

Home Visiting Performance Measures (MIECHV)

In 2018, the MIECHV Program was extended by the Bipartisan Budget Act of 2018. This legislation amended the MIECHV Program to require awardees (states, territories, and D.C) to demonstrate improvement in four of six benchmark areas following FY 2020 and every three years thereafter. Previously, awardees were able to define their own measures within 37 constructs defined by HRSA. In 2016, HRSA revised the performance reporting requirements for MIECHV grantees to include 19 measures that all grantees must use to collect data from families enrolled in the program and report to HRSA annually.

The purpose of this redesign was to simplify, standardize, and strengthen the performance measurement system. The revised performance measurement system includes two types of data: [Form 1](#) includes demographic, service utilization, and select clinical indicators; [Form 2](#) includes performance indicators and systems outcome measures. In-depth [technical assistance](#) has been provided to grantees for issues related to measuring benchmarks, developing and adapting data systems, implementing quality improvement systems, and evaluations.

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

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides grants to support evidence-based home visiting programs run by states, territories, and D.C. MIECHV was established in 2010 as a provision of the Affordable Care Act (ACA). The MIECHV program is administered through the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA). It was established to support caregivers and young children by helping at-risk pregnant women and families to improve child and maternal health and promote social and emotional well-being, child development, and school readiness.

Maternal, Infant, and Early Childhood Home Visiting Benchmark Measures

Developer(s)	U.S. Department of Health and Human Services, HRSA
Funder(s)	HRSA
Purpose(s)	To measure improvements in health and well-being among families participating in home visiting programs funded through MIECHV.
Target Populations	Pregnant women, caregivers, young children, and families participating in MIECHV funded home visiting programs across the U.S.
Data Sources	Data sources vary by measure, but include self-report/interview, program documentation, and home visitor reports.
Technical Measure Descriptions	Descriptions of both the demographic and benchmark performance measures can be found in Form 1 and Form 2 respectively.
Number of Measures	19 measures
Topics of Measurement	Six federal benchmarks: (1) maternal and newborn health; (2) child injuries, abuse, neglect, and maltreatment and emergency room visits; (3) school readiness and achievement; (4) crime or domestic violence; (5) family economic self-sufficiency; and (6) coordination and referrals to other community resources and support.
Reporting Requirements	States, territories, and D.C. grantees are required to report progress within each construct to HRSA on an annual basis.
Recommended or Required Stratification	No stratifications are required. While MIECHV collects state-level aggregate data for a number of demographic variables , this data is not linked to other individual-level data from participants, meaning that stratifications are not possible from the federal perspective.
Link to Additional Info	Home Visiting Program Resources Program background Interactive state fact sheet

*ACF also administers the [Tribal Home Visiting Program](#), which has different reporting requirements.

[Browse and Search the Measures](#)

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