from FY 2014 through FY 2021, the top 3 reasons staff consider staying in their home visiting positions continues to be: making a difference in the lives of others (94.2%), variety and flexibility of work (77.9%), and personal commitment to home visiting (73.2%).

Work Stress and Burnout

Job burnout is a specific type of work-related stress that can reduce a person's capacity to function effectively at work. Symptoms can include physical and emotional exhaustion and feelings of helplessness, hopelessness, cynicism, frustration, and resentment. Questions regarding burnout were first added to the FY 2019 survey and repeated annually. These questions acknowledged that professionals serving at-risk families sometimes find their work to be stressful and experience feelings of burnout. In the FY 2021 survey, using the non-proprietary single-item burnout measure and the single-Item Maslach Burnout Inventory Emotional Exhaustion Measure (MBI-EE), 19.3% of respondents indicated some

degree of burnout (up slightly from 18.7% in 2020). When measured through the Professional Quality of Life Scale (PROQOL), almost 29% (28.91%) of respondents reported moderate burnout. In addition, 40.9% percent of respondents rated their work stress level as 7 or higher on a scale of 1-10, with 1 being lowest (not at all stressed) and 10 being the highest (extremely stressed).

A few key factors staff indicated as contributing to stress at work included transitioning to working virtually as opposed to in-person, the COVID pandemic, recruitment of families and recruitment of staff, and maintaining high caseloads. Additionally, survey respondents provided insight into how they manage their stress levels. Some notable responses include meetings with the MIECHV Mental Health Consultant, having a good supervisor and external support system, exercise, taking paid time off, and faith/spirituality.

Participant Recruitment

Maintaining a caseload capacity of at least 85% across sites is a MIECHV federal grant requirement. Only 41.9% of supervisors, down from 65.2% in 2020 and 78.6% in 2019, report that they receive an adequate number of referrals to their home visiting 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, 93.3% of supervisors reported the referrals to be a good fit (up from 82.1% in FY 2019), matching the requirements for their program model.

Parent Engagement

As part of the HV CoIIN 2.0, participants are encouraged to involve parents in service improvement. The ultimate goal is to recruit parents to be an active member of their continuous quality improvement team. To determine current parent involvement, a few new questions in the survey focused on parent engagement. FY 2021 results identify several existing paths to recruit parents for CQI. Out of 96 responses, the top three approaches were: parents are solicited for feedback and new ideas during groups and individual home visits (58.4%); feedback is solicited from parents who decline and/or drop-out of services (47.9%), and LIAs ask parents to help engage other families for services (45.8%). In addition, around one-third of participants report that families serve on advisory committees and boards (34.3%) and focus groups are held with parents to get ideas on service improvement (32.2%).

Challenges Related to COVID-19

Key challenges in 2021 noted by survey participants included difficulties connecting with families to keep visits, difficulty making meaningful and sustained connections virtually, and getting home visiting materials and other items to the families due to COVID-19 restrictions. Staff noted specific challenges of completing screenings and assessments over the phone or on a video call due to concerns about privacy when discussing difficult topics, especially since it was more likely during the past year that older children and other family members were present in the home due to pandemic safety restrictions. Some supports requested by staff included technology upgrades and trainings, hybrid work schedules, and streamlining documentation processes.

"I enjoy that we have input on how things are done with home visiting. I often feel valued."

FY 2021 MIECHV Survey Data and Discussion

The results of the FY 2021 survey are reported and include comparisons to prior years for some survey items. While Coordinated Intake (CI) staff data is included with other staff responses, an in-depth analysis of CI-specific questions and responses can be found in the appendix.

Socio-demographic Characteristics

The socio-demographic factors presented in Table 1 show a predominantly full-time workforce, with almost all of respondents (89.3%) having worked at their agencies 2 or more years, up from 69.8% in FY 2020 and 75.9% in FY 2019. The percentage of respondents working at their current agency 1 year or less (10.6%) has drastically decreased from FY 2020 (30.2%) and FY 2019 (24.1%). Further, the percentage of respondents in FY 2021 who reported working over 4 years at their agency reverses a trend from previous years. In FY 2021, over half of respondents (56.3%) reported working at their agencies for 4 or more years while in FY 2020 and FY 2019, the percentages were 33.3% and 42.2%, respectively.

Table 1: ***Sample socio-demographic characteristics, FY 2019 - FY 2021***

		2019 (n = 80)	2020 (n = 95)	2021 (n=94)
Work status	**Full-time**	95.2%	96.8%	97.9%
	Part-time	4.8%	3.2%	2.1%
Role	**Home visitor**	53.0%	63.9%	56.3%
	Supervisor or manager of home visitors	33.7%	21.6%	19.8%
	Coordinated intake staff	12.0%	12.4%	9.4%
	Other	1.2%	2.1%	6.3%
	***Coordinated Intake Supervisor**			2.1%
	***Agency Director**			6.3
Years worked at current agency	**One year or less**	24.1%	30.2%	10.6%
	2-3 years	33.7%	36.5%	33.0%
	4-5 years	12.0%	10.4%	22.3%
	6-9 years	13.3%	8.3%	10.6%
	10 years or more	16.9%	14.6%	23.4%
Prior relevant experience	**One year or less**	36.1%	41.7%	30.9%
	2-3 years	21.7%	15.6%	22.3%
	4-5 years	16.9%	10.4%	8.5%
	6-9 years	10.8%	14.6%	10.6%
	10 years or more	14.5%	17.7%	27.7%
Highest level of education	**No degree**	0.0%	0.0%	0.0%
	High School /GED	4.8%	5.2%	3.2%
	Associate's	8.4%	8.2%	8.5%
	Bachelor's	61.4%	64.9%	56.4%
	Masters	25.3%	21.6%	31.9%
	Doctorate*			0%

*New categories added in 2021; Bachelor's + category eliminated in FY 2021

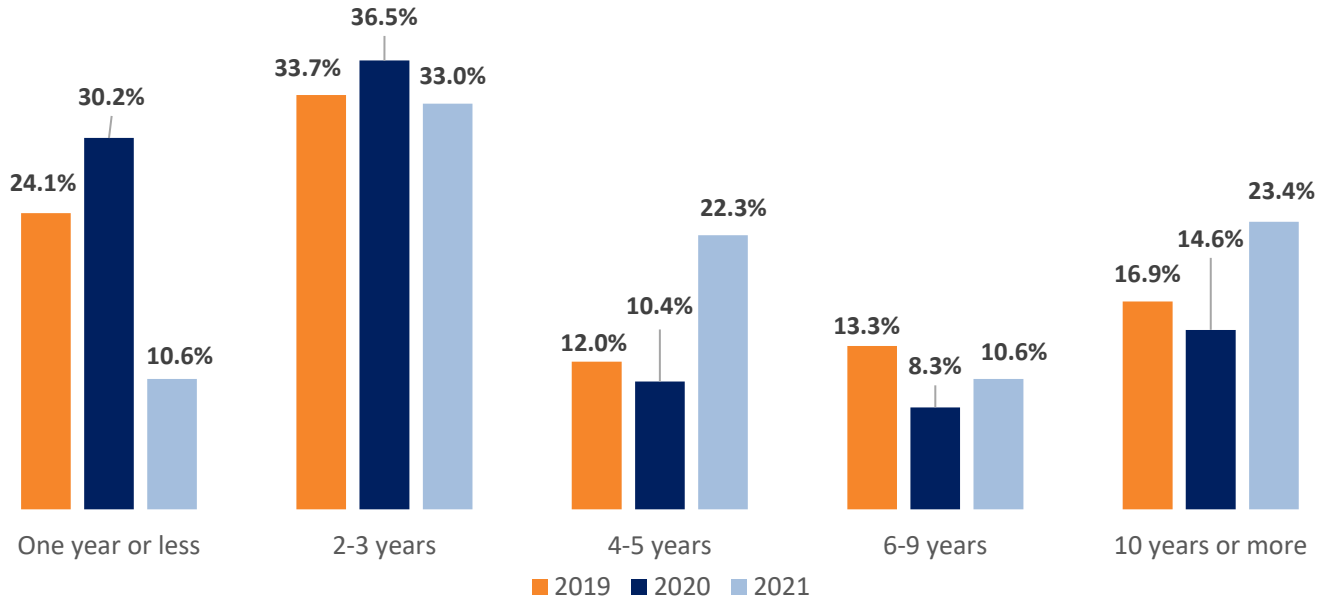

Figure 1: **Years worked at current agency**

Figure 1 above illustrates the significant decrease in FY 2021 in MIECHV staff who have only been at their agency for a year or less, from roughly 1 in 4 employees in FY 2019, to 1 in 10 employees in FY 2021. When staff role is factored in, the percentage of home visitors who have been with their agency for one year or less is also low, at only 11.5%.

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. The trend in 2021 of staff remaining in their positions is a positive one.

Staff who have a bachelor's or advanced degrees remain in excess of 80% of all (94) survey respondents across survey years. The Illinois Department of Human Service requires programs to follow their model's minimum educational requirements for home visitors and supervisors. For both the Parents as Teachers (PAT) and Healthy Families America (HFA) models, the minimum educational requirement for a parent educator (or home visitor) is a high school diploma or equivalent. In the FY 2021 MIECHV survey, 88.3% of overall respondents (including home visitors, supervisors, and CI workers) and 82.7% of home visitors reported earning a bachelor's degree or higher.

Survey respondents were asked to identify the area of concentration of their highest degree. The top 5 chosen were: other (21.5%), social work (18.3%), early childhood (12.9%), psychology (10.8%), and business-related field (10.8%). For home visitors, the three highest areas of concentration were: other (21.6%), social work (17.6%) and early childhood (13.7%). For all home visiting staff, "other" consisted of 17 unique areas of concentration including leadership, communication, children's law and policy, and community development.

Participants were also asked whether they had any home visiting or early childhood credentials or certifications. The top 5 responses were: CPR/First Aid (55.3%), Mental Health First Aid (24%), Gateways to Opportunity Family Specialist Credential, 2-5 (21%), Certified Domestic Violence (DV) Professional or 40-hour DV training (21%) and FANA (Family

Administered Neonatal Activities) (17%). Ten others reported being a Lactation Counselor/Specialist, 8 a Certified Doula/Childbirth Educator, and 8 a certified car seat technician. Six respondents indicated they had a CDA Credential (Home Visiting Focus) with the Council for Professional Recognition, totaling 27.6% of survey participants with either a home visiting certificate or credential.

MIECHV Staff Demographics

Age

Survey respondents were asked to indicate their age utilizing pre-determined age ranges. More than a third of respondents (33.4%) state they are 25-34. The remaining two-thirds (66.6%) are 45 and older. Over half (61.3%) of survey respondents who have been with their agency for 10+ years are 45 and older.

Ethnicity

Out of 86 participants who responded to this question, 25.6% self-identified as Hispanic or Latino, 68.6% self-identified as Non-Hispanic or Latino; 2.3% preferred not to answer, and 3.5% self-identified as "other". Nearly half (42.2%) of home visitors self-identified as Hispanic or Latino.

When this data is compared to the percentage of primary guardians currently enrolled in MIECHV home visiting services (data source: Visit Tracker; N=1,222), 37% identify as Hispanic or Latino and 63% identify as Non-Hispanic or Latino. Another set of data from Visit Tracker shows the highest concentration of primary guardians who identify as Hispanic or Latino in FY 2022 enrolled in 4 MIECHV home visiting programs: Children's Center of Cicero-Berwyn, Family Focus Nuestra Familia (in Cicero), Family Focus DuPage, and VNA Healthcare. These 4 agencies serve over three-fourths (75.9%) of primary guardians who identify as Latino or Hispanic. When this data is compared to 2021 Illinois Population Estimates, 17.5% of Illinoisans identify as "Hispanic or Latino" vs. 25.6% of survey respondents and 33.9% of MIECHV primary guardians.

Race

While 10% of survey respondents chose not to identify race, almost one-third (32.2%) of respondents identified as "Black or African American" and 48.9% as "White". When you contrast these figures with the racial breakdown of currently enrolled MIECHV primary guardians (data source: Visit Tracker; N=1,222) the proportion of home visiting staff to primary guardians by race is fairly equivalent (41% identify as "Black or African American", 44% as "White", and 15% as "Multi-race or other"). When this data is compared to 2021 Illinois Population Estimates, 76.8% of Illinoisans identify as "White", 14.6% as "Black or African American", 5.9% as Asian, 2.1% as "Two or Three Races" and 0.1% as "Native Hawaiian" and "Other Pacific Islander".

Languages

Over a quarter of respondents (26.7%) indicated they are proficient in a language other than English. Twenty-one respondents indicated they were proficient in Spanish, 1 in French and 1 "Other". According to the Illinois Early Childhood Asset Map (IECAM), the top 10 languages spoken in the homes of children birth to age 5 in Illinois are Arabic, Chinese (Chinese, Mandarin, and Cantonese), Filipino (Tagalong), Gujarathi, Hindi, Niger-Congo, Polish, Russian, Spanish, and Urdu. High concentrations of families who speak those languages are found in DuPage, Lake, Cook, and other counties located in the upper northwest corner of Illinois. Peoria County shows pockets of families who speak Hindi, Chinese, and Urdu as their first language, and St. Clair County has a significant population of families who speak Arabic.

When survey respondents were asked if they prefer coaching and training be available in a language other than English, almost a quarter (24.7%) replied yes. When asked which languages, 17 stated Spanish, 1 Mandarin, 1 Arabic, 1 French and 1 Sign Language. Survey respondents were also asked whether they see a need in their community for home visitors that speak languages other than English. Out of 85 responses, 58 (68.2%) said yes. Languages suggested were Spanish (40), French (10), Arabic (5), Mandarin (2), Swahili (2), African Languages (1), and Portuguese (1).

Home Visiting Knowledge, Skills and Practices

MIECHV Staff Knowledge Development

MIECHV staff have a wealth of trainings available through a variety of sources, including through the Start Early professional development offerings, CI Learning Communities, HRSA webinars, CPRD data trainings, etc. In this year's survey, we asked respondents to list any professional development or training topics they are interested in that are not currently offered. Responses fell into a variety of categories, including:

- Working with Diverse Populations (DEI framework)
- Pregnancy and Early Childhood (lactation and breastfeeding)
- Supporting Bilingual Families (Spanish/other language courses, cultural competency training)
- Domestic Violence (Assessing domestic violence virtually, other more advanced trainings)
- Health and Safety (car seats, CPR, mandated reporting, home visitor safety, nutrition, etc.)
- Data Training (Start Early, CI Learning Communities, HRSA webinars, CPRD data training)
- Mental Health (suicide intervention, self-care, motivational speakers)
- Systems Building (collaborating with Child Welfare, Early Intervention, foster care)
- Advanced Trainings (CHEERS, virtual visits, and assessments)

Home Visitor's Comfort Level with Challenging Topics

MIECHV home visitors provide services to families in at-risk communities who often have complex needs. Home visitors must develop trusting relationships and be flexible with service delivery to meet the unique needs and goals of each family they serve. Knowing that virtual contact may have impeded some home visitor's ability to accurately assess and supply families with information and resources, a series of questions was added to the survey to gauge their comfort level discussing sensitive topic areas with participants. Response options range from 1 - Not at All Comfortable to 7 - Extremely Comfortable. FY 2021 results appear below in Figure 2.

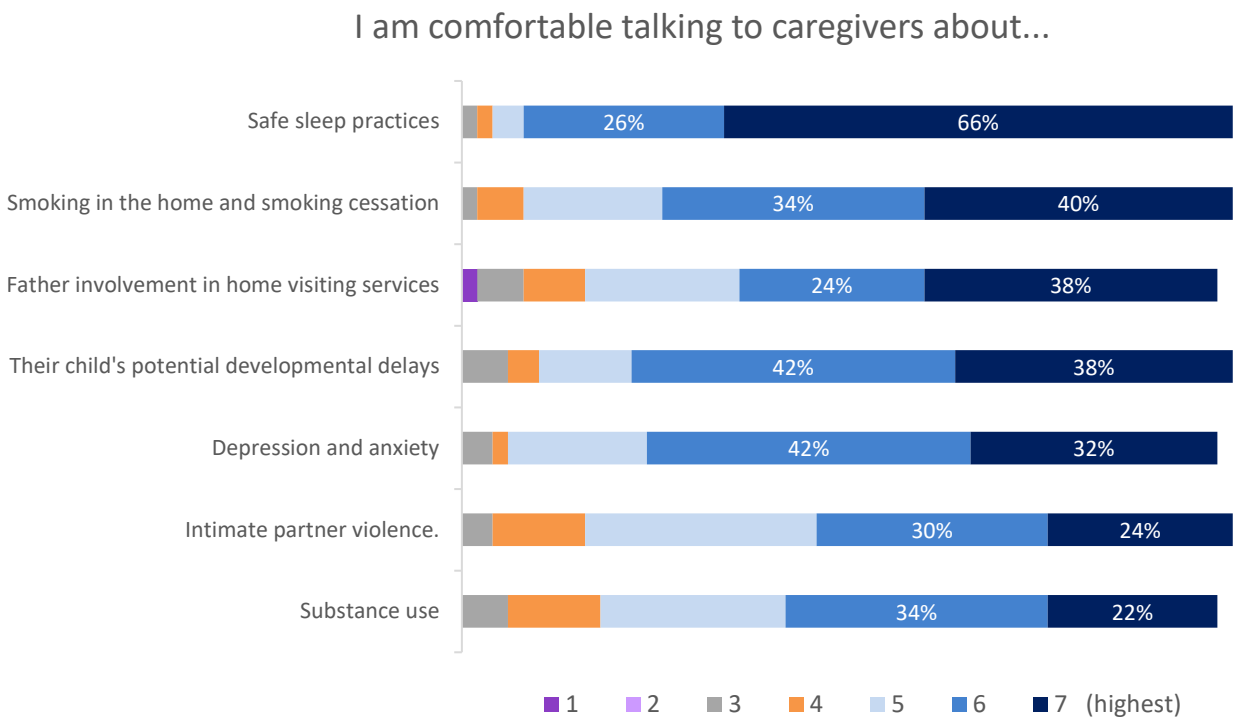

***Figure 2*: Home visitor comfort level with specific sensitive topics, FY 2021 (N=50)**

Home visitors indicated being most comfortable discussing safe sleep practices, smoking, and father involvement, and least comfortable talking about intimate partner violence, depression and anxiety, and a child's potential developmental delays.

COVID-19 Impact on Staff Comfort Levels

After rating their comfort levels, home visiting staff were then asked to share specific challenges they may have encountered over the past year addressing any of the above areas due to COVID-19 restrictions. Key challenges included difficulties connecting with families to keep visits (13 comments), difficulty making meaningful and sustained connections virtually (10 comments) and getting home visiting materials and other items to the families due to COVID-19 restrictions (4 comments). Staff noted specific challenges of completing screenings and assessments over the phone or video call due to concerns about privacy when discussing difficult topics, especially since it was more likely during the past year that older children and other family members were present in the home due to COVID-19 restrictions.

Some also noted it's harder to attune to the parent's feelings during virtual discussions, to "see what the home is like and how the families are doing". It is also difficult to engage in activities when you're not physically together. Home visitors also expressed concerns about mental and physical wellbeing during the pandemic (5 comments). Staff experienced deaths due to COVID-19, both at work and at home, and noted positive exposures to the virus from participants and coworkers. Others found it stressful to adjust to changing procedures and policies due to COVID-19 and covering for staff absences due to quarantine requirements following exposures.

"The most challenging part about the past year was not being able to be in the home to see the environment and keeping children interested in video calls."

New Strategies to Address COVID-19 Challenges

Specific strategies home visiting staff found helpful included: encouraging interactive activities by dropping off activity materials prior to the visit, providing toys and books that the families could keep, building rapport through video visits rather than phone calls when possible, and asking permission before addressing sensitive topics. Staff became accustomed to using Zoom and took advantage of specific Zoom features such as screen sharing and using the camera to show the whole room to enhance service delivery. Staff also mentioned being flexible, creative, open-minded, and taking time to establish rapport before bringing up sensitive topics. One commented "Be mindful when and how to present these topics, because some families are not ready to learn more about some of these topics."

While not specifically related to sensitive topics, some respondents mentioned implementing COVID-19 safety practices, such as asking participants about COVID-19 exposure and symptoms before face-to-face visits, wearing masks, increased handwashing and getting vaccinated against the virus.

Using a scale of 1-10 with 10 being the highest, home visitors were asked to rate their level of effectiveness providing services virtually. 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 46 home visitors who ranked themselves, only 45.7% rated themselves at 8 or higher, a big drop compared to 86.7% in FY 2020 and 83.3% in FY 2019.

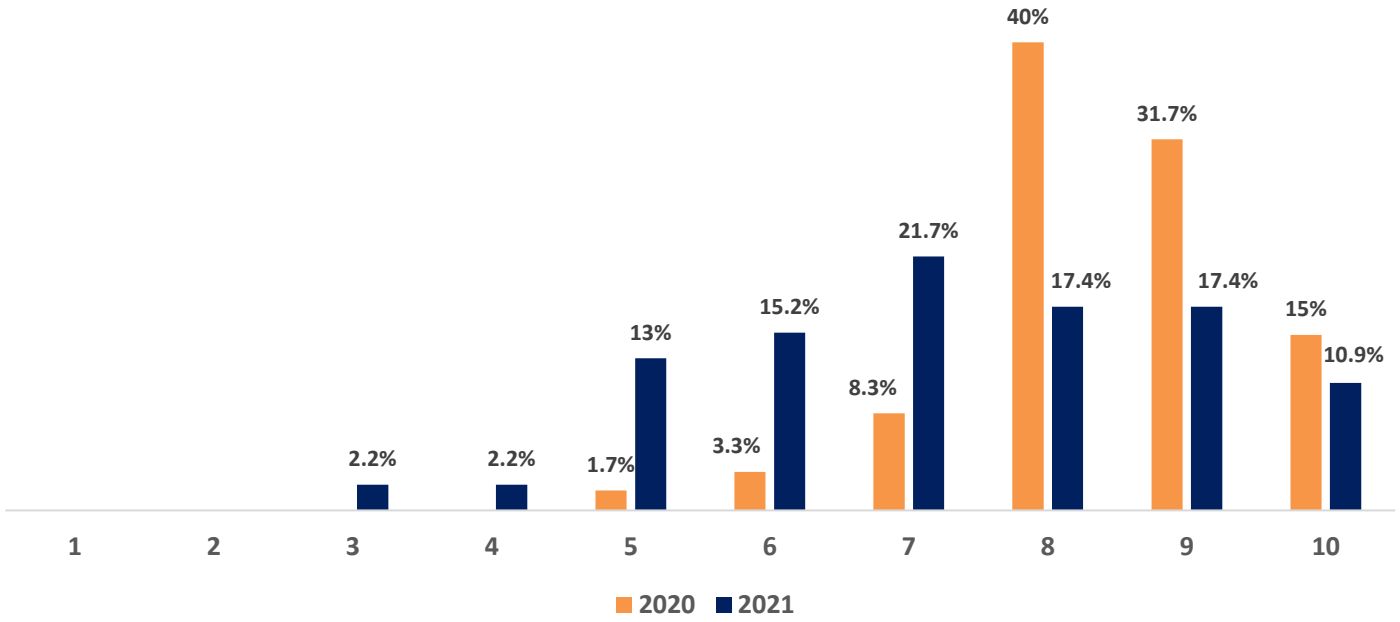

***Figure 3*: Home visitor self-rated level of effectiveness in a virtual setting during COVID-19, FY 2021 and FY 2020**

When asked if there are supports they felt would help increase their effectiveness working virtually or with limited in-person contact, several survey participants mentioned needs for technology upgrades and trainings, hybrid work

schedules, and streamlining documentation processes. Other notable responses included staff reimbursement for using home printer paper and ink and suggestions to provide families with assistance with things like transportation and access to technology, mobile phone friendly assessment tools, and materials for at-home activities.

Impact of COVID-19 on Home Visiting Services

FY 2021 was the first full fiscal year of pandemic restrictions for home visiting services. Several questions were asked to assess the impact of COVID-19 on MIECHV staff. Top concerns and challenges noted by survey participants included difficulties completing assessments and making connections with families virtually, getting activity materials and handouts to families to use during visits, and challenges with mental and physical wellbeing throughout the pandemic.

Over half (56.3%) of respondents said that COVID-19 affected their comfort level in providing some services to MIECHV participants. Of those responding affirmatively, 85% have worked at their agencies for 5 years or fewer. However, only about 2% of respondents indicated COVID-19 as a reason for turnover at their agency.

Not only has COVID-19 affected home visitor comfort levels in providing services but it has also permeated the workforce in other ways. Survey respondents indicated feelings of stress regarding staff shortages and the impact on morale. One survey participant noted experiencing "… limited communication with colleagues and a sense of work-related isolation." Staff experienced an increased strain on the task of recruiting new families to their programs, citing difficulties connecting with families virtually and a lack of access to facilities that had been good referral sources before COVID-19. Over two thirds (70.6%) of survey respondents noted that COVID-19 has been a moderate or significant barrier for filling home visiting caseloads. "[It is] very difficult to recruit virtually, many locations do not want people in their facility even for flyer drop-off." said one agency staff member.

New Strategies to Increase Participant Engagement
To combat the challenges presented by the pandemic, staff mentioned new strategies they have used such as:

- More frequent communication with families
- Supplying families with needed basic items such as PPE materials, food, diapers, and educational toys
- Providing incentives such as reward points for keeping visits
- Offering flexibility with visits including hybrid visits and visits during non-traditional hours
- Making visits fun by incorporating videos and dropping off activity materials before the visits
- Offering outdoor visits
- Helping families navigate technology to use Zoom, text messages and emails

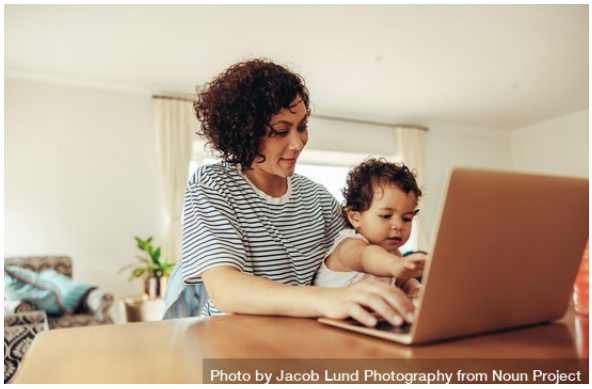
Photo by Jacob Lund Photography from Noun Project

"…each individual family requires something different and sometimes…we forget the different techniques that may help that unique situation."

Continuous Quality Improvement (CQI) and Lead the Change HV CoIIN 2.0

In FY 2021, MIECHV CQI transitioned into a national program called the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN 2.0). All MIECHV agencies funded 100% with federal MIECHV dollars took part in the HV CoIIN 2.0 Continuous Quality Initiative, Lead the Change. This 18-month program utilizes rapid testing and scaled interventions to improve maternal depression outcomes for women. All agencies were required to attend monthly Action Period calls, 24 hours of learning sessions, a 9-hour Mothers and Babies Curriculum training, collect monthly data, and continuously test Plan-Do-Study-Act (PDSA) strategies for change. In addition, agencies were provided with fully-delineated primary drivers and SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goals, gold standard (PDSA) cycles in which to test, maternal depression content experts, and expert instruction on the CQI process. Out of 96 survey respondents, 49 indicated they participate in the HV CoIIN 2.0; 21 as team leads and 28 as team members.

Respondents were asked to estimate the amount of time they spend on HV CoIIN 2.0 activities each month. Activities include meetings, learning sessions, work on PDSA cycles, and other tasks assigned by the HV CoIIN 2.0. Results are delineated in Figure 4 below by time and by role, team leaders in blue and team members in orange.

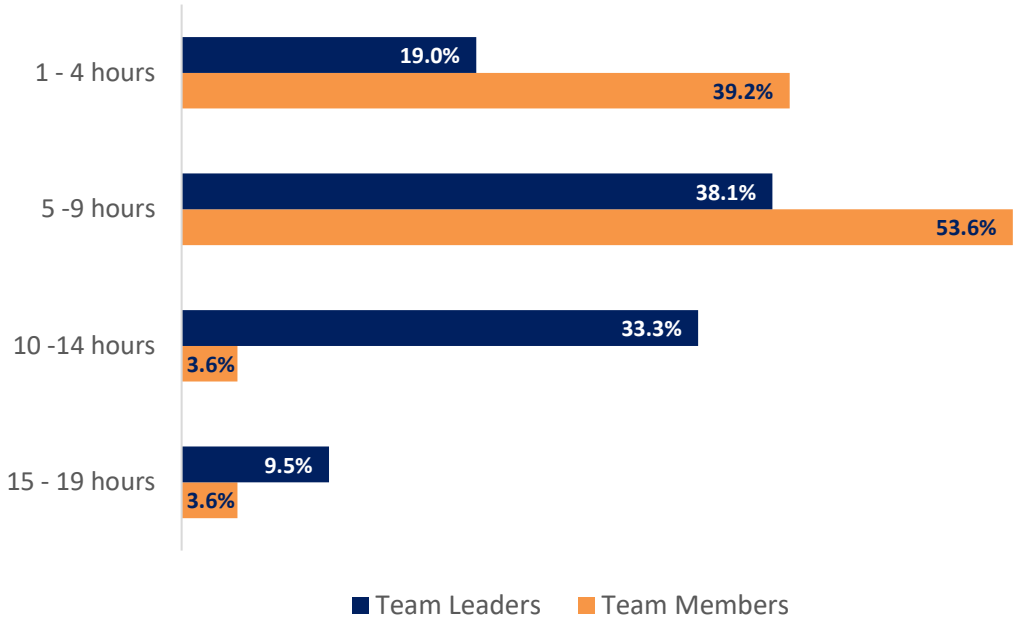

Figure 4: **Hours spent by role on HV CoIIN 2.0 activities each month**

While the vast majority (92.8%) of team members spend less than 9 hours a month on HV CoIIN 2.0 activities, the time commitment for team leads was higher, with 42.8% spending 10-19 hours on the HV CoIIN 2.0 and only 19% spending less than 5 hours monthly. One participant commented "The CoIIN project has way too many hours of commitment above and beyond the regular workload for staff participating in the project." Another person stated "I really dislike that we have to take part in the CoIIN. It's very stressful to have to deal with my current duties on top of doing things with the CoIIN."

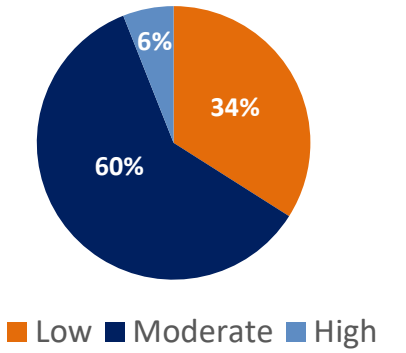

Figure 5: **HV CoIIN 2.0 participant level of enthusiasm**

Survey respondents were asked to rate their enthusiasm level for the HV CoIIN 2.0. HV CoIIN 2.0 faculty and staff, as well as the CPRD CQI Specialist, worked to instill and perpetuate enthusiasm as part of buy-in throughout the HV CoIIN 2.0 experience. As illustrated in Figure 5, the majority of participants (66%) rated their enthusiasm level as either moderate or high. Interestingly, 42.9% of team leaders rated their enthusiasm as low compared to 25% of team members.

Benefits of HV CoIIN 2.0 Participation

The HV CoIIN 2.0 provided an opportunity to engage with other agencies and benefit from their ideas while increasing maternal depression outcomes. The facilitators of the HV CoIIN 2.0 state that benefits of the program include collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building QI capacity at the agency level. Twenty-nine respondents shared successes from their work on the HV CoIIN 2.0. Some comments encompassed multiple areas of success. Comments pertained to several topics, and the frequency of mention is indicated in parenthesis.

- Training on and successful use of the Mothers and Babies Curriculum (7).
- Enhanced policies and procedures focused on maternal depression and increased, more solid, structural supports for mothers with elevated EPDS scores (6).
- Increased knowledge and comfort level with maternal depression (5).
- A greater, deeper understanding of the EPDS, and changes in EPDS administration to effect more honest responses from mothers (5).
- Creating a successful survey, diagramming a problem with their teams, understanding quantitative and qualitative data (4).
- Two unique comments: "We are beginning to involve parents in the process" and "I am even more excited when we can genuinely effect changes, and the changes are accepted by our service population."

"We get to hear what other agencies are doing and try to benefit from their ideas and creativity."

Attitudes toward the HV CoIIN 2.0

In order to ascertain the attitudes and experiences of participants, several questions about the CQI process and the HV CoIIN 2.0 were asked. A set of statements was offered to respondents to signify the degree in which they agreed or

disagreed; results are shown in Figure 6 (note: the neutral response “unsure” was omitted from the tables; percentages for items will not total 100%).

An overwhelming majority of survey respondents (91.5% to 97.9%) agree or strongly agree with questions related to the support provided by the CPRD CQI specialist. Survey participants also highly agree (75% - 85.4%) that they have integrated the HV CoIIN 2.0 CQI process into their programs, received adequate training and TA from the HV CoIIN 2.0, have high quality data to inform the CQI process, and have a team who is committed to the HV CoIIN 2.0 process. Participants were less enthusiastic in response to other statements, with only 54.2% to 66.7% strongly agreeing or agreeing to the items. Not surprising, due to the increased requirements for data collection and reporting with the HV CoIIN 2.0, fewer teams felt they had adequate time to conduct CQI activities in FY 2021 (54%) than in FY 2020 (68%).

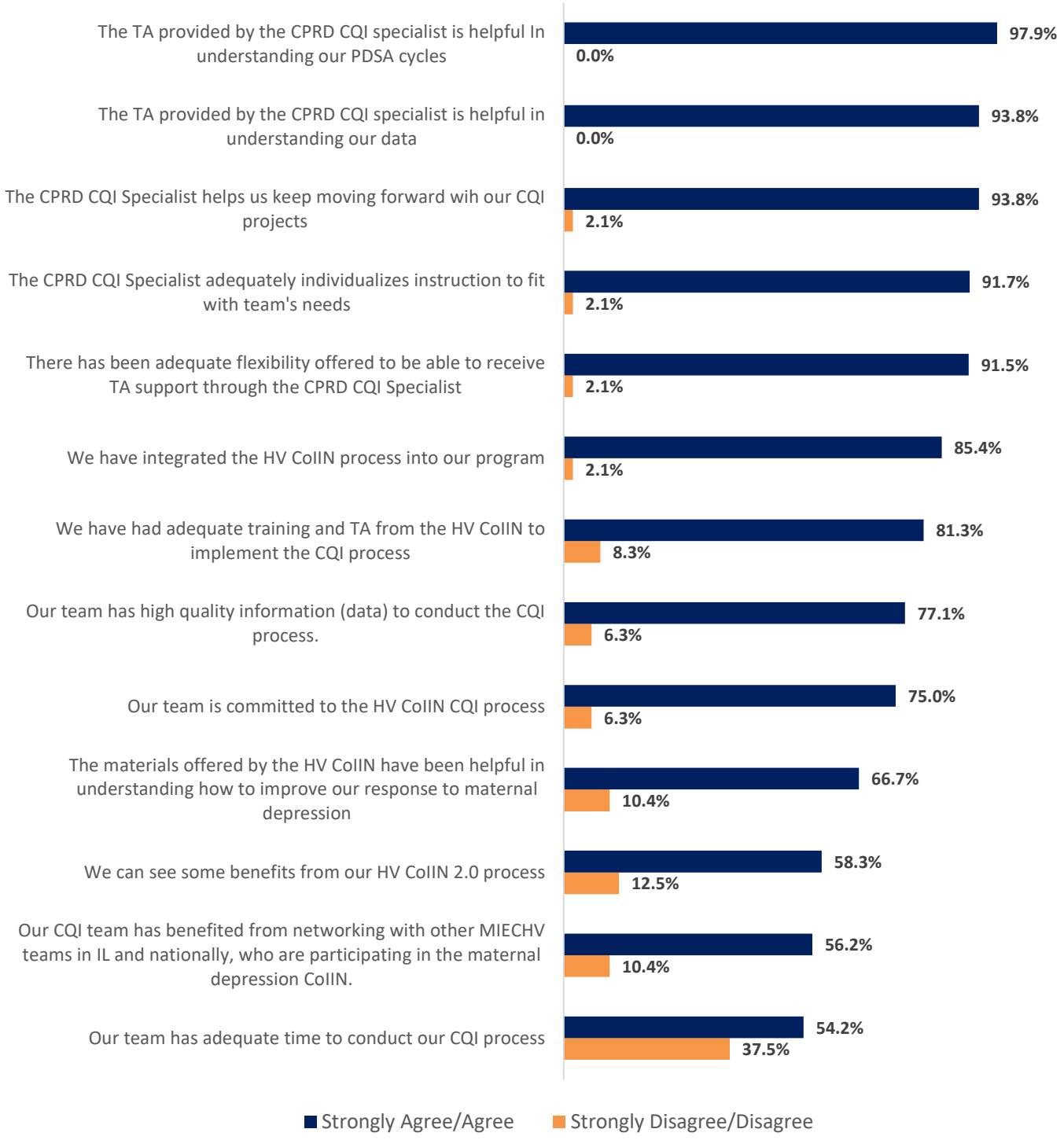

***Figure 6*: Staff attitudes about FY 2021 HV CoIIN 2.0 CQI approach**

"A true learning experience so far, acquiring knowledge on quantitative and qualitative data, and impacts on a local and national level according to the corresponding area of focus. Obtaining training, learning on a collective process and networking with other programs working in the same area. Learning from Mothers and Babies, a great curriculum tool to be used on an individual or group basis."

Respondents were also asked to list any additional supports they would find helpful to enhance their CQI work. Most comments (7) focused on the helpful technical assistance (TA) they were already receiving from CPRD and reflected very positive comments related to getting the support they need.

Suggested additional supports included:

- Reduce the number of hours expected to meet and work on the CQI projects.
- More time to complete the required data items wanted.
- Offer another option for CQI instead of just the HV CoIIN 2.0 participation.

Parent Engagement

To promote continuous quality improvement, the HV CoIIN 2.0 vigorously endorses the engagement of families in the process. As family engagement plans and strategies already exist in many programs and can be used to funnel parents into a continuous quality improvement enterprise, 2021 survey participants were asked to identify current methods of gaining program participant/parent input in strategic planning and to improve services. Out of 96 responses, the top three approaches were: parents are solicited for feedback and new ideas during groups and individual home visits (58.4%), feedback is solicited from parents who decline and/or drop-out of services (47.9%), and LIAs ask parents to help engage other families for services (45.8%). In addition, around one-third of participants report that families serve on advisory committees and boards (34.3%) and focus groups are held with parents to get ideas on service improvement (32.2%) (Figure 7).

"The support we receive has been amazing."

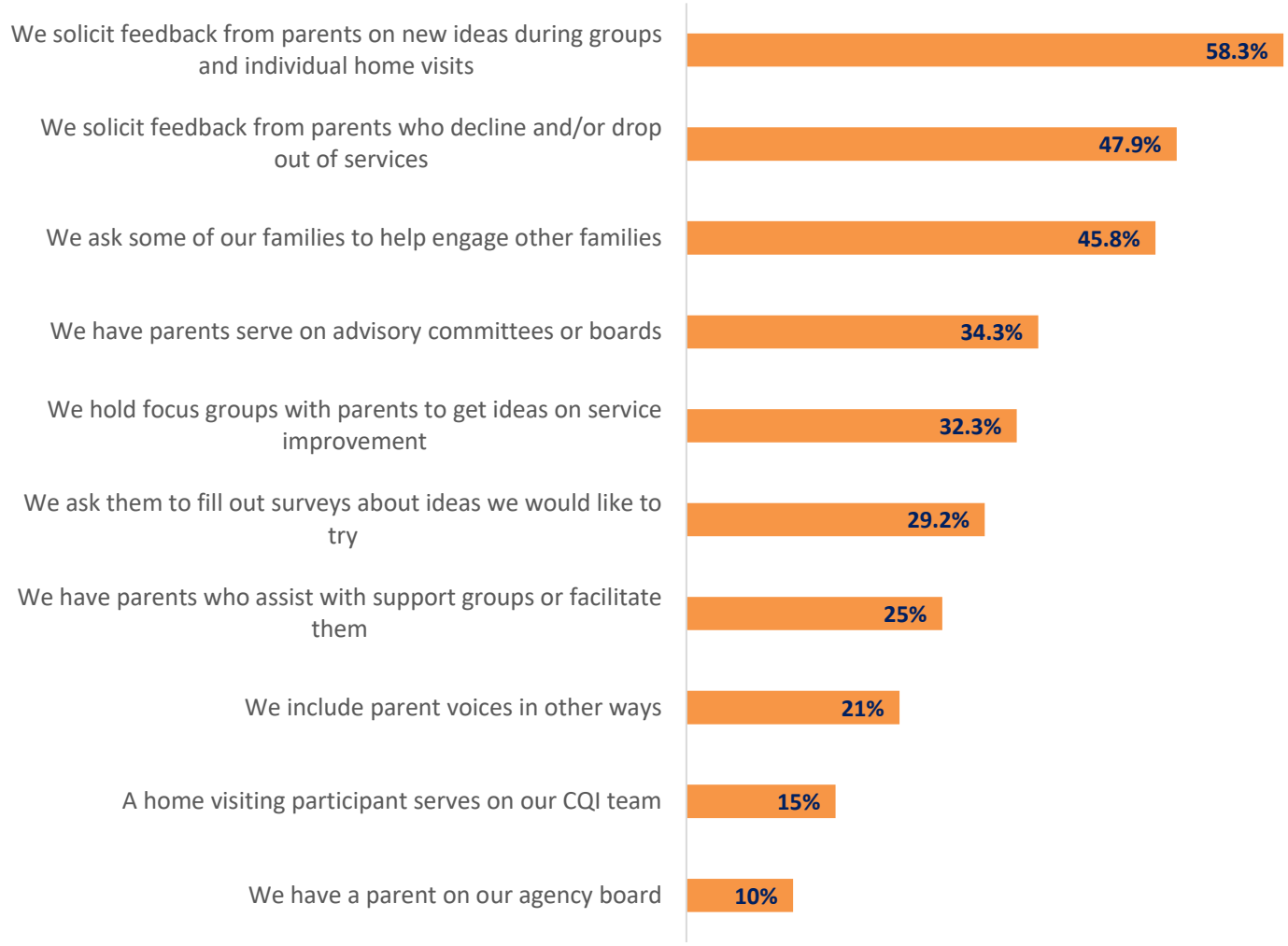

Figure 7: **Methods of parent engagement, FY 2021**

Participants were asked to identify the most successful strategies they have used to engage parent input on home visiting. The top three responses were: the use of surveys (21), directly asking parents for feedback (14) during a home visit or group contact, and conducting focus groups (6).

The MIECHV Workforce

Home Visitor Staff Salaries

Historically, salary data has been gathered through the annual survey. For FY 2021, actual salary data was obtained directly from IDHS for MIECHV home visitors. This year, full-time annual salaries ranged from $28,642 to $45,244 ($24,000 - $55,000 in FY 2020), with a median salary of $35,652 ($33,000 in FY 2020) and a mean salary of $35,622 ($34,168 in FY 2020).

The minimum wage for Illinois in 2021 is $11.00 ($12.00/hour in 2022). Based on a family size of 2, a household income of $35,622 (before taxes) in Illinois is considered to fall in the lower income tier in most areas in Illinois. According to the Living Wage calculator, an adult with one child would need to make $31.16 per hour to earn a living wage, a single adult with no dependents would need to earn $15.37 per hour. According to the U.S. Bureau of Labor Statisitcs CPI Inflation Calculator, the median salary $35,622 in July 2021 is equivalent to $33,808 in July 2020 (FY 2020 median salary = $34,168). The median salary for FY 2021 falls short of keeping up with the rate of inflation from FY 2020.

Benefits

Survey respondents were asked to indicate the benefits they receive through their agency positions.

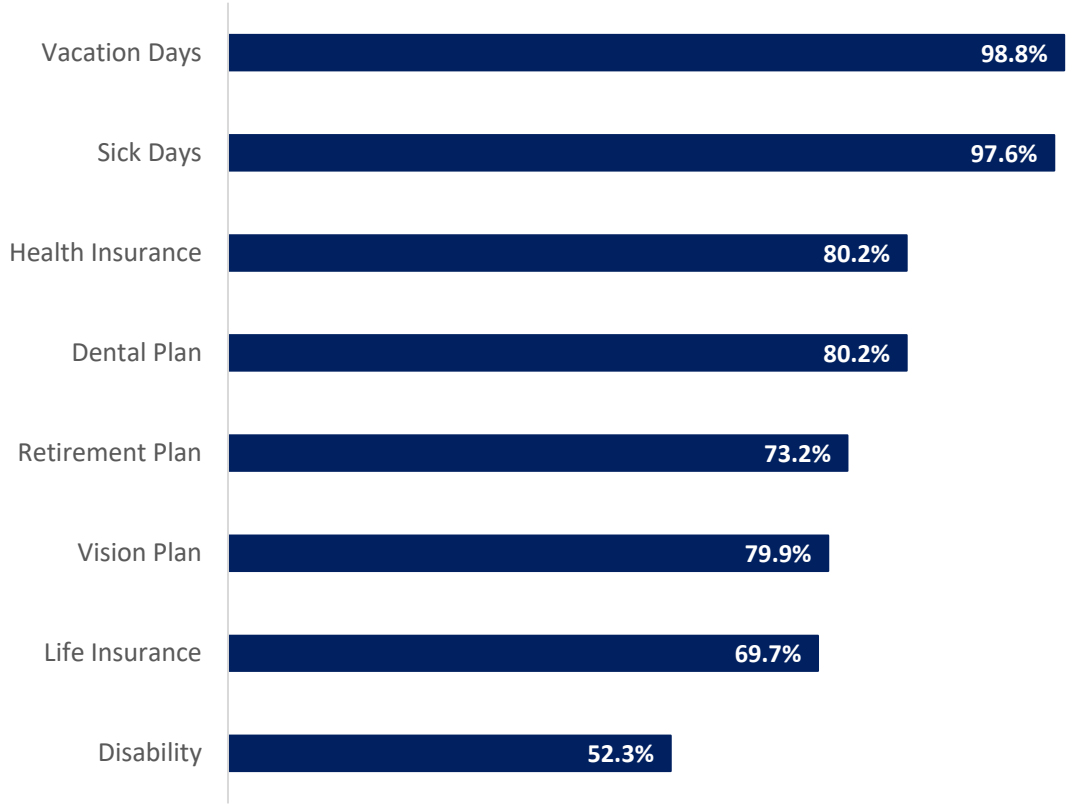

***Figure 9*: Benefits reported by survey respondents**

As shown in Figure 9 above, most staff were provided with vacation and sick days, and 80% of respondents were also offered a dental plan and health insurance. Additionally, seven out of ten reported receiving life insurance, a vision plan and a retirement plan through their jobs. Over half of employees received disability insurance through their workplace. Gleaned from the data, not all agencies offer all types of benefits to employees, and not all employees take advantage of

all benefits offered. A possible reason for employees forgoing employer-provided benefits is out-of-pocket costs.

As salary data indicates that some staff may qualify for state funded financial assistance, survey respondents were asked to indicate any type of assistance they have received in the past year. There were 22 instances of assistance reported which include Medicaid/Medicare for self or child (8), SNAP/Food Stamps (5), Other (LIHEAP, School SNAP) (3), Section 8 Housing Assistance (2), Child Care Assistance (2) and WIC (2).

MIECHV Caseload Capacity

Maintaining a caseload capacity of at least 85% across sites is a MIECHV federal caseload capacity. 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 2021, more than half of supervisors (58.1% vs. 35.8% in FY 2020 and 21% in FY 2019) do not feel they receive an adequate number of referrals to their programs. This likely reflects a full year of COVID-19 restrictions in 2021 versus a partial year beginning in March 2020. Supervisors overwhelmingly (93.3%) agreed that the referrals they receive are a good fit for their program models, compared to 95.7% in FY 2020 and 82.1% in FY 2019.

Almost six out of every 10 supervisors (58.6% in FY 2021 vs. 43.5% in FY 2020) also report that staff turnover affected their ability to maintain full caseloads over the past year (Figure 8). Additional comments by supervisors speak to an assortment of impacts from turnover such as delays 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 the required training to provide services to families. One supervisor noted, “When the CI position is vacant there is a major decrease in referrals made to home visiting agencies”.

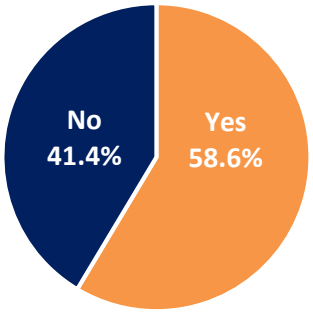

Figure 8. Has staff turnover affected your ability to maintain full caseloads over the past year?

When supervisors were asked why they thought staff left their positions, a majority responded that staff left for better paying positions (18). Other key reasons given by supervisors were that the position was not a good fit (8), staff left to attend school (7), and that staff moved out of the area (6). Unique responses included reasons such as burnout, COVID-19, position eliminated, insufficient program funding, and staff promotions.

Staff Turnover

For FY 2021, the overall turnover rate remained at 19% with the home visiting turnover rate decreasing from 23% in FY 2020 to 20% in FY 2021. Table 2 delineates staff turnover by position for State Fiscal Year (SFY) 2021. The SFY covers the period of July 1, 2020 – June 30, 2021.

Table 2: ***Staff turnover rates – SFY 2021***

MIECHV Position Title	Sum of SFY21	Sum of FY New Hires	# of Departures (Turnover)	% of Departures (Turnover)	Average Overall Length of vacancy (months)	Average Length of Employment - MIECHV Start Date (years)
CI	12.5	4	5	40%	1.52	2.0
CI Supervisor	6	1	1	17%	0.03	4.8
Home Visitor	84	11	17	20%	2.66	2.4
Other Staff	24	8	4	17%	0.57	3.1
Supervisor	22.5	4	2	9%	3.98	3.5
Grand Total	**149**	**28**	**29**	**19%**	**2.15**	**2.7**

This table does not include Women's Treatment Center program that closed June 30, 2021.

When home visitors and home visiting supervisors were asked about barriers to working with other home visiting programs, 46.5% said that "staff turnover" was a moderate or significant barrier to collaboration. Additionally, 58.6% indicated that staff turnover has affected their ability to maintain full caseloads. Further elucidating on this finding, survey respondents had several comments regarding the effects of turnover at their agencies:

- "I lost 2 home visitors. The time to get them trained while trying to build a case load has been difficult."
- "It has been hard to get qualified applicants to apply."
- "One staff is leaving due to pay being too low and this is causing other staff to take on her families."
- "There has been a lot of turnover in our agency - we just returned to fully staffed last week. Staff will need to be trained before filling their caseload."
- "We laid off a staff member in March due to funding issues. That position was replaced with a less than half time position (because of funding) that we are having trouble replacing."
- "When the CI position is vacant there is a major decrease in referrals made to HV agencies."

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 10 below shows the spectrum of reasons supervisors indicated staff left along with the number of supervisors who chose it.

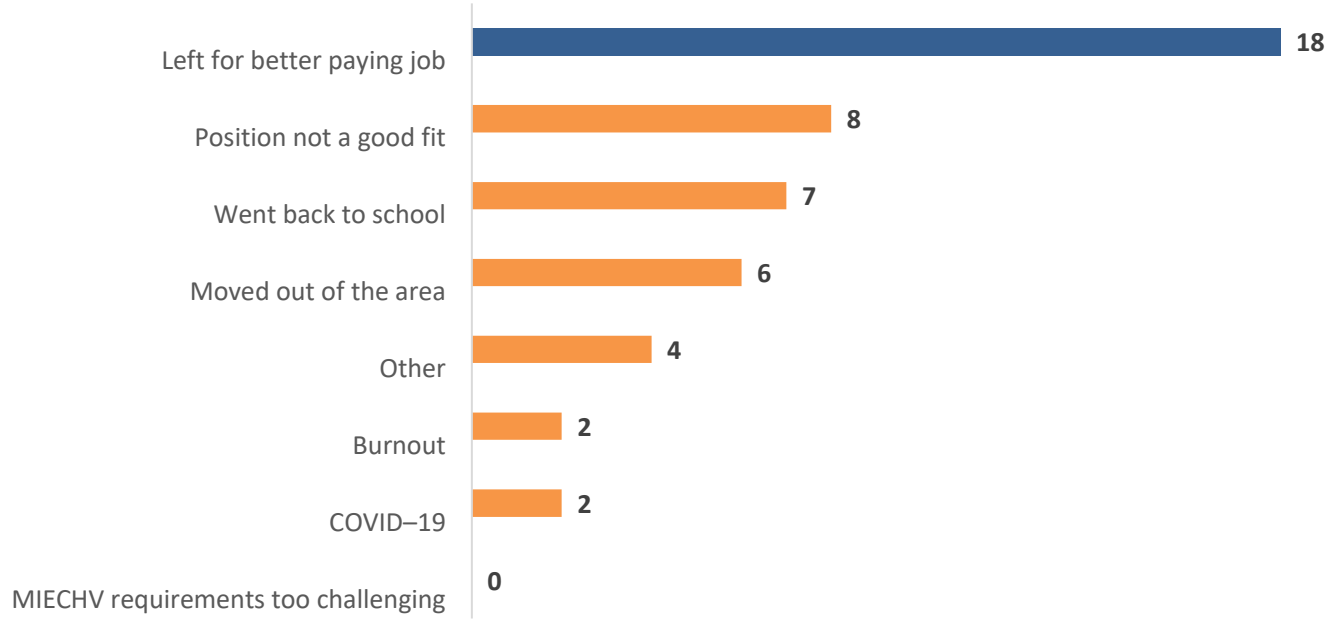

Figure 10: **Reasons staff leave their agency, FY 2021**

Other single responses supervisors mentioned were: unemployment benefits being too high to match, funding was insufficient to support two full-time staff, a promotion , and that the position was eliminated.

Home Visiting Staff Motivation to Remain in or Leave Their Position

The rate of staff turnover is a 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 survey were 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 3 below shows FY 2021 responses, with Figure 11 and Figure 12 highlighting the top 3 reasons for considering staying and leaving. Overwhelmingly, “Making a difference in the lives of others” is the premier reason (94.2%) chosen for remaining in home visiting positions. Another chief reason, selected by almost four out of five respondents (77.9%), is the “Variety and flexibility of the work”, which reflects the unique nature of providing home-based early childhood services. From FY 2014 through FY 2021, “Personal Commitment to Home Visiting” rounded out the top 3 reasons to stay.

Figure 11: **Top three reasons for staying in MIECHV position, FY 2021**

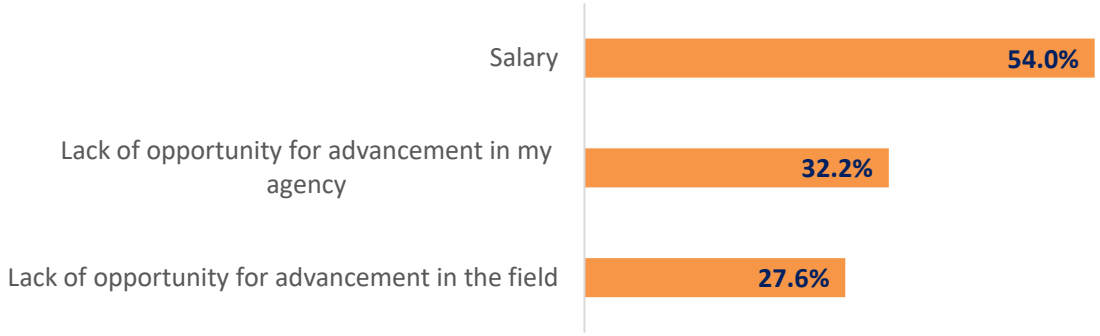

Figure 12: **Top three reasons for considering leaving MIECHV position, FY 2021**

In contrast, the overall highest rated factor for staff considering leaving home visiting is salary (54.0%; 60% for home visitors), with a quarter of MIECHV staff (25.3%) reporting salary as a reason for staying (22.3% for home visitors). In the FY 2021 survey, COVID-19 was added as a factor to consider staying or leaving. Almost 32% of home visitors (31.8%) considered it a factor for leaving compared to 26.7% of all staff roles. Conversely, only 10.5% of home visiting supervisors of home visiting staff concurred with this finding. Table 3 below summarizes the reasons home visitors considered staying or leaving their position by survey years 2019 through 2021. Note that the neutral "not a factor in staying or leaving" response was omitted from the table, so percentages will not add up to 100%.

"Making a difference in the lives of others" continues to be a solid factor in the consideration to stay at the job (from 87.3% in FY 2018 to 94.2% in FY 2021).

Table 3 ***Home visitor major and minor reasons for considering leaving or staying, FY 2019 - FY 2021***

	2019 (n= 37)		2020 (n= 62)		2021 (n= 44)	
	Reason:					
	to leave	to stay	to leave	to stay	to leave	to stay
Salary	68.3%	17.0%	67.2%	18.1%	60.0%	22.3%
Benefits (e.g., healthcare, vacation, sick leave)	31.7%	47.6%	18.6%	54.2%	31.1%	35.6%
Variety and flexibility of work	8.6%	72.8%	8.0%	80.6%	9.0%	75.0%
MIECHV colleagues in my agency	9.8%	54.9%	8.2%	57.4%	6.6%	53.3%
Opportunities for career advancement within the field	35.8%	34.6%	36.1%	36.1%	33.4%	24.5%
Opportunities for career advancement within my agency	43.2%	25.9%	41.9%	30.7%	37.8%	22.2%
Not many other job opportunities where I live or work	6.3%	19.0%	11.3%	27.4%	11.1%	33.3%
Personal commitment to home visiting	2.4%	69.5%	6.5%	66.1%	2.3%	63.7%
Making a difference in the lives of others	2.5%	90.1%	0%	93.5%	0%	93.3%
Insecure state or agency funding	32.9%	10.9%	25.8%	16.4%	13.4%	15.5%
MIECHV requirements for assessments and other data collection	32.9%	7.3%	27.9%	16.4%	23.3%	9.3%
MIECHV requirements for data system (Visit Tracker) use	25.9%	8.6%	21.3%	13.2%	26.6%	8.9%
Number of MIECHV required trainings	13.4%	12.1%	14.8%	16.4%	11.1%	15.6%
MIECHV caseload capacity requirements	15.9%	14.6%	17.7%	19.4%	33.3%	13.3%
Support from my supervisor and agency leadership	15.9%	60.9%	17.7%	62.9%	20.0%	64.5%
Acknowledgement and respect as a professional in the field	16.0%	65.4%	8.1%	67.7%	13.3%	64.4%
COVID-19*					31.8%	13.6%

**New item in FY 2021*

Hiring Practices and Staff Observation

New questions were added to the survey in 2021 to gather details on ways home visiting position applicants are assessed prior to hiring and if home visit observation is incorporated in staff supervision. First, supervisors were asked about specific practices utilized when interviewing home visitor job candidates. Supervisors responded to a preset list of practices potentially used in the interview process prior to hiring home visiting staff to assess applicant skills. Most supervisors (79%) provide home visit scenarios including typical challenges faced on the job to potential candidates.

Home visiting applicant skill assessment includes:

- Providing scenarios of typical challenges to assess skills (79%)
- Observing relationship building skills through role plays (32%)
- Giving a written test (18%)
- Having the candidate shadow an actual home visit (16%)

Other responses included asking for a writing sample, including the full team on the second interview, and having the applicant shadow each home visitor on the team as part of the interview process. Almost one third (30.9%) of all survey respondents report one year or less of relevant prior experience when hired for their current position, so presenting a realistic representation of the work experience and expectations, prior to hiring, may reduce turnover.

When asked if the supervisor observes home visits either in person or by audio-video recording, all but one supervisor (94.7%) responded they engage in this practice. Of those who complete visit observations, all but one (94.7%) indicated they provide feedback to the home visitors about their observations.

Burnout

Professionals who serve at-risk families sometimes find their work to be stressful and experience feelings of burnout. In the FY 2021 survey, using the non-proprietary single-item burnout measure and the single-Item Maslach Burnout Inventory Emotional Exhaustion Measure (MBI-EE), almost one in five respondents (19.3%) indicated feeling some symptoms of burnout, similar to 18.7% in 2020. What stands out this year is that almost 7% of staff report feeling high levels of burnout, compared to just 1% in 2020 (see Figure 13).

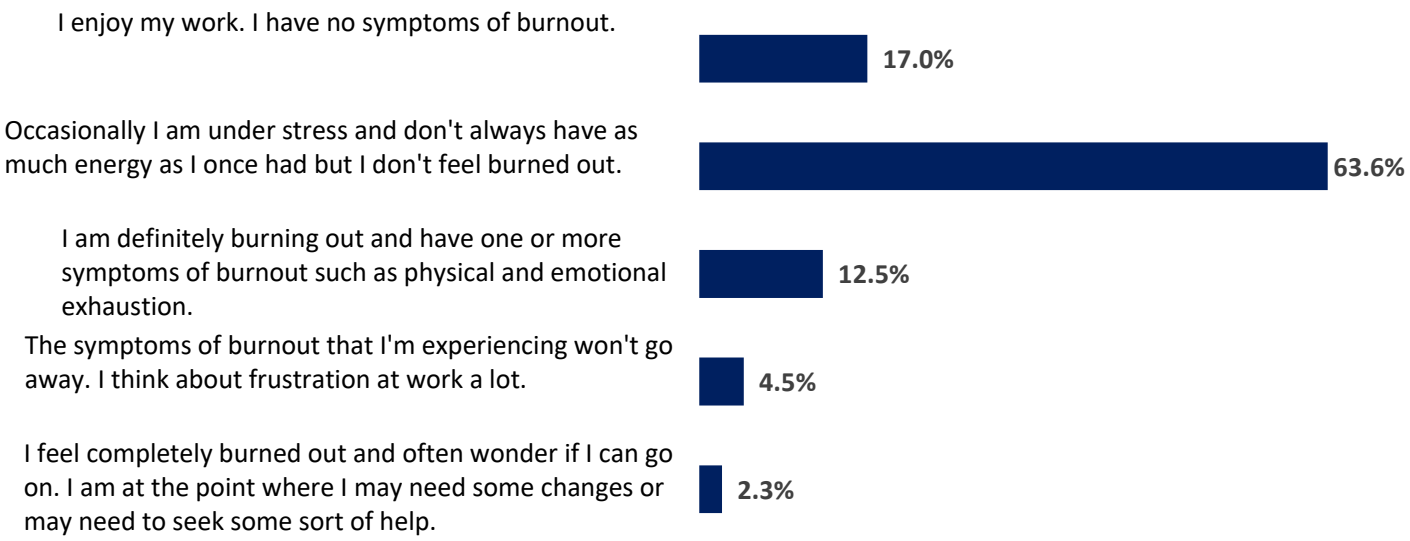

Figure 13: **Percentage of respondents by burnout statement chosen, FY 2021**

When measured through the Professional Quality of Life Scale (PROQOL), almost a third (28.9 %) of respondents reported moderate burnout. Survey participants were asked to assess the stress they experience at their workplace (Figure 14). Nearly half (40.9%) of respondents rated their work stress level as 7 or higher on a scale of 1-10, with 1 being lowest (not at all stressed) and 10 being the highest (extremely stressed).

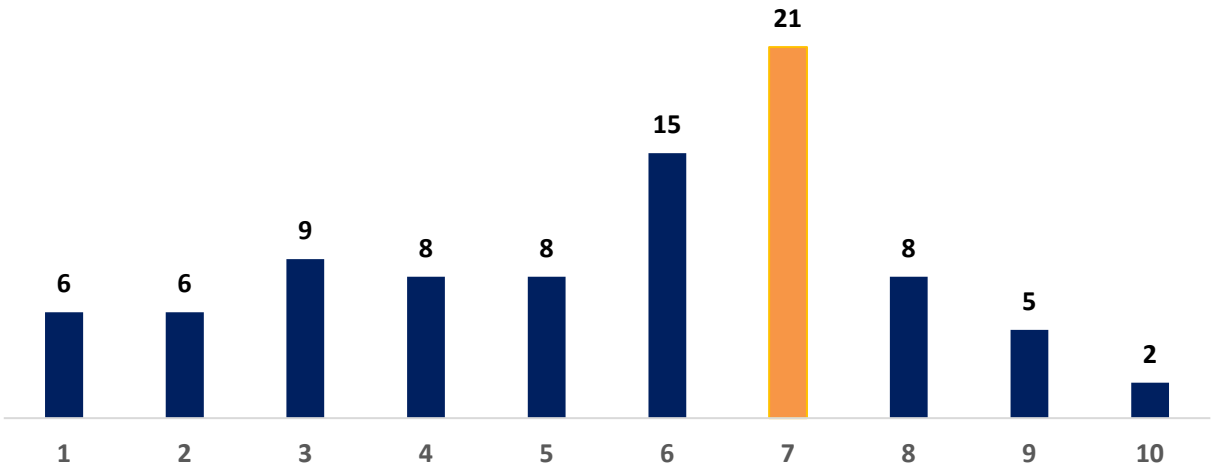

Figure 14: **Staff work stress level rated on scale of 1 to 10 (with 10 highest)**

Work Stress and Stress Management

A few key factors staff indicated as contributing to stress at work included transitioning to working virtually as opposed to in-person, the COVID-19 pandemic, recruitment of families and recruitment of staff, and maintaining high caseloads. Additionally, survey respondents provided insight into how they manage their stress levels. Some notable responses included meetings with the MIECHV Mental Health Consultant, the perks of working from home, having a good supervisor and support system, exercise, taking paid time off, and faith/spirituality.

"[The most helpful thing] …was having supervision and talking about how I felt about the job, it also helped me to know that I was not alone in this, that we were all going through these challenges, and that it was temporary."

Data Systems

MIECHV programs use the Visit Tracker (VT) database to record required information for state and federal reporting and to monitor program performance. Supervisors were asked the frequency of use of the VT data system for a variety of tasks. The various tasks performed and frequency of each are shown in Figure 15 below.

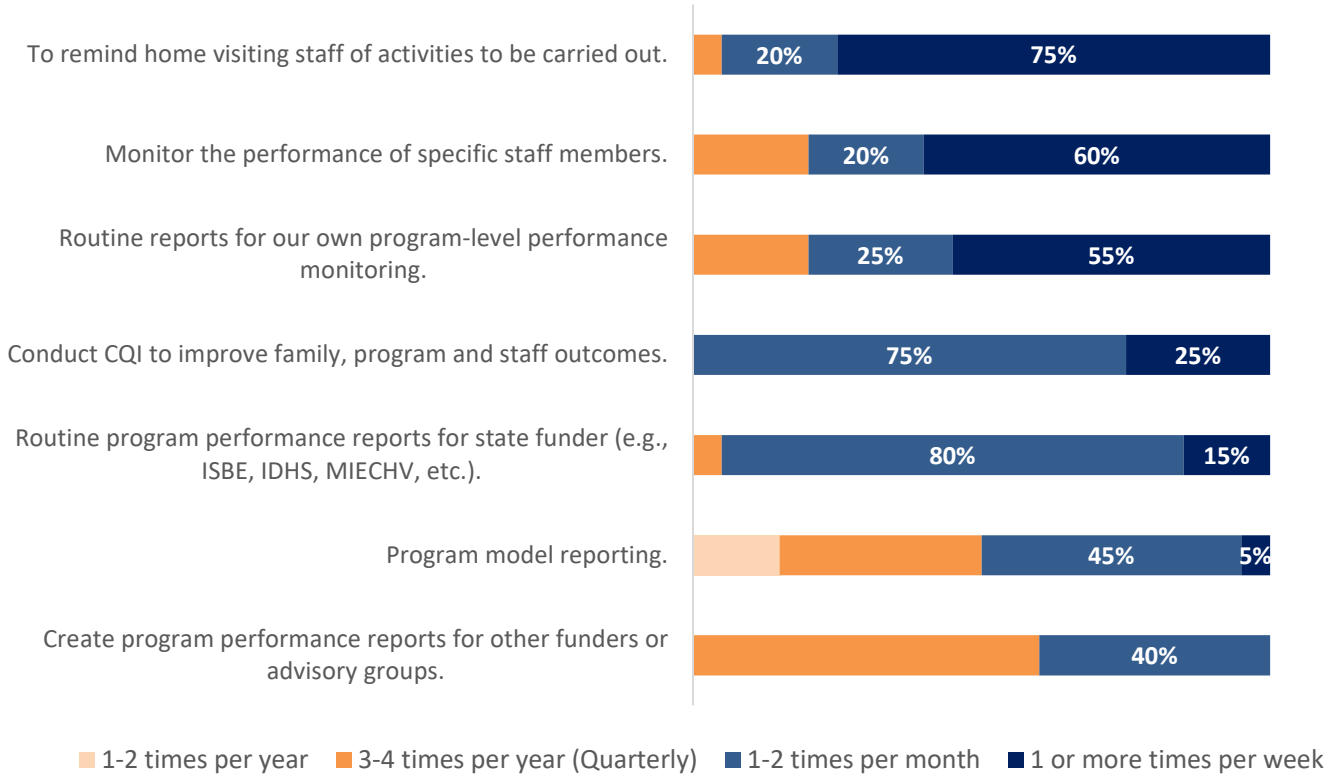

Figure 15: Frequency of use of data system for supervisory tasks

Challenges of Data Collection

A new question was added this year to assess the burden of data entry on staff. Besides the required VT data system, some sites use additional databases or spreadsheets to record data. Home visitors report spending on average nearly 11 ½ hours a week on data entry. Similarly, supervisors report spending 11 hours per week on data entry.

Staff Supports

Home visitors was asked to rate the support received from funders, technical assistance (TA) providers and their supervisors, on a scale of 1 (lowest) to 7 (highest). As shown in Figure 16, most home visitors rated their level of support as 5 or higher. Overall, the highest rated was support received from supervisors, with almost half (48.9%) giving it the highest rating of 7 and another 25% rating it a 6.

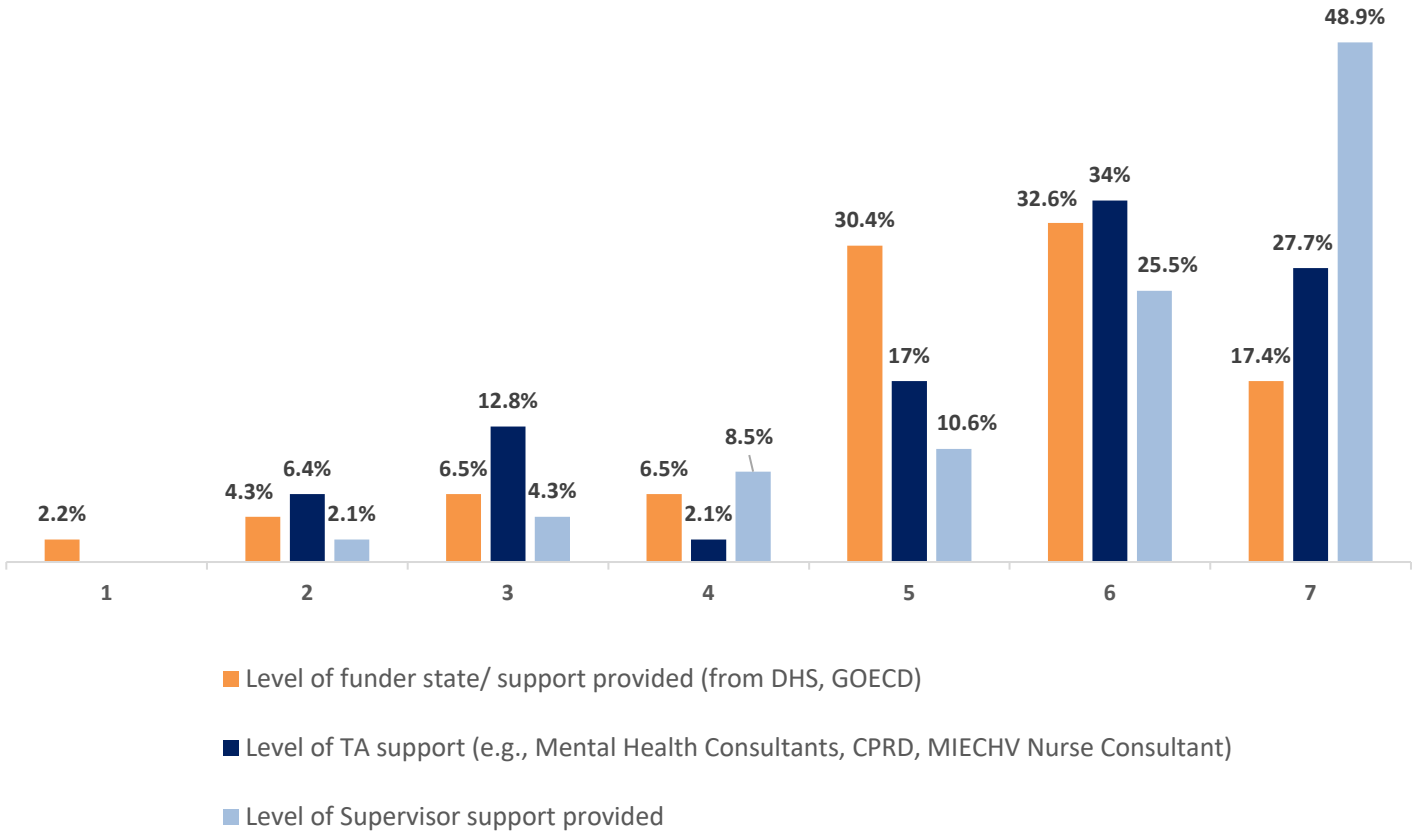

Figure 16: Rating of support received from I-7

When asked to rate support received related to challenges of working virtually/working from home and having safety concerns addressed, home visitor responses were mixed, with most staff rating support high at 5 or greater (Figure 17).

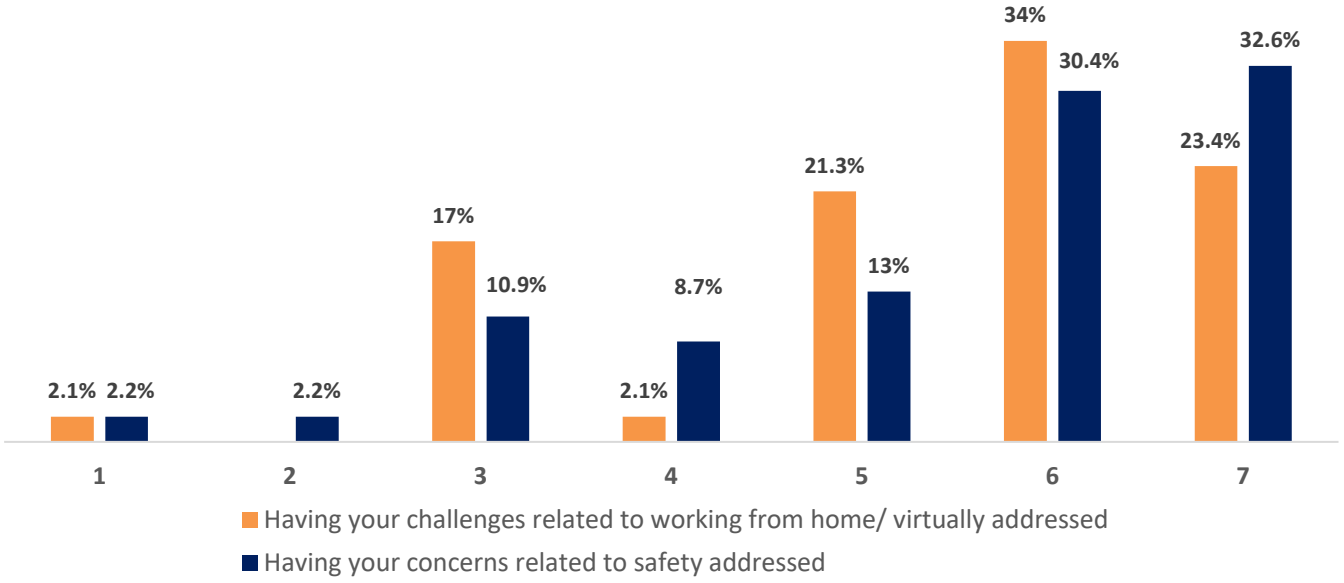

Figure 17: Support received related to challenges of working virtually/from home and with safety concerns

Survey Participant Suggestions to Improve MIECHV Support to Programs

"The staff is motivated and exceptional; a higher pay wage would eliminate turnover and improve services in the community."

Seven staff commented that they receive either adequate or "excellent support". Others offered a wealth of suggestions to improve MIECHV program support at the agency level. Eight comments related to increasing salaries and 3 on offering basic Visit Tracker support with data entry, understanding reports and with learning all the features of the data system. It is important to note that the additional comments provided 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.

Additional unique suggestions:

- Mandated minimum salaries that start with a livable wage and that reward continuing education and years of experience
- Lower caseloads
- More Visit Tracker support on how to enter benchmark data
- Schedule flexibility
- Location flexibility
- Raises so agencies in the same service area can pay close to the same hourly rates.
- More funding for personal trainings
- Funding to support outreach and expanded program outreach materials including billboards, advertising on busses and at bus stops, social media, handouts, etc.
- Increased funding to purchase materials for home visiting activities
- Home visiting awareness campaigns
- A statewide system for credentialing staff so they have a certificate that shows competency and a suggested wage associated with levels of competency.
- Additional support to staff experiencing burnout
- Updated trainings when changes happen
- Increased internal agency awareness of home visiting
- A checklist of MIECHV requirements
- Staff available for support when new updates arise
- It would be helpful if new home visitors were allowed a longer period of training time since it is very extensive. There is so much to be aware of and learned, but it feels pressure to get the fill caseloads and new "home visitors" are often not ready to assume responsibility with enrolling families.
- Allowing more time before enrolling families would assist new staff with feeling more comfortable, especially when they need to learn how to use Visit Tracker and complete assessments, and trainings have not been always available when needed.
- Funding for company cars

Final Participant Comments

Final additional comments by respondents included appreciation for support received from the MIECHV state team, model staff and CPRD, gratitude for professional development opportunities, as well as appreciation for the opportunity to provide feedback. Additional notable comments are listed below:

- "I enjoy that we have input on how things are done with home visiting. I often feel valued."
- "We are very appreciative of the support MIECHV and PAT staff have provided during this extremely challenging past year. In addition, the CPRD staff have been extremely encouraging and understanding when we have not been able to enter data correctly or in a timely manner. Everyone being patient and understanding of our situation has enabled all of our staff to continue providing services for the families, which is our priority."
- "We could not be successful at OUR jobs, without the amazing support of the MIECHV state team (Lesley, Michelle, et al, and including CPRD). You all really got us through the last 2 years. Thank you!"

"I love MIECHV as it allows me to learn, grow and serve children and families!"

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Illinois Maternal, Infant & Early Childhood Home Visiting (MIECHV) Program: Coordinated Intake

Annual Survey Summary Report for State Fiscal Year 2021

July 1, 2020 - June 30, 2021

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Table of Contents

2021 Illinois MIECHV Annual Survey

Coordinated Intake (CI)

The Center for Prevention Research and Development (CPRD) in the School of Social Work at the University of Illinois provides Illinois' Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs with ongoing technical assistance and Continuous Quality Improvement (CQI) supports and leadership. Twenty-six Local Implementing Agencies (LIAs) and 12 Coordinated Intake (CI) sites receive ongoing support.

As part of the assessment of supports that CPRD provides, and to continue to improve MIECHV systems and services, CPRD conducts an annual survey of MIECHV LIAs and CI providers. The goal of the survey is to gain insight into and garner staff input on the strengths, weaknesses, opportunities and challenges to staff experiences, attitudes, beliefs and practices related to CQI, home visiting and CI more generally. The MIECHV annual survey was initially administered in 2013 and has been repeated through 2021. The survey has been modified and updated over the last nine years to address issues related to the workforce, such as salaries, retention, family engagement, training, safety, and the impact of COVID-19 on MIECHV staff and services. The 2021 survey covered activities during the state fiscal year 2021 (July 1, 2020 - June 30, 2021). This report will focus primarily on the Coordinated Intake staff responses.

Sample

The FY 2021 online survey link was sent via email to 143 MIECHV providers on August 23, 2021. Key MIECHV personnel (home visitors, supervisors, and CI staff) were asked to complete the voluntary, confidential survey. The survey link was closed on September 20, 2021. As an incentive for participating, thirty respondents were randomly selected and awarded a $75 Amazon gift card (e-card). One hundred nine surveys were submitted, and 96 completed surveys were used for the survey analysis (a response rate of 67%.) Twelve of the 18 surveys sent to CI staff and supervisors were returned (67%).

Measures

The survey measures were derived from prior CPRD research related to the adoption of innovations and 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 and CI staff socioeconomic demographics, experience with CQI and technical assistance, employment characteristics and motivations, and interest in professional development. Additional questions were added to address unique concerns and new trends including substance use in the home, immigration policies, turnover rates in the field, staff burnout, and COVID-19 impacts on service delivery.

The goal of the survey is to understand the strengths and challenges of the MIECHV workforce, determine the supports needed by workers in the field, and to understand the impact and benefits of the CQI and technical assistance services delivered by CPRD. The survey results will be used to inform DHS about the strengths, needs, and challenges of the MIECHV workforce, inform and improve CPRDs CQI and technical assistance program support work, and facilitate our collective response to the implementation of MIECHV with tailored supports, communication, and action steps.

COVID-19

The data from this survey covers the time period from July 2020 to June 2021, when Illinois grappled with the new challenges of agency shutdowns, suspended in-person services, and adapting to CI and home visiting (HV) programs providing virtual service delivery. This survey represents the first full-year of CDC state and federal COVID-19 restrictions. Access to an array of community resources was diminished as service delivery either halted or was altered. Participant recruitment was hugely impacted as in-person outreach to clients shifted to virtual connections. Service delivery and program priorities were adapted to address additional challenges including working from home, virtual school schedules for children, and scarcity of basic resources. As the COVID-19 pandemic continues, we hope to gain a better understanding of the unique challenges the pandemic causes, and as a result, the impact on service delivery.

Coordinated Intake (CI) Communities

There are currently 12 MIECHV CI sites in Illinois covering the service areas of Englewood/Greater Grant Crossing, Cicero, East St. Louis, Peoria/Tazewell Counties, and Kane, Kankakee, DeKalb, McLean, Macon, Stephenson, Vermilion and Winnebago Counties.

Service areas and the number of home visiting programs vary within each CI community. The Kankakee, Peoria/Tazewell, East St. Louis and Stephenson sites serve just one MIECHV program, while the Englewood/Southside Chicago, McLean and Winnebago sites serve a high of three. Non-MIECHV programs are also assisted by CI. The Englewood/South Chicago CI serves the largest number of home visiting programs, with 22 in their service area (Table 1). In all, 23 MIECHV and 88 total home visiting programs are currently served by the MIEHCV CI staff.

Table 1: CI agencies, their service area, and the home visiting programs associated with each.

Coordinated Intake Agency	Service Area	MIECHV Home Visiting programs	Total Home Visiting Programs
Aunt Martha's Health and Wellness Center	Kankakee County	1	3
Children's Home + Aid Bloomington	McLean County	3	6
Children's Home + Aid DeKalb/Sycamore	DeKalb County	2	3
Children's Home + Aid Englewood	Englewood/Southside Chicago	3	22
Children's Home Association	Peoria and Tazewell Counties	1	10
Comprehensive Behavioral Health Center	East St. Louis	1	7
Danville School District 118	Vermilion County	2	3
Family Focus - Nuestra Familia	Cicero-Berwyn area west of Chicago	2	10
Kane County Health Department	Kane County	2	12
Macon County Health Department	Macon County	2	4
Stephenson County Health Department	Stephenson County	1	3
Winnebago County Health Department	Winnebago County/Rockford area	3	5
Total programs served		**23**	**88**

Workforce

Nine CI workers and two CI supervisors completed the survey. All CIs and supervisors responding are full-time employees, although 100% of their position may not be dedicated to CI.

The small CI workforce is made up of predominantly English speakers, and all but one of the CI workers is female. Staff range in age, with a third age 25 to 34, a third age 35 to 44 and a third 45 or older.

The number of years worked as a CI varies from two staff working at their position one year or less, two in their position 2-3 years, four in their position 4-5 years and one 6-9 years (Figure 1). In contrast, the two supervisors responding both have been in their positions for 10 years or longer.

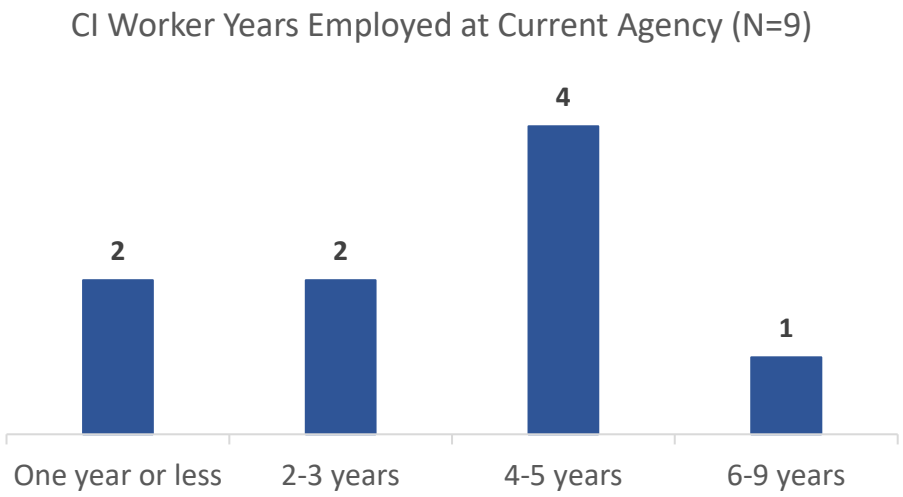

Figure 1

While three CIs had limited direct experience related to program recruitment and community systems and collaborative work when hired, most had at least two years of applicable experience with two reporting 10 years or more of prior relevant experience for the position. Having the skill set needed to perform systems and family engagement work when hired is a big advantage for the CI role (Figure 2).

Having the skill set required to perform systems and family engagement work when hired is a big advantage for the CI role.

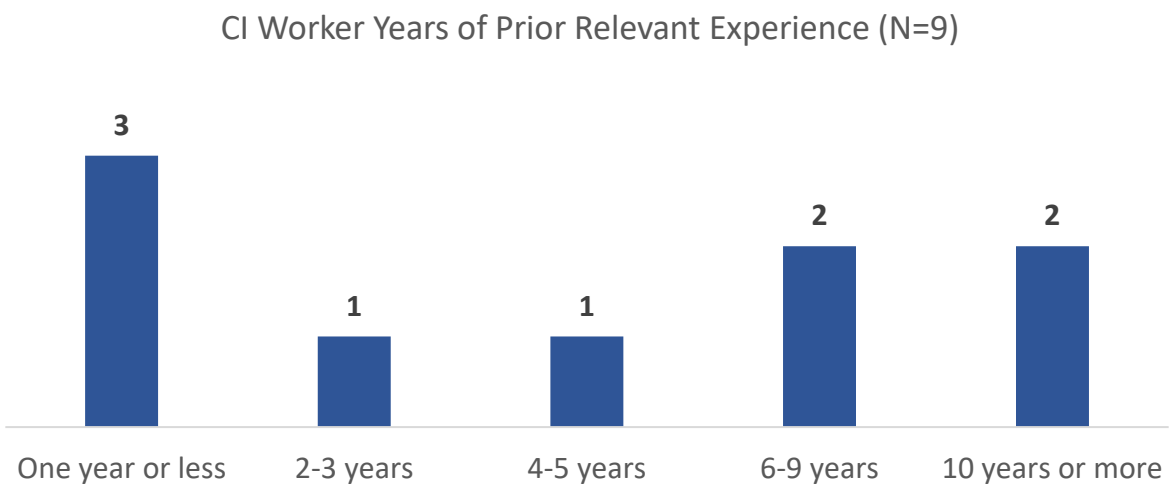

Figure 2

The CI team is well educated, with seven holding bachelor's degrees and two with Master's. Their training covers diverse backgrounds including nursing (LPN/RN), social work, psychology, sociology and human services. They also have a variety of credentials and certifications including Mental Health First Aid (5), CPR/First Aid (4), Gateways to Opportunity Family Specialist Credential, age 2-5 (3), Certified Domestic Violence (DV) Professional or 40-hour DV training (3), LPN/RN (1), Family Administered Neonatal Activities (FANA) (1), Early Childhood Education concentration (1) and Trauma Trainer (1).

CI workers have diverse training backgrounds including nursing, social work, psychology sociology and human services, with additional credentials in the areas of mental health, domestic violence, pregnancy support, first aid, trauma, and early childhood education.

Work Experiences

Stress and Burnout

Job burnout is a specific type of work-related stress that can reduce a person's capacity to function effectively at work. Symptoms can include physical and emotional exhaustion and feelings of helplessness, hopelessness, cynicism, frustration, and resentment. Questions regarding burnout were first added to the FY 2019 survey and repeated annually. These questions acknowledged that professionals serving at-risk families sometimes find their work to be stressful and experience feelings of burnout. To gauge feelings of burnout, CIs were asked to choose from a list of statements the one that best described how they feel about their work.

Figure 3 below shows the statements along with the percentage of respondents who chose them. While no CIs reported feeling completely burned out, one-third (33.3%) of CI workers indicated feeling symptoms of burnout, with 22% reporting the symptoms "won't go away". This is a concerning increase in feelings of burnout compared to 2020 survey

data, where 30.8% (vs. 22.2%) of CIs reported no symptoms of burnout, and only 7.7% compared to 22.25 in 2021 felt symptoms of burnout that won't go away.

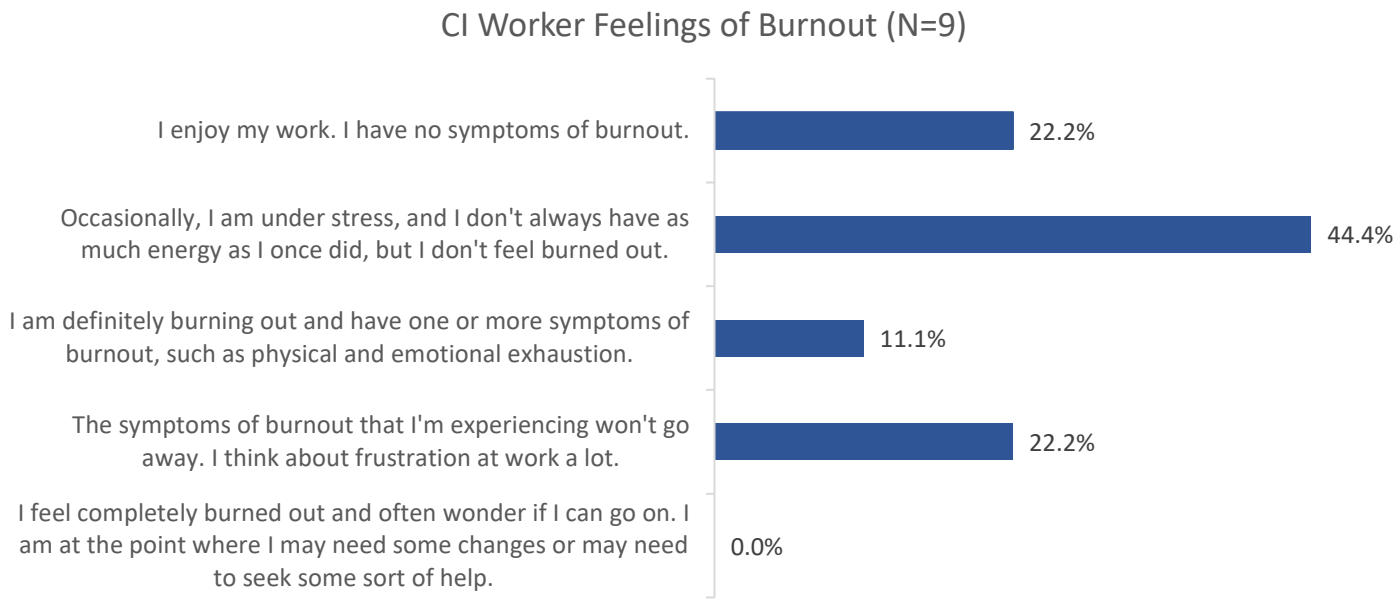

Figure 3

Additionally, CI staff and supervisors were asked to rate their overall work stress level in the past year on a scale of 1-10, with 1 being lowest (not at all stressed) and 10 being the highest (extremely stressed).

Seven of nine CI staff rated their stress level at 5 or higher, with four staff (44%) rating their stress level at 7 or higher, indicating they experience their daily work as highly stressful. The two supervisors who answered the survey echoed this response of finding the work highly stressful (rating their stress 8 and 9).

Challenges Contributing to Stress on the Job

When asked to describe their biggest work challenges that caused stress over the past year, the greatest challenges noted by CI staff varied and may be unique to individual personnel based on site location and specific community circumstances.

Challenges noted included:

- difficulties with finding successful recruitment strategies during COVID-19 restrictions
- balancing multiple position roles
- communication challenges with referral partners
- staff vacancies
- supervisor turnover
- programs with multiple slots to fill and limited numbers of referrals to send
- coping with frequent changes in program expectations
- ongoing data system updates
- low pay
- the challenges of living with COVID-19 pandemic overall.

Staff Supports

CI staff receive technical assistance (TA) and support from CPRD to help staff meet all MIECHV requirements. Support offered incudes: monthly one-on-one TA calls, help with use of the Visit Tracker data system to record referral activities and run and interpret referral reports, compiling and reviewing relevant data to inform their work, facilitating monthly group calls, and planning and facilitating quarterly Learning Community meetings. The Learning Community meetings, conducted virtually in FY 2021, brought the CI team together to share information and resources for quality improvement and CI system support. Additionally, the meetings provided ongoing specialized training to address specific needs for knowledge and skill development identified by the CI staff.

When asked what was most helpful in managing work stress, CIs listed a wealth of strategies including working on self-development, reading for pleasure, and speaking with supportive family and friends. Several mentioned supervisor support. Other unique supports listed were:

- "Copious amounts of support from MIECHV contacts and supervisor."
- "Finding purpose outside of work."
- "Having a dog, it forced me to end work...at least in the office...and not stay in the office from 8am until 7-8pm."
- "Prayer, … and check-in calls with TA support person."
- "Self-care and signing out after my work schedule."
- "Talking and networking with other CIs having similar issues."
- "Time management planning, reflective supervision with the Early Childhood Mental Health Consultant."
- "Working from home."
- "My faith life… Also having state reassurance and support when performance standards and program requirements could not be achieved due to pandemic."
- "Commitment to do the work that I am paid to do and the satisfaction of doing it, despite the stress."

Staff Turnover and Retention

CI staff turnover was at an all-time high in 2021 with 40% turnover, and four new CI workers hired during the state fiscal year. Turnover was also high in 2020 with 38% of CIs leaving and seven new hires filling open positions. To help understand CI turnover, a series of questions were designed to capture multiple factors that may contribute to staff exits and retention.

Staff leave and stay in MIECHV positions for a variety of reasons. Figures 4 and 5 show aggregated responses of major and minor reasons for staying, and major and minor reasons staff consider leaving their positions. Overwhelmingly, "Making a difference in the lives of others" was the top reason for remaining in their CI positions, chosen by 100% of the CIs. Other top reasons, selected by seven of the nine CIs were "personal commitment to home visiting" and "variety and flexibility of the work". More than half also chose "support from their supervisor and agency leadership", "acknowledgement and respect as a professional" and "MIECHV colleagues at their agency" as reasons they stay.

100% of CIs selected "Making a difference in the lives of others" as the top reason they choose to remain in their positions.

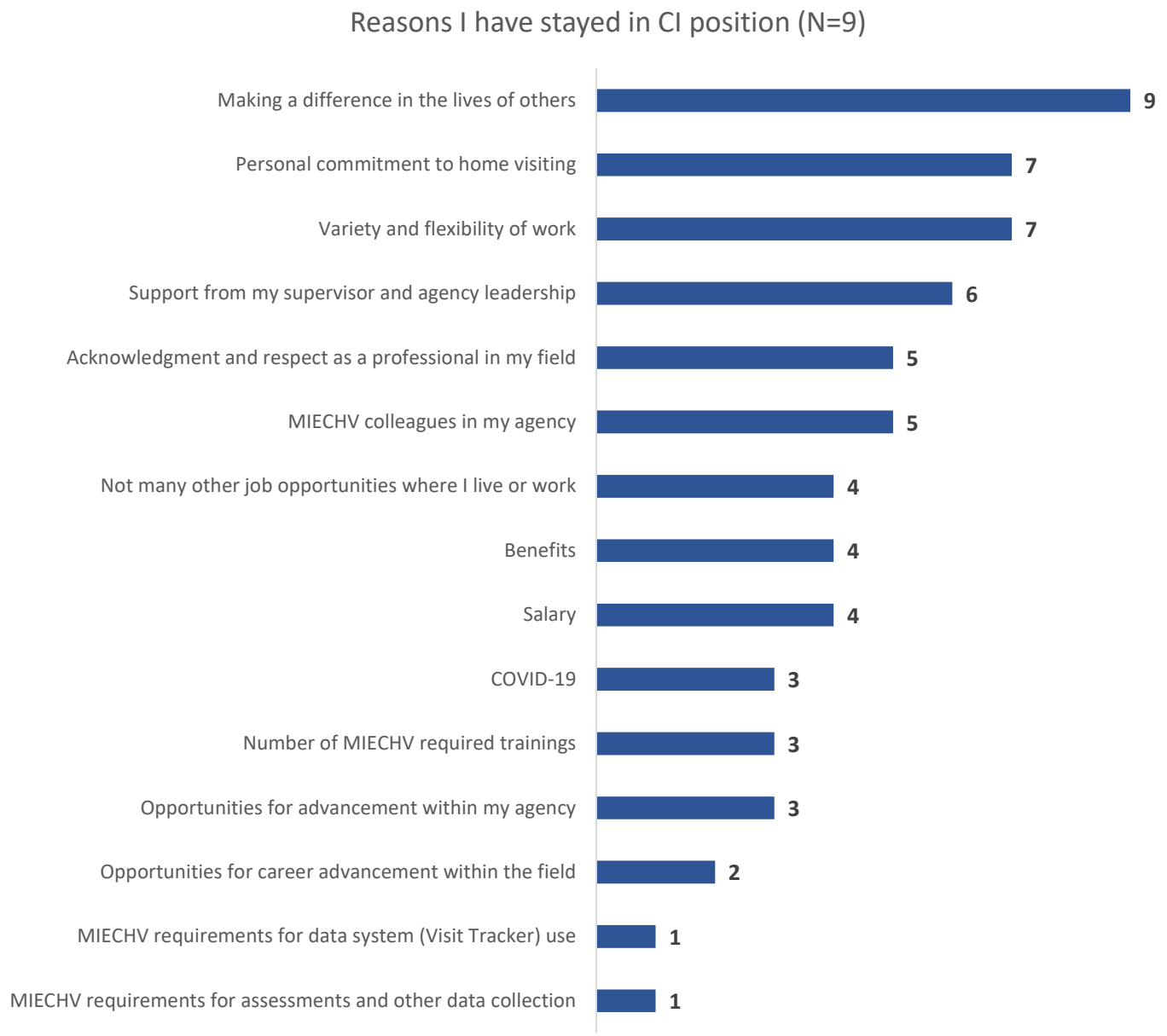

Figure 4

Conversely, reasons staff consider leaving their position also varied. The top reason identified was insecure state or agency funding, chosen by two-thirds of the respondents. Other top reasons identified by over half the CIs were opportunities for advancement within their agency, followed by almost half identifying COVID-19 and salary (Figure 5).

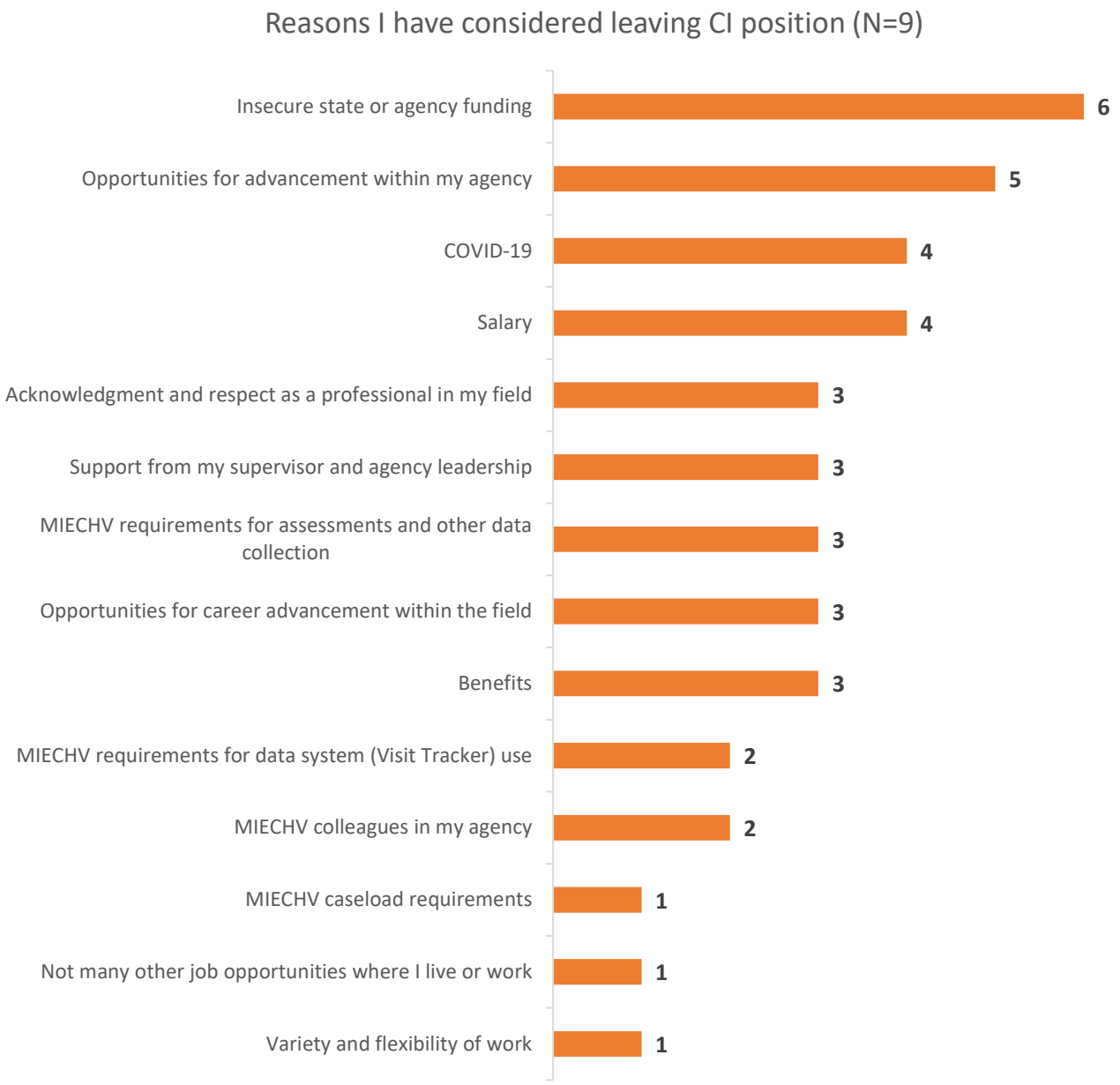

Figure 5

Participant Recruitment and Outreach Work

Impact of Staff Turnover on Recruiting Families

When asked if staff turnover at the home visiting agencies they work with presented challenges over the past year, nine out of ten said yes. Those who elaborated on challenges and concerns related to turnover mentioned difficulty hiring new staff, challenges of keeping caseloads at capacity with staff turnover, and challenges of limited open slots to refer families to when there are vacancies. Another concern noted as a "major issue" is when program supervisors leave home visiting programs. One CI noted losing multiple supervisors. The support provided by supervisors to both their home visitors and to CIs sending referrals makes this loss especially challenging as it can delay the processing of referrals and sometimes leads to the departures of home visiting staff.

"Lack of trained staff means less spaces available for families in need. Clients are kept waiting for services and CI has limited options for support and help for these families in need."

Impact of COVID-19 on Participant Recruitment and Outreach Work

The effects of the COVID-19 pandemic on recruitment and outreach for agencies over the past year have been immense. These included increased barriers to connecting with referral sources and families, referral sources closing or limiting capacity that in turn limited referrals, and the cancellation of community events that were once a staple for family recruitment. As one CI noted, "We typically do a lot of in-person meetings and events at public agencies, most of which were cancelled over the past year". Another explained, "It's very difficult to recruit virtually, many locations do not want people in their facility even for flyer drop-off." It was also noted that since it's harder to connect with families and staff, it's harder to reach and keep participants.

"It has been a domino effect. Agencies we have relied on for referring clients were not seeing clients, therefore, limited referrals for us. Annual early childhood events were virtual or cancelled, therefore limited ability to talk and engage families."

CIs also mentioned that not being able to engage in person means more reliance on phone calls to connect with families. Challenges noted with phone calling include not having calls answered and difficulty building rapport without a face-to-face connection.

Past reliable referral partners such as WIC and hospitals were much harder to engage due to COVID-19 safety protocols. In-person community events moving to a drive-through format in parking lots enabled distribution of recruitment handouts but limited opportunities to fully engage parents. Masking meant it was "hard to see folks smile", and harder to be understood.

New Strategies Employed for Recruitment and Outreach

Agency staff employed a variety of new strategies for recruitment, including networking virtually by utilizing social media and other digital platforms, piloting "curbside" programs to reach participants while maintaining safety, using texting programs to reach potential participants, and distributing printed letters, brochures, palm cards and flyers. One respondent commented that they incorporated "A lot of Zoom, Teams, and Google Meets meetings to stay engaged and relevant." Some communities worked closely with collaborative partners and parents to strategize ways to increase referrals. This resulted in the organization of "drive-through" events that included distributing diapers and other necessities, raffle baskets, and other incentives to families. Open communication was emphasized and frequent communication by email and Zoom became the norm. Some CI's expanded their use of Facebook to connect with families and offered videos of book reading and play activities as a way to engage families at home with young children. Staff also added scannable QR codes to recruitment documents so referral partners could link to an online referral form.

Successful Recruitment Strategies

CI staff noted new strategies they've tried that have been most successful. These include:

- Allowing more time to engage
- Creating PowerPoint presentations about CI to share with potential referral agencies
- Leveraging contacts through Early Childhood partnerships to reach clients
- Staying optimistic, being flexible, and persistent
- Offering a variety of avenues for families and partners to get connected to services
- Recruiting through current program participants
- Listening closely to partners and families to make adjustments to the current system.

Additional COVID-19 Challenges

In addition to challenges with outreach and recruitment, a number of additional challenges from the past year related to COVID-19 and CI work were noted.

"Zoom fatigue", work from home and hybrid work, as well as a pause in in-home visits with participants were all mentioned as key challenges that staff have experienced during the pandemic. CIs noted that many families are not interested in virtual visits over the phone or on Zoom. Others mentioned reluctance of families to engage with a program that comes into their home in light of the uncertain landscape of COVID-19 , even when virtual connections were offered as an option. Other challenges noted were disruptions in services due to illness, challenges finding childcare, busy schedules, and a shift in focus to finding basic resources due to limited family finances.

"While the virtual landscape is a lifesaver and will be incorporated in the future, meeting after meeting in a virtual format is exhausting by the end of the day."

Another key challenge in some communities that have relied on WIC as a regular source of referrals is the transition by WIC from paper coupons to EBT card transactions. This reduced the need for clients to go to the office for in-person services where they could be outreached for home visiting. Also, due to COVID-19, the WIC office buildings were open on a limited basis by appointment only, reducing opportunities to interact with families in need of services.
One CI noted "I believe not being in person overall is a barrier. Information doesn't go over well on meeting platforms. Distraction from day-to-day duties in the home pose that loss of connecting to the information being presented. In person is the way to go for most jobs. But I completely understand the safety of it all of not meeting in person."

Several staff noted challenges shifting from remote work to returning to the office or using a hybrid approach based on COVID-19 numbers. One noted "We are still finding our way through the hybrid approach as things open up somewhat." Some expressed safety concerns with sharing office space. One noted feeling an "overall uncertainty" with work and issues affecting staff and families including school, childcare, vaccination availability and safety.

"I also think that for many people COVID-19 could've lessened their bandwidth for engaging in services due to elevated stress despite HV (home visiting) being a service that could support them through their stress. I think families were/are more attuned to services that meet an immediate need. For this reason, I think that an important part of messaging moving forward during the pandemic could be highlighting the aspects of HV that may meet the immediate, short term, and long-term goals of families."

Engaging Family Input and Feedback for Service Improvement

There are a number of ways program participant / parent input can be included in program planning, and participant input and feedback can be a valuable resource for improving services. CI programs are making an effort to engage family input with a variety of approaches. When asked about specific strategies used, more than half of the respondents reported they ask participants to complete surveys about ideas they would like to try, and also solicit feedback from parents who decline or drop out of services. Also popular as a way to involve parents is having them serve on advisory boards, participate in focus groups, and asking families to help engage other families (peer support). Other strategies tried include asking for feedback during parent groups and home visits, and having parents facilitate support groups.

The most successful strategies noted for engaging parent input on CI and home visiting services include:

- Parent and home visitor focus groups
- Asking for input at outreach events
- Contacting parent directly through the home visiting programs they're enrolled in
- Demonstrating what to expect in a home visit and explaining details of the benefits
- Offering incentives
- Sharing videos of parent success stories.

When listing the biggest challenges with engaging parent input on home visiting and CI services, most CIs noted the impact of the pandemic making it difficult to reach, connect with, and meet with parents. One commented that most parents "do not want to have another virtual meeting throughout the day". Another noted "COVID proved to be stressful for parents as some parents were working with their school-age child with in-home learning. Other parents had other issues such as food insecurity, housing stability, and other basic day to day living issues. Home visiting was not a priority for many during this time".

Other parent-input challenges listed included:

- Lack of funding to compensate parents
- Identifying times that work for parents
- Parents not having confidence to speak up on their own behalf
- Lack of direct interaction with parents...hearing parents input from another party
- Parents not interested in participating in public meetings or sharing their experiences with local agencies.

Factors Influencing Family Engagement in Services

Family Enrollment

The decision by families to enroll in services is influenced by a number of factors. Based on their experience, CIs were asked to rate which factors resonate most with the caregiver/family in their decision to engage in home visiting services. The top benefits and factors that attract families to enroll are: learning about the program from another family enrolled in services, benefits to their children, and home visiting can assist families in accessing other needed services such as medical care and Early Intervention (Figure 7).

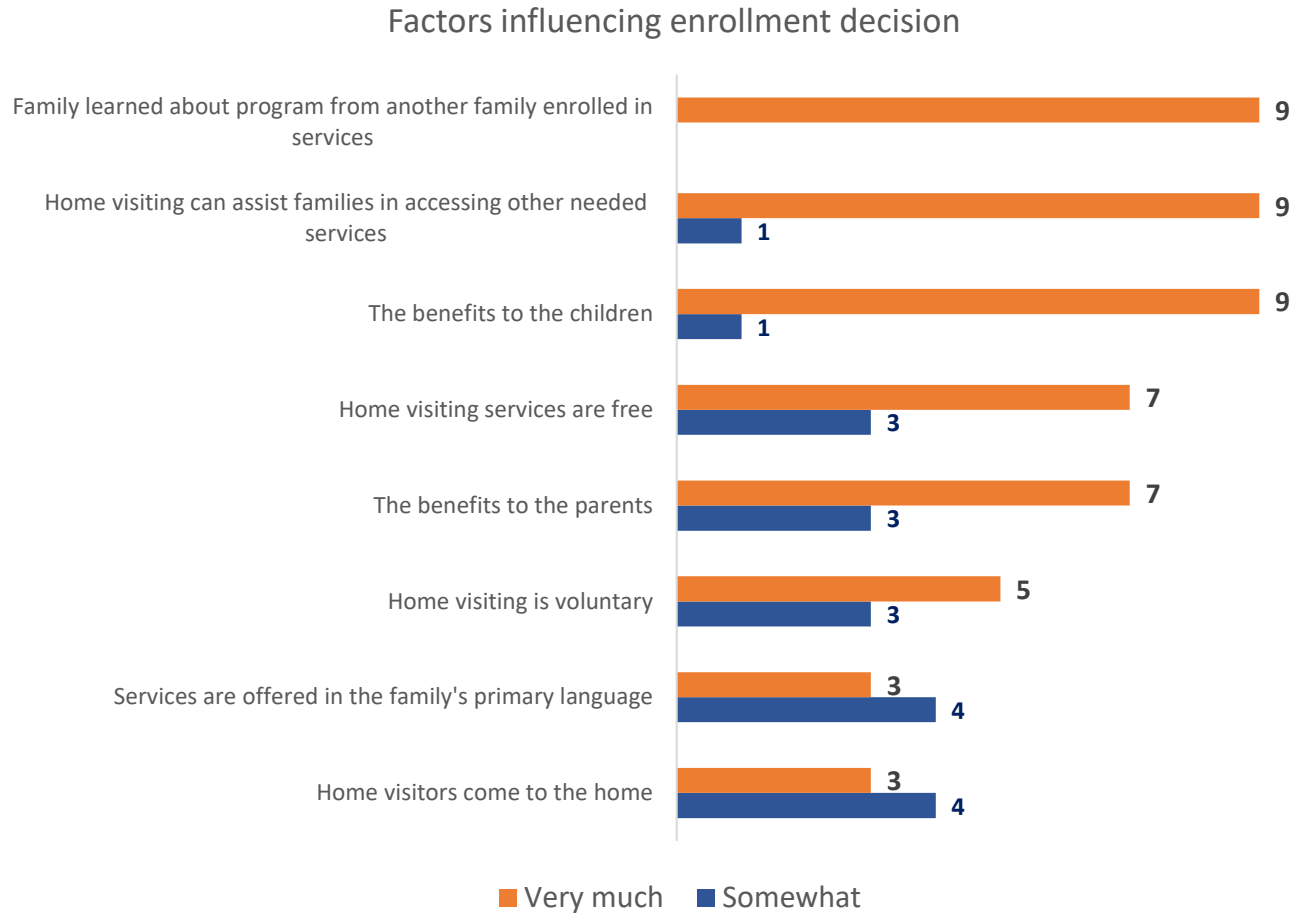

Figure 7

Reasons for Declining Services

The highest rated factors identified by CI staff influencing a family or caregiver's decision to decline participation in a home visiting program include: family schedules (e.g., job, school, childcare), not allowing for participation during normal business hours (8am - 5pm, weekdays), and families being too busy to participate. Additional reasons CI staff stated they believed families declined participation in a home visiting program were the time commitment of the program, families are mistrustful of outsiders coming into their homes, families associate home visiting with DCFS (Department of Children and Family Services), and families do not understand the goals and purposes of home visiting. These and other barriers to participation are listed in Figure 8 below.

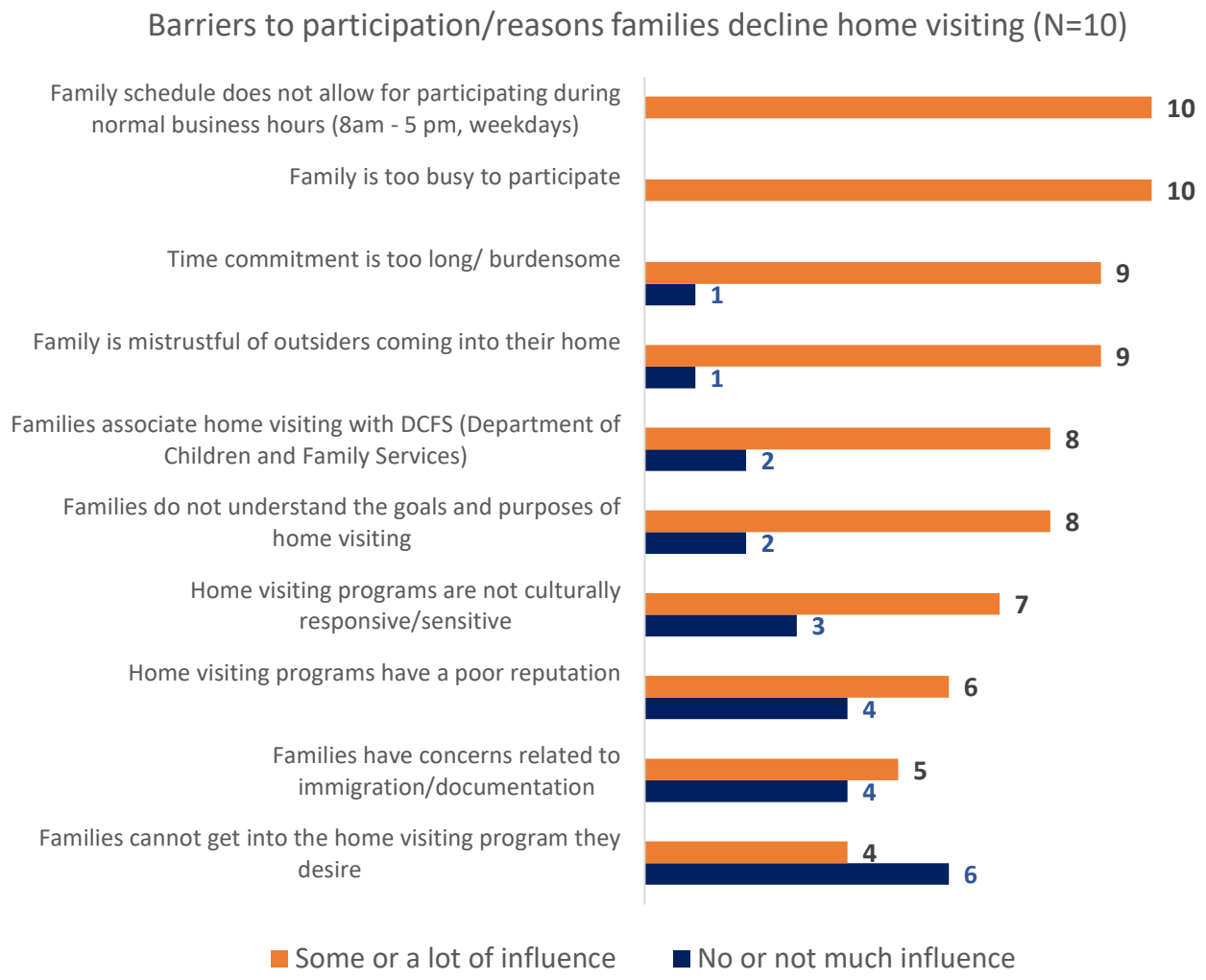

Figure 8

Community Collaboration

One aspect of the role of CI is to bring community partners together to educate an array of service providers on the benefits of home visiting, recruit new partners who can refer families for home visiting services, and share updates on referrals and home visiting program capacity. Community collaboration is one of the required objectives within the CI contract. CI workers and supervisors were asked how many community collaborative or interagency meetings they led or participated in each month. All twelve respondents participated in monthly meetings, and responses ranged from a high of 7 or more meetings per month to a low of 1-2 per month, with most staff attending at least 3 community meetings each month. This indicates a high level of community engagement in most CI service areas.

There's a high level of community partner engagement in CI service areas, with most staff attending at least 3 community meetings a month.

Challenges to Collaboration

CI staff and supervisors were asked to rate a number of barriers to collaboration. Top barriers identified were staff turnover and competition among programs to keep slots full. Other key barriers listed by more than half of the respondents were lack of trust, different funding streams, and communication barriers (Figure 9).

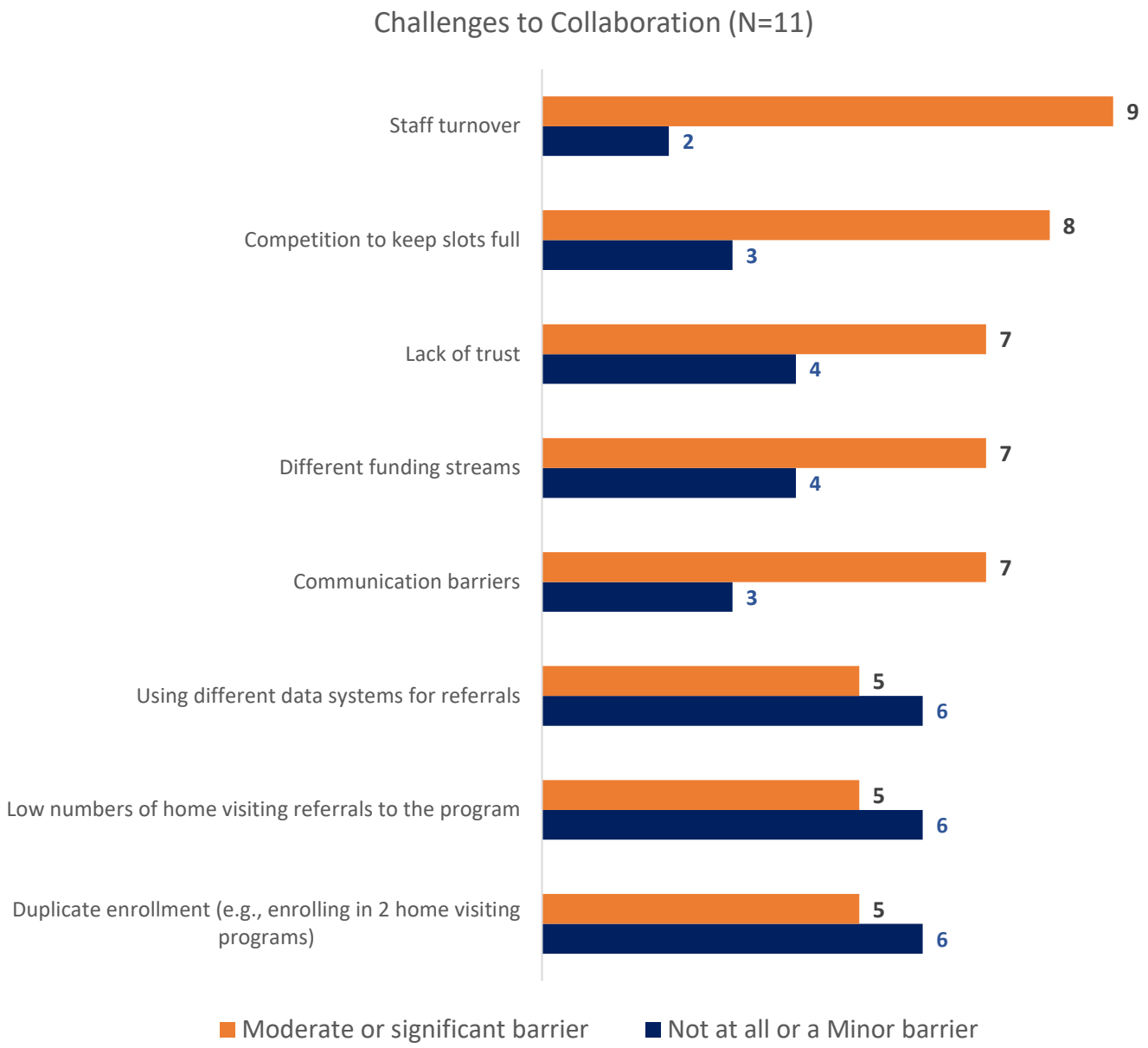

Figure 9

Caseload Capacity

Filling Caseloads

Maintaining a caseload capacity of at least 85% across sites is a MIECHV federal grant requirement. When asked to rate the difficulty of ensuring a full caseload for the home visiting programs in their community, responses were equally divided between Somewhat difficult (4), Frequently difficult (4) and Always difficult (4).

A number of barriers exist to filling caseloads (Figure 10). The biggest barriers identified by CIs and supervisors were that families initially interested in home visiting decline services when contacted by a home visitor, and home visitor position vacancies which reduce the number of available slots to refer to. Other top barriers include COVID-19 safety concerns and restrictions, being unable to contact families that are referred to CI, and families being fearful of letting agency staff into their homes for visits.

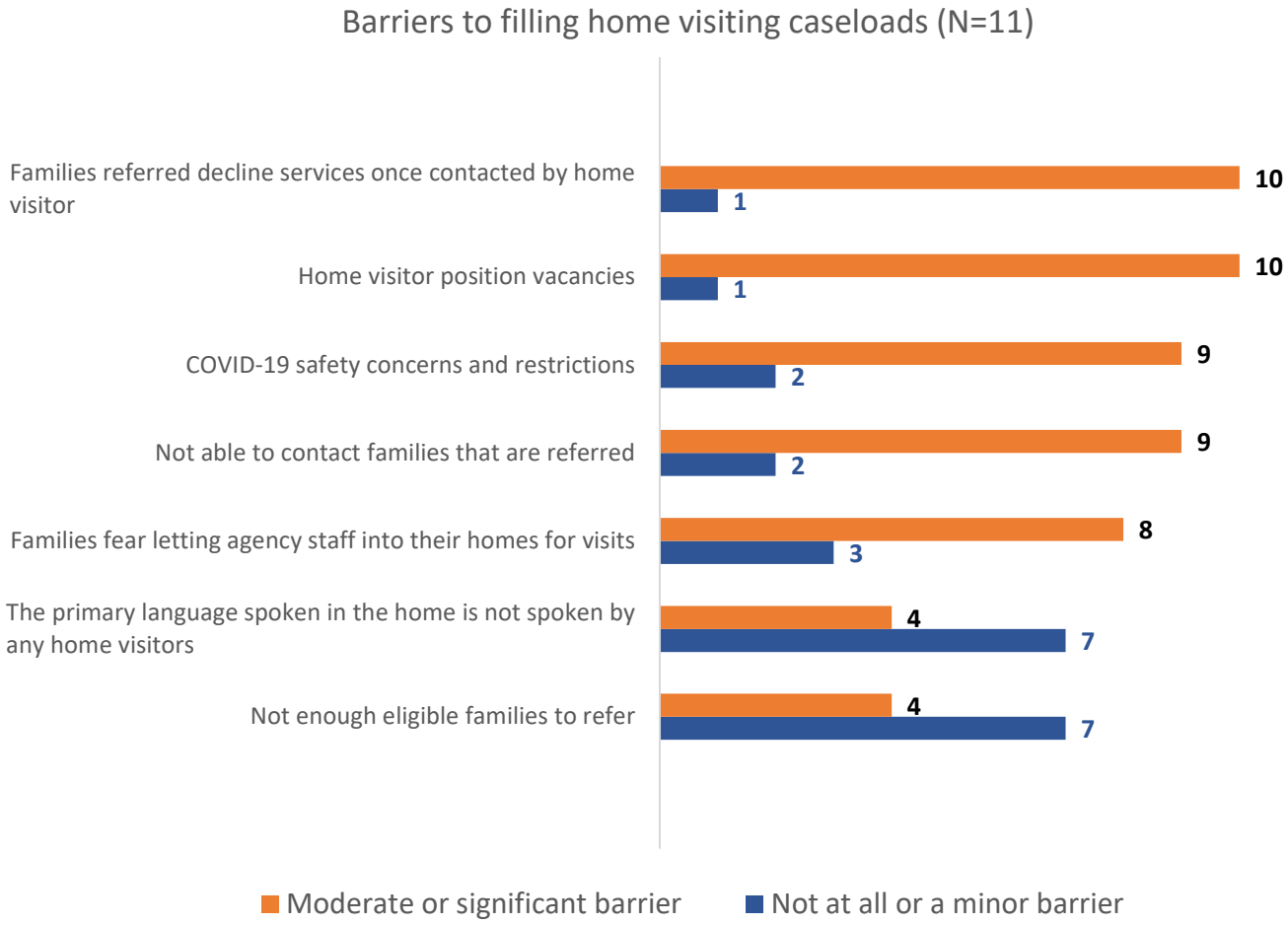

Figure 10

Other challenges noted include: Families not meeting the program criteria based on the age of the mother, not enough referral partner relationships, limited ability to do “proper” outreach, and too many open slots for other programs and agencies in the community (MIECHV, Prevention Initiative and Early Head Start).

Matching families to best-fit programs

When asked how often, based on an intake assessment/CI screening, staff can match the needs of the family with the strengths and/or specializations of specific home visiting programs (models) in their community, 83.4% responded they were able to match families most of the time or always.

MIECHV currently offers home visiting services in English and Spanish. Other language requests identified by CI's that they are not able to meet include French, Arabic, Mandarin, Polish and Quiché (Mayan).

Professional Development

MIECHV CI staff have a wealth of trainings available through a variety of sources, including Start Early's training institute, CI Learning Communities, HRSA webinars, CPRD data trainings and Partner Plan Act's Collaboration Institute. Survey respondents were given a list of 12 training topics to rank in order of preference, choosing their top 5 based on perceived need for training and support.

Training needs

The top professional development choices of the nine CI worker respondents included team building and strengthening collaboratives (ranked in their top 5 by eight of nine CIs), using data to inform CI work, marketing/promoting CI and home visiting, and meeting facilitation and best practices, all chosen in their top 5 topics by six of the nine respondents. As shown in Figure 6 below, ranking highest in the top 3 choices were parent/family engagement, and team building and strengthening collaboratives, each chosen by more than half of the respondents.

MIECHV CI staff have a wealth of trainings available through a variety of sources, including Start Early's training institute, CI Learning Communities, HRSA webinars, CPRD data trainings and Partner Plan Act's Collaboration Institute.

Figure 6

Data Systems and Data Entry

A variety of data systems are being used across Illinois to record and track home visiting referral data. In addition to Visit Tracker, (required for MIECHV home visiting programs) CIs are using the Integrated Referral and Intake System (IRIS) application (6 sites), NowPow (1 site), internal agency tracking systems (2 sites) and spreadsheets (7 sites) to record referral data. While use of Visit Tracker was initially required for MIECHV CI sites, IRIS was introduced and piloted by 2 CI communities in 2019 and additional sites with All Our Kids (AOK) networks beginning in 2020. AOK has provided staff support for engaging and training community partner organizations to use IRIS at no charge to users.

The Integrated Referral and Intake System (IRIS) application was piloted by 2 CI communities in 2019 and additional sites with All Our Kids (AOK) networks beginning in 2020. AOK provides staff support for engaging and training community partner organizations to use the IRIS referral system, currently used by 6 CI sites, at no charge to users.

When asked to estimate the average amount of time spent on MIECHV data entry each week, including data entry on spreadsheets, Visit Tracker, internal data systems, IRIS, NowPow and all other data entry systems used, responses varied widely and ranged from 0 to 30 hours per week, with an average of 8.6 hours per week spent on data entry. Responses likely vary depending on the number of referrals received and the data tracking system(s) used. Data entry is a barrier to service delivery when staff are spending the bulk of their work time entering data, sometimes entering the same or similar data into two different systems.

The data collected is used for a variety of purposes, including program planning, monitoring and reporting. Most sites report using data at least monthly for routine program performance reports for funders, collaborative partners/advisory groups and for site-level performance monitoring, capacity reporting and to inform continuous quality improvement activities. Figure 11 below shows the frequency of data use by objective.

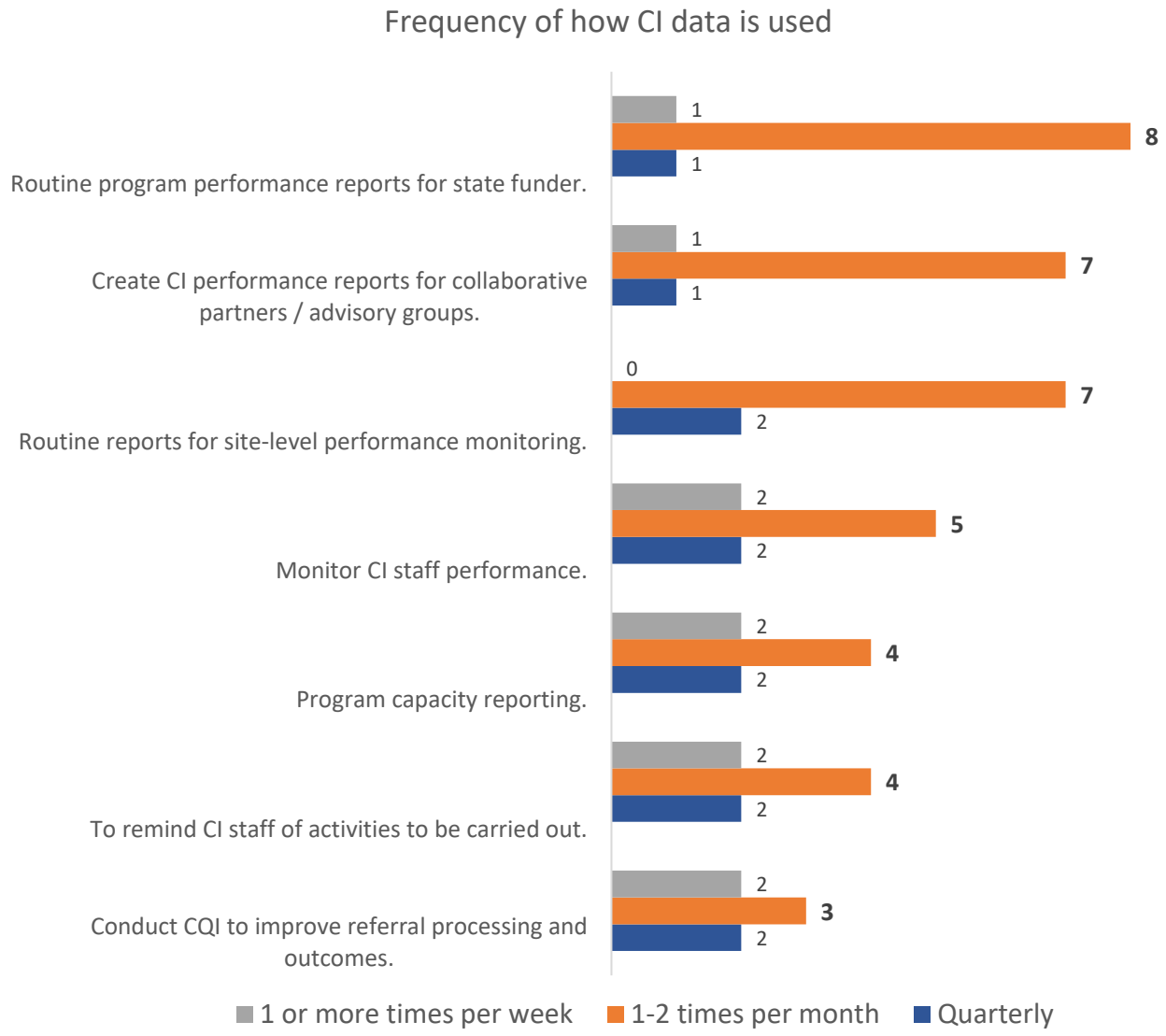

Figure 11

Coordinated Intake Marketing and Outreach

Pictured in Figure 12 below, a generic igrow logo was developed as a neutral and universal representation of home visiting services.

Figure 12

100% of CI staff reported using the igrow logo on their marketing and outreach materials. However, on a scale of 1-7, ratings of the effectiveness of the igrow logo in spreading awareness of home visiting varied widely from a low of 1 to a high of 7, with half the staff rating the logo a 5 or higher (Figure 13). Two thirds of staff report using the igrow brochure from the Illinois igrow website igrowillinois.org and three fourths have made their own customized version of an igrow brochure.

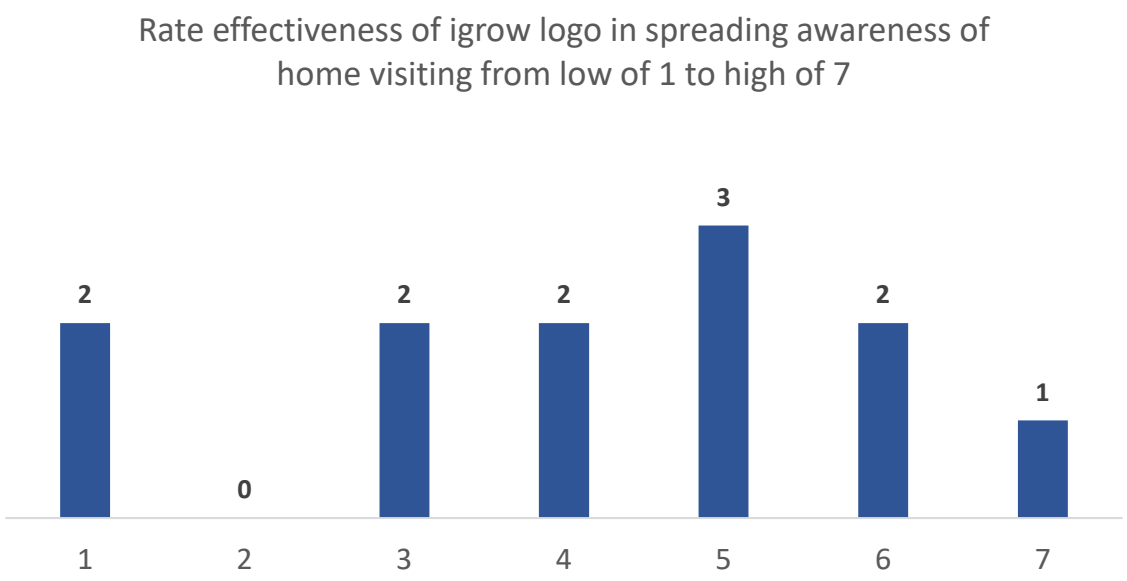

Figure 13

Other most frequently used marketing and recruitment materials developed include flyers, business cards, posters, palm cards and resource directories. Additional items mentioned include standing igrow banners, scannable QR code added to an online referral form, postcards, and a billboard.

While all but one respondent reports receiving agency support with developing outreach/recruitment material, 75% indicated they would like additional supports creating marketing materials.

Suggestions and Final Thoughts from Survey Participants

A number of final suggestions were offered by the CIs on how program support can be improved. These included:

- increasing funding
- providing funding for incentives for outreach
- schedule and work location flexibility
- increased advocacy and support for the CI position
- lessening of data collection and reporting requirements
- developing better systems for tracking data
- a slower timeline for changes in requirements with documentation to support changes.

Summary and Conclusions

There are currently 12 MIECHV CI sites in Illinois covering the service areas of Englewood/Greater Grant Crossing, Cicero, East St. Louis, Peoria/Tazewell Counties, and Kane, Kankakee, DeKalb, McLean, Macon, Stephenson, Vermilion and Winnebago Counties. Through outreach and relationship building, CI identifies and recruits families eligible for home visiting services. With knowledge of program capacity at the local level, and details on the focus, strengths and requirements of the various program models, CI facilitates enrollment in the home visiting program that would best meet the family's wishes and needs. CIs are also knowledgeable in additional resources available in their community, and can make referrals to other early childhood and basic needs resources.

By entering referral data into the Visit Tracker or IRIS data system, referrals are tracked for use with TA, CQI, and community planning. Staff have focused on data quality over the past two fiscal years, with the aim of collecting complete incoming and outgoing referral data to better inform TA, CQI, and outreach and recruitment strategies. It has been a challenge in several communities to switch from use of Visit Tracker to IRIS, which involved completing double data entry during the transition. Once set up, with community partners onboarded, IRIS has been well received as a user-friendly referral system.

CPRD surveyed CI providers to gather input on staff experiences, strengths, challenges, and supports needed, with a goal of continued improvement to MIECHV systems and services. Results show state fiscal year 2021 presented unique challenges related to the impact of COVID-19 on MIECHV staff and services. Relationships with community partners changed drastically due to COVID-19 safety restrictions. Key referral sources serving the home visiting target population such as WIC, local hospitals and health clinics closed their doors to outreach making it difficult to develop and maintain relationships. Staff adjusted messaging and adapted referral processes to accommodate the virtual landscape. Staff turnover also created a challenge due to lowered capacity of programs to serve families and participants dropping out of services due to losing their home visitors.

New recruitment strategies developed included networking virtually by utilizing social media and other digital platforms, piloting "curbside" programs to reach participants while maintaining safety, using texting programs to reach potential participants, and distributing printed letters, brochures, palm cards and flyers.

CI staff receive a variety of TA supports from CPRD to assist them in meeting all MIECHV requirements. These supports include monthly one-on-one calls, help with use of the Visit Tracker data system, sharing and reviewing data to inform their work, facilitating monthly group calls, and planning and facilitating quarterly Learning Community meetings to bring the CIs together for team building, skill development and information sharing.

Agency supports that CI staff reported most helpful included schedule and work location flexibility, supervisor and leadership support and reassurance, and support when performance standards and program requirements could not be achieved due to the pandemic. Top professional development needs identified included parent/family engagement, using data to inform their work, team building, and strengthening collaboratives. Additional needed supports identified included incentives for recruitment and assistance with developing marketing materials.

The MIECHV CI team is skilled, dedicated to their work, and passionate about serving families in need. The top reason identified for staying in their positions was “making a difference in the lives of others”. Despite the pandemic, there is a high level of community partner engagement in most CI communities with at least one collaborative meeting per month across CI communities. CIs play a much needed role in the home visiting and early childhood system of supports for vulnerable families, helping families access services, and easing the burden on home visiting programs to promote their own services and recruit eligible families. The feedback and suggestions provided in this year’s survey offer valuable insights and details on what’s working and areas where supports and improvements are most needed for the CI system to prosper.