

## HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

supports the [Vermont Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for expectant and new parents with children through kindergarten entry age living in communities that are at-risk for poor maternal and child health outcomes<sup>1</sup>.

### Vermont MIECHV Program At-a-Glance

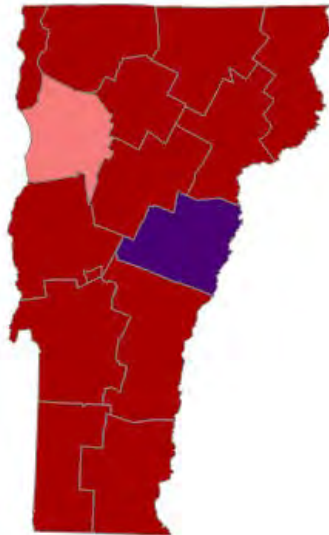
#### Rural counties by Funding Source:

■ MIECHV: Addison, Bennington, Caledonia, Essex, Franklin, Grand Isle, Lamoille, Orleans, Rutland, Washington, Windham, Windsor

■ Both ARP<sup>1</sup> & MIECHV: Orange

#### Non-rural counties by Funding Source:

■ MIECHV: Chittenden



**Participants**  
**814**

**Households**  
**421**

**Home Visits**  
**3,175**

### Vermont Prioritizes Community Needs

MIECHV Program awardees tailor their programs to serve populations of need within their state. In Vermont:

- **75.8%** of households were at or below 100% of the Federal Poverty Guidelines
- **9.7%** of households included a pregnant enrollee under age 21

### Vermont Performance Highlights

MIECHV Program awardees track and report improvements in MIECHV benchmark areas every year. Awardees are required by authorizing statute to demonstrate improvement in benchmark areas every three years. In the most recent assessment following FY 2020, the Vermont MIECHV program successfully met the requirements for demonstration of improvement by improving in 4 of the 6 MIECHV [benchmark areas](#).

#### FY 2022 Performance Highlights Include:

- **Well Child Visits:** 98.4% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule. Routine well-child check-ups prevent illness (through timely vaccinations), promote early identification of concerns, and ensure that children remain healthy.
- **Strengthening Early Childhood Systems:** Post Covid-19 pandemic, the Vermont Department of Health's Maternal and Child Health Division in partnership with Vermont's Children Integrated Services and the Department of Vermont Health Access, entered extensive strategic planning efforts to leverage Parents and Teachers as Vermont's complementary family support evidence-based home visiting program statewide as a billable Medicaid service. The launch of this new program will complete our Strong Families Vermont continuum of Home Visiting services and increase our capacity to reach more families through evidence-based programming.

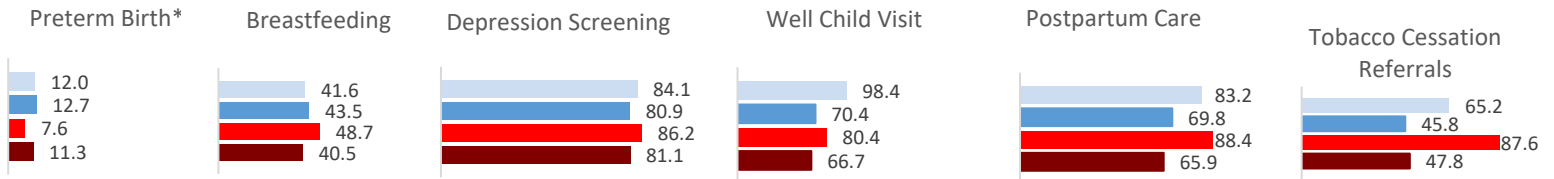
Evidence-Based Home Visiting Models in Vermont

[Maternal Early Childhood Sustained Home-Visiting Program \(MECSH\)](#)

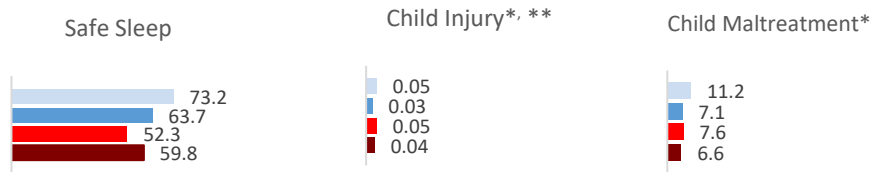
<sup>1</sup> HRSA awarded ARP ([American Rescue Plan Act](#)) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

# Vermont MIECHV Performance Measurement Data Compared to MIECHV Averages<sup>2</sup>

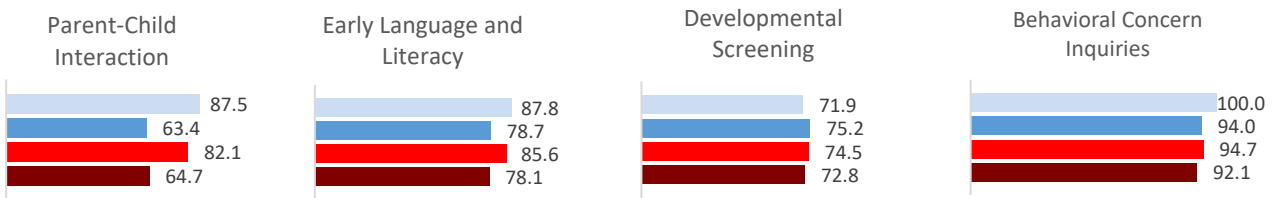
## Benchmark Area 1 – Maternal and Newborn Health Outcomes



## Benchmark Area 2 – Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits

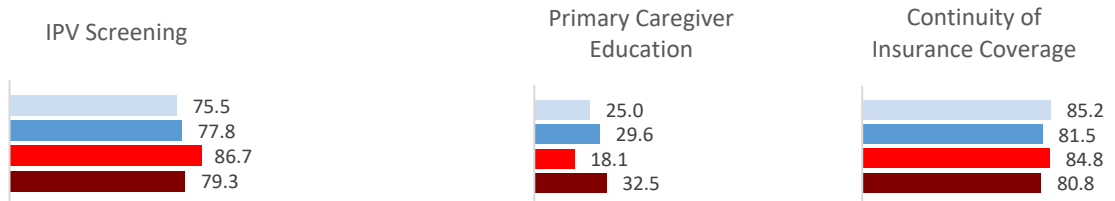


## Benchmark Area 3 – School Readiness and Achievement

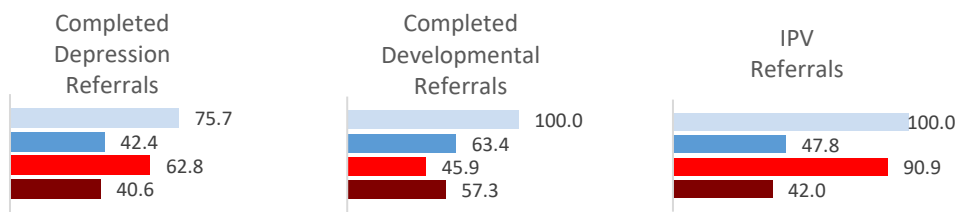


## Benchmark Area 4 – Crime or Domestic Violence

## Benchmark Area 5 – Family Economic Self-Sufficiency



## Benchmark Area 6 – Coordination and Referrals for Other Community Resources and Supports



■ Vermont MIECHV (FY 2022)      ■ Vermont MIECHV Rolling Average (FY 2019- FY 2021)  
■ MIECHV National Average (FY 2022)      ■ MIECHV National Rolling Average (FY 2019- FY 2021)

<sup>2</sup> Comparison to a three-year average minimizes the effects of outliers or potential data reporting issues specific to one year.  
 \* Direction for improvement in performance is downwards. \*\*Child Injury reported as a rate