

Maternal, Infant, and Early Childhood Home Visiting Program

Guidance on Meeting Requirements to Demonstrate Improvement in Benchmark Areas

Through this document, the Health Resources and Services Administration (HRSA) provides state, jurisdiction, and nonprofit Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees guidance for the statutory requirement to demonstrate improvement in four of six benchmark areas. The guidance contained in this document is incorporated as a term of grants awarded under the MIECHV program commencing in fiscal year 2019.

The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711). Section 50601 of the Bipartisan Budget Act of 2018 ([Pub. L. 115-123](#)) (BBA) extended appropriated funding for the MIECHV Program through FY 2022. Section 50602 of the BBA, which amended section 511, 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 Expectations and methods for the required tracking and reporting of improvements are set forth in this document. Information in this document has been updated to reflect timing and data submitted following FY 2023.

I. Background

The MIECHV Program is authorized to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.³ Decades of scientific research shows that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improves the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.⁴

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

² *Id.*

³ Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)).

⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness (HomVEE). Available at: <http://homvee.acf.hhs.gov/>.

The MIECHV Program is administered by HRSA in partnership with the Administration for Children and Families (ACF). Program awardees receive funding through the MIECHV Program to implement evidence-based home visiting programs and promising approaches.⁵

Under the authorizing statute, awardees are required to establish benchmarks⁶ and collect and report data to demonstrate improvements for eligible families participating in the program in six benchmark areas:

- Improvements in maternal, newborn, and child health;
- Prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits;
- Improvements in school readiness and child academic achievement;
- Reductions in crime or domestic violence;
- Improvements in family economic self-sufficiency; and
- Improvements in the coordination and referrals for other community resources and supports.⁷

Awardees are also required as a term and condition of their grant to provide information regarding program implementation and performance. More information about performance reporting requirements for awardees can be found at: <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-data-continuous-quality-improvement>.

The American Rescue Plan Act of 2021 ([P.L. 117-2](#)) (ARP) added section 511A of the Social Security Act and appropriated \$150,000,000 to enable MIECHV awardees to address the needs of expectant parents and families with young children in response to the COVID-19 public health emergency. Activities funded through ARP awards, including service delivery, are subject to MIECHV performance reporting requirements. More information can be found at: <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-american-rescue-plan-act-arp-reporting-instructions>.

In October 2016, HHS updated performance measures in these six statutorily required benchmark areas for MIECHV awardees. The updates aimed to simplify, standardize, and strengthen the performance measurement system. To meet these goals, HHS engaged in a year-long process, eliciting feedback from MIECHV awardees, federal partners, home visiting model developers, and other interested parties, to revise the performance measurement system.

⁵ By law, awardees must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation. Social Security Act, Title V, § 511(d)(3)(A) (42 U.S.C. § 711(d)(3)(A)).

⁶ Social Security Act, Title V, § 511(d)(1)(A) (42 U.S.C. § 711(d)(1)(A)).

⁷ Social Security Act, Title V, § 511(d)(1)(B) (42 U.S.C. § 711(d)(1)(B)).

From October 2016 through the present, awardees have been required to collect and report on a standardized set of 19 performance measures organized within the six benchmark areas.⁸ These measures are categorized into two types: performance indicators and systems outcomes. Performance indicators are relatively proximal to the home visiting intervention or shown to be sensitive to home visiting alone. Systems outcome measures are more distal to the home visiting intervention and/or are less sensitive to change due to home visiting alone as a result of many factors, including confounding influences or differences in available system infrastructure at the state- or community-level. For example, reducing the prevalence of preterm birth is an important outcome for home visiting programs in supporting child health and development, but home visiting programs alone do not address all the root causes of preterm birth.

In October 2021, HHS issued additional updates to the existing performance measurement system described above, which include a specification revision for Measure 16: Continuity of Insurance Coverage, updates to missing data guidance for Measures 17-19, and the inclusion of two optional reporting measures to collect information on substance use screening and referrals (Optional Measures 1 and 2).

As noted above, section 50602 of the BBA includes a continuation of the requirement that awardees demonstrate improvement in at least four of six benchmark areas following the FY 2020 reporting period, and continuing every three years thereafter. The authorizing statute does not specify the precise performance measures. HRSA intends to continue using the MIECHV Program performance measures that awardees currently track and report for this purpose.⁹

The amended statute specifies that awardees must report on the benchmarks that the model or models selected by the awardee are intended to improve.¹⁰ Awardees failing to demonstrate improvement in at least 4 of the benchmark areas, as compared to eligible families who do not receive services under an early childhood home visitation program, must develop and implement a plan to improve outcomes in each of the areas specified in subparagraph (A) that the service delivery model or models selected by the entity are intended to improve, subject to approval by the Secretary.¹¹

For FY 2023, HRSA has made minor updates to this guidance to address the performance measurement system updates issued in October 2021.

⁸ Labiner-Wolfe, J., et al. (2018) Redesign of the Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement System. *Maternal and Child Health Journal*, 22(4), 467-47

⁹ More information about current MIECHV Program reporting requirements can be found at: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources>.

¹⁰ Social Security Act, Title V, § 511(d)(1)(D)(1)(i) (42 U.S.C. § 711(d)(1)(D)(1)(i)).

¹¹ Social Security Act, Title V, § 511(d)(1)(D)(1)(ii) (42 U.S.C. § 711(d)(1)(D)(1)(ii)).

II. Purpose

HRSA recognizes the demonstration of improvement through tracking and reporting of information is a critical process for MIECHV awardees to better understand their program's performance. This information may identify areas at the state and local levels where awardees have not demonstrated improvement and, therefore, reveal opportunities for awardees to improve the performance of programs, data collection and measurement strategies, and continuous quality improvement (CQI) activities.

As noted above, by law, awardees must demonstrate improvement in four out of the six statutory benchmark areas that the model or models selected by the awardee are intended to improve. If an awardee fails to demonstrate improvement in at least four of six benchmark areas, the awardee must develop and implement a plan to improve, subject to approval by HRSA. Awardees required to develop and implement an improvement plan will be provided with technical assistance (TA) by HRSA for this purpose.

HRSA will use the collected information to:

- Understand the performance of the MIECHV Program and changes in performance over time.
- Direct TA resources to enhance home visiting service delivery and improve performance.
- Target specific topic areas for CQI priorities to improve performance or measurement.
- Communicate with interested parties about the outcomes of the MIECHV Program.
- Identify areas that would benefit from additional research and evidence.
- Identify and address strengths and opportunities in state early childhood systems.

Because a demonstration of improvement is required every three years following FY 2020, HRSA will also use the results of reporting by states, jurisdictions, and nonprofit organizations providing services in certain states to inform future program oversight activities.

With a deeper and broader understanding of the MIECHV Program's performance, HRSA will be able to better support program improvement and make appropriate course corrections. The data will support HRSA's provision of TA by demonstrating what topic areas may be most appropriate for universal TA resources and for targeted TA to specific awardees. HRSA will also use this process to continue to support awardees in proactive monitoring of local programs to foster data-informed approaches to performance monitoring and ultimately improved family outcomes. The data may also be used to target program-wide CQI efforts, as well as identify awardee practices that have yielded positive changes in their program.

The data will also be used to describe MIECHV Program performance on the national level. HRSA will continue to seek additional opportunities to communicate about the results of the information collected and MIECHV Program performance to interested parties.

Finally, the data will be used to identify areas that may benefit from additional research or evidence. As a vital contributor to the MIECHV Learning Agenda, the data will allow HRSA to explore current performance and gaps in improvement across benchmark areas. HRSA will examine how performance outcomes align and intersect with available evaluation and research findings. Through these analyses, the need for additional research to achieve home visiting outcomes in the benchmark areas may emerge.

Similarly, HRSA encourages MIECHV awardees to use their data for similar types of activities at the state and local levels.

III. Due Date

Awardees are required to submit information demonstrating that the program results in improvements for eligible families participating in the program in at least 4 benchmark areas to HRSA by October 30, 2023. Awardees are required to use the MIECHV Annual Performance Report, Form 2 (Performance and Systems Outcome Measures) for this purpose. Any awardee that does not submit a report by the statutory deadline of **October 30, 2023** will be considered non-compliant with program requirements, which may impact MIECHV grant funding in FY 2024 or later.

IV. Requirements

To meet statutory requirements for demonstrating improvement in benchmark areas, you must:¹²

1. **Provide information demonstrating that the program results in improvements for eligible families participating in the program.** For the purposes of this requirement, information contained in the MIECHV Annual Performance Report, Form 2 submitted by October 30, 2023 will be used to determine this.
2. **Demonstrate improvement in at least 4 benchmark areas:** improvements in maternal and newborn health; prevention of child injuries, child abuse, neglect, and maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and, improvements in the coordination and referrals for other community resources and supports.
3. Provide information for the benchmark areas **that the model or models implemented by the awardee are intended to improve.**

¹² Social Security Act, Title V, § 511(d)(1)(D).

4. Track and **report this information not later than 30 days after the end of fiscal year 2020 and every three years thereafter.**

If an awardee fails to demonstrate improvement as described above, they shall be provided technical assistance to develop and implement a plan to improve outcomes. This plan should address how the awardee proposes to ensure HRSA's monitoring and oversight of the plan's implementation.

If an awardee continues to not demonstrate improvement after the implementation of a plan or does not submit a required report, HRSA may assert all available remedies for noncompliance, including termination of the grant.

Note that in addition to reporting requirements specified in this section for use in determining if an awardee has demonstrated improvement, HRSA maintains performance reporting requirements as programmatic requirements of receiving grant funds.

HRSA offers technical assistance to MIECHV awardees in the proper aggregation, reporting, and analysis of performance data. Awardees are encouraged to consult with their Project Officer and appropriate technical assistance specialists to ensure compliance with MIECHV performance reporting requirements.

V. Methods for Conducting the Demonstration of Improvement¹³

HRSA will assess whether an awardee has demonstrated improvement based on data required to be submitted by the awardee to HRSA annually through the MIECHV Annual Performance Report, Form 2.

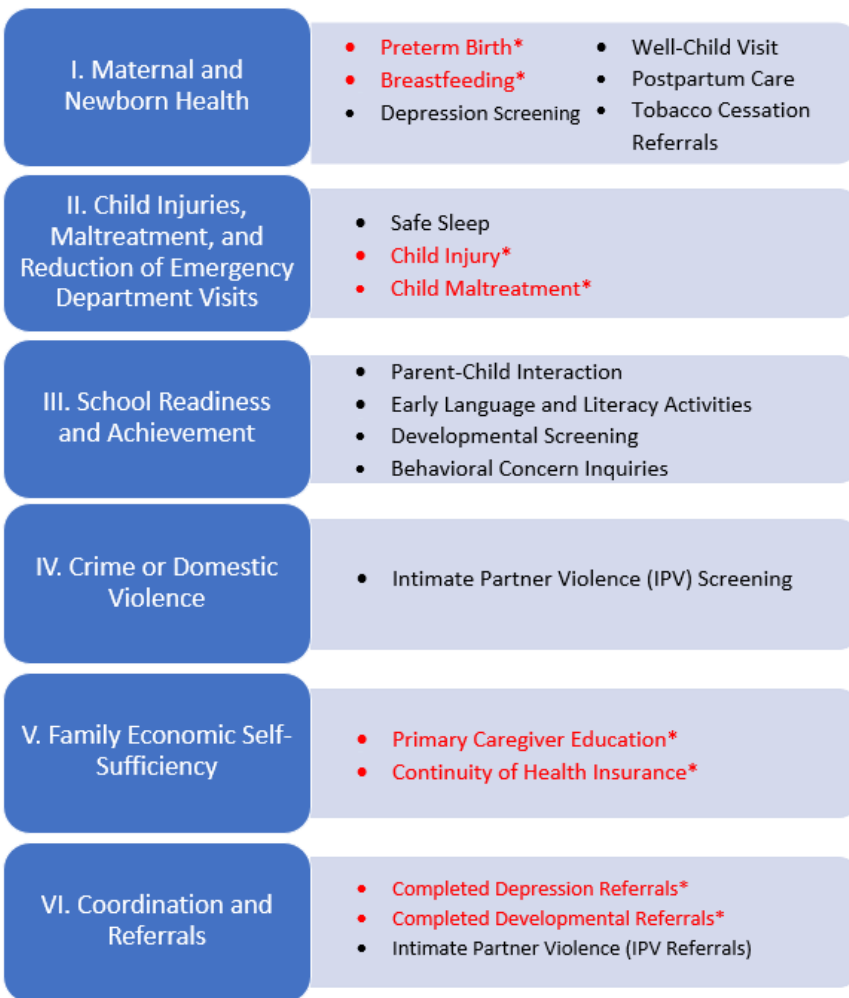
Figure 1 presents each of the six benchmark areas and the current required measures included within each benchmark.

Note: In October 2021 HHS issued updates to Form 2, which took effect with the FY 2022 reporting period. Guidance to address these updates is included below in bold:

1. HRSA added two optional measures to collect information on substance use screening and referrals **These optional measures will not be included in the methods for conducting the demonstration of improvement. Only the 19 required measures shown in Figure 1 will be reviewed.**
2. HRSA revised Measure 16: Continuity of Health Insurance Coverage measure to add a timeframe specification for measurement of continuous health coverage. **The same methodology outlined in Step 2 “Measure-Level Improvement” of this section will apply for this measure. If it is determined that an awardee has not met the improvement criteria outlined in Steps 1-4 of this section and the awardee did not meet the defined criteria for this measure, HRSA will offer the opportunity for the awardee to provide additional data that demonstrates improvement. (see Step 5 “Opportunity to Provide Additional Information.”)**
3. HRSA issued updates to the missing data definitions for Measures 17-19: Data are no longer reported as missing when there is no documentation of whether a screening occurred on corresponding measures. **This update does not affect the methods for conducting the demonstration of improvement.**

¹³ HRSA has not issued any changes to the methods for conducting the demonstration of improvement since the previous guidance was issued in 2019. Benchmark and measure-level improvement criteria for the FY 2023 demonstration of improvement is the same as the FY 2020 demonstration of improvement.

Figure 1: Benchmark Areas and Associated Required Measures¹⁴



Each awardee must demonstrate improvement in the identified individual performance measures within each of the specified benchmark areas, as further described below.

1. Benchmark-Level Improvement

Improvement in a benchmark area is defined as meeting the measure-level improvement criteria (defined below) in at least one-third (33.3%) of the measures under a specified benchmark area (rounded to the closest whole number), with a minimum of improvement in at least one measure for each benchmark area. For current reporting requirements, Table 1 outlines this definition.

¹⁴ Systems outcome measures are denoted by an asterisk and red font.

Table 1: Benchmark-Level Improvement Criteria

Benchmark Area	Total Number of Measures in Benchmark Area	Number of Measures Required to Demonstrate Improvement in FY 2023
I	6	2
II	3	1
III	4	1
IV	1	1
V	2	1
VI	3	1

2. Measure-Level Improvement

For each of the 19 measures, improvement will be measured by comparing the awardee’s FY 2023 measure-level performance data to both baseline data (defined below) for that measure as well as the national threshold (defined below). Improvement for a measure is defined as meeting one or both of the following criteria:

- 1) **Any change** in the intended direction for that measure as compared to baseline.^{15 16}
- 2) Meeting or exceeding the established **threshold** for a measure, while simultaneously not decreasing performance from baseline by more than 10%.¹⁷

3. Baseline

The baseline for each measure will be calculated by computing the mean value of the two preceding years (FY 2021 and FY 2022) for each measure, for each awardee. The mean value will be computed by adding the two annual performance values for that measure together and dividing by two.

Baselines for each awardee for the FY 2023 assessment of improvement will be made available on or before March 1, 2023.

¹⁵ Intended directions for each measure are included in Appendix A

¹⁶ Measure-level data will be rounded to the nearest tenth except for Measure 8, which is rounded to the nearest hundredth.

¹⁷ A percent change calculation is used to assess decrease in performance from baseline (i.e., ((FY 2023 value-baseline value)/baseline value) x 100).

4. National Threshold

The national threshold for each measure will be calculated by computing the national mean value of the two preceding years (FY 2021 and FY 2022) for each measure. The mean value will be computed by first calculating the mean of all awardees for each year. For each performance measure, all applicable awardee performance values for that measure will be added together and then divided by the total number of applicable awardees in order to get the annual national mean value. Then, the annual national mean values for FY 2021 and FY 2022 will be added together and divided by two.

Thresholds for the FY 2023 assessment of improvement will be made available on or before March 1, 2023.

5. Opportunity to Provide Additional Information

If it is determined that an awardee has not met the improvement criteria outlined in Steps 1-4 of this section, HRSA will offer the opportunity for the awardee to provide additional data that demonstrates improvement. If additional data are required to demonstrate improvement, the awardee will be contacted by HRSA and invited to provide specific categories of additional data. The awardee will be provided 30 days from the date of notification to identify and submit any additional data based on the criteria described below. HRSA will provide technical assistance to the awardee to support submission of any additional data or documentation.

Awardees have several options to provide additional data in order to demonstrate improvement during this step. Prior to asking for additional information, HRSA will take steps to assess each awardee's existing data to determine if the options outlined below are applicable. For example, prior to asking for additional information HRSA will first assess if systems outcome measures directly contributed to an awardee not demonstrating improvement and may make necessary exclusions, as described below.

Systems Outcome Measures

As part of its assessment of improvement, HRSA will consider what impact systems outcome measures had on the measure- and benchmark-level improvement results. Systems outcome measures are more distal to the home visiting intervention and/or less sensitive to change due to home visiting alone as a result of many factors, including confounding influences or differences in available system infrastructure at the state- or community-level. HRSA will assess whether performance on the systems outcome measures directly contributed to an awardee not

demonstrating improvement, as defined above.¹⁸ Based on its assessment, HRSA may determine that certain systems outcome measures should be excluded from consideration in the final assessment.

Model Alignment

Awardees may address model alignment in order to demonstrate required improvement, as follows.

- 1) **Adjusted alignment among measures:** For benchmark areas where awardees are required to demonstrate improvement on more than one measure, HRSA will assess whether performance on measures that the model(s) being implemented were not intended to improve directly contributed to the awardee not demonstrating improvement. Based on this assessment, HRSA may determine that certain measures should be excluded from consideration in the final assessment. Awardee performance may be adjusted to require improvement in one-third of all measures for that benchmark area that the model(s) being implementing are intended to improve.
 - For example, if the model(s) being implemented by an awardee are intended to improve four of the six measures in benchmark area one, then the awardee will be required to demonstrate improvement in one-third of those four measures (rounded to the nearest whole number).
- 2) **Submitting model-specific data:** Awardees may wish to submit to HRSA data that conforms with MIECHV performance reporting requirements based only on the participants being served by a particular model. Data should be submitted in the same format as their standard data submissions on Form 2 (i.e., numerator, denominator, missing data). Additional instructions will be provided by HRSA if an awardee chooses to submit this type of data.
 - For example, if an awardee is implementing multiple models but only one model being implemented is intended to improve a particular measure, the awardee may wish to submit model-specific data for that measure.

HRSA recognizes the evidence-based home visiting model developers as the appropriate experts to determine which benchmark areas and specific MIECHV performance measures their models were intended to improve.¹⁹ As such, by November 15, 2022, HRSA will invite all evidence-based home visiting model developers currently approved for implementation under MIECHV to review and update information provided in 2019 that specifies which measures within a benchmark area their model intends to improve. HRSA will request information be updated by January 17, 2023. If no information is provided by the model developer, HRSA will notify the

¹⁸ Consistent with the assessment methodology, awardees are required to demonstrate improvement in at least one-third of the measures within a benchmark area and to show improvement in at least 4 benchmark areas.

¹⁹ Social Security Act, Title V, § 511(e)(5).

model developer that it has not submitted the required information and will use evidence collected through the Home Visiting Evidence of Effectiveness (HomVEE) review for this purpose. HRSA will communicate this information to MIECHV awardees after all determinations have been made.

Additional Information

In limited circumstances, an awardee may not meet the requirements for demonstration of improvement due to other outstanding reasons such as start-up of new Local Implementing Agencies (LIAs), transition of services between LIAs, transitioning data systems, implementation of program innovations and CQI projects, or impacts due to natural disasters and public health emergencies. Awardees may wish to provide *quantifiable justification*, including alternate data in these instances in order to provide context to their performance data.

Following the submission of additional data, those awardees who demonstrate improvement using the defined criteria will require no further action and HRSA will issue notification of the result of their assessment. Awardees who do not demonstrate improvement using the defined criteria will be required to develop an Outcome Improvement Plan (See Section VI) and may be at risk of other remedies for noncompliance under 45 CFR part 75, including losing grant funding.

6. Notification and Performance Summary

After conducting the assessment of improvement, HRSA will release the results of each awardee's assessment through the HRSA's Electronic Handbooks (EHBs). Future instructions will provide more details on how you may access the results of your assessment.

HRSA will also provide an individual Demonstration of Improvement Data Profile to each awardee. These profiles will provide documentation of the awardee's data in each benchmark area and a summary of awardee performance in each measure in relation to the measure-level improvement criteria and thresholds.

VI. Outcome Improvement Plan

Following the HRSA Assessment of Improvement, those awardees that HRSA determines to not have demonstrated improvement in at least four of the six benchmark areas based on the above-described criteria, must develop and implement an Outcome Improvement Plan (OIP).

The goals of the OIP are to:

- Meet the statutory requirement to target and improve outcomes in each of the benchmark areas that the service delivery model or models selected by the entity are intended to improve.

- Serve as a mutually agreed upon and shared quality management tool, developed by the awardee in collaboration with, and approved by HRSA, in which improvement activities are planned, implemented, managed, and monitored.
- Promote and support continuous quality improvement, and to target needed technical assistance in order to prepare the awardee for reassessment of improvement. HRSA encourages, but does not require that OIP activities are developed in alignment with existing HRSA requirements for CQI activities, as appropriate.

1. OIP Development

HRSA will provide an OIP template to those awardees who are required to complete an OIP, and awardees will use this template to develop their OIP. Subject to approval by HRSA, the OIP will describe the specific, measurable, and time-oriented actions the awardee will take to improve performance on selected performance measures. The awardee may select the measures they intend to focus their OIP activities on and that will allow them the best opportunity for demonstrating improvement through the reassessment (these measures will be referred to throughout this section as *target measures*). Awardees should include in their OIP quantifiable and specific definitions of improvement for each target measure. Definitions of improvement do not need to be consistent with definitions of improvement used during the initial assessment of improvement.

An awardee may also identify specific target measures they intend to be compared with families not receiving home visiting services, as opposed to a baseline value or threshold. For these measures, the awardee must describe in their OIP the access, format, and population for comparison they are proposing and explain how such a comparison is a valid and reliable comparison for the purposes of demonstrating improvement. Targeted technical assistance will be provided to help awardees determine if this is a feasible option.

HRSA will work closely with awardees as they develop the OIP, and will provide ongoing technical assistance to support its development. For the purposes of the demonstration of improvement following FY 2023, the OIP will be finalized no later than October 1, 2024. OIP implementation may not extend past the second succeeding performance reporting period after the initial assessment of improvement (i.e., not beyond the end of FY 2025).

2. OIP Implementation and Monitoring

HRSA will monitor the implementation of the OIP on an ongoing basis, through routine monitoring calls with the Project Officer and appropriate technical assistance specialists which will be held at least monthly, and through other routine communications and monitoring activities. Ongoing, targeted technical assistance will be provided for the purpose of supporting implementation of the OIP.

HRSA recommends that awardees required to complete an OIP focus their CQI activities on making improvements in the target measures, as outlined in the HRSA-approved OIP. If an awardee has additional ongoing CQI activities, they may continue those activities as well if the awardee has adequate capacity to do both. If desired by the awardee, completion and submission of the OIP can meet the requirement for any CQI plan updates that may be required by HRSA during period of OIP implementation. HRSA will provide technical assistance to support alignment of CQI activities with OIP implementation, as appropriate.

3. Semi-Annual Reporting

Statute requires the submission of regular reports to HRSA on the progress of the OIP. On a semi-annual basis, awardees must submit to their HRSA Project Officer via email:

- Data reports on the target measures as identified in the OIP
- A summary of action steps taken to implement the OIP

HRSA program staff will review these submissions for completeness and compliance with reporting guidance. Interim data reports are intended to support HRSA's monitoring of awardee progress on OIP implementation, as well as to help determine what additional technical assistance may be needed. Guidance regarding semi-annual reporting will be provided to awardees with the HRSA OIP Template.

4. Reassessment of Improvement

Awardees will be reassessed for improvement in alignment with the period of implementation outlined in the OIP Plan, as approved by HRSA. The reassessment of improvement will follow the definitions of improvement defined in the awardee's approved OIP. If no or unclear definitions of improvement are included in the OIP, the same methodology as the original assessment will be used (see Section V above). In this case, the baseline period for reassessment will be the same as the original assessment of improvement period.

Awardees will be reassessed only on the target measures.

If during OIP development, an awardee has identified one or more target measure to be compared with families not receiving home visiting services, the awardee should present additional information which indicates that families enrolled in home visiting demonstrate improved outcomes as compared to families not enrolled in home visiting. This information should be presented only for the measures and in the format identified in the approved OIP.

5. Completion of the OIP

HRSA will notify the awardee of the results of the reassessment of improvement following the same procedure as the initial assessment of improvement awardee notification (see Section V).

If an awardee is determined to have successfully demonstrated improvement based on the reassessment, the OIP will be closed and the awardee notification letter will serve as official completion of the OIP, thus meeting the requirement for demonstrating improvement.

If an awardee is determined to have not successfully demonstrated improvement following completion of their OIP, additional guidance, including procedures and a timeline for termination of a grant will be provided.

VII. Using the Results of the Demonstration of Improvement

Regardless of the result of the assessment, awardees are encouraged to use the results to reflect on their MIECHV program's performance to seek way to further improve and for other purposes. Since the assessment compares each awardee's program both to itself and a national threshold for each measure, awardees should use the results to inform changes to performance measurement plans, CQI plans, and TA priorities to support program improvement and make appropriate adjustments to further improve performance.

Performance data from the assessment is useful for identifying and targeting CQI activities. Effective implementation of a CQI plan may lead to improved performance to help families achieve outcomes in a data-driven way. Potential benefits of the assessment include: examining data over time to identify gaps in performance and establish a baseline; selecting areas to focus CQI activities on; evaluating potential areas of improvement for families; and seeking additional evidence for change ideas that can lead to improvement. Regularly reviewing data at the state and LIA-levels is essential to the success of CQI activities and the assessment can be used as a mechanism to engage in regular monitoring of performance data with your state and local teams.

Awardees can use the assessment to prioritize TA needs that focus on specific benchmark areas or specific measures. Awardees may wish to engage with TA providers to reflect together about what TA might be most helpful to improve performance where gaps exist or to address data

quality issues. Awardees may wish to work with model developer(s) to identify model-specific strategies to improve performance.

HRSA also anticipates that awardees will use the results of the assessment in communication with internal and external interested parties. The results can be used to highlight an awardee's improvements in performance, but may also be used to demonstrate gaps in coordination of services and systems-level supports and the need for efforts to strengthen early childhood systems.

Awardees can use the results of the assessment to inform their state's MIECHV learning agenda.²⁰ By examining activities in areas where the awardee has demonstrated improvement, an awardee may gain and share more insight into successful practices and supports. The assessment may also show areas in need of improvement that may help awardees identify gaps in knowledge. These may provide additional learning questions for the awardee to address through additional research or evaluation activities.

This guidance may inform revisions to your performance measurement plan. Awardees who implement multiple evidence-based models may wish to adjust their plan to ensure that they have the capability to report on performance measures for specific models, as outlined in Section V of this guidance. An awardee may wish to improve their capacity to provide data that is disaggregated by model, should they be invited to submit additional information during the assessment period.

By law, awardees are required to track and report information demonstrating improvement for eligible families every three years after this assessment. HRSA intends to reflect on this assessment's process and methodology in order to inform future assessments. HRSA may choose to make modifications to this guidance in future years. Should changes be made to the assessment process or methodology in future years, HRSA may choose to engage key interested parties in the planning and consideration of changes and will provide guidance in advance of the assessment.

²⁰ More information on developing a state learning agenda can be found at: https://www.acf.hhs.gov/sites/default/files/opre/learningagendabrief_final508.pdf.

VIII. Agency Contacts

Applicants should contact their HRSA Project Officer with any questions related to this guidance.

Awardees desiring assistance when working online to submit information electronically through HRSA's Electronic Handbooks (EHBs) should contact the HRSA Contact Center, Monday-Friday, 7:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center

Phone: (877) 464-4772

TTY: (877) 897-9910

Email: HRSAEHTier2Support@hrsa.gov

Website: sa.gov/about/www.hrcontact/ehbhelp.aspx

Appendix A: Intended Direction of Improvement for MIECHV Performance Measures

Measure	Description	Intended Direction of Improvement
1	Preterm Birth	Downward
2	Breastfeeding	Upward
3	Depression Screening	Upward
4	Well Child Visit	Upward
5	Postpartum Care	Upward
6	Tobacco Cessation Referrals	Upward
7	Safe Sleep	Upward
8	Child Injury	Downward
9	Child Maltreatment	Downward
10	Parent-Child Interaction	Upward
11	Early Language and Literacy	Upward
12	Developmental Screening	Upward
13	Behavioral Concern Inquiries	Upward
14	Intimate Partner Violence Screening	Upward
15	Primary Caregiver Education	Upward
16	Continuity of Insurance Coverage	Upward
17	Completed Depression Referrals	Upward
18	Completed Developmental Referrals	Upward
19	Intimate Partner Violence Referrals	Upward

Appendix B: Formula Calculations

1. Baseline Value: Calculated for each awardee, for each measure

$$\text{Baseline value} = \frac{\text{FY 2021 performance value} + \text{FY 2022 performance value}}{2}$$

2. National Threshold: Calculated nationally for each measure

Step 1. The FY 2021 national mean is calculated:

$$\text{FY 2021 national mean} = \frac{\text{Sum of 56}^{21} \text{ FY 2021 performance values}}{56}$$

Step 2. The FY 2022 national mean is calculated:

$$\text{FY 2022 national mean} = \frac{\text{Sum of 56}^{22} \text{ FY 2022 performance values}}{56}$$

Step 3. The national threshold is calculated:

$$\text{National Threshold} = \frac{\text{FY 2021 national mean} + \text{FY 2022 national mean}}{2}$$

3. Percent Change: Calculated for each awardee, for each measure to assess whether awardee performance decreased from baseline by more than 10%

$$\text{Percent change} = \frac{\text{FY 2023 performance value} - \text{baseline value}}{\text{baseline value}} \times 100$$

For measures intended to increase (see Appendix A), if percent change < -10%, performance has decreased from baseline by more than 10%

For measures intended to decrease (see Appendix A), percent change >10%, performance has decreased from baseline by more than 10%

²¹ Fifty six awardees are used as an example for this calculation, but HRSA reserves the ability to exclude awardees from the calculation if necessary.

²² Fifty six awardees are used as an example for this calculation, but HRSA reserves the ability to exclude awardees from the calculation if necessary.

Appendix C: FY 2023 Timeline for Implementation

Date	Action
11/15/2022	HRSA seeks information from evidence-based home visiting model developers on which benchmarks and measures they intend to improve
1/17/2023	Evidence-based home visiting model developers submit information on benchmarks and measures they intend to improve
By 3/1/2023	HRSA publishes baseline and threshold data
Spring 2023	HRSA publishes information on the benchmarks and measures evidence-based home visiting models intend to improve
10/30/2023	Due date for awardee submission of MIECHV Annual Performance Report, Form 2
Spring 2024	HRSA releases results of the FY 2023 Demonstration of Improvement
10/1/2024	Deadline for completion of Outcome Improvement Plan (if applicable)
9/30/2025	Outcome Improvement Plan implementation period ends (if applicable)