HRSA Maternal & Child Health

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

MIECHV Demonstration of Improvement in Benchmark Areas

Performance Measures that Models Intend to Improve

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is authorized under section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328). The Consolidated Appropriations Act, 2023 also extended mandatory funding for the MIECHV Program for Fiscal Year (FY) 2023 through FY 2027. The MIECHV statute requires eligible awardees to track and report information demonstrating that the program results in improvements for families participating in the program, a process referred to as Demonstration of Improvement. Improvement must be demonstrated in at least four of the six Benchmark Areas that the service delivery model or models selected by the entity are intended to improve; these benchmark areas are specified in the statute.[1] Demonstration of Improvement is required following 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 an awardee has not met the improvement criteria, the awardee may provide additional data to demonstrate improvement, focusing on the Performance Measures their model intends to improve. Table 1 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 2026 Demonstration of Improvement. This document will be updated for subsequent iterations of the Demonstration of Improvement in future years. MIECHV awardees can use this information to prepare for the Demonstration of Improvement and to inform their work. For example, awardees that would like to analyze performance based on a subset of participants served by a particular model can use the information in Table 1 to inform that analysis.

In most cases, the evidence-based home visiting model developers determined which Benchmark Areas and Performance Measures their models are intended to improve. The model developers may have used varied sources and methodologies to make these determinations. When information from the model developer was not available, evidence from the Home Visiting Evidence of Effectiveness (HomVEE) review was used to make these determinations.

Note that some models may provide families with resources and information related to Benchmark Areas and Performance Measures they are not intended to improve, and some may have research indicating positive impacts in Benchmark Areas and Performance Measures they are not intended to improve.

Table 1: Performance Measures that Models Intend to Improve

X : Intended area of improvement **—** : Not an intended area of improvement

Benchmark Area*	I							II			III				IV	V		VI			
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-Infant (ABC-Infant)**	—	—	—	—	—	—	—	—	—	—	X	X	—	—	—	—	—	—	—	—	—
Child First**	—	—	X	X	—	—	—	X	X	X	X	X	X	X	X	—	X	X	X	X	—
Early Head StartHome-Based Option**	—	—	—	—	—	—	—	—	—	—	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	—	—	—	—	—	—
Family Check-Up for Children	—	—	X	—	—	—	—	—	—	—	X	X	—	X	—	—	—	—	—	—	—
Family Connects	—	—	—	—	—	—	—	—	X	—	X	—	—	—	—	—	—	—	—	—	—
Family Spirit**	—	X	X	X	—	—	X	X	X	—	—	—	X	X	—	—	—	—	—	—	—
Health Access Nurturing Development Services (HANDS) Program**	X	—	—	—	—	—	—	—	—	X	—	—	—	—	—	—	—	—	—	—	—

Benchmark Area*	I							II			III				IV	V		VI			
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
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	—
Home Instruction for Parents of Preschool Youngsters (HIPPY)**	—	—	—	—	—	—	—	—	—	—	X	X	X	X	—	X	X	X	X	—	—
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	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

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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
Parents as Teachers (PAT)**	X	X	X	X	X	X	—	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Play and Learning Strategies (PALS) Infant**	—	—	—	—	—	—	—	—	—	—	X	X	—	—	—	—	—	—	—	—	—
Preparing for Life—Home Visiting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Promoting First Relationships—Home Visiting Intervention Model**	—	—	—	—	—	—	—	—	—	X	X	—	—	X	—	—	—	—	—	—	—
SafeCare**	—	—	—	—	—	—	—	—	X	X	X	—	—	X	X	—	—	—	—	X	—
Video-Feedback Intervention to promote Positive Parenting (VIPP)	—	—	—	—	—	—	—	—	—	—	—	—	—	X	—	—	—	—	—	—	—
Video-Feedback Intervention to promote Positive Parenting–Sensitive Discipline (VIPP–SD)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

*Benchmark Areas: I: Improved maternal and newborn health, II: Prevention of child injuries, child abuse, neglect or maltreatment and reduction of emergency department visits, III: Improvements in school readiness and achievement, IV: Reductions in crime or domestic violence, V: Improvements in family economic self-sufficiency, VI: Improvements in the coordination and referrals for other community resources.

** Reflects determinations made by the model developer. For models without an asterisk, evidence collected through the Home Visiting Evidence of Effectiveness (HomVEE) review was used to make determinations.