

# ECCO-MDS Data Entry Tip Sheet 1.0

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*Please submit an ECCO if you have any further questions.*

## Q.1. Is there a way for my staff and me to learn more about how to use ECCO-MDS?

Yes, there are two ways you and your staff can learn more about how to use ECCO. One, we have added a “New to ECCO” tab on the GaSPS website at [ga-sps.org](http://ga-sps.org) on the top left of the page. This tab contains the ECCO-manual and short videos that will go over each of the four major components of ECCO. If an OBHP Provider wishes to request a TA session or Training, first submit an ECCO request online, and/or secondly submit an email to [mbouligny@progroup.us](mailto:mbouligny@progroup.us) and cc your RPS (or assigned OBHP liaison).

## Q.2. Why do we need to enter information into ECCO-MDS?

Reporting requested data on your activities using our reporting system is a requirement of your contract/funding with the OBHP. OBHP must report to state and federal funders on how allocated prevention funding is being used, by whom, and to what benefit. This information can impact current and future funding decisions. It is extremely important that we collect accurate count and reach numbers for those to whom we are providing service, the specific types of services we provide, and the results of those services as accurately as possible and in a timely fashion.

## Q.3. What is meant by “number of new participants started this reporting period” and “number of new participants completed this reporting period?”

1.) “Number of new participants started this reporting period?” If you have a recurring intervention in which the same group of participants are served over multiple sessions, you should only record the participants in the reporting period in which they started (i.e. Do not enter them as new participants in each subsequent class/session they attend). 2.) “Number of new participants completed this reporting period?” Again, if you have a recurring intervention, you will only record participants in the reporting month they completed the program (i.e. Do not enter them as new participants completed after each class/session they attend).

## Q.4. What does “estimated new reach” mean?

New reach is the number of new individuals served by an intervention during a given reporting period. You should be careful not to duplicate “new reach” counts. Throughout the duration of your media campaign you may present multiple messages in various media forms to your target population; however, each new message does not necessarily equate to new reach. For example, during the first month of a positive social norms campaign at a local high school of 1,000 students, posters were displayed throughout the school. The estimate new reach for that reporting month is 1,000. A few weeks later new posters with a different design and message were put up. The estimated new reach for the month the new posters were installed is zero. Please keep in mind that the total of all of the “new reach,” responses across all of the months of your entire campaign, should not exceed the number of people in your target population. Sometimes, your media campaign might reach people outside of your target population, especially with billboard messaging. We require you to report as participants reached in ECCO only the individuals in your target population. You can describe (report on) additional reach beyond your target population in your progress reports. Try to get as close to the real estimate of those served as possible. Do not simply state the possible number of people in the world that could have seen your advertisement. Please speak with your RPS or submit an ECCO if you have questions about how to calculate reach.

## Q.5. Is there a cut off for entering past ECCO-MDS data?

Providers are required to enter data on a monthly basis. Data should be entered by the 5<sup>th</sup> business day of the month (i.e. February data should be entered by 5<sup>th</sup> business day in March.). The ECCO-MDS system will lock you out from

making edits and/or changes more than a month out. If for some emergency reason you were not able to enter the data by the lock out period, then you will have to request the system be re-opened for access from your OBHP Contract Programmatic Officer.

**Q.6. Should we enter our internal meetings (i.e., coalition, CPAW, and planning meetings) into ECCO-MDS?**

No, you should only enter participant counts and reach data for approved interventions that your agency provided to the target population. Since coalition and CPAW meetings are internal planning meetings, you would not enter these counts. OBHP wants to know about who and how many individuals are being served/reached in Georgia and by what intervention type. You may include coalition, CPAW and planning meetings in your Monthly Progress Reports (MPR) submitted to your Contract Programmatic Officer, but do not enter them in ECCO.

**Q.7. What if we do a training or presentation for a local club, school board, but it's not part of our intervention? Do we record this in ECCO-MDS?**

Yes, you can record this under Community Based General.

**Q.8. When do we need to indicate an intervention is not active in ECCO-MDS question #1?**

Each month question #1 should be answered for each intervention (and location) in the current contract year. The only time an intervention is not active is if there are no efforts being extended to the intervention and this has been discussed and approved by OBHP. Efforts include both direct and indirect services.

Active Example 1: You are recruiting for Too Good for Drugs, but no classes have started. This intervention is considered active.

Active Example 2: You and your CPAW are conducting focus groups for the upcoming Positive Social Norms intervention but have not yet started putting up posters in the schools. This is considered active.

You will then describe those activities in the about this intervention tab but will not need to report on numbers reached for the interventions until you begin holding classes or actively distributing campaign materials (posters, billboards).

Inactive Example: You may decide to offer a student prevention education program, such as The Too Good for Drugs, from October through December. The intervention would be reported as inactive from January to September since no further efforts would be extended to the intervention.