HVSA PAT PBC Working Group Notes -- Thursday, January 12, 2023

Meeting Objectives:

- Restart the PAT PBC Work Group and provide context for new members
- Continue to learn about experiences of training and piloting the HFPI and PICCOLO

Participants:

- PAT Leaders: Elisia Anderson, Maria del Rocio, Wendy Fauver, Cinthia Gutierrez, Sarah H, Krista Hanan, Jennifer Hooper, Kristi Jewell, Lesa LeClair, Samantha Masters, Emily Mathers, Mary McCracken, Amber Oldham, Kristeene Smith, Alacia Thornton, Katie Turgeon, Hannah Vandermay, Mary Vreugde, Melva Zavala-Campos,
- State team: Alex Patricelli, Cassie Morley, Gaby Rosario , Ivon Urquilla , Izumi Chihara, Susan Botarelli, Ashley Cook, Rene Toolson
- I. Introduction, Check-In and Purpose
- 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. Plan for FY23 Meetings (January to May 2023)
- Using three meetings (in January, March, and May), the goals of the PBC work with PAT programs include the following:
 - Exploring Parent Child Interaction as a PAT Outcome by continuing to learn from training and use of PICCOLO and HFPI, reviewing data collected in the pilots of PICCOLO and HFPI, and then discussing implications for using PCI as the PAT outcome.
 - Exploring Parent Caregiver Well-Being as a PAT Outcome by hearing the analysis of the Caregiver Well-Being sections of the 2020 Caregiver Survey, discussing any implications arising from the findings
 - Begin framing a PBC outcome for FY24 PAT contracts, if possible
- As a reminder, the PBC Logic Model guiding our work (with a historical depiction that shows what has been considered) is as follows:

Enrollment Family Retention • Enrollment of 90% or greater of the Max. Service Capacity in the quarter • Lamonth retention (Tiered by Retention Criteria) • Screening • 18-month retention (Tiered by Retention Criteria) • Completion of a depression screening (PHO9) • Referral • Completion of 2nd screen (PHO9) • Referral to services after positive depression) • Completion of 2nd screen (PHO9) • Completion of 2nd screen (PHO9) • Completion of 2nd screen (PHO9) • Completion of 2nd screen (PHO9) • Completion of 2nd screen (PHO9) • Completion of 2nd screen (PHO9) • Completion of 2nd screen (PHO9) • State and the needs service after positive depression (moderate-severe depression) • Completion of 2nd screen (PHO9) • State and the needs severe depression) • Completion of 2nd screen (PHO9) • State and the needs severe depression (moderate-severe depression) • Completion of 2nd screen (PHO9) • State and the needs severe depression (moderate-severe depression) • Completion of 2nd screen (PHO9) • Freschool readiness • Parent-child interaction / Parent-child interaction / Parent-screening (moderate-severe depression) • State and the needs of their children (child method between severe depression) • Completion of 2nd screen (PHO9) • Freschool readiness • State are economically secure (Census)<	SERVICES (Activities)	QUALITY (Process Measures)		OUTCOMES (Short/Intermediate Results)		DCYF OUTCOME GOAL(S) FOR CHILDREN, YOUTH AND FAMILIES (Long Term Outcomes)
	Enrollment of 90% or greater of the Max. Service Capacity in the quarter Screening Completion of a depression screening (PHQ9) Completion of 2nd screen	L2-month retention (Tiered by Retention Criteria) L8-month retention (Tiered by Retention Criteria) Referral Referral Referral to services after positive depression screening (moderate- severe depression) Completion of 2nd screen	DIL HFAITH	Healthy birth weight Child hospitalization from acute injury (post EN visit) Breastfeeding Healthy birth spacing Parents as Teachers and Portfolio Models Caregiver well-being Parent-child interaction/ Parent-apacity Child immunization rates Formily economic security (job, education status) Gross motor delays	RESILIENCE EDLICATION HEALTH	provision and Universal Developmental Screening when available) • Healthy birth weight (Low birthweight babies) • Kindergarten readiness (<u>WaKIDS</u>) • Parents/caregivers are supported to meet the needs of their children (child maltreatment rates) • Families are economically

HV: PBC Logic Model (historical view)

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

- The PICCOLO and HFPI tools were reviewed briefly and the timeline for piloting use and data collection were presented (and available in the meeting slides). The pilot is aiming to answer the following questions:
 - What outcomes are the best fit for PAT most meaningful to home visitors and caregivers; measurable with accessible data; relevant to DCYF goals, show room for improvement.
 - Which assessment tools are most accurate and reliable in capturing program success <u>and</u> useful for home visitors in supporting families?
- Participants share insights and experiences with the PICCOLO and HFPI trainings offered to date.
 - How can we support stronger engagement in virtual training?
 - Utilize the FAN approach to training that included small group discussion and role playing and scenarios. Having opportunity to practice using the tools are very helpful.
 - Need a PICCOLO refresher that offers more practice to help gain confidence in using the tool, rather than repeat information (reminders of key elements, however, are helpful).
 - The session 1 of the PICCOLO had interesting information about how the measure was created but may have not been as engaging for Parent Educators
 - More videos available for practicing the scoring
 - More clarity on the difference between a 1 and 2 score teams need more support on this
 - Offering the training sessions in a more condensed timeline (like 1 day or 2 days as opposed to across 4 weeks).
 - Offering a follow-up session/conversation after teams have started using the tool to answer questions and clarify implementation
- Training needs for the remainder of FY23 were identified:
 - There are HFPI training needs in SFY23, but the numbers are small. Some programs are expecting new hires who will need training. Could we offer modules if a virtual session is not available?
 - There is definitely a need for more PICCOLO trainings
 - Participants also felt that there is a strong need for at least one refresher training in the PICCOLO – or at least a follow-up opportunity to meet with the trainer to ask questions
- Participants share experiences and insights with use of the tools:
 - PICCOLO
 - The PICCOLO's focus on strengths is helpful, as is showing areas for growth using a strengthsbased approach. This appeals to families who want to learn.
 - The PICCOLO can be more challenging with families where the child has delays or attention issues.
 - Some home visitors are uncomfortable introducing the PICCOLO assessment to families. This would be helpful to cover more in the training sessions.
 - The sheet on "29 things" is very helpful, particularly if reviewed together before doing the activity (or following up at the next home visit). Most families are able to identify many areas on the "29 things" that they do with their children.
 - Some concern that the 10 minute time frame is not enough to demonstrate mastery or capture all the information.

- There is still awkwardness in use of the tool among team members.
- The trainers were recommending implementing the PICCOLO every 4 to 6 months, while DCYF is
 recommending annually, so there is some confusion on the guidance. [DCYF requires annual use
 of a validated tool to measure parent-child interaction; actual implementation at a more
 frequent pacing is at the discretion of the program. The developer indicated an ideal pace;
 however this is not expected.]
- There was some discussion the guidance for using the tool when there are multiple children in the family. For the purpose of the pilot, we only need the measure for one parent-child dyad, preferably for the youngest child who is at least 4 months or older. If the only child is older than 4 years old, the tool may not be reliable.
- PICCOLO is a coaching tool; not just assessment.
- One program is using the PICCOLO in both English and Spanish PICCOLO.
- HFPI
 - This is very easy to use, virtually or in person. This can be used as an interview or a survey.
 - There has been opportunity to follow up after 6 months already, and they have seen positive change. They are able to talk with families about the change and how it's benefitting.
 - There are some difficulties in using this with survivors of intimate partner violence or families with 4 or more stressors it can be overwhelming. When this is the case, the role satisfaction, depression, and personal care sections can be triggering.
 - It was too soon to implement the assessment in the first 120 days of the relationship, particularly for the more personal types of conversations and with families from different cultures.
- Alignment with PAT Essential Requirements
 - PAT asks for a base number of families that qualify for a measure and expects a certain percentage of those families who meet the requirement
 - Improving enrollment in the program makes it more likely that they will be able to score 5 families per visitor.
- The group was asked if there would be value in doing a survey of all the PAT programs (not just those attending here). Consensus across those making comments were that a survey of those home visitors who have been trained and are using the tools would be very informative.

• 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).

IV. Reflections and Takeaways

- Comments focused on the benefits of hearing from programs currently using the tools.
- Feedback offered to have more opportunities for small group discussion and use of polls to gather input.

Thank You!