



**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 2023
(October 1, 2022 – September 30, 2023)**

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

August 15, 2022

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A. INTRODUCTION

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

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

Although the WIC State Plan references a single document, it has 3 major components.

Section I of the plan contains the State goals and objectives FFY2023 and the evaluation for FFY2022. To the extent possible, the goals address the core functional areas of the WIC Program. The functional areas are management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor/retailer management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA, fiscal management and data quality, analysis, and reporting. The goals and objectives are State-specific and function as a guide for enhancing both State and local program operations effectiveness and efficiency. *Due to State resources that were required to be diverted to nationwide formula shortage and recall, the evaluation of FY 2022 Goals and Objectives is limited. Additionally, we have continued with minor changes to FY 2023 Goals and Objectives as we navigate out of the pandemic and transition to our “new normal.”*

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

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

Approximately \$42 million is allocated to Connecticut WIC for Food and Nutrition Services Administration funding and an additional \$12 million rebated by **Abbott Laboratories (recently extended through September 30, 2024, via NEATO)**, through a cost savings measure as part of the infant formula rebate program. The Connecticut WIC Program took advantage of flexibilities provided by Abbott and waiver authority provided by USDA/FNS to allow issuance and redemption of non-contract formulas due to the formula recall and shortages.

B. MISSION STATEMENTS

DPH Mission:

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

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

DPH Vision Statement:

Healthy People in Healthy Connecticut Communities

CFHPS Section Mission:

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

WIC Program Mission:

The Connecticut WIC Program is committed to improving the health of eligible pregnant women, new mothers, and children by providing nutrition education, breastfeeding support, healthy foods, and referrals to health and social programs during the critical stages of fetal and early childhood development.

Breastfeeding Statement:

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

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

	<p>Outreach Digital Nutrition education materials project lead WIC Shopper and WIC Smart coordination One Call Now (OCN) and social media</p>
<p>Luz Hago, RD Nutrition Consultant 2 T: (860) 509-7662 F: (860) 509-8391 E-mail: luz.hago@ct.gov</p>	<p>WIC contract formula and eligible nutritional's lead Formula approval and issuance Develop new food packages Local agency liaison, technical assistance Nutrition education Update/provide input on Local Agency Plans/State Plan</p>
<p>Mellessa McPherson-Milling, CLC Nutrition Consultant 2 T: (860) 509-7814 F: (860) 509-8391 E-mail: mellessa.mcPherson-milling@ct.gov</p>	<p>Local agency Program Operations Reviews Issue written reports/respond to corrective action plans Civil Rights Update/provide input on Local Agency Plans/State Plan</p>
<p>Lori Goeschel MS, RD, IBCLC Nutrition Consultant 2/ State Breastfeeding Peer Counseling Coordinator T: (860) 509-7755 F: (860) 509-8391 E-mail: lori.goeschel@ct.gov</p>	<p>Breastfeeding Peer Counseling Breastfeeding Peer Counseling contract management, program planning, technical assistance, and evaluation CDC 1807 cooperative agreement breastfeeding activities (back-up)</p>
<p>Kimberly Boulette Health Program Supervisor T: (860) 509-7845 F: (860) 509-8391 E-mail: kimberly.boulette@ct.gov</p>	<p>Supervisor Food Resource & Vendor Mgmt. eWIC card stock and inventory reporting Food cost containment Farmers Market Nutrition Program liaison SNAP Collaboration/FNS Field Office/STARS Peer Group Pricing Management The Integrity Profile Report Vendor Advisory Council lead Rebate contract lead Vendor Training</p>
<p>Idamaris Rodriguez Health Program Associate T: (860) 509-7197 F: (860) 509-8391 E-mail: Idamaris.rodriguez@ct.gov</p>	<p>Contract liaison for all WIC contracts; local agency and vendor management Contract lead for Infant Formula Rebate contract and Compliance Investigation contract Compliance purchase report reviews Vendor agreement/Sign off on warning letters Provides technical assistance to WIC vendors State Plan updates Prepares Annual training document for vendors Arranges and provides vendor trainings</p>
<p>Rafael Lima Health Program Assistant 2 T: (860) 509-7815 F: (860) 509-8391 E-mail: Rafael.lima@ct.gov</p>	<p>Online Monitoring for trafficking of WIC foods Participant and Retailer Fraud Investigations Vendor monitoring Vendor technical assistance</p>

<p>Marangelie Ortiz Health Program Assistant 2 T: (860) 509-7526 F: (860) 509-8391 E-mail: Marangelie.ortiz@ct.gov</p>	<p>Compliance Investigations Compliance Buys Vendor complaints Vendor training High Risk Criteria Vendor monitoring as needed</p>
<p>Beverley Daley Health Program Assistant 1 T: (860) 509-8076 F: (860) 509-8391 E-mail: Beverley.daley@ct.gov</p>	<p>Vendor monitoring Complaint follow up Vendor technical assistance</p>
<p>Barbara Quiros Health Program Assistant 1 T: (860) 509-7413 F: (860) 509-8391 E-mail: barbara.quiros@ct.gov</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>Maria Reyes Processing Technician T: (860) 509-7488 F: (860) 509-8391 E-mail: maria.reyes@ct.gov</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>Susan Hewes Epidemiologist 3 T: (860) 509-7795 F: (860) 509-8391 E-mail: susan.hewes@ct.gov</p>	<p>Outcome objective analysis Program data analysis Produce results for quarterly objectives Internal/external data requests Adequate participant access determinations</p>
<p>Lauren Conroy Secretary 1 T: (860) 509-7462 F: (860) 509-8391 E-mail: lauren.conroy@ct.gov</p>	<p>State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes & training evaluations WIC Materials Management</p>
<p>Eric Marszalek Health Program Assistant 2 T: (860) 509-8072 F: (860) 509-8391 E-mail: eric.marszalek@ct.gov</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>Basil Obute Technical Analyst 2 T: (860) 509-7690 F: (860) 509-8391 E-mail: basil.obute@ct.gov</p>	<p>Systems development coordinator Local Agency technical support CT-WIC monitoring of automated processes CT-WIC data requests</p>

<p>Deano Damico Technical Analyst 2 T: (860) 509-7688 F: (860) 509-8391 E-mail: deano.damico@ct.gov</p>	<p>Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/CT-WIC update Hardware/Software Purchase</p>
<p>Michael Colello Technical Analyst 2 T: (860) 509-7210 F: (860) 509-8391 E-mail: michael.colello@ct.gov</p>	<p>Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/CT-WIC update Hardware/Software Purchase</p>
<p>Waqas Farooq Technical Analyst 2 T: (860) 509-7429 F: (860) 509-8391 E-mail: waqas.farooq@ct.gov</p>	<p>Development & maintenance Security Help Desk WICSmart WICShopper OCN Reporting</p>
<p>Vacant Associate Accountant T: (860) 509-7709 F: (860) 509-7227 E-mail: TBD</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 reports for USDA Reconcile bank and treasurer accounts Monitor Local Agency cash flow, disbursements, and expenses</p>
<p>Yussuf Gulaid Fiscal Administrative Officer T: (860) 509-7713 F: (860) 509-8391 E-mail: Yussuf.Gulaid@ct.gov</p>	<p>Bank reconciliation & Treasury Report Beechnut & Abbott rebates Local agencies and Breastfeeding EBT report 425</p>

C. LOCAL AGENCY ORGANIZATION

LOCAL AGENCY	COORDINATOR	PROGRAM NUTRITIONIST
<p>The Access Agency, Inc. 1315 Main Street, Suite 2 Willimantic, CT 06226 (860) 450-7405 veronica.mallqui.reyes@accessagency.org</p>	<p>Veronica Mallqui-Reyes</p>	<p>Patricia Gaenzler</p>
<p>Optimus Health Care Bridgeport & Stamford 1450 Barnum Avenue Bridgeport, CT 06610 (203) 333-9200 vsantiago@ophthc.org</p>	<p>Verletha Santiago</p>	<p>Lauren Keenan</p>
<p>Bristol Health 9 Prospect Street Bristol, CT 06010 (860) 585-3280 mdickau@bristolhospital.org</p>	<p>Melissa Dickau</p>	<p>Christine Marschall</p>
<p>Connecticut Institute for Families (CIFC) 120 Main Street Danbury, CT 06810 (203) 797-4629 evansa@ct-institute.org</p>	<p>Anne Marie Evans</p>	<p>Jessica Liguori</p>
<p>East Hartford Health Department 754 Main Street East Hartford, CT 06108 (860) 291-7323 pmascoli@easthartfordct.gov</p>	<p>Patricia Mascoli</p>	<p>Catherine Zelinsky</p>
<p>Hartford Health Department 131 Coventry Street Hartford, CT 06112 (860) 757-4780 shana.brierley@hartford.gov</p>	<p>Shana Brierley</p>	<p>Ponita Khouy</p>
<p>Meriden Health Department 165 Miller Street Meriden, CT 06450 (203) 630-4245 scarpenter@meridenct.gov</p>	<p>Shelley Carpenter</p>	<p>Ludim Sanchez</p>
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Thames Valley Council for Community Action (TVCCA) 83 Huntington Street New London, CT 06320 (860) 425-6620 rbrady@tvcca.org	Regina Brady	Leslie Lewis
Waterbury Health Department 1 Jefferson Square, 1 st Floor Waterbury, CT 06706 (203) 574-6785 amcguckin@waterburyct.org	Acting-Aisling McGuckin	Donette Robinson

PROGRESS ON

FFY 2022

GOALS AND OBJECTIVES

Program Functional Area 1: Management and Organization

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

By September 30, 2022

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>1.1 Convene monthly meetings (conference calls) for local agency coordinators to ensure on-going communication and feedback loop.</p>	<p>Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to:</p> <ul style="list-style-type: none"> • Review policy and procedures • Discuss funding and staffing issues • Review CT-WIC data availability and reports • Other topics as determined 	<p>N/A</p>	<p>Summary of meetings.</p> <p>Improved compliance with policies and procedures.</p> <p>Increased sharing of strategies regarding resource utilization and staff retention.</p> <p>Improve use of data and discussions in Local Agency Plan (LAP).</p>	<p>A total of 12 Program Coordinators' meetings were convened via MS Teams in FY2022 to keep local agencies updated on pandemic operations and formula recall/shortages information. Meetings also provided an opportunity for local agency staff to share information on resource utilization, program operations, and other key topics.</p> <p>State agency staff presented at meetings on WIC survey data updates, CT-WIC MIS system updates, the new outreach campaign, and DBE training expectations and updates.</p>

				<p>Three ad hoc formula recall meetings were held in February 2022 via MS Teams for local agency management staff to provide relevant information on flexibilities implemented to support participant access to formula and answer questions. Additional formula recall and shortages updates occurred by email and during monthly local agency meetings. State agency staff convened one all WIC local agency staff meeting in December 2021 which focused on ME implementation updates and increasing coordination with the CT Dental Health Partnership. State agency staff convened a local agency management staff meeting in March 2022 focused on improving efficiency in program operations, ensuring effective clinic flow, and improved participant processing.</p>
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<p>1.2 Actively participate in MyCT project in 2022 to improve ease of access for applicants and ensure compliance with confidentiality regulations.</p>	<ul style="list-style-type: none"> • Attend meetings • Provide clarification and information regarding WIC Program Regulations and policies. • Develop MOU/MOA as needed 	<p>N/A</p>	<p>WIC Program successfully integrated into MyCT project and application.</p>	<p>The WIC Director and State Nutrition Coordinator, as well as other relevant state agency staff attended regular (at least biweekly) meetings in FY2022 with the MyCT workgroups to discuss integration and coordination of health and human service (HHS) programs in the state.</p> <p>Information is being provided about WIC program services and requirements to meet the project goals: to enable residents to discover, apply, enroll in, and maintain benefits through CT's myCT, and supporting the state in expanding access to services more efficiently, empathetically and equitably. The first phase of the project is to create a one-stop webpage for users to access all CT HHS programs, including WIC. Future phases will include additional integration and coordination of services, which will extend into the next fiscal year.</p>
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<p>1.3 If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.</p>	<ul style="list-style-type: none"> • Determine if funding is available. • If yes, proceed with selection of local staff to apply to NWA • Connect with NWA Leadership Academy staff to coordinate PO and invoicing. • Follow-up with local staff during and after completion of course for evaluation. 	<p>N/A</p>	<p>Courses offered and successfully completed.</p> <p>90% of attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p>	<p>Due to the formula recall, the State agency decided to forgo the Spring session and offer local staff the opportunity to enroll in the July 2022 Cohort 19. Two Site Nutritionist were interested and accepted invitation.</p>
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Program Functional Area 2: Nutrition Services, Breastfeeding Promotion and Support*

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

By September 30, 2022,

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

Objective 2.2: The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 4%.

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

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

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

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

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

Objective 2.7: Maintain CT-WIC via new policy development and policy revisions, provision of State and local staff training, development of CT-WIC marketing and participant training materials, and supervision of local agency rollout.

Objective 2.8: At least 50% of local agency submitted 2021 Local Agency Plans will have measurable strategies for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2022.

Objective	Strategies/Activities	Baseline	Indicators	Progress
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER chart audits and observations using the results from FY 2022 Maternal Weight Gain (MWG) checklist, investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</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>2022 WIC Objective: \geq 35%</p> <p><u>FFY 2018 Target:</u> \geq 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p><u>FFY 2019 Target:</u> \geq 35.0% Average: 27.7% Range: 13.5% - 46.3%</p> <p><u>FFY 2020 Target:</u> \geq 35.0%* Average: 26.5% Range: 7.1%-40.2%</p> <p>FFY 2021 Target: \geq 35.0%* Average: 27.0% Range: 6.9-74.3%</p> <p>2022 data pending.</p> <p>Data Sources: FFY 2018-2021: CT-WIC MIS (Management Information System) *Starting with 2022 State Plan submission, we will report available complete calendar</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>MER chart reviews and Observations Results MWG checklist</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>2021 Summary data shows the statewide average at 27% for appropriate maternal weight gain (MWG), with a range of 6.9% to 74.3%. The average is a slight improvement over 2020, but still short of the target.</p> <p>Prenatal weight gain recommendations were documented 80% of both charts reviewed and observations. Although discussions occurred and were documented, staff would benefit from training on assisting participants in and documentation of a facilitated action plan for appropriate maternal weight gain.</p>

		year data based on previous calendar year.		
<p>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</p>	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals, and offer appropriate education materials that address applicable <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ Substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate LAP community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p> <ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health <p>Maintain relevant State agency collaborations that impact this outcome objective. (See Functional Area X)</p>	<p>2022 WIC Objective: ≤ 4%</p> <p><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: 2.7% ** Range: 0.0% - 13.8%</p> <p>FFY 2021 Target: ≤ 6.0%* Average: 3.1% ** Range: 0.0% - 9.5%</p> <p>2022 data pending.</p> <p>(** Excludes pre-term & multiple births)</p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Local agencies are consistently meeting this objective with an average of 3.1%, which is a slight increase over 2020.</p> <p>85% of local agencies monitored are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant. Per indicator 2.1, additional training is needed on addressing prenatal weight gain.</p>

		<p>Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Investigate % of 10 trained agencies that effectively strategize solutions to use the Pronto non-invasive HGB screening with child participants.</p> <p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up <p>Local agency liaisons will perform anemia QA chart audits in FY 2022. A total of 15 chart audits (sample to include 5 – 9-month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education</p>	<p><u>2022 WIC Objective:</u> ≤7.5%</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: 3.5% - 18.2%</p> <p><u>FFY 2021 Target:</u> ≤ 7.5%* Average: 8.8% Range: 2.4% - 17.5%</p> <p>2022 data pending.</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>The anemia average and range has increased over the past few years consistently. Some of this can be attributed to the reduced access in screening during the pandemic.</p> <p>90% of local agencies monitored are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>Since the recent Nutrition Services ME with USDA we have seen an increase in evidence that discussions/screening for lead poisoning is occurring regularly in local agencies and documenting lead results in CT-WIC when available.</p> <p>Results of the local agency liaison QA chart audits are:</p> <p>A total of 30 chart audits (infants and C1-C2) conducted from six local agencies with high incidence of anemia in its Outcome report. Percentages below combine charts audits that partially met or met indicators.</p>

	<p>documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators include anemia prevention, nutrition assessment, lab results, iron supplementation and type of anemia (if indicated).</p>	<p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Anemia; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		<p>H/H entered: 93.1% H/H not available, referral made: 62.5% Lead result: 37.5% Lead N/A referral made: 6.7% PRONTO completed: 62.5% Assessment note: 86.6% Use of Lesson Plan: 69.6% Factors for Anemia Identified: 78.6% Nutrition Goal/Plan: 60.7% Follow-up completed: 77.7%</p> <p>Assessment note was the only indicator that was documented in all 30 charts audited. H/H referral and PRONTO test completed indicators were only relevant to 8 chart audits</p>
<p>2.4 a. The prevalence of BMI ≥ 85thile to < 95thile for children 2-5 years of age does not exceed 15%. b. The prevalence of BMI ≥ 95thile for children 2-5 years of age does not exceed 10%.</p>	<p>Investigate a baseline for LAP that incorporate follow-up staff training on BMI Guidance, MI Guidance and Tell Me More (TMM) in staff training plan.</p> <p>30% of LAPs include TMM About Your Child in FY 2020/2021 strategies.</p> <p>Through LAP review and Program Operations MER 85% of local agencies will develop a measurable strategy to distribute and discuss the Childhood Overweight and Obesity WIC Fast Facts flyer to pediatric practices as part of their local Outreach Plan.</p> <p>Determine needed changes to the indicators for observations and chart reviews that evaluate local agency</p>	<p>2022 WIC Objectives: Overweight: ≤ 15% Obesity: ≤ 10%</p> <p>a. OVERWEIGHT: BMI ≥ 85thile to <95thile</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>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2022 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8.</p>	<p>We have a low baseline for local agency integration of BMI, MI Guidance and TMM tools. No local agencies included TMM in their 2021/2022 LAP.</p> <p>We continue to see a decline in WICSmart assignment since the start of the pandemic in March 2020. In 2/3 of the agencies reviewed in FY22 there was limited evidence in both chart audits and observations that WICSmart modules were offered to eligible child participants.</p> <p>Outreach to providers continues to be less than desirable. FY 2023 LAP emphasized the need for specific and measurable outreach plans.</p> <p>The State agency will continue to encourage local agencies to use</p>

	<p>incorporation of the TMM About Your Child tool into counseling.</p> <p>Indicators of effective use include, documentation of MI, Stage of Change and/or development of a plan.</p> <p>80% of local agencies continue use of WICSmart modules for obesity/overweight prevention.</p>	<p><u>FFY 2020 Target:</u> ≤ 15.0%* Average: 15.1% Range: 9.1% - 20.8%</p> <p><u>FFY 2021 Target:</u> ≤ 15.0%* Average: 14.7% Range: 8.6% - 22.9%</p> <p>b. <u>OBESITY:</u> BMI ≥ 95thtile</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><u>FFY 2018 Target:</u> ≤ 10.0% Average: 15.1% Range: 8.7% - 21.1%</p> <p><u>FFY 2019 Target:</u> ≤ 10.0% Average: 15.3% Range: 9.3% - 22.8%</p> <p><u>FFY 2020 Target:</u> ≤ 10.0%* Average: 15.5% Range: 7.7% - 28.3%</p> <p><u>FFY 2021 Target:</u> ≤ 10.0%* Average: 19.1% Range: 12.5% - 28.1%</p> <p>2022 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight & Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>		<p>WICSmart modules to assist with overweight/obesity prevention and reduction efforts. In FY 2022, only 5% of local agencies included WICSmart in LAP. Revise baseline/target for FY 2023.</p>
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		<p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.5 At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from breastfeeding content sheets (exclusive breastfeeding, milk supply, supporting overweight and obese mothers' breastfeeding goals, SBB, and PMAD) into prenatal education and counseling.</p> <p>50% of local agency staff will review and/or provide Make a Plan checklist at individual or group prenatal counseling/education. Indicators include documentation of preparing for hospital, family/friend support, skin-to-skin contact, rooming-in and community support.</p> <p>State Breastfeeding Unit will coordinate monthly breastfeeding coordinators' meeting (conference calls) in anticipation of receipt of the final USDA DBE Breastfeeding Curriculum.</p> <p>Deliverable: Develop sustainable breastfeeding competency training process.</p> <p>In FY 2022, Breastfeeding Unit will begin planning for training. Planning will involve local agency DBEs that</p>	<p>2022 WIC Objective: ≥80%</p> <p><u>FFY 2012 Target:</u> ≥ 60.0% Average: 69.9% Range: 48.5% - 91.4%</p> <p><u>FFY 2013 Target:</u> ≥ 65.0% Average: 75.9% Range: 66.7% - 90.7%</p> <p><u>FFY 2014 Target:</u> ≥ 65.0% Average: 76.2% Range: 59.3% - 93.0%</p> <p><u>FFY 2015 Target:</u> ≥ 65.0% Average: 77.3% Range: 58.0% - 92.3%</p> <p><u>FFY 2018 Target:</u> ≥ 70.0% Average: 80.8% Range: 62.8% - 94.9%</p> <p><u>FFY 2019 Target:</u> ≥ 70.0% Average: 81.6% Range: 59.9% - 94.4%</p> <p><u>FFY 2020 Target:</u> ≥ 70.0%* Average: 81.3% Range: 63.9% - 93.6%</p> <p>FFY 2021 Target: ≥ 80.0%* Average 79.8% Range: 61.1% - 94.3 %</p> <p>2022 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Breastfeeding Initiation, quarterly reports by federal fiscal year.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support</p>	<p>WIC breastfeeding initiation rate in 2021 dropped slightly, as the average is below the target at 79.8%. Lasting impacts of the pandemic and participants experiencing COVID may have contributed to this slight decline. We anticipate an upward trend based on the formula recall/shortage as well as the implementation of the Regional DBE training in 2022.</p> <p>2/3 of local agencies reviewed in FY22 are utilizing effective and appropriate education materials to assist mothers in successful initiation of breastfeeding. In one agency reviewed there were several findings that indicated staff are not providing early and frequent breastfeeding education and support to women during the prenatal period. The Nutrition Services monitor was able to validate that 2 of the 3 agencies reviewed utilize the Make a Plan (MAP) checklist during counseling.</p> <p>Nine (9) Breastfeeding Coordinators' calls were held virtually FY 2022 to date, except for May due to the Regional Breastfeeding training. An update of the Breast Pump training Content Sheet was completed in FY 2022. An Exclusive Pumping Content</p>

	<p>were trained on platform. Investigate virtual and sustainable training options.</p> <p>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC) to conduct 1-2 enhanced breastfeeding reviews at local agencies). (One review will include agency with peer program)</p> <p>See 2.6. (Contingent upon resources needed for BF Curriculum training) Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to initiation:</p> <ul style="list-style-type: none"> • Ten Step Collaborative (CBC) engagement • Monitor contractor and rollouts of three RSB online webpage, English, Spanish and Arabic • Work on modifications to "It's Worth It" campaign materials and messages) based on evaluation results. 	<p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		<p>Sheet was developed and finalized in FY 2022.</p> <p>Levels 1 and 2 of the USDA's WIC Breastfeeding Curriculum was presented in a Regional Training Collaboration led by VT. (CT, ME, NH and VI also participated). All CT WIC staff completed Level 1 training in May. Local agencies were given an option of staff attending Level 2 in Spring based on staffing, however new staff and peers were required to attend. Staff that did not attend May/June training are required to attend in September.</p> <p>A peer review was completed during the month of May as part of a scheduled MER. The Enhanced Breastfeeding Review will occur after the submission of the FY 2023 State Plan.</p> <p>A new Ten Step Collaborative lead was elected, and the State Breastfeeding Coordinator provided an overview of DPH assistance, resources and goals.</p> <p>Rollout of RSB online is successful and current plans are to improve inclusive language of the English webpage.</p>
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	<ul style="list-style-type: none"> Improve community support and connections between hospitals and WIC via in-service training and/or networking. (1-2 locations) 			<p>Awaiting final report from contractors on the New Haven portion of the IWI campaign focus groups to finalize edits or updates to materials.</p> <p>Did not connect with hospitals directly regarding in-service trainings, however, State Breastfeeding Coordinator conducted a WIC/breastfeeding informational presentation at Ten Step Collaboration meeting on 5-4-22. (Included representatives from five hospitals)</p>
<p>2.6 At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.</p>	<p>Maintain quarterly compliance checks to monitor local agencies' compliance with entering BF ceased date when dyad ends breastfeeding. Generate and distribute reports quarterly in FY 2022 for quality assurance.</p> <p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from duration focused breastfeeding content sheets (building and maintaining milk supply, pumping for work/school-Make it Work checklist, pumping for medical reasons, jaundice, PMAD, SBB), HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Provide oversight and technical assistance to 7 WIC clinic based</p>	<p>2022 WIC Objective: ≥ 60%</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><u>FFY 2019 Target:</u> ≥ 50.0% Average: 65.2% Range: 37.5% - 90.7%</p> <p><u>FFY 2020 Target:</u> ≥ 50.0%* Average: 64.4% Range: 42.6% - 88.9%</p> <p>FFY 2021 Target: ≥ 60.0%* Average: 61.8% Range: 38.6% - 89.3%</p> <p>2022 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective Breastfeeding Duration; quarterly reports, by federal fiscal year.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p> <p>Quarterly activity and expenditure reports from peer counseling</p>	<p>Breastfeeding duration also declined slightly in 2021. Again, impacts of the pandemic are still being determined.</p> <p>Local agencies have been consistently entering BF ceased date per the QA reports during 2022.</p> <p>The Nutrition Services monitor was able to validate that 2 of the 3 agencies reviewed utilize the Make it Work (MIW) checklist during counseling.</p> <p>See FY 2023 Breastfeeding Peer Counseling Implementation Plan for updates on the status of new WIC</p>

	<p>Breastfeeding Peer Counseling Programs through on-site visits, conference calls, and review of quarterly program and financial reports. New programs added in FY 2021-2022 include Access (DKH site) and Meriden. (Hartford Peer Program is now managed by Hartford WIC, contract was not renewed with Hispanic Health Council)</p> <p>Monitor performance of Breastfeeding Heritage and Pride (New Haven) hybrid peer counseling program through virtual and on-site visits, conference calls and quarterly progress and financial reports. Maintain a 40% breastfeeding rate at established intervals. Results of monitoring of peer programs show 80% compliance with established protocols.</p> <p>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to duration:</p> <ul style="list-style-type: none"> ▪ Community support, specific to increasing equity in lactation care (CLC/IBCLC scholarships, culturally appropriate support groups) 	<p>FFY2018-2020: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>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>SPAN reporting.</p>	<p>peer counseling programs and contract management.</p> <p>CDC 1807 cooperative agreement evaluation is available upon request.</p>
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	<ul style="list-style-type: none"> ▪ Collaboration with PRAMS Epidemiologists on Data to Action documents ▪ Workplace Accommodations 			
<p>2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC marketing and participant training materials</p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2022 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p> <p>Determine process for monitoring nature of Help Desk calls to provide targeted training or QA needs.</p>	Help Desk Calls.	Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.	Bug fixes and new functionality have been added over 3 releases. Release 3.4 included a scheduling function enhancement which allows staff to assign an Appointment Method (virtual, phone, or in-person). This was in response to conducting nutrition education appointments remotely during the pandemic. Release 3.5 consisted of bootstrapping and ignite grid changes which allows more browser compatibility for the Clinic module. Mini Release 3.6 included functionality to track formula covered by Medicaid. Full release notes are available upon request.
<p>2.8 At least 50% of local agency submitted 2022 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 2022. (Total 10 visits/calls)</p>	<p>Liaisons will meet at least 2 times in FY 2022 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 2022.</p> <p>Use FY 2022 % to evaluate if local agencies made progress or met target for including measurable strategies in the 2022 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 80% for appropriate MWG • 70% for LBW infants 		<p>Data from local agency plans (2021 evaluation and 2022 resource allocation) liaison visits (TA checklist). COVID impacted FY 2020 information available for baseline developments.</p> <p>LAP outcomes summary tool During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its</p>	<p>Liaisons met twice during fiscal year to discuss LAP review and trends. Many local agencies are experiencing retirements, staff turnover, and management changes. This is impacting the quality of the LAP submissions and will require additional training and TA in FY 2023.</p> <p>27.5% of local agencies met/implemented and 51.3% partially met/implemented their FY 2022 LAP measurable strategies (for 2021 progress).</p> <p>MWG: Overall, the 10 local agencies did not meet the 80% target to include measurable MWG strategies in</p>

	<ul style="list-style-type: none"> • 100% for prevalence of anemia in children • 85% for reducing the prevalence of overweight and obesity in children • 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy • 90% for increasing breastfeeding duration for infants to 6 months or more <p>100% of local agency liaisons complete at least one TA visit or phone call in FY 2022 for their respective agencies.</p>		<p>measurable strategies for all nutrition outcome objectives.</p> <p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	<p>the FY 2022 LAP. 72.8% (45.5 partially met, and 27.3% met).</p> <p>9.1% need improvement in developing measurable strategies for appropriate MWG. And one (10%) agency did not develop measurable strategies.</p> <p>LBW: Overall, the 10 local agencies did not meet the 70% target to include measurable LBW strategies in the FY 2022 LAP. 63.7% (36.4 partially met, and 27.3% met).</p> <p>18.2% need improvement in developing measurable strategies for LBW. And one (10%) agency did not develop measurable strategies.</p> <p>Anemia: Overall, the 10 local agencies did not meet the 100% target to include measurable Anemia strategies in the FY 2022 LAP. 63.7% (45.5 partially met, and 18.2% met).</p> <p>18.2% need improvement in developing measurable strategies for Anemia. And one (10%) agency did not develop measurable strategies.</p> <p>Child Overweight/Obesity: Overall, the 10 local agencies did not meet the 85% target to included measurable overweight/obesity strategies in the FY 2022 LAP. 72.7% (54.5 partially met, and 18.2% met).</p> <p>9.1% need improvement in developing measurable strategies for overweight/obesity. And one (10%)</p>
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				<p>agency did not develop measurable strategies.</p> <p>BF initiation: Overall, the 10 local agencies did not meet the 100% target to include measurable BF initiation strategies in the FY 2022 LAP. 63.7% (45.5% partially met, and 18.2% met).</p> <p>18.2% need improvement in developing measurable strategies for BF initiation. And one (10%) agency did not develop measurable strategies.</p> <p>BF duration: Overall, the 10 local agencies did not meet the 90% target to include measurable BF duration strategies in the FY 2022 LAP. 63.7% (36.4 partially met, and 27.3% met).</p> <p>18.2% need improvement in developing measurable strategies for BF duration. And one (10%) agency did not develop measurable strategies.</p>
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to on these strategies.

Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY

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

Objective: 3.1 Improve functionality of the Nutrition Module in CT-WIC.

Objective: 3.2 Follow up on participant shopping experience project.

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
3.1 Improve functionality of the Nutrition Module in CT-WIC.	Utilize CT-WIC data to improve competitive pricing amongst vendor peer groups.	October 2018	Manual exports needed to obtain the data.	Reports are being reviewed to compare the prices of like items across vendors in the peer group. Prices are adjusted if needed depending on the peer group averages.
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CT-WIC errors occurred when uploading text file.	Internal discussions are being held, along with discussions with the MIS provider, as the Program is receiving hundreds of UPCs to add to the APL each quarter.
	Assess NTE Modeling enhancement and develop cat/subcat max price report in reporting portal.	October 2018	Reports in SSRS reporting portal utilize data from CT-WIC.	High Price Indicator flag being implemented as part of the NTE modeling enhancement

3.2. Follow up on participant shopping experience project.	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	Attended Program Nutritionists meeting on a quarterly basis to communicate participant shopping issues to state FRVM unit. Reports each week on food and formula shortages from the local agencies and reported to USDA. Assisting families in finding food products at WIC vendors.
	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.	Activity needs to be reimaged and adapted for the local agencies providing remote services during the pandemic.
	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.	Deferred to next fiscal year when training can be implemented.
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY19 data Results of NWA Participant Satisfaction Survey	Rate eWIC card shopping averages: 1.59% -Poor; 55.83% - Excellent Could not find WIC foods: 52.35% WIC foods not labeled: 41.88% Cashier determination of WIC allowable food before scanning: 21.49%.	Deferred to next year due to the covid pandemic, supply chain shortages, and infant formula recall which all negatively affected the participant shopping experiences.

Objective 3.3 Cross training of staff on vendor and nutrition modules	Training of food resource and vendor management staff on connections between authorization, food items, pricing, monitoring, sanctions, reports, CT-WIC and EPPIC.	July 2021	Improved knowledge of connections between CT-WIC modules and EBT provider portal.	Training conducted with some staff on categories and subcategories of food items and how that connects with maximum pricing and reporting from the CT-WIC database. Monitoring staff assisted in collecting data for inventory audits.
	Staff to provide walk throughs of CT-WIC screens to identify improvements and connections to enhance CT-WIC.	October 2021	Knowledge of WIC approved categories and subcategories, maximum prices, food issuances, food packages, peer group averages and assignments.	Planned for Q4 of FY22 but will continue in FY23.

Program Functional Area 4: Vendor Management

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

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Potential transition of EBT Processors

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

Objective: 4.4 CTWIC Enhancements to streamline processes

Objective: 4.5 Training videos to supplement interactive vendor training

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
4.1 Improvements in reporting vendor data.	Utilize CT-WIC data to improve reporting of redemption data, patterns, and food sales assessments.	October 2020	Refining reports in the SSRS reporting portal using the data from CT-WIC to provide more comprehensive information.	Identified and fixed an issue with the data on Webfocus reports and compared to the database to obtain accurate formula reports during the Abbott recall.
	Finalization and implementation of Application Log in CT-WIC to track enrollment processes for new, renewal authorizations.	October 2018	Functionality of Application Log screen and Excel export.	Deferred to next fiscal year to eliminate the use of Excel spreadsheet used outside of CT-WIC.
	Utilize CT-WIC 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	Worked with IT on reports needed for FDP that can serve both purposes for FNS and the compliance analyst.
	Utilize CT-WIC data to improve tracking for sanctions and referrals to SNAP on WIC DQs.	October 2018	Information is logged in CT-WIC on the sanction screen, and separate Excel spreadsheet is used for tracking purposes.	Worked with IT on reports needed for FDP that can serve both purposes for FNS and the processing technician.
	Utilize CT-WIC data to improve tracking for training.	October 2018	Anticipated attendance for training; sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	Documentation drafted for enhancements to training selection, management of classes, and attendance for training screens.

	Utilize CT-WIC data to fulfill requirements for TIP report/FDP.	October 2018	WIC-44 report from TIP website is used as the basis for the TIP report.	Staff met on each FDP spreadsheet to document the existing data and the ability for IT to extract the data for FDP.
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4.2 Potential transition of EBT Processors	Participate in joint SNAP/WIC conference calls to finalize Northeast Coalition of States (NCS) EBT Services.	Calls began January 7, 2021.	Discussion of any common areas between programs. Publishing dates per WIC/SNAP timelines; October 2020.	Monthly joint calls are being attended by IT, Nutrition and FRVM staff. Same staff is participating on NERO EBT monthly calls to discuss planning, funding, timeline.
	CT staff on selection committee to participate on approval of contractor.	October 2021	Estimated dates per OTDA timelines: Bid submission May 13, 2021; Award made December 2021.	Reviewed and evaluated 2 proposals. Preliminary awardee identified by selection committee on 12/23/21. Official award announcement made on 6/6/22.
	Draft WIC Contract to Legal for review.	May 2021	DAS approval to join NY State Contract provided on June 21, 2019.	Will occur after New York secures their contract in October 2022 with FIS. CT is following up with DAS on a possible joint contract with DSS.
	Notify WIC Vendor Advisory Council and authorized vendors of contractor selection.	December 2021	Vendor community informed on potential changes.	Call scheduled for July 26 th and all vendors will be notified via email of the change in EBT providers.
	Finalize and execute DPH WIC contract to partake in NCS contract.	February 2022	DAS approval to join NY State NCS RFP provided on June 21, 2019.	Announcement of winning bidder occurred on 6/6/22, and final contract will be delayed into FY23.
	Transition and Conversion plan for data, stand beside devices, retailer portal.	July 2022	Transition to new provider or platform	Since the delay of the selection announcement occurred in Q3 of FY22, transition will be delayed into FY23.
4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes in response to changes to current business practices.	March 2020	Changes to the WIC Vendor Agreement, access	Process documents were updated in response to how we conduct business during emergencies and disasters. (i.e., halting non-selection of vendors with low redemptions and modifications to the formula minimum inventory requirement during supply chain shortages.)
	Revise policies and establish business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC, utilization of CT-WIC, and the COVID-19 pandemic changed processes. Shared knowledge of processes.	Utilized flexibilities with minimum stocking requirements, revised inventory audit policy

	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.	Document was not updated, as other tasks took priority over staff time (COVID public health emergency continued, supply chain issues caused food shortages, and the February 18 th Abbott recall). Task will be carried over to next fiscal year.
4.4 CT-WIC Enhancements to streamline processes.	Enhancements to Vendor Module training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.	August 2020	Enhancements were delayed until the revised 3Sigma contract was in place. Currently the relationship between enrollment and routine operations are separate.	Enhancement was documented and ready to submit to 3Sigma. Program was awaiting the approval of operational adjustment and funding to proceed.
	Refinement of the full monthly redemption report with EBT data through CTWIC. Report captures data from multiple modules and redemption tables.	Database only accessible through EPPIC and/or IT report requests.	LA Coordinators do not have access to EPPIC, and the redemption data is not immediately available to program staff.	Report was created and continues to be too large to run without additional changes, filters or date limitations.
	Utilize CTWIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS. Microsoft Surface tablets are not a reliable or stable device for in-store use.	Will use operational adjustment funding to purchase Apple iPads as a stable tablet that will support the CT-WIC application during onsite monitoring visits.
4.5 Training videos to supplement interactive vendor training	Work with DPH Office of Communications and recording through Microsoft Teams to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	Delayed to next fiscal year, as competing priorities for COVID public health emergency, food supply chain shortages, and the February 18 th Abbott recall consumed the unit's resources.
	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 to next fiscal year once the videos are developed.

	Request from other states who utilize post-training tests, online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations, and sanctions.	Delayed to next fiscal year after project is implemented.
4.6 Improve investigation services through RFP process and inventory audits.	Re-Initiate an RFP for Compliance Investigation contract.	WIC timeline: RFP release date: 12/1/21.	Developed and issued an RFP for compliance buys investigation. No responses received in FY21; will revise and repost.	Delayed to next fiscal year, as competing priorities for COVID public health emergency, food supply chain shortages, and the February 18 th Abbott recall consumed the unit's resources.
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 4/1/22.	Reviewed RFP proposals.	Delayed to next fiscal year after project is implemented.
	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 4/8/22	Screening team selected winner for the compliance buys investigation services.	Delayed to next fiscal year after project is implemented.
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 5/2/22.	Developed new contract language-	Delayed to next fiscal year after project is implemented.
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 5/2/22.	Final contract paperwork submitted for review and approvals.	Delayed to next fiscal year after project is implemented.
	Follow up contract process to make sure contract is executed.	WIC Timeline: contract Agreement start date: 10/1/22.	Executed contract with a selected vendor to provide compliance buys investigation services.	Delayed to next fiscal year after project is implemented.
	Increase the number of Inventory Audits in place of undercover investigations.	October 1, 2021	Proposals were not submitted in response to the 2021 RFP and no contract for FY22 for undercover compliance buys.	The number of inventory audits were increased from 1-3 in past years to 29 anticipated to be completed for FY22. Fewer compliance buys were completed this year and conducted by state 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	Progress
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CT-WIC.	MIS-WIC implementation project complete.	Timely update of changes to reflect USDA policies	Continue to make updates based on business needs.
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Reporting infrastructure needs to be completely redone.		Roughly 75% of older Web Focus reports have been converted to SQL Server Reporting Services (SSRS)

<p>5.3 Develop a new MIS equipment obsolescence plan.</p>	<p>Continuing equipment refresh every three to four years.</p>	<p>Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.</p>	<p>Age and maintenance.</p>	<p>Regular update and replacement of older laptops. Addition of docking stations to support remote work operations.</p>
<p>5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</p>	<p>Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.</p>	<p>Staff have access to library as needed.</p>	<p>Staff are utilizing training library.</p>	<p>New training available for emerging technologies such as PowerBI.</p>
<p>5.5 Implement new technologies to enhance productivity and system security.</p>	<p>Replace ASE lines with cable. Add smart phone app functionality for participant use.</p>	<p>ASE lines and no connectivity for smart phone apps</p>	<p>BEST implementation of contracts for cable services</p>	<p>ASE lines have been replaced. Working on adding Office 365 licenses to local agencies to extend access to state resources.</p>
<p>5.6 Begin procurement planning for next EBT contract</p>	<p>Participate in NCS calls and document reviews to get RFP ready for reissue</p>	<p>Using original RFP from current NCS contract</p>	<p>Document is updated and ready to issue RFP</p>	<p>RFP process completed. Contract negotiations are in process.</p>

Program Functional Area 6: Caseload Management/Outreach

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

By September 30, 2022:

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
6.1 Target 1% increase over 2021 first trimester enrollment rates.	<p>100% of LAP's Outreach Plans, include a measurable strategy focused on 1st trimester enrollment.</p> <p>Questions were added to the 2019 State Participant Satisfaction Survey to identify when a woman started on WIC during her pregnancy and if it was after the 1st trimester identifying why.</p>	<p>2022 WIC Objective: ≥ 40%</p> <p>FFY 2015: 28.4%* Range 20.5% - 34.2% (* 9-month average)</p> <p>FFY 2018 Target: ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p>FFY 2019 Target: ≥ 40.0% Average: 19.9% Range: 3.4% - 33.8%</p> <p>FFY 2020 Target: ≥ 40.0%* Average: 17.4% Range: 4.3% - 38.6%</p> <p>FFY 2021 Target: ≥ 40.0%* Average: 13.7% Range: 0.0% - 34.3%</p> <p>2022 data pending.</p> <p>Data Sources: FFY 2015: CT SWIS, Outcome Objective First Trimester Enrollment in WIC; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC Process Objective Report (FY 2018) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p> <p>Results of the 2019-2020 participant satisfaction survey will help identify potential strategies/activities to consider for FY21.</p>	<p>Unfortunately, 2021 average first trimester enrollment was 13.7%, with a range of 0%-34.3% for the 10 local agencies. All local agencies reviewed had findings related to processing standards which likely contributed to this result.</p> <p>Additionally, only 54.4% of local agencies partially met the target for including measurable strategy on 1st trimester enrollment and 9.1% met the target.</p> <p>18.2% of agencies did not meet target and</p>

		*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.		9.1% did not include a measurable strategy.
6.2 Determine baseline for child participation/retention using available data. Based on baseline, develop target for improvement. Monitor child participation rates in all local agencies in 2022	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5-year-old child participation.</p> <p>Track child participation rates in all local agencies in relation to WIC & HS Better Together Project.</p>	Baseline 2022	Child participation rate and/or baseline target is established.	This was not completed due to other data quality projects.
6.3 25% of FY 2022 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies that incorporate impact of COVID.	<p>100% of FY 2022 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Investigate to develop a baseline, the number of FY 2019, 2021 and 2022 LAP's that include a locally developed Outreach Plan that incorporate measurable recruitment and retention strategies and utilizes materials provided in the Outreach Toolkit.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>	Insert baseline	LAP submission and MER Program Operations questions on Outreach.	<p>The target for evaluation of FY 2021 outreach activities was not met. With only 2 agencies completing the evaluation correctly.</p> <p>Baseline investigation reveals that no local agencies are consistently using the materials available in the Outreach Toolkit.</p> <p>No local agencies included an Outreach Plan that incorporated the impact of COVID.</p>

<p>6.4 100% of local agencies track show rate using information from MER and CT-WIC report. Investigate and develop a baseline show rate.</p>	<p>During monitoring ensure local agencies are implementing proven strategies to improve show rate including</p> <ul style="list-style-type: none"> • 100% of local agencies monitor show rate weekly. • Retrieve and Utilize One Call Now (OCN) report to manage clinic schedules and show rates. <p>Based on 2021 MER results, the Program Operations Monitor will highlight at least 2 best practices for improving show rates at a Statewide meeting or other appropriate venue in 2022.</p> <p>Consider adding show rate indicator as a LAP statewide process objective for 2023.</p>	<p>Develop a realistic baseline using pre-pandemic and pandemic rates.</p>	<p>Review and verification of local agency process for tracking, analyzing and implementing effective strategies to improve show rates.</p>	<p>CT-WIC reports (CASE 10.5; SCH 7.2, 7.8) show that the participant show rate average ranges between 84-93% for the reporting period 1/1/2021-12/31/2021.</p> <p>Local agencies monitor show rate weekly for schedule management. In several local agencies, staff are tasked with calling all participants assigned to them and who missed their same day appointment. The appointment may be completed later that day or rescheduled.</p> <p>During the March Management meeting, Access/DKH and Hill Health (New Haven) provided best practice presentations on scheduling, improving show rates, clinic flow and first trimester enrollment.</p>
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Program Functional Area 7: Coordination of Services

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

By September 30, 2022:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>7.1 Maintain coordination with at least 75% of identified key partners.</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. WIC State agency staff will consider participating in the Food Policy Council meetings that are absorbing the ESF pandemic work.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p>	<p>Letters of agreement or MOUs with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p>	<p>As part of a 2022 Health Disparity Grant, the WIC Program was charged with not only development of a targeted outreach campaign, but also to maintain/refresh, enhance, or establish, implement collaborations. State agency staff are maintaining collaboration with 100% of identified partners. Additionally, State WIC staff was appointed to the Food Policy Council in FY 2022.</p> <p>See attached presentation for CT WIC Program response to the national infant formula shortage that resulted from the Abbott recall of Similac products delivered on June 10, 2022. Of note, the Nutrition Consultant Formula Lead (NCFL), along with Nutrition Services Unit staff added over 90 additional products to increase the availability of formula for the WIC population. Much of this work was completed at night and over the weekend of the</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Facilitate emerging collaborations and executed MOUs with the following:</p> <ul style="list-style-type: none"> • Fetal Alcohol Syndrome Disorder-Substance Exposed Infants (FASD-SEI) marketing and training workgroup, which includes DMHAS • DPH led-Maternal Mortality and Morbidity Review Committee (MMRC) interagency workgroup, 	<p>Use existing Immunization Program MOU as a template for MOU or PSA with other programs as needed.</p>		<p>initial recall. State staff rose to the challenge to respond to this unprecedented crisis.</p> <p>State Nutrition Coordinator and NCFL have attended meetings with DPH Food Protection and CT Dept of Consumer Protection to streamline Formula Quality Complaint processes and policies. The State Nutrition Coordinator updated WIC Formula Quality Complaint policy and accompanying documents based on discussions and feedback. Final draft of policy will be sent to NERO for review. The possibility of convening a Food Protection Task force for Formula with representation from WIC, FP and DCP is being explored, as well as a MOU between DPH and DCP to improve interagency coordination and messaging. Especially in cases of formula recall.</p> <p>State staff continued to participate in emerging collaborations listed here, and as stated above, developed additional relationships: Outreach presentations were provided to Planned Parenthood of Southern New England (PPSNE), the Office of early</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<ul style="list-style-type: none"> • Pregnancy Risk Assessment and Monitoring System (PRAMS) collaboration • CT Dental Health Partnership (DHP) <p>Continue to support WIC & Head Start Better Together Collaboration at 10 local agencies in FY 2022 via NSA funds and existing contracts.</p> <ul style="list-style-type: none"> • Sustaining State level activities include Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans. • Sustaining local level activities include Co-location, collaborative nutrition and outreach, monthly meetings and <p>Work with IT to standardize retention data report. Work with CT-WIC lead to develop WIC & HS referral reports to facilitate follow-up.</p> <p>As resources allow, continue SNAP-Ed/WIC Program Collaboration to compliment WIC nutrition education efforts. Coordinate with</p>	<p>Executed updated MOU with OEC, CT-Head Start Association and 9 local grantees.</p>	<p>SNAP-Ed evaluations and feedback from</p>	<p>Childhood home visiting programs, New Haven Health Start, CT Foodshare, Senior Resources. Kept partners up to date on status of formula recall.</p> <p>Connections were also made with York Correctional Facility regarding its lactation policy and discharge planning. New and updated Inter-agency MOU's- MMRC and Lead are pending.</p> <p>Materials and letter regarding reenergizing the Better Together Collaboration are drafted. Awaiting execution of MOU due to a considerable backlog in contracts. Retention data reports will proceed following QA work on Outcome Objective reports.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>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>Implement Perinatal Mood and Anxiety Disorder (PMAD) self-directed online training (CT-TRAIN) for all local staff by December 2021.</p> <p>Continue collaboration with UConn's Jennifer Vendetti, for technical assistance and training.</p> <p>Update WIC Orientation competency checklists with Course ID#'s for PMAD training by September 20, 2022.</p> <p>Implement and monitor PMAD reports in 2022.</p> <p>Maintain partnership with Doug Edwards from Real Dads Forever and other Fatherhood Advocates throughout the state. Doug Edwards will continue to provide training and serve as a support to the CT WIC Program in ensuring WIC services are family centered and encourage participation from dads and family men.</p> <p>Local agencies will build relationships with local fatherhood advocates to find site</p>		<p>SNAP Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of CPQC meetings.</p> <p>Completion of PMAD training on CT-TRAIN and evaluation.</p> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p> <p>Improved engagement with dads and family men at local WIC offices. Local agencies will have identified father advocates in their service area to engage with for referrals and training/engagement opportunities.</p>	<p>Did not participate in CPQC d/t competing priorities.</p> <p>WIC staff completed the PMAD training based on scope and role in clinic. Module 1 = 161 Module 2 = 86 Module 3 = 97 Module 4 = 105</p> <p>May Program Nutritionists' meeting included Jennifer Vendetti's update on PSI referral changes.</p> <p>WIC Orientation Checklists are on target to be updated by end of FY 2022.</p> <p>Fatherhood Roundtable with pilot sites, Doug Edwards and fatherhood advocates in pilot areas occurred on November 8, 2021. Focus of discussion was to reconnect on project initiatives, to share continued challenges connecting with dads/family</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>specific strategies in engaging more with dads/family men.</p>			<p>men, to support each other with best practices and for fatherhood advocates to share how WIC can do to support dads. Some identified initiatives include breastfeeding support group specific to dads. Pilot sites continue to work closely with fatherhood advocates. Plans to incorporate 2 additional pilot sites in August/September 2022.</p> <p>State agency continues to work closely with Doug Edwards including project planning, work of Connecticut Fatherhood Initiative and review and feedback of CT WIC materials developed specific for dads including outreach posters and nutrition education materials.</p> <p>4 fatherhood advocates and 1 male WIC nutrition aide participated in a recent CLC course made available with OA funds. The WIC staff person is conducting a fatherhood roundtable for Hartford based dads.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>7.2 90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</p>	<p>Through State MER observations and chart audits 90% of local agency staff will document appropriate referrals per revised referral codes and referral policy and procedures.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. ▪ Improved consistency of use of referral codes. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals 	<p>N/A</p>	<ul style="list-style-type: none"> ▪ Improved local level coordination with staff regarding referrals. ▪ All local agencies will utilize a Local Community Resource Guide on a regular basis. ▪ Improved documentation on provision of referrals & follow up. Improved consistency of use of referral codes by LA's. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals. 	<p>80% of charts audited had appropriate documentation of mandated referrals. Provision of targeted referrals was evident in 1 local agency. Another was observed providing targeted referrals but had findings related to documentation. In one agency there was little evidence in both chart audits and observations that targeted referrals were provided.</p> <p>All local agencies have a LA resource guide. There was limited evidence of provision in one LA.</p> <p>Overall, documentation on provision and follow up occurred in 2/3 agencies reviewed. One agency had several findings related to documentation of follow up to referrals.</p> <p>2 of the 3 agencies 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, 2022:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>8.1 Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.</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 2021 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 use of the non-discrimination statement and its requirement on all local 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 2 of 3 local agencies monitored to date are complying with the use of the non-discrimination statement requirements.</p> <p>Results also show that 100% of agencies monitored thus far in FY22 adhere to the OMB racial/ethnic data collection standards.</p>

<p>8.2 Conduct annual civil rights training for local agency staff.</p>	<p>Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor for use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. Provide short interactive session at Statewide Meeting (or webinar) to review CR concepts and application in clinic setting.</p>		<p>Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.</p>	<p>On September 16 and 21, 2021, 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.</p> <p>The training was conducted by the NERO Civil Rights Officer. The Statewide annual Civil Rights training for Connecticut is scheduled for September 2022.</p>
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Program Functional Area 9: Certification & Eligibility

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

By September 30, 2022:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>9.1 Investigate during MER (Nutrition Monitor) and State audits (NCFL), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies. (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"> ▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale" ▪ Based on monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the NCFL will use the CT WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per local agency. A minimum of 25 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible 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 local agency staff meetings, Program Nutritionists and/or statewide meetings.</p>	Established in 2018	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>100% Medical Documentation Form Up to Date</p> <p>70% Medical Documentation Form accurately completed by MD/HCP</p>	<p>All agencies (3) reviewed thus far in FY22 had findings related to special formula issuance. Findings were mostly related to missing documentation, inadequate follow up on tolerance or failure to assign risk factors/medical conditions identified on the medical documentation form.</p> <p>A total of 20 charts were evaluated in 2022, five per local agency reviewed. Overall chart audits indicate that local agencies met 3 of 7 targeted indicators. Some issues may have been related to formula recall/shortage. Nutritionists need technical assistance in follow-up with MD/HCP as well as adding appropriate Nutrition Risks. Results are as follows:</p> <p>90.5% of Medical Documentation Form Up to Date</p> <p>64.3% of Medical Documentation Form accurately completed by MD/HCP</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>In first quarter of FY 2022, NCFL will follow-up with the vendor unit on the progress of the updated data entry process for WIC Special Formulas and Eligible Nutritionals. At a minimum, review bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WIC quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to cover during technical assistance visits as needed.</p> <p>Provide at least one (1) in-service training to identified stakeholders about WIC formula policies and procedures by September 30, 2022. Assist local agencies in providing in-service presentations as appropriate.</p>		<p>80% Medical Documentation correlates with WIC prescription issuance on Family Benefit List (FBL)</p> <p>70% Appropriate Growth Assessment/evaluation documented.</p> <p>50% of verbal orders for medical documentation are obtained within 24 hours</p> <p>40% of Nutritionists follow-up with MD/HCP when indicated</p> <p>New for 2022: 70% CT-WIC Risk Screen updated based on new information.</p>	<p>90.5% Medical Documentation correlates with WIC prescription issuance on Family Benefit List (FBL)</p> <p>76.3% Appropriate Growth Assessment/evaluation documented.</p> <p>0% of verbal orders for medical documentation are obtained within 24 hours</p> <p>14.3% of Nutritionists follow-up with MD/HCP when indicated</p> <p>New for 2022: 57.1% CT-WIC Risk Screen updated based on new information.</p>
<p>9.2 Monitor implementation of updated Nutrition Risk Criteria.</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>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>All agencies reviewed had findings related to staff accurately identifying and/or assigning risks. Many of these findings are related to medical conditions identified on the medical documentation form that have not been assigned as risks in CT-WIC.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<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>2 of the 3 agencies reviewed had findings related to either documentation (i.e., scanning or data entry in CT-WIC) of the screen or completing the PMAD screens at the designated timeframes.</p>

Program Functional Area 10: Monitoring & QA

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

By September 30, 2022:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>10.1 Monitor six (6) service regions including satellites.</p>	<p>By end of 1st quarter, develop FY2022 monitoring schedule. Adjust as needed based on COVID-19 impacts.</p> <ul style="list-style-type: none"> ▪ Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days. ▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference. ▪ Respond to local agency CAP within 30 days. Two weeks as best practice. ▪ Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY22 Goals and Objectives, training and technical assistance plans. ▪ During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation 	<p>FFY20 LA monitoring schedule (See Objective 10.3)</p>	<p>100% of scheduled monitoring visits and reports completed by Sept 2022.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	<p>The monitoring schedule was developed at the beginning of the 1st quarter. Six (6) agencies were scheduled for routine monitoring in 2022. Three local agencies have been reviewed to date. The last 3 reviews will be conducted by September 2022.</p> <p>For the local agencies reviewed, the exit conferences were completed. The CAP for two agencies were received within the designated 30-day period and were accepted.</p> <p>Common findings and CAP responses will be used to update FY22 Goals and Objectives, and training and technical assistance plans.</p>
<p>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Monitor for local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</p>		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>See Management and Organization for updates related to local agency best practices - focused on clinic flow and scheduling d/t</p>

	<p>Highlight local agency best practices once a year as appropriate.</p> <p>Utilize Program Nutritionist meetings to address local agency training and technical assistance needs.</p> <ul style="list-style-type: none">▪ Update web page as needed.▪ Investigate feasibility of developing a Nutrition Risk online module for CPAs. (Per 2021 MER findings)▪ Develop and implement Nutrition Risk training.▪ Determine next steps to offer hybrid (virtual and in person) bi-annual New staff Orientation using lessons learned from and technology acquired during the pandemic.			<p>continued pandemic operations.</p> <p>Program Nutritionist meetings focused on issues stemming from the formula recall/shortage and transition to HUSKY/Medicaid special/exempt formula coverage.</p> <p>NSU staff training on updating website in May 2022. Learning the process for updates and additions.</p> <p>Nutrition Risk module and updates to Nutrition Assessment Guidance will be completed by September 2022. Plan to upload to CT-TRAIN for a FY 2023 training launch.</p> <p>Offered virtual New Staff Orientation in FY 2022.</p>
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Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2022

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>11.1 Stable usage of food funds at 90%.</p>	<p>Track LA expenditures monthly.</p> <ul style="list-style-type: none"> • Meet with program coordinators. • Work with Management and Epidemiologist to monitor food costs using the current CPI cost indicators. 	<p>Budget/expenditure reconciliation.</p>	<p>100% of food dollars are accounted for.</p>	<p>Performed routine review and monitoring of food expenditures.</p> <p>Collaborated with WIC Program staff to monitor participation trends and determine how it translated to monthly redemptions.</p> <p>Participated in monthly and adhoc meetings with the WIC Director to review financial reports as it relates to monthly food expenses and associated rebates.</p>
<p>11.2 Use economic and financial trend data to manage resources and improve program quality more effectively.</p>	<p>Utilize financial data in trend analysis</p>	<p>N/A</p>	<p>Utilize financial trend data to drive program decisions</p>	<p>Maintained and monitored expenditure trends and forecast future outlays based on expenditure trends and trends.</p> <p>Received and reviewed monthly participation summary report by WIC program to determine trends and sparkline pattern and how it aligns with food expenditures.</p> <p>Met and discussed with WIC Director the impact of external factors such as nationwide formula shortage, logistics and inflation on food expenditures as well as impact on rebates.</p>

Program Functional Area 12: Data Quality, Analysis & Reporting

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

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>12.1 Improve access to, and the utility and application of, WIC Program data:</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 & graphs to illustrate trends, and maps to compare the distribution of selected variables and other Program resources.</p> <p>Post results or otherwise share selected data tables, graphs, reports, maps and other data presentations as appropriate, including:</p> <ul style="list-style-type: none"> • WIC participation and key demographics; • Process and outcome objectives; • Benefit issuance & redemption; and, • Authorized vendors; plus, • Current national WIC data and state population figures. <p>Coordinate with DPH attorney prior to sharing any personally identifiable information outside the WIC program (e.g., with DPH/Vital Records, Local Health Districts), to ensure state and federal confidentiality regulations are properly met; censor all public-facing data, as appropriate.</p>	<p>Monthly Reports</p> <p>Quarterly Outcome Reports</p> <p>Trend Reports</p>	<p>Enhanced analysis & data presentations meet USDA, state & local WIC agency data needs.</p> <p>Data tables, graphs & maps facilitate the comparison of participant characteristics, risk factors, outcomes, etc.</p> <p>Data reports are shared with state & local agency staff; any public-facing data posted to the program website is 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 & participant confidentiality.</p>	<p>Ongoing. All tasks are on schedule. The WIC Epidemiologist coordinates with IT staff, and Nutrition & Vendor Units, as well as with Local Agency staff, where appropriate.</p> <p>Progress is being made toward posting WIC reports on the Agency's SQL Reports portal, with plans to also develop dash-board-type data displays.</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 weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> • Identify and track risk factors contributing to poor birth outcomes. 	<p>Prior DPH, WIC and other related studies</p> <p>Data from signed CT-WIC/US Census Bureau MOU (w/ nationwide data)</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved outcomes, and increased outreach, recruitment & retention.</p>	<p>Good progress is being made on the redesign of Outcome Measures reports. Once completed, they will be posted to the SQL Reports portal, where drop-down boxes will</p>

	<ul style="list-style-type: none"> • Evaluate associations between WIC participation and risk factors for poor birth outcomes. • New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births). <p>Depending on availability of Vital Records staff during FFY 2022, renew data-sharing agreement to link WIC data file with DPH/Vital Records Birth File, in order to:</p> <ul style="list-style-type: none"> • Determine co-enrollment in WIC/Medicaid: • Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map addresses to identify pockets of those not enrolled, for more targeted outreach efforts. • Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage 	<p>DSS Medicaid / HUSKY A dataset</p> <p>US Census Bureau data</p> <p>DPH Health Statistics & Surveillance Section, Statistics, Analysis and Reporting Unit (responsible for Birth File management and analysis)</p>	<p>Local-level disparities are identified based on Census data & other data sources, to better target program services and allocate financial & program resources</p>	<p>facilitate analysis by a variety of population characteristics and risk factors. Initially, this effort will likely be available only to State WIC staff.</p> <p>The Vital Records initiative is on hold for the time being.</p>
<p>d. Provide support in meeting other Program-related data and reporting needs.</p>	<p>Respond to internal & external WIC data requests (e.g. DPH, Local Health Districts, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.);</p> <p>Identify/develop relevant reference & training resources:</p> <ul style="list-style-type: none"> • Draft presentations for WIC Director, Nutrition staff, etc., when requested; • Prepare reports for use by state staff in local agency monitoring visits (e.g. staff-to-participant ratio analysis by race/ethnicity, benefits redemption, etc.); • Develop presentations for WIC staff; present on data-related topics as needed at statewide meetings, coordinators meetings, trainings; • Provide analysis, reporting and/or technical assistance as requested (e.g. adjust annual WIC outcome targets, calculate caseload, design surveys and new reporting forms, etc.); • Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal; present midterm and final reports; 	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Data reports, surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	<p>Ongoing.</p> <p>In addition to the usual data requests, CT WIC has received multiple data requests related to the Formula recall and shortage situation. Response to data requests from DPH leadership, the Governor, Senator Blumenthal, etc. has taken priority over other data requests.</p>

	<ul style="list-style-type: none"> Collaborate in DPH initiatives that benefit the State's MICH population (e.g. MCH Block Grant, PRAMS Steering Committee, RFPs, Publication Review Committees, etc.). 			
<p>12.2. Contribute data inputs to help maximize strategic program coverage & effectiveness:</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"> Identify service gaps, priorities & opportunities; Track program outcomes, evaluate changes. <p>Use GIS mapping to help improve resource allocation (e.g.; location of clinic sites, authorized vendors).</p> <p>Target resources to improve outcomes for those at highest risk.</p> <p>Identify specific populations to target for outreach promotional efforts and program services, where needed.</p> <p>Develop new reports on identified Risk Factors and Referrals/Counter-Referrals by LA and permanent WIC site.</p>	Current program services & re-sources	<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>	<p>Ongoing.</p> <p>These efforts will be enhanced by posted Outcome Measures reports, allowing us to select and analyze key characteristics, risk factors and other data points.</p>
<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><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>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 vendor capacity to meet the demand of WIC participants in a given geographic area are produced prior to adding or removing a store from the WIC-authorized vendors list.</p>	<p>Ongoing.</p> <p>Detection of possible fraud is being carried out by the Vendor Unit directly.</p>

FFY 2023

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, 2023

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

Objective 1.2: Actively participate in MyCT project in 2023 to improve ease of access for applicants and ensure compliance with confidentiality regulations.

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

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

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

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

By September 30, 2023,

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 85th percentile to $<$ 95th percentile for children 2-5 years does not exceed 15%.

2.4b: The prevalence rate of BMI \geq 95th 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 2023 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 2023.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER chart audits and observations investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>When indicated, local agency liaison, may provide local agency management with feedback on CAP 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>2023 WIC Objective: \geq 35%</p> <p><u>FFY 2018 Target:</u> \geq 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p><u>FFY 2019 Target:</u> \geq 35.0% Average: 27.7% Range: 13.5% - 46.3%</p> <p><u>FFY 2020 Target:</u> \geq 35.0%* Average: 26.5% Range: 7.1%-40.2%</p> <p>FFY 2021 Target: \geq 35.0%* Average 27.0% Range: 6.9-74.3%</p> <p>2022 data pending.</p> <p><u>Data Sources:</u> FFY2018-2021: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>MER chart reviews and Observations.</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>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</p>	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals and offer appropriate education materials that address applicable <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate Local agency Plan community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p> <ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health <p>Maintain relevant State agency collaborations that impact this outcome objective. (See Functional Area X)</p>	<p><u>2023 WIC Objective:</u> ≤ 4%</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: 2.7% ** Range: 0.0% - 13.8%</p> <p><u>FFY 2021 Target:</u> ≤ 6.0%* Average: 3.1% ** Range: 0.0% - 9.5%</p> <p>2022 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>

		<p>(** Excludes pre-term & 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>FFY2018-2021: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work, ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up. <p>Local agency liaisons will perform anemia QA chart audits in FY 2022. A total of 15 chart audits (sample to include 5 – 9-month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators include anemia prevention, nutrition assessment, lab results, iron supplementation and type of anemia (if indicated).</p>	<p>2023 WIC Objective: ≤7.5%</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: 3.5% - 18.2%</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>

		<p>FFY 2021 Target: ≤ 7.5%* Average: 8.8% Range: 2.4% - 17.5%</p> <p>2022 data pending.</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Childhood Anemia; quarterly reports by federal fiscal year.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.4</p> <p>a. The prevalence of BMI ≥ 85thile to < 95thile for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI ≥ 95thile for children 2-5 years of age does not exceed 10%.</p>	<p>10% of local agencies in FY 2022 incorporated follow-up staff training on BMI Guidance, MI Guidance and Tell Me More (TMM) in their staff training plan. Based on strategies below, increase to 20% for FY 2024.</p> <p>30% of LAPs include TMM About Your Child in FY 2022/2023 strategies.</p> <p>Provide training for Program Nutritionists on effective strategies and tools (TMM) to use for child participants at risk for overweight and obesity.</p> <p>Convert the Child TMM tool to a fillable form.</p> <p>All child participants at risk of overweight or obesity will have the</p>	<p>2023 WIC Objectives: Overweight: ≤ 15% Obesity: ≤ 10%</p> <p>a. OVERWEIGHT: BMI ≥ 85thile to <95thile</p> <p>FFY 2013 Target: ≤ 7.5% Average: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014 Target: ≤ 10.0% Average: 12.2% Range: 7.3% - 16.6%</p> <p>FFY 2015 Target: ≤ 10.0% Average: 15.5% Range: 8.7% - 18.6%</p> <p>FFY 2018 Target: ≤ 15.0% Average: 15.0% Range: 11.3% - 21.8%</p> <p>FFY 2019 Target: ≤ 15.0% Average: 15.1% Range: 10.1% - 20.1%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2023 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8</p>	<p>Monitoring Staff Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	<p>TMM questionnaire completed at their follow-up visits to assess behaviors and monitor progress.</p> <p>Local agency liaisons will perform TMM QA chart audits in FY 2023. A total of 15 chart audits (sample to include child participants with at risk for or with overweight or obesity risk) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators of effective use include documentation of TMM, MI, Stage of Change and/or development of a plan.</p> <p>50% of local agencies continue to use of WICSmart modules for obesity/overweight prevention.</p>	<p><u>FFY 2020 Target:</u> ≤ 15.0%* Average: 15.1% Range: 9.1% - 20.8%</p> <p><u>FFY 2021 Target:</u> ≤ 15.0%* Average: 14.7% Range: 8.6% - 22.9%</p> <p>b. <u>OBESITY:</u> BMI ≥ 95thile</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><u>FFY 2018 Target:</u> ≤ 10.0% Average: 15.1% Range: 8.7% - 21.1%</p> <p><u>FFY 2019 Target:</u> ≤ 10.0% Average: 15.3% Range: 9.3% - 22.8%</p> <p><u>FFY 2020 Target:</u> ≤ 10.0%* Average: 15.5% Range: 7.7% - 28.3%</p> <p><u>FFY 2021 Target:</u> ≤ 10.0%* Average: 19.1% Range: 12.5% - 28.1%</p> <p>2022 data pending.</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight & Obesity; quarterly reports by federal fiscal year.</p>		
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		<p>FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.5 At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from breastfeeding Content Sheets 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>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC)) will continue to participate in Regional WIC Breastfeeding Curriculum training (CT, NH, ME, VI and VT) to train local agency staff and select community partners using the USDA/FNS DBE Curriculum.</p> <p>Breastfeeding Unit to conduct 1-2 enhanced breastfeeding reviews at local agencies. (One review will include agency with peer program.)</p>	<p>2023 WIC Objective: ≥80%</p> <p><u>FFY 2012 Target:</u> ≥ 60.0% Average: 69.9% Range: 48.5% - 91.4%</p> <p><u>FFY 2013 Target:</u> ≥ 65.0% Average: 75.9% Range: 66.7% - 90.7%</p> <p><u>FFY 2014 Target:</u> ≥ 65.0% Average: 76.2% Range: 59.3% - 93.0%</p> <p><u>FFY 2015 Target:</u> ≥ 65.0% Average: 77.3% Range: 58.0% - 92.3%</p> <p><u>FFY 2018 Target:</u> ≥ 70.0% Average: 80.8% Range: 62.8% - 94.9%</p> <p><u>FFY 2019 Target:</u> ≥ 70.0% Average: 81.6% Range: 59.9% - 94.4%</p> <p><u>FFY 2020 Target:</u> ≥ 70.0%* Average: 81.3% Range: 63.9% - 93.6%</p> <p>FFY 2021 Target: ≥ 80.0%* Average 79.8% Range: 61.1% - 94.3 %</p> <p>2022 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Breastfeeding Unit Epidemiologist</p>

	<p>See 2.6. Contribute to CDC 1807 cooperative agreement (SPAN) breastfeeding activities related to initiation: Ten Step Collaborative, Ready, Set Baby webpage and It's Worth it Campaign.</p>	<p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Breastfeeding Initiation, quarterly reports by federal fiscal year.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.6 At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from 7 duration focused breastfeeding content sheets, HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Provide oversight and technical assistance to 8 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports. Work with Bristol/New Britain local agency to implement a BFPC program in FY 2023.</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>2023 WIC Objective: ≥ 60%</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><u>FFY 2019 Target:</u> ≥ 50.0% Average: 65.2% Range: 37.5% - 90.7%</p> <p><u>FFY 2020 Target:</u> ≥ 50.0%* Average: 64.4% Range: 42.6% - 88.9%</p> <p>FFY 2021 Target: ≥ 60.0%* Average: 61.8% Range: 38.6% - 89.3%</p> <p>2022 data pending.</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective Breastfeeding Duration; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p> <p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and</p>	<p>Nutrition Services Monitor Breastfeeding Unit Epidemiologist</p>

	<p>Contribute to SPAN breastfeeding activities related to duration: increasing access and equity in lactation, Collaboration with PRAMS Epidemiologists on Data to Action documents, Workplace Lactation Accommodations, and Breastfeeding Friendly Medical Offices Recognition.</p>	<p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>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>SPAN reporting.</p>	
<p>2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC marketing and participant training materials</p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2023 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p> <p>Determine new process for monitoring nature of Help Desk calls (immediately following a Release) to provide targeted training or QA needs.</p>	<p>Help Desk Calls.</p>	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p>	<p>Nutrition and Program Monitoring staff Breastfeeding Unit Epidemiologist Nutrition Unit Vendor Unit</p>
<p>2.8 At least 50% of local agency submitted 2023 Local Agency Plans will have measurable</p>	<p>Liaisons will meet at least 2 times in FY 2023 to discuss tracking spreadsheet and local agency trends observed.</p>		<p>Data from local agency plans (2021 evaluation and 2022 resource allocation) liaison visits (TA checklist). LAP outcomes summary tool</p>	<p>Local agency Liaisons</p>

<p>strategies included for nutrition outcome objectives.</p>	<p>At least 50% of local agencies implemented their stated LAP measurable strategies for FY 2023 Use FY 2022 % to re-establish baseline and to evaluate if local agencies made progress or met target for including measurable strategies in the 2023 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 70% for appropriate MWG • 70% for LBW infants • 70% for prevalence of anemia in children • 85% for reducing the prevalence of overweight and obesity in children • 70% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy • 70% for increasing breastfeeding duration for infants to 6 months or more 		<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

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

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

Objective: 3.2 Follow up on participant shopping experience project.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
3.1 Improve functionality of the Nutrition Module in CT-WIC.	Utilize CT-WIC 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	CT-WIC errors occurred when uploading text file.	FRVM Pricing Analyst DPH IT
	Assess NTE Modeling enhancement and develop cat/subcat max price report in reporting portal.	October 2018	Reports in SSRS reporting portal utilize data from CT-WIC.	FRVM Pricing Analyst DPH IT

3.2. Follow up on participant shopping experience project.	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	FRVM staff Nutrition staff
	Standardized training program for local agencies to train participants remotely on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2019	The creation of a standardized training program and consistent use of it, leading to fewer complaints and phone calls about participants not knowing how to use card.	FRVM staff Nutrition staff
	Distribute results of project to all authorized vendors.	December 2019	Areas for vendors to make improvements in the shopping aisles and/or at checkout lanes	FRVM staff
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY19 data Results of NWA Participant Satisfaction Survey	Rate eWIC card shopping averages: 1.59% -Poor; 55.83% - Excellent Could not find WIC foods: 52.35% WIC foods not labeled: 41.88% Cashier determination of WIC allowable food before scanning: 21.49%.	FRVM staff Nutrition staff
	Participate in USDA WIC Shopping experience Improvement Grant: Explore feasibility of online shopping for the Northeast States.	Application due August 8, 2022	State Directors' discussion on assessing interest within our region and the common vendors we share.	FRVM staff Nutrition staff
Objective 3.3 Cross training of staff on vendor and nutrition modules.	Training of food resource and vendor management staff on connections between authorization, food items, pricing, monitoring, sanctions, reports, CT-WIC and EPPIC.	July 2021	Improved knowledge of connections between CT-WIC modules and EBT provider portal.	FRVM staff

	Staff to provide walk throughs of CT-WIC screens to identify improvements and connections to enhance CT-WIC.	October 2021	Knowledge of WIC approved categories and subcategories, maximum prices, food issuances, food packages, peer group averages and assignments	FRVM staff
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Program Functional Area 4: Vendor Management

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

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Transition of EBT Processors

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

Objective: 4.4 CT-WIC Enhancements to streamline processes

Objective: 4.5 Training videos to supplement interactive vendor training

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

Objective: 4.7 Implementation of Food Delivery Portal (FDP)

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

	Utilize CT-WIC 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 CT-WIC data to fulfill requirements for the 6 spreadsheets required for FDP.	October 2018	WIC-44 report from TIP website was used as the basis for the TIP report and a similar report will be available in FDP.	FRVM Staff
4.2 Transition of EBT Processors	Participate in joint SNAP/WIC conference calls with NERO states to finalize Northeast Coalition of States (NCS) EBT Services.	Calls began January 7, 2021.	Discussion of any common areas between programs, establish WIC/SNAP timelines, coordinate services.	FRVM staff Nutrition staff IT staff
	Participate in monthly WIC EBT conference calls with NERO states to collaborate on contract and implementation of EBT Services.	Calls began January 24, 2022.	FNS to support a successful implementation of the new EBT contract and services.	FRVM staff Nutrition staff
	Draft WIC Contract to Legal for review and move through the contracting process via DAS.	October 2022	DAS approval to join NY State contract on June 21, 2019. Awaiting NY to execute their contract by October 2022.	FRVM staff Nutrition staff IT staff
	Notify WIC Vendor Advisory Council and authorized vendors of contractor selection.	Awardee was selected in December 2021.	Vendor community informed on potential changes.	FRVM staff
	Finalize and execute DPH WIC contract to partake in NCS contract.	December 2022	DAS approval to join NY State NCS RFP provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
	Transition and Conversion plan for data, stand beside devices, retailer and participant portals, WIC cards	October 2022	Transition to new provider.	FRVM staff Nutrition staff IT staff
4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes in response to changes to current business practices.	March 2020	Changes to the WIC Vendor Agreement.	FRVM staff
	Revise policies and establish business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC, utilization of CTWIC, and the COVID-19 pandemic changed processes. Shared knowledge of processes.	FRVM staff

	Modify the CT WIC Manual for the Vendor Module based on changes and enhancements made.	April 2018	Vendor Module Manual updated last for version 1.9.	FRVM staff Nutrition staff
4.4 CT-WIC Enhancements to streamline processes.	Enhancements to Vendor Module training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.	August 2020	NERO approved OA projects in Q3 of FY22; enhancement planned for 3.7 release. Screens operate independently between enrollment and routine training and monitoring.	FRVM staff
	Refinement of the full monthly redemption report with EBT data through CT-WIC. SSRS report in our internal reporting portal captures data from multiple modules and redemption tables.	Database only accessible through EPPIC and/or IT report requests.	EPPIC access is not available to LA Coordinators, and not available on an as needed basis.	FRVM staff Nutrition staff IT staff
	Utilize CT-WIC via Apple iPad to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS. Microsoft Surface tablets are not a reliable or stable device for in-store use. OA funding available for device purchases.	FRVM staff
4.5 Training videos to supplement interactive vendor training	Work with DPH Office of Communications and recording through Microsoft Teams to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	FRVM staff
	Post on website for vendor use in training additional staff.	October 2019	Assistance to vendors to train more employees on WIC policies and procedures.	FRVM staff

	Request from other states who utilize post-training tests, online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations, and sanctions.	FRVM staff
4.6 Improve investigation services through RFP process and inventory audits.	Re-initiate an RFP for Compliance Investigation contract.	WIC timeline: RFP release date: 12/1/22.	Developed and issued an RFP for compliance buys investigation. No responses received in FY21; will revise and repost.	FRVM staff
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 4/3/23.	Reviewed RFP proposals.	FRVM staff
	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 4/10/23.	Screening team selected winner for the compliance buys investigation services.	FRVM staff
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 5/2/23.	Developed new contract language-	FRVM staff
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 5/2/23.	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: 10/1/23.	Executed contract with a selected vendor to provide compliance buys investigation services.	FRVM staff
	Increase the number of Inventory Audits in place of undercover investigations.	October 1, 2022	Proposals were not submitted in response to the 2021 RFP and no contract for FY22 for undercover compliance buys.	FRVM staff
4.7 Implementation of Food Delivery Portal (FDP)	Finalize spreadsheet templates with data from CTWIC for each area; FDE, Annual and Training Data, Redemption, Investigation, Violation, and Sanctions and Claim Collections	Final FDP templates sent March 11, 2022	FDP File upload process is expected to be available for users in July 2022	FRVM staff DPH IT

	Assign new FNS WIC IDs for existing authorized stores through FDE upload process for vendor authorized after FY20 TIP submission.	FNS WIC IDs assigned to authorized vendors on November 3, 2021	New WIC vendors authorized after October 1, 2020, were not yet assigned FNS WIC IDs.	FRVM staff
	Upload the 6 required spreadsheets, into the Food Delivery Portal.	Final FDP templates sent March 11, 2022	FY 2021 data entered into FDP by October 31, 2022.	FRVM staff
	Upload the 6 required spreadsheets for FDP into	Final FDP templates sent March 11, 2022	FY 2022 data entered into FDP by June 30, 2023.	FRVM staff

Program Functional Area 5: Management Information Systems

Goal 5: To maintain and enhance the WIC IT infrastructure through 9/30/2023.

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 Implementation planning for next EBT contract

Objective: 5.7 Begin procurement planning for next MIS support contract

Objective: 5.8 Move MIS system to new hosting environment

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CT-WIC.	MIS-WIC implementation project complete.	Timely update of changes to reflect USDA policies	WIC IT Staff
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution.	Webfocus reports are being converted to SQL Server Reporting Services (SSRS)	Webfocus reports sunset, begin conversion to PowerBI	WIC IT Staff WIC Epidemiologist WIC Nutritionist

<p>5.3 Develop a new MIS equipment obsolescence plan.</p>	<p>Continuing equipment refresh every three to four years.</p>	<p>Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.</p>	<p>Age and maintenance.</p>	<p>WIC IT Staff</p>
<p>5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</p>	<p>Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.</p>	<p>Staff have access to library as needed.</p>	<p>Staff are utilizing training library.</p>	<p>WIC IT Staff</p>
<p>5.5 Implement new technologies to enhance productivity and system security.</p>	<p>Implement Office 365 for Local Agencies to access state resources.</p>	<p>VPN connection to some resources, no access for others.</p>	<p>Local agencies able to access applicable state resources and share files via Teams.</p>	<p>WIC IT Staff</p>
<p>5.6 Implementation planning for next EBT contract</p>	<p>Complete state contract for EBT services. Convert from existing vendor to new vendor.</p>	<p>Waiting on NY to complete primary procurement.</p>	<p>NY completes master contract, contract awarded through DAS, conversion completed.</p>	<p>WIC Director WIC IT Staff WIC FRVM Staff WIC NS Staff</p>
<p>5.7 Begin procurement planning for next MIS support contract</p>	<p>Existing contract is expiring in 2023. Plan procurement strategy with FNS and start IAPD process.</p>	<p>Have approval to use NASPO contract from DAS. Awaiting concurrence from FNS.</p>	<p>IAPD created and statement of work created.</p>	<p>WIC Director WIC IT Staff</p>

5.8 Move MIS system to new hosting environment	Resolve issue with state data center or move to cloud hosting.	Existing SAN storage is being decommissioned. Need to either move to state data center or cloud. State data center is presenting technical issues with the existing VPN connection.	MIS system moved off legacy server to new environment.	WIC IT Staff
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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, 2023:

Objective 6.1: Target a 1% increase over 2021 first trimester enrollment rates. (13.7%-2021)

Objective 6.2: Implement focused Outreach Campaign - WIC is MORE in FY 2022-2023. CDC Health Disparity grant reporting is required.

Objective 6.3: 25% of FY 2022 Local Agency Plans will include an Outreach Plan with measurable strategies.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
6.1 Target 1% increase over 2021 first trimester enrollment rates.	50% of LAP's Outreach Plans, include a measurable strategy focused on 1 st trimester enrollment.	<p>2023 WIC Objective: ≥ 40%</p> <p>FFY 2015: 28.4%* Range 20.5% - 34.2% (* 9-month average)</p> <p>FFY 2018 Target: ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p>FFY 2019 Target: ≥ 40.0% Average: 19.9% Range: 3.4% - 33.8%</p> <p>FFY 2020 Target: ≥ 40.0%* Average: 17.4% Range: 4.3% - 38.6%</p> <p>FFY 2021 Target: ≥ 40.0%* Average: 13.7% Range: 0.0% - 34.3%</p> <p>2022 data pending.</p> <p>Data Sources: FFY 2015: CT SWIS, Outcome Objective First Trimester Enrollment in WIC; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2020: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC Process Objective Report (FY 2022) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p>	Program Monitor Epidemiologist Outreach Team

		*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.		
6.2 Implement focused Outreach Campaign - WIC is MORE in FY 2022-2023. CDC Health Disparity grant reporting is required.		Baseline data in 2022	Overall participation increases (target areas = Hartford, Bridgeport, Norwich/New London, Meriden/Middletown)	Outreach Team
6.3 25% of FY 2023 Local Agency Plans will include an Outreach Plan with measurable strategies.	<p>50% of FY 2023 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Provide review for Program Nutritionists and Program Coordinators about developing targeted, measurable strategies, using updated Outreach Materials.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>		LAP submission and MER Program Operations questions on Outreach.	Local agency Liaisons Program Monitor
6.4 100% of local agencies track show rate using information from MER and CT-WIC report. Investigate and develop a baseline show rate	<p>During monitoring ensure local agencies are implementing proven strategies to improve show rate including</p> <ul style="list-style-type: none"> 100% of local agencies monitor show rate weekly. 	Develop a realistic baseline using pre-pandemic and pandemic rates.	Review and verification of local agency process for tracking, analyzing and implementing effective strategies to improve show rates.	Program Monitor Epidemiologist

	<ul style="list-style-type: none">• Retrieve and Utilize One Call Now (OCN) report to manage clinic schedules and show rates. <p>Based on 2022 MER results, the Program Operations Monitor will highlight at least 2 best practices for improving show rates at a Statewide meeting or other appropriate venue in 2023.</p> <p>Determine if feasible to add a show rate indicator as a LAP statewide process objective for 2024.</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, 2023:

Objective: 7.1 Maintain active coordination with at least 80% of identified key partners in 2023.

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>7.1 Maintain coordination with at least 80% of identified key partners.</p>	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care), Food Policy Council, DSS and OEC.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Facilitate emerging collaborations and/or executed MOUs with the following:</p> <ul style="list-style-type: none"> • Fetal Alcohol Syndrome Disorder-Substance Exposed Infants (FASD-SEI) marketing and training workgroup, which includes DMHAS • DPH led-Maternal Mortality and Morbidity Review Committee (MMRC) interagency workgroup, • Pregnancy Risk Assessment and Monitoring System (PRAMS) collaboration • CT Dental Health Partnership (DHP) <p>Continue to support WIC & Head Start Better Together Collaboration at 10 local agencies in FY 2023 via NSA funds and existing contracts.</p>	<p>Letters of agreement or MOUs with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Use existing Immunization Program MOU as a template for MOU or PSA with other programs as needed.</p> <p>Executed updated MOU with OEC, CT-Head Start 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
	<ul style="list-style-type: none"> • Sustaining State level activities include Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans. • Sustaining local level activities include Co-location, collaborative nutrition and outreach, monthly meetings and <p>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 participation in both the Women and Children’s Health Committee and Connecticut Perinatal Quality Collaborative (CPQC). Work with both groups to better coordinate hospital and community messaging about breastfeeding to high-risk populations.</p> <p>Follow-up on implementation of Perinatal Mood and Anxiety Disorder (PMAD) self-directed online training (CT-TRAIN). Continue collaboration with UConn’s Jennifer Vendetti, for technical assistance and 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 Women and Children’s Committee and CPQC meetings.</p> <p>Completion of PMAD training on CT-TRAIN and evaluation for new Staff.</p> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Update WIC Orientation competency checklists with Course ID#'s for PMAD training by September 20, 2022.</p> <p>Implement and monitor PMAD reports in 2023.</p> <p>Maintain partnership with Doug Edwards from Real Dads Forever and other Fatherhood Advocates throughout the state. Doug Edwards will continue to provide training and serve as a support to the CT WIC Program in ensuring WIC services are family centered and encourage participation from dads and family men.</p> <p>Local agencies will build relationships with local fatherhood advocates to find site specific strategies in engaging more with dads/family men.</p>		<p>Improved engagement with dads and family men at local WIC offices. Local agencies will have identified father advocates in their service area to engage with for referrals and training/engagement opportunities.</p>	
<p>7.2 90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</p>	<p>Through State MER observations and chart audits 90% of local agency staff will document appropriate referrals per revised referral codes and referral policy and procedures.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. ▪ Improved consistency of use of referral codes. ▪ LA's develop internal process for tracking referrals (providing and following up). 	<p>N/A</p>	<p>Improved local level coordination with staff regarding referrals.</p> <p>All local agencies will utilize a Local Community Resource Guide on a regular basis.</p> <p>Improved documentation on provision of referrals & follow up. Improved consistency of use of referral codes by LA's. LA's develop internal process for tracking referrals (providing and following up).</p>	<p>Nutrition Monitor</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<ul style="list-style-type: none">▪ Reduction in review findings related to referrals		Reduction in review findings related to referrals.	

Program Functional Area 8: Civil Rights

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

By September 30, 2023:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
8.1 Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY 2022 reviews.</p>	Ongoing	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement.</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	Monitoring staff
8.2 Conduct annual civil rights training for local agency staff.	Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.		Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.	Program Monitor

Program Functional Area 9: Certification & Eligibility

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

By September 30, 2023:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>9.1 Investigate during MER (Nutrition Monitor) and State audits (NCFL), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies.</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 comply with special formula procedures</p> <ul style="list-style-type: none"> ▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale" and if process was followed for HUSKY issuance of special formula ▪ Based on monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the NCFL will use the CT-WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per local agency. Approximately 20 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals' issuance as well as HUSKY/Medicaid 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</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 received through WIC.</p> <p>Following policy and process for assisting participants dually enrolled in HUSKY/Medicaid and WIC in obtaining special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>100% Medical Documentation Form Up to Date</p> <p>70% Medical Documentation Form accurately completed by MD/HCP</p> <p>90% Medical Documentation correlates with HUSKY and/or WIC prescription issuance on Family Benefit List (FBL)</p>	<p>Nutrition Unit Nutrition Monitor NCFL Epidemiologist Liaisons</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>during training sessions at local agency staff meetings, Program Nutritionists and/or statewide meetings.</p> <p>Establish baseline to determine if policy and process is followed for participants dually enrolled in HUSKY/Medicaid and WIC to obtain special formula through HUSKY.</p> <p>In first quarter of FY 2023, NCFL will follow-up with the vendor unit on the progress of the updated data entry process for WIC Special Formulas and Eligible Nutritionals. At a minimum, review bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WIC quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to cover during technical assistance visits as needed.</p> <p>Provide at least one (1) in-service training to identified stakeholders about changes to WIC special formula policies (HUSKY primary payor) and procedures by September 30, 2023. Assist local agencies in providing in-service presentations as appropriate.</p>		<p>80% Appropriate Growth Assessment/evaluation documented.</p> <p>50% of verbal orders for medical documentation are obtained within 24 hours (WIC only).</p> <p>25% of Nutritionists follow-up with MD/HCP when indicated.</p> <p>60% CT-WIC Risk Screen updated based on new information.</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>9.2 Monitor implementation of updated Nutrition Risk Criteria.</p>	<p>By end of first quarter, review new or updated WIC nutrition risk criteria (Nicotine/Tobacco and Cannabis), 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 staff 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, 2023:

Objective: 10.1 Monitor five (5) 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>10.1 Monitor five (5) service regions including satellites.</p>	<p>By end of 1st quarter, develop FY2023 monitoring schedule. Adjust as needed based on COVID-19 impacts.</p> <ul style="list-style-type: none"> ▪ Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days. ▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference. ▪ Respond to local agency CAP within 30 days. Two weeks as best practice. ▪ Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY23 Goals and Objectives, training and technical assistance plans. ▪ During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation 	<p>FFY21 LA monitoring schedule (See Objective 10.3)</p>	<p>100% of scheduled monitoring visits and reports completed by Sept 2023.</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>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Monitor for local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</p> <p>Highlight local agency best practices once a year as appropriate.</p> <p>Utilize Program Nutritionist meetings to address local agency training and technical assistance needs.</p> <ul style="list-style-type: none"> ▪ Update web page as needed. ▪ Upload to CT-TRAIN and implement modules on Nutrition Risk for CPAs/Nutritionists. ▪ Determine next steps to offer hybrid (virtual and in person) bi-annual New Staff Orientation using lessons learned from and technology acquired during the pandemic. 		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>Nutrition Unit Breastfeeding Unit Monitoring staff</p>
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Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2023

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

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

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

Program Functional Area 12: Data Quality, Analysis & Reporting

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

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

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

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

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

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

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

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

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