MIECHV Demonstration of Improvement in Benchmark Areas:

As documented in the MIECHV Program Guidance on Meeting Requirements to Demonstrate Improvement in Benchmark Areas[i], improvement in a benchmark area is defined as meeting the identified measure-level improvement criteria 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 each of the 19 measures, improvement will be measured by comparing the awardee's FY 2023 measure-level performance data to both baseline data for that measure as well as the national threshold. 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.

2) Meeting or exceeding the established threshold for a measure, while simultaneously not decreasing performance from baseline by more than 10%.

This file contains 1) an overview of the baseline calculation and 2) the awardee's 2023 baseline values for each of the 19 perfomance measures. A separate document titled "MIECHV Demonstration of Improvement in Benchmark Areas: FY 2023 National Threshold Values" contains the national threshold values for each of the 19 performance measures.

i. MIECHV Program Guidance on Meeting Requirements to Demonstrate Improvement in Benchmark Areas:
https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/miechv-assessment-improvement-guidance.pdf

Baseline Calculation Overview

The baseline for each measure was 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 was computed by adding the two annual performance values for that measure together and dividing by two.

Baseline Value: Calculated for each measure

Baseline Value = $\dfrac{\text{2021 performance value} + \text{2022 performance value}}{2}$

The annual performance values for each measure were obtained from the awardee's 2021 and 2022 MIECHV Annual Performance Report submissions. The annual performance values cannot be altered.

 i. HRSA reserved the ability to exclude certain annual performance values from the baseline calculation. For example, if in FY 2022 an awardee had an undefined value for a particular measure (denominator value was 0), then the FY 2022 performance value was excluded from the baseline calculation. In this example case, only the FY 2021 performance value was used to calculate the baseline value for that measure.

Welcome! We're glad you've made it here - This tool is designed to enable you to monitor your organizations benchmark performance.
Please begin by opening the **Benchmark Measure (Form 2)** report in DAISEY and select the appropriate **reporting year**. From here, note the completion percentage (green bar) for each measure in the "My org status" column below.

To determine improvement, HRSA is defining "improvement" as meeting one or both of the following criteria: 1 – any change in the intended direction for that measure, compared to the baseline, 2 – meeting or exceeding the established threshold for a measure, while simultaneously not decreasing performance from baseline by more than 10%.

State	Performance Measure	National Threshold	FY 2021 Performance	FY 2022 Performance	FY 2023 Baseline Value	FY 2023 Performance	Missing Data	# of benchmarks required to improve	FY23 YTD Improvements
KS	Preterm Birth*	12.5%	16.3%	11.6%	14.0%	16.0%	0.0%	2	3
KS	Breast Feeding	43.5%	34.2%	45.5%	39.9%	71.1%	0.0%		
KS	Depression Screening	81.8%	85.6%	86.7%	86.2%	94.3%	0.0%		
KS	Well Child Visit	69.7%	76.8%	81.0%	78.9%	83.2%	0.0%		
KS	Postpartum Care	71.8%	81.4%	87.5%	84.5%	53.4%	15.9%		
KS	Tobacco Cessation Referrals	54.8%	80.0%	84.6%	82.3%	60.0%	0.0%		
KS	Safe Sleep	64.3%	82.7%	85.5%	84.1%	88.8%	0.0%	1	3
KS	Child Injury*	0.03	0.04	0.06	0.05	0.08	0.00		
KS	Child Maltreatment*	7.7%	9.3%	7.0%	8.2%	6.4%	0.0%		
KS	Parent Child Interaction	62.8%	63.1%	65.6%	64.4%	73.2%	0.0%	1	3
KS	Early Language and Literacy Activities	82.6%	86.5%	86.6%	86.6%	90.0%	0.0%		
KS	Developmental Screening	76.7%	80.9%	71.8%	76.4%	73.6%	0.0%		
KS	Behavioral Concerns	93.9%	97.7%	89.0%	93.4%	98.8%	0.0%		
KS	Intimate Partner Violence Screening	78.6%	76.7%	90.8%	83.8%	86.7%	0.0%	1	1
KS	Primary Caregiver Education	29.8%	21.6%	19.7%	20.7%	13.5%	0.6%	1	0
KS	Continuity of Insurance Coverage	83.4%	72.7%	74.0%	73.4%	68.6%	0.0%		
KS	Completed Depression Referrals	40.9%	43.6%	63.0%	53.3%	57.1%	12.5%	1	3
KS	Completed Developmental Referrals	66.5%	63.6%	100.0%	81.8%	78.6%	0.0%		
KS	Intimate Partner Violence Referrals	59.9%	60.9%	80.0%	70.5%	75.0%	0.0%		
*Indicates measures where intended direction for improvement is downward.									
Benchmark 5: Report logic changed from previous years to better understand why some caregivers are not receiving their postpartum visit within 56 days.									