

**2014-2015 BIH Data Quality Reminder 1.0**  
**Released 9/22/14**

**DATE OF OUTREACH/REFERRAL TO BIH**

This date is essential in order to calculate a number of different reporting deliverables including:

- 1) Total number of recruited potential clients for the BIH Program
- 2) Length of time between initial outreach and enrollment.

Please be aware that all potential clients (whether they enroll or not) should have a Client Recruitment Form entered into the MCAH-BIH-MIS.

If that information is not entered, we cannot determine how much of the target population your site is reaching.

**MOTHER'S DUE DATE**

This date is essential in order to calculate a number of different reporting deliverables including:

- 1) Trimester of entry into the BIH Program
- 2) Collection of assessments on a timely basis according to the Assessments Timeline for Prenatal Entry Clients
- 3) Trimester of Prenatal Care Initiation
- 4) Completion of Birth Plan, and the Safety Checklist on a timely basis according to the Client Forms Checklist

Here's how the both fields should look in the form and then in the MIS:

*FORM*

**CLIENT RECRUITMENT**

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**Date of outreach/referral to BIH:** 5 / 12 / 2014

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Nickna</b>
<b>Street Address</b>			
<b>City</b>		<b>State</b>	<b>Zip Coc</b>
<b>Home Phone Number</b>		<b>Cell Phone Number</b>	
<b>Birth Date</b>	<b>Due Date or Baby's Birth Date</b>		
<u>    /    /    </u>	<u>9 / 22 / 2014</u>		

MIS

### Client Recruitment

Case:  KDE Status: Keying

**Page 1** Page 2

Date of outreach/referral to BIH: 5/12/2014

*Please enter client address, phone number, and birth date on the Contact Information panel.*

Baby's Due Date: 9/22/2014

(or)

Baby's Birth Date: Select a date

## DATE OF CONSENT

This date will serve as the official date of enrollment into the BIH Program. This date is crucial for all reporting, most notably verification of enrollment

Here's how the fields should look in the form and then in the MIS:

*FORM*

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## RIGHTS & RESPONSIBILITIES AND CONSENT

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The Black Infant Health Program is a voluntary program. The services we provide include:

- Prenatal and Postpartum group sessions that include topics like learning to care for yourself and your child(ren), enhancing parenting skills, and learning about child development.
- Referrals to agencies outside of the program that provide direct services like basic needs, Medi-Cal, other health insurance, health services, and nutrition.
- Support with setting and achieving the goals identified in the Individual Client Plan.
- Case conferencing to better understand you and your needs.

All Black Infant Health Program Clients have the following responsibilities to:

- Take an active role in identifying your own needs and setting and meeting goals within your Individual Client Plan.
- Attend all 20 group sessions and arrive on time; if you are unable to attend, please notify BIH staff.
- Maintain contact with your Family Health Advocate and to notify her if your address or phone number changes.

All Black Infant Health Program Clients have the following rights to:

- Be treated with respect and dignity by all program staff in a culturally appropriate manner.
- Receive services regardless of religion, age, lifestyle, disability or sexual identity.
- Make your own decisions about receiving services.
- Ask questions about services you are receiving.

Thank you for allowing us to serve you and your family!

By signing below, I agree that I have read and understand my rights and responsibilities as a client participating in the Black Infant Health Program.



\_\_\_\_\_  
BIH Client Signature

\_\_\_\_\_  
BIH Program Representative Signature

5/22/14  
Date

### Form Status

Case:

	<u>Date Initiated</u>	<u>Date Last Updated</u>	<u>Date Completed</u>
Rights, Responsibilities, and Consent:	Select a date <input type="text"/>	Select a date <input type="text"/>	5/22/2014 <input type="text"/>
Individual Client Plan:	Select a date <input type="text"/>	Select a date <input type="text"/>	Select a date <input type="text"/>
Birth Plan:	Select a date <input type="text"/>	Select a date <input type="text"/>	Select a date <input type="text"/>
Safety Checklist:	Select a date <input type="text"/>	Select a date <input type="text"/>	Select a date <input type="text"/>
Life Plan:	Select a date <input type="text"/>	Select a date <input type="text"/>	Select a date <input type="text"/>

*Fields marked with an asterisk (\*) are required.*