

HVSA PAT PBC Working Group Notes -- Thursday, August 13, 2020

MEETING OBJECTIVES:

- *Develop shared understanding of the purpose and role of the PAT PBC Working Group*
- *Inform and Finalize the Caregiver/Home Visitor Engagement Plan*

PARTICIPANTS:

- *PAT Leaders: Nancy Donato, Cynthia Grayson, Cinthia Gutierrez, Jennifer Hooper, Kristi Jewel, Erin Lee, Nita Lynn, Samantha Masters, Mary McCracken, Elizabeth Moore, Eowyn Orleck, Aurora Pena Torres, Elizabeth Morgan, Marisol Quezada, Erin Schreiber, Alacia Thornton, Dianne Trevino, Katie Turgeon, Nikki Weldon, Kristen Williams, Ryanne Zielinski*
 - *State team: Izumi Chihara, Jage Curl, Courtney Jiles, Minnette Mason, Cassie Morley, Martha Skiles, Rene Toolson, Ivon Urquilla*
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I. Introduction, Check-In and Reality Check

- *Programs range from Phase 1 to Phase 3, with most in Phase 2 of the COVID-19 classification. And we have a great range of yummy summer desserts from fruit (some grilled), ice cream, fruit pies, cheesecakes, frozen custard, and no-bake cookies.*
- *Hopes for the meeting: Participants expressed interest in learning more about the PBC expectations for the year, and in particular the assessment tools and outcome milestones.*

II. Performance Based Contracting Elements of the DCYF Contract

- **Legislation forming DCYF:**
When DCYF was created the legislation required that all direct service requirements be performance based. Home Visiting was at the forefront because we had some performance awards in place as part of DEL.
- **HV PBC Elements in Review**
Services - Enrollment, Depression Screening
Quality - Family Retention, Depression Referrals
Details for services and quality metrics can be found in the May Performance Based Contracting Webinars and the PAT PBC Fact Sheet included in the meeting Packet
- **Planning to bring and Outcome into the PBC Metrics**
We are continuing to focus on Caregiver Well-Being (CWB) and Parent Child Interaction (PCI) after talking with you in the field at last November's All HVSA meeting. Initially, we thought CWB would be easier to address and spent time exploring depression and anxiety and found that we couldn't determine a way to measure change in caregiver depression. This led to a more precise focus on the PAT service elements and linkage between caregiver wellbeing and how parents feel they are doing as parents.

Through the winter, it became clear the critical need to understand what outcomes most clearly resonate with the experiences of home visitors and caregivers—we will only be successful in achieving outcomes that home visitors are working on and that parents are interested in receiving support from PAT. In addition, any PBC outcome must be clearly measurable, sensitive to change, and that change needs to happen within a contract year. We have been working the HARC – Home

Visiting Applied Research Collaborative to help us in this exploration, building off their expertise both in home visiting and precise measurement of outcomes. This year, our aim is to continue through this planning process, engaging you all fully, and arise at a measurable and meaningful outcome by Spring in time for contracts development for the following year.

- *The **opportunities of PBC** are to build upon our performance awards in place and share home visiting outcomes with key state policy makers and our Department Director.*

III. Work Group Aims and Parameters

- **Purpose**
Invited providers to a year’s worth of monthly meetings 2nd Thus of Each Month 2-4pm with a goal of PAT programs helping the PBC workgroup reflect on input from home visitors and caregivers and provide input on FY22 PBC metrics and contract targets
- **Membership, Roles and Cadence**
The group is open to all PAT Program Leaders including home visitors and supervisors. Your role is to provide insights and guidance, be honest about concerns and challenges, share what might work well, act as a bridge between your staff and participants, and help us communicate to the field.
- *Meetings will occur on the second Thursday of each month from 2 to 4 pm via Zoom linkage.*
- **Meeting Topics**

August	Orientation and Planning to Engage Caregivers and Home Visitors for Input
September	Study Measurement Tools (<i>Piccolo, Healthy Families Parenting Inventory</i>)
October	Reflection on Input from Caregivers and Home Visitors, to Date Continue to Study Measurement Tools
November	Possible Decision Point: PAT Precise Outcome Finalize Plan To Pilot Measurement Tool(s)
December/ January	Learning: PAT Specific Elements Using the Precision Home Visiting Lens Reflection on Input from Caregivers and Home Visitors
Feb/March	Outcome Definition and Communication
April	Possible Decision Point: Select/Application of Measurement Tool Planning for FY22 Contract Targets
May	Reflection on FY21 Performance FY22 Contract Planning For PBC Service, Quality & Outcome Milestones
June	Communicate/Integrate Pbc Elements Of SFY22 Contract

- **Resources Needed to Maximize Involvement**
We want to make it possible for people to participate as you are able so want to learn how what would help to facilitate full involvement.

Participants expressed appreciation for receiving materials at least a day ahead of meetings and notes afterwards. Direct services staff are invited to attend, and DCYF would help supervisors provide background support for that. Performance awards will not be linked to meeting attendance.

Unfortunately, we cannot record meetings, but we will post materials on our web site with a specific PBC link in the contracts section. One request was to identify on the calendar when bringing parent educators would be most advantageous—we can explore together as a group with support from DCYF – ideally with a month or two lead time.

IV. Caregiver/Home Visitor Engagement (small group work)

- **Purpose and Guiding Principles**

The aim is to align this planning process with the lived experience of home visitors and families. In addition, any tools used for measurement purposes must be the right tools to assess progress on the outcomes and be useful to the home visitors in their practice

The following guiding principles will serve as “guardrails” for the work:

- *Strengths-based approach*
- *Respectful and inclusive methods*
- *Accessible and equitable language*
- *Sufficiently explains purpose and doesn’t over promise*
- *Representative across programs and participants*
- *Other suggestions for guiding principles included:*
 - *Meet participants where they are—move towards them to enable greater and more authentic participation*
 - *Use approaches that are family centered and culturally responsive*
 - *Ensure there is a feedback loop so parents see the benefit of their contribution*
 - *Compensate families in some way for giving their time, such as help paying bill, car seat, gift card*
 - *Participants should find this useful, and not just another hoop to jump through in order to keep getting books, materials, activities of value to them*

The large group then divided into 3 smaller groups and discussed methods and questions for caregivers and home visitors. The themes and comments that arose from each group are summarized below.

- **Engaging Caregivers**

Overarching Group Takeaways:

- *Language use is important, and especially to be mindful that English may not be a caregiver’s first language.*
- *Challenges of virtual world, with some families not having access.*
- *Some utility in starting with surveys as a way to inform the focus group content.*
- *Families may not be comfortable with a survey from the state, but would be ok coming from home visitors*
- *Small focus groups would be better than larger groups and probably program specific is better*



Input on Specific Caregiver Questions:

1. How long have you participated in this PAT program?

- Administered only to families with children older than 6 months? Or to families who have been in the program a minimum amount of time?
 - They may answer “since my child is X years old”.

2. How old are your children right now?

- No issue

3. Why participate in PAT?

- What made you decide to participate in PAT?
- Looking back about the past few months, what about PAT made it valuable for you?
- Looking back before COVID-19, what about PAT made it valuable for you?

- These are very important questions. Families have differences in what made them decide to participate, and what has led them to stay. We ask this question all of the time: at the beginning of services, during Foundational #8, Annually with Arizona Surveys, and during Advisory meetings).
- Will parents respond to this by writing it down?
- Families often only give very short answers, so need to encourage them to elaborate.
 - After asking “what is valuable for you?”. You may want to add “Give an example.”
 - How about, “Tell us a story that made you feel special or that made you feel supported by the home visitor?”
 - Give an example/tell us a story of something that was valuable to you/ something your home visitor did to make you feel supported?
 - Instead of “Past few months”, you may want to be more specific (e.g., in April or May).
- It is valuable to use both multiple choice and open-ended questions. Parents often have a hard time coming up with answers on the spot. (Mark all that apply, then expand on the responses.)
- It would be important to add in time frames – and be specific about those.
- They don’t always have the words so sometimes a list of examples is good.

4. Of the following, what are the top 3 areas where you gain insights/ tools/skills?

- Confidence in parenting skills
- Knowledge of parenting
- Knowledge of child development/your child’s development
- Interactions with your child(ren)
- Satisfaction in your role as a parent
- Addressing any stress and/or worry about parenting
- Addressing mental health
- Feelings of connection to other parents

- Strong questions, but phrased differently? Must be mindful of language—especially for families where English is not the first language. These are similar to their parent satisfaction survey.
 - As a result of having home visits in PAT, I am more confident in PAT... (circle yes/no)
 - “toolkit” is a term that we use, but doesn’t necessarily translate well, especially in another language
 - Use the term “emotional health” vs. “mental health”
 - Satisfaction in your role as a parent” feels weird. When you insert the word “satisfaction”, it makes parents choose yes/no depending on what happened that day or how they are feeling that day. Why not take out “satisfaction” and just say “Your role as a parent”?



- Sometimes helpful to use emoji's as part of the response options
- Prefer to not limit to three - may be limiting. You may want to ask them to choose as many as they want, then rank them in order.

- How do you feel about your parenting and ...what has shifted in your understanding of how you make choices as a parent?

- Not exactly sure what this question is asking

5. What happens during a PAT visit/what specific activities that:

- Gives you confidence in parenting?
- Expands your parenting tool kit?
- Changes how you think about parenting?
- Makes you feel less anxious/better about your parenting skills?
- Impacts your mental health/Makes you feel less anxious overall?
- Changes how you interact with your child(ren)?

- Less is more when you are asking people for things
- Ask what specific things parent educators do.
 - How does your parent educator help to boost your confidence in parenting?
 - If your parent educator helps you increase your skills, how does she or he do that? How do they help you increase your skills? Please give me an example.
 - Can you remember a favorite moment or a moment that stands out for you when you were working with your parent educator?
 - Do you find that you have more patience with your child because you know more about his/her developmental level?
 - The word "changes" gives some negative connotations, implying they need to change. Would rephrase to something like "Motivates me to try new parenting strategies".
 - Toolkit is professional jargon
 - There should be something to how does your PE makes **you** feel

Specific Input on Methods

- Families do not care about PBC. They care about home visitors and what they gain from the program.
- The number of questions will influence if survey (more) or focus group (fewer).
- Some would require Spanish, but other dialects as well. English/Spanish should be available; there are also Arabic families.
- If we were to have both surveys and focus groups, it may make sense to do the surveys first, then focus groups. Survey responses may inform us about focus group questions. In survey, you can ask the families if they are willing to participate in focus groups and their availability.
- Providing incentives would help response rate

Surveys

- Parents would be open to surveys. It may work better if home visitor reviews the survey/provide context during the home visit - Families may need to be walked through—have a conversation to provide context around the surveys
- If surveys were sent from DCYF, they may not respond.
- Surveys should be anonymous.
- Delivering paper surveys with postage-paid envelope should be an option, in addition to electronic surveys

- Families will need a couple weeks turn-around time to respond; also depends on the amount of questions

Focus groups

- For many parents, a discussion would be more effective – perhaps virtually during Group Connections?
- Size of the group should be very small/Small zoom call. Can imagine a home visitor working with a couple of families. Should be program specific with only with people they know.
- Some Spanish-speaking families seem to respond more effectively in focus groups than surveys
- Access and comfort with virtual platforms is not uniform nor universal. Some are comfortable with Zoom platform; many more are comfortable over the phone. Virtually, we may get more affluent of families as some don't have internet provider and couldn't participate – how to make the process more accessible?
- Will need coding support for the responses.

▪ **Engaging Home Visitors**

Overarching Group Takeaways:

- Mixed advantages and disadvantages of either method – which would work with home visitors. Making focus groups across programs has the added advantage of improving connections across programs.
- Focus groups not needed in Spanish, but best to send out questions in advance to improve depth of responses.
- Could use the same strategy as with caregivers – to start with surveys and use responses to hone focus group content.
- Questions should include a combination of multiple choice and open-ended responses. Could make some of the questions personal.

Input on Specific Home Visitors Questions:

1. How long have you been a home visitor in this program?

- In another program?

- Would more experience or brand new home visitors have different responses?
- At very least ask how long they have been a home visitor

2. Why do you think parents participate in PAT?

- What makes them decide to participate?
- What do you think makes it valuable to them?
- How is your answer different for the past few months than before the COVID pandemic?

- Liked these questions.
- Address future training needs for home visitors, address burden on home visitors.
- In thinking about Covid, may want to ask “What makes you stay engaged with families?”
- Ask how staff are doing? (Staff well-being)

3. What specific things do you do in a visit to enhance the quality of parent-child interactions?

- What strategies have worked for you in your home visiting practice?

4. What specific things do you do in a visit to address/improve caregiver well-being?

- What strategies have worked for you in your home visiting practice?

- May want to ask pre- and post-Covid separately. Visits are looking very different.



5. Of the following, what are the top 3 areas where you have the most meaningful impact in your work with families?
 - Parent-Child interactions
 - Confidence in parenting skills
 - Knowledge of child development
 - Knowledge of parenting
 - Caregivers' stress and/or worry about parenting? Their mental health?
 - Satisfaction in the role as a parent
 - Feelings of connection to other parents
 - *Again, choosing only top 3 is limiting—could let them choose, and ask to rank*
6. What specifically do you do to address interactions between caregivers and their child(ren)?
 - Screening tools? Conversations? Activities? Other?
 - *Include both multiple choice and open-ended questions*
7. What specifically do you do to address the well-being of caregivers?
 - Screening tools? Conversations? Activities? Other?
 - *Include both multiple choice and open-ended questions*
8. General comments on Questions
 - *Find it helpful to make questions more personal. For example, supervisors ask staff: Why did you come into the work of PAT?*

Engaging Home Visitors: Methods

- Home visitors likely care more about PBC (than families). This is an opportunity for staff to understand the bigger picture and experience how decision points eventually lead to practice in the field. Some home visitors will be less interested/invested.
- Home visitors will appreciate being asked. They can then sell this to the families.
- Either methodology will work with home visitors. Starting with a survey and proceeding to focus groups may make sense. Could use the survey responses to hone questions for focus groups.

Surveys

- Home visitors would be willing to respond to a survey.
- Surveys may obtain more consistent responses, but not as rich or in-depth.
- Supervisors can easily forward surveys via email to home visitors.

Focus groups

- Focus groups work for those staff who really enjoy engaging with each other in conversation. Focus groups also might work better for those parent educators less articulate in writing and may result in more rich responses.
- Some home visitors might feel more reluctant to interact with DCYF (funder).
- It might be wise to send questions out in advance – might get better answers that way.
- Focus group not likely needed in Spanish.

▪ **Involving Caregivers and Home Visitors in the Work Group**

This topic wasn't addressed during the meeting, with more discussion to come.

V. Next Steps and September Meeting

- *DCYF will be working in the next few weeks to **finalize methods for engagement and develop surveys** for drafting. We may be asking a few of you to test out our questions ahead of going live.*
- *At the **September meeting** we will provide more updates on engagement process and spend time looking at the specific elements of the PAT program mapped against potential measurement tools to learn about the tools and hear your thoughts on how they map to your work.*

VI. Check-In/Reflection

- *Takeaways*
Participants expressed interest and enthusiasm for the process, being included in the planning and having opportunity for input into the methods and questions for engagement. It is important to remember to stay focused on what we are trying to learn and not go more broad.
- *Unanswered question: Can existing annual client satisfaction surveys be used for this?*
It is unlikely that existing surveys will get specificity on topics we are exploring, but those surveys will help direct us in what questions to ask and how to ask them.
- *Process*
Participants would appreciate more clarity on purpose of the meeting and prep materials out ahead of time.
- *Additional thoughts*
Several participants indicated they would be willing to host discussions as part of their team meetings (Centralia, CYS, Catholic Charities, Children's Home Society, First Steps, Columbia Basin Health Association). There is benefit in separating teams to share thoughts and have their voices heard.