

MIECHV Demonstration of Improvement in Benchmark Areas Performance Measures that Models Intend to Demonstrate Improvements

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711). Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) amended Title V, section 511 of the Social Security Act to extend appropriated funding for the MIECHV Program through FY 2027. Section 511, as amended, requires eligible entities to continue to track and report information demonstrating that the Program results in improvements for the eligible families participating in the Program in at least four out of the six benchmark areas specified in statute that the service delivery model or models selected by the entity are intended to improve.¹ Such a demonstration is required following Fiscal Year (FY) 2020 and every three years thereafter.²

As documented in the [MIECHV Program Guidance on Meeting Requirements to Demonstrate Improvement in Benchmark Areas](#), if it is determined that an awardee has not met the improvement criteria defined in the guidance by HRSA, the awardee will have an opportunity to provide additional data that demonstrates improvement, including data related to model alignment with the performance measures and benchmark areas. Table 1 below identifies which measure(s) within a benchmark area each evidence-based model approved for implementation under MIECHV intends to improve for the purposes of the FY 2023 Demonstration of Improvement. This document will continue to be updated for subsequent iterations of the Demonstration of Improvement in future years. MIECHV awardees can use this information for the purposes of preparing for the Demonstration of Improvement and to inform their work. For example, awardees that would like to review or analyze their performance based only on participants served by a particular model can use the information in Table 1 to inform that analysis.

In the majority of cases, the data in Table 1 was submitted by the evidence-based home visiting model developer. Note that model developers may have used varied sources and methodologies to make the determinations submitted to HRSA. Some models may provide families resources and information related to additional measures beyond those identified for improvements in Table 1, or have research that demonstrates a positive impact in other areas, even though it is not identified as a measure that the model intends to improve. In the

¹ Social Security Act, Title V, § 511(d)(1)(D) (42 U.S.C. 711(d)(1)(D)(1)).

² *Id.*

event that no information was provided by the model developer, evidence collected on the significant effects from past research in the Home Visiting Evidence of Effectiveness (HomVEE) review was utilized to make these determinations.

Table 1: Performance Measures that Models Intend to Demonstrate Improvements

X : Model meets benchmark measure -- : Model does not meet benchmark measure

Evidence Based Model	1. Preterm Birth	2. Breastfeeding	3. Depression Screening	4. Well Child Visit	5. Postpartum Care	6. Tobacco Cessation Referrals	Optional 1: Substance Use Screening	7. Safe Sleep	8. Child Injury	9. Child Maltreatment	10. Parent-Child Interaction	11. Early Language and Literacy Activities	12. Developmental Screening	13. Behavioral Concerns	14. Intimate Partner Violence Screening	15. Primary Caregiver Education	16. Continuity of Insurance Coverage	17. Completed Depression Referrals	18. Completed Developmental Referrals	19. Intimate Partner Violence Referrals	Optional 2: Completed Substance Use Referrals	
Attachment and Biobehavioral Catch-Up (ABC) Intervention	--	--	--	--	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--
Child First	--	--	X	X	--	--	--	X	X	X	X	X	X	X	X	--	X	X	X	X	X	--
Early Head Start--Home-Based Option (EHS-HBO)	--	--	--	--	--	--	--	--	--	--	X	X	X	X	--	X	X	--	X	--	--	--
Early Intervention Program for Adolescent Mothers*	--	--	--	--	X	--	--	--	X	--	--	--	--	--	--	X	--	--	--	--	--	--
Early Start (New Zealand)*	--	X	X	X	--	--	--	--	X	X	--	--	--	--	X	--	--	--	--	--	--	--

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Family Check-Up for Children*	--	-	X	-	--	-	--	--	--	--	X	X	-	X	--	--	--	--	--	-	--
Family Connects*	--	-	--	-	--	--	--	--	X	--	X	--	-	--	--	--	--	--	--	-	--
Family Spirit*	--	X	X	X	--	--	X	X	X	--	-	--	X	X	X	X	--	X	X	X	--
Health Access Nurturing Development Services (HANDS) Program	X	X	--	-	--	--	--	--	--	X	-	--	-	--	--	--	--	--	--	-	--
Healthy Beginnings*	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-	--
Healthy Families America (HFA)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Home Instruction for Parents of Preschool Youngsters (HIPPIY)	--	--	--	--	--	--	--	--	--	--	X	X	X	X	--	X	X	X	X	--	--

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Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)**	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Maternal Early Childhood Sustained Home-Visiting Program (MECSH)	--	X	X	X	X	--	--	X	--	X	X	X	X	--	X	--	--	X	--	--	--
Maternal Infant Health Outreach Worker (MIHOW)	--	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	X	--	X	--	--
Maternal Infant Health Program (MIHP)*	--	--	--	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Nurse-Family Partnership (NFP)	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X
Parents as Teachers (PAT)	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Play and Learning Strategies (PALS) Infant*	--	--	--	--	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--
Promoting First Relationships—Home Visiting Intervention Model*	--	--	--	--	--	--	--	--	--	X	X	--	--	X	--	--	--	--	--	--	--	--
SafeCare Augmented	--	--	--	--	--	--	--	--	X	X	X	--	--	X	X	--	--	--	--	X	--	--

* Denotes instances where evidence collected through the Home Visiting Evidence of Effectiveness (HomVEE) review was utilized to make determinations.

** Reflects determination made by the model developer.