

400-20**POLICY**

All BIH Sites will follow MCAH-BIH policy and procedure (P&P) guidelines to ensure program fidelity as it relates to the eligibility, orientation and enrollment of participants in the MCAH-BIH Program.

PROGRAM STANDARD:

The BIH Program serves pregnant and postpartum African American women who are 18 years of age or older and up to 26 weeks pregnant at the time of enrollment. All prospective BIH Program participants will meet face-to-face with the BIH Program Local Health Jurisdiction (LHJ) Mental Health Professional (MHP) or the Public Health Nurse (PHN) for a standardized orientation about the BIH Program. Following the orientation, each prospective participant will either formally enroll in the BIH Program by signing the BIH “*Rights, Responsibilities and Consent*” form or choose not to enroll in the BIH Program.

- 100% of prospective participants will attend an in-person orientation conducted by the MHP or PHN prior to enrollment.
- 100% of prospective participants who decide to enroll in BIH will sign the BIH “*Rights, Responsibilities and Consent*” form.
- 100% of BIH Program participants will be 18 years of age or older at enrollment.
- 100% of participants will be pregnant at enrollment and enroll at or before 26 weeks of pregnancy.
- 100% of prospective participants who decline enrollment in BIH after orientation will receive standardized health-related disparities information affecting African-American women and infants, including Hypertension, Obesity, Diabetes, Sexually Transmitted Infections (STI's), Sudden Infant Death Syndrome (SIDS), and Breastfeeding.

PROCEDURE:**A. Eligibility Criteria:**

1. Self-identified African American pregnant women no more than 26 weeks pregnant upon enrollment in the BIH Program.
2. 18 years of age or older at enrollment.
3. Resides in the target area or within the Local Health Jurisdiction (LHJ)
4. Consents to actively participate in the *entire* BIH program, including both the:
 - a) Group intervention (10 prenatal sessions and 10 postpartum sessions)
 - b) Individual case management focused on life planning
5. Consents to release information from her prenatal care provider, from her baby's birth certificate, and from the ETO data system.

B. Orientation and Enrollment:

1. Timing and setting. The emphasis of the BIH Program model is to enroll eligible women as early in pregnancy as possible in order to ensure that they receive the full benefit of BIH services.
 - To ensure that prospective participants are informed about and begin active participation in the BIH Program in a timely manner, a face-to-face meeting with the MHP or PHN for orientation and enrollment should be scheduled and conducted as soon as possible (no later than two weeks) after successful contact with the prospective participant.
 - If at all possible, the meeting should occur at the local BIH site. In order to complete enrollment before the eligibility cut-off of 26 weeks of pregnancy, it may take place at the prospective participant's home or in another setting, if necessary.
 - The orientation may be conducted one-on-one with each prospective participant or with a group of prospective participants. If the orientation is conducted with a group, the MHP or PHN must allow time to meet individually with each woman who chooses to enroll in order to obtain consent and complete the initial assessment (see below).

2. Content of orientation. Led by the MHP or PHN, the **face-to-face orientation** provides an opportunity to provide the participant(s) with a description of BIH Program services, emphasizing that they are designed to encourage empowerment and social support in a culturally-affirming manner. Participation in the BIH Program is voluntary, but women must be willing to fully commit and participate in all BIH Program activities, which include the group intervention component *and* complementary case management. Participation in both components of the group intervention and case management that focuses on life planning, are crucial for program effectiveness, fidelity and evaluation. The orientation will include the following steps:
 - Discuss the value of the BIH Program for the overall health of the prospective participant, her family and the African American community.
 - Referring to the *Rights, Responsibilities and Consent* form, explain (a) the range of services offered by the BIH Program and the role of the BIH staff, highlighting both program limitations and opportunities; and (b) requirements for participation. The goal is to ensure clear and appropriate participant expectations.

3. If prospective participant consents to participate:
 - A completed "*Rights, Responsibilities and Consent*" Form must be signed by both the enrolling woman and the MHP (or other designated BIH local staff person) before any additional demographic or health information is obtained from the participant. A copy of the signed consent form must be given to the participant and the original must be placed in the participant's BIH file.

- Completion of the *VIA Character Strengths* online survey (www.VIACharacter.org): This survey allows participants to assess and categorize her strengths and assists her in setting short and long term life planning goals. This survey may be conducted at the beginning of the first case management/Life Planning meeting.
 - Completion of Assessment #1: This initial assessment provides baseline information about the participant, and is intended to help identify her strengths and needs/concerns. Some of the baseline information will be measured at various points during her participation in BIH to assess any changes in the outcome measures. Other baseline information is the basis for initiation of her Life Plan in subsequent meetings with the FHA.
 - During the initial assessment, there are scripted sections for the MHP or PHN to read to the participant. The majority of the assessment is self-administered. For women with literacy issues, the MHP or PHN can read the questions to the participant, and indicate in the appropriate area on the assessment form that it was staff-administered.
 - At the conclusion of the assessment, the MHP or PHN will ask the participant a series of questions related to the various sections. This provides an opportunity to identify: (1) immediate needs/concerns, (2) needs/concerns that will be address in the group sessions, and (3) needs/concerns that can be addressed during the 1:1 case management/Life Planning meetings.
 - Schedule group session:
 - Participants will enroll in a group series within 30 days of initial contact.
 - Participants will be assigned to a FHA for ongoing case management.
 - The FHA will coordinate with the participant for subsequent case management/Life Planning meetings.
4. If prospective participant declines to participate:
- If a prospective participant does not meet the eligibility criteria or chooses not to participate in the BIH Program, staff will provide standardized health-related disparities information affecting African-American women and infants, including Hypertension, Obesity, Diabetes, Sexually Transmitted Infections (STI's), Sudden Infant Death Syndrome (SIDS), and Breastfeeding, and referrals to community/social service agencies as applicable.

C. Exceptions:

1. If a prospective participant does not meet all eligibility criteria and local BIH staff believes that she would benefit from participation in the program, the BIH

Coordinator will contact their designated MCAH-BIH Program Consultant (PC) to request an exception for that individual woman only.

2. Attendance in group sessions may be waived in rare instances for otherwise eligible women for a limited number of reasons (e.g., medical bed rest).

D. Dual Enrollment in Other MCAH Programs

1. MCAH Division recommends that BIH Coordinators develop client triage policies based on the availability of local resources and knowledge of client and community needs.
2. Local policies should consider the possibilities of allowing an eligible woman to participate in more than one MCAH-funded program may exclude other potential clients from the benefits of program participation, may result in duplication of services, and could add significant data collection responsibilities to the local programs.
3. Local policies should provide guidance on the criteria for program eligibility and participation that best meets the needs of clients and provides them the most benefit.
4. It is the responsibility of the Local Health Jurisdiction MCAH Director or designated staff, in consultation with the client, to determine the program(s) that best meets the client's needs.
5. LHJ staff will enroll clients in the program(s) that will have the greatest benefit to the individual client using a local assessment process and considering the following:
 - Existing science and best practice guiding program implementation
 - Individual MCAH program goals, objectives, activities, and guidelines
 - Client input, needs, strengths, and goals
 - Duplicate or overlapping services, programs and supports currently provided to the client by other programs
 - Existing absolute contradictions to group interventions. Some clients may need an intensive home visiting program or other healthcare services to address the following situations:
 - Client medical issues that are severe enough that they logistically prohibit group involvement and/or attendance.
 - Client mental health issues that are incapacitating, uncontrolled or prevent effective participation or disruptive of group activities.
6. The BIH program should coordinate the decision making process with other local programs, for example, CHVP.

Forms to be completed for every enrolled woman:

- *Rights, Responsibilities and Consent*
- *Assessment #1- Enrollment*

Definition of Participant Enrollment – BIH enrollment is considered to be complete when the participant signs the BIH Participant “Rights, Responsibilities and Consent” Form. The date of the participant’s signature on the consent form is the official enrollment date.