

**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 2021  
(October 1, 2020 – September 30, 2021)**

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

**August 15, 2020**

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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.

*Due to State resources that were required to be diverted to statewide Covid-19 response, the evaluation of FY 2020 Goals and Objectives is limited. Additionally, we have opted to make only minor changes to FY 2021 Goals and Objectives as many strategies were either incomplete or postponed due to implementation of disaster operations. State activities related to Covid-19 are outlined in a document entitled WIC response to Covid-19, submitted as part of the FY 2021 State Plan.*

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 FFY2021 and the evaluation FFY2020. To the extent possible, the goals address the core functional areas of the WIC Program. These functional areas are: management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor/retailer management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA, fiscal management and data quality, analysis and reporting. The goals and objectives are State-specific and function as a guide for enhancing both State and local program operations effectiveness and efficiency. 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.

Approximately \$46 million is allocated to Connecticut WIC for Food and Nutrition Services Administration funding and an additional \$12 million rebated by **Abbott Laboratories**, 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 only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

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

**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 RESPONSIBILITIES
<p><b>Marjorie Chambers, MS, RD</b>            State WIC Director            T: (860) 509-8101            F: (860) 509-8391            E-mail: <a href="mailto:marjorie.chambers@ct.gov">marjorie.chambers@ct.gov</a></p>	<p>Federal grants management            Contracts and budgets            WIC program policy            Program planning and evaluation            Program management &amp; administration            Certification and eligibility            Nutrition Services            MIS &amp; Fiscal Units' oversight</p>
<p><b>Amanda Moore, MPH, CLC</b>            Nutrition Consultant 2            T: (860) 509-8055            F: (860) 509-8391            E-mail: <a href="mailto:amanda.moore@ct.gov">amanda.moore@ct.gov</a></p>	<p>Local agency monitoring Lead            Review Program Monitors written reports and response to corrective action plans            Local staff training, liaison &amp; technical assistance            State Plan Management and State policies            Special Project Grant Project Co-Manager (local agency operations)            Grant management activities            Local agency RFP development            MIS/EBT</p>
<p><b>Marilyn Lonczak, MEd, RD, CLC</b>            Nutrition Consultant 2/            Breastfeeding Coordinator            T: (860) 509-8261            F: (860) 509-8391            E-mail: <a href="mailto:marilyn.lonczak@ct.gov">marilyn.lonczak@ct.gov</a></p>	<p>Breastfeeding promotion and support            Breastfeeding program planning and evaluation            Breastfeeding Peer Counseling (back-up)            State Plan Management and policies            Local staff training, liaison &amp; technical assistance            Nutrition Risk Criteria (back-up) on RISC            CDC 1807 cooperative agreement breastfeeding activities (lead)            Special Project Grant Project Co-Manager (Administration)</p>
<p><b>Pamela Beaulieu, CLC</b>            Nutrition Consultant 2            T: (860) 509-7138            F: (860) 509-8391            E-mail: <a href="mailto:Pamela.Beaulieu@ct.gov">Pamela.Beaulieu@ct.gov</a></p>	<p>MIS/EBT and CT-WIC coordination            Local staff training, liaison &amp; technical assistance            Update/provide input on Local Agency Plans/State Plan Outreach</p>
<p><b>Amy Botello, RD, CLC</b>            Nutrition Consultant 2            T: (860) 509-7656</p>	<p>Nutrition Services &amp; Certification Reviews            Issue written reports/respond to corrective action plans            Provide technical assistance</p>

<p>F: (860) 509-8391 E-mail: <a href="mailto:amy.botello@ct.gov">amy.botello@ct.gov</a></p>	<p>Nutrition Assistant II training coordination Update/provide input on Local Agency plans/State Plan Outreach</p>
<p><b>Luz Hago, RD</b> Nutrition Consultant 2 T: (860) 509-7662 F: (860) 509-8391 E-mail: <a href="mailto:luz.hago@ct.gov">luz.hago@ct.gov</a></p>	<p>Local agency liaison, technical assistance Nutrition education Formula issuance Develop new food packages Update/provide input on Local Agency Plans/State Plan</p>
<p><b>Mellessa McPherson-Milling, CLC</b> Nutrition Consultant 2 T: (860) 509-7814 F: (860) 509-8391 E-mail: <a href="mailto:mellessa.mcPherson-milling@ct.gov">mellessa.mcPherson-milling@ct.gov</a></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><b>Lori Goeschel MS, RD, IBCLC</b> Nutrition Consultant 2/ Breastfeeding Peer Counseling Coordinator T: (860) 509-7755 F: (860) 509-8391 E-mail: <a href="mailto:lori.goeschel@ct.gov">lori.goeschel@ct.gov</a></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><b>Kimberly Boulette</b> Health Program Supervisor T: (860) 509-7845 F: (860) 509-8391 E-mail: <a href="mailto:kimberly.boulette@ct.gov">kimberly.boulette@ct.gov</a></p>	<p>Supervisor Food Resource &amp; 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><b>Idamaris Rodriguez</b> Health Program Associate T: (860) 509-7197 F: (860) 509-8391 E-mail: <a href="mailto:Idamaris.rodriguez@ct.gov">Idamaris.rodriguez@ct.gov</a></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><b>Vacant</b> 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><b>Rafael Lima</b>  Health Program Assistant II  T: (860) 509-7815  F: (860) 509-8391  E-mail: <a href="mailto:Rafael.lima@ct.gov">Rafael.lima@ct.gov</a></p>	<p>Online Monitoring for trafficking of WIC foods  Participant and Retailer Fraud Investigations  Vendor monitoring  Vendor technical assistance</p>
<p><b>Marangelie Ortiz</b>  Health Program Assistant II  T: (860) 509-7526  F: (860) 509-8391  E-mail: <a href="mailto:Marangelie.ortiz@ct.gov">Marangelie.ortiz@ct.gov</a></p>	<p>Compliance Investigations  Compliance Buys  Vendor complaints  Vendor training  High Risk Criteria  Vendor monitoring as needed</p>
<p><b>Beverley Daley</b>  Health Program Assistant 1  T: (860) 509-8076  F: (860) 509-8391  E-mail: <a href="mailto:Beverley.daley@ct.gov">Beverley.daley@ct.gov</a></p>	<p>Vendor monitoring  Complaint follow up  Vendor technical assistance</p>
<p><b>Barbara Quiros</b>  Health Program Assistant 1  T: (860) 509-7413  F: (860) 509-8391  E-mail: <a href="mailto:barbara.quiros@ct.gov">barbara.quiros@ct.gov</a></p>	<p>Competitive and Not to Exceed Pricing  WIC Food Redemptions  APL Maintenance  Vendor training  Technical assistance to Vendors and participants  (transaction issues)</p>
<p><b>Maria Reyes</b>  Processing Technician  T: (860) 509-7488  F: (860) 509-8391  E-mail: <a href="mailto:maria.reyes@ct.gov">maria.reyes@ct.gov</a></p>	<p>Vendor application processing  Vendor Authorizations  Price Stock Survey updates  Vendor correspondence/notification  Tracks vendor penalties and prepares sanctions  FNS/SNAP Collaboration//STARS</p>
<p><b>Susan Hewes</b>  Epidemiologist 3  T: (860) 509-7795  F: (860) 509-8391  E-mail: <a href="mailto:susan.hewes@ct.gov">susan.hewes@ct.gov</a></p>	<p>Outcome objective analysis  Program data analysis  Produce results for quarterly objectives  Internal/external data requests  Adequate participant access determinations</p>
<p><b>Stacy Swegman</b>  Secretary 1  T: (860) 509-7462  F: (860) 509-8391  E-mail: <a href="mailto:stacy.swegman@ct.gov">stacy.swegman@ct.gov</a></p>	<p>State staff support  Customer Service  Order and maintain supplies  Timekeeper  Meeting minutes &amp; training evaluations  WIC Materials Management</p>
<p><b>Eric Marszalek</b>  Health Program Assistant 1  T: (860) 509-8072  F: (860) 509-8391  E-mail: <a href="mailto:eric.marszalek@ct.gov">eric.marszalek@ct.gov</a></p>	<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</p>

<p><b>Vacant</b>  Technical Analyst 2  T: (860) 509-7690  F: (860) 509-8391  E-mail:</p>	<p>Systems development coordinator  Local Agency technical support  CT-WIC monitoring of automated processes  CT-WIC data requests</p>
<p><b>Vacant</b>  Technical Analyst 2  T: (860) 509-7688  F: (860) 509-8391  E-mail:</p>	<p>Help Desk/Technical Support  Equipment Prep/Deployment/Inventory  Hardware Maintenance/ CT-WIC update  Hardware/Software Purchase</p>
<p><b>Michael Colello</b>  Technical Analyst 2  T: (860) 509-7210  F: (860) 509-8391  E-mail: <a href="mailto:michael.colello@ct.gov">michael.colello@ct.gov</a></p>	<p>Help Desk/Technical Support  Equipment Prep/Deployment/Inventory  Hardware Maintenance/CT-WIC update  Hardware/Software Purchase</p>
<p><b>Kirk Whalley</b>  Technical Analyst 2  T: (860) 509-7429  F: (860) 509-8391  E-mail: <a href="mailto:kirk.whalley@ct.gov">kirk.whalley@ct.gov</a></p>	<p>Development &amp; maintenance  Cost containment &amp; monitoring  Security  Help Desk  WICSmart  WICShopper - to be replaced with Mobile App  Autodialer</p>
<p><b>Kim Burkes</b>  Associate Accountant  T: (860) 509-7709  F: (860) 509-7227  E-mail: <a href="mailto:kim.burkes@ct.gov">kim.burkes@ct.gov</a></p>	<p>Financial Management of WIC grant  Food Cost Estimation  Review and monitor funding levels  Organize and maintain Budget  Project expenditures-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</p>
<p><b>Yussuf Gulaid</b> Fiscal Administrative Officer  T: (860) 509-7713  F: (860) 509-8391  E-mail:</p>	<p>Bank reconciliation &amp; Treasury Report  Beechnut &amp; Abbott rebates  Local agencies and Breastfeeding  EBT report 425</p>

### C. LOCAL AGENCY ORGANIZATION

LOCAL AGENCY	COORDINATOR	PROGRAM NUTRITIONIST
<p><b>The Access Agency, Inc.</b>            1315 Main Street, Suite 2            Willimantic, CT 06226            (860) 450-7405  <a href="mailto:eliz.flores@accessagency.org">eliz.flores@accessagency.org</a></p>	<p>Vacant, Acting Eliz Flores</p>	<p>Patricia Gaenzler</p>
<p><b>Optimus Health Care Bridgeport &amp; Stamford</b>            1450 Barnum Avenue            Bridgeport, CT 06610            (203) 333-9200  <a href="mailto:vsantiago@opthc.org">vsantiago@opthc.org</a></p>	<p>Verletha Santiago</p>	<p>Lauren Keenan</p>
<p><b>Bristol Hospital</b>            9 Prospect Street            Bristol, CT 06010            (860) 585-3280  <a href="mailto:mdickau@bristolhospital.org">mdickau@bristolhospital.org</a></p>	<p>Melissa Dickau</p>	<p>Christine Marschall</p>
<p><b>Danbury Health Department</b>            80 Main Street            Danbury, CT 06810            (203) 797-4629  <a href="mailto:evansa@ct-institute.org">evansa@ct-institute.org</a></p>	<p>Anne Marie Evans</p>	<p>Jessica Liguori</p>
<p><b>East Hartford Health Department</b>            754 Main Street            East Hartford, CT 06108            (860) 291-7323  <a href="mailto:pmascoli@easthartfordct.gov">pmascoli@easthartfordct.gov</a></p>	<p>Patricia Mascoli</p>	<p>Catherine Zelinsky</p>
<p><b>Hartford Health Department</b>            131 Coventry Street            Hartford, CT 06112            (860) 757-4780  <a href="mailto:SMILD001@hartford.gov">SMILD001@hartford.gov</a></p>	<p>Danielle Smiley</p>	<p>Vacant</p>
<p><b>Meriden Health Department</b>            165 Miller Street            Meriden, CT 06450            (203) 630-4245  <a href="mailto:scarpenter@meridenct.gov">scarpenter@meridenct.gov</a></p>	<p>Shelley Carpenter</p>	<p>Ludim Sanchez</p>
<p><b>Yale New Haven Hospital Saint Raphael Campus</b>            1401 Chapel Street            New Haven, CT 06511            (203) 789-3563  <a href="mailto:Mary.chervenak@ynhh.org">Mary.chervenak@ynhh.org</a></p>	<p>Mary Chervenak</p>	<p>Jennifer Gemmell</p>



<b>Thames Valley Council for Community Action (TVCCA)</b> 83 Huntington Street New London, CT 06320 (860) 425-6620 <a href="mailto:rbrady@tvcca.org">rbrady@tvcca.org</a>	Regina Brady	Geetha Sivanandam
<b>Torrington Area Health District</b> 350 Main Street, Suite C Torrington, CT 06790 (860) 489-1138 <a href="mailto:jzaklukiewicz@tahd.org">jzaklukiewicz@tahd.org</a>	Jacqueline Zaklukiewicz	Danielle Canada
<b>Waterbury Health Department</b> 1 Jefferson Square, 1 <sup>st</sup> Floor Waterbury, CT 06706 (203) 574-6785 <a href="mailto:khurley@waterburyct.org">khurley@waterburyct.org</a>	Kelsey Hurley	Donette Robinson

PROGRESS ON

FFY 2020

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, 2020**

**Objective 1.1: Convene monthly meetings 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 1.3: Investigate process to update state regulations on artificial sweeteners, food dyes and sodium levels.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>1.1</b> <b>Convene monthly meetings for local agency coordinators to ensure on-going communication and feedback loop.</b>	Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to: <ul style="list-style-type: none"> <li>Review policy and procedures</li> <li>Discuss funding and staffing issues</li> <li>Review CT-WIC data availability and reports</li> <li>Other topics as determined</li> </ul>	N/A	Summary of meetings.  Investigate baseline of satisfaction with monthly meetings via distribution of pre-survey in October 2018. Redistribute survey in June 2019.  Improved compliance with policies and procedures  Increased sharing of strategies regarding resource utilization and staff retention  Improve use of data and discussions in LAP	Monthly face to face meeting were held through March 2020, to provide ongoing update to Coordinators on new policy and procedures that impact daily program operations. During COVID-19 pandemic meeting format changed to conference calls which were held bi-weekly. Satisfaction Survey was administered in August 2020.
<b>1.2</b> <b>If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.</b>	<ul style="list-style-type: none"> <li>Determine if funding is available.</li> <li>If yes, proceed with selection of local staff to apply to NWA</li> <li>Connect with NWA Leadership Academy staff to coordinate PO and invoicing.</li> </ul>	N/A	Courses offered and successfully completed.  90% of attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will	Three (3) staff are in the process of completing NWA Leadership Academy online training program. Course 1 & 2 were

	<ul style="list-style-type: none"> <li>Follow-up with local staff during and after completion of course for evaluation.</li> </ul>		incorporate into program operations.	completed by August 2020. Course 3 begins July 20 <sup>th</sup> .
<b>1.3 Investigate process to update state regulations on artificial sweeteners, food dyes and sodium levels.</b>	<ul style="list-style-type: none"> <li>Contact DPH staff responsible for state regulation updates by January 2020.</li> <li>If able to update regulations, determine timeline and assign staff.</li> <li>Have final updates available for internal review by May 2020.</li> </ul>			This did not occur due to other priorities. This will be removed for FY 2021. May re-evaluate after FY 2021.

## 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, 2020**

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

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

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

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

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

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

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

**Objective 2.7: 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 2020 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 2020.**

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b>	<p>Through State MER observations 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>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><b>2020 WIC Objective: <math>\geq</math> 35%</b></p> <p><u>FFY 2011</u>: 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012</u>: 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013</u>: 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014</u>: 72.3% Range: 53.8% - 83.3%</p> <p><u>FFY 2015 Target</u>: <math>\geq</math> 70.0% Average: 28.4% Range: 20.5% - 34.2%</p> <p><u>FFY 2018 Target</u>: <math>\geq</math> 35.0% Average: 26.5% Range: 11.6% - 37.3%</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>	<b>See narrative updates at end of this section for this Functional Area.</b>

	<p>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.</p>	<p><b>FFY 2019 Target:</b> <math>\geq 35.0\%</math> <b>Average:</b> 27.7% <b>Range:</b> 13.5% - 46.3%</p> <p><b>FFY 2020 Target:</b> <math>\geq 35.0\%^*</math> <b>Average:</b> 27.7% <b>Range:</b> 11.8% - 40.2% <b>* Partial year data</b></p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>		
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<p><b>2.2</b>  <b>The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</b></p>	<p>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"> <li>▪ Smoking</li> <li>▪ substance use (including prescription drugs)</li> <li>▪ Prenatal weight gain</li> <li>▪ Mental health concerns (PMAD)</li> </ul> <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"> <li>• teenagers</li> <li>• substance use</li> <li>• income</li> <li>• ethnicity</li> <li>• geographic location</li> <li>• mental health</li> </ul>	<p><u>2020 WIC Objective:</u> ≤ 6%</p> <p><u>FFY 2012 Target:</u> ≤ 6.0%  Average: 6.0% *  Range: 1.7% - 8.7%</p> <p><u>FFY 2013 Target:</u> ≤ 6.0%  Average: 6.4% *  Range: 3.1% - 9.0%</p> <p><u>FFY 2014 Target:</u> ≤ 6.0%  Average: 5.8% *  Range: 1.4% - 8.3%</p> <p><u>FFY 2015 Target:</u> ≤ 6.0%  Average: 3.2% *  Range: 0.0% - 5.6%</p> <p><u>FFY 2018 Target:</u> ≤ 6.0%  Average: 2.6% **  Range: 0.0% - 13.0%</p> <p><u>FFY 2019 Target:</u> ≤ 6.0%  Average: 2.5% **  Range: 0.0% - 13.6%</p> <p><u>FFY 2020 Target:</u> ≤ 6.0% *  Average: 3.7% **  Range: 0.0% - 8.5%  * Partial year data</p> <p>(** Excludes pre-term &amp; multiple births)</p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System). (*excludes pre-term &amp; multiple births)</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	
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<p><b>2.3</b>  <b>The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</b></p>	<p>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"> <li>▪ Importance of timely blood work,</li> <li>▪ Risk of lead poisoning</li> <li>▪ Making appropriate referrals and follow-up.</li> </ul> <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><u>2020 WIC Objective: ≤7.5%</u></p> <p><u>FFY 2012 Target:</u> ≤ 9.0%  Average: 7.8%  Range: 4.4% - 10.5%</p> <p><u>FFY 2013 Target:</u> ≤ 7.5%  Average: 8.3%  Range: 4.2% - 12.3%</p> <p><u>FFY 2014 Target:</u> ≤ 7.5%  Average: 10.2%  Range: 4.6% - 14.5%</p> <p><u>FFY 2015 Target:</u> ≤ 7.5%  Average: 9.9%  Range: 5.4% - 17.8%</p> <p><u>FFY 2018 Target:</u> ≤ 7.5%  Average: 8.8%  Range: 5.2% - 16.7%</p> <p><u>FFY 2019 Target:</u> ≤ 7.5%  Average: 8.5%  Range: 3.9% - 19.0%</p> <p><u>FFY 2020 Target:</u> ≤ 7.5%*  Average: 8.5%  Range: 4.7% - 17.8%  * Partial year data</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>CT-WIC quarterly and annual reports. Chart audits and observations.</p> <p>Change in trend data over time for low performing agencies</p>	
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<p><b>2.4</b></p> <p><b>a. The prevalence of BMI ≥ 85<sup>th</sup>ile to &lt; 95<sup>th</sup>ile for children 2-5 years of age does not exceed 15%.</b></p> <p><b>b. The prevalence of BMI ≥ 95<sup>th</sup>ile for children 2-5 years of age does not exceed 10%.</b></p>	<p>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 strategies. Through LAP review and Program Operations MER 85% of local agencies will develop a measurable strategy to distribute and discuss the <a href="#">Childhood Overweight and Obesity WIC Fast Facts flyer</a> 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><u>2020 WIC Objectives:</u>  <b>Overweight: ≤ 15%</b>  <b>Obesity: ≤ 10%</b></p> <p>a. <u>OVERWEIGHT:</u> BMI ≥ 85<sup>th</sup>ile to &lt;95<sup>th</sup>ile</p> <p><u>FFY 2013 Target:</u> ≤ 7.5%  Average: 12.6%  Range: 9.4% - 15.8%</p> <p><u>FFY 2014 Target:</u> ≤ 10.0%  Average: 12.2%  Range: 7.3% - 16.6%</p> <p><u>FFY 2015 Target:</u> ≤ 10.0%  Average: 15.5%  Range: 8.7% – 18.6%</p> <p><u>FFY 2018 Target:</u> ≤ 15.0%  Average: 15.0%  Range: 11.3% - 21.8%</p> <p><u>FFY 2019 Target:</u> ≤ 15.0%  Average: 15.1%  Range: 10.1% - 20.1%</p> <p><u>FFY 2020 Target:</u> ≤ 15.0%*  Average: 15.2%  Range: 10.5% - 18.4%  * Partial year data, possible COVID-19 impacts</p> <p>b. <u>OBESITY:</u> BMI ≥ 95<sup>th</sup>ile</p> <p><u>FFY 2013 Target:</u> ≤ 7.5%  Average: 13.1%  Range: 7.3% - 18.3%</p> <p><u>FFY 2014 Target:</u> ≤ 15.0%  Average: 12.3%  Range: 6.7% - 17.9%</p> <p><u>FFY 2015 Target:</u> ≤ 15.0%  Average: 15.2% *  Range: 13.3% – 22.4%</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>	
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		<p>FFY 2018 Target: ≤ 10.0% Average: 15.1% Range: 8.7% - 21.1%</p> <p>FFY 2019 Target: ≤ 10.0% Average: 15.3% Range: 9.3% - 22.8%</p> <p>FFY 2020 Target: ≤ 10.0%* Average: 14.8% Range: 9.4% - 22.7% * Partial year data, possible COVID-19 impacts.</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight &amp; Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>		
<p><b>2.5 At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</b></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 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><b>2020 WIC Objective: ≥70%</b></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%</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>State Breastfeeding Unit will coordinate monthly breastfeeding coordinators' meeting 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. Train local agency staff DBE role and Levels of Breastfeeding Support by September 2020. Date of final training is dependent on receipt of curriculum.</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"> <li>• Ten Step Collaborative (CBC) engagement (bi-monthly meetings/calls).</li> <li>• Monitor contractor and rollout of RSB online</li> </ul>	<p>Range: 59.9% - 94.4%</p> <p>FFY 2020 Target: <math>\geq 70.0\%</math>*</p> <p>Average: 82%</p> <p>Range: 67.9% - 93.1%</p> <p>* Partial year data</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>		
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	<p>breastfeeding curriculum and manage possible translation of site into Spanish.</p> <ul style="list-style-type: none"> <li>• Dissemination of "It's Worth It" campaign materials and messages).</li> <li>• Improve community support and connections between hospitals and WIC via in-service training and/or networking. (1-2 locations)</li> </ul>			
<p><b>2.6</b> <b>At least 50% infants enrolled in the WIC Program are breastfed for 6 months or more.</b></p>	<p>Continue to monitor local agencies' compliance with entering BF ceased date when dyad ends breastfeeding. Continue to generate and distribute monthly reports through September 2020 for quality assurance.</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><b>2020 WIC Objective: ≥ 50%</b></p> <p><u>FFY 2015 Target:</u> ≥ 10.0% Average: 61.5% Range: 41.3% – 87.9%</p> <p><u>FFY 2018 Target:</u> ≥ 50.0% Average: 69.4% Range: 44.9% - 91.4%</p> <p><b>FFY 2019 Target: ≥ 50.0%</b> Average: 65.2% Range: 37.5% - 90.7%</p> <p><b>FFY 2020 Target: ≥ 50.0%*</b> Average: 65.3% Range: 44.3% - 88.0% * Partial year data</p> <p><u>Data Sources:</u> 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>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; Trend Reports. Chart audits and Observations.</p>	

	<p>Provide oversight and technical assistance to 3 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs 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>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"> <li>▪ Community support, specific to increasing equity in lactation care (CLC/IBCLC</li> </ul>		<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and duration rates are reviewed and approved.</p> <p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p> <p>Local agency staff that pursues IBCLC meets exam requirements and passes exam.</p> <p>SPAN reporting.</p>	
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	<p>scholarships, culturally appropriate support groups)</p> <ul style="list-style-type: none"> <li>▪ Collaboration with PRAMS Epidemiologists on Data to Action documents</li> <li>▪ Workplace Accommodations</li> </ul>			
<p><b>2.7</b>  <b>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</b></p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2020 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p> <p>Deployment of the 3Sigma app is scheduled for October 2019. Monitor app implementation and if needed submit bug fix requests to contractor for timely resolution.</p>	2018 Help Desk Calls.	Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.	
<p><b>2.8</b>  <b>At least 50% of local agency submitted 2020 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 2020. (Total 12 visits/calls)</b></p>	<p>Liaisons will meet at least 2 times in FY 2020 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.</p> <p>Use FY 2019 % to evaluate if local agencies made progress or met target for including measurable strategies in the 2020 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> <li>• 80% for appropriate MWG</li> </ul>		<p>Data from local agency plans (2018 evaluation and 2019 resource allocation) liaison visits (TA checklist)</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>	

	<ul style="list-style-type: none"> <li>• 70% for LBW infants</li> <li>• 100% for prevalence of anemia in children</li> <li>• 85% for reducing the prevalence of overweight and obesity in children</li> <li>• 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy</li> <li>• 90% for increasing breastfeeding duration for infants to 6 months or more</li> </ul> <p>100% of local agency liaisons complete at least one TA visit or phone call in FY 2020 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.

**Status of Objectives 2.1 through 2.4:**

The Nutrition Unit reviewed and provided feedback to local agencies on their FY 2020 Local Agency Plans (LAP) by the end of the 1<sup>st</sup> quarter of FY 2020. However, ranking and scoring of the LAP's did not occur for all local agencies as a result of the pandemic and other priorities. The Nutrition Unit plans to resume normal LAP review processes in FY 2022 when we return to a full LAP submission. Calendar year 2019 data shows X. We anticipate that Calendar Year 2020 data will be impacted by CT-WIC overrides that were necessary to maintain WIC operations. Specific impacts to Maternal Weight Gain, Childhood Overweight and Obesity and Anemia are expected however we are working to filter out erroneous data from reports.

**Status of Objectives 2.5 & 2.6**

Breastfeeding initiation and duration rates remain stable. See the Breastfeeding Peer Counseling Implementation Plan Update for a brief summary of peer

counseling activities. One peer counseling program (New Haven) was monitored in FY 2020 cycle. In FY 2020, the Breastfeeding Unit convened 5 in person meetings before converting to 1-hour conference calls for March-July due to Covid-19. Work on SPAN cooperative agreement continued albeit modified, however several virtual trainings were conducted. Additionally, a collaboration between SPAN, WIC and the MI Breastfeeding Network began to fund and promote breastfeeding continuing education opportunities through the Great Lakes Breastfeeding Webinars (GLBW) <https://www.mibreastfeeding.org/webinars/> . The Breastfeeding Unit awaits the release of the USDA Breastfeeding Curriculum to plan for training. The unit will need to rethink how the training is provided based on impact of Covid-19 and limits on in-person meetings.

### **Status of Objective 2.7**

Weekly CT-WIC support meetings were scheduled and attended by State WIC IT, Nutrition and Vendor representatives. Solutions for identified bugs were discussed, prioritizing enhancements and creating a process for State WIC staff when requesting reports and data out of CT-WIC.

CT-WIC Release 2.5 was deployed in April 2020 and release notes were developed and sent to local agency staff.

CT-WIC Release 3.0 consists of enhancements for the Vendor and Admin modules. A Helpdesk module was also created and will be utilized by State Nutrition and Vendor staff as well as local agency staff. This new module will reduce the amount of calls made to the DPH WIC IT Helpdesk. These enhancements were created as OA projects for FY 2020. Release 3.0 is scheduled for deployment in early August 2020.

Deployment of the 3 Sigma mobile app did not occur. In place of the 3 Sigma mobile app, DPH WIC IT staff worked with the WICShopper mobile app developers in creating a file containing benefit balance information (as of 3 pm the prior day), future appointments and items to bring for those appointments. The funding for the WICShopper mobile app developer was made possible by the New Hampshire State WIC Program. These new features were added to the WICShopper mobile app in November 2019.

### **Status of Objectives 2.8**

Liaisons met two times in FY 2020 to discuss plan for technical assistance visits and trends or issues as result of visits. First quarter visits focused on LAP feedback for improvements and clarification. Focus of visits in the 2<sup>nd</sup>-4<sup>th</sup> quarter was on troubleshooting WIC operational issues related to disaster guidance. Nutrition Unit prepared weekly "Tips" for local agency staff in response to questions posed to liaisons for clarification. Prior to the shutdown, the focus of the monthly Program Nutritionist meetings was working collaboratively on strategies related to Maternal Weight Gain with emphasis on reducing racial and ethnic disparities in maternal and infant mortality.

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

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

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**Objective: 3.1 Improve functionality of the Nutrition Module in CTWIC.**

**Objective: 3.2 Follow up on participant shopping experience project.**

**Objective: 3.3 Increase in redemption rates for infant cereal, baby food fruit and vegetable and meats.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Progress</b>
<b>3.1 Improve functionality of the Nutrition Module in CTWIC.</b>	Utilize CTWIC data to improve competitive pricing amongst vendor peer groups.	October 2018	Manual exports needed to obtain the data.	Using the 97% from the maximum report to identify high priced vendors and adjust maximums when needed.
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CTWIC errors occurred when uploading text file.	Planned for OA projects in FY21.
	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.	Planned for OA projects in FY21.

<b>3.2. Follow up on participant shopping experience project.</b>	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.	WIC IT staff worked with JPMA and as of November 2019, benefits as of 3:30 p.m. on the day before are now available in the WIC Shopper app.
	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.	Discussed at the October 24, 2019 New LA Staff Orientation that staff should talk with their Coordinator if they have not shopped with the test card.
	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.	Delayed due to COVID-19.
	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	Delayed due to COVID-19.
	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. Webinar was scheduled for April 2 and presentation was to be given at statewide meeting on June 11, 2020 but cancelled due to COVID-19 restrictions.

	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%	As of September 2019: Could not find WIC foods: 56.69% WIC foods not labeled: 52.45% Cashier determination of WIC allowable food before scanning: 17.76%
<b>3.3 Increase in redemption rates for infant cereal, baby food fruit and vegetable and meats.</b>	Determine if redemptions increased with offering a variety of brands, flavors and types.	Change from BeechNut on January 2019. Baseline data from July 2018.	Converted from Beech-Nut to all brands and added organics	
	Review trend analysis.		Anticipated lower un-redemption rates in the first 6 months	
	Food package tailoring at the local agency level when participants.		Full year of redemptions for 2019 43.5% non-redemption of infant cereal 35.3% non-redemption of infant f/v 75.4% non-redemption of infant meats	Rates of redemption have not increased. Record numbers for January 2019 to January 2020. As of <b>February 2020</b> , <b>42.7%</b> non-redemption of infant cereal <b>33.7%</b> non-redemption of infant f/v <b>68.4%</b> non-redemption of infant meats

## Program Functional Area 4: Vendor Management

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

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**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	Strategies/Activities	Baseline	Indicators	Progress
<b>4.1 Improvements in reporting vendor data.</b>	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.	The Site Visit & Monitoring enhancement is a part of Release 3.0 slated for deployment to the production environment during August 2020. This enhancement combines the functionality of the two different screens (Site Visit and Monitoring) that integrates enrollment and routine operational functionality. In addition, the enhancement provides for a system-generated report of the monitoring visit no matter the visit type. As it relates to the reporting of vendor monitoring, FRVM staff and IT staff collaborated to create a report in the DPH Reporting Portal that allows staff to track monitoring visits of all types, statuses and outcomes at any time.

	Utilize CTWIC data to improve tracking for enrollment periods.	October 2018	Functionality of Application Log screen.	Work on the Application Log in the Vendor module began on 8/8/19 and is ongoing. This is a part of a continuing DPH Reporting Portal project in collaboration with IT staff
	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	CTWIC data is being exported as part of a comprehensive report to determine high risk vendors. Investigation tracking is still most efficiently tracked in Excel spreadsheets. Revisions to the high-risk vendor criteria and reporting were an ongoing process throughout FY20. The report is also a part of the ongoing DPH Reporting Portal project in collaboration with IT staff and will be continued through FY21.
	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.	This is a part of an ongoing DPH Reporting Portal project in collaboration with IT staff and will be continued through FY21
	Utilize CTWIC data to improve tracking for training.	October 2018	Anticipated attendance for training; sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	This is a part of an ongoing DPH Reporting Portal project in collaboration with IT staff and will be continued through FY21
	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.	Delayed, as the TIP report is becoming the Food Delivery Portal and may have different requirements for FY21.

<b>4.2 Potential transition of EBT Processors for vendors</b>	Participate in conference calls to finalize Northeast Coalition of States (NCS) EBT Services RFP.	Calls began June 25, 2018. Draft RFP sent to FNS on July 3, 2019	Estimated RFP publishing dates per WIC/SNAP timelines; December 2019/January 2020.	All activities delayed. RFP has not been released yet. Estimated to be released in Q1 of FY21.
	Notify WIC Vendor Advisory Council of RFP release.	December 2019	Vendor community informed on potential changes.	
	CT staff to review bids/participate on selection committee.	March/April 2020	Estimated dates per WIC/SNAP timelines: Bid submission March/April 2020; Award made May/July 2020.	
	Submit MOU/Contract to Legal for review.	July 2020	DAS approval to join NY State Contract provided on June 21, 2019.	
	Finalize and execute MOU with DSS if necessary, to partake in NCS contract.	August 2020	DAS approval to join NY State Contract provided on June 21, 2019.	
<b>4.3 Develop policies and establish business processes for a Policy and Procedure Manual.</b>	Document new processes as a result of changes to business practices for sanctioning vendors.	October 2019	Changes to the WIC Vendor Agreement.	New processes were developed in response to the COVID-19 and telework by implementing electronic signatures on sanction letters and sending via email to the address in the vendor record.
	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.	Several policies were revised, and new procedures were implemented in planning for disasters.
	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 on the CT-WIC Vendor Manual began on 8/27/19 and is ongoing as of 8/5/2020.

<b>4.4 CTWIC Enhancements to streamline processes.</b>	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.	July 1,2019	Enhancements were delayed until the revised 3Sigma contract was in place. Currently the relationship between enrollment and routine operations are separate.	The Site Visit & Monitoring enhancement is a part of Release 3.0 slated for deployment to the production environment during August 2020. This enhancement combines the functionality of the two different screens (Site Visit and Monitoring) that integrates enrollment and routine operational functionality. The new functionality allows for the connection between monitoring visits and the review of the competitive pricing criteria for all monitoring visit types and is connected to the selection criteria verification during enrollment periods. The addition/connection of the training screen functionality to this enhancement is slated for an OA project in FY21.
	Enhancement for increased access to EBT data through CTWIC. Several screens need to capture EBT redemption data for multiple processes.	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.	Delayed due to higher priorities to CTWIC.

	<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>Windows Surface Pros are being utilized by vendor monitor to record monitoring visit and upload report into the vendor's CTWIC record. The Site Visit &amp; Monitoring enhancement is a part of Release 3.0 slated for deployment to the production environment during August 2020. This enhancement allows for the elimination of paper monitoring visit reports by allowing FRVM staff to conduct the site visit in CTWIC in real time. All the data collected on the Site Visit and Site Questions tabs will then be immediately uploaded in report form to the vendor record and available to the vendor for viewing through the Vendor Portal.</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 standbeside; POS provider needed for billing purposes.</p>	<p>This enhancement to CTWIC is planned as a part of Infrastructure Grant projects in FY21. In conjunction with this enhancement there are planned enhancements to the Vendor Module Search screen and Excel export that will allow for reporting on this data capture.</p>

<b>4.5 Training videos to supplement interactive vendor training</b>	Work with DPH Office of Communications to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	Delayed due to COVID-19 and social distancing requirements. Video training is being offered through Microsoft Teams for 2020 renewals.
	Post on website for vendor use in training additional staff.	October 2019	Assistance to vendors to train more employees on WIC policies and procedures.	Delayed due to COVID-19
	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.	Delayed due to COVID-19

## 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, 2020:**

**Objective 6.1: Target a 1% increase over 2019 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.**

**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 no show rate is 80% based on FY 2019 and partial 2020 data.***

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>6.1</b> <b>Target 1% increase over 2019 first trimester enrollment rates.</b>	<p>100% of LAP's Outreach Plans, include a measurable strategy focused on 1<sup>st</sup> 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 1<sup>st</sup> trimester identifying why.</p> <p>Based on 2019 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing 1<sup>st</sup> trimester enrollment at a Statewide meeting in 2020.</p>	<p><b>2021 WIC Objective: ≥ 40%</b></p> <p><u>FFY 2011:</u> 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012:</u> 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013:</u> 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014:</u> 72.3% Range: 53.8% - 83.3%</p> <p><b>FFY 2015: 28.4%*</b> <b>Range 20.5% - 34.2%</b> (* 9-month average)</p> <p><u>FFY 2018 Target:</u> ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p><b>FFY 2019 Target: ≥ 40.0% *</b> Average: 19.9% Range: 3.4% - 33.8%</p> <p><b>FFY 2020 Target: ≥ 40.0% *</b> Average: 20.0% Range: 11.1% - 38.6%</p> <p><small>*Partial Year Data</small></p>	<p>CT-WIC Process Objective Report (FY 2018) 1<sup>st</sup> 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 &amp; HUSKY-A.</p> <p>Results of the 2019-2020 participant satisfaction survey will help identify potential strategies/activities to consider for FY21.</p>	<p>Did not meet 1% increase. Still investigating wide disparity in data range. Liaisons to follow-up with local agency significantly below state average.</p>

		<p><a href="#">Data Sources:</a> thru FFY 2017: 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><b>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 2020.</b></p>	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5-year-old child participation.</p> <p>Track child participation rates in all local agencies in relation to WIC &amp; HS Better Together Project.</p>	TBD	Child participation rate and/or baseline target is established.	Not accomplished.
<p><b>6.3 25% of FY 2021 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impact of COVID.</b></p>	<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.	Will report on this next year based on LAP review. See WIC and COVID response attachment for more details about state and local efforts to maintain WIC outreach during pandemic.

<p><b>6.4</b>  <b>75% of local agencies track no-show rate using information from MER and CT-WIC report. Investigate and develop a baseline no-show rate</b></p>	<p>Through State MER discussions with management staff, investigate number of local agencies reviewed during FY 2021 that report they review CT-WIC no-show reports on a <b>weekly basis</b> 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"> <li>▪ Retrieve and Utilize One Call report to manage clinic schedules and no-show rates.</li> </ul> <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>TBD</p>	<p>Review and verification of local agency process for tracking, analyzing and implementing effective strategies to reduce no-show rate.</p>	<p>Baseline was established using FY 2019 and partial 2020 reports and state average. 6 agencies fall below 80% with an average of 77%.</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, 2020:**

**Objective: 7.1 Maintain active coordination with at least 75% of identified key partners in 2020.**

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<b>7.1 Maintain coordination with at least 75% of identified key partners.</b>	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Continue to support WIC &amp; 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:</p>	<p>Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Executed MOU with OEC, CT-Head Start Association and 9 local grantees.</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>Several Nutrition Unit staff were tasked to internal ESF-6 subcommittee to troubleshoot various issues related to food security. Topics discussed at these weekly meetings included WIC Shopping, formula redemptions and assistance provided to OEC re: emergency formula distributions. Long-term hopes for this group include better coordination of maternal child health programs within several state agencies. WIC and Head Start</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Co-location, collaborative nutrition and outreach, monthly meetings and</p> <p>Monitor and manage <i>Better Together</i> webpage as needed throughout 2020. Work with IT to standardize retention data report. Work with CT-WIC lead to develop WIC &amp; 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 and sustainability of an annual PMAD related training.</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> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p>	<p>collaboration continues at this time to ensure accurate information is provided to WIC &amp; HS families.</p> <p>WIC staff and breastfeeding unit provided feedback to parent handout developed re: COVID information and resources. Worked with CPQC as well as OEC and Office of Child Advocate.</p> <p>In process of planning self-directed PMAD training for WIC local agency staff. Plan for requisition to be completed by</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Determine report parameters for PMAD. Implement reports to monitor PMAD screening by September 2020.</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>Three local agencies will have successfully implemented strategies recommended by Doug Edwards. Local agencies will share best practices at a 2020 statewide meeting.</p>	<p>September 2020 and recording to occur 4<sup>th</sup> quarter of FY 2020 and 1<sup>st</sup> quarter of FY 2021.</p> <p>See OA mid-year report for progress on the Fatherhood Initiative.</p>
<p><b>7.2</b> <b>90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</b></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 of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> <li>▪ Improved documentation on provision of referrals &amp; follow up.</li> <li>▪ Improved consistency of use of referral codes.</li> <li>▪ LA's develop internal process for tracking referrals (providing and following up).</li> <li>▪ Reduction in review findings related to referrals</li> </ul>	<p>N/A</p>	<ul style="list-style-type: none"> <li>▪ Improved local level coordination with staff regarding referrals.</li> <li>▪ All local agencies will utilize a Local Community Resource Guide on a regular basis.</li> <li>▪ Improved documentation on provision of referrals &amp; follow up. Improved consistency of use of referral codes by LA's.</li> <li>▪ LA's develop internal process for tracking referrals (providing and following up).</li> <li>▪ Reduction in review findings related to referrals.</li> </ul>	<p>95% of charts audited had appropriate documentation of mandated referrals and 90% for targeted referrals.</p> <p>There is coordination with staff regarding referrals in all 3 agencies reviewed.</p> <p>100% of LAs used/documented provision of the LA resource guide. Overall, documentation on provision and follow</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
				<p>up of referrals was appropriate in 2/3 agencies. One agency had several findings related to follow up of referrals.</p> <p>All 3 agencies monitored thus far in FY 20 have an internal process for tracking referrals.</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
<p><b>8.1</b>  <b>Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.</b></p>	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, 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>	<p>Ongoing</p>	<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. Whenever findings exist, a corrective action is required by the local agency.</p> <p>Monitoring results show that 1 of 3 local agencies monitored thus far in FY20 are in compliance with the use of the non-discrimination statement requirements.</p>

				Results also show that 33.3% (1 of 3) of the agencies monitored thus far in FY20 adhere to the OMB racial/ethnic data collection standards.
<b>8.2 Conduct annual civil rights training for local agency staff.</b>	<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 August 26 and September 5, 2019, 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.</p> <p>The Statewide annual Civil Rights training for Connecticut is scheduled for September 21 and 24, 2020.</p>

## Program Functional Area 9: Certification & Eligibility

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

**By September 30, 2020:**

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p><b>9.1 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.</b> (See Objective 3.3)</p>	<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"> <li>▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale"</li> <li>▪ Based monitoring results determine areas for improvement in staff training and clarify WIC formula policies and procedures and provide technical assistance as needed.</li> </ul> <p>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 topic for discussion during training sessions at staff meetings and or statewide meetings.</p>	<p>Established in 2018</p>	<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 on Family Benefit List (FBL)</p> <p>55% Appropriate Growth Assessment/evaluation documented.</p>	<p>For the 3 agencies reviewed thus far, assigning risk factors that are identified on the medical documentation forms, was a consistent finding. There are other findings related to length of issuance (either missing or staff issuing special formula beyond the LOI on the medical documentation form).</p> <p>The NCFL conducted Special Formula Chart Audits for the agencies not undergoing MER.</p> <p>The results consist of FY17 &amp; 18</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<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 Nutritionals. Once approved, at a minimum, review policy bi-annually. Update list in 1<sup>st</sup> 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>60% of verbal orders obtain medical documentation within 24 hours</p> <p>30% Nutritionists follow-up with MD/HCP when indicated</p>	<p>combined and FY19 &amp; 20 combined so that all agencies are included in the tabulations.</p> <p>Medical Documentation Overall was 82.8% (FY 19/20) and 82.2% (FY 17/18).</p> <p>Medical Documentation form completed correctly achieved 71% in FY 19/20 and 61.1% FY 17/18. Low score related to some fields left blank such as family ID no., name of authorized person and HCP credentials missing.</p> <p>The Nutrition Care Plan documentation overall achieved 82.8% in FY 19/20 and 76.7% in FY</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
				<p>17/18. Improvement has been noted in the following areas, although additional improvement is needed: growth assessment documentation (62.5 FY 19/20 vs 51.4% FY 17/18), updating nutrition risks (77.6% in FY 19/20 vs 56.9% FY 17/18), and MD consultation when needed (31% in FY 19/20 vs 19.7% in FY 17/18). Formula monitoring has been beneficial in ensuring compliance with WIC State policies and Federal regulations. During the COVID-19 disaster the chart audits identified families where benefits needed to be restored. Local agencies were</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Provide two (2) in-service trainings to identified stakeholders about WIC formula policies and procedures by September 30, 2020. Assist local agencies in providing in-service presentations as appropriate.</p>			<p>contacted when these issues were identified.</p> <p>Several in service trainings were provided to CHN-CT re: WIC services and formula availability, during the 3<sup>rd</sup> and 4<sup>th</sup> quarters. Additionally, WIC Nutrition staff participated in interagency workgroup on formula access with OEC, OCA and DSS. Overview of WIC formula benefits including packages, food delivery and reconstitution amounts were discussed.</p>
<p><b>9.2 Monitor implementation of updated Nutrition Risk Criteria.</b></p>	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to CT-WIC</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p>	<p>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>Developed self-directed training presentation and short "quiz". Disseminated to local agencies in August. CT-WIC updates needed</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<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>			<p>will be available by October 1<sup>st</sup>. One CT-WIC update will be made January 2021. Quiz is due to be completed by September 30<sup>th</sup>.</p>
<p><b>9.3 Monitor implementation of mid-certification for breastfeeding women. 100% of monitored agencies will implement correct procedures.</b></p>	<p>During nutrition services monitoring validate 100% of local agency comply with mid-certification visits for breastfeeding consistent with State Plan policies.</p>	<p>2018 &amp; 2019 Monitoring results</p>	<p>During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.</p>	<p>The 3 agencies reviewed in FY20 thus far have all completed mid-certifications for breastfeeding dyads as expected.</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, 2020:**

**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
<p><b>10.1 Monitor six (6) service regions including satellites.</b></p>	<p>By end of 1<sup>st</sup> quarter, develop FY2020 monitoring schedule.</p> <ul style="list-style-type: none"> <li>▪ Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days.</li> <li>▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.</li> <li>▪ Respond to local agency CAP within 30 days. Two weeks as best practice.</li> <li>▪ Synthesize common review findings &amp; responses to CAP in both nutrition services and program operations to update FFY19 Goals and Objectives, training and technical assistance plans.</li> <li>▪ During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation</li> </ul>	<p>FFY19 LA monitoring schedule (See Objective 10.3)</p>	<p>100% of scheduled monitoring visits and reports completed by Sept 2020.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	<p>Two (2) of the five (5) scheduled agencies were reviewed prior to the COVID-19 pandemic. Management Evaluation Reviews (MER) for the remaining three (3) agencies are being conducted remotely. All agencies will be reviewed by the end of the fiscal year. Exit conference for the agency reviewed in March was delayed due to COVID-19 priorities.</p>

<p><b>10.2</b>  <b>Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</b></p>	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement.</p> <p>Highlight local agency best practices once a year as appropriate.</p> <p>Utilize Program Nutritionist meetings to address statewide local agency training and technical assistance needs.</p> <p>During 2020</p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Monitor/Investigate for implementation of pregnancy TMM tool in prenatal counseling.</li> <li>▪ Update web page as needed.</li> </ul> <p>Partial results from our most recent participant satisfaction survey (August 2019) show participant dissatisfaction with customer service, knowledge of staff, child friendliness of clinics, group education that is not participant focused and frequency of visits leading to barriers with retention. The State agency takes all comments seriously and is meeting on August 31<sup>st</sup> to discuss and finalize strategies to ensure quality services are provided to all WIC participants.</p>		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>Overall, in all three (3) local agencies reviewed in FY20 staff have demonstrated good rapport building skills. Areas identified in this monitoring cycle include; deficiencies in risk assignment, and adequate and timely documentation of nutrition education. Observations show some staff require additional training on how to partner with the participant in goal setting versus assigned/prescribed goal setting as well as summarizing the counseling session.</p> <p>Two (2) of the three (3) (67%) local agencies reviewed thus far in FY20 utilize the Tell Me More for child participants at either mid-certification or recertification appointments. However, staff still struggle with effectively utilizing the tool in both assessment and</p>
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				counseling. Training including coaching & mentoring should continue to occur at the local agency level.
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FFY 2021

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, 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	Staff Assigned
<b>1.1</b> <b>Convene monthly meetings (conference calls) for local agency coordinators to ensure on-going communication and feedback loop.</b>	Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to: <ul style="list-style-type: none"> <li>• Review policy and procedures</li> <li>• Discuss funding and staffing issues</li> <li>• Review CT-WIC data availability and reports</li> <li>• Other topics as determined</li> </ul>	N/A	Summary of meetings.  Improved compliance with policies and procedures  Increased sharing of strategies regarding resource utilization and staff retention  Improve use of data and discussions in LAP	Program Director NSU
<b>1.2</b> <b>If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.</b>	<ul style="list-style-type: none"> <li>• Determine if funding is available.</li> <li>• If yes, proceed with selection of local staff to apply to NWA</li> <li>• Connect with NWA Leadership Academy staff to coordinate PO and invoicing.</li> <li>• Follow-up with local staff during and after completion of course for evaluation.</li> </ul>	N/A	Courses offered and successfully completed.  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.	Breastfeeding Coordinator

## 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<sup>th</sup> percentile to  $<$  95<sup>th</sup> percentile for children 2-5 years does not exceed 15%.**

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

**Objective 2.5: At least 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	Staff Assigned
<b>2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b>	<p>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><b>2021 WIC Objective: <math>\geq</math> 35%</b></p> <p><u>FFY 2011</u>: 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012</u>: 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013</u>: 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014</u>: 72.3% Range: 53.8% - 83.3%</p> <p><u>FFY 2015 Target</u>: <math>\geq</math> 70.0% Average: 28.4% Range: 20.5% - 34.2%</p> <p><u>FFY 2018 Target</u>: <math>\geq</math> 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p><b>FFY 2019 Target: <math>\geq</math> 35.0%</b></p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	<p>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.</p>	<p>Average: 27.7% Range: 13.5% - 46.3%</p> <p>FFY 2020 Target: ≥ 35.0%* Average: 27.7% Range: 11.8% - 40.2% * Partial year data</p> <p>Data Sources: thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>		
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<p><b>2.2</b>  <b>The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</b></p>	<p>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"> <li>▪ Smoking</li> <li>▪ substance use (including prescription drugs)</li> <li>▪ Prenatal weight gain</li> <li>▪ Mental health concerns (PMAD)</li> </ul> <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"> <li>• teenagers</li> <li>• substance use</li> <li>• income</li> <li>• ethnicity</li> <li>• geographic location</li> <li>• mental health</li> </ul>	<p><b>2021 WIC Objective: ≤ 4%</b></p> <p><u>FFY 2012 Target:</u> ≤ 6.0%  Average: 6.0% *  Range: 1.7% - 8.7%</p> <p><u>FFY 2013 Target:</u> ≤ 6.0%  Average: 6.4% *  Range: 3.1% - 9.0%</p> <p><u>FFY 2014 Target:</u> ≤ 6.0%  Average: 5.8% *  Range: 1.4% - 8.3%</p> <p><u>FFY 2015 Target:</u> ≤ 6.0%  Average: 3.2% *  Range: 0.0% - 5.6%</p> <p><u>FFY 2018 Target:</u> ≤ 6.0%  Average: 2.6% **  Range: 0.0% - 13.0%</p> <p><b>FFY 2019 Target: ≤ 6.0%</b>  <b>Average: 2.5% **</b>  <b>Range: 0.0% - 13.6%</b></p> <p><b>FFY 2020 Target: ≤ 6.0% *</b>  <b>Average: 3.7% **</b>  <b>Range: 0.0% - 8.5%</b>  * Partial year data</p> <p>(** Excludes pre-term &amp; multiple births)</p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System). (*excludes pre-term &amp; multiple births)</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>
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<p><b>2.3</b>  <b>The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</b></p>	<p>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"> <li>▪ Importance of timely blood work,</li> <li>▪ Risk of lead poisoning</li> <li>▪ Making appropriate referrals and follow-up.</li> </ul> <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><u>2021 WIC Objective: ≤7.5%</u></p> <p><u>FFY 2012 Target: ≤ 9.0%</u>  Average: 7.8%  Range: 4.4% - 10.5%</p> <p><u>FFY 2013 Target: ≤ 7.5%</u>  Average: 8.3%  Range: 4.2% - 12.3%</p> <p><u>FFY 2014 Target: ≤ 7.5%</u>  Average: 10.2%  Range: 4.6% - 14.5%</p> <p><u>FFY 2015 Target: ≤ 7.5%</u>  Average: 9.9%  Range: 5.4% - 17.8%</p> <p><u>FFY 2018 Target: ≤ 7.5%</u>  Average: 8.8%  Range: 5.2% - 16.7%</p> <p><u>FFY 2019 Target: ≤ 7.5%</u>  Average: 8.5%  Range: 3.9% - 19.0%</p> <p><u>FFY 2020 Target: ≤ 7.5%*</u>  Average: 8.5%  Range: 4.7% - 17.8%  * Partial year data</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Anemia; quarterly reports by federal fiscal year.</p> <p><u>FFY2018-2020: CT-WIC MIS (Management Information System).</u></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>
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<p><b>2.4</b></p> <p><b>a. The prevalence of BMI ≥ 85<sup>th</sup>ile to &lt; 95<sup>th</sup>ile for children 2-5 years of age does not exceed 15%.</b></p> <p><b>b. The prevalence of BMI ≥ 95<sup>th</sup>ile for children 2-5 years of age does not exceed 10%.</b></p>	<p>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 <a href="#">Childhood Overweight and Obesity WIC Fast Facts flyer</a> 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><u>2021 WIC Objectives:</u>  <b>Overweight: ≤ 15%</b>  <b>Obesity: ≤ 10%</b></p> <p>a. <u>OVERWEIGHT:</u> BMI ≥ 85<sup>th</sup>ile to &lt;95<sup>th</sup>ile</p> <p><u>FFY 2013 Target:</u> ≤ 7.5%  Average: 12.6%  Range: 9.4% - 15.8%</p> <p><u>FFY 2014 Target:</u> ≤ 10.0%  Average: 12.2%  Range: 7.3% - 16.6%</p> <p><u>FFY 2015 Target:</u> ≤ 10.0%  Average: 15.5%  Range: 8.7% – 18.6%</p> <p><u>FFY 2018 Target:</u> ≤ 15.0%  Average: 15.0%  Range: 11.3% - 21.8%</p> <p><u>FFY 2019 Target:</u> ≤ 15.0%  Average: 15.1%  Range: 10.1% - 20.1%</p> <p><u>FFY 2020 Target:</u> ≤ 15.0%*  Average: 15.2%  Range: 10.5% - 18.4%  * Partial year data, possible COVID-19 impacts</p> <p>b. <u>OBESITY:</u> BMI ≥ 95<sup>th</sup>ile</p> <p><u>FFY 2013 Target:</u> ≤ 7.5%  Average: 13.1%  Range: 7.3% - 18.3%</p> <p><u>FFY 2014 Target:</u> ≤ 15.0%  Average: 12.3%  Range: 6.7% - 17.9%</p> <p><u>FFY 2015 Target:</u> ≤ 15.0%  Average: 15.2% *  Range: 13.3% – 22.4%</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>Monitoring Unit  Local Agency Liaisons  Epidemiologist  IT Unit  Nutrition Unit</p>
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		<p>FFY 2018 Target: ≤ 10.0% Average: 15.1% Range: 8.7% - 21.1%</p> <p>FFY 2019 Target: ≤ 10.0% Average: 15.3% Range: 9.3% - 22.8%</p> <p>FFY 2020 Target: ≤ 10.0%* Average: 14.8% Range: 9.4% - 22.7% * Partial year data, possible COVID-19 impacts.</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight &amp; Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>		
<p><b>2.5</b> <b>At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</b></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 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,</p>	<p><b>2021 WIC Objective: ≥80%</b></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>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; 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>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Breastfeeding Unit Epidemiologist</p>

	<p>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. Involve local agency DBE that were trained on platform by Every Mother Inc. Train local agency staff DBE role and Levels of Breastfeeding Support when 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>	<p>FFY 2019 Target: <math>\geq 70.0\%</math>  Average: 81.6%  Range: 59.9% - 94.4%</p> <p>FFY 2020 Target: <math>\geq 70.0\%*</math>  Average: 82%  Range: 67.9% - 93.1%  * Partial year data</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>		
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	<ul style="list-style-type: none"> <li>• Ten Step Collaborative (CBC) engagement (bi-monthly meetings/calls).</li> <li>• Monitor contractor and rollout of RSB online breastfeeding curriculum and manage possible translation of site into Spanish.</li> <li>• Dissemination of "It's Worth It" campaign materials and messages).</li> <li>• Improve community support and connections between hospitals and WIC via in-service training and/or networking. (1-2 locations)</li> </ul>			
<p><b>2.6</b> <b>At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.</b></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>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</p>	<p><b>2021 WIC Objective: ≥ 60%</b></p> <p><u>FFY 2015 Target:</u> ≥ 10.0% Average: 61.5% Range: 41.3% – 87.9%</p> <p><u>FFY 2018 Target:</u> ≥ 50.0% Average: 69.4% Range: 44.9% - 91.4%</p> <p><b>FFY 2019 Target: ≥ 50.0%</b> Average: 65.2% Range: 37.5% - 90.7%</p> <p><b>FFY 2020 Target: ≥ 50.0%*</b> Average: 65.3% Range: 44.3% - 88.0% * Partial year data</p>	<p>CT-WIC Quarterly &amp; Annual Outcome, Summary &amp; Trend Reports. Chart audits and Observations.</p>	<p>Breastfeeding Unit Epidemiologist</p>

	<p>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>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p>	<p><u>Data Sources:</u> 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>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and duration rates are reviewed and approved.</p> <p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p> <p>Local agency staff that pursues IBCLC meets exam requirements and passes exam.</p> <p>SPAN reporting.</p>	
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	<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"> <li>▪ Community support, specific to increasing equity in lactation care (CLC/IBCLC scholarships, culturally appropriate support groups)</li> <li>▪ Collaboration with PRAMS Epidemiologists on Data to Action documents</li> <li>▪ Workplace Accommodations</li> </ul>			
<p><b>2.7</b>  <b>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</b></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>	2019-2020 Help Desk Calls.	Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.	Nutrition and Program Monitoring staff Breastfeeding Unit Epidemiologist Nutrition Unit Vendor Unit
<p><b>2.8</b>  <b>At least 50% of local agency submitted 2021 Local Agency Plans will have measurable strategies included for nutrition outcome objectives. Local agency</b></p>	<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.</p>		<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><b>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)</b></p>	<p>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"> <li>• 80% for appropriate MWG</li> <li>• 70% for LBW infants</li> <li>• 100% for prevalence of anemia in children</li> <li>• 85% for reducing the prevalence of overweight and obesity in children</li> <li>• 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy</li> <li>• 90% for increasing breastfeeding duration for infants to 6 months or more</li> </ul> <p>100% of local agency liaisons complete at least one TA visit or phone call in FY 2020 for their respective agencies.</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>	
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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**

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

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**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.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff Assigned</b>
<b>3.1 Improve functionality of the Nutrition Module in CTWIC.</b>	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
	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.	FRVM Pricing Analyst DPH IT

<b>3.2. Follow up on participant shopping experience project.</b>	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.	FRVM staff Nutrition staff
	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
	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.	FRVM staff Nutrition staff
	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%	FRVM staff Nutrition staff

<p><b>3.3 Selection of a contractor to supply Infant Formula Rebate Contract through a multi-state collaboration RFP process.</b></p>	<p>FRVM staff will collaborate with New England and Tribal Organization (NEATO) to issue an RFP for the Infant Formula Rebate contract.</p>	<p>Timeline: ITB release date: 1/11/21. Current contract with Abbott expires on 9/30/21.</p>	<p>Developed and issued an Infant Formula Rebate RFP.</p>	<p>FRVM staff</p>
	<p>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.</p>	<p>Timeline: Bids review process 3/11/21.</p>	<p>Reviewed RFP proposals.</p>	<p>FRVM staff</p>
	<p>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.</p>	<p>Timeline: Tentative contract award notification: 3/17/21.</p>	<p>Screening team selected winner for the Infant rebate.</p>	<p>FRVM staff</p>
	<p>Develop contract language for the Infant Formula Rebate.</p>	<p>Timeline: Tentative 5/1/21.</p>	<p>Developed new contract language.</p>	<p>FRVM staff</p>
	<p>Submit paperwork to initiate Infant Formula contract process.</p>	<p>Timeline: Tentative 5/1/21.</p>	<p>Final contract paperwork submitted for review and approvals.</p>	<p>FRVM staff</p>
	<p>Follow up on the contract process to make sure contract is executed.</p>	<p>Timeline: Agreement start date: 10/1/21.</p>	<p>Executed contract with a single supplier manufacturer for the Infant Formula Rebate.</p>	<p>FRVM staff</p>

## Program Functional Area 4: Vendor Management

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

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**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	Staff Assigned
<b>4.1 Improvements in reporting vendor data.</b>	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.	FRVM monitoring staff DPH IT
	Utilize CTWIC data to improve tracking for enrollment periods.	October 2018	Functionality of Application Log screen.	FRVM Processing Tech 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 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.	October 2018	WIC-44 report from TIP website is used as the basis for the TIP report.	FRVM Staff
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<b>4.2 Potential transition of EBT Processors for vendors</b>	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.	FRVM staff Nutrition staff IT staff
	Notify WIC Vendor Advisory Council of RFP release.	October 1, 2020	Vendor community informed on potential changes.	FRVM staff
	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.	FRVM staff Nutrition staff IT staff
	Submit MOU/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
	Finalize and execute MOU with DSS if necessary to partake in NCS contract.	June 2021	DAS approval to join NY State Contract provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
<b>4.3 Develop policies and establish business processes for a Policy and Procedure Manual.</b>	Document new processes as a result of changes to business practices for sanctioning vendors.	October 2019	Changes to the WIC Vendor Agreement.	FRVM staff
	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.	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
<b>4.4 CTWIC Enhancements to streamline processes.</b>	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.	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

	Enhancement for increased access to EBT data through CTWIC. Several screens need to capture EBT redemption data for multiple processes.	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.	FRVM staff
	Revisions to Demographics screen to record a vendor's POS device for processing EBT transactions.	Vendors responsible for equipment costs after eWIC implementation.	Current information provides if integrated or standbeside; POS provider needed for billing purposes.	FRVM staff
<b>4.5 Training videos to supplement interactive vendor training</b>	Work with DPH Office of Communications 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
	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
<b>4.6 Selection of a vendor through RFP process for Compliance Investigation services.</b>	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.	FRVM staff
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 4/1/21.	Reviewed RFP proposals.	FRVM staff

	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 4/8/21	Screening team selected winner for the compliance buys investigation services.	FRVM staff
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 5/1/21.	Developed new contract language.	FRVM staff
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 5/1/21.	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: 10/1/21.	Executed contract with a selected vendor to provide compliance buys investigation services.	FRVM staff

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

<p><b>5.3 Develop a new MIS equipment obsolescence plan.</b></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><b>5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</b></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><b>5.5 Implement new technologies to enhance productivity and system security.</b></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><b>5.6 Begin procurement planning for next EBT contract</b></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, 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 no show rate is 80%.**

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<b>6.1</b> <b>Target 1% increase over 2020 first trimester enrollment rates.</b>	<p>100% of LAP's Outreach Plans, include a measurable strategy focused on 1<sup>st</sup> 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 1<sup>st</sup> trimester identifying why.</p> <p>Based on 2020 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing 1<sup>st</sup> trimester enrollment at a Statewide meeting or other venue in 2021.</p>	<p><b>2021 WIC Objective: ≥ 40%</b></p> <p><u>FFY 2011:</u> 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012:</u> 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013:</u> 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014:</u> 72.3% Range: 53.8% - 83.3%</p> <p><b>FFY 2015: 28.4%*</b> <b>Range 20.5% - 34.2%</b> (* 9-month average)</p> <p><u>FFY 2018 Target:</u> ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p><b>FFY 2019 Target: ≥ 40.0% *</b> Average: 19.9% Range: 3.4% - 33.8%</p> <p><b>FFY 2020 Target: ≥ 40.0% *</b> Average: 20.0% Range: 11.1% - 38.6%</p> <p><small>*Partial Year Data</small></p>	<p>CT-WIC Process Objective Report (FY 2020) 1<sup>st</sup> 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 &amp; HUSKY-A.</p> <p>Results of the 2020-2021 participant satisfaction survey will help identify potential strategies/activities to consider for FY21.</p>	<p>Program Monitor Epidemiologist Outreach Team</p>

		<p><a href="#">Data Sources:</a> thru FFY 2017: 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><b>6.2</b>  <b>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.</b></p>	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5-year-old child participation.</p> <p>Track child participation rates in all local agencies in relation to WIC &amp; HS Better Together Project.</p>	TBD	Child participation rate and/or baseline target is established.	Program Monitor Epidemiologist Outreach Team WIC/HS Team
<p><b>6.3</b>  <b>25% of FY 2021 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impact of COVID.</b></p>	<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.	Local agency Liaisons Program Monitor

<p><b>6.4</b>  <b>75% of local agencies track no-show rate using information from MER and CT-WIC report. Investigate and develop a baseline no-show rate</b></p>	<p>Through State MER discussions with management staff, investigate number of local agencies reviewed during FY 2021 that report they review CT-WIC no-show reports on a <b>weekly basis</b> 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"> <li>▪ Retrieve and Utilize One Call report to manage clinic schedules and no-show rates.</li> </ul> <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>Baseline: 80% (FY2019/20)</p>	<p>Review and verification of local agency process for tracking, analyzing and implementing effective strategies to reduce no-show rate.</p>	<p>Program Monitor Epidemiologist</p>
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## Program Functional Area 7: Coordination of Services

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

**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	Staff Assigned
<p><b>7.1 Maintain coordination with at least 75% of identified key partners.</b></p>	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS. 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>Continue to support WIC &amp; 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>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>Executed MOU with OEC, CT-Head Start Association and 9 local grantees.</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>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 &amp; 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 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</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> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p> <p>Three local agencies will have successfully implemented strategies recommended by Doug Edwards. Local agencies will share best</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>a collaboration with Doug Edwards to identify strategies local agencies can implement to ensure the WIC office is more father friendly</p>		<p>practices at a 2021 statewide meeting.</p>	
<p><b>7.2</b> <b>90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</b></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 of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> <li>▪ Improved documentation on provision of referrals &amp; follow up.</li> <li>▪ Improved consistency of use of referral codes.</li> <li>▪ LA's develop internal process for tracking referrals (providing and following up).</li> <li>▪ Reduction in review findings related to referrals</li> </ul>	<p>N/A</p>	<ul style="list-style-type: none"> <li>▪ Improved local level coordination with staff regarding referrals.</li> <li>▪ All local agencies will utilize a Local Community Resource Guide on a regular basis.</li> <li>▪ Improved documentation on provision of referrals &amp; follow up. Improved consistency of use of referral codes by LA's.</li> <li>▪ LA's develop internal process for tracking referrals (providing and following up).</li> <li>▪ Reduction in review findings related to referrals.</li> </ul>	<p>Monitoring Unit, Nutrition Monitor</p>

## Program Functional Area 8: Civil Rights

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

**By September 30, 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	Staff Assigned
<p><b>8.1</b>  <b>Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.</b></p>	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, 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>	<p>Ongoing</p>	<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>Monitoring Unit</p>
<p><b>8.2</b>  <b>Conduct annual civil rights training for local agency staff.</b></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>Monitoring Unit</p>

## 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	Staff Assigned
<p><b>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.</b> (See Objective 3.3)</p>	<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"> <li>▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale"</li> <li>▪ Based on monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed.</li> </ul> <p>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 topic for discussion during training sessions at staff meetings and or statewide meetings.</p>	<p>Established in 2018</p>	<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 on Family Benefit List (FBL)</p> <p>55% Appropriate Growth Assessment/evaluation documented.</p>	<p>Nutrition Unit Nutrition Monitor NCFL Epidemiologist Liaisons</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<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 Nutritionals. Once approved, at a minimum, review policy bi-annually. Update list in 1<sup>st</sup> 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 trainings 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>60% of verbal orders obtain medical documentation within 24 hours</p> <p>30% Nutritionists follow-up with MD/HCP when indicated</p>	
<p><b>9.2 Monitor implementation of updated Nutrition Risk Criteria.</b></p>	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to 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>	<p>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>Nutrition Unit Monitoring Unit Breastfeeding Unit IT Unit</p>

## 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	Staff Assigned
<p><b>10.1 Monitor six (6) service regions including satellites.</b></p>	<p>By end of 1<sup>st</sup> quarter, develop FY2021 monitoring schedule. Adjust as needed based on COVID-19 impacts.</p> <ul style="list-style-type: none"> <li>▪ Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days.</li> <li>▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.</li> <li>▪ Respond to local agency CAP within 30 days. Two weeks as best practice.</li> <li>▪ Synthesize common review findings &amp; responses to CAP in both nutrition services and program operations to update FFY19 Goals and Objectives, training and technical assistance plans.</li> <li>▪ During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation</li> </ul>	<p>FFY20 LA monitoring schedule (See Objective 10.3)</p>	<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>Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit</p>

<p><b>10.2</b>  <b>Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</b></p>	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement.</p> <p>Highlight local agency best practices 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"> <li>▪ 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.</li> <li>▪ Monitor/Investigate for implementation of pregnancy TMM tool in prenatal counseling.</li> <li>▪ Update web page as needed.</li> </ul>		<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 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	Staff Assigned
<p><b>12.1</b> <b>Improve access to, and the utility and application of, WIC Program data:</b></p> <p>a. Build on current reports to provide enhanced, accurate and more accessible data resources.</p> <p>b. Continue to search for alternative to originally planned CT-WIC Dashboard.</p>	<p>Prepare summary data tables &amp; 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"> <li>• WIC participation and key demographics;</li> <li>• Process and outcome objectives;</li> <li>• Benefit issuance &amp; redemption; and,</li> <li>• Authorized vendors; plus,</li> <li>• Current national WIC data and state population figures.</li> </ul> <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>	<p>Monthly Reports</p> <p>Quarterly Outcome Reports</p> <p>Annual Summary Reports</p>	<p>Enhanced analysis &amp; data presentations meet USDA, state &amp; local WIC agency data needs.</p> <p>Data tables, graphs &amp; maps facilitate the comparison of participant characteristics, risk factors, outcomes, etc.</p> <p>Data reports are posted to the shared Q drive for state &amp; local agency staff; public-facing data posted to the program website are censored and periodically updated, as appropriate.</p> <p>Improved data access results in less staff time being invested in responding to routine data requests, while protecting file security &amp; participant confidentiality.</p>	<p>WIC Epidemiologist, in coordination with IT staff &amp; Nutrition Unit, as well as with Local Agency staff, where appropriate.</p>
<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</p>	<p>Prior DPH, WIC and other related studies</p> <p>Data from signed CT-WIC/US Census</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved</p>	<p>WIC Epidemiologist, in coordination with Nutrition Unit &amp; IT staff, as well as with</p>

	<p>weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> <li>• Identify and track risk factors contributing to poor birth outcomes.</li> <li>• Evaluate associations between WIC participation and risk factors for poor birth outcomes.</li> <li>• New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births).</li> </ul> <p>Depending on availability of 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"> <li>• Determine co-enrollment in WIC/Medicaid:</li> <li>• 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.</li> <li>• Map selected health, demographic and socioeconomic Census variables at the local level; compare results with current program coverage</li> </ul>	Bureau MOU (w/ nationwide data)	<p>outcomes, and increased outreach, recruitment &amp; retention.</p> <p>Local-level disparities are identified based on Census data &amp; other data sources, to better target program services and allocate financial &amp; program resources</p>	<p>Local Agency staff, where appropriate.</p> <p>DPH staff, including from the Health Statistics &amp; Surveillance Section, Statistics Analysis and Reporting Unit (responsible for Birth File management and analysis)</p>
d. Provide support in meeting other Program-related data and reporting needs.	<p>Respond to internal &amp; 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 &amp; training resources:</p> <ul style="list-style-type: none"> <li>• Draft presentations for WIC Director, Nutrition staff, etc., when requested;</li> <li>• Prepare reports for use by state staff in local agency monitoring visits (e.g. staff-to-participant ratio analysis by race/ethnicity, benefit redemption, etc.);</li> <li>• Develop presentations for WIC staff; present on data-related topics as needed at statewide meetings, coordinators meetings, trainings;</li> </ul>	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	WIC Epidemiologist

	<ul style="list-style-type: none"> <li>• 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.);</li> <li>• Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal; present midterm and final reports;</li> <li>• Collaborate in DPH initiatives that benefit the State's MICH population (e.g. MCH Block Grant, PRAMS Steering Committee, RFP, Publication Review Committees, etc.).</li> </ul>			
<p><b>12.2. Contribute data inputs to help maximize strategic program coverage &amp; effectiveness:</b></p> <p>a. Strengthen appropriate access to and delivery of program services.</p>	<p>Monitor program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> <li>• Identify service gaps, priorities &amp; opportunities;</li> <li>• Track program outcomes, evaluate changes.</li> </ul> <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>	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 of 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>	WIC Epidemiologist, in coordination with Nutrition Unit, as well as with IT & Local Agency staff, where appropriate.
<p>b. Ensure adequate access to vendor services, and vendor capacity to meet participant demand.</p>	<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 a given</p>	WIC Epidemiologist, in coordination with the Vendor Unit, and others, as needed.

	<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>area are produced prior to adding or removing a vendor from the CT WIC authorized vendors list.</p>	
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