



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

**State Plan of Program Operations
Special Supplemental Nutrition Program
For Women, Infants, and Children (WIC)**



**Federal Fiscal Year 2022
(October 1, 2021 – September 30, 2022)**

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

August 15, 2021

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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 Health and Prevention Section (CFHPS).

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, including 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 FFY2022 and the evaluation for FFY2021. To the extent possible, the goals address the core functional areas of the WIC Program. The 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. *Due to State resources that were required to be diverted to statewide Covid-19 response, the evaluation of FY 2021 Goals and Objectives is limited. Additionally, we have continued with minor changes to FY 2022 Goals and Objectives as we navigate out of the pandemic and transition to our “new normal”.*

Section II is the local agency operations manual and provides guidance to State and local staff about clinic level WIC policies and procedures.

Section III outlines the State level operations as Functional Format Checklists. See Appendix B for the relevant updates.

Approximately \$42 million is allocated to Connecticut WIC for Food and Nutrition Services Administration funding and an additional \$12 million rebated by **Abbott Laboratories (recently extended through September 30, 2024, via NEATO)**, through a cost savings measure as part of the infant formula rebate program.

B. MISSION STATEMENTS

DPH Mission:

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

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

DPH Vision Statement:

Healthy People in Healthy Connecticut Communities

CFHPS Section Mission:

The Community, Family Health and Prevention 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.

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 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.

Customer Service Principle:

A WIC participant is the most important person to enter the WIC office. A participant is not dependent on us. We are dependent on them. They are the purpose for our work. We are not

doing a favor by serving the participant. It is the participant who is doing us a favor by letting us serve them. A participant is a person who brings us her/his wants. It is our job to handle their needs, with professionalism and efficiency, always with each participant in mind. *—Adapted from Hot Pots restaurant menu, Customer Service statement*

C. STATE AGENCY ORGANIZATION

STAFF MEMBER	PRIMARY RESPONSIBILITES
Vacant Acting State WIC Director- Mark Keenan T: (860) 509-8101 F: (860) 509-8391 E-mail: mark.keenan@ct.gov	Federal grants management Contracts and budgets WIC program policy Program planning and evaluation Program management & administration Certification and eligibility Nutrition Services MIS & Fiscal Units' oversight
Amanda Moore, MPH, CLC State Nutrition Coordinator T: (860) 509-8055 F: (860) 509-8391 E-mail: amanda.moore@ct.gov	Supervisor of Nutrition Services Certification and Eligibility Local agency monitoring Lead Local staff training, liaison & technical assistance State Plan Management and State policies WIC & Head Start Better Together Collaboration (local agency operations, MOU) Grant management activities Local agency RFP development MIS/EBT
Marilyn Lonczak, MEd, RD, CLC Nutrition Consultant 2/ State Breastfeeding Coordinator T: (860) 509-8261 F: (860) 509-8391 E-mail: marilyn.lonczak@ct.gov	Breastfeeding promotion and support, planning and evaluation Breastfeeding Peer Counseling (back-up) State Plan Management and policies Local staff training, liaison & technical assistance Nutrition Risk Criteria (back-up) on RISC CDC 1807 cooperative agreement breastfeeding activities (lead) WIC & Head Start Better Together Collaboration (sustainability) Operational Adjustment (OA) proposal coordination Representative for WIC-DPH on CBC, FASD-SEI and MMRC interagency workgroups
Pamela Beaulieu, CLC Nutrition Consultant 2 T: (860) 509-7138 F: (860) 509-8391 E-mail: Pamela.Beaulieu@ct.gov	MIS/EBT and CT-WIC coordination CT-WIC HelpDesk (scheduling and clinic modules) CT-WIC Nutrition Unit Reporting liaison Local staff training, liaison & technical assistance Update/provide input on Local Agency Plans/State Plan Outreach WIC Shopper
Amy Botello, RD, CLC Nutrition Consultant 2 T: (860) 509-7656 F: (860) 509-8391	Nutrition Services & Certification Reviews Issue written reports/respond to corrective action plans Provide technical assistance Nutrition Assistant II training coordination

<p>E-mail: amy.botello@ct.gov</p>	<p>Update/provide input on Local Agency plans/State Plan Outreach Digital Nutrition education materials project lead WIC Shopper and WIC Smart coordination One Call Now (OCN) and social media</p>
<p>Luz Hago, RD Nutrition Consultant 2 T: (860) 509-7662 F: (860) 509-8391 E-mail: luz.hago@ct.gov</p>	<p>Local agency liaison, technical assistance Nutrition education and Program Nutrition meeting LeadWIC contract and eligible nutritional's Lead, Formula approval and issuance Develop new food packages Update/provide input on Local Agency Plans/State Plan</p>
<p>Mellessa McPherson-Milling, CLC Nutrition Consultant 2 T: (860) 509-7814 F: (860) 509-8391 E-mail: mellessa.mcPherson-milling@ct.gov</p>	<p>Local agency Program Operations Reviews Issue written reports/respond to corrective action plans Civil Rights Update/provide input on Local Agency Plans/State Plan</p>
<p>Lori Goeschel MS, RD, IBCLC Nutrition Consultant 2/ State Breastfeeding Peer Counseling Coordinator T: (860) 509-7755 F: (860) 509-8391 E-mail: lori.goeschel@ct.gov</p>	<p>Breastfeeding Peer Counseling Breastfeeding Peer Counseling contract management, program planning, technical assistance, and evaluation CDC 1807 cooperative agreement breastfeeding activities (back-up)</p>
<p>Kimberly Boulette Health Program Supervisor T: (860) 509-7845 F: (860) 509-8391 E-mail: kimberly.boulette@ct.gov</p>	<p>Supervisor Food Resource & Vendor Mgmt. 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 contract lead Vendor Training</p>
<p>Idamaris Rodriguez Health Program Associate T: (860) 509-7197 F: (860) 509-8391 E-mail: Idamaris.rodriguez@ct.gov</p>	<p>Contract liaison for all WIC contracts; local agency and vendor management Contract lead for Infant Formula Rebate contract and Compliance Investigation contract Compliance purchase report reviews Vendor agreement/Sign off on warning letters Provides technical assistance to WIC vendors State Plan updates Prepares Annual training document for vendors Arranges and provides vendor trainings</p>
<p>Vacant Health Program Associate T: (860) 509-8096 F: (860) 509-8391 E-mail:</p>	<p>Vendor monitoring Complaint follow up Vendor technical assistance Vendor Training</p>

<p>Rafael Lima Health Program Assistant II T: (860) 509-7815 F: (860) 509-8391 E-mail: Rafael.lima@ct.gov</p>	Online Monitoring for trafficking of WIC foods Participant and Retailer Fraud Investigations Vendor monitoring Vendor technical assistance
<p>Marangelie Ortiz Health Program Assistant II T: (860) 509-7526 F: (860) 509-8391 E-mail: Marangelie.ortiz@ct.gov</p>	Compliance Investigations Compliance Buys Vendor complaints Vendor training High Risk Criteria Vendor monitoring as needed
<p>Beverley Daley Health Program Assistant 1 T: (860) 509-8076 F: (860) 509-8391 E-mail: Beverley.daley@ct.gov</p>	Vendor monitoring Complaint follow up Vendor technical assistance
<p>Barbara Quiros Health Program Assistant 1 T: (860) 509-7413 F: (860) 509-8391 E-mail: barbara.quiros@ct.gov</p>	Competitive and Not to Exceed Pricing WIC Food Redemptions APL Maintenance Vendor training Technical assistance to Vendors and participants (transaction issues)
<p>Maria Reyes Processing Technician T: (860) 509-7488 F: (860) 509-8391 E-mail: maria.reyes@ct.gov</p>	Vendor application processing Vendor Authorizations Price Stock Survey updates Vendor correspondence/notification Tracks vendor penalties and prepares sanctions FNS/SNAP Collaboration//STARS
<p>Susan Hewes Epidemiologist 3 T: (860) 509-7795 F: (860) 509-8391 E-mail: susan.hewes@ct.gov</p>	Outcome objective analysis Program data analysis Produce results for quarterly objectives Internal/external data requests Adequate participant access determinations
<p>Stacy Swegman Secretary 1 T: (860) 509-7462 F: (860) 509-8391 E-mail: stacy.swegman@ct.gov</p>	State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes & training evaluations WIC Materials Management
<p>Eric Marszalek Health Program Assistant 1 T: (860) 509-8072 F: (860) 509-8391 E-mail: eric.marszalek@ct.gov</p>	CT-WIC Vendor Portal Coordination Vendor Administrative Review Process A50 determinations WIC contact for EBT contractor Open enrollment and renewal process Technical assistance to vendors WIC webmaster

Basil Obute Technical Analyst 2 T: (860) 509-7690 F: (860) 509-8391 E-mail: basil.obute@ct.gov	Systems development coordinator Local Agency technical support CT-WIC monitoring of automated processes CT-WIC data requests
Deano Damico Technical Analyst 2 T: (860) 509-7688 F: (860) 509-8391 E-mail: deano.damico@ct.gov	Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/ CT-WIC update Hardware/Software Purchase
Michael Colello Technical Analyst 2 T: (860) 509-7210 F: (860) 509-8391 E-mail: michael.colello@ct.gov	Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/CT-WIC update Hardware/Software Purchase
Vacant Technical Analyst 2 T: (860) 509-7429 F: (860) 509-8391 E-mail:	Development & maintenance Cost containment & monitoring Security Help Desk WICSmart WICShopper One Call Now (OCN)
Kim Burkes Associate Accountant T: (860) 509-7709 F: (860) 509-7227 E-mail: kim.burkes@ct.gov	Financial Management of WIC grant Food Cost Estimation Review and monitor funding levels Organize and maintain Budget Project expenditures-budgets 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, disbursements, and expenses
Yussuf Gulaid Fiscal Administrative Officer T: (860) 509-7713 F: (860) 509-8391 E-mail:	Bank reconciliation & Treasury Report Beechnut & Abbott rebates Local agencies and Breastfeeding EBT report 425

C. LOCAL AGENCY ORGANIZATION

LOCAL AGENCY	COORDINATOR	PROGRAM NUTRITIONIST
The Access Agency, Inc. 1315 Main Street, Suite 2 Willimantic, CT 06226 (860) 450-7405 jennifer.catuccio@accessagency.org	Jenifer Catuccio	Patricia Gaenzler
Optimus Health Care Bridgeport & Stamford 1450 Barnum Avenue Bridgeport, CT 06610 (203) 333-9200 vsantiago@opthc.org	Verletha Santiago	Lauren Keenan
Bristol Health 9 Prospect Street Bristol, CT 06010 (860) 585-3280 mdickau@bristolhospital.org	Melissa Dickau	Christine Marschall
Danbury Health Department 80 Main Street Danbury, CT 06810 (203) 797-4629 evansa@ct-institute.org	Anne Marie Evans	Jessica Liguori
East Hartford Health Department 754 Main Street East Hartford, CT 06108 (860) 291-7323 pmascoli@easthartfordct.gov	Patricia Mascoli	Catherine Zelinsky
Hartford Health Department 131 Coventry Street Hartford, CT 06112 (860) 757-4780 shana.brierley@hartford.gov	Shana Brierley	Ponita Khouy
Meriden Health Department 165 Miller Street Meriden, CT 06450 (203) 630-4245 scarpenter@meridenct.gov	Shelley Carpenter	Ludim Sanchez
Yale New Haven Hospital Saint Raphael Campus 1401 Chapel Street New Haven, CT 06511 (203) 789-3563 Mary.chervenak@ynhh.org	Mary Chervenak	Jennifer Gemmell

Thames Valley Council for Community Action (TVCCA) 83 Huntington Street New London, CT 06320 (860) 425-6620 rbrady@tvcca.org	Regina Brady	Leslie Lewis
Waterbury Health Department 1 Jefferson Square, 1 st Floor Waterbury, CT 06706 (203) 574-6785 khurley@waterburyct.org	Kelsey Hurley	Donette Robinson

PROGRESS ON

FFY 2021

GOALS AND
OBJECTIVES

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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, 2021

Objective 1.1: Convene monthly meetings (conference calls) for local agency coordinators to ensure on-going communication and feedback loop.

Objective 1.2: If funding is available, sponsor local agency staff participation in National WIC Association's Leadership Academy on-line training course (LA Coordinators/Program Nutritionists/SA staff).

Objective	Strategies/Activities	Baseline	Indicators	Progress
1.1 Convene monthly meetings (conference calls) for local agency coordinators to ensure on-going communication and feedback loop.	<p>Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to:</p> <ul style="list-style-type: none">• Review policy and procedures• Discuss funding and staffing issues• Review CT-WIC data availability and reports• Other topics as determined	N/A	<p>Summary of meetings.</p> <p>Improved compliance with policies and procedures</p> <p>Increased sharing of strategies regarding resource utilization and staff retention</p> <p>Improve use of data and discussions in LAP</p>	<p>Convened 26 meetings (Bi-weekly Calls) during 2021 to keep local agency management updated on pandemic operations. Local Program Coordinators responded timely to request by State agency and Commissioner's Office regarding phased Re-Opening plans, Outreach efforts and WIC redemptions. Several presentations by State agency NSU staff on WIC survey data, CT-WIC updates were presented. A virtual All staff training was</p>

				provided on April 8 by Leading Edge.
1.2 If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.	<ul style="list-style-type: none"> • Determine if funding is available. • If yes, proceed with selection of local staff to apply to NWA • Connect with NWA Leadership Academy staff to coordinate PO and invoicing. • Follow-up with local staff during and after completion of course for evaluation. 	N/A	<p>Courses offered and successfully completed.</p> <p>90% of attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p>	In FY 2021, the State agency is supporting 3 local agency staff in new management positions to attend the Leadership Academy.

Program Functional Area 2: Nutrition Services, Breastfeeding Promotion and Support*

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

By September 30, 2021

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 4%.

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 $BMI \geq 85^{\text{th}} \text{ percentile}$ to $< 95^{\text{th}} \text{ percentile}$ for children 2-5 years does not exceed 15%.

2.4b: The prevalence rate of $BMI \geq 95^{\text{th}} \text{ percentile}$ for children 2-5 years of age does not exceed 10%.

Objective 2.5: At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.

Objective 2.6: At least 60% of infants enrolled in the WIC Program are breastfed for 6 months or more.

Objective 2.7: Maintain 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 2021 Local Agency Plans will have measurable strategies for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2021. (Due to COVID local agencies could re-submit FY2020 Resource Allocation section and update/modify measurable strategies.)

Objective	Strategies/Activities	Baseline	Indicators	Progress
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER observations using the results from FY 2019 and what is available from the FY2020, Maternal Weight Gain (MWG) checklist, investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>Through MER chart reviews using the results from the FY 2019 Maternal Weight Gain (MWG) checklist, investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>When indicated, local agency liaison, may provide local agency management with feedback on CAP</p>	<p>2021 WIC Objective: $\geq 35\%$</p> <p>FFY 2018 Target: $\geq 35.0\%$ Average: 26.5% Range: 11.6% - 37.3%</p> <p>FFY 2019 Target: $\geq 35.0\%$ Average: 27.7% Range: 13.5% - 46.3%</p> <p>FFY 2020 Target: $\geq 35.0\%*$ Average: 26.5% Range: 7.1%-40.2%</p> <p>Data Sources: FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>MER chart reviews and Observations Results MWG checklist</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data.</p> <p>We do have Jan/Feb/March data for 2021, Statewide average is 26.3%.</p> <p>Additionally, we are awaiting reports that will separate out erroneous data from the data set due to pandemic operations. This report was not available at time of State Plan submission.</p> <p>Prenatal weight gain recommendations were documented in less than 25% of both charts reviewed and observations. In most cases staff provide more general recommendations rather than</p>

	<p>response and/or implementation via technical assistance visits, quality assurance activities (chart audits or observations) and/or training related to deficiencies in MWG indicators.</p>			<p>participant centered interventions that would support women in achieving a healthy weight gain. Less than 20% of both chart audits and observations did staff assist in and document a facilitated action plan for this objective.</p> <p>Prior to the pandemic all local agencies utilized the Tell Me More for prenatal participants to varying degrees. During the pandemic all local agencies reviewed have not reintroduced the tools during video/phone appointments.</p>
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<p>2.2</p> <p>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%.</p>	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals and offer appropriate education materials that address applicable modifiable risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate Local agency Plan community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p> <ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health 	<p>2021 WIC Objective: $\leq 4\%$</p> <p>FFY 2012 Target: $\leq 6.0\%$ Average: 6.0% * Range: 1.7% - 8.7%</p> <p>FFY 2013 Target: $\leq 6.0\%$ Average: 6.4% * Range: 3.1% - 9.0%</p> <p>FFY 2014 Target: $\leq 6.0\%$ Average: 5.8% * Range: 1.4% - 8.3%</p> <p>FFY 2015 Target: $\leq 6.0\%$ Average: 3.2% * Range: 0.0% - 5.6%</p> <p>FFY 2018 Target: $\leq 6.0\%$ Average: 2.6% ** Range: 0.0% - 13.0%</p> <p>FFY 2019 Target: $\leq 6.0\%$ Average: 2.5% ** Range: 0.0% - 13.6%</p> <p>FFY 2020 Target: $\leq 6.0\%*$ Average: 2.7% ** Range: 0.0% - 13.8%</p> <p>(** Excludes pre-term & multiple births)</p> <p>Data Sources: thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data.</p> <p>We do have Jan/Feb/March data for 2021, Statewide average is 3.4%.</p> <p>85% of local agencies monitored are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant. Per indicator 2.1 additional training is needed on addressing prenatal weight gain.</p> <p>Also noted during monitoring in FY20/21, local agency staff lack confidence in adequately assessing specific maternal health issues including prenatal weight gain, perinatal depression and/or anxiety and preeclampsia/high blood pressure. This is evidenced by findings as well as feedback collected from the Program Nutritionist meetings.</p>
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<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Investigate % of 10 trained agencies that effectively strategize solutions to use the Pronto non-invasive HGB screening with child participants.</p> <p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work, ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up. <p>Based on FY 2019 averages, 5 of 11 agencies are meeting the target of 7.5%.</p> <p>Local agency liaisons will perform a total of 15 chart audits (sample to include 5 – 9-month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education documentation. Indicators include anemia prevention, nutrition assessment, lab results, iron supplementation and type of anemia (if indicated).</p>	<p>2021 WIC Objective: ≤7.5%</p> <p>FFY 2012 Target: ≤ 9.0% Average: 7.8% Range: 4.4% - 10.5%</p> <p>FFY 2013 Target: ≤ 7.5% Average: 8.3% Range: 4.2% - 12.3%</p> <p>FFY 2014 Target: ≤ 7.5% Average: 10.2% Range: 4.6% - 14.5%</p> <p>FFY 2015 Target: ≤ 7.5% Average: 9.9% Range: 5.4% - 17.8%</p> <p>FFY 2018 Target: ≤ 7.5% Average: 8.8% Range: 5.2% - 16.7%</p> <p>FFY 2019 Target: ≤ 7.5% Average: 8.5% Range: 3.9% - 19.0%</p> <p>FFY 2020 Target: ≤ 7.5%* Average: 8.5% Range: 3.5% - 18.2%</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Anemia; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC quarterly and annual reports. Chart audits and observations.</p> <p>Change in trend data over time for low performing agencies</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data.</p> <p>We do have Jan/Feb/March data for 2021, Statewide average is 8.6%.</p> <p>Additionally, we are awaiting reports that will separate out erroneous data from the data set due to pandemic operations. This report was not available at time of State Plan submission.</p> <p>90% of local agencies monitored are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children. Due to the pandemic and the inability to utilize the PRONTO for screening and/or local agencies issues with obtaining bloodwork at designated timeframes from providers offices it is difficult to assess the accuracy of current anemia rates in CT.</p> <p>There is limited evidence that discussions/screening for lead poisoning is occurring regularly in local agencies. Additional guidance and training is needed in this area.</p> <p>A total of 15 chart audits conducted (5 Infants 10 - 11</p>
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				months, 5 - C1 and 5 C-2) from local agency with high incidence of anemia in its Outcome report. Nutrition Assessment partially met 86.7% due to lack of detail of food intake in progress notes. Documentation shows Nutrition staff do not evaluate food logs for an accurate nutrition assessment. Anemia prevention was not met in 73.3% of charts at 9-11 months visit. Inquiry about iron supplementation was included in 20% of charts. Factors for anemia identification was low due to staff not performing an assessment to identify dietary factors that contribute to anemia. Goals set by the family to improve anemia was partially met at 66.7%. Staff needs training on performing a nutrition assessment with an emphasis on anemia/low iron. A detailed assessment for those individuals with anemia or low iron will allow for individualize counseling. As a result of these chart audits, we will emphasize with this local agency, the importance of anemia prevention starting in early infancy.
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<p>2.4</p> <p>a. The prevalence of BMI $\geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI $\geq 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 10%.</p>	<p>Investigate a baseline for local agency plans (LAP) that incorporate follow-up staff training on BMI Guidance, MI Guidance and Tell Me More in staff training plan.</p> <p>30% of LAPs include TMM About Your Child in FY 2020/2021 strategies.</p> <p>Through LAP review and Program Operations MER 85% of local agencies will develop a measurable strategy to distribute and discuss the Childhood Overweight and Obesity WIC Fast Facts flyer to pediatric practices as part of their local Outreach Plan.</p> <p>Through State MER observations and chart reviews 60% of local agency staff will <i>effectively</i> incorporate the Tell Me More About Your Child tool into counseling. Indicators of effective use include, documentation of MI, Stage of Change and/or development of a plan.</p> <p>80% of local agencies continue use of WICSmart modules for obesity/overweight prevention.</p>	<p>2021 WIC Objectives: Overweight: $\leq 15\%$ Obesity: $\leq 10\%$</p> <p>a. OVERWEIGHT: BMI $\geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$</p> <p>FFY 2013 Target: $\leq 7.5\%$ Average: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014 Target: $\leq 10.0\%$ Average: 12.2% Range: 7.3% - 16.6%</p> <p>FFY 2015 Target: $\leq 10.0\%$ Average: 15.5% Range: 8.7% - 18.6%</p> <p>FFY 2018 Target: $\leq 15.0\%$ Average: 15.0% Range: 11.3% - 21.8%</p> <p>FFY 2019 Target: $\leq 15.0\%$ Average: 15.1% Range: 10.1% - 20.1%</p> <p>FFY 2020 Target: $\leq 15.0\%*$ Average: 15.1% Range: 9.1% - 20.8% 2021 data pending.</p> <p>b. OBESITY: BMI $\geq 95^{\text{th}}\text{ile}$</p> <p>FFY 2013 Target: $\leq 7.5\%$ Average: 13.1% Range: 7.3% - 18.3%</p> <p>FFY 2014 Target: $\leq 15.0\%$ Average: 12.3% Range: 6.7% - 17.9%</p> <p>FFY 2015 Target: $\leq 15.0\%$ Average: 15.2% * Range: 13.3% - 22.4%</p> <p>FFY 2018 Target: $\leq 10.0\%$ Average: 15.1% Range: 8.7% - 21.1%</p> <p>FFY 2019 Target: $\leq 10.0\%$</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2020 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data.</p> <p>We do have Jan/Feb/March data for 2021, Statewide average is 15.1 and 20%, respectively for overweight and obesity.</p> <p>Additionally, we are awaiting reports that will separate out erroneous data from the data set due to pandemic operations. This report was not available at time of State Plan submission.</p> <p>Prior to the pandemic all local agencies utilized the Tell Me More for child participants to varying degrees. During the pandemic all local agencies reviewed have not reintroduced the tools during video/phone appointments.</p> <p>We have seen a decline in WICSmart assignment since the start of the pandemic in March 2020. In 50% of the agencies reviewed in FY20/21 there was limited evidence in both chart audits and observations that WICSmart modules were offered to eligible child participants.</p>
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		<p>Average: 15.3% Range: 9.3% - 22.8%</p> <p>FFY 2020 Target: ≤ 10.0%*</p> <p>Average: 15.5% Range: 7.7% - 28.3%</p> <p>2021 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight & Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
2.5 At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from breastfeeding content sheets (exclusive breastfeeding, milk supply, supporting overweight and obese mothers' breastfeeding goals, SBB, and PMAD) into prenatal education and counseling.</p> <p>50% of local agency staff will review and/or provide Make a Plan checklist at individual or group prenatal counseling/education. Indicators include documentation of preparing for hospital, family/friend support, skin-to-skin contact, rooming-in and community support.</p>	<p>2021 WIC Objective: ≥80%</p> <p>FFY 2012 Target: ≥ 60.0% Average: 69.9% Range: 48.5% - 91.4%</p> <p>FFY 2013 Target: ≥ 65.0% Average: 75.9% Range: 66.7% - 90.7%</p> <p>FFY 2014 Target: ≥ 65.0% Average: 76.2% Range: 59.3% - 93.0%</p> <p>FFY 2015 Target: ≥ 65.0% Average: 77.3% Range: 58.0% - 92.3%</p> <p>FFY 2018 Target: ≥ 70.0% Average: 80.8% Range: 62.8% - 94.9%</p> <p>FFY 2019 Target: ≥ 70.0% Average: 81.6% Range: 59.9% - 94.4%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data. We do have Jan/Feb/March data for 2021, Statewide average is 80.0%.</p> <p>60% of local agencies reviewed in FY20/21 are utilizing effective and appropriate education materials to assist mothers in successful initiation of breastfeeding. In three, (3)agencies reviewed there were several findings that indicated staff are not providing early and frequent breastfeeding education and support to women during the prenatal period. The Nutrition Services monitor was able to</p>

	<p>State Breastfeeding Unit will coordinate monthly breastfeeding coordinators' meeting (conference calls) in anticipation of receipt of the final USDA DBE Breastfeeding Curriculum.</p> <p>Deliverable: Develop sustainable breastfeeding competency training process. Involve local agency DBE that were trained on platform by Every Mother Inc.</p> <p>Train local agency staff DBE role and Levels of Breastfeeding Support when</p>	<p>FFY 2020 Target: $\geq 70.0\%$* Average: 81.3% Range: 63.9% - 93.6%</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Breastfeeding Initiation quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		<p>validate that 60% of the agencies reviewed utilize the Make A Plan (MAP) and Make It Work (MIW) checklist during counseling.</p> <p>Monthly Breastfeeding Coordinators' meetings were convened virtually throughout 2020 and 2021 by the State Breastfeeding Unit. Summaries of meeting topics and discussions for calendar year 2021 are posted on the Breastfeeding Resource page, found at https://portal.ct.gov/DPH/WIC/Breastfeeding-Resources. Revisions to 5 content sheets are on schedule to be completed by September 2021.</p> <p>Update of the CT Guidelines for Breastfeeding Promotion and Support were updated in May 2021. WIC Numbered Memo 21-017 was sent 5/28/2021 to local agencies. Revisions were discussed at the June Breastfeeding Coordinators' meeting and local agencies were asked to comment before finalizing document.</p> <p>DBE USDA Curriculum was delayed and became available in April for download. Download unsuccessful due to size of curriculum. Awaited USB of curriculum in May. State Breastfeeding Unit convened in</p>
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	<p>USDA curriculum is received. Factor in preparation and training of Breastfeeding Coordinators prior to statewide training. Investigate virtual training options.</p> <p>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC) to conduct 1-2 enhanced breastfeeding reviews at local agencies. (one review will include agency with peer program) See 2.6. (Contingent upon resources needed for BF Curriculum training)</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to initiation:</p> <ul style="list-style-type: none"> • Ten Step Collaborative (CBC) engagement (bi-monthly meetings/calls). • Monitor contractor and rollout of RSB online breastfeeding curriculum and manage possible translation of site into Spanish. 			<p>June to discuss review of resources and begin to discuss plan for training WIC staff. Tentative training date is October 2022. Plan to review content during remainder of 3rd quarter and 4th quarter. In October 2021, will begin to get local Breastfeeding Coordinators engaged in process and delegate assignments for content areas.</p> <p>One agency will have an Enhanced Breastfeeding review conducted in August of this year. No peer counseling reviews are scheduled due to the implementation of new peer counseling programs in 2 local agencies.</p> <p>SPAN work continues and continues to be slightly modified d/t pandemic. Quarterly Ten Step Collaborative meetings are ongoing and facilitated by CT Breastfeeding Coalition.</p> <p>RSB translations (Spanish, Arabic) on target for completion by August 2021. Soft launch of the Spanish site is planned for July.</p> <p>It's Worth It materials continue to be distributed to medical offices and WIC agencies as</p>
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	<ul style="list-style-type: none"> • Dissemination of "It's Worth It" campaign materials and messages). • Improve community support and connections between hospitals and WIC via in-service training and/or networking. (1-2 locations) 			<p>requested (section secretaries' take care of order fulfillment). UConn is working on IWI evaluation through SPAN funds. Based on results of evaluation, IWI materials may be modified.</p> <p>Did not provide trainings during 2021. Updated WIC Breastfeeding Outreach presentation for local agency review. Presented at various State workgroups re: WIC and breastfeeding. DPH's Maternal Mortality Review Committee workgroup, EFS workgroup and CHN-CT.</p> <p>Made some important connections with DCF, DSS in a Baby Kit project, also started to participate in FASD-SEI marketing workgroup in February 2021 as consultant on breastfeeding information for their target audience. Over 650 kits were distributed by July 2021. Attached photos of kit to WBW update request by NERO in July as well. Next year will move strategies and reporting on this work to Coordination Functional Area.</p>
<p>2.6 At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.</p>	<p>Continue to monitor local agencies' compliance with entering BF ceased date when dyad ends breastfeeding. Generate and distribute reports quarterly in FY 2021 for quality assurance.</p>	<p>2021 WIC Objective: $\geq 60\%$ FFY 2015 Target: $\geq 10.0\%$ Average: 61.5% Range: 41.3% – 87.9% FFY 2018 Target: $\geq 50.0\%$ Average: 69.4% Range: 44.9% - 91.4%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data.</p> <p>We do have Jan/Feb/March data for 2021, Statewide average is 63.1%.</p>

	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from duration focused breastfeeding content sheets (building and maintaining milk supply, pumping for work/school-Make it Work checklist, pumping for medical reasons, jaundice, PMAD, SBB), HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Provide oversight and technical assistance to 6 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports. New programs added in FY 2021 include Access (DKH site) and Meriden. (Hartford Peer Program is now managed by Hartford WIC, contract was not renewed with Hispanic Health Council)</p> <p>Monitor performance of Breastfeeding Heritage and Pride (New Haven) program through on-site visits, conference calls and quarterly progress and financial reports. Maintain a 40% breastfeeding rate at established intervals. Results of monitoring of peer programs show 80% compliance with established protocols.</p>	<p>FFY 2019 Target: $\geq 50.0\%$ Average: 65.2% Range: 37.5% - 90.7%</p> <p>FFY 2020 Target: $\geq 50.0\%*$ Average: 64.4% Range: 42.6% - 88.9%</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective Breastfeeding Duration: quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and duration rates are reviewed and approved.</p>	<p>Revisions to 5 original content sheets are on schedule to be completed by September 2021. Planning for development of new Content Sheet for Exclusive Pumping based on local agency feedback and update of the Breast Pump training Content Sheet.</p> <p>As of this submission, awaiting the start of the Enhanced Breastfeeding review. Schedule modified due to COVID as well as USDA ME.</p> <p>Technical assistance was provided to 6 existing peer programs as well as to the 3 new sites even though the contracts have not been executed. State Breastfeeding Peer Counseling Coordinator monthly and convened 1 peer retreat. More details are provided in the Annual Breastfeeding Implementation Plan Update in the FY 2022 State Plan. Of note our contract with HHC for BHP peer counseling services ended in 2020. We are waiting for the new contract with Hartford WIC Program to execute.</p> <p>See attached reports from New Haven peer program. Due to the pandemic, not peer reviews were conducted in FY 2021.</p>
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	<p>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p> <p>State IBCLC to continue to work with CLCs at local WIC program on IBCLC exam requirements.</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to duration:</p> <ul style="list-style-type: none"> ▪ Community support, specific to increasing equity in lactation care (CLC/IBCLC scholarships, culturally appropriate support groups) ▪ Collaboration with PRAMS Epidemiologists on Data to Action documents ▪ Workplace Accommodations 		<p>with peer counseling programs.</p> <p>Local agency staff that pursues IBCLC meets exam requirements and passes exam.</p> <p>SPAN reporting.</p>	<p>Working collaboratively on SPAN breastfeeding activities to improve the infrastructure of breastfeeding support in the State. Supported the six (6) 2020 CBC IBCLC scholarship awardees in their pursuit of their IBCLC exam. Since the award in late 2020, one recipient has taken and passed the IBCLC exam. The other 5 are in various stages of the process.</p> <p>Worked on data presentations with PRAMS section in addition to an MOU to share data. Participated in the approval of CBC's Breastfeeding Friendly Worksite Recognition applications. Collaborated with CBC and CBIA on worksite lactation accommodation creative for CBIA HR virtual Spring conference</p>
<p>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</p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2021 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p>	<p>2019-2020 Help Desk Calls.</p>	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p>	<p>Weekly internal (DPH) CT-WIC Support meetings were facilitated by a representative from the Nutrition and Food Resource and Vendor Management units. DPH IT staff were present to assist in troubleshooting potential bugs in CT-WIC. These meetings will continue into the next fiscal year.</p> <p>Biweekly external (DPH and 3 Sigma Software staff) CT-WIC Support meetings were facilitated by a representative from the</p>

				<p>Nutrition unit. These meetings began in March 2021 as a need for regular communication and troubleshooting between both groups was identified. High priority bugs and other items are discussed during these working sessions and plans to fix these issues are put in place. These meetings will continue into the next fiscal year.</p> <p>Release notes for the local agency staff are developed for each CT-WIC release and patch. Release notes are provided to the local agency staff via numbered memos and have been reviewed on calls with the Program Coordinators and Program Nutritionists. A training on the Extra Can Configuration enhancement as it relates to the formula maximums was provided to Program Nutritionists.</p> <p>Local agency staff call the DPH IT Helpdesk when issues arise in CT-WIC. Issues range from password resets, data entry issues, benefit issuance problems to reporting bugs. The WIC IT Analyst will handle database related issues while the WIC IT Infrastructure specialists will resolve equipment related issues.</p> <p>Beginning in July 2021, the CT-WIC Local Agency User Group was formed. There is state and local agency staff representation</p>
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				of this group. The purpose of this group was to involve local agency staff more in the release testing process, identify bugs in CT-WIC with more detailed information and identify the needs of local agency staff with respect to the MIS. This group will primarily communicate through email with quarterly meetings scheduled to review testing needs and release notes.
2.8 At least 50% of local agency submitted 2021 Local Agency Plans will have measurable strategies included for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2021. (Total 12 visits/calls)	<p>Liaisons will meet at least 2 times in FY 2021 to discuss tracking spreadsheet and local agency trends observed.</p> <p>At least 50% of local agencies implemented their stated LAP measurable strategies for FY 2019. Use FY 2019 % to evaluate if local agencies made progress or met target for including measurable strategies in the 2022 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 80% for appropriate MWG • 70% for LBW infants • 100% for prevalence of anemia in children • 85% for reducing the prevalence of overweight and obesity in children • 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or 		<p>Data from local agency plans (2018 evaluation and 2019 resource allocation) liaison visits (TA checklist). COVID will impact FY 2020 information available for baseline developments.</p> <p>LAP outcomes summary tool</p> <p>During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for all nutrition outcome objectives.</p> <p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	<p>Local agency liaisons completed required number of TA visits in 2021. Most were virtual due to the ongoing pandemic. Additionally, one agency consolidated this April which changes the number of local agencies to 10. (Torrington is now a site of the Bristol/New Britain agency).</p> <p>Due to the changes in the LAP process, State agency responses to FY 2021 LAP were limited to pandemic operations. We did not implement the tracking spreadsheet this year and we plan to address data issues with MWG, childhood overweight and obesity, and anemia. We plan to resume our LAP review process for the 2022 submissions.</p>

	<p>more during pregnancy</p> <ul style="list-style-type: none">• 90% for increasing breastfeeding duration for infants to 6 months or more <p>100% of local agency liaisons complete at least one TA visit or phone call in FY 2021 for their respective agencies.</p>			
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to on these strategies.

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 functionality of the Nutrition Module in CTWIC.

Objective: 3.2 Follow up on participant shopping experience project.

Objective: 3.3 Selection of a contractor to supply Infant Formula Rebate Contract through a multi-state collaboration RFP process.

Objective	Strategies/Activities	Baseline	Indicators	Progress
3.1 Improve functionality of the Nutrition Module in CTWIC.	Utilize CTWIC data to improve competitive pricing amongst vendor peer groups.	October 2018	Manual exports needed to obtain the data.	NTE Modeling was implemented in Release 3.1 and bugs are being resolved in Release 3.2. Fixes are slated for deployment in June 2021.
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CTWIC errors occurred when uploading text file.	Will be carried over to FY22.
	Improve functionality to export the APL for more frequent postings to the website.	October 2018	Manufacturers request the entire APL inquiring if their products are included. Entire Excel file does not export directly through the module and is too large to email.	Completed work in Q2, and full APL report available in SSRS reporting portal on March 1, 2021.

3.2. Follow up on participant shopping experience project.	Work with mobile apps for participants to obtain current benefit balances. WIC Shopper to connect to participant balances as of the day before. Increase usage of WIC Shopper.	Family Benefits List is only accurate before first purchase.	WIC Shopper App use is confusing due to products being approved (in the APL), but does not connect to a participant's benefits. Of the responders to the participant satisfaction survey, 25% use WIC Shopper Always or Sometimes.	Participants can obtain their food benefits in WIC Shopper as of 3:30 on the day before. Transactions and benefits are refreshed every 3 hours.
	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	Delayed due to COVID, but will resume in summer 2021 when store capacity restrictions are lifted.
	Standardized training program for local agencies to train participants on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2019	The creation of a standardized training program and consistent use of it, leading to fewer complaints and phone calls about participants not knowing how to use card.	Formal training program will be developed and implemented in FY22.
	Distribute results of project to all authorized vendors.	December 2019	Areas for vendors to make improvements in the shopping aisles and/or at checkout lanes	Will be presented in an FY22 vendor bulletin.
	Present results and provide an interactive session at the December statewide meeting on participant training and vendor operations.	December 2019	Presentation to local agencies to provide clarifications.	Delayed due to COVID, and presentation provided on February 4, 2021.
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY19 data	Rate eWIC card shopping averages: 1.59% -Poor; 55.83% - Excellent Could not find WIC foods: 52.35% WIC foods not labeled: 41.88% Cashier determination of WIC allowable food before scanning: 21.49%	Participating in NWA Participant Satisfaction survey

3.3 Selection of a contractor to supply Infant Formula Rebate Contract through a multi-state collaboration RFP process.	FRVM staff will collaborate with New England and Tribal Organization (NEATO) to issue an RFP for the Infant Formula Rebate contract.	Timeline: ITB release date: 1/11/21. Current contract with Abbott expires on 9/30/21.	Developed and issued an Infant Formula Rebate RFP.	Participated in NEATO ITB process, provided state data in Q1, RFP released on 1/20/21, and responded to bidder questions.
	FRVM staff in collaboration with other states will be part of the screening and evaluation process of all RFP to ensure proposals meet Federal regulations requirements.	Timeline: Bids review process 3/11/21.	Reviewed RFP proposals.	CT WIC staff in collaboration with other States provided answers to bidder's questions on the RFP; participated in a virtually public bid opening to review selected winner for the Infant rebate via Webex on

			March 17, 2021 and review meeting on March 19, 2021.
Selection of a vendor through RFP process that will supply and provide a rebate on all infant formula it produces that the state agencies choose to issue.	Timeline: Tentative contract award notification: 3/17/21.	Screening team selected winner for the Infant rebate.	Contractor selected and made public on March 23, 2021.
Develop contract language for the Infant Formula Rebate.	Timeline: Tentative 5/1/21.	Developed new contract language.	New agreement for the WIC Retail Infant Formula Rebate was developed. The Agreement is in effect for October 1, 2021 and shall remain in effect until September 30, 2024. Updated contract compliance policy statement for Connecticut for final agreement. NEATO submitted final agreement to contractor for review and signature.
Submit paperwork to initiate Infant Formula contract process.	Timeline: Tentative 5/1/21.	Final contract paperwork submitted for review and approvals.	As of 7/29/2021, pending on NEATO final agreement with contractor's signatures to begin contract implementation process.
Follow up on the contract process to make sure contract is executed.	Timeline: Agreement start date: 10/1/21.	Executed contract with a single supplier manufacturer for the Infant Formula Rebate.	As of 7/29/2021, pending execution.

Program Functional Area 4: Vendor Management

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

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Potential transition of EBT Processors for vendors

Objective: 4.3 Develop policies and establish business processes for a Policy and Procedure Manual.

Objective: 4.4 CTWIC Enhancements to streamline processes

Objective: 4.5 Training videos to supplement interactive vendor training

Objective: 4.6 Selection of a vendor through RFP process for Compliance Investigation services.

Objective	Strategies/Activities	Baseline	Indicators	Progress
4.1 Improvements in reporting vendor data.	Utilize CTWIC data to improve tracking for monitoring activities. Tracking visits, open cases, results.	October 2018	Site visit (minimum stock and competitive price tabs) and monitoring screen function independently. Rewrite of screens and lack of reporting capability.	Project was initiated as part of Operational Adjustment funding and deployed in Release 3.1 on 12/13/20. Further enhancement to the monitoring screen tabs is slated for deployment in Release 3.4 in September 2021. A comprehensive monitoring activity report was deployed to the DPH Reporting Portal. This report allows for greater user functionality in the report output.
	Utilize CTWIC data to improve tracking for enrollment periods.	October 2018	Functionality of Application Log screen.	Improved tracking for enrollment periods will be achieved through the creation of DPH Reporting Portal report beginning in Q4.

	Utilize CTWIC data to improve tracking for compliance investigations.	October 2018	Tracking the status of individual investigations and Key Performance Indicators. Revisions to high risk vendor report	Delayed to FY22 due to other competing priorities for CTWIC.
	Utilize CTWIC data to improve tracking for sanctions and referrals to SNAP on WIC DQs.	October 2018	Information is logged in CTWIC on the sanction screen, and separate Excel spreadsheet is used for tracking purposes.	Development of a report in the DPH Reporting Portal began in Q1 and is ongoing.
	Utilize CTWIC data to improve tracking for training.	October 2018	Anticipated attendance for training sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	Development of training report during Q1 in SSRS reporting portal and is ongoing.
	Utilize CTWIC data to fulfill requirements for TIP report.	October 2018	WIC-44 report from TIP website is used as the basis for the TIP report.	Development of FDP spreadsheets during Q2 in SSRS reporting portal or CTWIC.

4.2 Potential transition of EBT Processors for vendors	Participate in conference calls to finalize Northeast Coalition of States (NCS) EBT Services RFP.	Calls began June 25, 2018. FNS approved RFP on May 22, 2020.	Estimated RFP publishing dates per WIC/SNAP timelines; October 2020.	Attendance at bidder's conference on October 8, 2020. NCS calls in November and December 2020 and are ongoing to review bidder questions, participating in monthly joint SNAP/WIC EBT calls.
	Notify WIC Vendor Advisory Council of RFP release.	October 1, 2020	Vendor community informed on potential changes.	Members notified on April 2021 call.
	CT staff to review bids/participate on selection committee.	January/February 2021	Estimated dates per WIC/SNAP timelines: Bid submission January 2021; Award made March/April 2021.	Bids were submitted by May 13, 2021, staff attended the evaluators kick off meeting and returned signed confidentiality forms. Awaiting receipt of the proposals.
	Submit MOU/Contract to Legal for review.	May 2021	DAS approval to join NY State Contract provided on June 21, 2019.	MOU is not necessary, as DPH will initiate its own contract. Contract is delayed to FY22. Conduent contract was extended to 12/21/23.
	Finalize and execute MOU with DSS if required as part of NCS contract.	June 2021	DAS approval to join NY State Contract provided on June 21, 2019.	MOU is not necessary, as DPH will initiate its own contract.
4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes resulting from changes to business practices for sanctioning vendors.	October 2019	Changes to the WIC Vendor Agreement.	Sanction letters and all communications are now sent via email.
	Finalize policies and established business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC changed processes. Shared knowledge of tasks.	Developed virtual monitoring process document, in response to the pandemic.
	Modify the CT WIC Manual for the Vendor Module based on changes and enhancements made.	April 2018	Vendor Module Manual updated last for version 1.9.	Work is ongoing to update the CT WIC Vendor Module manual as new releases are deployed to production.

<p>4.4 CTWIC Enhancements to streamline processes.</p>	<p>Q1 Enhancement to Vendor Module monitoring, site visit and training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.</p>	<p>August 2020</p>	<p>Enhancements were delayed until the revised 3Sigma contract was in place. Currently the relationship between enrollment and routine operations are separate.</p>	<p>Monitoring and site visit enhancement was part of the 2021 OA project and implemented with Release 3.1 release on December 13, 2020. Further enhancement to the monitoring screen tabs is slated for deployment in Release 3.4 in September 2021.</p>
	<p>Enhancement for increased access to EBT data through CTWIC. Several screens need to capture EBT redemption data for multiple processes.</p>	<p>Database only accessible through EPPIC and/or IT report requests.</p>	<p>EPPIC access is limited to the Coordinators, and not available on an as needed basis.</p>	<p>Full monthly redemption report for the SSRS reporting portal was discussed with IT on March 2, 2021. The report will replace 3 separate reports and will provide additional functionality to serve multiple purposes.</p>
	<p>Utilize CTWIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.</p>	<p>Monitoring visits currently done on paper.</p>	<p>Number of electronic documents available through the vendor portal to the MIS.</p>	<p>Functionality exists in CTWIC, but Microsoft Surface Tablets have not been reliable. IT is investigating alternative devices.</p>
	<p>Revisions to Demographics screen to record a vendor's POS device for processing EBT transactions.</p>	<p>Vendors responsible for equipment costs after eWIC implementation.</p>	<p>Current information provides if integrated or stand beside; POS provider needed for billing purposes.</p>	<p>Included in release plan for 3.2 expected in April 2021. Implemented with Release 3.2 on May 23, 2021.</p>
<p>4.5 Training videos to supplement interactive vendor training</p>	<p>Work with DPH Office of Communications to develop training videos to be used for open enrollment and renewal trainings.</p>	<p>October 2019</p>	<p>Consistent messaging for all training sessions.</p>	<p>Delayed due to DPH video studio and building closed to employees. Will create and use recordings in Microsoft Teams for use in open enrollment and renewal trainings in FY22.</p>
	<p>Post on website for vendor use in training additional staff.</p>	<p>October 2019</p>	<p>Assistance to vendors to train more employees on WIC policies and procedures.</p>	<p>Delayed to FY22 after creation and implementation.</p>

	Online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations and sanctions.	Will obtain training tests from other states who have implemented and utilize for FY 22 trainings.
4.6 Selection of a vendor through RFP process for Compliance Investigation services.	Initiate an RFP for Compliance Investigation contract.	WIC timeline: RFP release date: 12/1/20. Current contract with Miles Investigation expires on 9/30/21.	Developed and issued an RFP for compliance buys investigation.	Developed the language and set deadlines for Compliance Investigation RFP; obtained DPH approval for RFP and posting of Legal Notice in newspapers; released the RFP on March 22, 2021 with posting on DPH and DAS websites.
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 4/1/21.	Reviewed RFP proposals.	No proposals were received by the deadline of May 21, 2021.
	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 4/8/21	Screening team selected winner for the compliance buys investigation services.	No proposals were received, and no vendor was selected.
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 5/1/21.	Developed new contract language.	Without a vendor no contract was developed.
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 5/1/21.	Final contract paperwork submitted for review and approvals.	No paperwork to initiate contract process was submitted. Website updated that no award was made.
	Follow up contract process to make sure contract is executed.	WIC Timeline: contract Agreement start date: 10/1/21.	Executed contract with a selected vendor to provide compliance buys investigation services.	No contract was executed.

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 Move towards a self-service reporting environment for regular WIC information needs

Objective: 5.3 Develop a new MIS equipment obsolescence plan.

Objective: 5.4 Increase staff knowledge and utilization of current IT languages, tools and techniques

Objective: 5.5 Implement new technologies to enhance productivity or system security.

Objective: 5.6 Begin procurement planning for next EBT contract

Objective	Strategies/Activities	Baseline	Indicators	Progress
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CTWIC.	MI-WIC implementation project complete.	Timely update of changes to reflect USDA policies	New functionality being added. User Interface being updated to Bootstrap to be new browser compliant.
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Reporting infrastructure needs to be completely redone.		Existing reports are being converted to SSRS.
5.3 Develop a new MIS equipment obsolescence plan.	Continuing equipment refresh every three to four years.	Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network,	Age and maintenance.	Ongoing refresh of desktop and laptops. Main server is being moved to State Datacenter to provide easier access and better reliability.

		equipment refreshment and maintenance.		
5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.	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.	DAS BEST is making online training available to all IT staff
5.5 Implement new technologies to enhance productivity and system security.	Replace ASE lines with cable. Add smart phone app functionality for participant use.	ASE lines and no connectivity for smart phone apps	BEST implementation of contracts for cable services	Lines are being replaced
5.6 Begin procurement planning for next EBT contract	Participate in NCS calls and document reviews to get RFP ready for reissue. Review RFP responses	Using original RFP from current NCS contract	RFP issued and responses received	RFP has been issued and responses are being evaluated.

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, 2021:

Objective 6.1: Target a 1% increase over 2020 first trimester enrollment rates. (19.9%-2019)

Objective 6.2: Determine baseline for child participation/retention based on available data. Based on baseline, develop target for improvement. Monitor child participation rates in all agencies in 2021.

Objective 6.3: 25% of FY 2021 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impacts of COVID-19

Objective 6.4: 75% of local agencies will review and use CT-WIC no-show tracking report to improve access to WIC services. Baseline for show rate is 80%.

Objective	Strategies/Activities	Baseline	Indicators	Progress
6.1 Target 1% increase over 2020 first trimester enrollment rates.	<p>100% of LAP's Outreach Plans, include a measurable strategy focused on 1st trimester enrollment.</p> <p>Questions were added to the State Participant Satisfaction Survey to identify when a woman started on WIC during her pregnancy and if it was after the 1st trimester identifying why.</p> <p>Based on 2020 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing 1st trimester enrollment at a Statewide meeting in 2021.</p>	<p><u>2021 WIC Objective:</u> $\geq 40\%$</p> <p><u>FFY 2015:</u> 28.4%* <u>Range 20.5% - 34.2%</u> (* 9-month average)</p> <p><u>FFY 2018 Target:</u> $\geq 40.0\%$ Average: 19.5% Range: 7.0% - 40.4%</p> <p><u>FFY 2019 Target:</u> $\geq 40.0\%$ Average: 19.9% Range: 3.4% - 33.8%</p> <p><u>FFY 2020 Target:</u> $\geq 40.0\%$* <u>Average:</u> 17.4% <u>Range:</u> 4.3% - 38.6%</p> <p><u>Data Sources:</u> FFY 2015: CT SWIS, Outcome Objective First Trimester Enrollment in WIC; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC Process Objective Report (FY 2018) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p> <p>Results of the 2019-2020 participant satisfaction survey will help identify potential strategies/activities to consider for FY21.</p>	<p>Starting this year, our data will be based on the previous calendar year's complete data.</p> <p>We did not meet our objective. For 2020, three different local sites rates are under 10% at different months through the year. Liaisons will track these sites in 2022 to see if best practices can be implemented or if there is a reason or trend behind the low rates.</p> <p>Jan/Feb/March data for 2021, Statewide average is 12.7%.</p> <p>Did not provide best practices for 1st trimester enrollment during Statewide meeting as due to COVID only one</p>

				meeting was held for local agency staff. Focus of that training was reacting to change and use of virtual platforms for services.
6.2 Determine baseline for child participation/retention using available data. Based on baseline, develop target for improvement. Monitor child participation rates in all local agencies in 2021.	<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>Track child participation rates in all local agencies in relation to WIC & HS Better Together Project.</p>	TBD	Child participation rate and/or baseline target is established.	In process. Working on converting CT-WIC reports to Dashboards for State and local use. WIC IT department experienced 2 retirements and vacancies in FY 2020-2021. We will re-prioritize this activity for 2022 as we resume some in person services and implement additional outreach activities.
6.3 25% of FY 2021 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impact of COVID.	<p>100% of FY 2019 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Investigate to develop a baseline, the number of FY 2019 LAP's that include a locally developed Outreach Plan that incorporate measurable recruitment and retention strategies and utilizes materials provided in the Outreach Toolkit.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>	TBD	LAP submission and MER Program Operations questions on Outreach.	While several local agencies' plans incorporated Outreach Plans with measurable strategies, due to the modifications in our local agency plan process because of the pandemic, we did not score as intended. We plan to resume this activity in FY 2022 LAP review process.

<p>6.4</p> <p>75% of local agencies track no-show rate using information from MER and CT-WIC report.</p> <p>Investigate and develop a baseline no-show rate</p>	<p>Through State MER discussions with management staff, investigate number of local agencies reviewed during FY 2021 that report they review CT-WIC show rate reports on a weekly basis and use the results to modify and/or improve future schedules and show rates.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> ▪ Retrieve and Utilize One Call report to manage clinic schedules and no-show rates. <p>Based on 2019 MER results, the Program Operations Monitor will highlight at least 2 best practices for decreasing no show rates at a Statewide meeting or other appropriate venue in 2021.</p>	<p>Weekly review of the Show Rate report 80% (pre-COVID target)</p>	<p>Review and verification of local agency process for tracking, analyzing and implementing effective strategies to reduce no-show rate.</p>	<p>Two (2) of 4 local agencies reviewed so far for FY21.</p> <p>Both local agencies report weekly tracking of the Show Rate report.</p> <p>Baseline \geq 80% show rate is acceptable. We will look at impacts of COVID on show rate and modify for 2023 as needed.</p> <p>Best practices identified:</p> <ol style="list-style-type: none"> 1- Use of the One Call Now (OCN) system for appointment reminders 2- Staff will place a 2nd or 3rd call to participants, whenever possible, to complete the appointment. <p>This topic will continue to be addressed during Program Coordinators' calls and discussed in the context of the NWA Participant Survey results.</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.

By September 30, 2021:

Objective: 7.1 Maintain active coordination with at least 75% of identified key partners in 2021.

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
7.1 Maintain coordination with at least 75% of identified key partners.	<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. Since COVID-19, a workgroup ESF-6, and sub-group of the ESF-6 convene weekly, Tuesdays and Mondays respectively to work on interagency food security issues for families with children under 5. State agency staff will continue to participate in these 2 weekly calls as needed.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p>	<p>Letters of agreement or MOUs 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>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>Collaborations were a major focus of our work throughout the pandemic. Maintained existing partnerships and explored new opportunities emerged for example: Fetal Alcohol Syndrome Disorder- Substance Exposed Infants (FASD-SEI) marketing group as well as the Maternal Mortality Review Committee workgroup. WIC staff participated in both to provide subject matter expertise on breastfeeding, WIC Program operations as well as develop recommendations to improve outcomes.</p> <p>Drafted intra-section MOUs for PRAMS and MMRC.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Continue to support WIC & Head Start Better Together Collaboration at 11 local agencies in FY 2020 via NSA funds and existing contracts.</p> <p>Sustaining State level activities include: Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans.</p> <p>Sustaining local level activities include: Co-location, collaborative nutrition and outreach, monthly meetings and</p> <p>Work with IT to standardize retention data report. Work with CT-WIC lead to develop WIC & HS referral reports to facilitate follow-up.</p> <p>As resources allow, 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). Work with the CPQC to better coordinate hospital and community messaging about breastfeeding to high-risk populations (MAT programs).</p> <p>Maintain partnership with CT Alliance on Perinatal Mental Health via implementation</p>	<p>Executed MOU with OEC, CT-Head Start Association and 9 local grantees.</p>	<p>SNAP Ed 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>Began process to update Head Start/OEC MOU. Due to the pandemic, some local level collaborations were suspended. For 2022 will re-focus on co-location and collaboration activities.</p> <p>Retention reports are in process, not completed due to IT staffing and priorities.</p> <p>On-line, self-directed PMAD training was completed and will</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>and sustainability of an annual PMAD related training.</p> <p>Determine report parameters for PMAD. Implement reports to monitor PMAD screening by September 2021.</p> <p>Maintain partnership with Doug Edwards from Real Dads Forever. Three local agencies will be identified and participate in a collaboration with Doug Edwards to identify strategies local agencies can implement to ensure the WIC office is more father friendly</p>		<p>Ongoing implementation of WIC PMAD Screening Protocol.</p>	<p>launch in August 2021. An introduction and 4 Modules were developed by our collaborator Jennifer Vendetti of UConn Health. Awaiting posting on CT-TRAIN for local agency viewing. Drafted memorandum, updated Screening and Referral Protocol and evaluation.</p> <p>All 3 local agencies that received training and technical assistance from Doug Edwards have successfully implemented strategies that were identified in the father friendly site assessment. However, due to COVID-19 and changes in daily operations best practice sharing from the 3 pilot sites did not occur.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
7.2 90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.	<p>Through State MER observations and chart audits 90% of local agency staff will document appropriate referrals per revised referral codes and referral policy and procedures.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. ▪ Improved consistency of use of referral codes. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals 	N/A	<ul style="list-style-type: none"> ▪ Improved local level coordination with staff regarding referrals. ▪ All local agencies will utilize a Local Community Resource Guide on a regular basis. ▪ Improved documentation on provision of referrals & follow up. Improved consistency of use of referral codes by LA's. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals. 	<p>90% of charts audited had appropriate documentation of mandated referrals.</p> <p>FY20/21 monitoring revealed that 40% of the agencies reviewed would benefit from improved communication of referrals from front end staff to Nutritionists. In addition, follow up to targeted referrals occurred 50% of the time.</p> <p>100% of the local agencies reviewed in FY20 utilize a local resource guide</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, 2021:

Objective: 8.1 Verify 100% of local agencies are comply 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
8.1 Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY 2019 reviews.</p>	Ongoing	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement (NDS).</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	<p>Local agencies are monitored for compliance with the non-discrimination statement requirements on all local agency publications, websites, and social media accounts.</p> <p>Whenever findings exist, a corrective action is required by the local agency.</p> <p>Monitoring results show that 1 of 2 local agencies monitored to date are complying with the use of the non-discrimination statement requirements.</p> <p>Results also show that 100% of the agencies monitored thus far in FY21 adhere to the OMB racial/ethnic data collection standards.</p>

<p>8.2 Conduct annual civil rights training for local agency staff.</p>	<p>Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor for use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. (ReNEW 2.0 training subcommittee). Implement a self-paced annual Civil Rights training for all local agency staff. Provide short interactive session at Statewide Meeting (or webinar) to review CR concepts and application in clinic setting.</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>On September 21st and 24th, 2020, all State and local agency staff were trained on the correct procedure for handling complaints alleging discrimination and/or civil rights; the LEP and public notification policy. The training was conducted by NERO. The Statewide annual Civil Rights training for Connecticut is scheduled for September 16 and September 21, 2021</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, 2021:

Objective: 9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL), local agency compliance with State WIC Special Formula and Eligible Nutritionals policies.

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL), local agency compliance with State WIC Special Formula and Eligible Nutritionals policies. (See Objective 3.3)	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT WIC Program Special Formula Review Form to determine if 80% of agencies reviewed are following special formula procedures</p> <ul style="list-style-type: none">▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale"▪ Based on monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the Nutrition Consultant Formula Lead (NCFL) will use the CT WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per site. A minimum of 50 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals issuance.</p> <p>Based on results, local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits. Outstanding formula issues identified will be topics for discussion during training sessions at local staff meetings, Program Nutritionist, or statewide meetings.</p> <p>In first quarter of FY 2020, NCFL will follow-up with the vendor unit on the progress of the updated data entry policy for WIC Special Formulas and Eligible</p>	Established in 2018	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>90% Medical Documentation Form Up to Date</p> <p>80% Medical Documentation Form accurately completed by MD/HCP</p> <p>90% Medical Documentation correlates with WIC prescription issuance</p>	<p>All agencies reviewed in FY20/21 had findings related to special formula issuance. Findings were mostly related to missing documentation, continuation of issuance beyond the prescription valid date, formula selected based on ICD-10, inadequate follow up on tolerance or failure to assign risk factors/medical conditions identified on the medical documentation form.</p> <p>The NCFL completed the target number of local agency chart audits. Results of the chart audits showed:</p> <p>100% of the Medical Documentation Forms were up to date, an improvement from previous numbers.</p> <p>60% of providers completed the form accurately, which doesn't meet the target, but reflects an improvement from previous chart audits.</p> <p>73% of charts showed appropriate growth assessment/evaluation</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Nutritionals. Once approved, at a minimum, review policy bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WI quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to cover during technical assistance visits as needed.</p> <p>Provide at least one (1) in-service training to identified stakeholders about WIC formula policies and procedures by September 30, 2021. Assist local agencies in providing in-service presentations as appropriate.</p>		<p>on Family Benefit List (FBL)</p> <p>55% Appropriate Growth Assessment/evaluation documented.</p> <p>60% of verbal orders obtain medical documentation within 24 hours</p> <p>30% Nutritionists follow-up with MD/HCP when indicated</p>	<p>documented, a marked improvement over last review cycle.</p> <p>76% of Medical Documentation ICD-10 code correlated with WIC prescription on FBL. A slight decrease from previous years.</p> <p>20% of charts showed that medical documentation was received from verbal orders within 24 hours. This is stable from last review.</p> <p>In agencies reviewed, 29.8% of charts showed that staff contact MD for follow-up when needed. This was a 10% improvement. However, not all agencies reviewed had favorable scores. One agency had a score of 60% in this area, which contributed to the higher average score.</p> <p>Overall, indicators for both Medical Documentation Form and Care Plan are improving.</p> <p>State agency staff provided WIC update that included formula information to Community Health Network of Connecticut (CHN-CT).</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.2 Monitor implementation of updated Nutrition Risk Criteria.	<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 CT-WIC</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p> <p>Through State MER observations and chart audits 80% of local agency staff will conduct PMAD screening per protocol and document appropriately.</p> <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</p>	N/A	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>All agencies reviewed had findings related to staff accurately identifying and/or assigning risks. Many of these findings are related to medical conditions identified on the medical documentation form that have not been assigned as risks in CT-WIC.</p> <p>All agencies reviewed had findings related to either documentation (i.e., scanning or data entry in CT-WIC) of the screen or completing the PMAD screens at the designated timeframes</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, 2021:

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	Strategies/Activities	Baseline	Indicators	Progress
10.1 Monitor six (6) service regions including satellites.	<p>By end of 1st quarter, develop FY2021 monitoring schedule. Adjust as needed based on COVID-19 impacts.</p> <ul style="list-style-type: none">Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days.Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.Respond to local agency CAP within 30 days. Two weeks as best practice.Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY19 Goals and Objectives, training and technical assistance plans.During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation	FFY20 LA monitoring schedule (See Objective 10.3)	<p>100% of scheduled monitoring visits and reports completed by Sept 2021.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	<p>The monitoring schedule was developed at the beginning of the 1st quarter. Four agencies (due to consolidation of 2 agencies) were scheduled for routine monitoring in 2021.</p> <p>Due to the USDA State agency Nutrition and Breastfeeding Services Management Evaluation Review, local agency monitoring was put on hold. The local agency monitoring resumed in June 2021. Two local agencies have been reviewed to date. The last 2 reviews will be conducted by September 2021.</p> <p>For the local agencies reviewed, the exit conferences were completed. The CAP for the first agency was received within the designated 30-day period and was accepted.</p> <p>Common findings and CAP responses will be used to update FY21 Goals and Objectives, and training and technical assistance plans.</p>

<p>10.2</p> <p>Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</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 once a year as appropriate.</p> <p>Utilize Program Nutritionist meetings to address statewide local agency training and technical assistance needs.</p> <p>During 2021</p> <ul style="list-style-type: none"> ▪ Continue to monitor for use of <i>Tell Me More (TMM) About Your Child</i> tool in at a minimum for child participants at risk for overweight or obesity. ▪ Monitor/Investigate for implementation of pregnancy TMM tool in prenatal counseling. ▪ Update web page as needed. 		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>During the recent monitoring cycle, 75% of local agency staff met expectations by providing quality customer service. In most instances, staff were skilled at building rapport as well as utilizing active listening skills.</p> <p>Based on the recent monitoring cycle more than 50% of local agencies reviewed would benefit from training on risk definitions and appropriate risk assignment. In addition, delayed and/or inadequate nutrition education documentation was noted in all agencies reviewed. Based on these recent findings, agencies would benefit from training on the expectations of nutrition education documentation.</p> <p>All local agencies have implemented the Tell Me More tools to varying degrees. However due to transition to remote services during the pandemic local agencies have been unable to reintroduce the tools during video/phone appointments.</p> <p>Public facing web page updates were related to WIC clinic services impacted by COVID, Re-Opening information, and CVB announcement. Breastfeeding Resource page for WIC staff created and updated as needed.</p>
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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, accurate and more accessible, data resources;
- b. Continue to search for alternative to CT-WIC Dashboard originally planned.
- c. Expand research/data analysis and reporting initiatives; and,
- d. 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; and,
- b. Ensure adequate access to vendor services and vendor capacity to meet demand.

Objective	Strategies/Activities	Baseline	Indicators	Progress
12.1 Improve access to, and the utility and application of, WIC Program data: a. Build on current reports to provide enhanced, accurate and more accessible data resources. b. Continue to search for alternative to originally planned CT-WIC Dashboard.	<p>Prepare summary data tables & graphs to illustrate trends, and maps to compare the distribution of selected variables and other Program resources (e.g., participants, WIC sites, authorized vendors).</p> <p>Post results or otherwise share selected data tables, graphs, reports, maps and other data presentations as appropriate, including:</p> <ul style="list-style-type: none">• WIC participation and key demographics.• Process and outcome objectives• Benefit issuance & redemption; and,• Authorized vendors; plus,• Current national WIC data and state population figures. <p>Coordinate with DPH attorney prior to sharing any personally identifiable information outside the WIC program (e.g., with DPH/Vital Records, Local Health Districts), to ensure state and federal confidentiality regulations are properly met; censor all public-facing data, as appropriate.</p>	Monthly Reports Quarterly Outcome Reports Annual Summary Reports	Enhanced analysis & data presentations meet USDA, state & local WIC agency data needs. Data tables, graphs & maps facilitate the comparison of participant characteristics, risk factors, outcomes, etc. Data reports are posted to the shared Q drive for state & local agency staff; public-facing data posted to the program website are censored and periodically updated, as appropriate. Improved data access results in less staff time being invested in responding to routine data requests, while protecting file security & participant confidentiality.	Mostly not accomplished, primarily due to COVID-19-related priorities, difficulties & limitations.

<p>c. Expand research/data analysis and reporting initiatives.</p>	<p>Select one program outcome to analyze in relation to potential risk/contributing factors (e.g., low birth weight: compare preterm/full-term birth outcomes in relation to mothers' pre-pregnancy weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> Identify and track risk factors contributing to poor birth outcomes. Evaluate associations between WIC participation and risk factors for poor birth outcomes. New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births). <p>Depending on availability of DPH Vital Records staff during FFY 2021, renew data-sharing agreement to link WIC data file with DPH/Vital Records Birth File, in order to:</p> <ul style="list-style-type: none"> Determine co-enrollment in WIC/Medicaid. Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map addresses to identify pockets of those not enrolled, for more targeted outreach efforts. Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage. 	<p>Prior DPH, WIC and other related studies</p> <p>DPH Vital Records' Birth File</p> <p>Data from signed CT-WIC/US Census Bureau MOU (w/ nationwide data)</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved outcomes, and increased outreach, recruitment & retention.</p> <p>Local-level disparities are identified based on Census data & other data sources, to better target program services and allocate financial & program resources</p>	<p>Mostly not accomplished, primarily due to COVID-19-related priorities, difficulties & limitations.</p> <p>Epi determined that DPH Vital Records was not an adequate dataset to identify WIC/Medicaid users, due to limitations in:</p> <ul style="list-style-type: none"> the assignation of users' Insurance Source (i.e., multiple terms used to identify Medicaid in this open-ended field, making it impossible to identify HUSKY A-only users); and, Vital Records' Birth File records post-delivery data only, making it unusable for identifying pregnant women & young children
<p>d. Provide support in meeting other Program-related data & reporting needs.</p>	<p>Respond to internal & external WIC data requests (e.g., DPH, Local Health Districts, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.);</p> <p>Identify/develop relevant reference & training resources:</p> <ul style="list-style-type: none"> Draft presentations for WIC Director, Nutrition staff, Vendor Unit, etc., when requested. Prepare reports for use by state staff in local agency monitoring visits (e.g., staff-to-participant ratio analysis by race/ethnicity; benefit redemption by Permanent Site, etc.) 	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Data reports, surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	<p>Ongoing activities, as requested.</p>

	<ul style="list-style-type: none"> • Develop presentations for WIC staff; present on data-related topics as needed at statewide meetings, coordinators' meetings, trainings. • Provide analysis, reporting and/or technical assistance as requested (e.g., adjust annual WIC outcome targets, calculate caseload, design surveys and new reporting forms, etc.). • Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal, present midterm and final reports. • Collaborate in DPH initiatives that benefit the State's MICH population (e.g., MCH Block Grant, PRAMS Steering Committee, RFPs, Publication Review Committees, SSDI Grant applications). 			
12.2. Contribute data inputs to help maximize strategic program coverage & effectiveness: <ol style="list-style-type: none"> Strengthen appropriate access to and delivery of program services. 	<p>Monitor Program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> • Identify service gaps, priorities and opportunities. • Track program outcomes, evaluate changes. <p>Use GIS mapping to help improve resource allocation (e.g., location of clinic sites, authorized vendors).</p> <p>Target resources to improve outcomes for those at highest risk.</p> <p>Identify specific populations to target for outreach promotional efforts and program services, where needed.</p> <p>Develop new reports on identified Risk Factors and Referrals/Counter-Referrals by LA and permanent WIC site.</p>	<p>Current program services & resources</p>	<p>Decisions to increase/decrease or relocate program services and resources are based on objective inputs (e.g., trend reports, % change over "x" time, etc.)</p> <p>Risk factors and other variables associated with a specific outcome or result(s) are identified, providing enhanced criteria for targeting program interventions.</p>	<p>Ongoing activities, as requested.</p> <p>Final Strategy/Activity was not accomplished, primarily due to COVID-19 limitations (i.e., "Develop new reports...").</p>
<ol style="list-style-type: none"> Ensure adequate access to vendor services, and vendor capacity to meet participant demand. 	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring and TIP Report preparation.</p>	<p>Vendor Unit data</p> <p>Authorized Vendor lists</p>	<p>Vendor locations, services and resources meet participant and program needs.</p>	<p>Vendor Unit determined that new fraud reports were not needed (see column 2, <u>New priority</u>).</p>

	<p>Continue to identify priority data needs; perform needed analyses, and build standardized queries and presentation formats to meet those needs.</p> <p><u>New priority:</u> develop and standardize monthly reports to aid in the detection of possible vendor or participant fraud in the redemption of benefits.</p>	<p>WIC Participation data</p>	<p>Analytical maps to determine geographic access and store capacity to meet the demand of WIC participants in a given area are produced prior to adding or removing a vendor from the CT WIC Authorized Vendors list.</p>	
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FFY 2022

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, 2022

Objective 1.1: Convene monthly meetings (conference calls or virtual meetings) for local agency coordinators to ensure on-going communication and feedback loop.

Objective 1.2: Actively participate in MyCT project in 2022 to improve ease of access for applicants and ensure compliance with confidentiality regulations.

Objective 1.3: If funding is available, continue to sponsor local agency staff participation in National WIC Association's Leadership Academy on-line training course (LA Coordinators/Program Nutritionists/SA staff).

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
1.1 Convene monthly meetings (conference calls) for local agency coordinators to ensure on-going communication and feedback loop.	<p>Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to:</p> <ul style="list-style-type: none">• Review policy and procedures• Discuss funding and staffing issues• Review CT-WIC data availability and reports• Other topics as determined	N/A	<p>Summary of meetings.</p> <p>Improved compliance with policies and procedures</p> <p>Increased sharing of strategies regarding resource utilization and staff retention</p> <p>Improve use of data and discussions in LAP</p>	Program Director NSU
1.2 Actively participate in MyCT project in 2022 to improve ease of access for applicants and ensure compliance with confidentiality regulations.	<ul style="list-style-type: none">• Attend meetings• Provide clarification and information regarding WIC Program Regulations and policies.• Develop MOU/MOA as needed	N/A	<p>WIC Program successfully integrated into MyCT project and application.</p>	Acting Program Director State Nutrition Coordinator
1.3 If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.	<ul style="list-style-type: none">• Determine if funding is available.• If yes, proceed with selection of local staff to apply to NWA• Connect with NWA Leadership Academy staff to coordinate PO and invoicing.	N/A	<p>Courses offered and successfully completed.</p> <p>90% of attendees indicate on evaluation they strongly agree or agree the content is relevant to</p>	Breastfeeding Coordinator

	<ul style="list-style-type: none">Follow-up with local staff during and after completion of course for evaluation.		their work and they will incorporate into program operations.	
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Program Functional Area 2: Nutrition Services, Breastfeeding Promotion and Support*

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

By September 30, 2022,

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 4%.

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 $\geq 85^{\text{th}}$ percentile to $< 95^{\text{th}}$ percentile for children 2-5 years does not exceed 15%.

2.4b: The prevalence rate of BMI $\geq 95^{\text{th}}$ percentile for children 2-5 years of age does not exceed 10%.

Objective 2.5: At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.

Objective 2.6: At least 60% of infants enrolled in the WIC Program are breastfed for 6 months or more.

Objective 2.7: Maintain 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 2021 Local Agency Plans will have measurable strategies for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2022.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	Through State MER chart audits and observations using the results from FY 2022 Maternal Weight Gain (MWG) checklist, investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence. When indicated, local agency liaison, may provide local agency management with feedback on CAP response and/or implementation via technical assistance visits, quality assurance activities (chart audits or observations) and/or training related to deficiencies in MWG indicators.	<u>2022 WIC Objective:</u> $\geq 35\%$ <u>FFY 2018 Target:</u> $\geq 35.0\%$ Average: 26.5% Range: 11.6% - 37.3% <u>FFY 2019 Target:</u> $\geq 35.0\%$ Average: 27.7% Range: 13.5% - 46.3% <u>FFY 2020 Target:</u> $\geq 35.0\%*$ Average: 26.5% Range: 7.1%-40.2% <u>2021 data pending.</u> <u>Data Sources:</u> <u>FFY2018-2021:</u> CT-WIC MIS (Management Information System).	CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. MER chart reviews and Observations Results MWG checklist Improvement in trend data over time for low performing agencies.	Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit

		available complete calendar year data based on previous calendar year.		
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%.	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals and offer appropriate education materials that address applicable <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate Local agency Plan community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p> <ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health <p>Maintain relevant State agency collaborations that impact this outcome objective. (See Functional Area X)</p>	<p>2022 WIC Objective: ≤ 4%</p> <p>FFY 2012 Target: ≤ 6.0% Average: 6.0% * Range: 1.7% - 8.7%</p> <p>FFY 2013 Target: ≤ 6.0% Average: 6.4% * Range: 3.1% - 9.0%</p> <p>FFY 2014 Target: ≤ 6.0% Average: 5.8% * Range: 1.4% - 8.3%</p> <p>FFY 2015 Target: ≤ 6.0% Average: 3.2% * Range: 0.0% - 5.6%</p> <p>FFY 2018 Target: ≤ 6.0% Average: 2.6% ** Range: 0.0% - 13.0%</p> <p>FFY 2019 Target: ≤ 6.0% Average: 2.5% ** Range: 0.0% - 13.6%</p> <p>FFY 2020 Target: ≤ 6.0%* Average: 2.7% ** Range: 0.0% - 13.8%</p> <p>2021 data pending.</p> <p>(** Excludes pre-term & multiple births)</p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>

		<p>Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Investigate % of 10 trained agencies that effectively strategize solutions to use the Pronto non-invasive HGB screening with child participants.</p> <p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work, ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up. <p>Local agency liaisons will perform anemia QA chart audits in FY 2022. A total of 15 chart audits (sample to include 5 – 9-month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators include anemia prevention, nutrition assessment, lab</p>	<p>2022 WIC Objective: ≤7.5%</p> <p>FFY 2012 Target: ≤ 9.0% Average: 7.8% Range: 4.4% - 10.5%</p> <p>FFY 2013 Target: ≤ 7.5% Average: 8.3% Range: 4.2% - 12.3%</p> <p>FFY 2014 Target: ≤ 7.5% Average: 10.2% Range: 4.6% - 14.5%</p> <p>FFY 2015 Target: ≤ 7.5% Average: 9.9% Range: 5.4% - 17.8%</p> <p>FFY 2018 Target: ≤ 7.5% Average: 8.8% Range: 5.2% - 16.7%</p> <p>FFY 2019 Target: ≤ 7.5% Average: 8.5% Range: 3.9% - 19.0%</p> <p>FFY 2020 Target: ≤ 7.5%* Average: 8.5% Range: 3.5% - 18.2%</p> <p>2021 data pending.</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective:</p>	<p>CT-WIC quarterly and annual reports. Chart audits and observations.</p> <p>Change in trend data over time for low performing agencies</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>

	results, iron supplementation and type of anemia (if indicated).	Childhood Anemia: quarterly reports by federal fiscal year. FFY2018-2020: CT-WIC MIS (Management Information System). *Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.		
2.4 a. The prevalence of BMI $\geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 15%. b. The prevalence of BMI $\geq 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 10%.	<p>Investigate a baseline for local agency plans (LAP) that incorporate follow-up staff training on BMI Guidance, MI Guidance and Tell Me More in staff training plan.</p> <p>30% of LAPs include TMM About Your Child in FY 2020/2021 strategies.</p> <p>Through LAP review and Program Operations MER 85% of local agencies will develop a measurable strategy to distribute and discuss the Childhood Overweight and Obesity WIC Fast Facts flyer to pediatric practices as part of their local Outreach Plan.</p> <p>Determine needed changes to the indicators for observations and chart reviews that evaluate local agency incorporation of the Tell Me More About Your Child tool into counseling.</p> <p>Indicators of effective use include, documentation of MI, Stage of Change and/or development of a plan.</p>	<p>2022 WIC Objectives: Overweight: $\leq 15\%$ Obesity: $\leq 10\%$</p> <p>a. OVERWEIGHT: BMI $\geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$</p> <p>FFY 2013 Target: $\leq 7.5\%$ Average: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014 Target: $\leq 10.0\%$ Average: 12.2% Range: 7.3% - 16.6%</p> <p>FFY 2015 Target: $\leq 10.0\%$ Average: 15.5% Range: 8.7% - 18.6%</p> <p>FFY 2018 Target: $\leq 15.0\%$ Average: 15.0% Range: 11.3% - 21.8%</p> <p>FFY 2019 Target: $\leq 15.0\%$ Average: 15.1% Range: 10.1% - 20.1%</p> <p>FFY 2020 Target: $\leq 15.0\%*$ Average: 15.1% Range: 9.1% - 20.8%</p> <p>b. OBESITY: BMI $\geq 95^{\text{th}}\text{ile}$</p> <p>FFY 2013 Target: $\leq 7.5\%$</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2022 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8</p>	<p>Monitoring Unit Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	<p>80% of local agencies continue use of WICSmart modules for obesity/overweight prevention.</p> <p>Average: 13.1% Range: 7.3% - 18.3% <u>FFY 2014 Target:</u> ≤ 15.0%</p> <p>Average: 12.3% Range: 6.7% - 17.9% <u>FFY 2015 Target:</u> ≤ 15.0%</p> <p>Average: 15.2% * Range: 13.3% - 22.4% <u>FFY 2018 Target:</u> ≤ 10.0%</p> <p>Average: 15.1% Range: 8.7% - 21.1% <u>FFY 2019 Target:</u> ≤ 10.0%</p> <p>Average: 15.3% Range: 9.3% - 22.8% <u>FFY 2020 Target:</u> ≤ 10.0%*</p> <p>Average: 15.5% Range: 7.7% - 28.3% 2021 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight & Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.5 At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from breastfeeding content sheets (exclusive breastfeeding, milk supply, supporting overweight and</p>	<p><u>2022 WIC Objective:</u> ≥80% <u>FFY 2012 Target:</u> ≥ 60.0% Average: 69.9% Range: 48.5% - 91.4% <u>FFY 2013 Target:</u> ≥ 65.0% Average: 75.9% Range: 66.7% - 90.7%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Breastfeeding Unit Epidemiologist</p>

	<p>obese mothers' breastfeeding goals, SBB, and PMAD) into prenatal education and counseling.</p> <p>50% of local agency staff will review and/or provide Make a Plan checklist at individual or group prenatal counseling/education. Indicators include documentation of preparing for hospital, family/friend support, skin-to-skin contact, rooming-in and community support.</p> <p>State Breastfeeding Unit will coordinate monthly breastfeeding coordinators' meeting (conference calls) in anticipation of receipt of the final USDA DBE Breastfeeding Curriculum.</p> <p>Deliverable: Develop sustainable breastfeeding competency training process.</p> <p>In FY 2022, Breastfeeding Unit will begin planning for training. Planning will involve local agency DBEs that were trained on platform. Investigate virtual and sustainable training options.</p> <p>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC) to conduct 1-2 enhanced breastfeeding reviews at local agencies. (one review will include agency with peer program)</p>	<p><u>FFY 2014 Target:</u> $\geq 65.0\%$ Average: 76.2% Range: 59.3% - 93.0%</p> <p><u>FFY 2015 Target:</u> $\geq 65.0\%$ Average: 77.3% Range: 58.0% - 92.3%</p> <p><u>FFY 2018 Target:</u> $\geq 70.0\%$ Average: 80.8% Range: 62.8% - 94.9%</p> <p><u>FFY 2019 Target:</u> $\geq 70.0\%$ Average: 81.6% Range: 59.9% - 94.4%</p> <p><u>FFY 2020 Target:</u> $\geq 70.0\%*$ Average: 81.3% Range: 63.9% - 93.6%</p> <p>2021 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Breastfeeding Initiation, quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support</p>	
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	<p>See 2.6. (Contingent upon resources needed for BF Curriculum training)</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to initiation:</p> <ul style="list-style-type: none"> • Ten Step Collaborative (CBC) engagement • Monitor contractor and rollouts of three RSB online webpage, English, Spanish and Arabic • Work on modifications to "It's Worth It" campaign materials and messages) based on evaluation results. • Improve community support and connections between hospitals and WIC via in-service training and/or networking. (1-2 locations) 			
2.6 At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.	<p>Maintain quarterly compliance checks to monitor local agencies' compliance with entering BF ceased date when dyad ends breastfeeding. Generate and distribute reports quarterly in FY 2022 for quality assurance.</p> <p>Through State MER observations and chart audits 50% of local agency staff will incorporate and</p>	<p><u>2022 WIC Objective:</u> $\geq 60\%$</p> <p><u>FFY 2015 Target:</u> $\geq 10.0\%$ Average: 61.5% Range: 41.3% – 87.9%</p> <p><u>FFY 2018 Target:</u> $\geq 50.0\%$ Average: 69.4% Range: 44.9% - 91.4%</p> <p><u>FFY 2019 Target:</u> $\geq 50.0\%$ Average: 65.2% Range: 37.5% - 90.7%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p>	<p>Nutrition Services Monitor Breastfeeding Unit Epidemiologist</p>

	<p>document concepts from duration focused breastfeeding content sheets (building and maintaining milk supply, pumping for work/school-Make it Work checklist, pumping for medical reasons, jaundice, PMAD, SBB), HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Provide oversight and technical assistance to 7 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports. New programs added in FY 2021-2022 include Access (DKH site) and Meriden. (Hartford Peer Program is now managed by Hartford WIC, contract was not renewed with Hispanic Health Council)</p> <p>Monitor performance of Breastfeeding Heritage and Pride (New Haven) hybrid peer counseling program through virtual and on-site visits, conference calls and quarterly progress and financial reports. Maintain a 40% breastfeeding rate at established intervals. Results of monitoring of peer programs show 80% compliance with established protocols.</p>	<p>FFY 2020 Target: $\geq 50.0\%$* Average: 64.4% Range: 42.6% - 88.9%</p> <p>2021 data pending.</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective Breastfeeding Duration; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and duration rates are reviewed and approved.</p>	
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	<p>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to duration:</p> <ul style="list-style-type: none"> ▪ Community support, specific to increasing equity in lactation care (CLC/IBCLC scholarships, culturally appropriate support groups) ▪ Collaboration with PRAMS Epidemiologists on Data to Action documents ▪ Workplace Accommodations 		<p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p> <p>SPAN reporting.</p>	
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	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2022 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p> <p>Determine process for monitoring nature of Help Desk calls to provide targeted training or QA needs.</p>	Help Desk Calls.	<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>
2.8 At least 50% of local agency submitted 2022 Local Agency Plans will have measurable	Liaisons will meet at least 2 times in FY 2022 to discuss tracking spreadsheet and local agency trends observed.		<p>Data from local agency plans (2021 evaluation and 2022 resource allocation) liaison visits (TA checklist). COVID impacted</p>	Local agency Liaisons

<p>strategies included for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2022. (Total 12 visits/calls)</p>	<p>At least 50% of local agencies implemented their stated LAP measurable strategies for FY 2022 Use FY 2022 % to evaluate if local agencies made progress or met target for including measurable strategies in the 2022 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 80% for appropriate MWG • 70% for LBW infants • 100% for prevalence of anemia in children • 85% for reducing the prevalence of overweight and obesity in children • 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy • 90% for increasing breastfeeding duration for infants to 6 months or more <p>100% of local agency liaisons complete at least one TA visit or phone call in FY 2022 for their respective agencies.</p>		<p>FY 2020 information available for baseline developments.</p> <p>LAP outcomes summary tool During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for all nutrition outcome objectives.</p> <p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to on these strategies.

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 functionality of the Nutrition Module in CTWIC.

Objective: 3.2 Follow up on participant shopping experience project.

Objective 3.3 Cross training of staff on vendor and nutrition modules.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
3.1 Improve functionality of the Nutrition Module in CTWIC.	Utilize CTWIC data to improve competitive pricing amongst vendor peer groups.	October 2018	Manual exports needed to obtain the data.	FRVM Pricing Analyst DPH IT
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CTWIC errors occurred when uploading text file.	FRVM Pricing Analyst DPH IT
	Assess NTE Modeling enhancement and develop cat/subcat max price report in reporting portal.	October 2018	Reports in SSRS reporting portal utilize data from CTWIC.	FRVM Pricing Analyst DPH IT

3.2. Follow up on participant shopping experience project.	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	FRVM staff Nutrition staff
	Standardized training program for local agencies to train participants on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2019	The creation of a standardized training program and consistent use of it, leading to fewer complaints and phone calls about participants not knowing how to use card.	FRVM staff Nutrition staff
	Distribute results of project to all authorized vendors.	December 2019	Areas for vendors to make improvements in the shopping aisles and/or at checkout lanes	FRVM staff
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY19 data Results of NWA Participant Satisfaction Survey	Rate eWIC card shopping averages: 1.59% -Poor; 55.83% - Excellent Could not find WIC foods: 52.35% WIC foods not labeled: 41.88% Cashier determination of WIC allowable food before scanning: 21.49%	FRVM staff Nutrition staff
Objective 3.3 Cross training of staff on vendor and nutrition modules	Training of food resource and vendor management staff on connections between authorization, food items, pricing, monitoring, sanctions, reports, CTWIC and EPPIC	July 2021	Improved knowledge of connections between CTWIC modules and EBT provider portal	FRVM staff
	Staff to provide walk throughs of CTWIC screens to identify improvements and connections to enhance CTWIC.	October 2021	Knowledge of WIC approved categories and subcategories, maximum prices, food issuances, food packages, peer group averages and assignments	FRVM staff

Program Functional Area 4: Vendor Management

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

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Potential transition of EBT Processors

Objective: 4.3 Develop policies and establish business processes for a Policy and Procedure Manual.

Objective: 4.4 CTWIC Enhancements to streamline processes

Objective: 4.5 Training videos to supplement interactive vendor training

Objective: 4.6 Improve investigation services through RFP process and inventory audits.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
4.1 Improvements in reporting vendor data.	Utilize CTWIC data to improve reporting of redemption data, patterns, and food sales assessments.	October 2020	Refining reports in the SSRS reporting portal using the data from CTWIC to provide more comprehensive information.	FRVM staff DPH IT
	Finalization and implementation of Application Log in CTWIC to track enrollment processes for new, renewal authorizations.	October 2018	Functionality of Application Log screen and Excel export.	FRVM Processing Tech FRVM staff DPH IT
	Utilize CTWIC data to improve tracking for compliance investigations.	October 2018	Tracking the status of individual investigations and Key Performance Indicators. Revisions to high risk vendor report	FRVM Compliance Analyst FRVM staff DPH IT
	Utilize CTWIC data to improve tracking for sanctions and referrals to SNAP on WIC DQs.	October 2018	Information is logged in CTWIC on the sanction screen, and separate Excel spreadsheet is used for tracking purposes.	FRVM Staff

	Utilize CTWIC data to improve tracking for training.	October 2018	Anticipated attendance for training; sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	FRVM Trainers
	Utilize CTWIC data to fulfill requirements for TIP report/FDP.	October 2018	WIC-44 report from TIP website is used as the basis for the TIP report.	FRVM Staff
4.2 Potential transition of EBT Processors	Participate in joint SNAP/WIC conference calls to finalize Northeast Coalition of States (NCS) EBT Services.	Calls began January 7, 2021.	Discussion of any common areas between programs. publishing dates per WIC/SNAP timelines; October 2020.	FRVM staff Nutrition staff IT staff
	CT staff on selection committee to participate on approval of contractor.	October 2021	Estimated dates per OTDA timelines: Bid submission May 13, 2021 ; Award made December 2021.	FRVM staff Nutrition staff IT staff
	Draft WIC Contract to Legal for review.	May 2021	DAS approval to join NY State Contract provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
	Notify WIC Vendor Advisory Council and authorized vendors of contractor selection.	December 2021	Vendor community informed on potential changes.	FRVM staff
	Finalize and execute DPH WIC contract to partake in NCS contract.	February 2022	DAS approval to join NY State NCS RFP provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
	Transition and Conversion plan for data, stand beside devices, retailer portal.	July 2022	Transition to new provider or platform	FRVM staff

4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes in response to changes to current business practices.	March 2020	Changes to the WIC Vendor Agreement, access	FRVM staff
	Revise policies and establish business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC, utilization of CTWIC, and the COVID-19 pandemic changed processes. Shared knowledge of processes.	FRVM staff
	Modify the CT WIC Manual for the Vendor Module based on changes and enhancements made.	April 2018	Vendor Module Manual updated last for version 1.9.	FRVM staff Nutrition staff
4.4 CTWIC Enhancements to streamline processes.	Enhancements to Vendor Module training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.	August 2020	Enhancements were delayed until the revised 3Sigma contract was in place. Currently the relationship between enrollment and routine operations are separate.	FRVM staff
	Refinement of the full monthly redemption report with EBT data through CTWIC. Report captures data from multiple modules and redemption tables.	Database only accessible through EPPIC and/or IT report requests.	EPPIC access is limited to the Coordinators, and not available on an as needed basis.	FRVM staff Nutrition staff IT staff
	Utilize CTWIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS. Microsoft Surface tablets are not a reliable or stable device for in-store use.	FRVM staff

4.5 Training videos to supplement interactive vendor training	Work with DPH Office of Communications and recording through Microsoft Teams to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	FRVM staff
	Post on website for vendor use in training additional staff.	October 2019	Assistance to vendors to train more employees on WIC policies and procedures.	FRVM staff
	Request from other states who utilize post-training tests, online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations, and sanctions.	FRVM staff
4.6 Improve investigation services through RFP process and inventory audits.	Re-Initiate an RFP for Compliance Investigation contract.	WIC timeline: RFP release date: 12/1/21.	Developed and issued an RFP for compliance buys investigation. No responses received in FY21; will revise and repost.	FRVM staff
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 4/1/22.	Reviewed RFP proposals.	FRVM staff
	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 4/8/22	Screening team selected winner for the compliance buys investigation services.	FRVM staff
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 5/2/22.	Developed new contract language.	FRVM staff
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 5/2/22.	Final contract paperwork submitted for review and approvals.	FRVM staff
	Follow up contract process to make sure contract is executed.	WIC Timeline: contract Agreement start date: 10/1/22.	Executed contract with a selected vendor to provide compliance buys investigation services.	FRVM staff

	Increase the number of Inventory Audits in place of undercover investigations.	October 1, 2021	Proposals were not submitted in response to the 2021 RFP and no contract for FY22 for undercover compliance buys.	FRVM staff
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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 Move towards a self-service reporting environment for regular WIC information needs

Objective: 5.3 Develop a new MIS equipment obsolescence plan.

Objective: 5.4 Increase staff knowledge and utilization of current IT languages, tools and techniques

Objective: 5.5 Implement new technologies to enhance productivity or system security.

Objective: 5.6 Begin procurement planning for next EBT contract

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CTWIC.	MI-WIC implementation project complete.	Timely update of changes to reflect USDA policies	IT Section Chief IT Supervisor
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Reporting infrastructure needs to be completely redone.		IT Section Chief IT Supervisor

<p>5.3 Develop a new MIS equipment obsolescence plan.</p>	<p>Continuing equipment refresh every three to four years.</p>	<p>Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.</p>	<p>Age and maintenance.</p>	<p>Technical Analyst II</p>
<p>5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</p>	<p>Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.</p>	<p>Staff have access to library as needed.</p>	<p>Staff are utilizing training library.</p>	<p>IT Section Chief IT Supervisor</p>
<p>5.5 Implement new technologies to enhance productivity and system security.</p>	<p>Replace ASE lines with cable. Add smart phone app functionality for participant use.</p>	<p>ASE lines and no connectivity for smart phone apps</p>	<p>BEST implementation of contracts for cable services</p>	<p>IT Section Chief IT Supervisor</p>
<p>5.6 Begin procurement planning for next EBT contract</p>	<p>Participate in NCS calls and document reviews to get RFP ready for reissue</p>	<p>Using original RFP from current NCS contract</p>	<p>Document is updated and ready to issue RFP</p>	<p>IT Section Chief IT Supervisor</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, 2022:

Objective 6.1: Target a 1% increase over 2021 first trimester enrollment rates. (17.4%-2020)

Objective 6.2: Determine baseline for child participation/retention based on available data. Based on baseline, develop target for improvement. Monitor child participation rates in all agencies in 2022.

Objective 6.3: 25% of FY 2022 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impacts of COVID-19

Objective 6.4: 100% of local agencies will review and use CT-WIC show rate tracking report to improve access to WIC services. Baseline for show rate is 80%.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
6.1 Target 1% increase over 2021 first trimester enrollment rates.	<p>100% of LAP's Outreach Plans, include a measurable strategy focused on 1st trimester enrollment.</p> <p>Questions were added to the 2019 State Participant Satisfaction Survey to identify when a woman started on WIC during her pregnancy and if it was after the 1st trimester identifying why.</p>	<p>2022 WIC Objective: $\geq 40\%$</p> <p>FFY 2015: 28.4%* Range 20.5% - 34.2% (* 9-month average)</p> <p>FFY 2018 Target: $\geq 40.0\%$ Average: 19.5% Range: 7.0% - 40.4%</p> <p>FFY 2019 Target: $\geq 40.0\%$ Average: 19.9% Range: 3.4% - 33.8%</p> <p>FFY 2020 Target: $\geq 40.0\%*$ Average: 17.4% Range: 4.3% - 38.6%</p> <p>2021 data pending.</p> <p>Data Sources: FFY 2015: CT SWIS, Outcome Objective First Trimester Enrollment in WIC; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available</p>	<p>CT-WIC Process Objective Report (FY 2018) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p> <p>Results of the 2019-2020 participant satisfaction survey will help identify potential strategies/activities to consider for FY21.</p>	Program Monitor Epidemiologist Outreach Team

		complete calendar year data based on previous calendar year.		
6.2 Determine baseline for child participation/retention using available data. Based on baseline, develop target for improvement. Monitor child participation rates in all local agencies in 2022	<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>Track child participation rates in all local agencies in relation to WIC & HS Better Together Project.</p>	Baseline 2022	Child participation rate and/or baseline target is established.	Program Monitor Epidemiologist Outreach Team WIC/HS Team
6.3 25% of FY 2022 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impact of COVID.	<p>100% of FY 2022 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Investigate to develop a baseline, the number of FY 2019, 2021 and 2022 LAP's that include a locally developed Outreach Plan that incorporate measurable recruitment and retention strategies and utilizes materials provided in the Outreach Toolkit.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>	Insert baseline	LAP submission and MER Program Operations questions on Outreach.	Local agency Liaisons Program Monitor

<p>6.4</p> <p>100% of local agencies track show rate using information from MER and CT-WIC report.</p> <p>Investigate and develop a baseline show rate</p>	<p>During monitoring ensure local agencies are implementing proven strategies to improve show rate including</p> <ul style="list-style-type: none"> • 100% of local agencies monitor show rate weekly. • Retrieve and Utilize One Call Now (OCN) report to manage clinic schedules and show rates. <p>Based on 2021 MER results, the Program Operations Monitor will highlight at least 2 best practices for improving show rates at a Statewide meeting or other appropriate venue in 2022.</p> <p>Consider adding show rate indicator as a LAP statewide process objective for 2023.</p>	<p>Develop a realistic baseline using pre-pandemic and pandemic rates.</p>	<p>Review and verification of local agency process for tracking, analyzing and implementing effective strategies to improve show rates.</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.

By September 30, 2022:

Objective: 7.1 Maintain active coordination with at least 75% of identified key partners in 2021.

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
7.1 Maintain coordination with at least 75% of identified key partners.	<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. WIC State agency staff will consider participating in the Food Policy Council meetings that are absorbing the ESF pandemic work.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Facilitate emerging collaborations and executed MOUs with the following:</p> <ul style="list-style-type: none">• Fetal Alcohol Syndrome Disorder-Substance Exposed Infants (FASD-SEI) marketing and training workgroup, which includes DMHAS• DPH led-Maternal Mortality and Morbidity Review Committee (MMRC) interagency workgroup,• Pregnancy Risk Assessment and Monitoring System (PRAMS) collaboration• CT Dental Health Partnership (DHP)	<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>Use existing Immunization Program MOU as a template for MOU or PSA with other programs as needed.</p> <p>Executed updated MOU with OEC, CT-Head Start</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>Nutrition Unit Nutrition and Program Monitors Breastfeeding Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Continue to support WIC & Head Start Better Together Collaboration at 10 local agencies in FY 2022 via NSA funds and existing contracts.</p> <ul style="list-style-type: none"> • Sustaining State level activities include: Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans. • Sustaining local level activities include Co-location, collaborative nutrition and outreach, monthly meetings and <p>Work with IT to standardize retention data report. Work with CT-WIC lead to develop WIC & HS referral reports to facilitate follow-up.</p> <p>As resources allow, 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). Work with the CPQC to better coordinate hospital and community messaging about breastfeeding to high-risk populations (MAT programs).</p>	<p>Association and 9 local grantees.</p>	<p>SNAP Ed evaluations and feedback from SNAP Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of CPQC meetings.</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Implement Perinatal Mood and Anxiety Disorder (PMAD) self-directed online training (CT-TRAIN) for all local staff by December 2021.</p> <p>Continue collaboration with UConn's Jennifer Vendetti, for technical assistance and training.</p> <p>Update WIC Orientation competency checklists with Course ID#'s for PMAD training by September 20, 2022.</p> <p>Implement and monitor PMAD reports in 2022.</p> <p>Maintain partnership with Doug Edwards from Real Dads Forever and other Fatherhood Advocates throughout the state. Doug Edwards will continue to provide training and serve as a support to the CT WIC Program in ensuring WIC services are family centered and encourage participation from dads and family men.</p> <p>Local agencies will build relationships with local fatherhood advocates to find site specific strategies in engaging more with dads/family men.</p>		<p>Completion of PMAD training on CT-TRAIN and evaluation.</p> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p> <p>Improved engagement with dads and family men at local WIC offices. Local agencies will have identified father advocates in their service area to engage with for referrals and training/engagement opportunities.</p>	
<p>7.2</p> <p>90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</p>	<p>Through State MER observations and chart audits 90% of local agency staff will document appropriate referrals per revised referral codes and referral policy and procedures.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development</p>	N/A	<ul style="list-style-type: none"> ▪ Improved local level coordination with staff regarding referrals. ▪ All local agencies will utilize a Local Community Resource Guide on a regular basis. 	Monitoring Unit, Nutrition Monitor

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. ▪ Improved consistency of use of referral codes. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals 		<ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. Improved consistency of use of referral codes by LA's. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals. 	

Program Functional Area 8: Civil Rights

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

By September 30, 2022:

Objective: 8.1 Verify 100% of local agencies are comply 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	Staff Assigned
8.1 Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY 2019 reviews.</p>	Ongoing	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement (NDS).</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	Monitoring Unit
8.2 Conduct annual civil rights training for local agency staff.	<p>Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor for use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. Provide short interactive session at Statewide Meeting (or webinar) to review CR concepts and application in clinic setting.</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, 2022:

Objective: 9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritional policies.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritional policies. <i>(See Objective 3.3)</i>	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT WIC Program Special Formula Review Form to determine if 80% of agencies reviewed are in compliance with special formula procedures</p> <ul style="list-style-type: none">▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale"▪ Based on monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the Nutrition Consultant Formula Lead (NCFL) will use the CT WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per local agency. A minimum of 25 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritional issuance.</p> <p>Based on results, local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits. Outstanding formula issues identified will be topic for discussion during training sessions at local agency staff</p>	Established in 2018	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>100% Medical Documentation Form Up to Date</p> <p>70% Medical Documentation Form accurately completed by MD/HCP</p> <p>80% Medical Documentation correlates with WIC prescription issuance on Family Benefit List (FBL)</p> <p>70% Appropriate Growth Assessment/evaluation documented.</p>	<p>Nutrition Unit Nutrition Monitor NCFL Epidemiologist Liaisons</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>meetings, Program Nutritionists and/or statewide meetings.</p> <p>In first quarter of FY 2022, NCFL will follow-up with the vendor unit on the progress of the updated data entry process for WIC Special Formulas and Eligible Nutritionals. At a minimum, review bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WIC quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to cover during technical assistance visits as needed.</p> <p>Provide at least one (1) in-service training to identified stakeholders about WIC formula policies and procedures by September 30, 2022. Assist local agencies in providing in-service presentations as appropriate.</p>		<p>50% of verbal orders for medical documentation are obtained within 24 hours</p> <p>40% of Nutritionists follow-up with MD/HCP when indicated</p> <p>New for 2022: 70% CT-WIC Risk Screen updated based on new information.</p>	
9.2 Monitor implementation of updated Nutrition Risk Criteria.	<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 CT-WIC</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p>	N/A	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	Nutrition Unit Monitoring Unit Breastfeeding Unit IT Unit

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p> <p>Through State MER observations and chart audits 80% of local agency staff will conduct PMAD screening per protocol and document appropriately.</p> <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</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, 2022:

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	Strategies/Activities	Baseline	Indicators	Staff Assigned
10.1 Monitor six (6) service regions including satellites.	<p>By end of 1st quarter, develop FY2022 monitoring schedule. Adjust as needed based on COVID-19 impacts.</p> <ul style="list-style-type: none">Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days.Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.Respond to local agency CAP within 30 days. Two weeks as best practice.Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY22 Goals and Objectives, training and technical assistance plans.During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation	FFY20 LA monitoring schedule (See Objective 10.3)	<p>100% of scheduled monitoring visits and reports completed by Sept 2022.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit

<p>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Monitor for local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</p> <p>Highlight local agency best practices once a year as appropriate.</p> <p>Utilize Program Nutritionist meetings to address local agency training and technical assistance needs.</p> <ul style="list-style-type: none"> ▪ Update web page as needed. ▪ Investigate feasibility of developing a Nutrition Risk online module for CPAs. (Per 2021 MER findings) ▪ Develop and implement Nutrition Risk training. ▪ Determine next steps to offer hybrid (virtual and in person) bi-annual New staff Orientation using lessons learned from and technology acquired during the pandemic. 		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>Nutrition Unit Breastfeeding Unit Monitoring Unit</p>
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Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2022

Objective: 11.1 Keep food dollars usage stable at 90%.

Objective: 11.2 Use economic and financial trend data to more effectively manage resources and improve program quality.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
11.1 Stable usage of food funds at 90%.	Track LA expenditures monthly. <ul style="list-style-type: none">• Meet with program coordinators.• Work with Management and Epidemiologist to monitor food costs using the current CPI cost indicators.	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Program Director/ Management Fiscal Unit Epidemiologist
11.2 Use economic and financial trend data to manage resources and improve program quality more effectively.	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:

- e. Build on current reports to provide enhanced, accurate and more accessible, data resources;
- f. Continue to search for alternative to CT-WIC Dashboard originally planned
- g. Expand research/data analysis and reporting initiatives; and,
- h. Provide support in meeting other Program-related data needs.

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
12.1 Improve access to, and the utility and application of, WIC Program data: e. Build on current reports to provide enhanced, more accessible data resources. f. Search for alternative to originally planned CT-WIC Dashboard.	<p>Prepare summary data tables & graphs to illustrate trends, and maps to compare the distribution of selected variables and other Program resources (e.g. participants, WIC sites, authorized vendors).</p> <p>Post results or otherwise share selected data tables, graphs, reports, maps, and other data presentations as appropriate, including:</p> <ul style="list-style-type: none">• WIC participation and key demographics;• Process and outcome objectives;• Benefit issuance & redemption; and,• Authorized vendors; plus,• Current national WIC data and state population figures. <p>Coordinate with DPH attorney prior to sharing any personally identifiable information outside the WIC program (e.g., with DPH/Vital Records, Local Health Districts), to ensure state and federal confidentiality regulations are properly met; censor all public-facing data, as appropriate.</p>	Monthly Reports Quarterly Outcome Reports Annual Summary Reports	Enhanced analysis & data presentations meet USDA, state & local WIC agency data needs. Data tables, graphs & maps facilitate the comparison of participant characteristics, out-comes, etc. Data reports are posted to the shared Q drive for state & local agency staff; public-facing data posted to program website and DPH Dashboard are censored and periodically updated, as appropriate. Improved data access results in less staff time being invested in responding to routine data requests, while protecting file security & participant confidentiality.	WIC Epidemiologist, in coordination with IT staff & Nutrition Unit, as well as with Local Agency staff, where appropriate. [Reprogrammed from FFY2021.]

<p>g. Expand research/data analysis and reporting initiatives.</p>	<p>Select one program outcome to analyze in relation to potential risk/contributing factors (e.g., low birth weight: compare preterm/full-term birth outcomes in relation to mothers' pre-pregnancy weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> Identify and track risk factors contributing to poor birth outcomes. Evaluate associations between WIC participation and risk factors for poor birth outcomes. New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births). <p>Support all efforts to procure DSS/Medicaid dataset, in order to:</p> <ul style="list-style-type: none"> Determine co-enrollment in WIC/Medicaid; Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map addresses to identify pockets of those not enrolled, enabling more targeted outreach efforts. Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage. 	<p>Prior DPH, WIC and other related studies</p> <p>DSS Medicaid / HUSKY A dataset</p> <p>U.S. Census Bureau data</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved outcomes, and increased outreach, recruitment & retention.</p> <p>Local-level disparities are identified based on Census data & other data sources, to better target program services and allocate financial & program resources</p>	<p>WIC Epidemiologist, in coordination with Nutrition Unit & IT staff, as well as with Local Agency staff, where appropriate.</p> <p>[Partially reprogrammed from FFY2021. Refocused data-sharing effort from DPH Vital Records' Birth File to DSS/Medicaid/HUSKYA dataset.]</p>
<p>h. Provide support in meeting other Program-related data and reporting needs.</p>	<p>Respond to internal & external WIC data requests (e.g., DPH, Local Health Districts, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.).</p> <p>Identify/develop relevant reference & training resources:</p> <ul style="list-style-type: none"> Draft presentations for WIC Director, Nutrition staff, Vendor Unit, etc., when requested. 	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Data reports, surveys and presentations developed and/or technical assistance provided.</p>	<p>WIC Epidemiologist</p>

	<ul style="list-style-type: none"> • Prepare reports for use by state staff in local agency monitoring visits (e.g., staff-to-participant ratio analysis by race/ethnicity; benefit redemption by Permanent Site, etc.). • Develop presentations for WIC staff; present on data-related topics as needed at statewide meetings, coordinators meetings, trainings. • Provide analysis, reporting and/or technical assistance as requested (e.g., adjust annual WIC outcome targets, calculate caseload, design surveys and new reporting forms, etc.). • Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal, present midterm, and final reports. • Collaborate in DPH initiatives that benefit the State's MICH population (e.g., MCH Block Grant, PRAMS Steering Committee, RFPs, Publication Review Committees, etc.). 		Committees successfully complete assigned tasks.	
12.2. Contribute data inputs to help maximize strategic program coverage & effectiveness: c. Strengthen appropriate access to and delivery of program services.	<p>Monitor Program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> • Identify service gaps, priorities & opportunities. • Track program outcomes, evaluate changes. <p>Use GIS mapping to help improve resource allocation (e.g., location of clinic sites, authorized vendors).</p> <p>Target resources to improve outcomes for those at highest risk.</p> <p>Identify specific populations to target for outreach promotional efforts and program services, where needed.</p>	Current program services & resources	<p>Decisions to increase/decrease or relocate program services and resources are based on objective inputs (e.g., trend reports, % change over "x" period, etc.)</p> <p>Risk factors and other variables associated with a specific outcome or result(s) are identified, providing enhanced criteria for targeting program interventions.</p>	WIC Epidemiologist, in coordination with Nutrition Unit, as well as with IT & Local Agency staff, where appropriate.

	Develop new reports (e.g., identification of Risk Factors, Referrals/Counter-Referrals by local agency, and permanent WIC site, etc.).			
d. Ensure adequate access to vendor services, and vendor capacity to meet participant demand.	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring and TIP Report preparation.</p> <p>Continue to identify priority data needs; perform needed analyses and build standardized queries and presentation formats to meet those needs.</p>	<p>Vendor Unit data</p> <p>Authorized Vendor lists</p> <p>WIC Participation data</p>	<p>Vendor locations, services and resources meet participant and program needs.</p> <p>Analytical maps to determine geographic access and store capacity to meet the demand of WIC participants in each area are produced prior to adding or removing a vendor from the CT WIC authorized vendors list.</p>	WIC Epidemiologist, in coordination with the Vendor Unit, and others, as needed.