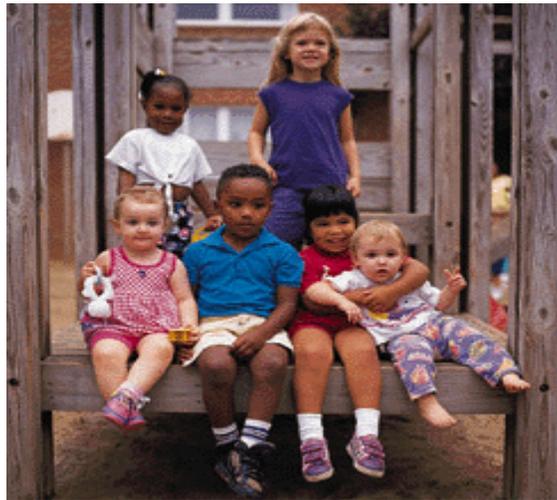




**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
PUBLIC HEALTH INITIATIVES BRANCH  
COMMUNITY, FAMILY AND HEALTH EQUITY SECTION**

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



**Federal Fiscal Year 2017  
(October 1, 2016 – September 30, 2017)**

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



**August 15, 2016**

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## **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 Family and Health Equity Section (CFHES).

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 FFY2017 and the evaluation FFY2016. 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. Beginning October 1, 2016 the infant formula rebate contract will transition to **Abbott Laboratories** through the NEATO contract.

## **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.

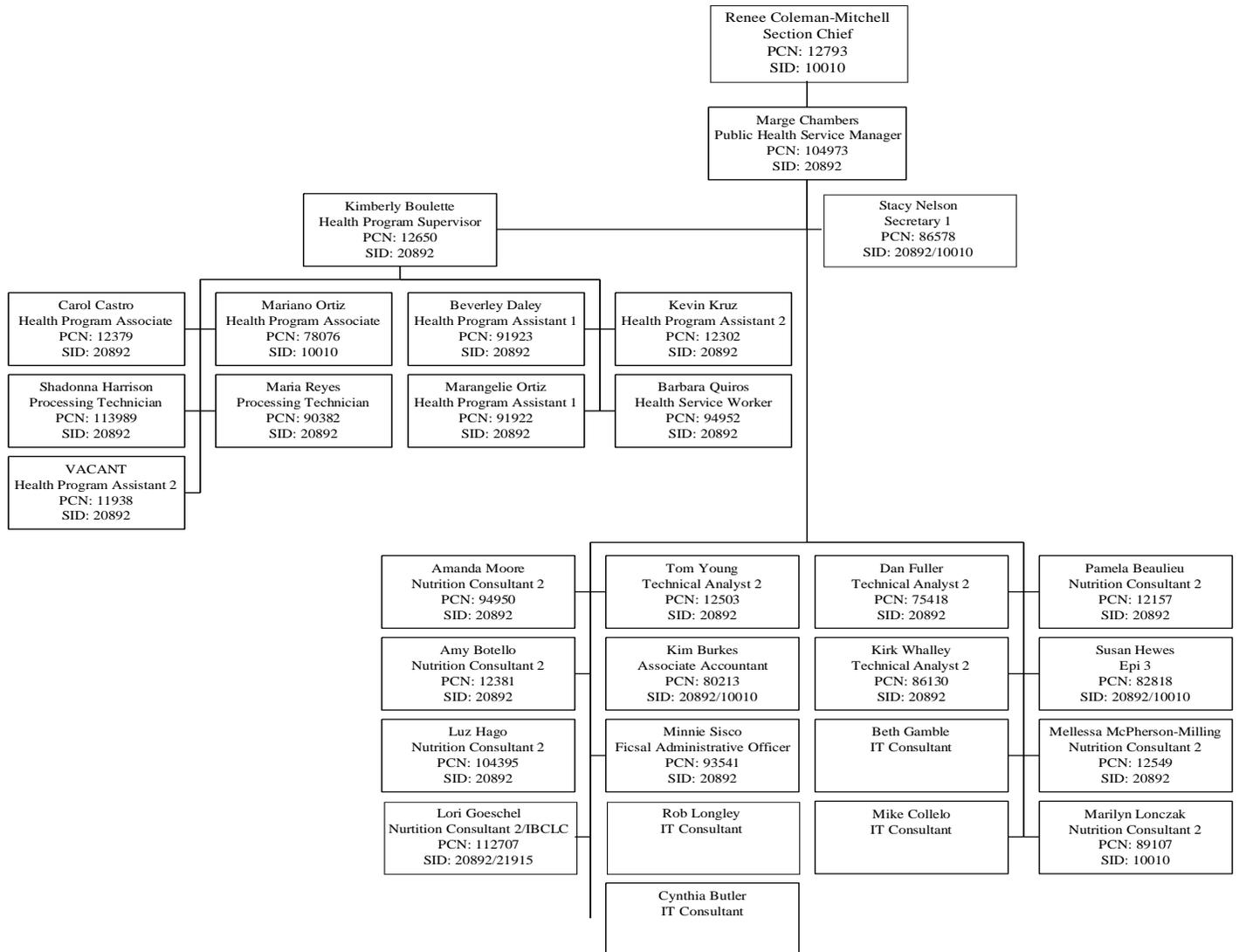
### **Breastfeeding Statement:**

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.

## C. STATE AGENCY ORGANIZATION

### Department of Public Health Community Family and Health Equity Section WIC Program State agency organization



## 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>Local agency monitoring            Review Program Monitors written reports and response to corrective action plans            Local agency staff training, liaison 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, CLC</b>            Nutrition Consultant 2/            Breastfeeding Co-Coordinator            T: (860) 509-8261            F: (860) 509-8391            E-mail: <a href="mailto:marilyn.lonczak@ct.gov">marilyn.lonczak@ct.gov</a></p>	<p>Breastfeeding Promotion and Support            Breastfeeding program planning and evaluation            Breastfeeding Peer Counseling (back-up)            State Plan Management            Local staff training liaison and technical assistance            Nutrition Risk Criteria (back-up) on RISC            CDC 1305 grant activities (lead)            Special Project Grant Project Co-Manager (Administration)</p>
<p><b>Pamela Beaulieu, CLC</b>            Nutrition Consultant 2            Breastfeeding Co-Coordinator            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, liaison and technical assistance            Update/provide input on Local Agency Plans and State Plan            Outreach            MIS/EBT            CDC 1305 grant activities (back-up)</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  Nutrition Assistant II training coordination  Update/provide input on Local Agency plan and State Plan  Outreach  MIS/EBT</p>
<p><b>Luz Hago</b>  Nutrition Consultant 2  Nutrition Education  T: (860) 509-7662  F: (860) 509-8391  E-mail: <a href="mailto:Luz.Hago@ct.gov">Luz.Hago@ct.gov</a></p>	<p>ReNEW 2.0  Local agency liaison technical assistance  Nutrition education  Formula issuance  Develop new food packages  Update/provide input on Local Agency Plans and State Plan</p>
<p><b>Mellessa McPherson-Milling</b>  Nutrition Consultant 2  T: (860) 509-7814  F: (860) 509-8391</p>	<p>Local agency Program Operations Reviews  Issue written reports/respond to corrective action plans  Civil Rights  Update/provide input on Local Agency Plans and State Plan</p>
<p><b>Lori Goeschel</b>  Nutrition Consultant 2  State Breastfeeding Peer Counseling Coordinator  E-mail: <a href="mailto:lori.goeschel@ct.gov">lori.goeschel@ct.gov</a></p>	<p>Breastfeeding Peer Counseling  Breastfeeding peer Counseling program planning, technical assistance and evaluation</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 Vendor determinations  Website upload  State Plan updates  Contract liaison  Complaints/Customer Service  Coordination with EBT contractor/Xerox  Collections</p>
<p><b>Marangelie Ortiz</b>  Health Program Assistant 1  T: (860) 509-7526  F: (860) 509-8391  E-mail: <a href="mailto:Marangelie.aquado@ct.gov">Marangelie.aquado@ct.gov</a></p>	<p>Vendor monitoring  Retailer Training  Website content development  Compliance Investigations  High Risk Criteria</p>
<p><b>Beverley Daley</b>  Health Program Assistant 1  T: (860) 509-8076  F: (860) 509-8391  E-mail: <a href="mailto:Beverley.daley@ct.gov">Beverley.daley@ct.gov</a></p>	<p>Vendor monitoring  Program Integrity and Fraud Prevention</p>

<p><b>VACANT</b> Health Program Assistant II T: (860) 509- F: (860) 509-8391 E-mail:</p>	<p>Online Monitoring for trafficking of WIC foods Participant and Retailer Fraud Investigations Vendor monitoring Vendor Technical Assistance</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 Competitive and Not to Exceed Pricing Vendor Customer Service</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 eWIC card 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 Rebate contracts lead</p>
<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/UPC database 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 Vendor Training</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 Vendor Technical Assistance</p>
<p><b>Maria Reyes</b> Processing Technician T: (860) 509-8072 F: (860) 509-8391 E-mail: <a href="mailto:maria.reyes@ct.gov">maria.reyes@ct.gov</a></p>	<p>Vendor application processing Vendor Authorizations Price Stock Survey updates Vendor correspondence/notification Tracks vendor penalties and prepares sanctions SNAP Collaboration/FNS Field Office/STARS</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 Adequate participant access determinations</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>	State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes WIC Materials management Training Evaluation
<b>VACANT</b> Processing Technician T: (860) 509-8072 F: (860) 509-8391 E-mail:	Vendor application processing Vendor Authorizations Price Stock Survey updates Vendor correspondence/notification Clerical Support Retailer Sanctions Records Retention
<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>	Systems development lead SWIS maintenance and enhancements Local Agency technical support SWIS data requests

<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>	Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/SWIS update Hardware/Software Purchase
<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>	Mainframe Lead Development & maintenance Cost containment & monitoring Security & Disaster recovery FoxPro developer backup Help Desk
<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>	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
<b>Minerva Sisco</b> Fiscal Administrative Officer	Bank reconciliation & Treasury Report Beechnut & Mead Johnson rebates

T: (860) 509-7713  
F: (860) 509-8391  
E-mail: [minerva.sisco@ct.gov](mailto:minerva.sisco@ct.gov)

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EBT report 425

**D. LOCAL AGENCY ORGANIZATION**

<b>LOCAL AGENCY</b>	<b>PROGRAM COORDINATOR</b>	<b>PROGRAM NUTRITIONIST</b>
<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>	Karen Lechene	Patricia Gaenzler
<b>Optimus Health Care Bridgeport WIC Program</b> 1450 Barnum Avenue Bridgeport, CT 06610 (203) 333-9200 <a href="mailto:vsantiago@ophhc.org">vsantiago@ophhc.org</a>	Verletha Santiago	Marla Cofrancesco
<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>	Melissa Dickau	Sarah Feller
<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>	Patricia Mascoli	Ann Marie Evans
<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>	Kathy Minicucci	Bina Patel
<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>	Nicole Laracuate	Mary Golan
<b>Hartford Health Department WIC Program</b> 131 Coventry Street Hartford, CT 06112 (860) 757-4780 <a href="mailto:SMILD001@hartford.gov">SMILD001@hartford.gov</a>	Danielle Smiley-Acting	Danielle Smiley

## 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>Marissa St. John</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:mdessalines@waterburyct.org">mdessalines@waterburyct.org</a></p>	<p>Michael Dessalines</p>	<p>Kelsey Hurley</p>

**PROGRESS ON**

**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.**

<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>	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)	No progress, since last year.

<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>Not completed.</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>Provided WIC Management Meeting to review CT-WIC policy changes and revisions to State Plan based on 2015 USDA MER and CAP.</p> <p>Attendees were asked to train their staff on information covered. Survey Monkey survey conducted to determine understanding on existing, updated policies. See attached for summary of results.</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 acceptable Emergency Preparedness</p>	<p>Not addressed due to CT-WIC implementation.</p>

			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.	<p>Completed training based on Regulations and guidance from legal office in FY 2015. Now provide on-going TA to local agencies on an as needed basis.</p> <p>Policy still in development due to CT-WIC implementation.</p>

## 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	Progress
<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 &amp; EPI to refine data collection &amp; reporting using prenatal BMI weight gain recommendations and to implement the revised quarterly report on Maternal Weight Gain by Sept 2016.</p> <p>Continue to monitor trends and revised target &amp; 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>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</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 low performing agencies.</p>	<p>Due to CT-WIC rollout, and the fact that the Statewide Objectives are not a priority for Phase 2 data reports, we will not have the revised Maternal Weight Gain reports in 9/2016 for CT-WIC as previously indicated.</p> <p>However, implemented revised quarterly SWIS reports for FY 2016 LAP.</p> <p>We do not anticipate resuming monitoring of trend data for Statewide Objectives until FY 2018.</p> <p>Due to CT-WIC rollout,</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>no nutrition related training was held. We may still be able to engage an expert speaker for the September statewide meeting, but the focus will be on NRC 361 Depression Screening training.</p> <p>Guidance document on Weight Gain during pregnancy will be focus of ReNEW 2.0 committee. These meetings will resume in September 2016. They were put on hold d/t CT-WIC and eWIC training and rollout.</p> <p>Reviewed 12 local agency plans (LAP) for measurable objectives related to maternal weight gain. Feedback provided to local agencies based on consolidated comments from State agency Nutrition Unit.</p> <p>75% of local agencies monitored provide appropriate frequency of visit to discuss and monitor prenatal weight gain. 50% of local agencies monitored use effective educational methods</p>
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				and appropriate education materials to assist pregnant women in gaining appropriate weight based on IOM recommendations.
<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>Implemented revised quarterly SWIS reports for FY 2016 LAP. See above re: CT-WIC reporting capability for FY 2016.</p> <p>Reviewed 12 local agency plans (LAP) for measurable objectives related to LBW. Feedback provided to local agencies based on consolidated comments from State agency Nutrition Unit.</p> <p>80% of local agencies monitored are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant.</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</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</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>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</p>	<p>Implemented revised quarterly SWIS reports for FY 2016 LAP. See above re: CT-WIC reporting capability for FY 2016.</p>

<p><b>7.5%.</b></p>	<p>children at risk for anemia and effectiveness of education efforts on:</p> <p>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. 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 2012: 7.8% Range: 4.4% - 10.5%</p> <p>FFY 2013: 8.3% Range: 4.2% - 12.3%</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>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>Reviewed 12 local agency plans (LAP) for measurable objectives related to child anemia.</p> <p>Feedback provided to local agencies based on consolidated comments from State agency Nutrition Unit.</p> <p>85% of local agencies monitored agencies are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p>
<p><b>2.4</b></p> <p><b>a. The prevalence of BMI ≥ 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 ≥ 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</p>	<p><u>2016 WIC Objectives:</u></p> <p><b>a. OVERWEIGHT: ≤ 15% (BMI ≥ 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: ≤ 15% (BMI ≥ 95<sup>th</sup>ile)</b></p> <p>FFY 2013: 13.1% Range: 7.3% - 18.3%</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</p>	<p>Implemented revised quarterly SWIS reports for FY 2016 LAP. See above re: CT-WIC reporting capability for FY 2016.</p> <p>Reviewed 12 local agency plans (LAP) for measurable objectives related to childhood overweight and obesity.</p> <p>Feedback provided to local agencies based on consolidated comments</p>

	<p>to solids.</p> <p>Monitor for use of BMI Guidance Document and Motivational 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><u>FFY 2014</u>: 12.3% Range: 6.7% - 17.9%</p> <p><u>FFY 2015</u>: 15.2% * Range: 13.3% – 22.4% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #5a: Childhood Overweight; #5b: Childhood Obesity; quarterly reports, by federal fiscal year.</p>	<p>targeting obesity prevention.</p> <p>By FY 2016 all local agencies will implement all 3 obesity prevention lesson plans.</p> <p>By FY 2017, all local agencies will begin to implement BMI and Motivational Interviewing Guidance documents.</p>	<p>from State agency Nutrition Unit.</p> <p>90% of local agencies have implemented one or more of the (3) lesson plans targeting obesity prevention per the LAP review.</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 &amp; use</p>	<p><u>2016 WIC Objectives</u>: ≥70%</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><u>FFY 2015</u>: 77.3% * Range: 58.0% - 92.3% (* 9-month average)</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</p>	<p>Implemented revised quarterly SWIS reports for FY 2016 LAP. See above re: CT-WIC reporting capability for FY 2016.</p> <p>Reviewed 12 local agency plans (LAP) for measurable objectives related to breastfeeding initiation.</p> <p>75% of local agencies monitored are using effective educational methods and appropriate education materials to assist</p>

	<p>of Breastfeeding Content Sheets &amp; Breastfeeding Checklist.</p> <p>Monitor for implementation &amp; 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>Source: CT SWIS, Outcome Objective #3a – BF Initiation Rate; quarterly reports by federal fiscal year.</p>	<p>assist mothers in successful initiation of breastfeeding.</p>	<p>mothers in successful initiation of breastfeeding.</p> <p>Per feedback from July Breastfeeding Coordinators’ meeting, 2 of 12 local agencies have used or adapted the Breastfeeding Outreach presentation. Low use in FY 2016 may be due to CT-WIC rollout and time constraints for outreach.</p> <p>Due to CT-WIC rollout, Breastfeeding Unit did not begin monitoring visits in FY 2016. With the addition of the State Breastfeeding Peer Counseling Coordinator in April 2016, this will allow more time for the Co-Breastfeeding Coordinators to be added into the monitoring process.</p> <p>See attached summary of SHAPE grant activities.</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</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</p>	<p>Implemented revised quarterly SWIS reports for FY 2016 LAP. See above re: CT-WIC reporting capability for FY 2016.</p>

	<p>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>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><b>Breastfeeding Coalition</b></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>70% of local agencies monitored using effective educational methods and appropriate resources to assist mothers in meeting their established breastfeeding duration goals.</p> <p>75% of local agencies monitored are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p> <p>See Peer Counseling Implementation Plan Update for Status of Peer Counseling. Hired State agency Breastfeeding Peer Counseling Coordinator (Lori Goeschel, RD, IBCLC) in April 2016. Training and transition will be in process through September 2016.</p> <p>Implemented breastfeeding competencies into WIC orientation checklist.</p>
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	<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>Pending resources, Access childcare provider training is adapted for statewide use.</p> <p>One CT-AAP teleconference is held in 2016. Evaluations are reviewed.</p>	<p>Internal Breastfeeding Committee has disbanded.</p> <p>Did not work with day care licensing in FY 2016.</p> <p>As part of SHAPe grant activities, sponsored 1 CT-AAP joint teleconference on Secrets of Baby Behavior on 12/10/15. Link to copy of the presentation at <a href="http://ct-aap.org/2015">http://ct-aap.org/2015</a> under 2015 Webinars</p> <p>Pamela Beaulieu participates as Public Health Infrastructure lead to CBC (board position- non-voting member). She also participates on the Connecticut Perinatal Quality Collaborative (CPQC), which as its main focus to increase exclusive breastfeeding and use of donor human milk for both term, and medically fragile infants.</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</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>All 4 readiness teams performed tasks that contributed to the successful pilot and statewide rollout of CT-WIC.</p>

<p><b>local staff training, development of CT-WIC marketing and participant training materials, and supervision of local agency rollout.</b></p>				<p>CT-WIC Policy Updates provided to Regional Office for review. Policy and procedure training provided to staff from pilot sites on December 15, 2015. Held additional training for local agency staff re; updated and new policies and procedures for CT-WIC rollout at March Management Meeting. A follow-up training was provided to all staff at the June Statewide Meeting.</p>
<p><b>2.8 At least 50% of submitted 2016 Local Agency Plans will have measurable strategies included</b></p>	<p>Review FY 2016 LAP submissions for compliance with guidance on measurable strategies.</p> <p>Provide qualitative feedback via LAP consolidated comments and liaison TA visits.</p>	<p>2016 WIC Objective: 50%</p>	<p>LAP's will have marked improvement in incorporation of measurable strategies.</p>	<p>Per evaluation of FY 2016 Local agency Plan submission- local agencies developed a total of 187 strategies to meet the Statewide Objectives. Of these 64% (120) were measurable (using SMART technique), 11% (20) were not and 25% (47) were assessed as partial. We will continue to work on this important aspect of program planning in FY 2017.</p>

## 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.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<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.	Letter sent to Vendors 11/2015 with names of formulas that will be purchased retail.
	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.	Numbered Memo sent to Local Agencies 10/6/2015 initiating this process.
	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.	Bulletin sent to vendors January 2016 to provide all requested formula/nutritionals within 48 hours of request.
	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.	Will be determined in September 2016.

<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>Program was unable to hire staff due to hiring freeze and the need to reestablish the position required to perform these tasks.</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>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>In Q2, finalize corrective action plans and suggestion responses and upload into ME Tool.</p> <p>In Q2 implement changes and adjust procedures dependent on how food benefits on an eWIC card changes processes.</p>	<p>Findings/Required Corrective Actions (RCAs), Observations and Suggestions from report</p> <p>USDA Management Evaluation 2012</p>	<p>Draft report issued in Q1 of FY15.</p> <p>Report anticipated by December 1, 2015.</p> <p>Repeat findings from ME in 2012.</p> <p>Implementation of a new MIS/EBT system in January 2016.</p>	<p>Exit conference held 11/9/15 and report issued on 11/19/15.</p> <p>No findings in the Food Delivery section.</p> <p>Corrective action plan not needed.</p> <p>Paper food instruments began to cease on 2/22/16 and final paper check issuance occurred on 6/6/16. Full implementation of eWIC will occur 9/13/16.</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	Progress
<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.	Website updated as needed, authorized vendor lists that accept checks and eWIC benefits posted.
	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.	Vendor bulletins addressing vendor questions, eWIC information and training presentations posted on website.
	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.	Email being used as first means of communication for documents related to applications.
	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.	Email addresses are provided, but used by vendors for 50% of questions. Email used to submit products for APL.
	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	Activity on distribution list postponed until emails can be sent from the MIS in Q4. Vendor portal is being planned for Q4 for utilization in Q1 of FY17.

	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.	Since eWIC implementation began on 2/22/16, vendors can access eWIC payments.
<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.	Investigations closed in Q1, and current contract ended for compliance buy services.
	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.	Staff shortages and lack of a contract prevented compliance investigations from moving forward.
	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.	Q2 released an RFP for CI services without successful outcome.
	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 and DQ letters sent in July 2016.
	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.	New contractor obtained 6/29/16; buys beginning in August 2016.
<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.	Conference calls held, tracking spreadsheet and updates provided on progress of open items (22 closed, 11 remain open)
	In Q1, finalize corrective action plans and suggestion responses and upload into ME Tool.		Repeat findings on Vendor Management MEs.	Issues related to staffing remain open, as well as others related to compliance investigations.

	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 module is being developed and bugs are logged for MIS issues. Referrals to SNAP occurred in Q4 of FY16.
	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.	As funding has allowed, Phase 2 of Vendor module is being developed in Q4 of FY16.
<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	Bulletins sent in February, April, May 2016 with updates. Quarterly WVAC meetings and conference calls held to provide updates and field vendor questions.  Paper check language removed in renewal agreement. Full eWIC agreement to be implemented in Q1 of FY17.
	Revisions to existing policies and business processes, in addition to how eWIC will change state operations.		Federal mandate to implement WIC EBT by 2020	Policies and processes are being finalized in Q4 of FY16.
	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.	All staff participated on a Readiness team, eWIC training was provided for WIC vendors, and education continues in Q4 of FY16 as new eWIC issues are identified.

## 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	Progress
<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		Legacy SWIC system replaced with EBT capable CTWIC
<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.	Being addressed for Modernization project
<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.	Mainframe usage will end at the end of 2016
<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.	MIS and EBT implemented. Some functional changes postponed until after EBT. These are now in progress.

<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>Software purchased and dashboards are being setup.</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>Data is scrubbed, and field mapping between SWIS and CT-WIC completed</p>	<p>System documentation. Data dictionary. Old data purged. Data scrubbed. Conversion strategy document.</p>	<p>Completed</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. Publically available upgrade/refresh schedule for next 18 months.</p>	<p>Ongoing.</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. Professional development classes</p>	<p>IT now has an online subscription to IT course library.</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>Implementing dashboards to simplify reporting. Notifications via Text messaging. Tablets are being planned for some functions.</p> <p>New high speed data lines added for all local agencies.</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, 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	Progress
<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><u>2016 WIC Objective:</u> ≥ 35%</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> 53.7% Range: 44.0% - 70.4%</p> <p><u>FY 2014:</u> 50.5% Range: 37.1% - 65.3%</p> <p><u>FFY 2015:</u> 29.1% * Range: 18.1% - 38.8% (* 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>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>Provided training at both December 2015 and March 2016 Statewide Meetings re: Outreach campaign focused on 1<sup>st</sup> trimester enrollment.</p> <p>Based on review of LAP, all agencies are making efforts in this area. Outreach toolkit will be available in September 2016, along with Outreach Guidance for local agencies.</p> <p>Due to CT-WIC rollout schedule and the fact that QA reports are not a priority for Phase 2 of MIS/EBT project, we do not anticipate having a report ready for implementation in the first half of FY 2017. We will reevaluate this report request during Phase 2.</p> <p>Update to WIC Fast Facts</p>

	<p>If investigations show early 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>			<p>flyers and Medical Providers webpage will be completed by end of 2016.</p> <p>Reviewed 12 local agency plans (LAP) for measurable objectives related to outreach and retention. All 12 agencies had strong focus on 1<sup>st</sup> trimester enrollment.</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>Did not accomplish in 2016.</p> <p>However, see final report for the New Britain WIC/HS Better Together Project. Results showed an increase in WIC/HS co-enrollment over the project period.</p> <p>See most recent Quarterly SPG report for project progress.</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 &amp; 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, standardized process &amp; report</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>Due to CT-WIC rollout schedule and the fact that enhanced no show/show rate reports are a priority for Phase 2 of MIS/EBT project, we anticipate having a report ready for implementation in the first half of FY 2017. We hope to generate a baseline during FY 2017.</p>

	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	Progress
<b>7.1 Maintain coordination with at least 75% of identified key partners.</b>	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.	Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.	Improvement of service delivery to mutual clients.  Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.	See most recent Quarterly Report for WIC/HS Better Together Grant for project details.  Pam to add summary of CPQC.
	2. Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.	Revise as needed policy and procedures on formula safety and recall.	Final WIC SPG Deliverables are approved by FNS.	Jennifer Vendetti of CT Alliance on Perinatal Mental Health provided training on PMADs and WIC at September 2015 Statewide Meeting. Evaluation results were positive.
	3. 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.	Amended and Executed PSA with USJ for Full grant.	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.	Jennifer is scheduled for another training to review PMAD screening process in WIC slated for September 16 <sup>th</sup> Statewide Meeting. Rollout of PMAD Screening in will be gradual, beginning in October with 1-3 pilot sites and then out to all local agencies by January
	4. 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.		Record of CPQC meetings.  FY 2017 Implementation of WIC PMAD Screening Protocol.	
	5. Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC) to facilitate the group's understanding of WIC Breastfeeding initiation and duration data and promotion and support			

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>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>			2017.
<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>	N/A	<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 &amp; 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 referrals.</li> </ul>	<p>65% of local agencies monitored are providing appropriate mandated and targeted referrals.</p> <p>All of the 5 local agencies reviewed in FY16 utilize a local community resource guide.</p> <p>Review of charts during monitoring show some local agencies have not been documenting referrals since the transition to CT-WIC in FY16.</p>

**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**

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 2016 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 95% 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>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>	<p>In process of investigating a WIC Smart training for staff on Civil Rights. Staff will be able to use desktop, laptop or smartphone to access training. Slated for FY2017. In 2016, local agencies will be required to complete the CR training in the orientation checklist and then react to case study presented during the September 2016 Statewide Meeting.</p>
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## 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	Progress
<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 agency monitoring.</li> <li>▪ Review special formula log for accuracy and to determine frequency of insufficient "medical</li> </ul>	<p>Not available.</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>2 of the 5 agencies reviewed had findings related to special formula issuance. Findings were mostly related to missing documentation or continuation of issuance beyond the prescription valid date.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>rationale”</p> <ul style="list-style-type: none"> <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>Significant review of risk assessment and documentation with transition to CT-WIC. Focus through 2017 on accurate risk auto-assignment and manual risk selections.</p>
<p><b>9.3 100% 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>Monitoring indicates that local agency staff is inconsistent in providing appropriate exit counseling to participants</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
<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>2 of the 5 agencies reviewed in FY16 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, 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	Progress
<b>10.1 Monitor six (6) service regions including satellites.</b>	<p>By end of 1<sup>st</sup> quarter, develop FY2015 monitoring schedule.</p> <ul style="list-style-type: none"> <li>▪ Conduct monitoring visits &amp; 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 weeks as best practice.</li> <li>▪ Synthesize common review findings &amp; responses to CAP in both nutrition services and program operations to update FFY17 Goals and Objectives, training and technical assistance plans.</li> </ul> <p>2. During routine monitoring, collect data on satellite site operations to determine effectiveness:</p> <ul style="list-style-type: none"> <li>▪ Location of satellite sites, # of clients served, and Hours of operation</li> </ul>	<p>FFY14 LA monitoring schedule (See Objective 10.3)</p>	<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>A new Program Operations monitor was hired in January to replace the former monitor whose job duties were reassigned. 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 August 9, 2016. The remaining agency will be monitored in September. Exit conferences have been completed or scheduled for all of the agencies reviewed. There was a delay in the issuance of monitoring reports as staff have been engaged in the CT-</p>

				<p>WIC MIS/EBT project; pilot and Statewide rollout. CAPs were received from the agencies monitored within the designated timeframe. Responses to CAP occurred within 30 days. Common findings and CAP responses are been used to update FY17 Goals and Objectives, and training and technical assistance plans. Satellite operations were observed during routine monitoring, and data was collected to assess effectiveness. Data indicates that satellite site operations are justified; location, number of participants served and hours of operation.</p>
<p><b>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</b></p>	<p>1. Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</p> <p>2. Highlight local agency best practices at December statewide meeting.</p>	<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</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</p>

	<p>3.Utilize "ReNEW 2.0" committee" to address statewide local agency training and technical assistance needs.</p> <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 2015.</li> <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>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 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>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>4 agencies were recognized at the Statewide Meeting on December 11, 2015. The Stamford WIC Program was recognized for efforts to improve delivery of quality WIC nutrition services. The Bristol WIC Program was recognized for outstanding outreach initiatives and efforts to provide quality nutrition services and increase retention. The ACCESS Agency WIC Program was recognized for use of technology for outreach and to improve the quality of WIC nutrition services. The Optimus Healthcare WIC Program was recognized for</p>
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				<p>initiative in securing outside grant funding and lactation consultation expertise to support the implementation of WIC Peer Counseling in Bridgeport and for providing comprehensive training of peer-counselors using the Loving Support platform with limited State support.</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 11, 2015. Training was conducted by Dr. Adolph Brown III and was focused on</p>
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				<p>customer service. The title of the training is Don't Judge a Book By Its Cover- The Customer Happiness Experience, Hospitality At Its Best! In addition, all staff received a training title Creating Tipping Points Utilizing Stages of Change presented by local agency Site Nutritionist Anika Throver PhD, MPH, CLC. The first training was well received by all local agency staff. The training focused on providing optimal customer service including embracing people for who they are and avoiding judgement. The second presentation was an overall discussion of Motivational Interviewing and how to work with participants to set achievable behavioral goals.</p> <p>This past year we successfully completed our first Paraprofessional</p>
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				course. The course kicked off in October 2015 with 9 participants and all 9 successfully completed the course on November 20, 2015. Trained paraprofessionals will be able to certify low risk 3-5-year-old participants.
<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>Liaisons have been providing targeted technical assistance and training to local agencies.</p> <p>All agencies (6) completed the Off Year Self-Assessment and all 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</p>

				and Procedure Manual. Will be uploaded with the 2017 State Plan.
<p><b>10.4 Monitor the implementation of participant complaint 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 &amp; 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>Implemented a standardized complaint log for tracking participant and vendor complaints that come to NSU staff.</p> <p>This standardized fillable form, has helped staff to identify common issues and follow-up in a timely fashion.</p> <p>More effort is needed to take complaint forms and log in Excel file for tracking. This will occur in FY 2017.</p>



## 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	Progress
<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.	Completed.
<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.	Awaiting results.
<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	Completed.

## 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	Progress
<p><b>12.1</b> <b>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 data tables and graphs to illustrate trends, and maps to compare distribution of selected variables and resources;            Censor data as appropriate in keeping with confidentiality regulations prior to sharing outside of WIC Program;</p> <p>Post results or otherwise share selected data tables, graphs, trend reports and/or maps.</p> <p>Provide WIC Director with monthly summary stats 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>	<p>Epidemiologist            IT staff            Nutrition Unit</p>

			<ul style="list-style-type: none"> <li>•Data reports are posted to the program Website and to the agency Dashboard, and are censored, and periodically updated, as appropriate</li> </ul>	
<p><b>b. Expand research/ data analysis and reporting initiatives;</b></p>	<p>Link WIC data 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>Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage;</p> <p>Identify and track risk factors contributing to poor program outcomes;</p> <p>Evaluate associations 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
<p><b>c. Provide support in meeting other Program-related data and reporting needs.</b></p>	<p>Respond to internal and external data requests;</p> <p>Identify/develop relevant reference &amp; training resources;</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 benefit the State's MCH population (e.g. participate on DPH committees (MCH Block Grant, PRAMS Steering Committee, DPH Accreditation Team, RFP and Publication Review Committees, etc.).</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

<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: -Identify service gaps, priorities and opportunities; -Track program outcomes and evaluate changes; -Target resources to improve outcomes for those at highest risk. -Provide data/mapping inputs to help relocate clinic and vendor resources; -Identify specific populations to target for outreach/promotional efforts and program services.</p>	<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> -Investigate need for new data input form(s), validation rules, etc. to help facilitate data entry, increase efficiency &amp; reduce error rates; -Continue to identify priority data needs; build standardized queries to meet those needs; -Provide monthly updates on authorized vendors to WIC Director and Vendor Management Unit.</p> <p><u>Vendor selection:</u> -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.</p>	<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>Epidemiologist Vendor Unit</p>

**FFY 2017**

**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, 2017**

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<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 acceptable Emergency</p>	<p>Director Nutrition Unit Vendor Unit IT Unit</p>

			Preparedness Plan annually in LAP.	
<b>1.5</b> <b>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, 2017

**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 Coordinate with IT to track, document and log bugs and system enhancements into SharePoint and test bugs/enhancements once they are "Ready for State"**

**Objective 2.9: At least 50% of local agency submitted 2017 Local Agency Plans will have measurable strategies included.**

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<b>2.1 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 &amp; EPI to refine data collection &amp; reporting using prenatal BMI weight gain recommendations and to implement the revised quarterly report on Maternal Weight Gain by Sept 2017.</p> <p>Continue to monitor trends and revised target &amp; 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> </ul>	<p><u>2016 WIC Objective:</u> <math>\geq</math> 35%</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><u>FFY 2015:</u> 28.4%* Range 20.5% - 34.2% (* 9-month average)</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</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>• 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 pregnant moms. Provide training during a statewide meeting on this topic by 9/30/17.</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>Source: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p>	<p>appropriate weight based on IOM recommendations.</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 2017.</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,</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%</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</p>	<p>Nutrition monitoring staff Epidemiologist Nutrition Unit</p>

	<p>importance of timely blood 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>Range: 4.2% - 12.3%</p> <p>FFY 2014: 10.2%</p> <p>Range: 4.6% - 14.5%</p> <p><u>FFY 2015: 9.9% *</u> <u>Range: 5.4% - 17.8%</u> (* 9-month average)</p> <p><u>Source:</u> CT SWIS, Outcome Objective #4 – Anemia Rate; quarterly reports, by federal fiscal year.</p>	<p>low performing agencies</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 2017.</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 Interviewing Guidance by local</p>	<p><u>2016 WIC Objectives:</u></p> <p><b>a. <u>OVERWEIGHT:</u> <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%</p> <p>Range: 9.4% - 15.8%</p> <p>FFY 2014: 12.2%</p> <p>Range: 7.3% - 16.6%</p> <p><u>FFY 2015: 15.5% *</u> <u>Range: 8.7% – 18.6%</u> (* 9-month average)</p> <p><b>b. <u>OBESITY:</u> <math>\leq</math> 15% (BMI <math>\geq</math> 95<sup>th</sup>ile)</b></p> <p>FFY 2013: 13.1%</p> <p>Range: 7.3% - 18.3%</p> <p>FFY 2014: 12.3%</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</p>	<p>Nutrition monitoring staff Epidemiologist IT staff Nutrition Unit</p>

	<p>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>Range: 6.7% - 17.9%</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>implement all 3 obesity prevention 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 2017.</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 &amp; use of Breastfeeding Content Sheets &amp; Breastfeeding Checklist.</p> <p>Survey for implementation &amp; use of Breastfeeding Outreach</p>	<p><b><u>2016 WIC Objectives:</u></b> <b>≥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 Rate; quarterly reports by federal fiscal year.</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>Presentation.</p> <p>Begin to incorporate Breastfeeding Unit staff into 2 monitoring visits in FY 2017.</p> <p>Coordinate breastfeeding portion of CDC 1305 (SHAPE) grant.</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 2017.</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 3 WIC Breastfeeding Peer Counseling Programs.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs. (quarterly progress reports)</p> <p>State agency WIC Peer Counselor Coordinator (IBCLC) will conduct 2 on-site reviews (WIC and hospital based peer counseling program.</p> <p>IBCLC to work with CLC at local WIC program on IBCLC exam requirements.</p> <p>Investigate peer counseling platforms and other technologies to</p>	<p><u>2016 WIC Objective:</u> ≥ 50%</p> <p><u>HP 2020 Objectives:</u> 60.9%</p> <p><u>FFY 2015:</u> 61.5% *</p> <p><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>increase reach of peer counseling in CT.</p> <p>Submit reports to USDA Continue to refine program protocols</p> <p>Continue to work with 3Sigma to 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>	
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<p><b>2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC marketing and participant training materials (WIC Shopper App).</b></p>	<p>Facilitate training of State and local staff on updated or revised policy.</p> <p>Review current Food List and make needed updates.</p> <p>Work with Vendor Unit and JPMA to add CT information to WIC Shopper App.</p> <p>Provide training, technical assistance and participant materials to local agencies on use of App to make shopping easier.</p>	<p>Help Desk Calls from 2016.</p>	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p>	<p>Nutrition and Program Monitoring staff Breastfeeding Unit Epidemiologist Nutrition Unit Vendor Unit</p>
<p><b>2.8 Coordinate with IT to track, document and log bugs and system enhancements into SharePoint and test bugs/enhancements once they are "Ready for State"</b></p>	<p>Hold weekly calls with IT, Vendor, Mgmt, NS and 3 Sigma to work through</p>	<p>Release schedule</p>	<p>CT-WIC Releases are on schedule.</p>	<p>Nutrition and Program Monitoring staff Breastfeeding Unit Epidemiologist Nutrition Unit Vendor Unit IT Unit</p>
<p><b>2.9 At least 50% of submitted 2016 Local Agency Plans will have measurable strategies included</b></p>	<p>Review FY 2017 LAP submissions for compliance with guidance on measurable strategies.</p> <p>Provide qualitative feedback via LAP consolidated comments and liaison TA visits.</p>	<p>2017 WIC Objective: 60%</p>	<p>LAP's will have marked improvement in incorporation of measurable strategies.</p>	<p>Nutrition and Program Monitoring staff Epidemiologist Nutrition Unit</p>

## **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 Conversion from Mead Johnson to Abbott products for rebate contract.**

**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 Review and modify minimum inventory requirements.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</b>
<b>3.1 Conversion from Mead Johnson to Abbott products for rebate contract.</b>	Transition infant participants from Enfamil to Similac formulas.	October 2016	30 day transition from Enfamil products to Similac products for standard contract formulas.	Food Resources and Vendor Management
	Monitor availability of rebatable products and minimum inventory at authorized food retailers and pharmacies.	1 <sup>st</sup> Quarter of FY17	24 units of Similac Advance powder and/or concentrate	Food Resources and Vendor Management
	Investigations for not providing contract formulas, and substituting for unauthorized items.	Nov./Dec. 2016	High risk vendors and vendor history of providing unauthorized foods.	Food Resources and Vendor Management
<b>3.2 Improve program integrity through documentation of and follow-up on the on-line sale of food benefits and formula.</b>	Weekly monitoring and responding to on-line advertisements offering WIC commonly issued food benefits and/or formula.	2013 numbers	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.	Food Resources and Vendor Management
	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.		Determination if revised forms, local agency staff training and participant education reduce the online sale of WIC foods and/or formula.	
	Monitor for local agency compliance during reviews.			
<b>3.3 Review and modify minimum inventory requirements.</b>	Q1 Research redemption amounts of minimum inventory items through eWIC purchases.	Requirements were last revised in 2009.	New Food Package Revisions, and the elimination of having to redeem all foods at once on paper checks.	Food Resources and Vendor Management
	Q1 Consider adjusting amounts based on peer groups/store size/redemptions.	1 <sup>st</sup> Quarter of FY17	Reduced waste and expiration of foods based on vendor feedback.	Food Resources and Vendor Management
	Q1 Consider a restricted Vendor Agreement excluding vendors from stocking or selling all formulas.	1 <sup>st</sup> Quarter of FY17	Reduced waste and expiration of foods based on vendor feedback.	Food Resources and Vendor Management

## **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 3 months.**

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

**Objective: 4.4 Full implementation of MIS and eWIC.**

**Objective: 4.5 Investigate and determine the process for changing State Regulations.**

**Objective: 4.6 Improve authorization process for vendors applying during open enrollment period.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</b>
<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.  Email bulletins/communications and renewal application packages through the MIS.	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. New MIS has the capability of emailing from the system.	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 utilize one for all vendor communications.	Food Resources and Vendor Management
<b>4.2 Improve compliance investigation process to initiate and complete investigations within 3 months.</b>	In the first month of initiating investigation of selected stores, contractor performs initial compliance buy, State WIC Office is notified electronically of initial finding. Document file that a warning is not being issued if it will compromise the investigation.	9.3% completion rate in FY14. In FY15, 3% out of the 5% requirement for investigations was met.	Investigations are deemed to be complete.	Vendor Management

	Second month, contractor performs follow up buys. Determination to close investigation.	State office approval for subsequent buys.	Completion of subsequent compliance buys.	Vendor Management
	Third month send sanction letters and close investigation in the TIP report.	9 months from violation to sanction.	Length of time from last buy to sanction.	Vendor Management
	Cross train staff on compliance investigations.	One staff person oversees the process	Increased knowledge of staff and backup assistance when needed.	Vendor Management
	Utilize high risk report from MIS to identify the highest priority of vendors to investigate.	Several individual reports from multiple sources.	One report that pulls all high risk criteria and prioritizes vendors.	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	Report was issued October 6, 2014.	Food Resources and Vendor Management Supervisor
	In Q1, finalize corrective action plans and complete responses in the 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, referrals to SNAP on WIC DQs in CTWIC.	Tracked on paper/filing system or Access database	Former MIS did not have this reporting capability.	Vendor Management
	End of Q1, assure that corrective actions are followed and when new MIS is implemented during October 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 Full implementation of MIS and eWIC.</b>	Update authorized vendors on eWIC activities through bulletins targeted to specific audiences, emails, on the website and through the WIC Vendor Advisory Council.	CT implemented eWIC in FY17, February-August 2016	Federal mandate to implement WIC EBT by 2020.	Food Resources and Vendor Management
	Implement WIC Vendor Agreement changes to accommodate EBT language.			
	Q1 Revisions to existing policies and business processes, in addition to how eWIC will change state operations.	Limited number of policies and procedure in writing.	Policy and Procedure Manual	Food Resources and Vendor Management
	End of Q1 Implementation of Vendor Portal for applications, registering for trainings, access to sanction history.  Vendor access to Xerox portal for eWIC data on payments.	Manual processes	Number of electronic applications received for open enrollment in Q2  Eliminate the number of entirely rejected vendor payments through checks; vendors are paid at the max prices when the requested price is over the MARL.	Vendor Management
	Q2 Enhancements for increased access to EBT data through CTWIC	Database only accessible through IT.	Amount of time to acquire information.	Vendor Management
	Utilize CTWIC via tablet to allow realtime access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents emailed through the MIS.	Vendor Management
<b>4.5 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.	Food Resources and Vendor Management
	Identify and document the expedited process for changing certain regulations and determine when it is (for what changes) appropriate to use this process.			Food Resources and Vendor Management

	Explore the regular process for changing regulations and determine which required changes can be completed using this process.			Food Resources and Vendor Management
	Update violations and state agency established sanctions to accommodate the change from paper checks to eWIC cards.		Several violations no longer exists with the elimination of paper WIC checks, and new sanctions for eWIC violations are being established.	Food Resources and Vendor Management
<b>4.6 Improve authorization process for vendors applying during open enrollment period.</b>	Q2 Shorten time between posting of the open enrollment period and authorization decisions.	5 months for entire process	Reduce the wait time to 3 months from application to authorization.	Vendor Management
	Provide a training to offer application assistance training to new vendors.	75% complete upon first submission	Reduce number of incomplete applications submitted by 20%, to achieve 95% complete.	Vendor Management
	Vendor's time to stock food and reduce waste.	2-4 weeks to visit stores	Reduce amount of time by 50% for potential vendors to wait for monitoring visit to 2 weeks.	Vendor Management
	Q1 Earlier notification of open enrollment period on webpage.	Posting by 2 <sup>nd</sup> week of January	Increase in vendors being aware of the enrollment period, and decrease in phone calls to State Office asking when it will be offered.	Vendor Management
	Reduce number of stores being trained, receiving monitoring visits	5 months for entire process 85% of stores trained in FY16	Reduced amount of time to train and monitor vendors who will be non-selected for other reasons.	Vendor Management
	End of Q2 Issue non selection letter immediately when 1 <sup>st</sup> selection criterion is not met. Non-selection letter issued onsite when monitoring visit failed; immediate notification of non-selection when response to application questions indicates non-selection.	4 months for notifications of non-selection.	Reduce time to 1 month from application to when vendor fails to meet a selection criterion.	Vendor Management
	Q2 Upon implementation of vendor portal, consider quarterly or more frequent enrollment periods throughout the year.	100 applications received each February.	Fewer applications to process throughout the year vs. all at once	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 Assigned
<b>5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.</b>	Add additional vendor and finance functionality to CTWIC.	MI-WIC system transferred to CT With minimal modifications	Vendor and Finance units using CTWIC for all major functions.	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.	Master calendar created and maintained.	Master calendar created and maintained.	IT Section Chief IT Supervisor
<b>5.3 Continue the mainframe cost containment initiative.</b>	Mainframe need to be eliminated at the end of the year	Active for remaining check redemption and reporting only.	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>	Implement phase 2 tasks from MIS/EBT project	Basic functionality implemented. All participants converted to eWIC.	Remaining functional requirements from statement of work completed.	Director IT Section Chief IT Supervisor
<b>5.5 Move towards a self-service reporting environment for regular WIC information needs.</b>	Implementing data dashboard to replace file and paper distribution	Dashboards in development. Some reports are self-service. Other reports still being emailed to Local	Pilot intranet or report server. Pilot ad hoc reporting capability.	IT Section Chief IT Supervisor

		agencies.		
<b>5.6 Prepare for data migration and conversion to new MIS.</b>	Complete		Complete	Technical Analyst II
<b>5.7 Develop a new MIS equipment obsolescence plan.</b>	Continuing equipment refresh Looking to implement virtual desktop technology to extend desktop life.	Current IT infrastructure	Replacing desktops with Windows 10 and eventually virtual desktops.	Technical Analyst II
<b>5.8 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</b>	Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.	Staff have access to library as needed.	Staff are utilizing training library.	IT Section Chief IT Supervisor
<b>5.9 Implement new technologies to enhance productivity and system security.</b>	ASE lines offer flexible bandwidth to respond to demand. Windows 10 being rollout out. Virtual Desktop will allow flexibility for local agencies at satellite sites.		Windows 10 replacement and VDI rollout.	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, 2017:**

**Objective 6.1: Determine baseline for pregnant women applicants. Target a 2% increase over 2016 rates. 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 new CT-WIC report.**

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p><b>6.1 Determine baseline for pregnant applicants enrolling in 1<sup>st</sup> trimester (CT-WIC reports). Target 2% increase over 2016 rates. Determine need or feasibility of target for infant enrollment.</b></p>	<p>Survey local agencies on use of 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 2017.</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><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>CT-WIC 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 2018.</p> <p>Determine feasibility or need to establish baseline or indicator by end of FY 2017.</p> <p>WIC Outreach Toolkit is distributed by December 2016. Local agencies will use materials in outreach and report back on effectiveness.</p> <p>Quantitative and qualitative assessment of each Outreach</p>	<p>Program Monitor Epidemiologist Outreach Team</p>

	<p>If investigations show early enrollment of infants is low, establish statewide baseline for infant enrollment. Once baseline established, develop Statewide objective target for caseload management purposes.</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>		Activity conducted is reported in local agency plan.	
<p><b>6.2 Determine baseline for child participation/retention in 2017. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2017.</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>	TBD	Child participation rate and/or baseline target is established.	Program Monitor Epidemiologist Outreach Team WIC/HS Team

<p><b>6.2</b> <b>All local agencies will implement consistent no-show tracking rates.</b></p>	<p>Monitor for implementation of standardized no-show rate tracking in FY 2017 reviews &amp; 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 2017.</p> <p>Work with 3Sigma and IT to develop an automated, standardized process &amp; report for tracking no-show rate in CT-WIC.</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>
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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 Assigned
<p><b>7.1</b>  <b>Maintain coordination with at least 75% of identified key partners.</b></p>	<p>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>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>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.</p> <p>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.</p> <p>Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC) to facilitate the group's understanding of WIC Breastfeeding initiation and duration data and promotion and support strategies. Work with the CPQC</p>	<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            Program Operations            Breastfeeding Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>to better coordinate hospital and community messaging about breastfeeding.</p> <p>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 &amp; 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 referrals.</li> </ul>	<p>Monitoring Unit  Program Monitor</p>

## **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, 2017:**

**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 Assigned</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, 2017:**

**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 Assigned
<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>Provide technical assistance to local agencies during transition of contract formula company (NEATO contract). Work with 3 Sigma on successful update of participant benefits from MJ products to Abbott Lab products by October 1, 2016.</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, 2017. 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</p>	<p>June 2017: 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>CT-WIC Infant Formula Monthly Reports.</p>	<p>Nutrition Unit Nutrition Monitor</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>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 participant files with medical documentation forms 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> <ul style="list-style-type: none"> <li>•Expect all local agencies to implement by January 1, 2017.</li> </ul> <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</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 Assigned
	identify and assign new or revised risks.			
<b>9.3</b> <b>100% of participants receive targeted exit counseling.</b>	<p>Develop or modify a State’s existing exit counseling brochure with ReNEW 2.0 subcommittee members by March 30, 2017. 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>	2015 & 2016 Monitoring results	During routine monitoring local agency staff will show proficiency with providing appropriate exit counseling to participants.	Nutrition Unit Program Monitor
<b>9.4 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures.</b>	During nutrition services monitoring validate local agency compliance mid-certification visits for breastfeeding are consistent with State Plan policies.	2015 & 2016 Monitoring results	During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.	Nutrition Unit Program Monitor Breastfeeding Unit IT Unit

## **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, 2017:**

**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.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</b>
<b>10.1 Monitor six (6) service regions including satellites.</b>	<p>By end of 1<sup>st</sup> quarter, develop FY2017 monitoring schedule.</p> <ul style="list-style-type: none"> <li>▪ Conduct monitoring visits &amp; 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 weeks as best practice.</li> <li>▪ Synthesize common review findings &amp; responses to CAP in both nutrition services and program operations to update FFY17 Goals and Objectives, training and technical assistance plans.</li> <li>▪ During routine monitoring, collect data on satellite site operations to determine effectiveness:</li> <li>▪ Location of satellite sites, # of clients served, and Hours of operation</li> </ul>	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 2017.</p>	<p>Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit</p>

<p><b>10.2</b>  <b>Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</b></p>	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement.</p> <p>Highlight local agency best practices at December statewide meeting.</p> <p>Utilize "ReNEW 2.0" committee" to address statewide local agency training and technical assistance needs.</p> <p>During 2017</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>▪ Evaluate NA II paraprofessional training held in fall 2015. Based on evaluation, schedule 2<sup>nd</sup> offering.</li> <li>▪ Develop pregnancy weight gain guidance document to build upon revised MWG objective targets and</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>expert speaker presentation.</p> <ul style="list-style-type: none"> <li>▪ Update web as needed.</li> <li>▪ Continue to facilitate the transition to a new MIS and EBT through ReNEW 2.0 committee structure.</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 2017.</b></p>	<p>Review the centralized system and identify if additional training is needed for State staff on how to record and track participant complaints received by the State agency.</p> <p>Implement review of tracking log quarterly for patterns.</p> <p>During monitoring, review local agency compliance with providing required information re: WIC check use at orientation, certification &amp; 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, 2017**

**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.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</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 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 2017 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.

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</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 data tables and graphs to illustrate trends, and maps to compare distribution of selected variables and resources;</p> <p>Censor data as appropriate in keeping with confidentiality regulations prior to sharing outside of WIC Program;</p> <p>Post results or otherwise share selected data tables, graphs, trend reports and/or maps.</p> <p>Provide WIC Director with monthly summary stats 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>	<p>Epidemiologist IT staff Nutrition Unit</p>

			<p>.Data reports are posted to the program Website and to the agency Dashboard, and are censored, and periodically updated, as appropriate</p>	
<p><b>b. Expand research/ data analysis and reporting initiatives;</b></p>	<p>Link WIC data 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>Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage;</p> <p>Identify and track risk factors contributing to poor program outcomes;</p> <p>Evaluate associations 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>▪ 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>	<p>Epidemiologist Nutrition unit</p>
<p><b>c. Provide support in meeting other Program-related data and reporting needs.</b></p>	<p>Respond to internal and external data requests;</p> <p>Identify/develop relevant reference &amp; training resources;</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 benefit the State's MCH population (e.g. participate on DPH committees (MCH Block Grant, PRAMS Steering</li> </ul>	<p>SWIS reports 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>Epidemiologist</p>

	Committee, DPH Accreditation Team, RFP and Publication Review Committees, etc.).			
<p><b>12.2 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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