

HVSA PAT PBC Working Group Notes -- Thursday, May 12, 2022

Meeting Objectives:

- Continue to learn about experiences of training and piloting the HFPI and PICCOLO
- Strategize moving forward in Reliability for implementation and scoring

Participants:

- *PAT Leaders: Adriana Perez, Allegra Hood, Cinthia Gutierrez, Cynthia Grayson, Mary McCracken, Jennifer Hooper, Katie Turgeon, Kristi Jewell, Lesa LeClair, Maria del Rocio Miranda, Marisela Martinez, Samantha Masters, Sarah Hartman, Trissa Schiffner, Tyna Hagood*
 - *State team: L Alex Patricelli, Cassie Morley, Gaby Rosario, Ivon Urquilla, Izumi Chihara, Kathy Tan, Rene Toolson, Stacey Gillette, Susan Botarelli, Valerie Stegemoeller*
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I. Introduction, Check-In and Purpose

- *People introduced themselves in the chat.*
- *The purpose of the meeting was to continue to reflect on programs experiences in the field in using the 2 PCI assessment tools (HFPI and PICCLOL) and to think through how to assure reliability of scoring.*

II. Hear about Experiences in the Field on training and use of the HFPI and PICCOLO

- *Trainings – how to feel confident in use of the tools and support stronger engagement during trainings*
 - *Several felt like offering refresher trainings or follow up sessions regularly would be of value, particularly earlier on in implementation.*
 - *PICCOLO: People reported needing more practice before using it, and some would prefer using it once they are back to in-person visits with families. The use of practice videos helped with confidence. There is some confusion about whether sessions must be recorded for reliability (this is true to assess the reliability of the scoring, but not for use of the tool in general).*
 - *HFPI – The developer has offered tip cards to use after scoring.*
 - *Small group sessions during training events would be helpful for engagement and to support implementation with ideas, tools, how to use the scores, and to make connections.*
- *Implementation of the tools; how the experience is for families and for home visitors*
 - *PICCOLO: One program found some areas that are not as culturally responsive as hoped, so they adjust it to ensure this tool supports families and is of benefit, e.g. some families show affection differently, and eye contact can be considered rude. Given that Ramadan has just completed, one program did not implement the tool with Arabic speaking families. Some staff and families feel overwhelmed using a phone interpreter during the assessment.*
 - *For home visitors, it felt a bit overwhelming using the PICCOLO.*
 - *HFPI: The tool blends seamlessly in with the PAT curriculum and is easy to use, especially with the tip cards. It helps with planning out the focus of future visits.*

- *In terms of language accessibility, the PICCOLO (used by the home visitor) is available in English and Spanish, and the HFPI (used by the family) is available in 9 languages.*
- *Other insights, learnings*
 - *People would participate in a feedback survey if one were distributed.*
 - *There was definite interest in another PICCOLO training. DCYF will work with Start Early to offer additional trainings in the coming year, both in PICCOLO and HFPI. There is also interest in getting training in both HFPI and PICCOLO.*
 - *Staff turnover is a barrier to participation right now.*
 - *There was curiosity about using the HFPI depression scale in comparison to using the PHQ-9. The HFPI is not as specific in assessing moderate to severe depression, but it did not feel repetitive to use both tools with a family. The HFPI scale offers an alert, and then following it with the PHQ-9 seems appropriate in addressing mental health concerns. Having openings to discuss mental health with new moms are welcome. The HFPI also offers tip cards to support these conversations (following both the HFPI and the PHQ-9).*
 - *There were questions about the long term decision of using the HFPI and worry about it not being MIECHV approved tool. PAT has several tools approved for PCI - sites not using PICCOLO or HFPI, are using the HOME. DCYF currently requires a program to use a validated and approved tool and is hoping this PBC planning process will inform the decision on which tool to use to measure PCI; however, HFPI is not a MIECHV approved tool to assess PCI.*
- *Data Sharing*

7 PAT programs have entered HFPI or PICCOLO data into Visit Tracker, with 60 entries so far. Izumi is available if any assistance is needed (email the DOH HV inbox: homevisiting@doh.wa.gov).

III. Reliability

Reliability is important to ensure that scoring is aligned across programs, across home visitors and that the scoring accurately reflects parent-child interactions across all families measured throughout the state. a term when using a measurement tool to make sure that different people using the tool achieve similarity in scores. HFPI was constructed for consistent, reliable scoring so long as the tool is used consistently as a questionnaire or self-assessment and aligns with the HFPI guidance. PICCOLO measures the reliability in its scoring by scoring the videos of the interactions with a reliability trainer and comparing those scores to those the home visitor obtained on that same interaction.

HVSA State team members met with different programs using the PICCOLO to learn about how to assure reliability, and came away with 3 potential options: train all home visitors in reliability; have each program designate one reliability coach/trainer who assesses a subset of home visitors' scores (using video of the interactions); have the state designate a reliability coach/trainer who assesses a subset of home visitors' scores (using submitted videos). We have also explored how to offer incentives to these various scenarios (such as awards for completing reliability training or number of home visitors who pass the reliability threshold)

- *Feedback from LIAs*
 - *The majority of the discussion focused on the lift to do the reliability scoring within the program; they felt it was overwhelming at the program level. Most expressed preference for this role occurring at the state rather than program level.*

- *While use of video may be a barrier for many families, some programs have been using video during visits, either with zoom or with phones. One program has used videos of home visits as a training tool for new home visitors and for feedback/supervision. A few expressed that families eventually get accustomed to the use of video, particularly if they start by using their own and deciding what they will share and send in. One program has been incentivizing families to send in videos with \$25. It is possible to get over the barrier sending large video files by posting them to private YouTube accounts. It is also possible to purchase tablets for home visitors that have larger memory.*

IV. Reflections and Takeaways

- *Comments focused on the desire for refresher trainings and opportunities to finish uncompleted sessions, including modeling after the way the FAN trainings are offered.*

Thank You!