

600-20**POLICY**

All BIH Sites will follow MCAH-BIH policy and procedure guidelines to ensure program fidelity as it relates to the data collection and entry requirements in the MCAH-BIH Program. BIH sites are not allowed to alter any MCAH-BIH developed forms/standardized tools/instruments and/or data operations without prior approval from MCAH-BIH.

PROGRAM STANDARD:

All Local BIH Sites will ensure that collection of program data and its subsequent entry into the Efforts to Outcomes (ETO) system is timely, accurate and complete. LHJs are responsible for entering both participant and non-participant level data into ETO within 7 working days of collection.

PROCEDURE:

1. The data entry lead will be supervised by the BIH Coordinator.
2. In addition to paper data collection, MCAH-BIH requires data to be entered into the ETO system.
3. At each LHJ all on-site staff are expected to complete training to use ETO, which includes the following:
 - Watching the ETO User Training recording
 - Completing practice work identified through training
 - Completion of ETO Post-Training Assessment
 - Attending ETO Role-Specific Advanced Trainings
4. At least one staff member at each local BIH site must be selected as the “Data Entry Lead,” who will be responsible both for communicating all data-related matters to staff and for overseeing the maintenance of accurate and complete participant and site-specific data.
5. Each staff member entering data into ETO will:
 - Complete the ETO user training
 - Adhere to the BIH Policy and Procedures
6. LHJs are required to respond in a timely manner to MCAH-BIH data requests and data cleaning exercises.
7. LHJs wanting to modify any data entry procedures must submit their request in writing to BlackInfantHealth@cdph.ca.gov using the transmittal process.

8. Data related correspondence and reports from MCAH-BIH will be sent to County/Government/subcontractor designated email accounts only. MCAH-BIH will not send data related information to personal email accounts ending in @yahoo.com, gmail.com. etc.
9. Data will be collected for each participant throughout her participation in the BIH Program using a series of standard forms that will be either self-administered or completed by Program staff in encounters with the participant during recruitment, enrollment, case management and case closure activities.
10. The data that are collected will be used for case management, local/state program monitoring, and program evaluation. To ensure that the data are accurate and complete, it is crucial that: (1) the forms be administered at the specified time per the BIH Data Collection Manual; (2) all directions on the forms be followed as closely as possible, and (3) the forms be filled out as completely as possible with answers to all questions.
11. Guidance for administering required forms is included in MCAH-BIH relevant trainings and the BIH Data Collection Manual. The data collected using the BIH ETO data book forms provide critical information about key topics related to program evaluation including:
 - Whether participant needs were met by setting short and long-term goals, referral services, and the group intervention.
 - Maternal health behaviors and knowledge
 - Psychological well-being, including social support, self-esteem, mastery, and resiliency.
 - Birth outcomes
12. Many of these topics are assessed multiple times during each participant's time in the BIH Program, so that snapshots of participant life-change can be created. These data will help document how the BIH Program impacts lives of participating women, their infants, and families.
13. Program evaluation data are critical to MCAH-BIH for monitoring the effectiveness of local BIH Programs, fulfilling federal and state reporting requirements, determining budget allocations to LHJs, and for demonstrating to the legislature and other policy makers why investment in the BIH Program is so important.