

HVSA PAT PBC Working Group Notes -- Thursday, September 9, 2021

Meeting Objectives:

- Share information about past work group planning and learnings on identifying and measuring a PAT outcome with home visitors
- Hear from home visitors on the upcoming piloting process

Participants:

- PAT Leaders: Amber, Kathy Bayfus de Garcia, Heila Blair, Claudia C, Mary Flores, Ari Fraire, Cynthia Grayson, Cinthia Gutierrez, Tyna Hagood, Allegra Hood, Juliana Jacobo, Kristi Jewell, Jennyffer Landaverde, Bianca Llamas, Samantha Masters, Cathy Mendoza, Mina, Zenaida Munguia, Araceli Parbol, Aurora Pena, Michelle Quinlan, Rossanna, Carina Sanchez, Trissa Schiffner, Erin Schreiber, Sarah Thorson, Alacia Thornton, Katie Turgeon, M Valencia, Kristin Williams
- State team: Laura Alfani, Izumi Chihara, Stacey Gillette, Courtney Jiles, Cassie Morley, Gaby Rosario, Martha Skiles, Valerie Stegemoeller, Kathy Tan, Rene Toolson, Ivon Urquilla; special guest Susan Botarelli

I. Introduction, Check-In and Purpose

- *People introduced themselves and shared how they were looking towards the fall, to include enjoying the fall weather, fall colors, leaves, sweaters, pumpkin, fall harvest, crisp mornings, soup, apple cider, and the pandemic coming to an end!*
- *The purpose of the meeting was to bring home visitors into the conversation on:*
 - *Efforts to identify and measure a PAT outcome*
 - *Prepare for the upcoming year of testing measurement tools*

II. Context: FY20-21 Exploration of PAT Outcomes and Measurement

- *Based on legislative requirement when the overall agency was created, DCYF has been implementing Performance Based Contracting with the direct services contracts such as home visiting. Each home visiting contract currently contains measures related to service delivery (enrollment and depression screening) and quality of services (family retention and referrals for positive depression screens). We are also required to include an outcome in each contract, and have spent the last 2 years planning and preparing for this with our program partners.*
- *For nearly 2 years, we have been in conversation with PAT Supervisors to understand the specific aspects of the PAT model and review PAT data; resulting in our honing the exploration to focus on caregiver well-being and parent-child interaction. This led to creation of this workgroup, which has met almost monthly for the last year. During our planning, it became clear that bringing in the views of home visitors and participating caregivers would be important, so we spent the majority of last year engaging home visitors through focus groups and a survey and engaging caregivers with a survey.*
- *In addition, we spent time as a work group exploring the best available tools to measure caregiver well-being and parent-child interaction: Healthy Families Parenting Inventory (HFPI)*

and Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO).

The HFPI is a PAT recognized tool designed for home visiting settings. HFPI is a 63-item questionnaire that takes about 20 minutes for parents to complete; sometimes home visitors use the questionnaire more like an interview with families. It is available in several languages and may be used starting at the birth of a child and then every 6 months afterwards. The questions are grouped in 9 parenting domains:

- Social Support*
- Personal Care*
- Parent/Child Interaction*
- Problem Solving*
- Mobilizing Resources*
- Home Environment*
- Depression*
- Role Satisfaction*
- Parenting Efficacy*

The PICCOLO is PAT and MIECHV recognized and was also designed to be used in home visiting beginning with children 4 months or older, with subsequent measurements every 4 to 6 months apart. It is an observational checklist administered by the home visitor while observing interactions of the parent and child during a pre-determined activity, lasting 10 minutes. Best practice use of the assessment is to video-record the parent-child activity and for the home visitor to complete the checklist while watching the video, rating the interactions between the child and parent along the presence of 29 items. The scores may be used by the home visitor in goal setting with the family on responsive parenting, based in 4 domains:

- Affection*
- Responsiveness*
- Encouragement*
- Teaching*

- *Susan Botarelli presented her findings for her Masters Capstone Project conducted last year supporting our PAT work: Exploration of Parent Child Interaction Measurement –Parents As Teachers Process Measurement Project: Parent-Child Interaction*

Her project purpose was to assist DCYF and PAT leaders in developing a precise, measurable and achievable outcome of PAT participation related to Parent Child Interaction. Susan summarized her research into the PCI tools, which included searching the research literature on measurement tools, talking with tool developers, and analyzing the data from the home visitor and caregiver engagement surveys conducted last year.

Susan explored tools along several criteria including recognition by MIECHV, age range, sensitivity to change over time, language options, training, and completion time. She found that none of the tools were strong in their cultural appropriateness, as they all used translation into additional languages as their proxy, rather than exploring constructs for their cultural validity.

Susan presented a summary of the findings from our home visitors (21 surveys and 45 focus group participants) and PAT caregivers (204 surveys). What stood out among home visitors' views of key activities supporting parent child interaction were primarily the relationship between the home visitor and the caregiver followed by flexibility and adaptability. For caregivers, the relationship was also most often cited, followed by goal setting and following up; others included flexibility and adaptability, communication, and checking in. Susan also looked at caregiver preference in the approach to measuring parent-child interactions, and found that nearly half of respondents preferred to partner with the home visitor (e.g. do the tool together and then discuss the results); another 30% had no preference. Both results demonstrate the power of the relationship between home visitors and caregivers.

III. Next Steps (FY22-23): Testing Measurement Tools for Parent-Child Interaction and Caregiver Well-Being

- DCYF has mapped out 2 years to continue in our PAT outcome exploration to allow time to pilot the use of the 2 tools (PICCOLO and HFPI). This will include time for training, using the tools with families, and reflecting on use of the tools. The graphic below depicts the high level timeline:

SFY22-23 PBC Plan

SFY22			
Q1	Q2	Q3	Q4
Engage Home Visitors	PICCOLO/HFPI Training	PICCOLO/HFPI Training Data Collection	PICCOLO/HFPI Training Data Collection Home Visitor Feedback
SFY23			
Q1	Q2	Q3	Q4
PICCOLO/HFPI Training Data Collection	Data Collection	Data Collection Data Analysis	Data Collection Baseline Target Setting Develop contract Language
		Home Visitor Feedback	Plan to Scale Up

The purpose of testing the tools is to explore how they work with families, learn practice implications (what works and what doesn't work), gauge realistic expectations for scores and how they might change over time, understand if this will work for performance based contracting, and find out how home visitors and families may benefit from use of the tools. Because both tools were designed for home visiting and align with the outcomes we are exploring, we want to learn about the strengths and weaknesses of each tool to help make a final decision.

The piloting process for programs that are currently not using either of the 2 tools will include the following steps:

- Programs desiring to participate in the pilot will be assigned either the HFPI or PICCOLO
- Programs will assign one or more of their home visitors to be trained in their assigned tool and gain the skills to reliably implement the tool with families
- Home visitors who are trained and reliable in their assigned tool will use it with at least 5 parent-child dyads and enter the scores into their data system (Visit Tracker) so the DOH may eventually analyze all the scores.
- DCYF will obtain feedback and reflections from home visitors who used the tool with at least 5 families.

For programs that already use the PICCOLO, they may skip the training step and add another point in time for a second measurement of the parent-child dyads.

DCYF has structure the FY22 contract to include incentives (performance awards) for participating in the pilot:

- Training on tools (\$500 per home visitor)
- Sharing the data from using the tool with at least 5 parent-child dyads (\$150 for each set of 5) and sharing data on a second data set for the same dyads if time allows (\$30 for each)
- Participating in feedback sessions on use of the tools for those who have used it with at least 5 families (\$100 per home visitor)

- *Meeting participants were polled about how they were feeling about the pilot process to learn a new tool and to start trying it out with families. Nearly half (46%) were curious, while 23% were willing. Twelve percent reported feeling neutral; 8% reported being excited and other 8% said they were overwhelmed.*

IV. Small Groups: Reflect and Discuss

- *The remainder of the meeting was spent in small groups reflecting on the following questions*
- In general, many home visitors were part of the meeting and appreciated the information that was shared – especially Susan’s information about the measurement tools and engagement findings.
- Many commented on the interactions with families and how these have changed since COVID. They also expressed concerns about the remaining unknowns during the pandemic and adding additional new work to home visitors, particularly the feasibility of testing two tools right now. Others thought that doing this over the phone and video recording the interactions might pose barriers.
- Many folks want to make sure that families get what they need, in a culturally sensitive and relevant manner.
- Several were curious and excited to learn more. A number of questions remain about the process, who can get trained and when, the acceptability of the tools by the model and HRSA, and other logistics.

V. Check-In/Reflection

- *As part of the reflection/check-in, we asked participants to help determine the best time for future meetings. The majority (60%) of respondents preferred the 2-4 pm time over the 10am-noon (40%).*

Thank You!