Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) Program
2016 Performance Measurement Redesign

Grantees under the Tribal MIECHV program must collect, analyze, use, and report data on program implementation and improvements for eligible families participating in the program in the legislatively-mandated benchmark areas of: 1) improved maternal, newborn, and child health; 2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits; 3) improvements in school readiness and child academic achievement; 4) reductions in crime or domestic violence; 5) improvements in family economic self-sufficiency; and 6) improvements in the coordination and referrals for other community resources and supports. Tribal MIECHV grantees are also expected to engage in continuous quality improvement (CQI) and learning activities that support the ongoing use of performance and implementation data to optimize program outcomes, facilitate cultural and contextual adaptations of evidence-based models to meet community and program needs, identify and disseminate best practices, and test new approaches in home visiting that can increase efficiency and enhance effectiveness of programs.

The redesigned Tribal MIECHV performance measurement system laid out below aims to support both of these expectations: reporting for accountability and improvement purposes and opportunities for grantee-driven knowledge generation around CQI, measurement, and implementation. As part of the redesign, The Administration for Children and Families (ACF) is also exploring the possibility of developing an optional, customizable data system for local grantee data use. In addition, the government is gathering information about developing a new Tribal MIECHV federal data reporting system that could replace the existing Discretionary Grants Information System (DGIS).

Guiding Principles for the Redesigned Tribal MIECHV Performance Measurement System

1. The purposes of the redesigned Tribal MIECHV performance measurement system are as follows. The system will NOT provide information about the impact or effectiveness of grantee programs.
    a. To improve ACF's ongoing understanding of individual and collective grantee performance and assist with targeting technical assistance efforts
    b. To generate data that will be useful for grantees' own implementation and continuous quality improvement (CQI) efforts, as well as track important program outcomes for families they are serving
    c. To build grantee capacity and ownership around data collection and use
    d. To improve ACF's and grantees' abilities to tell a story about tribal home visiting programs

2. The redesigned performance measurement system has been developed with input from Tribal MIECHV grantees and, where possible, incorporates feedback from grantees as well as recommendations of technical assistance providers and other experts.

3. The redesigned system reflects knowledge about the implementation of home visiting programs as well as the state of the art/science in performance measurement and continuous quality improvement.

4. The redesigned system aims to include meaningful measures that have communicative power and reflect activities and outcomes highly proximal and sensitive to home visiting interventions.

5. The redesigned system aims to be culturally appropriate and accommodating of grantee differences in home visiting model (theory of change, duration and dosage, data collection requirements), population served (pregnant women, infants, older children) and implementation context (rural, urban, reservation, non-reservation, intertribal, single tribe).

6. Overall, the redesign aims to reduce data collection, management, and reporting burden for grantees. Requirements will support and maximize alignment with data already collected by grantees (measures required by home visiting model developers, measures used under existing grants, etc.)

7. The redesigned performance measurement system includes a variety of data, reported by grantees to ACF. These include demographic, service utilization, program and staff capacity, implementation, and benchmarks data.

8. The redesigned system aims to increase standardization across grantees where appropriate, while also incorporating opportunities for grantee flexibility to choose locally meaningful measures. The decision to standardize or provide grantee flexibility to choose/create measures has been based on thinking about what will provide the highest quality data.

9. The redesigned system aims to be consistent with the state MIECHV system where appropriate to support state-tribal collaboration when desired and appropriate.

10. To the extent possible, benchmark measures under the redesigned system are balanced across the six legislatively mandated benchmark areas to reflect the multi-disciplinary nature of the Tribal MIECHV program.

11. The redesigned system applies to grantees receiving new grants in FY 2016 and beyond, including those awarded through the Tribal MIECHV Development and Implementation or Tribal MIECHV Implementation and Expansion funding opportunity announcements.

Overview of Redesign

- 15 total Performance Measures
    - Core Measures
    - Flex Measures
- Opportunities for grantee-driven knowledge generation around CQI, measurement, and implementation
    - CQI Collaboratives
    - Communities of Learning in Measurement and Practice
- Demographic, service utilization, service capacity, place-based services, family engagement, and staffing data for ongoing monitoring and technical assistance
- Reporting frequency
    - Annual submission of core and flex performance measurement data annually starting in Year 2 of new grants
        - Reporting frequency *may* move to semiannually in Year 4
    - Annual submission of demographic and service utilization data starting in Year 1 for Implementation and Expansion grants, Year 2 for Development and Implementation grants
        - Reporting frequency *may* move to semiannually in Year 4
    - Quarterly submission of service capacity, place-based services, family engagement, and staffing data starting in Year 1 for Implementation and Expansion grants, Year 2 for Development and Implementation grants

Performance Measures

I. Core Measures
    - Grantees must report on all measures
    - Measures will be operationally standardized across grantees
    - *Indicates that there may be no validated tool in AIAN communities, but grantees would select and use the most appropriate tool for their program and community
    - Implementation Measures
        1. Receipt of Home Visits
            - Percentage of recommended home visits received by families enrolled in the home visiting program during the reporting period
        2. Home Visit Implementation Observation
            - Percentage of recommended home visits where home visitors are observed for implementation fidelity and receive feedback from their supervisors during the reporting period
        3. Reflective Supervision
            - Percentage of recommended individual and/or group reflective supervision sessions received by home visitors and supervisors during the reporting period
    - Benchmark Measures
        4. Depression Screening (I)

- Percentage of primary caregivers enrolled in home visiting who are screened for depression using a validated* tool within 3 months of enrollment and at least annually thereafter

5. Substance Abuse Screening (I)
    - Percentage of primary caregivers enrolled in home visiting who are screened for substance abuse using a validated* tool within 3 months of enrollment and at least annually thereafter
6. Well-child Visit (I)
    - Percent of the American Academy of Pediatrics (AAP)-recommended number of well-child visits received by children enrolled in home visiting during the reporting period
7. Child Injury Prevention (II)
    - Percentage of primary caregivers enrolled in home visiting who are provided with recommended training on prevention of child injuries
8. Parent-Child Interaction (III)
    - Percentage of primary caregivers enrolled in home visiting who receive an observation of caregiver interaction using a validated* tool
9. Developmental and Behavioral Screening (III)
    - Percentage of children enrolled in HV screened at least annually for developmental delays using a validated* parent-completed tool
10. Screening for Intimate Partner Violence (IV)
    - Percentage of primary caregivers enrolled in HV who are screened for intimate partner violence using a validated* tool within 6 months of enrollment and at least annually thereafter
11. Screening for Economic Strain (V)
    - Percentage of primary caregivers who are screened for unmet basic needs (poverty, food insecurity, housing insecurity, etc.) within 3 months of enrollment and at least annually thereafter
12. Developmental and Behavioral Referrals (VI)
    - Percentage of children enrolled in home visiting with positive screens for developmental delays (measured using a validated* tool) who receive a timely referral for services and a follow up

II. Flex Measures
    - Grantees must select 3 measures, ideally aligned with model goals/target population. Two measures must be selected from items 1-7 and one measure from items 8-11.
    - Measures will be operationally standardized across grantees
    - *Indicates that there may be no validated tool in AIAN communities, but grantees would select and use the most appropriate tool for their program and community
    - Benchmark Measures
        1. Breastfeeding (I)
            - Percentage of women enrolled prior to child's birth who initiate breastfeeding

2. Postpartum Health (I)
    - Percentage of mothers enrolled in home visiting at the time of delivery who received a postpartum visit within 8 weeks of delivery
3. Immunizations (I)
    - Percent of children enrolled in home visiting who receive all AAP-recommended immunizations during the reporting period.
4. Screening for Parenting Stress
    - Percentage of primary caregivers who are screened for parenting stress using a validated* tool within 3 months of enrollment and at least annually thereafter
5. Safe Sleep Education (II)
    - Percentage of primary caregivers educated about the importance of putting infants to sleep on their backs, without bed-sharing and soft-bedding
6. Child Injury Prevention (II)
    - Rate of injury-related visits to the ER or urgent care among children enrolled in home visiting
7. Early Language and Literacy Activities (III)
    - Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child every day
8. Intimate Partner Violence Referrals (VI)
    - Percentage of primary caregivers screening positive for intimate partner violence who receive a timely referral for services and a follow up
9. Depression and Parenting Stress Referrals (VI)
    - Percent of primary caregivers screening positive for depression or parenting stress using a validated* tool who receive a timely referral for services and a follow up
10. Substance Abuse Referrals (VI)
    - Percent of primary caregivers screening positive for substance abuse using a validated* tool who receive a timely referral for services and a follow up
11. Economic Strain Referrals (VI)
    - Percent of primary caregivers with unmet basic needs who receive a timely referral for services and a follow up

Grantee-Driven Knowledge Building Opportunities

Grantees will participate in one CQI collaborative and one Community of Learning during the course of their grant, starting in Year 2 or 3. It is expected that participation will be sequential rather than concurrent.

I. CQI Collaboratives
    a. For each CQIC, grantees will commit to measuring and reporting on a "suite" containing a progression of measures, moving from process to outcome (e.g., education, screening, referral, treatment, improvement)
    b. Grantees will select one topic
    c. CQIC will meet for up to two years
    d. Measures will be developed and operationalized by the CQIC
    e. In some cases, the "suite" of measures may include one or more of the core or flex measures
    f. Individual grantee data will not be reported directly to ACF, but instead shared within the CQIC to support collective learning and improvement
    g. Potential topics (the list of topics may change based on input from grantees)
        i. Family Engagement
        ii. Breastfeeding
        iii. Depression
        iv. Substance Use
        v. Non-Ceremonial Tobacco Use
        vi. Intimate Partner Violence
        vii. Economic Self-Sufficiency
        viii. Reproductive Life Planning

II. Communities of Learning in Measurement and Practice
    a. For each CoL, grantees will come together to explore, in a systematic way, issues related to 1) accurately measuring, 2) improving programs and systems, and 3) improving child and family outcomes in the topic area
    b. Grantees will select one topic
    c. CoL will meet for up to two years
    d. Individual grantee data will not be reported directly to ACF
    e. Potential topics (the list of topics may change based on input from grantees)
        i. Child Maltreatment
        ii. Parenting Stress and Trauma
        iii. Parent-Child Interaction
        iv. Home Visitor-Family Relationships
        v. Implementation Fidelity
        vi. Reflective Supervision
        vii. Service Coordination and Systems Building
        viii. Culture and Language