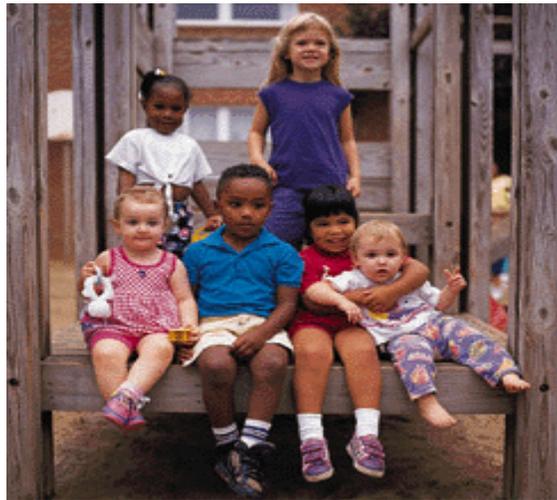




**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
PUBLIC HEALTH INITIATIVES BRANCH  
COMMUNITY, FAMILY AND HEALTH EQUITY SECTION**

**Connecticut State Plan of Program Operations  
for the Special Supplemental Nutrition Program  
for  
WOMEN, INFANTS, AND CHILDREN (WIC)**



**Federal Fiscal Year 2016  
(October 1, 2015 – September 30, 2016)**

**Submitted in accordance with USDA  
Food and Nutrition Service  
Federal Regulations 246.4(A) - State Plan**



**August 15, 2015**

# TABLE OF CONTENTS

## SECTION I

- A. Introduction
- B. Mission Statements
- C. State Agency Organization
- D. Local Agency Organization
- E. **PROGRESS FFY 2015** Goals and Objectives
- F. **FFY 2016** Goals and Objectives

## **A. INTRODUCTION**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is implemented by the United States Department of Agriculture (USDA-FNS) under public law 95-627, Section 17 of the Child Nutrition Act of 1966; final regulations were issued January 2002. Funds for Food and Administrative costs are transferred from USDA-FNS to the Connecticut Department of Public Health, Public Health Initiatives Branch, Community Health and Prevention Section.

The State Plan for Connecticut's WIC Program is the governing document that provides guidance and direction for the State agency and local agencies administering the program. In compliance with Federal regulations and State regulations and requirements, the plan is updated annually to ensure the inclusion of new and revised federal and state requirements and annual accomplishments and new goals and objectives. Although the State Plan is primarily based on Federal regulations, it includes requirements and guiding principles for best practices from the state perspective and that of the nation's public health framework.

Although the WIC State Plan references a single document, it has 3 major components. Section I of the plan contains the State goals and objectives FFY2016 and the evaluation FFY2015. To the extent possible, the goals address the core functional areas of the WIC Program. These functional areas are: management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor/retailer management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA, fiscal management and data quality, analysis and reporting. The goals and objectives are State-specific and function as a guide for enhancing both State and local program operations effectiveness and efficiency.

Approximately \$52 million is allocated to Connecticut WIC for Food and Nutrition Services Administration funding and an additional \$12 million rebated by **Mead Johnson Nutrition**, through a cost savings measure as part of the infant formula rebate program.

## **B. MISSION STATEMENTS**

### **DPH Mission:**

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

### **DPH Vision Statement:**

Healthy People in Healthy Connecticut Communities

### **CFHES Section Mission:**

The Community Family and Health Equity section is a positive and productive section of the Connecticut Department of Public Health that creates and achieves optimal public health outcomes through strong, consistent, proactive and ethical leadership; a positive and productive workplace environment; results-based accountability, and premier customer friendly service to the public by valued employees through technical assistance, best-practice and research-based expertise, and clear and accurate communication.

### **WIC Program Mission:**

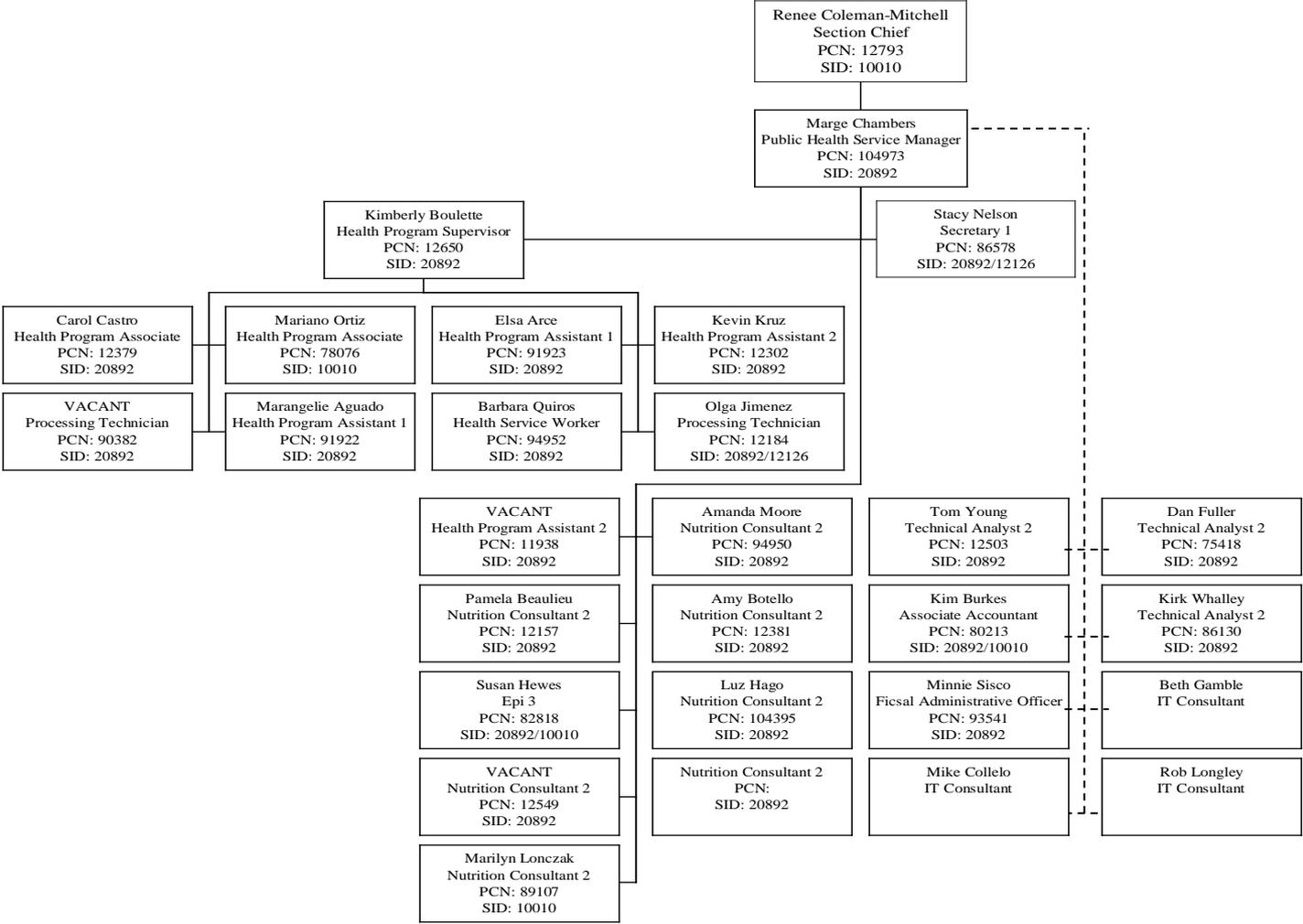
The Connecticut WIC Program is committed to improving the health of eligible pregnant women, new mothers, and children by providing nutrition education, breastfeeding support, healthy foods, and referrals to health and social programs during the critical stages of fetal and early childhood development. We do that by giving our most vulnerable children the best possible start by providing optimal nutrition during the critical stages of fetal and early childhood development phases.

### **Breastfeeding Statement:**

The Connecticut WIC Program endorses the American Academy of Pediatrics' Policy Statement on "Breastfeeding and the Use of Human Milk" (2012), which states, "Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

The Connecticut Special Supplemental Nutrition Program for Women, Infants and Children (WIC) promotes exclusive breastfeeding as the normal infant feeding method through the first year of life and beyond, with the addition of appropriate complementary foods when the infant is developmentally ready, usually around six months of age. All WIC staff have a role in promoting and providing support for the successful initiation and continuation of breastfeeding.

Department of Public Health  
 Public Health Initiatives Branch  
 Community Family and Health Equity Section  
 Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)



## C. STATE AGENCY ORGANIZATION

<b>STAFF MEMBER</b>	<b>PRIMARY RESPONSIBILITIES</b>
<p><b>Marjorie Chambers, MS, RD</b>            State WIC Director            T: (860) 509-8101            F: (860) 509-8391            E-mail: <a href="mailto:marjorie.chambers@ct.gov">marjorie.chambers@ct.gov</a></p>	<p>Federal grants management            Contracts and budgets            WIC program policy            Program planning and evaluation            Program management &amp; administration            Certification and eligibility            Nutrition Services            MIS &amp; Fiscal units oversight</p>
<p><b>Amanda Moore, MPH, CLC</b>            Nutrition Consultant 2            T: (860) 509-8055            F: (860) 509-8391            E-mail: <a href="mailto:amanda.moore@ct.gov">amanda.moore@ct.gov</a></p>	<p>Review Program Monitors written reports and response to corrective action plans            Local agency staff training and technical assistance            State Plan Management            MIS/EBT project            Special Project Grant Project Co-Manager (local operations)            Conduct grant management activities; Local agency RFP development</p>
<p><b>Marilyn Lonczak, MEd, RD</b>            Nutrition Consultant 2/Special Projects            T: (860) 509-8261            F: (860) 509-8391            E-mail: <a href="mailto:marilyn.lonzak@ct.gov">marilyn.lonzak@ct.gov</a></p>	<p>Breastfeeding Promotion and Support            Breastfeeding program planning and evaluation            Breastfeeding Peer Counseling            State Plan management            Local staff training and technical assistance            Nutrition Risk Criteria (back-up) on RISC            CDC 1305 grant activities            Special Project Grant Project Co-Manager (Administration)</p>
<p><b>Pamela Beaulieu, CLC</b>            Nutrition Consultant 2            T: (860) 509-7138            F: (860) 509-8391            E-mail: <a href="mailto:Pamela.Beaulieu@ct.gov">Pamela.Beaulieu@ct.gov</a></p>	<p>Breastfeeding Promotion and Support            Breastfeeding councils and coalitions            Breastfeeding program planning and evaluation            Local staff training and technical assistance            Update/provide input on Local Agency plan and State Plan            Outreach            MIS            CDC 1305 grant activities</p>
<p><b>Amy Botello,</b>            Nutrition Consultant 2            T: (860) 509-7656            F: (860) 509-8391            E-mail: <a href="mailto:Amy.Botello@ct.gov">Amy.Botello@ct.gov</a></p>	<p>Nutrition Services and Certification Reviews            Issue written reports/respond to corrective action plans            Provide technical assistance            Update/provide input on Local Agency plan and State Plan            MIS</p>
<p><b>Luz Hago,</b>            Nutrition Consultant 2            T: (860) 509-7662</p>	<p>Local agency Program Operations Reviews            Issue written reports/respond to corrective action plans</p>

<p>F: (860) 509-8391 E-mail: <a href="mailto:Luz.Hago@ct.gov">Luz.Hago@ct.gov</a></p>	<p>Update/provide input on Local Agency plan and State Plan</p>
<p><b>VACANT</b> Nutrition Consultant 2/Nutrition Education</p>	<p>Nutrition Risk Criteria Local agency technical assistance Nutrition education Formula issuance Develop new food packages</p>
<p><b>Carol Castro</b> Health Program Associate T: (860) 509-7187 F: (860) 509-8391 E-mail: <a href="mailto:carol.castro@ct.gov">carol.castro@ct.gov</a></p>	<p>Above-50-Percent Vendors Website upload State Plan updates WIC Materials management Contract liaison Training Evaluation Complaints/Customer Service Special Formula Reconciliation</p>
<p><b>Marangelie Aguado</b> Health Program Assistant 1 T: (860) 509-7526 F: (860) 509-8391 E-mail: <a href="mailto:Marangelie.aguado@ct.gov">Marangelie.aguado@ct.gov</a></p>	<p>Vendor monitoring Retailer Training Website content development Compliance Investigations</p>
<p><b>VACANT</b> Health Program Assistant 1 T: (860) 509-7656 F: (860) 509-8391 E-mail:</p>	<p>Vendor monitoring Program Integrity and Fraud Prevention Participant and Retailer Fraud Investigations</p>
<p><b>Elsa Arce</b> Health Services Worker T: (860) 509-7755 F: (860) 509-8391 E-mail: <a href="mailto:elsa.arce@ct.gov">elsa.arce@ct.gov</a></p>	<p>Local Agency support Check reimbursements Special Formula orders Vendor Customer Service</p>
<p><b>Barbara Quiros</b> Health Services Worker T: (860) 509-7413 F: (860) 509-8391 E-mail: <a href="mailto:barbara.quiros@ct.gov">barbara.quiros@ct.gov</a></p>	<p>Local Agency support Check reimbursements Follow up on lost and stolen checks Pricing</p>
<p><b>Kimberly Boulette</b> Health Program Supervisor T: (860) 509-7845 F: (860) 509-8391 E-mail: <a href="mailto:kimberly.boulette@ct.gov">kimberly.boulette@ct.gov</a></p>	<p>Supervisor vendor/retailer management &amp; Food delivery Check stock and inventory reporting Food cost containment Farmers Market Nutrition Program liaison SNAP Collaboration/FNS Field Office/STARS Peer Group Pricing Management The Integrity Profile Report Vendor Advisory Council lead</p>

## STATE AGENCY ORGANIZATION cont'd

<p><b>Kevin Krusz</b> Health Program Assistant 2 T: (860) 509-8090 F: (860) 509-8391 E-mail: <a href="mailto:kevin.krusz@ct.gov">kevin.krusz@ct.gov</a></p>	<p>Food item authorization and approval Approved Product List/Food List Food Recalls/Food Quality Complaints Development &amp; maintenance of Food list Wholesale/Distributor liaison Food/Formula Availability in Stores Food package implementation lead Disaster Planning</p>
<p><b>Mariano Ortiz</b> Vendor Monitor T: (860) 509-8096 F: (860) 509-8391 E-mail: <a href="mailto:mariano.ortiz@ct.gov">mariano.ortiz@ct.gov</a></p>	<p>Vendor Monitoring Complaint follow up Administrative Review Process</p>
<p><b>Olga Jimenez</b> Processing Technician T: (860) 509-8072 F: (860) 509-8391 E-mail: <a href="mailto:olga.jimenez@ct.gov">olga.jimenez@ct.gov</a></p>	<p>Vendor application processing Price Stock Survey updates Vendor correspondence/notification Tracks vendor penalties and prepares sanctions</p>
<p><b>Susan Hewes</b> Epidemiologist 3 T: (860) 509-7795 F: (860) 509-8391 E-mail: <a href="mailto:susan.hewes@ct.gov">susan.hewes@ct.gov</a></p>	<p>Outcome objective analysis Program data analysis Produce results for quarterly objectives Internal/external data requests</p>
<p><b>Stacy Nelson</b> Secretary 1 T: (860) 509-7462 F: (860) 509-8391 E-mail: <a href="mailto:stacy.nelson@ct.gov">stacy.nelson@ct.gov</a></p>	<p>State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes</p>
<p><b>VACANT</b> Processing Technician T: (860) 509-7755 F: (860) 509-8391 E-mail:</p>	<p>Vendor application processing Price Stock Survey updates Vendor correspondence/notification Price Stock Surveys Clerical Support Retailer Sanctions Records Retention</p>
<p><b>Thomas Young</b> Technical Analyst 2 T: (860) 509-7690 F: (860) 509-8391 E-mail: <a href="mailto:thomas.young@ct.gov">thomas.young@ct.gov</a></p>	<p>Systems development lead SWIS maintenance and enhancements Local Agency technical support SWIS data requests</p>
<p><b>Daniel Fuller</b> Technical Analyst 2 T: (860) 509-7688 F: (860) 509-8391 E-mail: <a href="mailto:daniel.fuller@ct.gov">daniel.fuller@ct.gov</a></p>	<p>Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/SWIS update Hardware/Software Purchase</p>
<p><b>Kirk Whalley</b> Technical Analyst 2 T: (860) 509-7429 F: (860) 509-8391 E-mail: <a href="mailto:kirk.whalley@ct.gov">kirk.whalley@ct.gov</a></p>	<p>Mainframe Lead Development &amp; maintenance Cost containment &amp; monitoring Security &amp; Disaster recovery FoxPro developer backup Help Desk</p>

<p><b>Kim Burkes</b>  Associate Accountant  T: (860) 509-7709  F: (860) 509-7227  E-mail: <a href="mailto:kim.burkes@ct.gov">kim.burkes@ct.gov</a></p>	<p>Financial Management of WIC grant  Food Cost Estimation  Review and monitor funding levels  Organize and maintain Budget  Project expenditures for budgets and reporting purposes  Work with other agencies to ensure accuracy of our transactions  Work with auditors and program to ensure information reported is correct  Monthly 798 report for USDA  Reconcile bank and treasurer accounts  Monitor Local Agency cash flow and disbursements  Monitor Local Agency expenses for accuracy and compliance</p>
<p><b>Minerva Sisco</b>  Fiscal Administrative Officer  T: (860) 509-7713  F: (860) 509-8391  E-mail: <a href="mailto:minerva.sisco@ct.gov">minerva.sisco@ct.gov</a></p>	<p>Bank reconciliation &amp; Treasury Report  Beechnut &amp; Mead Johnson rebates  Local agencies and Breastfeeding  EBT report 425</p>

**D. LOCAL AGENCY ORGANIZATION**

<b>LOCAL AGENCY</b>	<b>PROGRAM COORDINATOR</b>	<b>PROGRAM NUTRITIONIST</b>
<p><b>The Access Agency, Inc. WIC Program</b>            1315 Main Street, Suite 2            Willimantic, CT 06226            (860) 450-7405  <a href="mailto:karen.lechene@accessagency.org">karen.lechene@accessagency.org</a></p>	<p>Karen Lechene</p>	<p>Patricia Gaenzler</p>
<p><b>Optimus Health Care Bridgeport WIC Program</b>            1450 Barnum Avenue            Bridgeport, CT 06610            (203) 333-9200  <a href="mailto:vsantiago@ophc.org">vsantiago@ophc.org</a></p>	<p>Verletha Santiago</p>	<p>Marla Cofrancesco</p>
<p><b>Bristol Hospital WIC Program</b>            9 Prospect Street            Bristol, CT 06010            (860) 585-3280  <a href="mailto:mdickau@bristolhospital.org">mdickau@bristolhospital.org</a></p>	<p>Melissa Dickau</p>	<p>Sarah Feller</p>
<p><b>Danbury Health Department WIC Program</b>            80 Main Street            Danbury, CT 06810            (203) 797-4629  <a href="mailto:MascoliP@ct-inctitute.org">MascoliP@ct-inctitute.org</a></p>	<p>Patricia Mascoli</p>	<p>Ann Marie Evans</p>
<p><b>East Hartford Health Department WIC Program</b>            754 Main Street            East Hartford, CT 06108            (860) 291-7323  <a href="mailto:ctdphwic23@ct.gov">ctdphwic23@ct.gov</a></p>	<p>Kathy Minicucci</p>	<p>Bina Patel</p>
<p><b>Family Strides, Inc. WIC Program</b>            350 Main Street, Suite C            Torrington, CT 06790            (860) 489-1138  <a href="mailto:nlaracuate@familystrides.org">nlaracuate@familystrides.org</a></p>	<p>Nicole Laracuate (Acting)</p>	<p>Kristen Vilardi</p>
<p><b>Hartford Health Department WIC Program</b>            131 Coventry Street            Hartford, CT 06112            (860) 757-4780  <a href="mailto:EDWAD002@hartford.gov">EDWAD002@hartford.gov</a></p>	<p>Devone Edwards</p>	<p>Danielle Smiley</p>

## Local Agency Organization cont'd

<p><b>Meriden Health Department WIC Program</b>          165 Miller Street          Meriden, CT 06450          (203) 630-4245  <a href="mailto:ctdphwic15@ct.gov">ctdphwic15@ct.gov</a></p>	<p>Patricia Sullivan</p>	<p>Shelley Carpenter</p>
<p><b>Yale New Haven Hospital WIC Program          Saint Raphael Campus</b>          1401 Chapel Street          New Haven, CT 06511          (203) 789-3563  <a href="mailto:Mary.chervenak@ynhh.org">Mary.chervenak@ynhh.org</a></p>	<p>Mary Chervenak</p>	<p>Jennifer Gemmell</p>
<p><b>Stamford Health Department WIC Program</b>          888 Washington Boulevard          Stamford, CT 06904          (203) 977-4385  <a href="mailto:RMarotta@ci.stamford.ct.us">RMarotta@ci.stamford.ct.us</a></p>	<p>Rona Marotta</p>	<p>Gloria Kelley</p>
<p><b>Thames Valley Council for Community Action (TVCCA) WIC Program</b>          83 Huntington Street          New London, CT 06320          (860) 425-6620  <a href="mailto:sdrake@tvcca.org">sdrake@tvcca.org</a></p>	<p>Sarah Drake</p>	<p>Monica Schwendeman</p>
<p><b>Waterbury Health Department WIC Program</b>          1 Jefferson Square, 1<sup>st</sup> Floor          Waterbury, CT 06706          (203) 574-6785  <a href="mailto:kvendetti@waterburyct.org">kvendetti@waterburyct.org</a></p>	<p>Kara Vendetti</p>	<p>Michael Dessalines</p>

**PROGRESS ON**

**FFY 2015**

**GOALS AND  
OBJECTIVES**

## **Program Functional Area 1: Management and Organization**

**Goal 1: Ensure program integrity, cost-effectiveness, quality of services and accountability in the delivery of nutrition services in the provision of food benefits.**

**By September 30, 2015**

**Objective 1.1: Implement a Memorandum of Understanding (MOU) with the State Department of Social Services (DSS) and Medicaid/ Managed Care Providers to provide cross referrals and seamless and consistent services to WIC clients.**

**Objective 1.2: Implement a Memorandum of Understanding (MOU) with the State Department of Children and Families (DCF) that addresses sharing of information between agencies.**

**Objective 1.3: Provide a 1-2 day leadership and management workshop for LA Coordinators/Program Nutritionists/SA staff.**

**Objective 1.4: Review, update and enhance WIC Continuity of Operations/Disaster Preparedness Plan**

**Objective 1.5 Update State and local agency procedures regarding inquiries regarding participants from law firms or attorneys.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Progress</b>
<b>1.1 Implement a Memorandum of Understanding (MOU) with the State Department of Social Services (DSS) and Medicaid/HUSKY Managed Care Provider (CHN-CT) to provide cross referrals and seamless and consistent services to WIC clients.</b>	<p>Develop priorities and strategize multi-prong approach regarding WIC business case.</p> <ul style="list-style-type: none"> <li>• Attend face-to-face meetings.</li> <li>• Identify specific liaisons from Connecticut's Medicaid Program HUSKY and WIC</li> <li>• Negotiate content, periodicity and exchange of shared data fields.</li> <li>• Develop a customized information packet for HUSKY and CHN-CT staff regarding referring to WIC.</li> <li>• Identify best practice collaborations at local agencies</li> <li>• Develop a mechanism to evaluate cross referral process between HUSKY and WIC.</li> </ul>	N/A	<p>Continue efforts to implement the executed data-sharing MOU (currently being handled at the Commissioner level). Evidence of enhanced cross referral between WIC and HUSKY and CHN-CT (Managed Care provider)</p>	<p>Progress is slow re: data sharing. WIC Epi forwarded first batch of prenatal data to DSS (HUSKY) in Q4, FY 2015. Still awaiting HUSKY data. See 12.1 b. for additional details.</p>

<p><b>1.2 Implement a Memorandum of Understanding (MOU) with the State Department of Children and Families (DCF) that addresses sharing of information between agencies.</b></p>	<ul style="list-style-type: none"> <li>• Continue meeting with workgroup of agency representatives, including the DPH Hearing Office</li> <li>• Develop an understanding of each agency's requirements.</li> <li>• Develop MOU language and execute the agreements</li> <li>• Provide training to State and local agency staff.</li> </ul>	<p>N/A</p>	<p>Executed MOU Local and State Agency understanding of procedures</p>	<p>No progress. Tabled until 2016.</p>
<p><b>1.3 Provide a 1-2 day leadership and management workshop for Local Agency Coordinators/Program Nutritionists/SA staff.</b></p>	<ul style="list-style-type: none"> <li>• Secure facilitator, date, content and location.</li> <li>• By end of 2nd quarter, develop and finalize contract as needed.</li> <li>• Attend logistics meetings.</li> <li>• Conduct meeting.</li> <li>• Evaluate and plan for future/ongoing training.</li> </ul>		<p>Workshop offered. 90% of retreat attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p> <p>Program and Nutrition monitoring confirms that 50% of local agency management staff incorporate concepts reviewed at retreat into program operations to improve services.</p>	<p>Workshop held March, 13, 2015 See attached agenda for training objectives and topics.</p> <p>Evaluation of post-test for measurable strategies session: 90.3% of completed test scored 80% or more; and post-test average is 90.2%. See 10.2</p>
<p><b>1.4 Review, update and enhance WIC Continuity of Operations/Disaster Preparedness Plan.</b></p>	<ul style="list-style-type: none"> <li>• Review and incorporate CT DPH COOP plan</li> <li>• Incorporate Disaster Preparedness Data Recovery (DPH IT) Plan components</li> <li>• Provide training to State and Local Agency staff</li> </ul>		<p>CT-DPH COOP is updated with WIC components. CT WIC Emergency Preparedness Plan is updated as needed.</p> <p>100% of State and local agency staff receive training on DPH COOP plan and WIC Emergency Preparedness policies.</p> <p>100% of local agencies provide</p>	<p>Provided update to Coordinators' on development of local agency disaster plan for Local agency Plan (LAP) submission. 100% of local agencies completed disaster-planning templates as part</p>

			acceptable Emergency Preparedness Plan annually in LAP.	of annual submission of LAP.
<p><b>1.5 Clarify State and local agency procedures regarding inquiries regarding participants from law firms or attorneys.</b></p>	<ul style="list-style-type: none"> <li>• Contact DPH legal office to verify internal procedures.</li> <li>• Consult current WIC regulations.</li> <li>• Develop State and local agency policy to clarify process for dealing with outside requests from attorneys.</li> <li>• Train all WIC staff on policy implementation</li> </ul>		Final policy is incorporated into the Local agency Policy and Procedure Manual and State Operations Manual.	Formal Statewide training still in process. Provided individual support to local agencies as needed.

## Program Functional Area 2: Nutrition Services and Breastfeeding Support & Promotion

### Goal 2: Improve the nutritional and overall health of WIC families in Connecticut.

By September 30, 2015:

**Objective: 2.1 At least 70% of pregnant women participating in the WIC Program, for a minimum of 6 months, gain appropriate weight.**

**Objective: 2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.**

**Objective: 2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.**

**Objective: 2.4a. The prevalence rate of BMI  $\geq$  85<sup>th</sup> percentile to < 95<sup>th</sup> percentile for children 2-5 years does not exceed 10%.**

**2.4b. The prevalence rate of BMI  $\geq$  95<sup>th</sup> percentile for children 2-5 years of age does not exceed 15%.**

**Objective: 2.5 At least 65% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.**

**Objective: 2.6 At least 10% of infants enrolled in the WIC Program are breastfed for 6 months or more.**

**Objective: 2.7 Increase the percentage of blood work results obtained and recorded in SWIS for 18-month old children.**

**Objective: 2.8 100% of local agencies will use outcome data and nutrition risk factor report to prioritize, develop and implement targeted nutrition education.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p><b>2.1 At least 70% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b></p>	<p>Work with Epidemiologist and IT to refine data collection and reporting using IOM prenatal BMI weight gain recommendations and to implement the revised quarterly report on Maternal Weight Gain by FY2016.</p> <p>Continue to monitor trends and assess local agency staff skills in identifying women at risk for low or high weight gain during pregnancy, and the effectiveness of education efforts on:</p> <ul style="list-style-type: none"> <li>• Underweight/Overweight prior to pregnancy</li> <li>• Proper nutrition during pregnancy</li> <li>• Risks of Smoking</li> <li>• ETOH/drug dangers</li> </ul> <p>Secure an expert speaker on how to discuss weight gain with</p>	<p><b>2015 WIC Objective: <math>\geq</math> 70%</b></p> <p>FFY 2009: 67.2% Range: 57.9% - 76.5%</p> <p>FFY 2010: 66.4% Range: 42.3% - 81.3%</p> <p>FFY 2011: 68.8% Range: 59.0% - 81.1%</p> <p>FFY 2012: 72.1% Range: 48.9% - 85.4%</p> <p>FFY 2013: 73.0% Range: 48.6% - 86.6%</p> <p>FFY 2014: 72.3% Range: 53.8% - 83.3%</p> <p>FFY 2015: 28.4% Range 20.5% - 34.2%</p> <p>Q1: 29.7% to Q3: 26.9% = 2.8%age-point decrease in moms gaining appropriate weight during pregnancy (* 9 month average)</p> <p>Source: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p>	<ul style="list-style-type: none"> <li>• SWIS quarterly and annual reports with revised analysis and presentation of results.</li> <li>• Referral &amp; counter-referral reports</li> <li>• Results of monitoring show greater than 80% of local agencies reviewed: <ul style="list-style-type: none"> <li>▪ Provide appropriate frequency of visit to discuss and monitor prenatal weight gain.</li> <li>▪ Use effective educational methods and appropriate education materials to assist pregnant women in gaining appropriate weight based on IOM recommendations.</li> </ul> </li> </ul> <p>Change in trend data over time for</p>	<p>Target not met. New reporting criteria indicate lower percentages statewide. Objective has been adjusted downward for FY2016.</p> <p>Results of monitoring show that weight gain during pregnancy was adequately addressed by 75% of local agencies monitored. Most staff utilized the weight gain grid to discuss weight gain during pregnancy and at least 50% utilized additional education materials.</p> <p>Liaisons have been performing technical assistance to local agencies when the</p>
<b>Cont.</b>				

<p><b>2.1</b>  <b>At least 70% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b></p>	<p>pregnant moms. Provide training during a statewide meeting on this topic by 9/30/15.</p> <p>Develop guidance document specific to weight gain during pregnancy.</p> <p>Review measurable strategies for increasing percentage of women that gain appropriate weight in local agency plans.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>		<p>low performing agencies.</p>	<p>need is indicated.</p>
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<p><b>2.2</b> <b>The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</b></p>	<p>Implement the revised quarterly report on Low Birth Weight by FY 2015.</p> <p>Continue to monitor trends and improve weight gain during pregnancy. During review observe for nutritionist identification and discussion of contributing factors for this risk: History of LBW or pre-term delivery, Mother's age, pre-pregnancy BMI etc.</p> <p>Monitor for local agency incorporation of smoking during pregnancy guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>Review measurable strategies for reducing incidence of LBW in local agency plans.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>	<p><u>2015 WIC Objective: ≤ 6%</u></p> <p><u>FFY 2010:</u> 5.8% Range: 1.8% - 10.0%</p> <p><u>FFY 2011:</u> 6.1% Range: 3.5% - 8.5%</p> <p><u>FFY 2012:</u> 6.0% Range: 1.7% - 8.7%</p> <p><u>FFY 2013:</u> 6.4% Range: 3.1% - 9.0%</p> <p><u>FFY 2014:</u> 5.8% Range: 1.4% - 8.3%</p> <p><u>FFY 2015: 3.2% *</u> Range: 0.0% - 5.6% - Moms NOT on WIC during pregnancy: Q1: 4.3% to Q3: 2.9% = 1.4%age-point decrease in LBW deliveries - Moms on WIC during pregnancy: Q1: 3.4% to Q3: 2.4% = 1.0%age-point decrease in LBW deliveries* 9-month average; excludes pre-term &amp; multiple births</p> <p><u>Source:</u> CT SWIS, Outcome Objective #2 – LBW Incidence; quarterly reports, by federal fiscal year.</p>	<p>SWIS quarterly and annual reports with revised analysis &amp; presentation, allowing WIC to quantify its impact on participants, based on time in WIC.</p> <p>Reduce health disparities.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>New, corrected report designed, tested and implemented.</p> <p>Target met.</p> <p>End-of-year results are slightly (0.5%age-points) better for women who were on WIC during pregnancy (2.4%) compared to those who were not (2.9%).</p> <p>Results of monitoring show that Nutritionists in greater than 80% of local agencies are identifying and discussing factors contributing to LBW during educational sessions and providing appropriate educational materials to reinforce information covered.</p> <p>Most of local agencies monitored have not implemented the Smoking lesson plan. However, the majority are providing information on smoking during pregnancy during their counseling sessions.</p> <p>Liaisons are providing technical assistance when the need is indicated.</p>
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<p><b>2.3</b>  <b>The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</b></p>	<p>Implement the revised quarterly report on Childhood Anemia by FY 2015.</p> <p>Monitor trends and assess local agency staff skills in identifying children at risk for anemia and effectiveness of education efforts on:</p> <ul style="list-style-type: none"> <li>Iron-rich food sources, explanation of anemia/ risks, importance of timely blood work, appropriate iron supplementation and low-iron's connection with risk for lead poisoning.</li> <li>Making appropriate referrals and follow-up.</li> </ul> <p>Monitor for local agency incorporation of anemia guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>	<p><b>2015 WIC Objective: <math>\leq 7.5\%</math></b></p> <p><u>FFY 2010</u>: 6.8%  Range: 2.4% - 10.6%</p> <p><u>FFY 2011</u>: 6.8%  Range: 4.1% - 8.8%</p> <p><u>FFY 2012</u>: 7.8%  Range: 4.4% - 10.5%</p> <p><u>FFY 2013</u>: 8.3%  Range: 4.2% - 12.3%</p> <p><u>FFY 2014</u>: 10.2%  Range: 4.6% - 14.5%</p> <p><b>FFY 2015: 9.9% *</b>  <b>Range: 5.4% - 17.8%</b></p> <p>- Kids on WIC &lt; 1yr with anemia:  Q1: 10.1% to Q3: 10.8%  = 0.7% age-point increase in anemia</p> <p>- Kids on WIC <math>\geq</math> 1yr with anemia:  Q1: 9.8% to Q3: 10.1%  = 0.3% age-point increase in anemia</p> <p>* 9-month average</p> <p><u>Source</u>: CT SWIS, Outcome Objective #4 – Anemia Rate; quarterly reports, by federal fiscal year.</p>	<p>SWIS quarterly and annual reports with revised analysis &amp; presentation, allowing WIC to quantify its impact on participants, based on time in WIC.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>Change in trend data over time for low performing agencies</p>	<p>Target not met. 9.9% (Although end-of-year results are 0.7%age points better for children who were on WIC for a year or more (10.1%) compared to those who were not (10.8%).</p> <p>Results of monitoring show 90% of local agency staff use effective educational methods and appropriate materials for discussing anemia and anemia risks. 3 out of 5 agencies have adapted the Anemia Lesson plans (and related content sheet) and incorporated the messages into individual and/or group education sessions.</p> <p>The lowest performing agencies were TVCCA and Hartford. These agencies were also identified as having the highest number of children without follow-up bloodwork. Technical assistance is being provided to assist these agencies with strategies to address this problem.</p>
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<p><b>2.4</b></p> <p><b>a. The prevalence of BMI <math>\geq</math> 85<sup>th</sup>ile to &lt; 95<sup>th</sup>ile for children 2-5 years of age does not exceed 10%.</b></p> <p><b>b. The prevalence of BMI <math>\geq</math> 95<sup>th</sup>ile for children 2-5 years of age does not exceed 15%.</b></p>	<p>Implement the revised quarterly report on Childhood Overweight and Obesity by FY 2015.</p> <p>Provide training and guidance to local agencies on incorporating measurable strategies for reducing childhood overweight and obesity into their local agency plans.</p> <p>Monitor local agency incorporation of the three (3) lesson plans targeted to prevent obesity- fruit and vegetable intake, physical activity and introduction to solids.</p> <p>See- Functional Area 12, Data Quality, Analysis and Reporting for information on IT and Epi specific activities related to this objective.</p>	<p><u>2015 WIC Objectives:</u></p> <p><b>a. OVERWEIGHT: <math>\leq</math> 10%</b> (BMI <math>\geq</math> 85<sup>th</sup>ile to &lt; 95<sup>th</sup>ile)</p> <p>FFY 2013: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014: 12.2%* Range: 7.3% - 16.6%</p> <p>FFY 2015: 15.5% * Range: 8.7% – 18.6% Children on WIC &lt; 1yr: Q1: 16.4% to Q3: 15.7% = 0.7%age-point decrease in overweight Children on WIC <math>\geq</math> 1yr: Q1: 15.4% to Q3: 15.5% = 0.1%age-point increase in overweight (* 9-month average)</p> <p><b>b. OBESITY: <math>\leq</math> 15%</b> (BMI <math>\geq</math> 95<sup>th</sup>ile)</p> <p>FFY 2013: 13.1% Range: 7.3% - 18.3%</p> <p>FFY 2014: 12.3% Range: 6.7% - 17.9%</p> <p>FFY 2015: 15.2% * Range: 13.3% – 22.4% - Children on WIC &lt; 1yr: Q1: 13.9% to Q3: 13.7% = 0.2%age-point decrease in obesity - Children on WIC <math>\geq</math> 1yr: Q1: 15.3% to Q3: 15.1% = 0.2%age-point decrease in obesity</p> <p>Source: CT SWIS, Outcome Objective #5a: Childhood Overweight; #5b: Childhood Obesity; quarterly reports, by federal fiscal year.</p>	<p>SWIS quarterly and annual reports with revised analysis &amp; presentation, allowing WIC to quantify its impact on participants, based on time in WIC.</p> <p>Childhood BMI or obesity Outcome Objective is included in FY 2015 State Plan and is included in all local agency plans.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist parents in having their children gain weight appropriately.</p> <p>Results of monitoring show 100% of local agencies have implemented one or more of the three (3) lesson plans targeting obesity prevention.</p> <p>By FY 2016 all local agencies will implement all 3 obesity prevention lesson plans.</p>	<p>The new quarterly reports on Childhood Overweight and Obesity have been designed, tested and implemented.</p> <p>Targets not met. (Overweight = 15.5%; obesity = 15.2%), although end-of-year results are very slightly improved (0.2%age-points) compared to start-of-year results for obesity.</p> <p>The Childhood BMI – Overweight/Obesity Outcome objective was included in all local agency plans in FY 2015.</p> <p>On March 13, 2015 local agency management received training on developing measurable strategies. Since March, State liaisons have met with local agency management to further develop measurable strategies. BMI Guidance has been developed as a resource for local agency staff. Training on the BMI Guide and Motivational Interviewing will be conducted at the September Statewide</p>
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				meeting.  3 of the 5 agencies have incorporated or adapted the three (3) lesson plans targeted to prevent obesity. However, most local agencies continue to struggle with effectively communicating and goal setting with families of overweight or obese children.
<p><b>2.5</b> <b>At least 65% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</b></p>	<p>Implement the revised quarterly report on Breastfeeding Initiation &amp; Duration by FY 2015.</p> <p>Facilitate quarterly WIC Breastfeeding Committee meeting and activities.</p> <ul style="list-style-type: none"> <li>Develop consistent content for breastfeeding group education.</li> <li>Train local staff to implement three (3) new Breastfeeding Content Sheets</li> <li>Update 5 existing Breastfeeding Content Sheets as needed.</li> <li>Revise as needed the Connecticut Breastfeeding Guidelines.</li> </ul>	<p><u>2015 WIC Objectives: ≥65%</u></p> <p>HP 2020: 81.9%</p> <p>FFY 2009: 63.7% Range: 52.1% - 88.9%</p> <p>FFY 2010: 65.8% Range: 53.9% - 91.2%</p> <p>FFY 2011: 65.0% Range: 49.8% - 88.4%</p> <p>FFY 2012: 69.9% Range: 48.5% - 91.4%</p> <p>FFY 2013: 75.9% Range: 66.7% - 90.7%</p> <p>FFY 2014: 76.2% Range: 59.3% - 93.0%</p> <p>FFY 2015: 77.3% * Range: 58.0% - 92.3% - Moms NOT on WIC during pregnancy: Q1: 63.6% to Q3: 64.0% = 0.4%age-point increase in BF initiation - Moms on WIC during pregnancy: Q1: 76.8% to Q3: 77.7% = 0.9%age-point increase in BF initiation (* 9-month average)</p>	<p>SWIS quarterly and annual reports, with revised analysis &amp; presentation, allowing WIC to quantify its impact on participants, based on time in WIC.</p> <p>Documentation of improved compliance with guidelines per technical assistance reviews and monitoring reports. More than half of agencies visited will meet or exceed performance standards. Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist mothers in making an informed choice on infant feeding.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist mothers in successful initiation of breastfeeding.</p> <p>Record of meetings and joint tasks or projects accomplished from CBC, CT Chapter of the American Academy of Pediatrics (CT-AAP) and other groups.</p>	<p>Implemented the revised quarterly report on Breastfeeding Initiation during 2015. As a result, revised targets to reflect new data trends.</p> <p>Target met. End-of-year results are significantly (13.7%age-points) better for women who were on WIC during pregnancy (77.7%) compared to those who were not (64.0%).</p> <p>Local agency Breastfeeding Committee developed three Content Sheets in 2015. Supporting breastfeeding Using the WHO Growth Standards 0-24 months, Secrets of Baby Behavior and Supporting Breastfeeding Goals of</p>

	<p>Monitor for implementation and use of Breastfeeding Outreach Presentation.</p> <p>Continue to incorporate breastfeeding into 2 monitoring visits in FY 2015.</p> <p>Coordinate breastfeeding portion of CDC 1305 (SHAPE) grant.</p>	<p>Source: CT SWIS, Outcome Objective #3a – BF Initiation Rate; quarterly reports by federal fiscal year.</p>	<p>Overweight and Obese Women. They are available on <a href="#">CT-WIC Breastfeeding Resources</a> page.</p> <p>No updates to existing Breastfeeding Content Sheets were made in 2015.</p> <p>Connecticut Breastfeeding Promotion and Support Guidelines and WIC 300-12 Policy were revised. Local agencies were trained on new Content Sheets during 12-12-15 Statewide Meeting. Local agency Breastfeeding Coordinators' received training on updated Guidelines and policies during April meeting. Local agency memorandum was also sent to all staff on May 1, 2015.</p> <p>Updated breastfeeding monitoring questions to more effectively assess for adherence to CT Breastfeeding Promotion and Support Guidelines. Due to staffing changes, did not conduct breastfeeding specific reviews in 2015. May need to re-think this approach in 2016.</p>
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				See newly revised <a href="#">DPH Breastfeeding page</a> , for updates on breastfeeding portion of SHAPe grant.
<p><b>2.6</b> <b>At least 10% infants enrolled in the WIC Program are breastfed for 6 months or more.</b></p>	<p>Test and implement the revised quarterly report on Breastfeeding Initiation &amp; Duration by FY 2015. (IT and Epi Units)</p> <p>Monitor for incorporation of strategies to increase breastfeeding duration in local agency plans. Include revised measure as part of LAP performance measures.</p> <p>Manage WIC Breastfeeding Peer Counseling Programs. Monitor performance of Hartford and New Haven programs. Submit reports to USDA Continue to implement pilots and refine protocols Analyze data for pilot sites</p> <p>Follow-up on implementation of USDA's Loving Support: Building Breastfeeding Competencies initiative. Incorporate portions of the Grow &amp; Glow modules into revised new staff orientation and competencies.</p> <p>Work with CT Ten Step Collaborative on sustainability of</p>	<p><u>2015 WIC Objective:</u> ≥ 10% <u>HP 2020 Objectives:</u> 60.9%</p> <p>Pending implementation of newly designed quarterly report.</p> <p><u>2015 WIC Objective:</u> ≥ 10% <u>HP 2020 Objectives:</u> 60.9%</p> <p><u>FFY 2015:</u> 61.5% * <u>Range:</u> 41.3% – 87.9% - Moms NOT on WIC during pregnancy: Q1: 44.6% to Q3: 46.7% = 2.1%age-point increase in BF duration @ 6mos - Moms on WIC during pregnancy: Q1: 60.4% to Q3: 62.1% = 1.7%age-point increase in BF duration @ 6mos (* 9-month average)</p>	<p>Record of meetings and technical assistance provided to local agencies, local agency BF coordinators and CT Breastfeeding Coalition</p>	<p>New, corrected report designed, tested and implemented. As a result, increased the WIC breastfeeding duration target (At 6 months) to 50% for 2016.</p> <p>Target met. End-of-year results are significantly (15.4%age-points) better for women who were on WIC during pregnancy (62.1%) compared to those who were not (46.7%).</p> <p>For updates on Peer Counseling programs, see annual Implementation Plan Update.</p> <p>Working on CT WIC peer counseling modules to incorporate peer counseling visits and documentation into new MIS. New MIS will allow easier collection and retrieval of data.</p>

	<p>Connecticut Breastfeeding Initiative (CBI) and CDC 1305 grant.</p> <p>Convene 2 meetings of the DPH internal breastfeeding committee in FY 2015.</p> <p>Work with Day Care licensing section to offer breastfeeding training for center based providers. Plan to adapt Access agency training for Statewide use.</p> <p>Coordinate at least one (1) Breastfeeding-focused CT-AAP teleconference in FY 2015.</p> <p>Actively participate in the CT Breastfeeding Coalition (CBC).</p>		<p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate resources to assist mothers in meeting their established breastfeeding duration goals.</p> <p>Results of monitoring show greater than 80% of local agencies are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p> <p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled and duration rates.</p> <p>Breastfeeding competencies finalized and implemented as part of new staff orientation and competencies.</p> <p>Two meetings of DPH internal BF committee were held and Access child care provider training is adapted for statewide use.</p> <p>One CT-AAP teleconference is held in 2015. Evaluations are reviewed.</p>	<p>Incorporated parts of WIC Works Resource System breastfeeding modules into <a href="#">Staff Training expectations and Guidance documents</a></p> <p>Results of monitoring show 70% of local agency staff use effective educational methods and appropriate materials resources to assist mothers in meeting their established breastfeeding duration goals.</p> <p>Results of monitoring show greater than 80% of local agencies are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding, and resources that outline CT breastfeeding laws.</p> <p>Internal Breastfeeding Committee disbanded due to other agency priorities and staff resources. In addition, due to reorganization, training for day care Licensing section was not accomplished. We will re-evaluate this for</p>
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				2016.  CT-AAP teleconference wasn't held. Plan underway for 2016 teleconference.
<b>2.7 Increase percentage of blood work results obtained and recorded in SWIS for 18-month old children.</b>	<p>Identify local agencies with issues obtaining 15-18 month bloodwork results for 18-month old children.</p> <p>Identify Health Care Providers (HCP) not in compliance with the ESPDT periodicity schedule. Work with DSS liaison and HCP's to resolve.</p>	PC error reports data?	<p>PC 2014 Data, Chart audit results.</p> <p>Increase the percentage of bloodwork results obtained.</p> <p>Decrease in the number of reported cases of HCP's noncompliance.</p>	<p>State Agency ran a query/report to determine how many children &lt;24 months are without bloodwork results. No significant patterns observed. Ongoing efforts with DSS to address issue of HCP's non-compliance with ESPDT periodicity schedule.</p>
<b>2.8 100% of local agencies will use outcome data and nutrition risk factor report to prioritize, develop and implement targeted nutrition education.</b>	<p>During technical assistance visits and routine monitoring, assess local agency use of State outcome data and nutrition risk factor reports to prioritize, develop and implement core lesson plans and individualized local agency lesson plans, if needed.</p> <p>State staff will review FY 2014 local agency plan evaluation reports and FY 2015 local agency plans for objectives and strategies that utilize one or more core nutrition education lesson plans.</p> <p>Twice a year, discuss successes and/or challenges with local agency implementation lesson plans as result of technical assistance and monitoring visits, to troubleshoot and identify best practices for replication.</p>	<p>Quarterly outcome reports and SWIS reports</p> <p>2013 and 2014 Local agency plans</p>	<p>Local agencies report on implementation of at least one new sample lesson plan in 2015 (using one of five (5) core lesson plans).</p> <p>Local agencies will incorporate strategies in LAP to fully implement process to use outcome and nutrition risk factor report data to prioritize, develop and implement nutrition education lesson plans</p> <p>Improved evaluation of outcome objective data and setting of targets objective(s) based on data.</p> <p>Well planned strategies utilized in lesson plan development that are effective at addressing the objective.</p>	<p>Of the 6 local agencies scheduled for review this year, only 1 reported plans to implement at least one <u>new</u> sample lesson in 2015 in their LAPs</p> <p>100% of the local agencies included in the local agency plan; plans to use lesson plans target specific objectives to improve outcome data. 11 out of 12 agencies planned to target anemia, and 10 out of 12 planned to target overweight and obesity. However, the objectives and strategies were not written in measurable, specific terms. This was identified as an area</p>

				requiring technical assistance from the State agency. Guidance on "Writing Measurable Objectives and Strategies" was provided during the Statewide Local Agency Management Retreat in March 2015. The post evaluation test score average was 90%. Well-planned, measurable strategies are expected to be implemented during FFY16.
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## Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY

### Goal 3: To improve food delivery operations at the state and local agency level.

**Objective: 3.1 Increase to 100% timely monthly receipt of local agency unused check stock inventory reports.**

**Objective: 3.2 Implement Final Rule for Revisions in the WIC Food Packages.**

**Objective: 3.3 Improve access to special formulas at retail stores.**

**Objective: 3.4 Improve program integrity with documentation of and follow-up on the on-line sale of food benefits and formula.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>3.1 Increase to 100% timely monthly receipt of local agency unused check stock inventory reports.</b>	An appointment was sent in FY12 to each Coordinator's Outlook calendars that the report is due on the 15 <sup>th</sup> of every month with a reminder 3 days before. An email will be sent to LA if the report is not received by the middle of the month.	Currently an average of 87% compliance	Compliance of local agency reports. Decreased finding of non-compliance in management evaluation reports.	Average is: 94% of agencies sending in timely reports
	Consistently noncompliant agencies will be referred to local agency liaison and program monitor for follow up during local agency reviews.	1-2 non-compliant agencies each month, some for consecutive months	Results of the unused check stock inventory report spreadsheet. Monitoring report findings.	Program monitor requested information in February 2015.
<b>3.2 Implement Final Rule for Revisions in the WIC Food Packages.</b>	Distribute new food lists to vendors and participants. Revise minimum inventories, price stock survey forms and monitoring reports, collect prices on new items.	Final rule effective 2/28/14.	9/1/14 approval of new brands and food items and new WIC Approved Food List dated October 1, 2014.	Food list distributed to participants and vendors in December 2014
	Local agencies to utilize education materials to discuss change to 1% or skim milk, whole grain pasta option, increased brands of breads and canned beans now offered to CT participants.	1 <sup>st</sup> quarter of FY15	New Food List is printed.	Implemented on October 1, 2014, limited pasta sizes implemented on October 24, 2014
	Monitor prices for new products for individual items and overall food costs	2 <sup>nd</sup> Quarter of FY15	Higher prices for new items: canned beans	Price stock surveys received on October 10, 2014 and April 30, 2015
	Issuance of all Connecticut WIC checks reflecting full implementation of the new food package changes for all categories of WIC participants.	2 <sup>nd</sup> Quarter of FY15	Issued check files. New peer group maximums are sent to the bank.	By January 1, all participants will be given checks for new food packages.

	Potentially adding yogurt to the food package	3 <sup>rd</sup> Quarter of FY15	Option is available to implement in April 2015.	Added the newly approved foods yogurt and white potatoes to the CT Food List on May 1, 2015
<b>3.3 Improve access to special formulas at retail stores.</b>	Revise draft document to update names, sizes, UPC codes and distributor ordering codes of all CT approved formulas and medical foods.	1 <sup>st</sup> Quarter of FY15	Facilitate WIC participants obtaining formulas and medical foods from authorized WIC vendor locations in a timely manner.	Formulary updated in June 2015 with UPC codes added.
	Distribute document to local agencies for participant use, as well as authorized vendors and their corporate offices.	1 <sup>st</sup> Quarter of FY15	Vendors are able to better serve WIC customers needing formulas and medical foods.	Postponed to September 2015
	Include the document in printed annual training materials and interactive training presentations.	2 <sup>nd</sup> – 4 <sup>th</sup> Quarters of FY15	Make vendors aware that the tool exists to help serve WIC customers' needs.	Materials and presentations will be updated after implementation-1 <sup>st</sup> quarter of FY16
	Explore alternatives to state ordered special formula and medical foods (i.e. obtain all products from retail stores)	2 <sup>nd</sup> Quarter of FY15	Local agency management process of formulas to be improved and necessary when EBT is implemented.	Decided not to use CAP Lancaster, vendors informed in July 2015 that all formulas were to be obtained at retailers
<b>3.4 Improve program integrity through documentation of and follow-up on the on-line sale of food benefits and formula.</b>	<p>Weekly, monitoring and responding to on-line advertisements offering WIC commonly issued food benefits and/or formula.</p> <p>Comply with the Federal requirements for suspension and claims for participants that have offered for sale/sold or improperly disposed of food benefits and/or formula.</p> <p>Monitor for local agency compliance during reviews.</p>	2013 numbers	<p>Documentation of the number of the incidences of WIC Participant involvement and the number of ads responded to will document the degree of participant involvement.</p> <p>Determination if revised forms, local agency staff training and participant education reduce the online sale of WIC foods and/or formula.</p>	<p>Local agency staff has been trained on program integrity and revised forms are in use.</p> <p>During monitoring, 80% of staff have been observed providing participants education about sale or exchange of WIC formula or food benefits.</p>

## Program Functional Area 4: Vendor/Retailer Management

### Goal 4: To improve communication and effectiveness in Vendor/Retailer Management.

**Objective: 4.1 Enhance the WIC website and email usage to provide important vendor-related information.**

**Objective: 4.2 Expand Access databases to improve tracking of application/authorization processes and prepare for new MIS.**

**Objective: 4.3 Investigate and determine the process for changing State Regulations.**

**Objective: 4.4 Improve compliance investigation process to initiate and complete investigations within FY 15.**

**Objective: 4.5 Provide and implement corrective action plan in response to FY14 Vendor Management Evaluation.**

**Objective: 4.6 Prepare vendors for EBT implementation.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>4.1 Enhance the WIC website and email usage to provide important vendor-related information.</b>	Maintain links to federal regulations, vendor authorization process, vendor agreement and a monthly list of currently authorized vendors.	2014 information	Changes are needed for updated information.	Open enrollment posted in January 2015 and notice for no open enrollment in 2016 posted on August 12, 2015. Vendor list updated monthly, updated vendor council meeting dates. One chain used email to send October and April Price Stock Surveys via email. Renewal applications emailed to corporate offices vs. sending application packets.
	Modify the Frequently Asked Questions and answers posted on website to accommodate vendor requests.	1 <sup>st</sup> Quarter of FY15	A reduction in the number of similar type questions being asked.	Content posted on October 9, 2014
	Monitor vendors' usage of email for more timely communications.	85% of authorized stores provide an email address on their application.	Increased utilization of email and website by vendors to obtain relevant information. Reduction in calls for information that is provided online.	Slight increase in vendors using email for price changes

	Monitor compliance for 100% of vendors providing and utilizing an email address.	Continual follow up on vendors who do not provide an email address.	Require those without an email address to obtain one in Q1 to be used for all vendor communications.	Emails to ctwic mailbox increased by 50%.
	Explore options to effectively manage email distribution lists for vendors to prepare for electronic communications when EBT is implemented.	Email usage for bulletins/communications were sent to corporations and farmers in FY13. Vendors must provide an email address on all applications.	Increased communications to all vendors via email.	Exploring the creation of email distribution list from Access database
	Evaluate effectiveness of the website content and revise according to the needs of both the state and vendors, if deemed appropriate for publication.	Slight reduction in vendor calls related to topics posted available on website.	Updates to website information based on vendor feedback/questions. Reduction in calls received for routine information. Increased number of state staff referrals to the website for information.	Small reduction in calls about how to apply for authorization and callers are referred to the website.
<b>4.2 Expand Access databases to improve tracking of application/authorization processes and prepare for new MIS.</b>	Develop additional forms that feed data into a vendor management database.	Recent combining of two databases containing vendor demographics and several forms for tracking applications, monitoring visits, stamp orders and penalties/sanctions.	Standardized queries and reports developed to meet staff needs.	New form created to track status of investigations.
	Obtain pertinent training for all vendor management staff through in-service classes.	Minimal knowledge of and experience with Microsoft Access	"How-To" fact sheets and other resources developed and shared with Vendor Management staff. Expansion of staff knowledge base.	No progress; staff involved in new MIS functionality.
	Query the database for vendors included in each aspect of the application process (e.g. renewals, new stores under the same ownership, stores in the authorization process, etc.).	Vendor application information is tracked in a separate database.	Vendor database tracks and reports out vendor management activities by phase, and increases the efficiency and accuracy of the vendor application, selection and authorization process, from a store's initial request, through training, and determination of authorization.	Information was exported to Excel and used to track renewals, assign monitoring visits and status.
	Utilize queries to track progress and determine if internal deadlines will be met or need to be adjusted.	Some currently tracked through combination of Excel spreadsheets and Access databases.	Increased efficiency in managing yearly application/authorization tasks.	Modifications not made to track deadlines.

	Utilize database to facilitate updating information and preparing the annual TIP report (The Integrity Profile).	Currently tracked through the Access table and multiple Excel spreadsheets.	Decrease in time to complete the TIP report.	Epidemiologist has access to run queries on TIP fields needed.
<b>4.3 Investigate and determine the process for changing State Regulations.</b>	Review Federal Regulations and current State regulations to identify areas that are inconsistent.	Current state regulations have been in effect since June 1998.	Vendor Management policies are compliant with federal regulations, but have changed since state regulations were last updated.	No progress
	Using Connecticut's new eRegulations website, explore the process for changing regulations	State regulations are outdated.	CT eRegulations website became available in July 2013.	No progress
<b>4.4 Improve compliance investigation process to initiate and complete investigations within FY 15</b>	During the first quarter, select stores to be investigated, contractor to perform initial compliance buys, State WIC Office to review compliance buy reports and determine disposition.	3.8% completion rate in FY13	In FY12 and FY13, 5% requirement for investigations was not met.	Concentrated buys on vendors open for several years
	During the second quarter, send sanction letters and confirm receipt of notice of violations if applicable. Document file that a warning is not being issued if it will compromise the investigation.	N/A	Results of the compliance buy that identifies if violations occurred which may necessitate a sanction letter.	Fewer warnings sent than in the past and more file documentation as to not compromise the investigations.
	During the third quarter, contractor to perform follow up compliance buys as ordered.	N/A	Additional compliance buys performed on vendors that would have received warnings.	Follow up buys were ordered as needed.
	During the fourth quarter, send additional sanction, disqualification or CMP letters if applicable.	N/A	At least 50% of investigations are deemed to be complete.	Sanction letters are being sent. Many vendors are getting reciprocally disqualified as a result of SNAP DQ for longer than WIC DQ would have been.
	In 2 <sup>nd</sup> quarter of FY15, release RFP for compliance investigation services. Select winning bidder and issue contract to begin October 1, 2015.	Investigator has been on contract for over 10 years.	Investigation contract is expiring on September 30, 2015.	Drafted language, but RFP not released.
<b>4.5 Provide and implement corrective action plan in response to FY14 Vendor Management</b>	In Q1, review draft report and provide any clarification needed to USDA. Formal exit conference will be held and final report issued.	Findings/Required Corrective Actions (RCAs), Observations and Suggestions from report	Draft report issued in Q1 of FY15.	Exit conference held August 1, 2014 and ME final report issued October 6, 2014

<b>Evaluation.</b>	<p>In Q1, identify all areas to be addressed including but not limited to agreement changes, conflict of interest statements for all staff, re-evaluate and reduce calculated maximum prices, add high mean and pull together all high risk indicators to criteria.</p> <p>Improve tracking by electronic means for monitoring visit follow ups, closure of investigations, dates for shelf price collections, referrals to SNAP on WIC DQs.</p>	<p>Current high risk criteria</p> <p>Standard deviation is currently 2.0 +10%</p> <p>Tracked on paper or through filing system</p>	<p>Final report anticipated at end of Q1.</p> <p>Current FoxPro system does not have this reporting capability.</p>	<p>Areas were identified, CAP responses were formulated and sent via ME Tool, NERO comments submitted</p> <p>Access database must be queried to obtain lists of failed site visits, status of investigations and additional dates. New MIS will have an alert system and tracking mechanism.</p>
	<p>In Q1, obtain cost containment certification with the submission of FY15 state plan and required documents.</p>	<p>Initial vendor cost containment certification obtained September 2006</p>	<p>CT WIC worked with FNS in December 2013 to submit the necessary documents, but had not completed the submission.</p>	<p>Recertification package sent to NERO on 9/2/14, however, CT changed its policy on July 1, 2015 to no longer authorize A50 stores.</p>
	<p>In Q2, finalize corrective action plans and suggestion responses and upload into ME Tool.</p>		<p>Repeat findings on Vendor Management MEs.</p>	<p>Corrective actions implemented and loaded into ME Tool on an ongoing basis. Remaining items are discussed via monthly conference call.</p>

	<p>In Q2 implement changes and in Q3-Q4 assure that corrective actions are followed.</p> <p>In Q4 when new MIS is implemented, review corrective actions to assure that all issues are continuing to be addressed.</p>			<p>Agreement changes were made, conflict of interest and confidentiality statements were signed and tracked, new policies implemented for peer group structure, MARLs and competitive price criteria. Added high mean as a high risk indicator and creating one high risk report is in progress.</p>
<p><b>4.6 Prepare vendors for EBT implementation.</b></p>	<p>Update authorized vendors on EBT activities through bulletins, emails and through WIC Vendor Advisory Council.</p> <p>Communicate with vendors on available equipment.</p> <p>WIC Vendor Agreement changes to accommodate EBT language.</p>	TBD	Federal mandate to implement EBT by 2020	<p>Bulletin sent in June 23, 2015, bulletin planned for August 28, 2015, EBT discussed at renewal training in July 2015, discussed at WVAC meetings October 28, 2014, April 28, 2015 and August 13, 2015. WIC Program is forwarding Xerox Guide to WIC EBT and Vendor Survey to those who say they did not receive it. Agreement being drafted to replace checks with eWIC card.</p>

## Program Functional Area 5: Management Information Systems

**Goal 5: To maintain and enhance the WIC IT infrastructure.**

- Objective: 5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.**  
**Objective: 5.2 Establish a master schedule for all WIC IT projects**  
**Objective: 5.3 Continue the mainframe cost containment initiative.**  
**Objective: 5.4 Procure an MIS and EBT solution for Connecticut.**  
**Objective: 5.5 Move towards a self-service reporting environment for regular WIC information needs**  
**Objective: 5.6 Prepare for data migration and conversion to new MIS**  
**Objective: 5.7 Develop a new MIS equipment obsolescence plan.**  
**Objective: 5.8 Increase staff knowledge and utilization of current IT languages, tools and techniques**  
**Objective: 5.9 Implement new technologies to enhance productivity or system security.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Progress</b>
<b>5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.</b>	Re-program SWIS as required to accommodate changes in regulations and/or policy. Deploy new technologies as required by changes in USDA and/or DoIT policies.	NewSWIS version 1.61		Revisions made as necessary to address policy changes. Also additional edits to correct data irregularities prior to data conversion.
<b>5.2 Establish a master schedule of all WIC IT projects.</b>	Create and maintain a master schedule of IT activities.	All projects independent	Master calendar created and maintained.	Calendar maintained.
<b>5.3 Continue the mainframe cost containment initiative.</b>	Monitor various processes for usage, printing, disk and tape storage costs. Move certain processes from mainframe to server. Remove obsolete report processes.	Mainframe costs from prior year for given month	Maintain MF cost in report of MIS Cost Survey Feb 2010.	Costs maintained.
<b>5.4 Procure an MIS and EBT solution for Connecticut.</b>	Complete BEST required documents for system selection. Complete IAPD. Issue RFP. Award RFP.	Feasibility Study and related documents	BEST Approval. USDA Approval. RFPs Issued. RFPS Awarded.	Currently in contract negotiations for both MIS and EBT.

<p><b>5.5 Move towards a self-service reporting environment for regular WIC information needs.</b></p>	<p>Identify standard reports for automatic creation. Look at intranet or report server options for distribution. Look at ad hoc reporting capabilities for common requests.</p>	<p>As defined by CDC, USDA, program requirements and epidemiologist work.</p>	<p>Standard report list with creation calendar. Pilot intranet or report server. Pilot ad hoc reporting capability.</p>	<p>Epi currently exploring with IT staff option of using Microsoft's <i>One Note</i> to facilitate transmission of data reports to field staff. - Participation reports (by LA, clinic site, category, race/ethnicity, &amp; town of residence) ready for posting to WIC website.</p>
<p><b>5.6 Prepare for data migration and conversion to new MIS.</b></p>	<p>Updating SWIS technical documentation. Create data dictionary. Purging old data. Data scrubbing. Manual cleanup by Las. Conversion strategy for phased rollout.</p>		<p>System documentation. Data dictionary. Old data purged. Data scrubbed. Conversion strategy document.</p>	<p>Utility built into SWIS to allow data scrubbing of certain data issues.</p>
<p><b>5.7 Develop a new MIS equipment obsolescence plan.</b></p>	<p>Maintain operational status of IT infrastructure by providing timely service or replacement of defective equipment. Maintain inventory of IT equipment and implement. Replacement plans as dictated by resources and budget. Create upgrade/refresh schedule for next 18 months.</p>	<p>Current IT infrastructure</p>	<p>LAs are able to provide adequate services to participants during equipment downtime. End of Life determined for all key IT assets. Publicly available upgrade/refresh schedule for next 18 months.</p>	<p>Continue to refresh equipment. Oldest equipment has been replaced, updating licenses for software.</p>
<p><b>5.8 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</b></p>	<p>Include professional development as part of annual review criteria. Lunch and learn sessions to share knowledge. WIKI or sharepoint sites for all system.</p>	<p>Current knowledge and tools</p>	<p>Increased professional development. Lunch and learn sessions. Build out of WIKI or SharePoint sites for all systems.</p>	<p>Minimal activity</p>
<p><b>5.9 Implement new technologies to enhance productivity and system security.</b></p>	<p>Deploy new technologies to enhance productivity or system security. Larger or dual monitors. Intranet or Sharepoint for organizing information. Implement LINC (MS Communicator) for interagency communication. New switches for remote site admin.</p>	<p>Current IT infrastructure</p>	<p>New switches</p>	<p>New switches installed to allow remote maintenance. Currently planning communications upgrades to increase network speed.</p>

## Program Functional Area 6: Caseload Management/Outreach

**Goal 6: Effectively reach all eligible individuals as resources allow, and achieve the maximum caseload capacity to serve the greatest number of women, infants and children.**

**By September 30, 2015:**

**Objective 6.1: Increase by 2% enrollment of high-risk (pregnant women, infants) applicants by evaluating local agency targeted outreach activities for these populations.**

**Objective 6.2: All local agencies will implement consistent no-show tracking methodologies. Establish baseline using information from FY 2014 LAP submission.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p><b>6.1</b>  <b>Increase by 2% enrollment of high-risk applicants by evaluating local agency targeted outreach activities for these populations.</b></p>	<p>1<sup>st</sup> trimester enrollment of pregnant women is greater than or equal to 50%.</p> <p>Develop report to track early enrollment of infants within first eight weeks of life to assist local agencies in program planning and evaluation.</p> <p>Establish statewide baseline for infant enrollment. Once baseline established, develop Statewide objective target for caseload management purposes.</p>	<p><u>2015 WIC Objective:</u>  <b>≥50%</b></p> <p><u>FY 2009:</u> 50.3%            Range: 26.2 - 66.3%</p> <p><u>FY 2010:</u> 50.9%            Range: 30.7% - 67.4%</p> <p><u>FY 2011:</u> 53.6%            Range: 40.8% - 66.2%</p> <p><u>FFY 2012:</u> 53.3%            Range: 39.9% - 71.7%</p> <p><u>FY 2013:</u> <b>53.7%</b>            Range: <b>44.0% - 70.4%</b></p> <p><u>FY 2014:</u> 50.5%            Range: 37.1% - 65.3%</p> <p><b>FFY 2015: 29.1% *</b>  <b>Range: 18.1% – 38.8%</b>  <b>Q1: 27.6% to Q3: 30.4%</b>  <b>= 2.8%age-point improvement in 1<sup>st</sup> Trimester Enrollment</b>            (* 9-month average)</p> <p><u>Source:</u> CT SWIS, Process Objective #1 – 1<sup>st</sup> Trimester Entry into WIC; quarterly reports by federal fiscal year.</p>	<p>SWIS Process Objective Report (FY 2012 Range should be 39.3%-71.5%).</p> <p>Establish baseline or indicator by FY 2016.</p>	<p>Due to changes in reports, target for 1<sup>st</sup> trimester enrollment was lowered to reflect current Statewide average data. However, we did see a 2.8% point increase in 1<sup>st</sup> trimester enrollment in FY 2015 to date.</p> <p>Infant enrollment report was not completed during 2015 due to CT-WIC project. It is possible that an infant enrollment target will be created after CT-WIC rollout.</p> <p>CT WIC is working with Brush Art Corporation for development of outreach materials. Materials focus on 1<sup>st</sup> trimester enrollment, child retention and general WIC outreach. State Agency staff is currently developing an outreach toolkit to accompany outreach materials. The toolkit will provide local agency guidance and talking points to use when providing direct outreach to community</p>

				partners/providers/participants. Both the toolkit and outreach materials will be available for local agency use in FY16.
<b>Cont. 6.1 Increase by 2% enrollment of high-risk applicants by evaluating local agency targeted outreach activities for these populations.</b>	<p>Review local agency plans for inclusion of evaluation of prior year's outreach activities.</p> <p>Determine if local agencies incorporated changes for future outreach activities based on evaluation results.</p> <p>During monitoring and for those agencies that are conducting Self-assessments, review current outreach strategies with local staff to ensure outreach plan remains relevant. Provide on-site technical assistance as needed.</p>		Quantitative and qualitative assessment of each Outreach Activity conducted is reported in local agency plan.	<p>In process of utilizing social media outlets for outreach messages including Connecticut DPH's webpage, Facebook and Twitter accounts. Additionally the State agency is providing assistance and guidance to local agencies in using consistent messages through their host agencies social media accounts. Working with CT DPH Communications on adapting MA WIC 30 second radio ad for CT WIC.</p>
<b>6.2 All local agencies will implement consistent no-show tracking rates.</b>	<p>Monitor for implementation of standardized no-show rate tracking in FY 2015 reviews and Self-Assessments. Provide guidance as needed.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> <li>▪ Reminder calls and offering convenient appointment times</li> </ul> <p>Develop target for statewide no-show rate based on LAP review of local agency no-show rates for 2014.</p>	TBD	Verification that all local agencies are rate tracking, analyzing and implementing and effective strategies to reduce no-show rate.	<p>All agencies reported that they are calculating no-show rates and 4 out of the 6 agencies scheduled to be monitored addressed no show rates and discussed strategies to improve rates in their local agency plans. During monitoring visits to local agencies it has been noted there are some inconsistencies in the calculation of no show rates. In view of the difficulties in the implementation of standardized no-show rate tracking in FY 2015 and findings of inconsistencies in calculating no show rates, more guidance will be provided to local agencies during</p>

	Develop an automated, standardized report for tracking no-show rate.			Statewide training.
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## Program Functional Area 7: Coordination of Services

### Goal 7: Strengthen coordination of information and resources with other Connecticut State Agencies to respond to the needs of the WIC clients.

**Objective: 7.1 Maintain active coordination with at least 75% of identified key partners**

**Objective: 7.2 In 90% of reviewed charts/clinic observations during monitoring visits appropriate mandated and targeted referrals were made.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>7.1 Maintain coordination with at least 75% of identified key partners.</b>	<p>1. Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.</p> <p>2. Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>3. If funding is available, submit Full Grant proposal for USDA WIC Special Project <i>Connecticut WIC and Head Start Cross-Program Collaboration Project</i>. A courtesy copy of the final Full Grant proposal will be sent to NERO upon submission for the FY 2015 SPG Full Grant award. Continue to work with USJ and CT-Head Start Office of Collaboration on State-level MOU and 2013 WISP non-competitive grant.</p> <p>4. Dependent on funding, continue SNAP Ed/WIC Program Collaboration to</p>	<p>Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Policy and procedures on formula safety and recall.</p> <p>MOA with UCONN for full grant development.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p> <p>Final WIC SPG Full grant is submitted and funded.</p> <p>Successful SNAP Ed workshops/displays at local agencies based on evaluations and feedback from SNAP Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>FNS Core Messages incorporated into WIC Nutrition Education lesson plans and/or other education materials.</p>	<p>Collaboration with State Head Start, Office of Oral Health, Immunization Program and MCH Task Force has been ongoing.</p> <p>Worked with other program agencies on formula quality complaint when potential health issues implicated.</p> <p>Full Grant was awarded in November 2014 for <i>Connecticut WIC and Head Start Cross-Program Collaboration Project</i>. Project has been implemented and six WIC agencies and six Head Start programs are participating (3-intervention, 3 controls for each program).</p> <p>WIC and SNAP-Ed programs have continued collaborating to compliment WIC nutrition education efforts. A survey was administered by the USJ seeking feedback from local WIC agencies on the WIC/SNAP-Ed collaboration efforts. All WIC sites were interested in continuing</p>

	<p>compliment WIC nutrition education efforts. Coordinate with SNAP Ed/University of St. Joseph (USJ) as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP Ed recipes in WIC education/resources used.</p> <p>5. Incorporate USDA core messages in WIC nutrition education where indicated. Identify other State partners serving similar populations to improve coordination of services.</p>			<p>collaboration with SNAP-Ed; mini-workshops, lobby boards, and food demonstrations. A total of 73 workshops and 438 attendees in 15 WIC sites across CT resulted from SNAP-Ed collaboration with WIC.</p>
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## Program Functional Area 8: Civil Rights

**Goal 8: Establish and administer policies and procedures that ensure client-oriented customer friendly service environment for all applicants and participants and comply with Racial/Ethnic Federal mandate to ensure uniformity and comparability in the collection and use of data as required by OMB standards.**

**By September 30, 2015:**

**Objective: 8.1 Verify 100% of local agencies are in compliance with use of revised nondiscrimination statement requirements and OMB racial/ethnic data collection standards.**

**Objective: 8.2 Ensure annual civil rights training for state and local agency staff**

**Objective: 8.3 Implement self-directed Civil Rights Training for State and Local agency staff by October 1, 2016.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p><b>8.1</b>  <b>Verify 100% of local agencies are in compliance with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.</b></p>	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures followed at local agencies during FY 2015 reviews.</p>	<p>Ongoing</p>	<p>Each brochure and handout will contain the current USDA Non-discrimination statement.</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	<p>All local agencies were monitored for compliance with non-discrimination statement requirements on local agency publications. When findings exist, Corrective Action is required by the local agency.</p> <p>Monitoring results show that Racial/Ethnic Data Collection procedures are being followed by 100% of local agency staff.</p>

<p><b>8.2</b>  <b>Conduct annual civil rights training for local agency staff.</b></p>	<p>Update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Include basic Civil Rights training into standardized WIC orientation and staff competencies/expectations. (ReNEW 2.0 training subcommittee).</p>		<p>Annual Interactive training is implemented statewide.</p>	<p>All local agency staff were trained on correct procedure for handling complaints alleging discrimination, civil rights public notification requirements, and LEP policy on December 12, 2014.</p>
<p><b>8.3</b>  <b>Implement self-paced Civil Rights Training for State and Local agency staff by 2016.</b></p>	<p>Review existing self-study Civil Rights trainings per NERO and adapt to Connecticut.</p>		<p>State and Local Agency staff will be issued a certificate upon completion of Civil Rights Training</p>	<p>Training with NERO will be conducted on August 25, 2015.</p>

## Program Functional Area 9: Certification & Eligibility

### Goal 9: Improve and maintain program integrity in the areas of certification and eligibility.

By September 30, 2015:

Objective: 9.1 90% of special formula procedures observed in reviews were accurate and complete.

Objective: 9.2 Monitor local agency implementation updated risk criteria.

Objective: 9.3 100% of participants (children, postpartum and breastfeeding women) receive targeted exit counseling.

Objective: 9.4 Implement and track 1- year certification for children.

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p><b>9.1</b>  <b>90% of special formula procedures during monitoring were accurate and complete.</b> (See Objective 3.3)</p>	<p>Review WIC infant formula report on a quarterly basis to assess local agency usage of special/exempt formulas.</p> <p>Update formula resource tables, issue timely WIC numbered memos, provide in-service training and develop user-friendly formula resources for Nutritionists.</p> <p>Employ multi-level approach to improve local staff and medical community knowledge in area of formula issuance.</p> <ul style="list-style-type: none"> <li>• Respond to/solicit feedback from WIC medical advisor, key stakeholders</li> </ul> <p>Provide two (2) in-service trainings to identified maternity care facilities and NICU regarding WIC formula policies and procedures by September 30, 2015. Assist local agencies in providing in-service presentations as appropriate.</p> <p>During local agency reviews, monitor for local agency compliance with special formula procedures (formula ordered through the State agency)</p> <ul style="list-style-type: none"> <li>▪ Obtain list of at least 10 participants receiving State ordered special formulas and verify proper procedures were followed during local agency monitoring.</li> <li>▪ Review special formula log for accuracy and to determine frequency of insufficient "medical</li> </ul>	<p>June 2014: report: Exempt infant formulas Range-% Average-%</p>	<p>Local agencies will demonstrate proficiency with:</p> <p>Following formula policies and procedures. Appropriate rational for ordering a special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>Reduction in the number of health care provider phone calls related to confusion re: WIC special formula issuance.</p> <p>SWIS Infant Formula Monthly Reports.</p>	<p>Special formula information has been posted on the WIC <a href="#">Formula Resources</a> webpage.</p> <p>Provided training to Community Health Network of Connecticut (CHN-CT) nurses and home visiting staff on June 9, 2015.</p> <p>Attended Connecticut Perinatal Network (CPN) conference on April 22, 2015 and fielded questions related to WIC formula and changes to WIC food packages.</p> <p>Massachusetts special formula review form was adapted by CT this past year and incorporated into monitoring. 2 of the agencies reviewed have not had participants receiving special formula</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>rationale”</p> <p>Based monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed.</p>			<p>from the WIC agency for at least 1 year. Several charts were reviewed in each of the other 3 agencies. Proper procedures were followed and there were no findings in any of the 3 agencies.</p>
<p><b>9.2 Monitor implementation of updated Nutrition Risk Criteria.</b></p>	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to SWIS.</p> <p>Monitor system upgrades via local agency feedback. Determine timeframe for rollout of system upgrades.</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>Investigate if staff from DMHAS can come to Statewide meeting to train on post-partum depression in preparation for NRC 361.</p> <p>Work with Epi in family health to link PRAMS data on maternal depression with WIC populations.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p> <p>See 2.4 Develop, finalize WIC HC Provider Fact Sheet on WHO growth standards as breastfeeding, quality assurance, and outreach project.</p>	<p>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>Extension approved until December 2016 for the implementation of the revised Depression risk. Training on Perinatal depression and PRATS/PRAMS data will occur during September 19, 2015 Statewide Meeting.</p> <p>Revisions of Nutrition Risk Criteria #381 Oral Health Problems and #411.9 re: storage of human milk will be shared with local agency staff via self-paced training provided prior to September statewide meeting. Questions related to revised sections will be handled during meeting.</p> <p>Lead risk #211 Revision was implemented in 2015.</p> <p>Pending implementation.</p> <p>See 2.4 and 6.2, in process of developing WIC Fast Facts as part of OA outreach project.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p><b>9.3</b>  <b>100% of participants (children, postpartum and breastfeeding women) receive targeted exit counseling.</b></p>	<p>Review and update existing exit counseling policies in Local agency Policy and Procedure Manual.</p> <p>Train local agency staff on any updated policies.</p>	<p>Monitoring results</p>	<p>During routine monitoring local agency staff will show proficiency with providing appropriate exit counseling to participants.</p>	<p>Monitoring indicates that local agency staff is inconsistent in providing appropriate exit counseling to participants.</p>
<p><b>9.4</b>  <b>Monitor implementation of 1-year certification for children and mid-certification for breastfeeding women.</b></p>	<p>During nutrition services monitoring validate local agency compliance with 1 –year certification for children and that implementation of mid-certification visits are consistent with State Plan policies.</p> <p>During nutrition services monitoring validate local agency compliance mid-certification visits for breastfeeding are consistent with State Plan policies.</p>	<p>N/A</p>	<p>During routine monitoring local agency staff will show proficiency with implementing 1- year certification and mid-certification procedures.</p>	<p>Monitoring results show that local agencies continue to show proficiency with implementation of 1-year certification and mid-certification for infants and children, however 1 of 5 agencies were inconsistent with mid-certification of breastfeeding women.</p>

## Program Functional Area 10: Monitoring & QA

**Goal 10: Conduct on-site programmatic management and nutrition services reviews of local agencies to ensure compliance with Federal and State Regulations.**

**By September 30, 2015:**

**Objective: 10.1 Monitor six (6) service regions including satellites.**

**Objective: 10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.**

**Objective: 10.3 Improve local agency performance through resolution of findings identified during nutrition services and program operations compliance reviews.**

**Objective: 10.4 Implement a system to track and resolve participant complaints received by the State agency**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>10.1 Monitor six (6) service regions including satellites.</b>	<ol style="list-style-type: none"> <li>1. By end of 1<sup>st</sup> quarter, develop FY2015 monitoring schedule. <ul style="list-style-type: none"> <li>▪ Conduct monitoring visits and schedule exit conference within two weeks of completion of fieldwork.</li> <li>▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.</li> <li>▪ Respond to local agency CAP within 30 days. Two (2) weeks as best practice.</li> <li>▪ Synthesize common review findings and responses to CAP in both nutrition services and program operations to update FFY13 Goals and Objectives, training and technical assistance plans.</li> </ul> </li> <li>2. During routine monitoring, collect data on satellite site operations to</li> </ol>	FFY14 LA monitoring schedule (See Objective 10.3)	FY 2013 and 2014 Monitoring and review schedule tracking sheet.  100% of scheduled monitoring visits and reports completed by Sept 2015.	Two new program monitors were hired. The monitoring schedule was developed at the beginning of the 1 <sup>st</sup> quarter. Six agencies were scheduled for routine monitoring in 2015. Five agencies have been monitored as of July 2015 and the remaining agency will be monitored in August. Exit conferences have been completed for all of the agencies reviewed. There was a delay in the issuance of monitoring reports as staff have been engaged in the CT-WIC MIS/EBT project and the new monitors were still in training. CAPs were received from the agencies monitored within the designated timeframe. Responses to CAP occurred within 2 weeks. Common findings and

	<p>determine effectiveness:</p> <ul style="list-style-type: none"> <li>▪ Location of satellite sites,</li> <li>▪ Number of clients served,</li> <li>▪ Hours of operation</li> </ul>			<p>CAP responses are been used to update FY16 Goals and Objectives, and training and technical assistance plans.</p> <p>During monitoring satellite operations were observed and data collected to assess effectiveness.</p>
<p><b>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</b></p>	<ol style="list-style-type: none"> <li>1. Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</li> <li>2. Highlight local agency best practices at December statewide meeting.</li> <li>3. Utilize "ReNEW 2.0" Committee to address statewide local agency training and technical assistance needs.</li> </ol> <p>During 2015</p> <ul style="list-style-type: none"> <li>▪ Monitor for implementation of i-PAUSE.</li> <li>▪ Finalize WIC staff orientation learning objectives and competencies.</li> <li>▪ Draft statewide framework for paraprofessional training to certify low-risk participants.</li> <li>▪ Finalize BMI, feeding relationship, FNS core message guidance documents and provide local</li> </ul>	<p>Baselines from local agency reviews</p>	<p>Ongoing process/tool evaluation and feedback from local agencies.</p> <p>Evidence of LA application of VENA principles is reflected in monitoring reports.</p> <p>Results of monitoring visits are incorporated into technical assistance and training plans.</p> <p>ReNEW 2.0 sub-committee deliverables are completed.</p> <p>WIC staff orientation learning objectives and competencies are completed.</p> <p>MIS/EBT Functional requirements for MIS and EBT design reviewed. See Functional</p>	<p>Overall there has been improvement noted for most agencies in the VENA competency areas; rapport building and positive health outcomes. While more Nutritionists are engaged in goal setting, most need additional training in order to partner with the participant in guided goal setting, verses assigned/prescribed goal setting.</p> <p>Three agencies were recognized at the Statewide Meeting on December 12, 2014. One agency was recognized for outstanding teamwork and efforts to provide quality WIC nutrition services; one for outstanding customer service and efforts to improve quality nutrition services.</p> <p>Completed WIC staff</p>

	<p>agency training.</p> <ul style="list-style-type: none"> <li>▪ Develop pregnancy wt gain guidance document to build upon expert speaker presentation.</li> <li>▪ Develop an addendum of resources for the nutrition education guidance documents.</li> <li>▪ Develop Vitamin D guidance document (as new guidelines become available from RISC) and identify existing education resources for use in CT.</li> <li>▪ Update web as needed.</li> <li>▪ Continue MIS/EBT subcommittee of LA representatives of (PA, nutritionist, Program coordinator, Nutrition Assistants) to provide input on the transition to a new MIS and EBT.</li> </ul>		<p>Areas 5.4 and 5.5.</p> <p>Process flows developed and or reviewed, see Functional Area 5.4</p> <p>Change Management for data migration developed and/or reviewed. See Functional Area 5.6.</p> <p>Change Management for staff/ participant/vendor training and marketing developed and/or reviewed. See Functional Areas 5.2, 5.7, 5.8. 5.9.</p>	<p>orientation expectations and competencies. Posted for local agency use on <a href="#">Training Resources</a> webpage. Training provided at March 13, 2015 Management Retreat.</p> <p>Finalized BMI guidance and developed an MI tool as appendix. Developed participant self-assessment for parent/child feeding relationship. Plan to implement in 2016.</p> <p>Focused training was provided to all local agency WIC staff on December 12, 2014. This were 2 presentations one focused on building motivational interviewing skills (outside contractors) and the other focused use of non-leading questions (State agency staff). The MI training focused on VENA competencies and was received positively by local agency staff.</p> <p>Much progress has been made on the paraprofessional training this past year. In October 2015 CT WIC will kick off the 1<sup>st</sup> 5</p>
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			<p>week training for paraprofessionals. Trained paraprofessionals will be able to certify low risk 3-5-year-old participants.</p> <p>The ReNEW 2.0 education subcommittee worked on guidance documents for consistent educational messages in pediatric overweight and obesity issues. Two guides were created: "Childhood Overweight and Obesity Guide for BMI Assessment and Effective Communication with Families" and "Motivational Interviewing guidance". These guides complement the existing i-PAUSE document guidance. In addition, a participant self-administered questionnaire to assist in starting conversations with WIC participants about eating habits and physical activity is in its final draft. Training on will be provided during September Statewide meeting.</p> <p>The ReNEW MIS/EBT subcommittee has been actively working on getting ready for implementation of the</p>
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				new MIS system (CT-WIC and EBT (eWIC)). These staff will be the Super-users during training and implementation.
<p><b>10.3</b>  <b>Improve local agency performance through resolution of findings identified through nutrition services and program operations compliance reviews.</b></p>	<ol style="list-style-type: none"> <li>1. Provide targeted technical assistance interventions and training opportunities based on identified deficiencies. (Liaisons)</li> <li>2. Track and evaluate local agency use of Self-Assessments to improve program operations and nutrition services.</li> <li>3. Distribute FAQ's after Statewide trainings to clarify nutrition services and program operations questions</li> <li>4. Incorporate FAQ's into Local Agency Policy and Procedure Manual.</li> </ol>	<p>TBD Review prior monitoring reports (See Objective 10.1).</p>	<p>Reductions of repeat findings and observations in areas of nutrition services and program operations.</p> <p>All local agencies in off-year review cycle should include one (1) page summary from Self-Assessment in Local Agency Plan.</p>	<p>Liaisons have been providing targeted technical assistance and training to local agencies.</p> <p>All agencies (6) completed the Off Year Self-Assessment and 5 out of 6 included a discussion in their LAP about the findings of the self-evaluation how it helped them to identify areas needing improvement.</p> <p>FAQs have been provided after Statewide trainings to clarify nutrition services and program operations questions. FAQs have been incorporated into Local Agency Policy and Procedure Manual. Will be uploaded with the 2016 State Plan.</p>
<p><b>10.4</b>  <b>Implement a system to track, quantify and resolve vendor and participant complaints received by the State agency.</b></p>	<ol style="list-style-type: none"> <li>1. Implement a centralized system and train appropriate State staff on how to record and track participant complaints received by the State agency.</li> </ol>	<p>Establish baseline.</p> <p>Tally number of complaints received/documented at State office</p>	<p>Decrease number of complaints at the State agency receives.</p> <p>Consistently document of resolution of complaint(s).</p>	<p>A system has been implemented to track, quantify and document the resolution of vendor and participant complaints.</p>

	<ul style="list-style-type: none"> <li>▪ Update State agency compliant procedures (documenting and resolving) participant complaints re: local agencies or vendors.</li> </ul> <p>2. During monitoring, review local agency compliance with providing required information re: WIC check use at orientation, certification and re-certifications.</p> <p>Topics covered by local staff should include:</p> <ul style="list-style-type: none"> <li>▪ Food List/WIC approved foods</li> <li>▪ Check Redemption procedures</li> <li>▪ WIC fraud and abuse policies including on-line sale of WIC food or formula.</li> </ul> <p>As needed, work with Vendor Unit to incorporate any feedback into vendor training.</p>			<p>During monitoring, staff was observed providing participants with information how to use the WIC checks and the WIC Food list at Orientation and Certification appointments.</p>
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## **Program Functional Area 11: Fiscal Management**

**Goal 11: Maximize the utilization of WIC food funds.**

**Objective 11.1: Expand the usage to 97% of all food dollars.**

**Objective 11.2: Revise Local Agency forms for required monthly reporting and required budgets and local agency amendments.**

**Objective 11.3: Use economic and financial trend data to more effectively manage resources and improve program quality.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Progress</b>
<b>11.1 Expand the usage to 97% of all food dollars.</b>	Track LA expenditures monthly. <ul style="list-style-type: none"> <li>• Meet with program directors.</li> <li>• Monitor food costs using the current CPI cost indicators.</li> </ul>	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Fiscal year 2014 we used 86.52% of food funds, reduced by \$13,521,795 in Mead Johnson & Beechnut rebates  Actual food expense were for FY 2014 \$42,673,887 \$13,521,795 reduced by Mead Johnson & Beechnut Rebates \$29,152,092 Net Cost at 86.52 % of food funds received \$33,692.
<b>11.2 Revise Local Agency forms for required monthly reporting and required budgets and amendments.</b>	Update current forms. <ul style="list-style-type: none"> <li>• Change current format to Excel.</li> <li>• Join worksheets to eliminate repetitive information.</li> </ul>	Worksheets with instructions for Local Agency use with fewer errors.	Less time to fill out forms and cut down on errors.	The local agencies monthly submissions are received in a timelier manner. The local agencies are now receiving an advance payment at the beginning of the grant and

				with their new excel submission; they are doing very well and we have reduced <b>all</b> inquiries about their next schedule payment. It has also reduced the quantity and the dollar amount of refunds we used to receive from locals agencies at the end of the fiscal year.
<b>11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.</b>	Utilize financial data in trend analysis	N/A	Utilize financial trend data to drive program decisions	All units working together to optimize available resources and improve WIC services.

## **Program Functional Area 12: Data Quality, Analysis & Reporting**

**Goal 12: Strengthen data outputs for improved program planning, monitoring, evaluation and administration.**

**Objective 12.1 Improve access to, and the utility and application of, WIC Program data:**

- a. Build on current reports to provide enhanced, more accessible, data resources;**
- b. Expand research/data analysis and reporting initiatives;**
- c. Provide support in meeting other Program-related data needs.**

**Objective 12.2 Contribute data inputs to help maximize strategic program coverage and effectiveness:**

- a. Strengthen appropriate access to and delivery of program services;**
- b. Ensure adequate access to vendor services, and vendor capacity to meet demand.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Progress</b>
<p><b>12.1 Improve access to, and the utility and application of, WIC Program data:</b></p> <p><b>a. Build on current reports to provide enhanced, more accessible, data resources;</b></p>	<p>Prepare summary <u>data tables and graphs</u> to illustrate trends, and maps to compare distribution of selected variables;</p> <p><u>Censor data</u> as appropriate in keeping with confidentiality regulations prior to sharing outside of WIC Program;</p> <p><u>Post results</u> or otherwise share selected data tables, graphs, trend reports and/or maps.</p> <p>Provide WIC Director with monthly <u>summary stats</u> covering participation, caseload, check issuance &amp; redemption, program costs, and vendors; maintain current national WIC data and state population figures; provide other information as needed.</p>	<ul style="list-style-type: none"> <li>- Monthly SWIS Reports</li> <li>- Quarterly Outcome Reports</li> <li>- Biannual PC studies</li> </ul>	<p>Enhanced analysis and data presentations better meet USDA, state and local WIC agency needs for information on:</p> <ul style="list-style-type: none"> <li>- WIC participation and caseload;</li> <li>- Risk factors and referrals;</li> <li>- Process and outcome objectives;</li> <li>- Check issuance and redemption;</li> <li>- Authorized vendors.</li> </ul> <p>Data tables, graphs and maps facilitate comparison of participant characteristics, risk factors, outcomes, etc.;</p> <p>Summary reports and improved data access result in improved public access to WIC data and less staff time invested in responding to routine requests.</p>	<p>Activities accomplished. Final data results will be posted to the WIC Website and agency Dashboard at the conclusion of the fiscal year, once final closeout figures are available.</p>

<p><b>b. Expand research / data analysis and reporting initiatives;</b></p>	<p><u>Link WIC data</u> file with Medicaid records: determine co-enrollment WIC/Medicaid;</p> <p>Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map location to identify pockets of those not enrolled, for more targeted outreach efforts.</p> <p><u>Map selected health, demographic and socio-economic Census variables</u> at the local level; compare results with current program coverage;</p> <p>Identify and <u>track risk factors</u> contributing to poor program outcomes;</p> <p><u>Evaluate associations</u> between WIC participation and risk factors for poor birth outcomes.</p>	<p>Prior studies</p>	<ul style="list-style-type: none"> <li>▪ See also Section 1.1.</li> <li>▪ More in-depth analyses help inform program decisions in support of key interventions and resource allocation;</li> <li>▪ Local-level disparities are identified based on 2010 Census data and other data sources, to better target program services &amp; financial and program resources.</li> </ul>	<p>Pending. The first data transfer between DPH &amp; DSS occurred in early August 2015. WIC is currently awaiting the linked-file results from DSS. (DSS had difficulty identifying pregnant women in their records and was trying to find a solution, resulting in significant delays in the implementation of this objective, although still no solution found.)</p> <p>Expect to fully implement in FFY 2016.</p>
<p><b>c. Provide support in meeting other Program-related data and reporting needs.</b></p>	<p>Respond to <u>internal and external data requests</u>;</p> <p>Identify/develop relevant <u>reference &amp; training resources</u>;</p> <ul style="list-style-type: none"> <li>- Draft presentations for WIC Director, Nutrition Unit staff, etc.</li> <li>- Provide survey design, analysis, reporting, or technical assistance as appropriate.</li> </ul> <p>Collaborate in initiatives that <u>benefit the State's MCH population</u> (e.g. participate on DPH committees (MCH Block Grant, RFP and Publication Review Committees, etc.).</p>	<p>Current SWIS reports</p> <p>Ongoing collaboration</p>	<ul style="list-style-type: none"> <li>▪ Timely response to internal and external data requests;</li> <li>▪ Surveys and presentations developed and/or technical assistance provided;</li> <li>▪ Committees successfully complete assigned tasks.</li> </ul>	<p>Activities accomplished as planned (e.g. on steering committee for PRAMS, co-chair of Domain 1 Documentation for Agency's efforts to achieve national accreditation, etc.).</p>

<p><b>12.2</b> <b>Contribute data inputs to help maximize strategic program coverage and effectiveness:</b></p> <p><b>a. Strengthen appropriate access to and delivery of program services;</b></p>	<p>Monitor program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> <li>- Identify service gaps, priorities and opportunities;</li> <li>- Track program outcomes and evaluate changes;</li> <li>- Target resources to improve outcomes for those at highest risk.</li> <li>- Provide data/mapping inputs to help relocate clinic and vendor resources;</li> <li>- Identify specific populations to target for outreach/promotional efforts and program services.</li> </ul>	<p>Current program services and resources</p>	<ul style="list-style-type: none"> <li>▪ Decisions to increase/decrease program services and resources are based on objective inputs;</li> <li>▪ Risk factors and other variables associated with a given outcome or result are identified, providing enhanced criteria for targeting program interventions.</li> </ul>	<p>Ongoing, in coordination with IT, and state &amp; local nutrition staff, as appropriate.</p>
<p><b>b. Ensure adequate access to vendor services, and vendor capacity to meet demand.</b></p>	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring, fraud detection and TIP reports, and:</p> <p><u>Database development:</u></p> <ul style="list-style-type: none"> <li>- Investigate need for new data input form(s), validation rules, etc. to help facilitate data entry, increase efficiency &amp; reduce error rates;</li> <li>- Continue to identify priority data needs; build standardized queries to meet those needs;</li> <li>- Provide monthly updates on authorized vendors to WIC Director and Vendor Management Unit.</li> </ul> <p><u>Vendor selection:</u></p> <ul style="list-style-type: none"> <li>- Continue to monitor the results of policy change in vendor selection from quarterly needs assessment to open enrollment, to determine effectiveness in meeting participant and program needs; modify as necessary.</li> </ul>	<p>Current vendor database</p> <p>Currently authorized vendors</p> <p>WIC participation</p>	<p>Vendor services and resources meet participant and program needs.</p> <ul style="list-style-type: none"> <li>▪ Enhanced data analysis and reporting functions (MS Office Access database).</li> <li>▪ Strong vendor and participant fraud detection protocol designed and implemented.</li> </ul>	<p>Ongoing, in coordination with Vendor Unit &amp; IT staff, as appropriate.</p>

**FFY 2016**

**GOALS AND  
OBJECTIVES**

## Program Functional Area 1: Management and Organization

**Goal 1: Ensure program integrity, cost-effectiveness, quality of services and accountability in the delivery of nutrition services in the provision of food benefits.**

**By September 30, 2016**

**Objective 1.1: Implement a Memorandum of Understanding (MOU) with the State Department of Social Services (DSS) and Medicaid/ Managed Care Providers to provide cross referrals and seamless and consistent services to WIC clients.**

**Objective 1.2: Implement a Memorandum of Understanding (MOU) with the State Department of Children and Families (DCF) that addresses sharing of information between agencies.**

**Objective 1.3: Provide a 1-2 day leadership and management workshop for LA Coordinators/Program Nutritionists/SA staff.**

**Objective 1.4: Review, update and enhance WIC Continuity of Operations/Disaster Preparedness Plan**

**Objective 1.5: Update State and local agency procedures regarding inquiries regarding participants from law firms or attorneys.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>1.1 Implement a Memorandum of Understanding (MOU) with the State Department of Social Services (DSS) and Medicaid/HUSKY Managed Care Provider (CHN-CT) to provide cross referrals and seamless and consistent services to WIC clients.</b>	Develop priorities and strategize multi-prong approach regarding WIC business case. <ul style="list-style-type: none"> <li>• Attend face-to-face meetings.</li> <li>• Identify specific liaisons from Connecticut's Medicaid Program HUSKY and WIC</li> <li>• Negotiate content, periodicity and exchange of shared data fields.</li> <li>• Develop a customized information packet for HUSKY and CHN-CT staff regarding referring to WIC.</li> <li>• Identify best practice collaborations at local agencies</li> <li>• Develop a mechanism to evaluate cross referral process between HUSKY and WIC.</li> </ul>	N/A	Continue efforts to implement the executed data-sharing MOU (currently being handled at the Commissioner level). Evidence of enhanced cross referral between WIC and HUSKY and CHN-CT (Managed Care provider)	Director Nutrition Unit IT Staff Epidemiologist

<p><b>1.2 Implement a Memorandum of Understanding (MOU) with the State Department of Children and Families (DCF) that addresses sharing of information between agencies.</b></p>	<ul style="list-style-type: none"> <li>• Continue meeting with workgroup of agency representatives, including the DPH Hearing Office</li> <li>• Develop an understanding of each agency's requirements.</li> <li>• Develop MOU language and execute the agreements</li> <li>• Provide training to State and local agency staff.</li> </ul>	<p>N/A</p>	<p>Executed MOU Local and State Agency understanding of procedures</p>	<p>Director Nutrition Unit</p>
<p><b>1.3 Provide a 1-2 day leadership and management workshop for Local Agency Coordinators/Program Nutritionists/SA staff.</b></p>	<ul style="list-style-type: none"> <li>• Secure facilitator, date, content and location.</li> <li>• By end of 2nd quarter, develop and finalize contract as needed.</li> <li>• Attend logistics meetings.</li> <li>• Conduct meeting.</li> <li>• Evaluate and plan for future/ongoing training.</li> </ul>	<p>N/A</p>	<p>Workshop offered. 90% of retreat attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p> <p>Program and Nutrition monitoring confirms that 50% of local agency management staff incorporate concepts reviewed at retreat into program operations to improve services.</p>	<p>Director Nutrition Unit Epidemiologist</p>
<p><b>1.4 Review, update and enhance WIC Continuity of Operations/Disaster Preparedness Plan.</b></p>	<ul style="list-style-type: none"> <li>• Review and incorporate CT DPH COOP plan</li> <li>• Incorporate Disaster Preparedness Data Recovery (DPH IT) Plan components</li> <li>• Provide training to State and Local Agency staff</li> </ul>	<p>N/A</p>	<p>CT-DPH COOP is updated with WIC components. CT WIC Emergency Preparedness Plan is updated as needed.</p> <p>100% of State and local agency staff receive training on DPH COOP plan and WIC Emergency Preparedness policies.</p> <p>100% of local agencies provide</p>	<p>Director Nutrition Unit Vendor Unit IT Unit</p>

			acceptable Emergency Preparedness Plan annually in LAP.	
<b>1.5 Clarify State and local agency procedures regarding inquiries regarding participants from law firms or attorneys.</b>	<ul style="list-style-type: none"> <li>• Contact DPH legal office to verify internal procedures.</li> <li>• Consult current WIC regulations.</li> <li>• Develop State and local agency policy to clarify process for dealing with outside requests from attorneys.</li> <li>• Train all WIC staff on policy implementation.</li> </ul>	N/A	Final policy is incorporated into the Local agency Policy and Procedure Manual and State Operations Manual.	Director Nutrition Unit Vendor Unit IT Unit Legal Office

## Program Functional Area 2: Nutrition Services and Breastfeeding Support & Promotion

### Goal 2: Improve the nutritional and overall health of WIC families in Connecticut.

By September 30, 2016

**Objective 2.1: At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.**

**Objective 2.2: The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.**

**Objective 2.3: The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.**

**Objective 2.4a: The prevalence rate of BMI  $\geq$  85<sup>th</sup> percentile to  $<$  95<sup>th</sup> percentile for children 2-5 years does not exceed 15%.**

**2.4b: The prevalence rate of BMI  $\geq$  95<sup>th</sup> percentile for children 2-5 years of age does not exceed 10%.**

**Objective 2.5: At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.**

**Objective 2.6: At least 50% of infants enrolled in the WIC Program are breastfed for 6 months or more.**

**Objective 2.7: Coordinate the successful transition to CT-WIC via new policy development and policy revisions, provision of State and local staff training, development of CT-WIC marketing and participant training materials, and supervision of local agency rollout.**

**Objective 2.8: At least 50% of local agency submitted 2016 Local Agency Plans will have measurable strategies included.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>2.1</b> <b>At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b>	<p>Continue to work with IT and EPI to refine data collection and reporting using prenatal BMI weight gain recommendations and to implement the revised quarterly report on Maternal Weight Gain by September 2016.</p> <p>Continue to monitor trends and revised target and assess local agency staff skills in identifying women at risk for low or high weight gain during pregnancy, and the effectiveness of education efforts on:</p> <ul style="list-style-type: none"> <li>• Underweight/Overweight prior to pregnancy</li> <li>• Proper nutrition during pregnancy</li> <li>• Risks of Smoking</li> </ul>	<p><b>2016 WIC Objective: <math>\geq</math> 35%</b></p> <p><u>FFY 2010</u>: 66.4% Range: 42.3% - 81.3%</p> <p><u>FFY 2011</u>: 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012</u>: 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013</u>: 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014</u>: 72.3% Range: 53.8% - 83.3%</p> <p><b>FFY 2015: 28.4%*</b> <b>Range 20.5% - 34.2%</b> (* 9-month average)</p> <p><u>Source</u>: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p>	<ul style="list-style-type: none"> <li>• SWIS quarterly and annual reports</li> <li>• Referral &amp; counter-referral reports</li> <li>• Results of monitoring show greater than 80% of local agencies reviewed: <ul style="list-style-type: none"> <li>▪ Provide appropriate frequency of visit to discuss and monitor prenatal weight gain.</li> <li>▪ Use effective educational methods and appropriate education materials to assist pregnant women in gaining appropriate weight based on IOM recommendations.</li> </ul> </li> </ul>	<p>Nutrition Monitor Epidemiologist Nutrition Unit IT Unit</p>

<p><b>Cont.</b>  <b>2.1</b>  <b>At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b></p>	<ul style="list-style-type: none"> <li>• ETOH/drug dangers</li> </ul> <p>Secure an expert speaker on how to discuss weight gain with pregnant moms. Provide training during a statewide meeting on this topic by 9/30/16.</p> <p>Develop guidance document specific to weight gain during pregnancy.</p> <p>Review measurable strategies for increasing percentage of women that gain appropriate weight in local agency plans.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>		<p>Change in trend data over time for low performing agencies.</p>	
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<p><b>2.2</b> <b>The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</b></p>	<p>Continue to monitor trends and improve weight gain during pregnancy. During review observe for nutritionist identification and discussion of contributing factors for this risk: History of LBW or pre-term delivery, Mother's age, pre-pregnancy BMI etc.</p> <p>Monitor for local agency incorporation of smoking during pregnancy guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>Review measurable strategies for reducing incidence of LBW in local agency plans.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>	<p><u>2016 WIC Objective:</u> ≤ 6%</p> <p><u>FFY 2010:</u> 5.8% Range: 1.8% - 10.0%</p> <p><u>FFY 2011:</u> 6.1% Range: 3.5% - 8.5%</p> <p><u>FFY 2012:</u> 6.0% Range: 1.7% - 8.7%</p> <p><u>FFY 2013:</u> 6.4% Range: 3.1% - 9.0%</p> <p><u>FFY 2014:</u> 5.8% Range: 1.4% - 8.3%</p> <p><u>FFY 2015:</u> 3.2% * Range: 0.0% - 5.6% (* 9-month average; excludes pre-term &amp; multiple births)</p> <p><u>Source:</u> CT SWIS, Outcome Objective #2 – LBW Incidence; quarterly reports, by federal fiscal year.</p>	<p>SWIS quarterly and annual reports</p> <p>Reduce health disparities.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>Nutrition Monitoring staff Epidemiologist Nutrition Unit</p>
<p><b>2.3</b> <b>The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</b></p>	<p>Monitor results of the revised quarterly report on Childhood Anemia during FY 2016.</p> <p>Monitor trends and assess local agency staff skills in identifying children at risk for anemia and effectiveness of education efforts on: Iron-rich food sources, explanation of anemia/ risks, importance of timely blood</p>	<p><u>2016 WIC Objective:</u> ≤ 7.5%</p> <p><u>FFY 2010:</u> 6.8% Range: 2.4% - 10.6%</p> <p><u>FFY 2011:</u> 6.8% Range: 4.1% - 8.8%</p> <p><u>FFY 2012:</u> 7.8% Range: 4.4% - 10.5%</p> <p><u>FFY 2013:</u> 8.3% Range: 4.2% - 12.3%</p>	<p>SWIS quarterly and annual reports</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>Change in trend data over time for low performing agencies</p>	<p>Nutrition monitoring staff Epidemiologist Nutrition Unit</p>

	<p>work, appropriate iron supplementation and low-iron's connection with risk for lead poisoning. Making appropriate referrals and follow-up.</p> <p>Monitor for local agency incorporation of anemia guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>	<p>FFY 2014: 10.2% Range: 4.6% - 14.5%</p> <p>FFY 2015: 9.9% * Range: 5.4% - 17.8% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #4 – Anemia Rate; quarterly reports, by federal fiscal year.</p>		
<p><b>2.4</b></p> <p><b>a. The prevalence of BMI <math>\geq</math> 85<sup>th</sup>ile to &lt; 95<sup>th</sup>ile for children 2-5 years of age does not exceed 15%.</b></p> <p><b>b. The prevalence of BMI <math>\geq</math> 95<sup>th</sup>ile for children 2-5 years of age does not exceed 10%.</b></p>	<p>Monitor the implementation of the revised quarterly report and targets for Childhood Overweight and Obesity during FY 2016.</p> <p>Provide training and guidance to local agencies on incorporating measurable strategies for reducing childhood overweight and obesity into their local agency plans.</p> <p>Monitor local agency incorporation of the three established lesson plans targeted to prevent obesity-fruit and vegetable intake, physical activity and introduction to solids.</p> <p>Monitor for use of BMI Guidance Document and Motivational</p>	<p><b>2016 WIC Objectives:</b></p> <p><b>a. OVERWEIGHT: <math>\leq</math> 15% (BMI <math>\geq</math> 85<sup>th</sup>ile to &lt; 95<sup>th</sup>ile)</b></p> <p>FFY 2013: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014: 12.2% Range: 7.3% - 16.6%</p> <p>FFY 2015: 15.5% * Range: 8.7% – 18.6% (* 9-month average)</p> <p><b>b. OBESITY: <math>\leq</math> 15% (BMI <math>\geq</math> 95<sup>th</sup>ile)</b></p> <p>FFY 2013: 13.1% Range: 7.3% - 18.3%</p> <p>FFY 2014: 12.3% Range: 6.7% - 17.9%</p>	<p>SWIS quarterly and annual reports.</p> <p>Childhood BMI or overweight/obesity Outcome Objective and measurable strategies are included in all local agency plans.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist parents in having their children gain weight appropriately.</p> <p>Results of monitoring show 100% of local agencies have implemented one or more of the three (3) lesson plans targeting obesity prevention.</p> <p>By FY 2016 all local agencies will implement all 3 obesity prevention</p>	<p>Nutrition monitoring staff Epidemiologist IT staff Nutrition Unit</p>

	<p>Interviewing Guidance by local agency staff.</p> <p>See- Functional Area 12, Data Quality, Analysis and Reporting for information on IT and Epi specific activities related to this objective.</p> <p>Distribute Fast Facts flyer focused on childhood overweight and obesity to pediatric practices statewide. This flyer provides information on CT WIC overweight/obesity rates and includes strategies focused on prevention.</p>	<p><b>FFY 2015: 15.2% *</b>  <b>Range: 13.3% – 22.4%</b>  (* 9-month average)</p> <p><u>Source:</u> CT SWIS, Outcome Objective #5a: Childhood Overweight; #5b: Childhood Obesity; quarterly reports, by federal fiscal year.</p>	<p>lesson plans.</p> <p>By FY 2017, all local agencies will begin to implement BMI and Motivational Interviewing Guidance documents.</p>	
<p><b>2.5</b>  <b>At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</b></p>	<p>Monitor the implementation of revised targets and quarterly report results for Breastfeeding Initiation during 2016.</p> <p>Facilitate quarterly WIC Breastfeeding Committee meeting and activities.</p> <ul style="list-style-type: none"> <li>• Train local staff to implement two (2) new Breastfeeding Content Sheets</li> <li>• Update Breastfeeding Content Sheets as needed.</li> <li>• Revise as needed the Connecticut Breastfeeding Guidelines.</li> </ul> <p>Monitor for implementation and use of Breastfeeding Content Sheets and Breastfeeding</p>	<p><b>2016 WIC Objectives: ≥70%</b></p> <p>HP 2020: 81.9%</p> <p><u>FFY 2009:</u> 63.7%  Range: 52.1% - 88.9%</p> <p><u>FFY 2010:</u> 65.8%  Range: 53.9% - 91.2%</p> <p><u>FFY 2011:</u> 65.0%  Range: 49.8% - 88.4%</p> <p><u>FFY 2012:</u> 69.9%  Range: 48.5% - 91.4%</p> <p><u>FFY 2013:</u> 75.9%  Range: 66.7% - 90.7%</p> <p><u>FFY 2014:</u> 76.2%  Range: 59.3% - 93.0%</p> <p><b>FFY 2015: 77.3% *</b>  <b>Range: 58.0% - 92.3%</b>  (* 9-month average)</p> <p><u>Source:</u> CT SWIS, Outcome Objective #3a – BF Initiation</p>	<p>Revised SWIS quarterly and annual reports</p> <p>Documentation of improved compliance with guidelines per technical assistance reviews and monitoring reports. More than half of agencies visited will meet or exceed performance standards.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist mothers in making an informed choice on infant feeding.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist mothers in successful initiation of breastfeeding.</p>	<p>Breastfeeding Unit Epidemiologist</p>

	<p>Checklist.</p> <p>Monitor for implementation and use of Breastfeeding Outreach Presentation.</p> <p>Begin to incorporate Breastfeeding Unit staff into 2 monitoring visits in FY 2016.</p> <p>Coordinate breastfeeding portion of CDC 1305 (SHAPE) grant.</p>	<p>Rate; quarterly reports by federal fiscal year.</p>		
<p><b>2.6</b> <b>At least 50% infants enrolled in the WIC Program are breastfed for 6 months or more.</b></p>	<p>Monitor the implementation of revised targets and quarterly report results for Breastfeeding Duration during 2016. Monitor for incorporation of strategies to increase breastfeeding duration in local agency plans. Include revised measure as part of LAP performance measures.</p> <p>Manage 3 WIC Breastfeeding Peer Counseling Programs.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs.</p> <p>Hire and train State agency WIC Peer Counselor Coordinator (IBCLC) to manage/oversee peer counseling program.</p> <p>Submit reports to USDA Continue to refine program protocols</p>	<p><u>2016 WIC Objective:</u> ≥ 50% <u>HP 2020 Objectives:</u> 60.9%</p> <p><u>FFY 2015:</u> 61.5% * <u>Range:</u> 41.3% – 87.9% (* 9-month average)</p>	<p>Revised SWIS quarterly and annual reports</p> <p>Record of meetings and technical assistance provided to local agencies, local agency BF coordinators and CT Breastfeeding Coalition</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate resources to assist mothers in meeting their established breastfeeding duration goals.</p> <p>Results of monitoring show greater than 80% of local agencies are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p> <p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled and duration rates.</p>	<p>Breastfeeding Unit Epidemiologist</p>

	<p>Continue to work with 3Sigma to develop and implement peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p> <p>Follow-up on implementation of USDA's Loving Support: Building Breastfeeding Competencies initiative. Incorporate portions of the Grow &amp; Glow modules into revised staff training expectations and competencies.</p> <p>Work with CT Ten Step Collaborative on sustainability of Connecticut Breastfeeding Initiative (CBI) and CDC 1305 grant.</p> <p>As resources allow, work with Day Care licensing (moved to SDE) to offer breastfeeding training for center based providers.</p> <p>Coordinate at least one (1) Breastfeeding-focused CT-AAP teleconference in FY 2016.</p> <p>Actively participate in the CT Breastfeeding Coalition (CBC).</p>		<p>Breastfeeding competencies finalized and implemented as part of new staff orientation and competencies.</p> <p>Pending resources, Access child care provider training is adapted for statewide use.</p> <p>One CT-AAP teleconference is held in 2016. Evaluations are reviewed.</p>	
<p><b>2.7</b>  <b>Coordinate the successful transition to CT-WIC via new policy development and policy revisions, provision of State and local staff training, development of CT-WIC</b></p>	<p>Facilitate 3 of the 4 State CT-WIC readiness teams: Training and Education, Policy and Business Processes, Communication and Marketing, and Technology</p>	<p>N/A</p>	<p>Implementation of CT-WIC on schedule with minimal setbacks.</p>	<p>Nutrition and Program Monitoring staff  Breastfeeding Unit  Epidemiologist  Nutrition Unit</p>

<b>marketing and participant training materials, and supervision of local agency rollout.</b>				
<b>2.8 At least 50% of submitted 2016 Local Agency Plans will have measurable strategies included</b>	Review FY 2016 LAP submissions for compliance with guidance on measurable strategies.  Provide qualitative feedback via LAP consolidated comments and liaison TA visits.	2016 WIC Objective: 50%	LAP's will have marked improvement in incorporation of measurable strategies.	Nutrition and Program Monitoring staff Epidemiologist Nutrition Unit

## **Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY**

**Goal 3: To improve food delivery operations at the state and local agency level.**

**Objective: 3.1 Improve access to all infant formulas and medical foods at retail pharmacies and vendors with a pharmacy.**

**Objective: 3.2 Improve program integrity with documentation of and follow-up on the on-line sale of food benefits and formula.**

**Objective 3.3 Provide and implement corrective action plan in response to FY15 Food Delivery portion of Management Evaluation.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</b>
<b>3.1 Improve access to all infant formulas and medical foods at retail pharmacies and vendors with a pharmacy</b>	Finalize the current State Formulary with all formula presently ordered through State Office and DPH Purchasing Department. List will include product name, UPC numbers; and respective Item Codes from the four major pharmaceutical distributors in CT.	October 2015	One formulary needed for all infant formulas and WIC eligible medical foods approved by CT WIC.  Formulary will be sent to retailers to insure ease in ordering of products through pharmacies.	Food Resources and Vendor Management
	Transition the most frequently ordered formulas and medical foods from the State Procurement system to a totally retail food delivery system.	October 2015	Formulas and medical foods that were state procured cannot be distributed through the local agency using the eWIC system. Pharmaceutical distributors must make these products available in order for a retail pharmacy or a pharmacy located within an authorized vendor to easily obtain them.	Food Resources and Vendor Management
	Monitor the issuance of formulas and medical foods and follow up with local agencies and/or participants on the ability to obtain their WIC foods.	1 <sup>st</sup> Quarter of FY16	Vendors are required to obtain non-minimum inventory food items within 48 hours of the request by the WIC participant.	Food Resources and Vendor Management
	Track sales and cost of products that were previously State procured for 6 months after implementation	April 2016	Compare previous wholesale costs plus cost of staff time to order products with costs of retailer redeemed products to establish a baseline of costs to the Program.	Food Resources and Vendor Management

<p><b>3.2 Improve program integrity through documentation of and follow-up on the on-line sale of food benefits and formula.</b></p>	<p>Weekly monitoring and responding to on-line advertisements offering WIC commonly issued food benefits and/or formula.</p> <p>Comply with the Federal requirements for suspension and claims for participants that have offered for sale/sold or improperly disposed of food benefits and/or formula.</p> <p>Monitor for local agency compliance during reviews.</p>	<p>2013 numbers</p>	<p>Documentation of the number of the incidences of WIC Participant involvement and the number of ads responded to will document the degree of participant involvement.</p> <p>Determination if revised forms, local agency staff training and participant education reduce the online sale of WIC foods and/or formula.</p>	<p>Food Resources and Vendor Management</p>
<p><b>3.3 Provide and implement corrective action plan in response to FY15 Food Delivery portion of Management Evaluation.</b></p>	<p>In Q1, review draft report and provide any clarification needed to USDA. Formal exit conference will be held and final report issued.</p>	<p>Findings/Required Corrective Actions (RCAs), Observations and Suggestions from report</p>	<p>Draft report issued in Q1 of FY15.</p>	<p>Food Resources and Vendor Management Supervisor</p>
	<p>In Q1, identify any areas to be addressed including but not limited to food benefit issuance, voided check procedures, lost/stolen check handling, check stock inventory procedures.</p>	<p>USDA Management Evaluation 2012</p>	<p>Report anticipated by December 1, 2015.</p>	<p>Food Resources and Vendor Management Supervisor</p>
	<p>In Q2, finalize corrective action plans and suggestion responses and upload into ME Tool.</p>		<p>Repeat findings from ME in 2012.</p>	<p>Food Resources and Vendor Management</p>
	<p>In Q2 implement changes and adjust procedures dependent on how food benefits on an eWIC card changes processes.</p>		<p>Implementation of a new MIS/EBT system in January 2016.</p>	<p>Food Resources and Vendor Management</p>

## Program Functional Area 4: Vendor/Retailer Management

### Goal 4: To improve communication and effectiveness in Vendor/Retailer Management.

**Objective: 4.1 Enhance the WIC website and email only usage to provide important vendor-related information.**

**Objective: 4.2 Improve compliance investigation process to initiate and complete investigations within FY 16.**

**Objective: 4.3 Complete implementation of corrective action plan in response to FY14 Vendor Management Evaluation.**

**Objective: 4.4 Prepare state staff and vendors for MIS and eWIC implementation.**

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<b>4.1 Enhance the WIC website and email only usage to provide important vendor-related information.</b>	Maintain links to federal regulations, vendor authorization process, vendor agreement and a monthly list of currently authorized vendors.	2015 information	Changes are needed for updated information.	Food Resources and Vendor Management
	Modify the Frequently Asked Questions and answers posted on website to accommodate vendor requests.	1 <sup>st</sup> Quarter of FY15	A reduction in the number of similar type questions being asked.	Food Resources and Vendor Management
	Monitor vendors' usage of email for more timely communications.	95% of authorized stores provide an email address on their application.	Increased utilization of email and website by vendors to obtain relevant information. Reduction in calls for information that is provided online.	Food Resources and Vendor Management
	Monitor compliance for 100% of vendors providing and utilizing an email address.	Continual follow up on vendors who do not provide an email address.	Require those without an email address to obtain one in Q1 to be used for all vendor communications.	Food Resources and Vendor Management
	Create an email distribution list for all authorized vendors from the access database and prepare for electronic communications from the new MIS in January 2016.	Email usage for bulletins/communications and renewal application packages sent to corporations in FY15. Vendors must provide a working email address that they actively use on all applications.	Increased communications to all vendors via email only. New MIS will have capability of emailing from the system	Food Resources and Vendor Management

	Vendor access to Xerox portal for eWIC data on payments	N/A	Reduced number of entirely rejected vendor payments through checks, as vendors are paid at the max prices, then prices are adjusted.	Food Resources and Vendor Management
<b>4.2 Improve compliance investigation process to initiate and complete investigations within FY 16</b>	During the first quarter, select stores to be investigated, contractor to perform initial compliance buys, State WIC Office to review compliance buy reports and determine disposition.	9.3% completion rate in FY14. Maintain at least 5%.	In FY14, 5% requirement for investigations was met. Closure of investigations that span over several fiscal years.	Vendor Management
	During the second quarter, send sanction letters and confirm receipt of notice of violations if applicable. Document file that a warning is not being issued if it will compromise the investigation.	N/A	Results of the compliance buy that identifies if violations occurred which may necessitate a sanction letter.	Vendor Management
	During the third quarter, contractor to perform follow up compliance buys as ordered.	N/A	Additional compliance buys performed on vendors that would have received warnings.	Vendor Management
	During the fourth quarter, send additional sanction, disqualification or CMP letters if applicable.	N/A	At least 50% of investigations are deemed to be complete.	Vendor Management
	By 1 <sup>st</sup> quarter of FY16, contractor selected for compliance investigation services.		Investigation contract is expiring on September 30, 2015 and new contractor is required.	Vendor Management
<b>4.3 Complete implementation of corrective action plan in response to FY14 Vendor Management Evaluation.</b>	Monthly conference calls until findings and observations are resolved by CT WIC and closed by USDA.	Findings/Required Corrective Actions (RCAs), Observations and Suggestions from report	Final report issued October 6, 2014.	Food Resources and Vendor Management Supervisor
	In Q1, finalize corrective action plans and suggestion responses and upload into ME Tool.		Repeat findings on Vendor Management MEs.	Food Resources and Vendor Management Supervisor
	Through Q1, improve tracking by electronic means for monitoring visit follow ups, closure of investigations, dates for shelf price collections, referrals to SNAP on WIC DQs in Access database.	Tracked on paper or through filing system	Current FoxPro system does not have this reporting capability.	Vendor Management

	End of Q1 and into Q2, assure that corrective actions are followed and when new MIS is implemented in January 2016, review corrective actions to assure that all issues continue to be addressed.		Findings and Observations from FY14 VM ME that require the use of new MIS.	Vendor Management
<b>4.4 Prepare state staff and vendors for MIS and eWIC implementation.</b>	Update authorized vendors on eWIC activities through bulletins targeted to specific audiences, emails, on the website and through the WIC Vendor Advisory Council.  Communicate with vendors with integrated cash register systems and stand beside units provided by Xerox.  WIC Vendor Agreement changes to accommodate EBT language.	TBD	Federal mandate to implement WIC EBT by 2020	Food Resources and Vendor Management
	Revisions to existing policies and business processes, in addition to how eWIC will change state operations.		Federal mandate to implement WIC EBT by 2020	Food Resources and Vendor Management
	State staff participation on Readiness Teams to ensure smooth transition to new MIS and eWIC system. Teams include Training and Education, Policy and Business Processes, Communication and Advertising and Technology/Infrastructure.	Limited number of policies and procedure in writing.	Monitoring Visits currently done on paper. Supplement Xerox over-the-phone training with bulletins and emailed information.	Food Resources and Vendor Management

## Program Functional Area 5: Management Information Systems

**Goal 5: To maintain and enhance the WIC IT infrastructure.**

**Objective: 5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.**

**Objective: 5.2 Establish a master schedule for all WIC IT projects**

**Objective: 5.3 Continue the mainframe cost containment initiative.**

**Objective: 5.4 Implement an MIS and EBT solution for Connecticut.**

**Objective: 5.5 Move towards a self-service reporting environment for regular WIC information needs**

**Objective: 5.6 Prepare for data migration and conversion to new MIS**

**Objective: 5.7 Develop a new MIS equipment obsolescence plan.**

**Objective: 5.8 Increase staff knowledge and utilization of current IT languages, tools and techniques**

**Objective: 5.9 Implement new technologies to enhance productivity or system security.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.</b>	Re-program SWIS as required to accommodate changes in regulations and/or policy. Deploy new technologies as required by changes in USDA and/or DoIT policies.	NewSWIS version 1.61		IT Section Chief  IT Supervisor
<b>5.2 Establish a master schedule of all WIC IT projects.</b>	Create and maintain a master schedule of IT activities.	All projects independent	Master calendar created and maintained.	IT Section Chief  IT Supervisor
<b>5.3 Continue the mainframe cost containment initiative.</b>	Monitor various processes for usage, printing, disk and tape storage costs. Move certain processes from mainframe to server. Remove obsolete report processes.	Mainframe costs from prior year for given month	Maintain MF cost in report of MIS Cost Survey Feb 2010.	Technical Analyst II
<b>5.4 Implement an MIS and EBT solution for Connecticut.</b>	Three project tracts – MIS, EBT, State Change Management activities.	Contracts awarded, requirements completed, development in progress.	Test environments established, working with retailers on integration plans.	Director  IT Section Chief  IT Supervisor

<b>5.5 Move towards a self-service reporting environment for regular WIC information needs.</b>	Identify standard reports for automatic creation. Look at intranet or report server options for distribution. Look at ad hoc reporting capabilities for common requests.	As defined by CDC, USDA, program requirements and epidemiologist work.	Standard report list with creation calendar. Pilot intranet or report server. Pilot ad hoc reporting capability.	IT Section Chief IT Supervisor
<b>5.6 Prepare for data migration and conversion to new MIS.</b>	Updating SWIS technical documentation. Create data dictionary. Purging old data. Data scrubbing. Manual cleanup by Las. Conversion strategy for phased rollout.	Data is scrubbed, and field mapping between SWIS and CT-WIC completed	System documentation. Data dictionary. Old data purged. Data scrubbed. Conversion strategy document.	Technical Analyst II
<b>5.7 Develop a new MIS equipment obsolescence plan.</b>	Maintain operational status of IT infrastructure by providing timely service or replacement of defective equipment. Maintain inventory of IT equipment and implement. Replacement plans as dictated by resources and budget. Create upgrade/refresh schedule for next 18 months.	Current IT infrastructure	LAs are able to provide adequate services to participants during equipment downtime. End of Life determined for all key IT assets. Publically available upgrade/refresh schedule for next 18 months.	Technical Analyst II
<b>5.8 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</b>	Include professional development as part of annual review criteria. Lunch and learn sessions to share knowledge. WIKI or sharepoint sites for all system.	Current knowledge and tools	Increased professional development. Lunch and learn sessions. Build out of WIKI or SharePoint sites for all systems. Professional development classes	IT Section Chief IT Supervisor
<b>5.9 Implement new technologies to enhance productivity and system security.</b>	Deploy new technologies to enhance productivity or system security. Larger or dual monitors. Intranet or Sharepoint for organizing information. Implement LINC (MS Communicator) for interagency communication. New switches for remote site admin.	Current IT infrastructure	New switches	IT Section Chief IT Supervisor

## Program Functional Area 6: Caseload Management/Outreach

**Goal 6: Effectively reach all eligible individuals as resources allow, and achieve the maximum caseload capacity to serve the greatest number of women, infants and children.**

**By September 30, 2016:**

**Objective 6.1: Increase by 2% enrollment of high-risk (pregnant women) applicants by evaluating local agency targeted outreach activities for these populations. Determine need or feasibility of target for infant enrollment.**

**Objective 6.2: Determine baseline for child participation/retention in 2016. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2016.**

**Objective 6.3: All local agencies will implement consistent no-show tracking methodologies. Establish baseline using information from FY 2014 LAP submission.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>6.1 Increase by 2% enrollment of high-risk applicants by evaluating local agency targeted outreach activities for these populations. Determine need or feasibility of target for infant enrollment.</b></p>	<p>Distribute and provide training to local agencies on new 1<sup>st</sup> trimester enrollment outreach materials.</p> <p>Review all local agency plans for inclusion of outreach strategies for increasing 1<sup>st</sup> trimester enrollment of pregnant women.</p> <p>Based on local agency data, highlight at least 2 best practices for increasing 1<sup>st</sup> trimester enrollment at a Statewide meeting in 2016.</p> <p>Determine if report to track early enrollment of infants within first eight weeks of life (data collected will include 7 days, 10 days, 30 days, 6 weeks and 9 weeks) to assist local agencies in program planning and evaluation is necessary.</p> <p>If investigations show early</p>	<p><b>2016 WIC Objective: ≥ 35%</b></p> <p><u>FY 2009</u>: 50.3% Range: 26.2 - 66.3%</p> <p><u>FY 2010</u>: 50.9% Range: 30.7% - 67.4%</p> <p><u>FY 2011</u>: 53.6% Range: 40.8% - 66.2%</p> <p><u>FFY 2012</u>: 53.3% Range: 39.9% - 71.7%</p> <p><u>FY 2013</u>: <b>53.7%</b> Range: <b>44.0% - 70.4%</b></p> <p><u>FY 2014</u>: 50.5% Range: 37.1% - 65.3%</p> <p><b>FFY 2015: 29.1% *</b> <b>Range: 18.1% – 38.8%</b> <b>(* 9-month average)</b></p> <p><b>Source:</b> CT SWIS, Process Objective #1 – 1<sup>st</sup> Trimester Entry into WIC; quarterly reports by federal fiscal year.</p>	<p>Revised SWIS Process Objective Report (FY 2016) 1<sup>st</sup> trimester enrollment of pregnant women is greater than or equal to 35%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC &amp; HUSKY-A.</p> <p>100% of local agency plans will include measurable strategies to increase 1<sup>st</sup> trimester enrollment by 2017.</p> <p>Determine feasibility or need to establish baseline or indicator by FY 2017.</p> <p>Training on WIC Outreach Toolkit is completed by March 2016.</p> <p>Quantitative and qualitative assessment of each Outreach Activity conducted is reported in local agency plan.</p>	<p>Program Monitor Epidemiologist</p>

	<p>enrollment of infants is low, establish statewide baseline for infant enrollment. Once baseline established, develop Statewide objective target for caseload management purposes.</p> <p>Distribute and provide training to local agencies on use of WIC Outreach Toolkit including revised posters, WIC Fast Facts newsletters and guidance to be incorporated for FY16 outreach efforts.</p> <p>Review local agency plans for inclusion of evaluation of prior year's outreach activities. Determine if local agencies incorporated changes for future outreach activities based on evaluation results.</p> <p>During monitoring and for those agencies that are conducting Self-assessments, review current outreach strategies with local staff to ensure outreach plan remains relevant. Provide on-site technical assistance as needed.</p>			
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<p><b>6.2 Determine baseline for child participation/retention in 2016. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2016.</b></p>	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5 year old child participation.</p> <p>Through USDA WIC Special Projects Grant track child participation rates in six local agencies.</p>	<p>TBD</p>	<p>Child participation rate and/or baseline target is established.</p>	<p>Program Monitor Epidemiologist Outreach Team WIC/HS Team</p>
<p><b>6.2 All local agencies will implement consistent no-show tracking rates.</b></p>	<p>Monitor for implementation of standardized no-show rate tracking in FY 2015 reviews and Self-Assessments. Provide guidance as needed.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> <li>▪ Reminder calls and offering convenient appointment times</li> <li>▪ Determine impact of new automated reminder system One Call integration has on no show and participation rates.</li> </ul> <p>Develop target for statewide no-show rate based on LAP review of local agency no-show rates for 2014 and 2015.</p> <p>Work with 3Sigma and IT to develop an automated,</p>	<p>TBD</p>	<p>Verification that all local agencies are rate tracking, analyzing and implementing and effective strategies to reduce no-show rate.</p>	<p>Program Monitor Epidemiologist</p>

	standardized process and report for tracking no-show rate in CT-WIC.			
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## Program Functional Area 7: Coordination of Services

**Goal 7: Strengthen coordination of information and resources with other Connecticut State Agencies to respond to the needs of the WIC clients.**

**Objective: 7.1 Maintain active coordination with at least 75% of identified key partners in 2016.**

**Objective: 7.2 90% of reviewed charts/clinic observations during monitoring visits have appropriate mandated and targeted referrals.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>7.1 Maintain coordination with at least 75% of identified key partners.</b>	<ol style="list-style-type: none"> <li>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.</li> <li>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</li> <li>Connecticut was funded in November 2014 for a Full Grant. Continue implementation of <i>Connecticut WIC and Head Start Cross-Program Collaboration Project</i> through 2018.</li> <li>Dependent on funding, continue SNAP Ed/WIC Program Collaboration to compliment WIC nutrition education efforts. Coordinate with SNAP Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP Ed recipes in WIC education/resources used.</li> <li>Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC) to facilitate the</li> </ol>	<p>Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Amended and Executed PSA with USJ for Full grant.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p> <p>Final WIC SPG Deliverables are approved by FNS.</p> <p>Successful SNAP Ed workshops/displays at local agencies based on evaluations and feedback from SNAP Ed/local agencies/students</p> <p>SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of CPQC meetings.</p> <p>FY 2017 Implementation of WIC PMAD Screening Protocol.</p>	<p>Nutrition Unit</p> <p>Program Operations</p> <p>Breastfeeding Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff
	<p>group's understanding of WIC Breastfeeding initiation and duration data and promotion and support strategies. Work with the CPQC to better coordinate hospital and community messaging about breastfeeding.</p> <p>6. Maintain partnership with CT Alliance on Perinatal Mental Health via planning and implementation of a PMAD related training in FY 2016. Provide feedback to Alliance re: community mental health resources identified through local agency networking.</p>			
<p><b>7.2</b> <b>90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</b></p>	<p>During reviews, assess local agency utilization of revised referral codes and referral policy and procedures.</p> <ul style="list-style-type: none"> <li>• Update revised policies/procedures as indicated.</li> <li>• Provide review of updated policies and procedures at Statewide Meetings as needed.</li> </ul> <p>Review LAP for evaluation of outreach activities. Local agencies will use outreach evaluation results to drive future outreach plans. See 6.1</p>	<p>N/A</p>	<ul style="list-style-type: none"> <li>▪ Improved local level coordination with staff regarding referrals.</li> <li>▪ All local agencies will utilize a Local Community Resource Guide on a regular basis.</li> <li>▪ Improved documentation on provision of referrals and follow up. Improved consistency of use of referral codes by LA's.</li> <li>▪ LA's develop internal process for tracking referrals (providing and following up).</li> <li>▪ Reduction in review findings related to</li> </ul>	<p>Monitoring Unit Program Monitor</p>

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
			referrals.	

## **Program Functional Area 8: Civil Rights**

**Goal 8: Establish and administer policies and procedures that ensure client-oriented customer friendly service environment for all applicants and participants and comply with Racial/Ethnic Federal mandate to ensure uniformity and comparability in the collection and use of data as required by OMB standards.**

**By September 30, 2016:**

**Objective: 8.1 Verify 100% of local agencies are in compliance with use of revised nondiscrimination statement requirements and OMB racial/ethnic data collection standards.**

**Objective: 8.2 Conduct annual civil rights training for state and local agency staff**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>8.1 Verify 100% of local agencies are in compliance with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.</b>	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures followed at local agencies during FY 2016 reviews.</p>	Ongoing	<p>Each brochure and handout will contain the current USDA Non-discrimination statement.</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	Monitoring Unit
<b>8.2 Conduct annual civil rights training for local agency staff.</b>	<p>Update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. (ReNEW 2.0 training subcommittee).</p>		<p>Initial self-paced Civil Rights training is implemented statewide.</p> <p>Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.</p>	Monitoring Unit

## Program Functional Area 9: Certification & Eligibility

**Goal 9: Improve and maintain program integrity in the areas of certification and eligibility.**

**By September 30, 2016:**

**Objective: 9.1 90% of special formula procedures observed in reviews were accurate and complete.**

**Objective: 9.2 Monitor local agency implementation updated risk criteria.**

**Objective: 9.3 100% of participants receive targeted exit counseling.**

**Objective: 9.4 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>9.1 90% of special formula procedures during monitoring were accurate and complete.</b> (See Objective 3.3)</p>	<p>Review WIC infant formula report on a quarterly basis to assess local agency usage of special/exempt formulas.</p> <p>Update formula resource tables, issue timely WIC numbered memos, provide in-service training and develop user-friendly formula resources for Nutritionists.</p> <p>Employ multi-level approach to improve local staff and medical community knowledge in area of formula issuance.</p> <ul style="list-style-type: none"> <li>• Respond to/solicit feedback from WIC medical advisor, key stakeholders</li> </ul> <p>Provide two (2) in-service trainings to identified stakeholders about WIC formula policies and procedures by September 30, 2016. Assist local agencies in providing in-service presentations as appropriate.</p> <p>Using checklist adapted from MA WIC , monitor for local agency compliance with special formula procedures (formula ordered through the State agency)</p> <ul style="list-style-type: none"> <li>▪ Obtain list of at least 10 participants receiving State ordered special formulas and verify proper procedures were followed during local</li> </ul>	<p>June 2014: report: Exempt infant formulas Range-% Average- %</p>	<p>Local agencies will demonstrate proficiency with:</p> <p>Following formula policies and procedures. Appropriate rational for ordering a special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>Reduction in the number of health care provider phone calls related to confusion re: WIC special formula issuance.</p> <p>SWIS Infant Formula Monthly Reports.</p>	<p>Nutrition Unit Nutrition Monitor</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff
	<p>agency monitoring.</p> <ul style="list-style-type: none"> <li>▪ Review special formula log for accuracy and to determine frequency of insufficient “medical rationale”</li> <li>▪ Based monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed.</li> </ul>			
<p><b>9.2 Monitor implementation of updated Nutrition Risk Criteria.</b></p>	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to SWIS.</p> <p>Monitor system upgrades via local agency feedback. Determine timeframe for rollout of system upgrades.</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>Continue with timeline for extension of implementation of revised Depression Risk #361</p> <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p>	<p>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>Nutrition Unit Monitoring Unit Breastfeeding Unit IT Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>9.3</b>  <b>100% of participants receive targeted exit counseling.</b></p>	<p>Develop or modify a State's existing exit counseling brochure with ReNEW 2.0 subcommittee members by March 30, 2016. This brochure will be made available for all participants leaving the program.</p> <p>Review and update existing exit counseling policies in Local agency Policy and Procedure Manual.</p> <p>Train local agency staff on any updated policies.</p>	<p>2014 &amp; 2015  Monitoring results</p>	<p>During routine monitoring local agency staff will show proficiency with providing appropriate exit counseling to participants.</p>	<p>Nutrition Unit  Program Monitor</p>
<p><b>9.4 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures.</b></p>	<p>During nutrition services monitoring validate local agency compliance mid-certification visits for breastfeeding are consistent with State Plan policies.</p>	<p>2014 &amp; 2015  Monitoring results</p>	<p>During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.</p>	<p>Nutrition Unit  Program Monitor  Breastfeeding Unit  IT Unit</p>

## Program Functional Area 10: Monitoring & QA

**Goal 10: Conduct on-site programmatic management and nutrition services reviews of local agencies to ensure compliance with Federal and State Regulations.**

**By September 30, 2016:**

**Objective: 10.1 Monitor six (6) service regions including satellites.**

**Objective: 10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.**

**Objective: 10.3 Improve local agency performance through resolution of findings identified during nutrition services and program operations compliance reviews.**

**Objective: 10.4 Monitor implementation of participant complaint tracking system.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>10.1 Monitor six (6) service regions including satellites.</b>	<ol style="list-style-type: none"> <li>By end of 1<sup>st</sup> quarter, develop FY2015 monitoring schedule. <ul style="list-style-type: none"> <li>Conduct monitoring visits and schedule exit conference within two weeks of completion of fieldwork.</li> <li>Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.</li> <li>Respond to local agency CAP within 30 days. Two (2) weeks as best practice.</li> <li>Synthesize common review findings and responses to CAP in both nutrition services and program operations to update FFY17 Goals and Objectives, training and technical assistance plans.</li> </ul> </li> <li>During routine monitoring, collect</li> </ol>	FFY14 LA monitoring schedule (See Objective 10.3)	<p>FY 2013 and 2014 Monitoring and review schedule tracking sheet.</p> <p>100% of scheduled monitoring visits and reports completed by Sept 2015.</p>	<p>Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit</p>

	<p>data on satellite site operations to determine effectiveness:</p> <ul style="list-style-type: none"> <li>▪ Location of satellite sites,</li> <li>▪ Number of clients served,</li> <li>▪ Hours of operation</li> </ul>			
<p><b>10.2</b> <b>Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</b></p>	<ol style="list-style-type: none"> <li>1. Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</li> <li>2. Highlight local agency best practices at December statewide meeting.</li> <li>3. Utilize "ReNEW 2.0" committee" to address statewide local agency training and technical assistance needs.</li> </ol> <p>During 2016</p> <ul style="list-style-type: none"> <li>▪ Monitor for implementation of BMI and MI Guidance. (50% of agencies reviewed will have implemented)</li> <li>▪ Monitor of implementation and use of WIC staff orientation learning objectives and competencies.</li> <li>▪ Implement and evaluate NA II paraprofessional training held in fall</li> </ul>	<p>Baselines from local agency reviews</p>	<p>Ongoing process/tool evaluation and feedback from local agencies.</p> <p>Evidence of LA application of VENA principles is reflected in monitoring reports.</p> <p>Results of monitoring visits are incorporated into technical assistance and training plans.</p> <p>At least 75% of ReNEW 2.0 sub-committee planned deliverables are completed.</p> <p>MIS/EBT Functional requirements for MIS and EBT design reviewed. See Functional Areas 5.4 and 5.5.</p> <p>Process flows developed and or reviewed, see Functional Area 5.4</p> <p>Change Management for data migration developed and/or reviewed. See Functional Area</p>	<p>Nutrition Unit Breastfeeding Unit Monitoring Unit</p>

	<p>2015.</p> <ul style="list-style-type: none"> <li>▪ Develop pregnancy weight gain guidance document to build upon revised MWG objective targets and expert speaker presentation.</li> <li>▪ Update web as needed.</li> <li>▪ Continue MIS/EBT subcommittee of LA representatives of (PA, Nutritionists, Program coordinator, Nutrition Assistants) to facilitate the transition to a new MIS and EBT.</li> </ul>		<p>5.6.</p> <p>Change Management for staff/ participant/vendor training and marketing developed and/or reviewed. See Functional Areas 5.2, 5.7, 5.8. 5.9.</p>	
<p><b>10.3</b>  <b>Improve local agency performance through resolution of findings identified through nutrition services and program operations compliance reviews.</b></p>	<p>Provide targeted technical assistance interventions and training opportunities based on identified deficiencies.  (Liaisons)</p> <p>Track and evaluate local agency use of Off-Year Self-Assessments to improve program operations and nutrition services.</p> <p>Distribute FAQ's after Statewide trainings to clarify nutrition services and program operations questions</p> <p>Incorporate FAQ's into Local Agency Policy and Procedure Manual.</p>	<p>TBD Review prior monitoring reports (See Objective 10.1).</p>	<p>Reductions of repeat findings and observations in areas of nutrition services and program operations.</p> <p>All local agencies in off-year review cycle should include one (1) page summary from Self-Assessment in Local Agency Plan.</p>	<p>Nutrition Unit  Breastfeeding Unit  Monitoring Unit</p>

<p><b>10.4</b>  <b>Monitor the implementation of participant compliant tracking system in 2016.</b></p>	<p>Implement a centralized system and train appropriate State staff on how to record and track participant complaints received by the State agency.</p> <p>Review tracking log quarterly for patterns.</p> <p>During monitoring, review local agency compliance with providing required information re: WIC check use at orientation, certification and re-certifications. (proactively reduce complaints about these issues.)</p> <p>Topics covered by local staff should include:</p> <ul style="list-style-type: none"> <li>▪ Food List/WIC approved foods</li> <li>▪ Check Redemption procedures</li> <li>▪ WIC fraud and abuse policies including on-line sale of WIC food or formula.</li> </ul> <p>As needed, work with Vendor Unit to incorporate any feedback into vendor training.</p>	<p>Establish baseline and patterns/themes of complaints.</p>	<p>Decrease number of complaints at the State agency receives.</p> <p>Consistently document of resolution of complaint(s).</p>	<p>Monitoring Unit  Vendor Monitor  Epidemiologist</p>
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## Program Functional Area 11: Fiscal Management

**Goal 11: Maximize the utilization of WIC food funds.**

**By September 30, 2016**

**Objective: 11.1 Expand the usage to 97% of all food dollars.**

**Objective: 11.2 Continue to monitor for ease and compliance with local agency required monthly reporting and required budgets and local agency amendments**

**Objective: 11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>11.1 Expand the usage to 97% of all food dollars.</b>	Track LA expenditures monthly. <ul style="list-style-type: none"> <li>Meet with program directors.</li> <li>Monitor food costs using the current CPI cost indicators.</li> </ul>	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Fiscal Unit
<b>11.2 Continue to monitor for ease and compliance with local agency required monthly reporting and required budgets and amendments.</b>	Survey Program Coordinators in FY 2016 re: WIC financial reporting changes.	FY 2015 results, less errors on reports.	Survey results show that 75% Program Coordinators are very satisfied or extremely satisfied with the revised reporting procedures and forms.	Management Fiscal Unit
<b>11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.</b>	Utilize financial data in trend analysis	N/A	Utilize financial trend data to drive program decisions	Management Fiscal Unit Epidemiologist

## Program Functional Area 12: Data Quality, Analysis & Reporting

### Goal 12: Strengthen data outputs for improved program planning, monitoring, evaluation and administration.

#### Objective 12.1 Improve access to, and the utility and application of, WIC Program data:

- a. Build on current reports to provide enhanced, more accessible, data resources;
- b. Expand research/data analysis and reporting initiatives;
- c. Provide support in meeting other Program-related data needs.

#### Objective 12.2 Contribute data inputs to help maximize strategic program coverage and effectiveness:

- a. Strengthen appropriate access to and delivery of program services;
- b. Ensure adequate access to vendor services, and vendor capacity to meet demand.

Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>12.1</b>  <b>Improve access to, and the utility and application of, WIC Program data:</b>  <b>a. Build on current reports to provide enhanced, more accessible, data resources;</b></p>	<p>Prepare summary <u>data tables and graphs</u> to illustrate trends, and maps to compare distribution of selected variables and resources;  <u>Censor data</u> as appropriate in keeping with confidentiality regulations prior to sharing outside of WIC Program;</p> <p><u>Post results</u> or otherwise share selected data tables, graphs, trend reports and/or maps.</p> <p>Provide WIC Director with monthly <u>summary stats</u> covering participation, caseload, check issuance &amp; redemption, program costs, and vendors; maintain current national WIC data and state population figures; provide other information as needed.</p>	<ul style="list-style-type: none"> <li>- Monthly Reports</li> <li>- Quarterly Outcome Reports</li> <li>- Biennial PC studies</li> </ul>	<p>Enhanced analysis and data presentations meet USDA, state and local WIC agency needs for information on:</p> <ul style="list-style-type: none"> <li>- WIC participation and caseload;</li> <li>- Risk factors and referrals;</li> <li>- Process and outcome objectives;</li> <li>- Check issuance and redemption;</li> <li>- Authorized vendors.</li> </ul> <p>Data tables, graphs and maps facilitate comparison of participant characteristics, risk factors, outcomes, etc.;</p> <p>Summary reports and improved data access result in improved public access to WIC data and less staff time invested in responding to routine requests.</p> <ul style="list-style-type: none"> <li>• Data reports are posted to</li> </ul>	<p>Epidemiologist  IT staff  Nutrition Unit</p>

			the program Website and to the agency Dashboard, and are censored, and periodically updated, as appropriate	
<b>b. Expand research / data analysis and reporting initiatives;</b>	<p><u>Link WIC data</u> file with Medicaid records: determine co-enrollment WIC/Medicaid;</p> <p>Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map location to identify pockets of those not - enrolled for more targeted outreach efforts.</p> <p><u>Map selected health, demographic and socio-economic Census variables</u> at the local level; compare results with current program coverage;</p> <p>Identify and <u>track risk factors</u> contributing to poor program outcomes;</p> <p><u>Evaluate associations</u> between WIC participation and risk factors for poor birth outcomes.</p>	Prior studies	<ul style="list-style-type: none"> <li>▪ See also Section 1.1.</li> <li>▪ DPH/DSS exchange data at least quarterly on co-enrollment between WIC &amp; HUSKY-A.</li> <li>▪ More in-depth analyses help inform program decisions in support of key interventions and resource allocation;</li> <li>▪ Local-level disparities are identified based on 2010 Census data and other data sources, to better target program services &amp; financial and program resources.</li> </ul>	Epidemiologist Nutrition unit
<b>c. Provide support in meeting other Program-related data and reporting needs.</b>	<p>Respond to <u>internal and external data requests</u>;</p> <p>Identify/develop relevant <u>reference &amp; training resources</u>;</p> <ul style="list-style-type: none"> <li>- Draft presentations for WIC Director, Nutrition staff, etc.</li> <li>- Provide survey design, analysis, reporting, or technical assistance as appropriate.</li> <li>- Collaborate in initiatives that <u>benefit the State's MCH population</u> (e.g. participate on DPH committees (MCH Block Grant, PRAMS Steering</li> </ul>	SWIS reports Ongoing collaboration	<ul style="list-style-type: none"> <li>▪ Timely response to internal and external data requests;</li> <li>▪ Surveys and presentations developed and/or technical assistance provided;</li> <li>▪ Committees successfully complete assigned tasks.</li> </ul>	Epidemiologist

	Committee, DPH Accreditation Team, RFP and Publication Review Committees, etc.).			
<p><b>12.2</b></p> <p><b>Contribute data inputs to help maximize strategic program coverage and effectiveness:</b></p> <p><b>a. Strengthen appropriate access to and delivery of program services;</b></p>	<p>Monitor program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> <li>- Identify service gaps, priorities and opportunities;</li> <li>- Track program outcomes and evaluate changes;</li> <li>- Target resources to improve outcomes for those at highest risk.</li> <li>- Provide data/mapping inputs to help relocate clinic and vendor resources;</li> <li>- Identify specific populations to target for outreach/promotional efforts and program services.</li> </ul>	<p>Current program services and resources</p>	<ul style="list-style-type: none"> <li>▪ Decisions to increase/decrease program services and resources are based on objective inputs;</li> <li>▪ Risk factors and other variables associated with a given outcome or results are identified, providing enhanced criteria for targeting program interventions.</li> </ul>	<p>Epidemiologist Nutrition unit</p>
<p><b>b. Ensure adequate access to vendor services, and vendor capacity to meet demand.</b></p>	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring, fraud detection and TIP reports.</p> <p><u>Database development:</u></p> <ul style="list-style-type: none"> <li>- Investigate need for new data input form(s), validation rules, etc. to help facilitate data entry, increase efficiency &amp; reduce error rates;</li> <li>- Continue to identify priority data needs; build standardized queries to meet those needs;</li> <li>- Provide monthly updates on authorized vendors to WIC Director and Vendor Management Unit.</li> </ul> <p><u>Vendor selection:</u></p> <ul style="list-style-type: none"> <li>- Continue to monitor the results of policy change in vendor selection from quarterly needs assess-</li> </ul>	<p>Current vendor database</p> <p>Currently authorized vendors</p> <p>WIC participation</p>	<p>Vendor services and resources meet participant and program needs.</p> <ul style="list-style-type: none"> <li>▪ Enhanced data analysis and reporting functions (MS Office Access database).</li> <li>▪ Strong vendor and participant fraud detection protocol designed and</li> </ul>	<p>Epidemiologist Vendor Unit</p>

	ment to open enrollment, to determine effectiveness in meeting participant and program needs; modify as necessary.		implemented.	
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