



MIECHV Performance Measure Changes: Awardee Feedback and Rationale

Vision: Healthy Communities, Healthy People



Rationale for Revisiting the Performance Measures

- Every three years, the MIECHV performance measurement data collection forms undergo Office of Management and Budget (OMB) review under the Paperwork Reduction Act (PRA). On this schedule, HRSA routinely reviews these forms and, if necessary, proposes changes to the measures.
- For this round of review, and with almost 10 years of lessons learned from data collection with the current performance measures, HRSA proposed changes aimed at decreasing burden in response to awardee feedback and increasing alignment with clinical guidelines and other federal maternal and child health programs.

Next Steps

- HRSA will submit the final, proposed performance measure changes for OMB review.
- HRSA will develop TA materials and provide support to awardees with implementing the changes.
- Pending OMB approval, awardees will collect data using the revised performance measures starting in the FY27 reporting period (begins on October 1, 2026).

Learn more at <https://mchb.hrsa.gov>

Overview of Awardee & Model Developer Engagement

- HRSA engaged **awardees** to gather feedback and inform changes to the performance measures through:
 - Two listening sessions to discuss **Form 1** and **Form 4** changes in July 2025.
 - Ten regional calls to discuss **Form 2** changes in August 2025.
 - Two listening sessions to discuss **Form 2** in September 2025.
 - Two Association of State and Tribal Home Visiting Initiatives (ASTHVI) data committee meetings to discuss changes in July and October 2025.
- HRSA Project Officers discussed performance measure changes with awardees who weren't able to attend listening sessions to gather their input.
- More than 150 awardee team members attended at least one engagement.
- HRSA also engaged **model developers** in listening sessions to gather feedback and inform changes.

Form 1: Adult Participants by Age

PROPOSED CHANGE

Adult Participants	≤ 17	18-20	21-25	≥26	Unknown/Did not Report*	Total

RATIONALE

- Decrease awardee burden by requiring fewer data collection categories.

AWARDEE FEEDBACK

- The new age categories should align with the break points of the prior age categories to make the transition smoother.
 - For example, the 18-21 category combines the former 18-19 and 20-21 categories.
- It is important to have data on births to women who are 35 and older.

FINAL CHANGE

Adult Participants	≤17	18-21	22-24	25-29	30-34	≥35	Unknown/Did not Report*	Total

Form 1: Participants by Race and Ethnicity



FINAL CHANGE

Participants	American Indian or Alaska Native Alone	Asian Alone	Black or African American Alone	Hispanic or Latino Alone	Middle Eastern or North African Alone	Native Hawaiian or Pacific Islander Alone	White Alone	Hispanic or Latino in combination	Multiracial and/or Multiethnic	Unknown / Did not Report*	Total
All Adults											
All Index Children											

RATIONALE

- Alignment with Statistical Policy Directive No. 15 (SPD 15): The Office of Management and Budget (OMB) published SPD 15 on March 28, 2024, setting federal standards for maintenance, collection, and reporting of race and ethnicity with which all Federal agencies must comply by March 28, 2029.

AWARDEE FEEDBACK

- Technical assistance and guidance around awardees' data collection and reporting around the new requirements would be helpful.
- Implementing the change will require updates to databases and data collection forms.

Learn more at <https://mchb.hrsa.gov>

Form 1: Burden Reduction

PROPOSED CHANGES

- Merge **Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV** and **Table 2: Unduplicated Count of Households Served by MIECHV** into one table.
- Remove **Table 4: Marital Status**.
- Simplify **Table 8: Housing Status** to collect three categories: Homeless, Not Homeless – Lives in Public Housing, and Not Homeless – Other.
- Remove new and continuing participant categories for: **Table 4: Adult Participants by Age**, **Table 5: Children by Age**, **Table 18: Health Insurance Coverage**, **Table 19: Usual Source of Medical Care**, and **Table 20: Usual Source of Dental Care**.
- Remove pregnant participant and caregiver categories for: **Table 6: Participants by Ethnicity** & **Table 7: Participants by Race**, **Table 9: Adult Education**, **Table 10: Adult Employment**, **Table 11: Housing Status**, and **Table 18: Health Insurance Coverage**.

RATIONALE

- Decrease awardee burden by requiring fewer data collection categories.

AWARDEE FEEDBACK

- Awardees supported all the proposed changes.

FINAL CHANGES

- HRSA is implementing all the proposed changes.

Learn more at <https://mchb.hrsa.gov>

Form 4: Burden Reduction

PROPOSED CHANGES

- Move **Table A.2. Place-Based Services** and **Table A.4. Staff Recruitment and Retention** to Form 1 (reduces reporting frequency from quarterly to annual).
- Remove **Table A.3. Family Engagement**.
- Switch to a bi-annual reporting frequency with a 30-day submission window.

RATIONALE

- Decrease awardee burden by:
 - Decreasing data collection frequency.
 - Removing duplicative data collection items.

AWARDEE FEEDBACK

- Collecting quarterly staffing data is useful, provides context to program capacity (A.1) and many awardees would continue doing it anyway.
- Some shared 30-day submission window was difficult to achieve and burdensome.
- Switching to a bi-annual schedule is not useful and confusing.



FINAL CHANGES

- Move **Table A.2. Place-Based Services** to Form 1.
- Remove **Table A.3. Family Engagement**
- Continue reporting **Table A.1. Program Capacity** and **Table A.4. Staff Recruitment and Retention** quarterly with a 45-day submission window.

Form 2, Measure 3: Depression and Anxiety Screening

PROPOSED CHANGE

Add anxiety to the depression screening measure.

RATIONALE

- Align with current clinical recommendations on postpartum anxiety screening.
- Align with Title V MCH Services Block Grant, which tracks postpartum depression and anxiety screening.

AWARDEE FEEDBACK

- Some awardees had concerns about adding anxiety screening, while others supported adding anxiety screening.
- Combining anxiety and depression screening into one measure will prevent historical data comparisons, make data collection difficult, and affect performance trends.
- It is important to see a list of approved tools, preferably one that includes both composite screeners and condition-specific screeners, as well as screeners awardees are already using.

FINAL CHANGE



HRSA will add anxiety screening as a separate measure.

Learn more at <https://mchb.hrsa.gov>

Form 2, Measure 3: Validated Screening Tools - Preliminary

- **Anxiety alone**
 - Generalized Anxiety Disorder 7 (GAD-7)
 - Beck Anxiety Inventory (BAI)
 - Generalized Anxiety Disorder 2-item (GAD-2)
 - State-Trait Anxiety Inventory – Original Form (STAI-X)
- **Anxiety and Depression**
 - Edinburgh Postnatal Depression Scale (EPDS)
 - Brief Symptom Inventory (BSI)
 - General Health Questionnaire (GHQ)
 - Hospital Anxiety and Depression Scale (HADS)
 - Mini International Neuropsychiatric Interview (MINI)
- **Depression alone**
 - Beck Depression Inventory-II (BDI-II)
 - Center for Epidemiologic Studies Depression Scale (CES-D)
 - Patient Health Questionnaire-9 (PHQ-9)
 - Beck Depression Inventory (BDI)
 - Hamilton Depression Rating Scale (HAM-D)
 - Wholey Questions
 - Zung Self-Rating Depression Scale (Zung SDS, SDS)

Note: Based on research reviewed to date, **tools in red boxes** are known to be well-suited for use in home visiting. HRSA will be releasing TA resources with more information on the screeners in the near future.

Form 2, Measure 2: Breastfeeding

PROPOSED CHANGE

Revise the measure to collect data on children ever breastfed

RATIONALE

- Align with Title V MCH Services Block Grant, which collects breastfeeding initiation data.

AWARDEE FEEDBACK

- Some supported tracking breastfeeding initiation, since home visitors directly support this area and some are already collecting this data.
- Awardees shared concerns about removing the measure on breastfeeding duration, given the association between breastfeeding duration and positive health outcomes.

NO FINAL CHANGE



HRSA will not make changes to the breastfeeding measure; the measure will continue to collect data on breastfeeding duration.

Form 2, Measure 5: Postpartum Visits

PROPOSED CHANGE

Revise the postpartum visit window to within 12 weeks (84 days) of delivery.

RATIONALE

- Align with clinical recommendations on postpartum visit timing.
- Align with Title V MCH Services Block Grant and Medicaid, which look at postpartum visits within a 12-week window.

AWARDEE FEEDBACK

- Awardees overwhelmingly supported this change.

FINAL CHANGE



HRSA will revise the postpartum visit window to within 12 weeks (84 days) of delivery.

Form 2, Measure 7: Safe Sleep

PROPOSED CHANGE

Add a room-sharing component and specify a two-week lookback period.

RATIONALE

- Align with clinical guidelines on safe sleep.
- Align with Title V MCH Services Block Grant, which includes a room-sharing measure and uses a two-week lookback period.

AWARDEE FEEDBACK

- Room-sharing is recommended for 6 months, while the other safe sleep measure components are recommended for 12 months, making data collection and reporting confusing.
- High potential to confuse parents about room-sharing versus bed-sharing.
- Families' living spaces may make the revised safe sleep measure difficult to achieve.
- Mixed feedback on the two-week lookback, with some in favor and others not.

FINAL CHANGE



HRSA will add a two-week lookback period to the safe sleep measure.

Form 2, Measure 12: Developmental Screening

PROPOSED CHANGE

Update the developmental screening periods to 9, 18, and 30 months; remove the 24-month option.

RATIONALE

- Align with updated clinical guidelines for when to conduct developmental screening in preventive pediatric health care settings.

AWARDEE FEEDBACK

- Removing a developmental screening window may reduce overall performance on this measure.
- For one model, the 24-month screen is the last opportunity for screening since children age out of the program before the 30-month screen.

NO FINAL CHANGE



HRSA will not make changes to the developmental screening periods; they will remain at 9, 18, and 24 or 30 months.

Form 2, Measure 17: Depression and Anxiety Referral

PROPOSED CHANGE

No change proposed – continue measuring depression referrals only.

AWARDEE FEEDBACK

- It is confusing to have a referral expectation for positive depression screens but not positive anxiety screens.
- Adding anxiety to PM 3 but not to PM 17 would result in incomplete tracking of follow-up care.
- It may be challenging to identify the denominator for PM 17 if using a combined measure for anxiety and depression but only making referrals for depression.

FINAL CHANGE



HRSA will add completed anxiety referrals as a separate measure.

Form 2: Changes to Guidance and HRSA Reporting

FINAL CHANGE



HRSA will update Measure 6: Tobacco Cessation Referrals to explicitly mention e-tobacco.

RATIONALE

- Updating the measure and definition further clarify this existing requirement and aligns with tobacco related measures collected by other federal maternal and child health programs.
- Awardees already include caregivers who use e-tobacco products in Measure 6.

FINAL CHANGE



HRSA will report Measure 8: Child Injury as rate per 100 children.

RATIONALE

- HRSA currently reports this measure as rate per child. Rate per 100 children is easier to interpret and aligns with other federal child injury data reporting.
- This change does not affect awardee data collection or reporting for Measure 8.

Learn more at <https://mchb.hrsa.gov>

Form 2: Other Measures Discussed

- HRSA received helpful awardee feedback on other existing measures (Measure 13: Behavioral Concern Inquiries and Optional Measures 1 & 2: Substance Use Screening and Referral) and potential new measures (Family Economic Self-Sufficiency and Nutrition/Healthy Lifestyle Promotion).
- HRSA will **NOT** be making additional changes or add any new measures at this time. Instead, HRSA will continue to learn and explore opportunities for improvement of MIECHV program performance and measurement through awardee-led evaluations, CQI activities, future engagements, and technical assistance in the coming years.