

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

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



**Federal Fiscal Year 2018
(October 1, 2017 – September 30, 2018)**

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

August 15, 2017

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A. INTRODUCTION

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

The State Plan for Connecticut's WIC Program is the governing document that provides guidance and direction for the State agency and local agencies administering the program. In compliance with Federal regulations and State regulations and requirements, the plan is updated annually to ensure the inclusion of new and revised federal and state requirements and annual accomplishments and new goals and objectives. Although the State Plan is primarily based on Federal regulations, 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 FFY2018 and the evaluation FFY2017. To the extent possible, the goals address the core functional areas of the WIC Program. These functional areas are: management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor/retailer management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA, fiscal management and data quality, analysis and reporting. The goals and objectives are State-specific and function as a guide for enhancing both State and local program operations effectiveness and efficiency. Section II is the local agency operations manual and provides guidance to State and local staff about clinic level WIC policies and procedures. Section III outlines the State level operations as Functional Format Checklists.

Approximately \$46 million is allocated to Connecticut WIC for Food and Nutrition Services Administration funding and an additional \$12 million rebated by **Abbott Laboratories**, through a cost savings measure as part of the infant formula rebate program.

B. MISSION STATEMENTS

DPH Mission:

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

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

DPH Vision Statement:

Healthy People in Healthy Connecticut Communities

CFHES Section Mission:

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

WIC Program Mission:

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

Breastfeeding Statement:

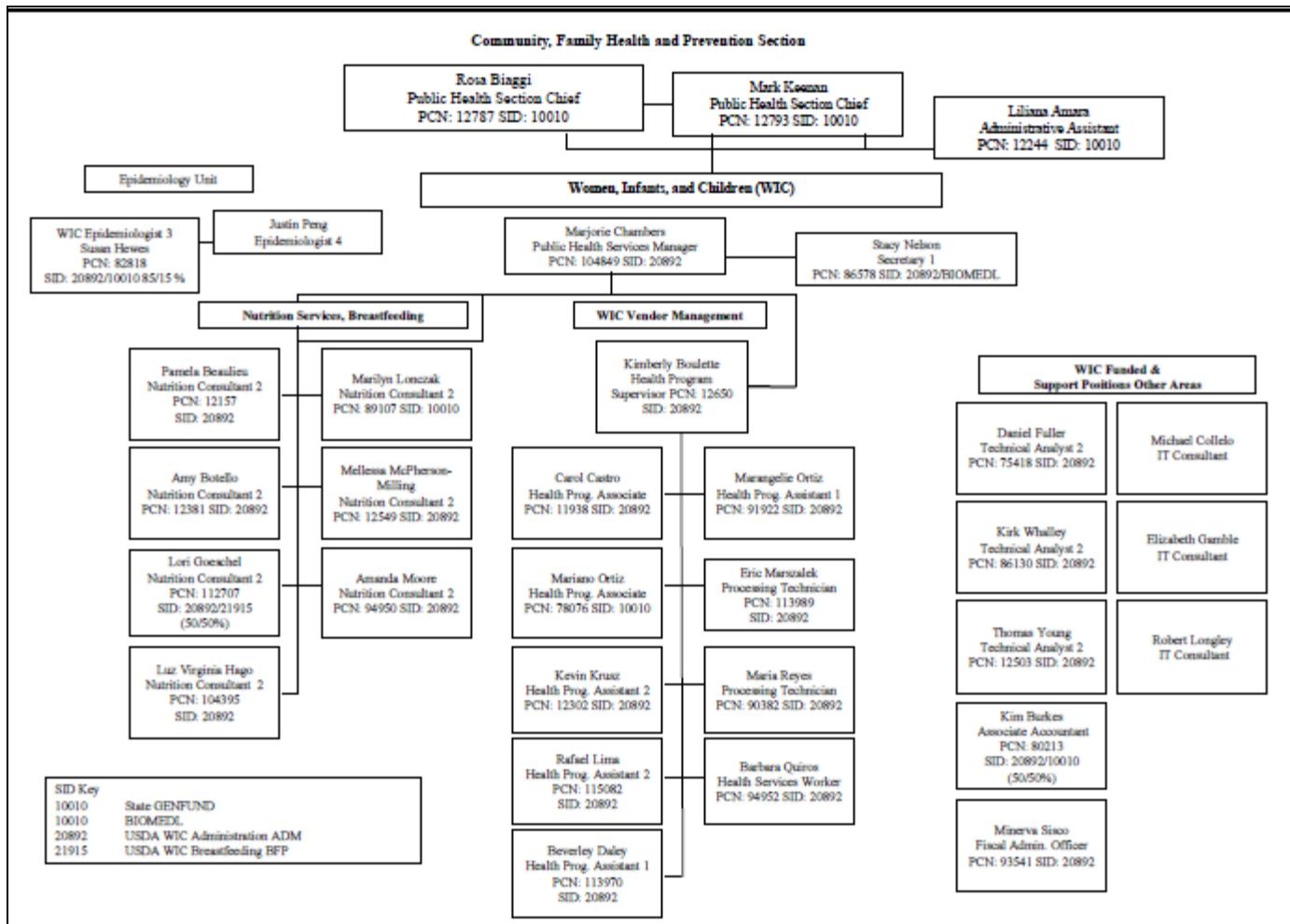
The Connecticut WIC Program endorses the American Academy of Pediatrics' Policy Statement on "Breastfeeding and the Use of Human Milk" (2012), which states, "Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and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

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

Customer Service Principle:

A WIC participant is the most important person to enter the WIC office. A participant is not dependent on us. We are dependent on them. They are the purpose for our work. We are not doing a favor by serving the participant. It is the participant who is doing us a favor by letting us serve them. A participant is a person who brings us her/his wants. It is our job to handle their needs, with professionalism and efficiency, always with each participant in mind. *—Adapted from Hot Pots restaurant menu, Customer Service statement.*

C. STATE AGENCY ORGANIZATION



C. STATE AGENCY ORGANIZATION

STAFF MEMBER	PRIMARY RESPONSIBILITES
Marjorie Chambers, MS, RD State WIC Director T: (860) 509-8101 F: (860) 509-8391 E-mail: marjorie.chambers@ct.gov	Federal grants management Contracts and budgets WIC program policy Program planning and evaluation Program management & administration Certification and eligibility Nutrition Services MIS & Fiscal units oversight
Amanda Moore, MPH, CLC Nutrition Consultant 2 T: (860) 509-8055 F: (860) 509-8391 E-mail: amanda.moore@ct.gov	Local agency monitoring Review Program Monitors written reports and response to corrective action plans Local staff training, liaison & technical assistance State Plan Management MIS/EBT project Special Project Grant Project Co-Manager (local operations) Conduct grant management activities Local agency RFP development
Marilyn Lonczak, MEd, RD, CLC Nutrition Consultant 2/ Breastfeeding Co-Coordinator T: (860) 509-8261 F: (860) 509-8391 E-mail: marilyn.lonczak@ct.gov	Breastfeeding promotion and support Breastfeeding program planning and evaluation Breastfeeding Peer Counseling (back-up) State Plan Management Local staff training liaison & technical assistance Nutrition Risk Criteria (back-up) on RISC CDC 1305 grant activities (lead) Special Project Grant Project Co-Manager (Administration)
Pamela Beaulieu, CLC Nutrition Consultant 2 Breastfeeding Co-Coordinator T: (860) 509-7138 F: (860) 509-8391 E-mail: Pamela.Beaulieu@ct.gov	Breastfeeding Promotion and Support Breastfeeding councils and coalitions Breastfeeding program planning and evaluation Local staff training, liaison & technical assistance Update/provide input on Local Agency Plans/State Plan Outreach MIS/EBT CDC 1305 grant activities (back-up)
Amy Botello, RD, CLC Nutrition Consultant 2 T: (860) 509-7656 F: (860) 509-8391 E-mail: amy.botello@ct.gov	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 Outreach MIS/EBT

<p>Luz Hago, RD Nutrition Consultant 2 T: (860) 509-7662 F: (860) 509-8391 E-mail: luz.hago@ct.gov</p>	ReNEW 2.0 Local agency liaison technical assistance Nutrition education Formula issuance Develop new food packages Update/provide input on Local Agency Plans/State Plan
<p>Mellessa McPherson-Milling Nutrition Consultant 2 T: (860) 509-7814 F: (860) 509-8391 E-mail: mellessa.mcPherson-milling@ct.gov</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>Lori Goeschel, RD, IBCLC Nutrition Consultant 2/Breastfeeding Peer Counseling Coordinator T: (860) 509-7755 F: (860) 509-8391 E-mail: lori.goeschel@ct.gov</p>	Breastfeeding Peer Counseling Breastfeeding Peer Counseling program planning, technical assistance and evaluation
<p>Carol Castro Health Program Associate T: (860) 509-7187 F: (860) 509-8391 E-mail: carol.castro@ct.gov</p>	Above-50-Percent Vendor determinations Website upload State Plan updates Contract liaison Complaints/Customer Service Coordination with EBT contractor/Xerox Collections
<p>Marangelie Ortiz Health Program Assistant 1 T: (860) 509-7526 F: (860) 509-8391 E-mail: Marangelie.ortiz@ct.gov</p>	Vendor monitoring Retailer Training Website content development Compliance Investigations High Risk Criteria
<p>Beverley Daley Health Program Assistant 1 T: (860) 509-8076 F: (860) 509-8391 E-mail: Beverley.daley@ct.gov</p>	Vendor monitoring Program Integrity and Fraud Prevention Vendor Technical Assistance
<p>Rafael Lima Health Program Assistant II T: (860) 509-7815 F: (860) 509-8391 E-mail: Rafael.lima@ct.gov</p>	Online Monitoring for trafficking of WIC foods Participant and Retailer Fraud Investigations Vendor monitoring Vendor Technical Assistance
<p>Barbara Quiros Health Services Worker T: (860) 509-7413 F: (860) 509-8391 E-mail: barbara.quiros@ct.gov</p>	Competitive and Not to Exceed Pricing Vendor Customer Service

<p>Kimberly Boulette Health Program Supervisor T: (860) 509-7845 F: (860) 509-8391 E-mail: kimberly.boulette@ct.gov</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 contracts lead Vendor Training
<p>Kevin Krusz Health Program Assistant 2 T: (860) 509-8090 F: (860) 509-8391 E-mail: kevin.krusz@ct.gov</p>	Approved Product List/UPC database Food Recalls/Food Quality Complaints Food list Wholesale/Distributor liaison Food/Formula Availability in Stores Disaster Planning
<p>Mariano Ortiz Health Program Associate T: (860) 509-8096 F: (860) 509-8391 E-mail: mariano.ortiz@ct.gov</p>	Vendor Monitoring Complaint follow up Vendor Technical Assistance
<p>Maria Reyes Processing Technician T: (860) 509-7488 F: (860) 509-8391 E-mail: maria.reyes@ct.gov</p>	Vendor application processing Vendor Authorizations Price Stock Survey updates Vendor correspondence/notification Tracks vendor penalties and prepares sanctions SNAP Collaboration/FNS Field Office/STARS
<p>Susan Hewes Epidemiologist 3 T: (860) 509-7795 F: (860) 509-8391 E-mail: susan.hewes@ct.gov</p>	Outcome objective analysis Program data analysis Produce results for quarterly objectives Internal/external data requests Adequate participant access determinations
<p>Stacy Nelson Secretary 1 T: (860) 509-7462 F: (860) 509-8391 E-mail: stacy.nelson@ct.gov</p>	State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes & training evaluations WIC Materials management
<p>Eric Marszalek Processing Technician T: (860) 509-8072 F: (860) 509-8391 E-mail: eric.marszalek@ct.gov</p>	Vendor application processing Vendor Authorizations Vendor correspondence/notification Clerical Support Retailer Sanctions Records Retention Administrative Review Process

<p>Thomas Young Technical Analyst 2 T: (860) 509-7690 F: (860) 509-8391 E-mail: tom.young@ct.gov</p>	Systems development lead SWIS maintenance and enhancements Local Agency technical support SWIS data requests
<p>Daniel Fuller Technical Analyst 2 T: (860) 509-7688 F: (860) 509-8391 E-mail: daniel.fuller@ct.gov</p>	Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/SWIS update Hardware/Software Purchase
<p>Kirk Whalley Technical Analyst 2 T: (860) 509-7429 F: (860) 509-8391 E-mail: kirk.whalley@ct.gov</p>	Mainframe Lead Development & maintenance Cost containment & monitoring Security & Disaster recovery FoxPro developer backup Help Desk
<p>Kim Burkes Associate Accountant T: (860) 509-7709 F: (860) 509-7227 E-mail: kim.burkes@ct.gov</p>	Financial Management of WIC grant Food Cost Estimation Review and monitor funding levels Organize and maintain Budget Project expenditures-budgets Work with auditors and program to ensure information reported is correct Monthly 798 report for USDA Reconcile bank and treasurer accounts Monitor Local Agency cash flow, disbursements, and expenses
<p>Minerva Sisco Fiscal Administrative Officer T: (860) 509-7713 F: (860) 509-8391 E-mail: minerva.sisco@ct.gov</p>	Bank reconciliation & Treasury Report Beechnut & Abbott rebates Local agencies and Breastfeeding EBT report 425

D. LOCAL AGENCY ORGANIZATION

LOCAL AGENCY	COORDINATOR	PROGRAM NUTRITIONIST
The Access Agency, Inc. 1315 Main Street, Suite 2 Willimantic, CT 06226 (860) 450-7405 karen.lechene@accessagency.org	Karen Lechene	Patricia Gaenzler
Optimus Health Care Bridgeport 1450 Barnum Avenue Bridgeport, CT 06610 (203) 333-9200 vsantiago@ophc.org	Verletha Santiago	Marla Cofrancesco
Bristol Hospital 9 Prospect Street Bristol, CT 06010 (860) 585-3280 mdickau@bristolhospital.org	Melissa Dickau	Sarah Feller
Danbury Health Department 80 Main Street Danbury, CT 06810 (203) 797-4629 MascoliP@ct-institute.org	Patricia Mascoli	Ann Marie Evans
East Hartford Health Department 754 Main Street East Hartford, CT 06108 (860) 291-7323 ctdphwic23@ct.gov	Kathy Minicucci	Bina Patel
Family Strides, Inc. 350 Main Street, Suite C Torrington, CT 06790 (860) 489-1138 nkilduff@familystrides.org	Nicole Kilduff (Laracuente)	Mary Golan
Hartford Health Department 131 Coventry Street Hartford, CT 06112 (860) 757-4780 SMILD001@hartford.gov	Danielle Smiley	

Local Agency Organization cont'd

Meriden Health Department 165 Miller Street Meriden, CT 06450 (203) 630-4245 ctdphwic15@ct.gov	Patricia Sullivan	Shelley Carpenter
Yale New Haven Hospital Saint Raphael Campus 1401 Chapel Street New Haven, CT 06511 (203) 789-3563 Mary.chervenak@ynhh.org	Mary Chervenak	Jennifer Gemmell
Stamford Health Department 888 Washington Boulevard Stamford, CT 06904 (203) 977-4385 RMarotta@ci.stamford.ct.us	Rona Marotta	Gloria Kelley
Thames Valley Council for Community Action (TVCCA) 83 Huntington Street New London, CT 06320 (860) 425-6620 mstjohn@tvcca.org	Marissa St. John	Regina Brady
Waterbury Health Department 1 Jefferson Square, 1 st Floor Waterbury, CT 06706 (203) 574-6785 mdessalines@waterburyct.org	Michael Dessalines	Kelsey Hurley

PROGRESS ON

FFY 2017

GOALS AND
OBJECTIVES

Program Functional Area 1: Management and Organization

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

By September 30, 2017

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

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
1.1 Implement a Memorandum of Understanding (MOU) with the State Department of Social Services (DSS) and Medicaid/HUSKY Managed Care Provider (CHN-CT) to provide cross referrals and seamless and consistent services to WIC clients.	<p>Develop priorities and strategize multi-prong approach regarding WIC business case.</p> <ul style="list-style-type: none">• Attend face-to-face meetings.• Identify specific liaisons from Connecticut's Medicaid Program HUSKY and WIC• Negotiate content, periodicity and exchange of shared data fields.• Develop a customized information packet for HUSKY and CHN-CT staff regarding referring to WIC.• Identify best practice collaborations at local agencies• Develop a mechanism to evaluate cross referral process between HUSKY and WIC.	N/A	<p>Continue efforts to implement the executed data-sharing MOU (currently being handled at the Commissioner level).</p> <p>Evidence of enhanced cross referral between WIC and HUSKY and CHN-CT (Managed Care provider)</p>	In process.
1.2 Implement a Memorandum of Understanding (MOU) with the State Department of Children and Families (DCF) that addresses sharing of information between agencies.	<ul style="list-style-type: none">• Continue meeting with workgroup of agency representatives, including the DPH Hearing Office• Develop an understanding of each agency's requirements.• Develop MOU language and execute the agreements• Provide training to State and local agency staff.	N/A	<p>Executed MOU</p> <p>Local and State Agency understanding of procedures</p>	Not possible at this time.

<p>1.3 Provide a 1-2 day leadership and management workshop for Local Agency Coordinators/Program Nutritionists/SA staff.</p>	<ul style="list-style-type: none"> • Secure facilitator, date, content and location. • By end of 2nd quarter, develop and finalize contract as needed. • Attend logistics meetings. • Conduct meeting. • Evaluate and plan for future/ongoing training. 	N/A	<p>Workshop offered. 90% of retreat attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p> <p>Program and Nutrition monitoring confirms that 50% of local agency management staff incorporate concepts reviewed at retreat into program operations to improve services.</p>	<p>On March 24, 2017 the Management Retreat was held for local agency management staff.</p> <p>In the second part of the day a conversation occurred regarding the Local Agency Plan process titled <i>Where we have been, where we are, where we want to go</i></p> <p>In this session local agencies were provided the opportunity to provide thoughtful feedback on how to improve the LAP template and process. Many local agency suggestions were incorporated into the LAP template, and will be implemented in this year's LAP review.</p>
<p>1.4 Review, update and enhance WIC Continuity of Operations/Disaster Preparedness Plan.</p>	<ul style="list-style-type: none"> • Review and incorporate CT DPH COOP plan • Incorporate Disaster Preparedness Data Recovery (DPH IT) Plan components • Provide training to State and Local Agency staff 	N/A	<p>CT-DPH COOP is updated with WIC components. CT WIC Emergency Preparedness Plan is updated as needed.</p> <p>100% of State and local agency staff receive training on DPH COOP plan and WIC Emergency Preparedness policies.</p>	<p>WIC Emergency Response Plan/COOP was updated and the updated version was presented at the 2017 Regional meeting.</p>

			100% of local agencies provide acceptable Emergency Preparedness Plan annually in LAP.	
1.5 Clarify State and local agency procedures regarding inquiries regarding participants from law firms or attorneys.	<ul style="list-style-type: none"> •Contact DPH legal office to verify internal procedures. •Consult current WIC regulations. •Develop State and local agency policy to clarify process for dealing with outside requests from attorneys. •Train all WIC staff on policy implementation. 	N/A	<p>Final policy is incorporated into the Local agency Policy and Procedure Manual and State Operations Manual.</p>	<p>Due to CT-WIC implementation this was not finalized. Local agency liaisons fielded questions from individual local agencies on a case-by-case basis. Reaffirmed State agency's position on WIC staff as mandated reporters for several Program Coordinators'. Will explore policy clarification on this topic in FY 2018.</p>

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

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

By September 30, 2017

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

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

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

Objective 2.4a: The prevalence rate of BMI \geq 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 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.

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

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

Objective 2.8 Coordinate with IT to track, document and log bugs and system enhancements into SharePoint and test bugs/enhancements once they are "Ready for State"

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Continue to work with IT & EPI to refine data collection & reporting using prenatal BMI weight gain recommendations and to implement the revised quarterly report on Maternal Weight Gain by Sept 2017.</p> <p>Continue to monitor trends and revised target & assess local agency staff skills in identifying women at risk for low or high weight gain during pregnancy, and the effectiveness of education efforts on:</p> <ul style="list-style-type: none">• Underweight/Overweight prior to pregnancy• Proper nutrition during pregnancy• Risks of Smoking• ETOH/drug dangers <p>Secure an expert speaker on how to</p>	<p><u>2016 WIC Objective:</u> \geq35%</p> <p><u>FFY 2010:</u> 66.4% Range: 42.3% - 81.3%</p> <p><u>FFY 2011:</u> 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012:</u> 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013:</u> 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014:</u> 72.3% Range: 53.8% - 83.3%</p> <p><u>FFY 2015:</u> 28.4%* Range 20.5% - 34.2% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p>	<ul style="list-style-type: none">• SWIS/CT-WIC quarterly and annual reports• Referral & counter-referral reports• Results of monitoring show greater than 80% of local agencies reviewed:<ul style="list-style-type: none">▪ Provide appropriate frequency of visit to discuss and monitor prenatal weight gain.▪ Use effective educational methods and appropriate education materials to assist pregnant women in gaining appropriate weight based on IOM recommendations.	<p>At time of State Plan submission, State and local process data is only available on 1st trimester enrollment. However report format will not be finalized until September. FY 2018 Goal is to have nutrition outcome objective data: Maternal Weight Gain (MWG) and LBW by end of 1st quarter of FY 2018.</p> <p>Tiffany Blake-Lamb MD, MSc from Massachusetts General Hospital provided training for all local agency Nutritionists on</p>

<p>Cont.</p> <p>2.1</p> <p>At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</p>	<p>discuss weight gain with pregnant moms. Provide training during a statewide meeting on this topic by 9/30/17.</p> <p>Develop guidance document specific to weight gain during pregnancy.</p> <p>Review measurable strategies for increasing percentage of women that gain appropriate weight in local agency plans.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>		<p>March 3, 2017. The session was titled Weight Management in Pregnancy: Strategies & Tools. The session was well received by all.</p> <p>ReNEW 2.0 committee is currently developing a prenatal weight gain guidance document. This document should be finalized by then end of FY17 with distribution and training to occur in FY18.</p> <p>75% of local agencies monitored provide appropriate frequency of visit to discuss and monitor prenatal weight gain.</p> <p>50% of local agencies monitored use effective educational methods and appropriate education materials to assist pregnant women in gaining appropriate weight based on IOM recommendations.</p> <p>Local agency liaisons in process of developing a discussion guide/checklist for TA visits to implement in FY 2018.</p>
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<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>Continue to monitor trends and improve weight gain during pregnancy. During review observe for nutritionist identification and discussion of contributing factors for this risk: History of LBW or pre-term delivery, Mother's age, pre-pregnancy BMI etc.</p> <p>Monitor for local agency incorporation of smoking during pregnancy guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>Review measurable strategies for reducing incidence of LBW in local agency plans.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>	<p>2016 WIC Objective: ≤ 6%</p> <p>FFY 2010: 5.8% Range: 1.8% - 10.0%</p> <p>FFY 2011: 6.1% Range: 3.5% - 8.5%</p> <p>FFY 2012: 6.0% Range: 1.7% - 8.7%</p> <p>FFY 2013: 6.4% Range: 3.1% - 9.0%</p> <p>FFY 2014: 5.8% Range: 1.4% - 8.3%</p> <p>FFY 2015: 3.2% * Range: 0.0% - 5.6% (* 9-month average; excludes pre-term & multiple births)</p> <p>Source: CT SWIS, Outcome Objective #2 – LBW Incidence; quarterly reports, by federal fiscal year.</p>	<p>SWIS/CT-WIC quarterly and annual reports</p> <p>Reduce health disparities.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>80% of local agencies monitored are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant.</p>
<p>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>Monitor results of the revised quarterly report on Childhood Anemia during FY 2017.</p> <p>Monitor trends and assess local agency staff skills in identifying children at risk for anemia and effectiveness of education efforts on: Iron-rich food sources, explanation of anemia/ risks, importance of timely blood work, appropriate iron</p>	<p>2016 WIC Objective: ≤ 7.5%</p> <p>FFY 2010: 6.8% Range: 2.4% - 10.6%</p> <p>FFY 2011: 6.8% Range: 4.1% - 8.8%</p> <p>FFY 2012: 7.8% Range: 4.4% - 10.5%</p> <p>FFY 2013: 8.3% Range: 4.2% - 12.3%</p>	<p>SWIS/CT-WIC quarterly and annual reports</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>Change in trend data over time for low performing agencies</p>	<p>85% of local agencies monitored agencies are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p>

	<p>supplementation and low-iron's connection with risk for lead poisoning.</p> <p>Making appropriate referrals and follow-up.</p> <p>Monitor for local agency incorporation of anemia guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>Provide technical assistance to low performing local agencies. (through Local agency Liaison)</p> <p>See Functional Area 12, Data Quality, Analysis and Reporting for information on these activities.</p>	<p><u>FFY 2014:</u> 10.2% Range: 4.6% - 14.5%</p> <p><u>FFY 2015:</u> 9.9% * <u>Range:</u> 5.4% - 17.8% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #4 – Anemia Rate; quarterly reports, by federal fiscal year.</p>		
<p>2.4</p> <p>a. The prevalence of BMI $\geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI $\geq 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 10%.</p>	<p>Monitor the implementation of the revised quarterly report and targets for Childhood Overweight and Obesity during FY 2017.</p> <p>Provide training and guidance to local agencies on incorporating measurable strategies for reducing childhood overweight and obesity into their local agency plans.</p> <p>Monitor local agency incorporation of the three established lesson plans targeted to prevent obesity- fruit and vegetable intake, physical activity and introduction to solids.</p> <p>Monitor for use of BMI Guidance Document and Motivational Interviewing Guidance by local agency staff.</p> <p>See- Functional Area 12, Data Quality, Analysis and Reporting for</p>	<p><u>2016 WIC Objectives:</u></p> <p>a. <u>OVERWEIGHT:</u> $\leq 15\%$ ($\text{BMI} \geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$)</p> <p><u>FFY 2013:</u> 12.6% Range: 9.4% - 15.8%</p> <p><u>FFY 2014:</u> 12.2% Range: 7.3% - 16.6%</p> <p><u>FFY 2015:</u> 15.5% * <u>Range:</u> 8.7% – 18.6% (* 9-month average)</p> <p>b. <u>OBESITY:</u> $\leq 15\%$ ($\text{BMI} \geq 95^{\text{th}}\text{ile}$)</p> <p><u>FFY 2013:</u> 13.1% Range: 7.3% - 18.3%</p> <p><u>FFY 2014:</u> 12.3% Range: 6.7% - 17.9%</p> <p><u>FFY 2015:</u> 15.2% * <u>Range:</u> 13.3% – 22.4% (* 9-month average)</p>	<p>SWIS/CT-WIC quarterly and annual reports.</p> <p>Childhood BMI or overweight/obesity Outcome Objective and measurable strategies are included in all local agency plans.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist parents in having their children gain weight appropriately.</p> <p>Results of monitoring show 100% of local agencies have implemented one or more of the three (3) lesson plans targeting obesity prevention.</p> <p>By FY 2016 all local agencies will implement all 3 obesity prevention lesson plans.</p> <p>By FY 2017, all local agencies will</p>	<p>90% of local agencies have implemented one or more of the (3) lesson plans targeting obesity prevention per the LAP review.</p> <p>5 permanent sites are currently piloting the WICSmart online nutrition education platform. Topics chosen are focused on prevention of overweight/obesity.</p> <p>More information will be available after the pilot period has ended and transition to statewide roll out.</p> <p>75% of agencies have implemented the BMI and Motivational Interviewing Guidance documents.</p>

	<p>information on IT and Epi specific activities related to this objective.</p> <p>Distribute Fast Facts flyer focused on childhood overweight and obesity to pediatric practices statewide. This flyer provides information on CT WIC overweight/obesity rates and includes strategies focused on prevention.</p>	<p>Source: CT SWIS, Outcome Objective #5a: Childhood Overweight; #5b: Childhood Obesity; quarterly reports, by federal fiscal year.</p>	<p>begin to implement BMI and Motivational Interviewing Guidance documents.</p>	<p>However no agencies appear to be consistently using the "Tell me more about your child" resource that would support the guardian/caretaker in setting health/nutrition goals.</p> <p>During monitoring visits the following have been identified as areas needing improvement: reforming leading questions into non leading, summarization for the counseling session and transition from prescribed goals/recommendations into more guided goal setting.</p>
<p>2.5 At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Monitor the implementation of revised targets and quarterly report results for Breastfeeding Initiation during 2017.</p> <p>Facilitate quarterly WIC Breastfeeding Committee meeting and activities.</p>	<p>2016 WIC Objectives: ≥70%</p> <p>HP 2020: 81.9% <u>FFY 2009:</u> 63.7% Range: 52.1% - 88.9% <u>FFY 2010:</u> 65.8% Range: 53.9% - 91.2% <u>FFY 2011:</u> 65.0% Range: 49.8% - 88.4% <u>FFY 2012:</u> 69.9% Range: 48.5% - 91.4% <u>FFY 2013:</u> 75.9% Range: 66.7% - 90.7% <u>FFY 2014:</u> 76.2% Range: 59.3% - 93.0% <u>FFY 2015:</u> 77.3% * Range: 58.0% - 92.3% (* 9-month average)</p>	<p>SWIS/CT-WIC quarterly and annual reports</p> <p>Documentation of improved compliance with guidelines per technical assistance reviews and monitoring reports. More than half of agencies visited will meet or exceed performance standards.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate education materials to assist mothers in making an informed choice on infant feeding.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and</p>	<p>90% of local agencies are utilizing effective and appropriate education materials to assist mothers in making an informed choice on infant feeding.</p> <p>90% of local agencies are utilizing effective and appropriate education materials to assist mother in successful initiation of breastfeeding.</p> <p>LA BF Coordinators' Quarterly Meetings held as scheduled in 2017.</p>

	<ul style="list-style-type: none"> • Train local staff to implement two (2) new Breastfeeding Content Sheets • Update Breastfeeding Content Sheets as needed. • Revise as needed the Connecticut Breastfeeding Guidelines. <p>Monitor for implementation & use of Breastfeeding Content Sheets & Breastfeeding Checklist.</p> <p>Survey for implementation & use of Breastfeeding Outreach Presentation.</p> <p>Begin to incorporate Breastfeeding Unit staff into 2 monitoring visits in FY 2017.</p>	<p><u>Source:</u> CT SWIS, Outcome Objective #3a – BF Initiation Rate; quarterly reports by federal fiscal year.</p>	<p>appropriate education materials to assist mothers in successful initiation of breastfeeding.</p>	<p>Completed work on 3 content sheets: Emergency Preparedness, Jaundice and Perinatal Mood and Anxiety Disorders (PMAD). Reviewed at June Statewide Meeting.</p> <p>Breastfeeding Promotion and Support Guidelines are being updated and available in mid-FY 2018.</p> <p>Use of Breastfeeding Planning checklist is inconsistent per feedback from monitors and local agency Breastfeeding Coordinators.</p> <p>Also, Breastfeeding Outreach presentation has had limited local agency use, determine if updating this presentation to incorporate eWIC piece is necessary.</p> <p>Do not occur in 2017. Planning meeting held with Breastfeeding and Monitoring Units to discuss revisions to tools and areas of focus was held on July 13th. Peer Counseling will also be included in monitoring visits,</p>
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	Coordinate breastfeeding portion of CDC 1305 (SHAPe) grant.			review standards will be developed for peer counseling and incorporated in MER tool by 1 st quarter FY 2018. Continue to implement SHAPE breastfeeding activities. See CT-DPH Breastfeeding webpage for more details related to this grant.
2.6 At least 50% infants enrolled in the WIC Program are breastfed for 6 months or more.	<p>Monitor the implementation of revised targets and quarterly report results for Breastfeeding Duration during 2017.</p> <p>Monitor for incorporation of strategies to increase breastfeeding duration in local agency plans. Include revised measure as part of LAP performance measures.</p>	<p>2016 WIC Objective: ≥50% HP 2020 Objectives: 60.9% FFY 2015: 61.5% * Range: 41.3% – 87.9% (* 9-month average)</p>	<p>SWIS/CT-WIC quarterly and annual reports</p> <p>Record of meetings and technical assistance provided to local agencies, local agency BF coordinators and CT Breastfeeding Coalition</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods and appropriate resources to assist mothers in meeting their established breastfeeding duration goals.</p> <p>Results of monitoring show greater than 80% of local agencies are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p> <p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled and duration rates.</p>	<p>70% of local agencies monitored using effective educational methods and appropriate resources to assist mothers in meeting their established breastfeeding duration goals. 75% of local agencies monitored are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p> <p>See Breastfeeding Peer Counseling Implementation Plan Update FY 2017 for details on oversight and</p>

	<p>Counseling Programs.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs. (quarterly progress reports)</p> <p>State agency WIC Peer Counselor Coordinator (IBCLC) will conduct 2 on-site reviews (WIC and hospital based peer counseling program).</p> <p>IBCLC to work with CLC at local WIC program on IBCLC exam requirements.</p> <p>Investigate peer counseling platforms and other technologies to increase reach of peer counseling in CT.</p> <p>Submit reports to USDA Continue to refine program protocols</p> <p>Continue to work with 3Sigma to implement peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p>		<p>Breastfeeding competencies finalized and implemented as part of new staff orientation and competencies.</p>	<p>technical assistance provided to all 5 peer programs (clinic and hospital based).</p> <p>Bulk of FY 2017 was spent on TA around implementation of CT-WIC and Peer Counseling Module. On-site reviews will begin in FY 2018.</p> <p>Two (2) local agency nutritionists (Hartford/Waterbury) are actively pursuing IBCLC certification. State agency IBCLC helped them navigate the process and identify mentors.</p> <p>New technologies are on-hold until 2019. Anticipate LATCH research results to be published in 2018.</p> <p>Significant work on updating WIC Peer Counseling Program protocols and contract language based on CT-WIC implementation. This work will continue through 2018.</p> <p>All local agency staff are encouraged to complete breastfeeding competencies as part of</p>
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	<p>Follow-up on implementation of USDA's Loving Support: Building Breastfeeding Competencies initiative. Incorporate portions of the Grow & Glow modules into revised staff training expectations and competencies.</p> <p>Work with CT Ten Step Collaborative on sustainability of Connecticut Breastfeeding Initiative (CBI) and CDC 1305 grant.</p> <p>As resources allow, work with Day Care licensing (moved to SDE) to offer breastfeeding training for center based providers.</p> <p>Coordinate at least one (1) Breastfeeding-focused CT-AAP teleconference in FY 2016.</p>		<p>Pending resources, Access child care provider training is adapted for statewide use.</p> <p>One CT-AAP teleconference is held in 2016. Evaluations are reviewed.</p>	<p>WIC Orientation. Used OA funds to provide all local agency nutrition staff, peers and IBCLC's with access to 4 hours of continuing education through Lactation Education Resources. Also sponsored 32 WIC State and local agency staff attendance at 2017 LLL Health Care Provider seminar with Dr. Jack Newman.</p> <p>Continue to implement SHAPe breastfeeding activities. See CT-DPH Breastfeeding webpage for more details related to this grant. Developed 5 posters- Rooming In, Make a Plan and Community Support for the "It's Worth It" campaign. Make a Plan checklist was refreshed and Make It Work checklist was developed. Discussed campaign and materials at July Breastfeeding Coordinators' Meeting.</p> <p>Not accomplished.</p> <p>Arranged CT-AAP/DPH/WIC teleconference on WIC</p>
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	Actively participate in the CT Breastfeeding Coalition (CBC).			Special Formulas held June 29, 2017. Pam Beaulieu is a non-voting board member. Attended meetings as schedule allowed. Met with new CBC Chairperson on July 14, 2017 to discuss existing joint project and future plans.
2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC marketing and participant training materials (WIC Shopper App).	<p>Facilitate training of State and local staff on updated or revised policy.</p> <p>Review current Food List and make needed updates.</p> <p>Work with Vendor Unit and JPMA to add CT information to WIC Shopper App.</p> <p>Provide training, technical assistance and participant materials to local agencies on use of App to make shopping easier.</p>	Help Desk Calls from 2016.	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p>	<p>Based on themes from call received in FY 2017 from local agency liaisons 2 trends have emerged.</p> <ol style="list-style-type: none"> Participants are not purchasing the correct food item based on their Family Benefits List (FBL) Problems with redeeming WIC eligible nutritionals and exempt infant formulas at certain WIC approved pharmacies. <p>WIC Shopper App was implemented early 2017. Per June report, 3,205 different WIC families used WICShopper on 6,224 shopping trips and scanned 16,871 products.</p> <p>Joint initiative between Vendor and NSU- WIC Shopping Experience is scheduled for 2018. Additionally, task force</p>

				to address prescription formula redemption has convened.
2.8 Coordinate with IT to track, document and log bugs and system enhancements into SharePoint and test bugs/enhancements once they are "Ready for State"	Hold weekly calls with IT, Vendor, Mgmt, NS and 3 Sigma to work through	Release schedule	CT-WIC Releases are on schedule.	Phase 2 tasks completed. Weekly web-conference Bug Calls were held with the project manager from 3 Sigma to identify bugs, create enhancements & develop business rules on new functions. Maintenance bugs & enhancements are logged in 3 Sigma's Sharepoint website. Maintenance bugs are considered high priority and have been fixed in every release. Enhancements are considered changes or additions to the original requirements and are prioritized by level of importance. CT entered a maintenance contract with 3 Sigma starting July 1, 2017 which will include fixing maintenance bugs and development of enhancements to CT-WIC.
2.9 At least 50% of submitted 2016 Local Agency Plans will have measurable strategies included	Review FY 2017 LAP submissions for compliance with guidance on measurable strategies. Provide qualitative feedback via LAP consolidated comments and liaison TA visits.	2017 WIC Objective: 60%	LAP's will have marked improvement in incorporation of measurable strategies.	75% of submitted LAP included a majority of measurable 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 Conversion from Mead Johnson to Abbott products for rebate contract.

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

Objective 3.3 Review and modify minimum inventory requirements.

Objective	Strategies/Activities	Baseline	Indicators	Progress
3.1 Conversion from Mead Johnson to Abbott products for rebate contract.	Transition infant participants from Enfamil to Similac formulas.	October 2016	30 day transition from Enfamil products to Similac products for standard contract formulas.	Accomplished through Vendor bulletins and mailing.
	Monitor availability of rebate able products and minimum inventory at authorized food retailers and pharmacies.	1 st Quarter of FY17	24 units of Similac Advance powder and/or concentrate	Routine, open enrollment and renewal monitoring visits performed to prove availability.
	Investigations for not providing contract formulas, and substituting for unauthorized items.	Nov./Dec. 2016	High risk vendors and vendor history of providing unauthorized foods.	One investigation done and vendor was disqualified for giving other unapproved items.
3.2 Improve program integrity through documentation of and follow-up on the on-line sale of food benefits and formula.	Weekly monitoring and responding to on-line advertisements offering WIC commonly issued food benefits and/or formula. Comply with the Federal requirements for suspension and claims for participants that have offered for sale/sold or improperly disposed of food benefits and/or formula. Monitor for local agency compliance during reviews.	2013 numbers	Documentation of the number of the incidences of WIC Participant involvement and the number of ads responded to will document the degree of participant involvement. Determination if revised forms, local agency staff training and participant education reduce the online sale of WIC foods and/or formula.	Several websites are being monitored and cases are being identified. 7 incidences have been tracked.

<p>3.3 Review and modify minimum inventory requirements.</p>	<p>Q1 Research redemption amounts of minimum inventory items through eWIC purchases. Q1 Consider adjusting amounts based on peer groups/store size/redemptions. Q1 Consider a restricted Vendor Agreement excluding vendors from stocking or selling all formulas.</p>	<p>Requirements were last revised in 2009. 1st Quarter of FY17 1st Quarter of FY17</p>	<p>New Food Package Revisions, and the elimination of having to redeem all foods at once on paper checks. Reduced waste and expiration of foods based on vendor feedback. Reduced waste and expiration of foods based on vendor feedback.</p>	<p>Changes were made to requirements for milk, cheese, whole grain options, and canned fish Amounts not changing until we have redemption data for these classifications. Agreement not changing until we can analyze redemption data for non-formula redeeming vendors.</p>
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Program Functional Area 4: Vendor/Retailer Management

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

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

Objective: 4.2 Improve compliance investigation process to initiate and complete investigations within 3 months.

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

Objective: 4.4 Full implementation of MIS and eWIC.

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
4.1 Enhance the WIC website and email only usage to provide important vendor-related information.	Maintain links to federal regulations, vendor authorization process, vendor agreement and a monthly list of currently authorized vendors.	2015 information	Changes are needed for updated information.	Website used for announcement of open enrollment, posting bulletins, pictorial minimum inventory list, and Xerox stand beside machine guide and set- up video.
	Modify the Frequently Asked Questions and answers posted on website to accommodate vendor requests.	1 st Quarter of FY15	A reduction in the number of similar type questions being asked.	eWIC information updated in Q1 for submission and list of APL items and Q2 for transaction manuals.
	Monitor vendors' usage of email for more timely communications. Email bulletins/communications and renewal application packages through the MIS.	95% of authorized stores provide an email address on their application.	Increased utilization of email and website by vendors to obtain relevant information. Reduction in calls for information that is provided online. New MIS has the capability of emailing from the system.	Processing technicians utilized email with follow up phone calls for open enrollment and renewal processes. Used Outlook, email capability in CTWIC is not yet functional.

	Monitor compliance for 100% of vendors providing and utilizing an email address.	Continual follow up on vendors who do not provide an email address.	Require those without an email address to utilize one for all vendor communications.	Email is first mode of communication for documentation purposes. Phone communication is still necessary for vendors.
4.2 Improve compliance investigation process to initiate and complete investigations within 3 months.	In the first month of initiating investigation of selected stores, contractor performs initial compliance buy, State WIC Office is notified electronically of initial finding. Document file that a warning is not being issued if it will compromise the investigation.	9.3% completion rate in FY14. In FY15, 3% out of the 5% requirement for investigations was met.	Investigations are deemed to be complete.	Improvements made in Q1 include refining the process with the new contractor and verbal notification of initial violations is occurring in order to warn or document the file.
	Second month, contractor performs follow up buys. Determination to close investigation.	State office approval for subsequent buys.	Completion of subsequent compliance buys.	Compliance buy reports are sent via email and reviewed by state staff.
	Third month send sanction letters and close investigation in the TIP report.	9 months from violation to sanction.	Length of time from last buy to sanction.	The average time between the last compliance buy conducted and the date of the enforcement action has averaged 69.5 days.
	Cross train staff on compliance investigations.	One staff person oversees the process	Increased knowledge of staff and backup assistance when needed.	Will occur in Q4/Q1 of FY18.
	Utilize high risk report from MIS to identify the highest priority of vendors to investigate.	Several individual reports from multiple sources.	One report that pulls all high risk criteria and prioritizes vendors.	High risk vendor report is functional and is being used.

4.3 Complete implementation of corrective action plan in response to FY14 Vendor Management Evaluation.	Monthly conference calls until findings and observations are resolved by CT WIC and closed by USDA.	Findings/Required Corrective Actions (RCAs), Observations and Suggestions from report	Report was issued October 6, 2014.	Conference calls have been held each month to discuss the CT VM ME CAP tracker.
	In Q1, finalize corrective action plans and complete responses in the ME Tool.		Repeat findings on Vendor Management MEs.	Throughout FY17, open Findings have been reduced from 6-2, open Observations are reduced from 5 to 3. All open items are anticipated to be closed in August 2017.
	Through Q1, improve tracking by electronic means for monitoring visit follow ups, closure of investigations, referrals to SNAP on WIC DQs in CTWIC.	Tracked on paper/filing system or Access database	Former MIS did not have this reporting capability.	Electronic notification for follow up visits is functional and is being utilized. MIS reports are available and some need to be modified to provide accurate data.
	End of Q1, assure that corrective actions are followed and when new MIS is implemented during October 2016, and review corrective actions to assure that all issues continue to be addressed.		Findings and Observations from FY14 VM ME that require the use of new MIS.	Policies are being written and followed, as well as process documents being revised to reflect procedures and requirements for documenting activities in CTWIC.

4.4 Full implementation of MIS and eWIC.	<p>Update authorized vendors on eWIC activities through bulletins targeted to specific audiences, emails, on the website and through the WIC Vendor Advisory Council.</p> <p>Implement WIC Vendor Agreement changes to accommodate EBT language.</p>	<p>CT implemented eWIC in FY17, February-August 2016</p>	<p>Federal mandate to implement WIC EBT by 2020.</p>	<p>Bulletin sent in March 2017 that noted all of the areas that had changed in the Vendor Agreement. Vendors were required to sign and return a signature page agreeing to the terms and changes of the new Agreement.</p> <p>The Vendor Agreement was emailed to the corporate offices and posted on the website.</p> <p>The Agreement changes were on the agenda and topics of discussion at the 1/24/17 and 4/25/17 WVAC meetings.</p>
	<p>Q1 Revisions to existing policies and business processes, in addition to how eWIC will change state operations.</p>	<p>Limited number of policies and procedure in writing.</p>	<p>Policy and Procedure Manual</p>	<p>Policies are being written, as well as process documents being revised to reflect procedures now that eWIC and CTWIC have been implemented.</p>

	<p>End of Q1 Implementation of Vendor Portal for applications, registering for trainings, access to sanction history.</p> <p>Vendor access to Xerox portal for eWIC data on payments.</p>	Manual processes	<p>Number of electronic applications received for open enrollment in Q2</p> <p>Eliminate the number of entirely rejected vendor payments through checks; vendors are paid at the max prices when the requested price is over the MARL.</p>	<p>Vendor Portal was delayed until Q4. Functionality was included in version 1.9 being installed on July 25, 2017.</p> <p>WIC Program was informed that vendors are not aware of a Xerox/Conduent portal and they do not use it.</p>
	Q2 Enhancements for increased access to EBT data through CTWIC	Database only accessible through IT.	Amount of time to acquire information.	Limited data is available to program staff. Information is available via requests to IT, and reports are still being developed.
	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 emailed through the MIS.	Exploration and testing on a tablet began in July 2017 for access to vendor data and conducting monitoring visits. Enhancements will be needed to collect a contact person's signature and email a formal report.

<p>4.5 Investigate and determine the process for changing State Regulations.</p>	<p>Review Federal Regulations and current State regulations to identify areas that are inconsistent</p> <p>Identify and document the expedited process for changing certain regulations and determine when it is (for what changes) appropriate to use this process.</p> <p>Explore the regular process for changing regulations and determine which required changes can be completed using this process.</p> <p>Update violations and state agency established sanctions to accommodate the change from paper checks to eWIC cards.</p>	<p>Current state regulations have been in effect since June 1998.</p>	<p>Vendor Management policies are compliant with federal regulations, but have changed since state regulations were last updated.</p>	<p>Delayed until FY18.</p> <p>DPH is expected to complete a large technical/repealer bill through the legislative proposal process, and state statutes will be reviewed.</p> <p>Several violations no longer exists with the elimination of paper WIC checks, and new sanctions for eWIC violations are being established.</p>
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4.6 Improve authorization process for vendors applying during open enrollment period.	Q2 Shorten time between posting of the open enrollment period and authorization decisions.	5 months for entire process	Reduce the wait time to 3 months from application to authorization.	Process occurred between January-March, 2017
	Provide a training to offer application assistance training to new vendors.	75% complete upon first submission	Reduce number of incomplete applications submitted by 20%, to achieve 95% complete.	Provided Application assistance training on January 19, 2017 and Feb 1, 2017.
	Vendor's time to stock food and reduce waste.	2-4 weeks to visit stores	Reduce amount of time by 50% for potential vendors to wait for monitoring visit to 2 weeks.	Vendors were informed at training that monitoring visits would begin one week after the training date and would occur within two weeks from that date.
	Q1 Earlier notification of open enrollment period on webpage.	Posting by 2 nd week of January	Increase in vendors being aware of the enrollment period, and decrease in phone calls to State Office asking when it will be offered.	Posted on website on 1/6/17. For vendors who inquired on the process in Q4 of FY16, their information was collected and the vendors were contacted when the posting was available.
	Reduce number of stores being trained, receiving monitoring visits	5 months for entire process 85% of stores trained in FY16	Reduced amount of time to train and monitor vendors who will be non-selected for other reasons.	Only stores who passed selection criteria were invited to training, and only those who attended training received monitoring visits.

	End of Q2 Issue non selection letter immediately when 1 st selection criterion is not met. Non-selection letter issued onsite when monitoring visit failed; immediate notification of non-selection when response to application questions indicates non-selection.	4 months for notifications of non-selection.	Reduce time to 1 month from application to when vendor fails to meet a selection criterion.	18 non-selection letters sent on 3/29/17 and 4/6/17, 1 non-selection letter sent on 5/11/17.
	Q2 Upon implementation of vendor portal, consider quarterly or more frequent enrollment periods throughout the year.	100 applications received each February.	Fewer applications to process throughout the year vs. all at once	Delayed to FY18 due to implementing the vendor portal in Q4.

Program Functional Area 5: Management Information Systems

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

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

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

Objective: 5.3 Continue the mainframe cost containment initiative.

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

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

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

Objective: 5.7 Develop a new MIS equipment obsolescence plan.

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional vendor and finance functionality to CTWIC.	MI-WIC system transferred to CT With minimal modifications	Vendor and Finance units using CTWIC for all major functions.	Modules nearly complete. Some enhancements still being added.
5.2 Establish a master schedule of all WIC IT projects.	Create and maintain a master schedule of IT activities.	Master calendar created and maintained.	Master calendar created and maintained.	Ongoing – maintained in vendor SharePoint
5.3 Continue the mainframe cost containment initiative.	Mainframe need to be eliminated at the end of the year	Active for remaining check redemption and reporting only.	Maintain MF cost in report of MIS Cost Survey Feb 2010.	Mainframe use nearly complete.
5.4 Implement an MIS and EBT solution for Connecticut.	Implement phase 2 tasks from MIS/EBT project	Basic functionality implemented. All participants converted to to eWIC.	Remaining functional requirements from statement of work completed.	Phase 2 almost finished.
5.5 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Dashboards in development. Some reports are self-service. Other reports still being emailed to Local agencies.	Pilot intranet or report server. Pilot ad hoc reporting capability.	Environment setup but not turned on in production yet. Expected by July 1.

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

Program Functional Area 6: Caseload Management/Outreach

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

By September 30, 2017:

- Objective 6.1:** Determine baseline for pregnant women applicants. Target a 2% increase over 2016 rates. Determine need or feasibility of target for infant enrollment.
- Objective 6.2:** Determine baseline for child participation/retention in 2016. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2016/2017.
- Objective 6.3:** All local agencies will implement consistent no-show tracking methodologies. Establish baseline using information from new CT-WIC report.

Objective	Strategies/Activities	Baseline	Indicators	Progress
6.1 Determine baseline for pregnant applicants enrolling in 1st trimester (CT-WIC reports). Target 2% increase over 2016 rates. Determine need or feasibility of target for infant enrollment.	<p>Survey local agencies on use of new 1st trimester enrollment outreach materials.</p> <p>Review all local agency plans for inclusion of outreach strategies for increasing 1st trimester enrollment of pregnant women.</p> <p>Based on local agency data, highlight at least 2 best practices for increasing 1st trimester enrollment at a Statewide meeting in 2017.</p> <p>Determine if report to track early enrollment of infants within first eight weeks of life (data collected will include 7 days, 10 days, 30 days, 6 weeks and 9 weeks) to assist local agencies in program planning and evaluation is necessary.</p>	<p>2016 WIC Objective: $\geq 35\%$</p> <p>FY 2009: 50.3% Range: 26.2 - 66.3%</p> <p>FY 2010: 50.9% Range: 30.7% - 67.4%</p> <p>FY 2011: 53.6% Range: 40.8% - 66.2%</p> <p>FFY 2012: 53.3% Range: 39.9% - 71.7%</p> <p>FY 2013: 53.7% Range: 44.0% - 70.4%</p> <p>FY 2014: 50.5% Range: 37.1% - 65.3%</p> <p>FFY 2015: 29.1% * Range: 18.1% – 38.8% (* 9-month average)</p> <p>Source: CT SWIS, Process Objective #1 – 1st Trimester Entry into WIC; quarterly reports by federal fiscal year.</p>	<p>CT-WIC Process Objective Report (FY 2016) 1st trimester enrollment of pregnant women is greater than or equal to 35%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p> <p>100% of local agency plans will include measurable strategies to increase 1st trimester enrollment by 2018.</p> <p>Determine feasibility or need to establish baseline or indicator by end of FY 2017.</p> <p>WIC Outreach Toolkit is distributed by December 2016. Local agencies will use materials in outreach and report back on effectiveness.</p> <p>Quantitative and qualitative assessment of each Outreach Activity conducted is reported in local agency plan.</p>	<p>Unable to determine at this point due to CT-WIC implementation and a bulk of resources spend developing WIC quarterly reports in FY 2017.</p> <p>In process of finalizing quarterly report formats for 1st trimester enrollment, Maternal Weight Gain and LBW.</p> <p>At this time it is not feasible to target infant enrollment as a participation strategy.</p>

	<p>If investigations show early enrollment of infants is low, establish statewide baseline for infant enrollment. Once baseline established, develop Statewide objective target for caseload management purposes.</p> <p>Review local agency plans for inclusion of evaluation of prior year's outreach activities. Determine if local agencies incorporated changes for future outreach activities based on evaluation results.</p> <p>During monitoring and for those agencies that are conducting Self-assessments, review current outreach strategies with local staff to ensure outreach plan remains relevant. Provide on-site technical assistance as needed.</p>			<p>Revamped local agency plan (LAP) to require each local agency develop a measurable outreach objectives and strategies. This is to ensure that evaluation is easier to accomplish. All local agencies will be required to use the State-developed Outreach Toolkit and materials.</p>
<p>6.2 Determine baseline for child participation/retention in 2017. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2017.</p>	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5 year old child participation.</p> <p>Through USDA WIC Special Projects Grant track child participation rates in six local agencies.</p>	TBD	<p>Child participation rate and/or baseline target is established.</p>	<p>Did not accomplish completely for 2017 due to CT-WIC implementation. Looked at selected agencies for trends in participation levels. Carry to 2018 for WIC/HS Better Together Collaboration sites.</p>

<p>6.3</p> <p>All local agencies will implement consistent no-show tracking rates.</p>	<p>Monitor for implementation of standardized no-show rate tracking in FY 2017 reviews & Self-Assessments. Provide guidance as needed.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> ▪ Reminder calls and offering convenient appointment times ▪ Determine impact of new automated reminder system One Call integration has on no show and participation rates. <p>Develop target for statewide no-show rate based on LAP review of local agency no-show rates for 2017.</p> <p>Work with 3Sigma and IT to develop an automated, standardized process & report for tracking no-show rate in CT-WIC.</p>	<p>TBD</p>	<p>Verification that all local agencies are rate tracking, analyzing and implementing and effective strategies to reduce no-show rate.</p>	<p>No show report became active in CT-WIC in mid-2017. Unsure of extent of utilization. Will review its use based on 2018 LAP as finally determine baseline for evaluation in FY 2018.</p> <p>One call phone and text messaging reminder system sends out appointment reminders, missed appointment reminders and expiring benefit messages.</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 participants.

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
7.1 Maintain coordination with at least 75% of identified key partners.	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Connecticut was funded in November 2014 for a Full Grant. Continue implementation of <i>Connecticut WIC and Head Start Cross-Program Collaboration Project</i> through 2018.</p> <p>Dependent on funding, continue SNAP Ed/WIC Program Collaboration to compliment WIC nutrition education efforts.</p>	<p>Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Amended and Executed PSA with USJ for Full grant.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p> <p>Final WIC SPG Deliverables are approved by FNS.</p>	<p>Interact with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology as needed.</p> <p>See attached July Quarterly Report for progress on WIC & HS Better Together Project. New head Start State Collaboration Office representative was assigned.</p> <p>Introductory meeting occurred in July. DPH and HS MOU out for signatures, anticipate MOU executed by September 2017.</p> <p>WIC Numbered Memorandum sent to local agencies September 14, 2016 for FY 2017 DPH SNAP-ED University</p>

	<p>Coordinate with SNAP Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP Ed recipes in WIC education/resources used.</p> <p>Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC) to facilitate the group's understanding of WIC Breastfeeding initiation and duration data and promotion and support strategies. Work with the CPQC to better coordinate hospital and community messaging about breastfeeding.</p> <p>Maintain partnership with CT Alliance on Perinatal Mental Health via planning and implementation of a PMAD related training in FY 2016. Provide feedback to Alliance re: community mental health resources identified through local agency networking.</p>		<p>evaluations and feedback from SNAP Ed/local agencies/students</p> <p>SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of CPQC meetings.</p> <p>FY 2017 Implementation of WIC PMAD Screening Protocol.</p>	<p>of St Joseph subcontractor and WIC collaboration for the period of Oct 1st to September 30th, 2017. SNAP Ed. Program sent letter to WIC local agencies as well. Although the nutrition workshops were not well attended, SNAP Ed. "lobby boards" with Nutrition Education in waiting areas of WIC clinics seem to have more appeal. Interest to continue collaboration for next year.</p> <p>CT Hospital Association (CHA) has taken over the CPQC meetings. Focus for this year is Opioid Addiction and Treatment. Breastfeeding still a critical component of care for moms in treatment for opioids.</p> <p>See Objective 9.2 for more details on collaboration with CT Alliance for Perinatal Mental Health, NFN and UConn.</p>
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<p>7.2 90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.</p>	<p>During reviews, assess local agency utilization of revised referral codes and referral policy and procedures.</p> <ul style="list-style-type: none"> • Update revised policies/procedures as indicated. • Provide review of updated policies and procedures at Statewide Meetings as needed. <p>Review LAP for evaluation of outreach activities. Local agencies will use outreach evaluation results to drive future outreach plans. See 6.1</p>	<p>N/A</p>	<ul style="list-style-type: none"> ▪ 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>55% of local agencies monitored are providing appropriate mandated and targeted referrals. This is a 10% decrease from FY16. As indicated in FY16 it was evident that some local agencies were not consistently documenting referrals during the transition to CT-WIC. In addition, there was an issue with documentation of referrals that required a coding change by CT-WIC developers.</p> <p>All of the local agencies reviewed in FY17 utilize a local resource guide.</p> <p>Follow up to referrals occurs in 75% of those that are documented based on chart audit reviews during monitoring.</p>
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Program Functional Area 8: Civil Rights

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

By September 30, 2017:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
8.1 Verify 100% of local agencies are in compliance with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	During monitoring, request copies of LA developed brochures, handbooks, and/or other publications and review for proper usage of the nondiscrimination statement. Monitor to verify that Racial/Ethnic Data Collection procedures followed at local agencies during FY 2016 reviews.	Ongoing	Each brochure and handout will contain the current USDA Non-discrimination statement. Regulatory compliance as evidenced in monitoring reports.	Local agencies are monitored for compliance with the non-discrimination statement requirements on all local agency publications, websites and social media accounts. Whenever findings exits, a corrective action is required by the local agency. Monitoring results show that 100% of the agencies monitored adhere to the OMB racial/ethnic data collection standards.

<p>8.2</p> <p>Conduct annual civil rights training for local agency staff.</p>	<p>Update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. (ReNEW 2.0 training subcommittee).</p>		<p>Initial self-paced Civil Rights training is implemented statewide.</p> <p>Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.</p>	<p>On September 27th, 2016, all state and local agency staff were trained on the correct procedure for handling complaints alleging discrimination and/or civil rights; the LEP and public notification policy. The training was conducted by NERO. Another training is planned for September 7, 2017.</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, 2017:

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

Objective: 9.2 Monitor local agency implementation updated risk criteria.

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.1 90% of special formula procedures during monitoring were accurate and complete. (See Objective 3.3)	<p>Review WIC infant formula report on a quarterly basis to assess local agency usage of special/exempt formulas.</p> <p>Provide technical assistance to local agencies during transition of contract formula company (NEATO contract). Work with 3 Sigma on successful update of participant benefits from MJ products to Abbott Lab products by October 1, 2016.</p> <p>Update formula resource tables, issue timely WIC numbered memos, provide in-service training and develop user-friendly formula resources for Nutritionists.</p> <p>Employ multi-level approach to improve local staff and medical community knowledge in area of formula issuance.</p> <ul style="list-style-type: none"> • Respond to/solicit feedback from WIC medical advisor, key stakeholders <p>Provide two (2) in-service trainings to identified stakeholders about WIC formula policies and procedures by September 30, 2017. Assist local agencies in providing in-service presentations as appropriate.</p> <p>Using checklist adapted from MA WIC , monitor for local agency compliance with special formula procedures (formula ordered through the State agency)</p> <ul style="list-style-type: none"> ▪ Obtain list of at least 10 participants receiving State ordered special formulas and verify 	June 2017: report: Exempt infant formulas Range-% Average- %	Local agencies will demonstrate proficiency with: Following formula policies and procedures. Appropriate rational for ordering a special formula. Local agency report of improved knowledge base and comfort-level in interactions with HCP's. Reduction in the number of health care provider phone calls related to confusion re: WIC special formula issuance. CT-WIC Infant Formula Monthly Reports.	2 of the 3 agencies reviewed had findings related to special formula issuance. Findings were mostly related to missing documentation or continuation of issuance beyond the prescription valid date. However in one local agency there were findings related to issuance without any medical documentation on file. Issued two WIC Numbered Memos #17-002 – Changes to CT WIC program formulary for infant formula and WIC eligible medical foods. Monitoring identified need to

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>proper procedures were followed during local agency monitoring.</p> <ul style="list-style-type: none"> ▪ Review participant files with medical documentation forms to determine frequency of insufficient “medical rationale” ▪ Based monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. 			<p>review the federal regulations on medical documentation for specialized infant formula and WIC eligible nutritionals,</p> <p>#17-017 Changes to WIC Program formulary for Infants Formula and WIC eligible Medical Foods</p> <p>Conducted training during Statewide meetings and webinars on the following dates: 09-16-2016- Contract Formula Transition Updates</p> <p>10-27-16 WIC Contract & Specialized Formulas and Medical Food Orientation to Local Agencies New Staff</p> <p>2/17-F/U FAQ documents 6/17 Formula Updates</p> <p>CT-AAP teleconference on WIC Special</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
				<p>Medical foods and Pediatric Supplements was held June 29, 2017.</p> <p>Revised Webpage with current Formula Resources information.</p> <p>Added two new tables: Other Medical Food for Infants and Children, Metabolic Products grouped by conditions. All tables were updated to highlight that some medical nutritionals contains high intensive sweeteners.</p> <p>WIC Approved Contract and Specialized Formulas/Eligible I Nutritionals Listing revised, pending upload.</p> <p>In process of developing for FY 2018 process for State review of formula issuance.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.2 Monitor implementation of updated Nutrition Risk Criteria.	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to CT-WIC</p> <p>Monitor system upgrades via local agency feedback. Determine timeframe for rollout of system upgrades.</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>Continue with timeline for extension of implementation of revised Depression Risk #361</p> <ul style="list-style-type: none"> Expect all local agencies to implement by January 1, 2017. <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p>	N/A	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>PMAD training provided in September 2016. Several sites piloted for the 1st quarter and all remaining agencies implemented January 2017.</p> <p>See attached screening protocol. Additional TA training was provided by Jennifer Vendetti of UConn, Nurturing Families Network (NFN) re: protocol and community mental health resources.</p> <p>Risk Update self-directed training provided to staff on May 25, 2017. CT-WIC Release 1.9 included the Nutrition Risk updates and went out on July 25, 2017.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.3 100% of participants receive targeted exit counseling.	<p>Develop or modify a State's existing exit counseling brochure with ReNEW 2.0 subcommittee members by March 30, 2017. This brochure will be made available for all participants leaving the program.</p> <p>Review and update existing exit counseling policies in Local agency Policy and Procedure Manual.</p> <p>Train local agency staff on any updated policies.</p>	2015 & 2016 Monitoring results	During routine monitoring local agency staff will show proficiency with providing appropriate exit counseling to participants.	Exit counseling brochure was not completed due to other priorities. ReNEW 2.0 will re-focus on this topic and emphasize importance of this process in FY 2018-including review of existing policy and staff training. Monitoring indicates that local agency staff is inconsistent in providing appropriate exit counseling to participants
9.4 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures.	<p>During nutrition services monitoring validate local agency compliance mid-certification visits for breastfeeding are consistent with State Plan policies.</p>	2015 & 2016 Monitoring results	During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.	2 of the 3 agencies reviewed in FY17 were inconsistent with mid-certification of breastfeeding women.

Program Functional Area 10: Monitoring & QA

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

By September 30, 2017:

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

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

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

Objective: 10.4 Monitor implementation of participant complaint tracking system.

Objective	Strategies/Activities	Baseline	Indicators	Progress
10.1 Monitor six (6) service regions including satellites.	<p>By end of 1st quarter, develop FY2017 monitoring schedule.</p> <ul style="list-style-type: none">▪ Conduct monitoring visits & schedule exit conference within two weeks of completion of fieldwork.▪ 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 FFY17 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 clients served, and Hours of operation	FFY14 LA monitoring schedule (See Objective 10.3)	<p>FY 2013 and 2014 Monitoring and review schedule tracking sheet.</p> <p>100% of scheduled monitoring visits and reports completed by Sept 2017.</p>	<p>The monitoring schedule was developed at the beginning of the 1st quarter. Six agencies were scheduled for routine monitoring in 2017. Five agencies have been monitored as of July 26, 2017. One remaining review will be conducted in August 2017. Exit conferences have been completed or scheduled for all of the agencies reviewed. CAPs were received from the agencies monitored within the designated timeframe within the exception of one local agency who was more than 30 days delayed. Responses to CAP occurred within 30 days.</p> <p>Common findings and CAP responses are been used to update FY18 Goals and Objectives, and training and technical assistance plans.</p>

				Satellite operations were observed during routine monitoring, and data was collected to assess effectiveness. Data indicates that satellite site operations are justified; location, number of participants served and hours of operation.
10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement.</p> <p>Highlight local agency best practices at December statewide meeting.</p> <p>Utilize “ReNEW 2.0” committee” to address statewide local agency training and technical assistance needs.</p> <p>During 2017</p> <ul style="list-style-type: none"> ▪ Monitor for implementation of BMI and MI Guidance. (50% of agencies reviewed will have implemented) ▪ Monitor of implementation and use of WIC staff orientation learning objectives and competencies. ▪ Evaluate NA II paraprofessional training held in fall 2015. Based on evaluation, schedule 2nd offering. ▪ Develop pregnancy weight gain guidance document to build upon revised MWG objective targets and expert speaker presentation. ▪ Update web as needed. ▪ Continue to facilitate the transition to a new MIS and EBT through ReNEW 2.0 committee structure. 	<p>Baselines from local agency reviews</p>	<p>Ongoing process/tool evaluation and feedback from local agencies.</p> <p>Evidence of LA application of VENA principles is reflected in monitoring reports.</p> <p>Results of monitoring visits are incorporated into technical assistance and training plans.</p> <p>At least 75% of ReNEW 2.0 sub-committee planned deliverables are completed.</p> <p>MIS/EBT Functional requirements for MIS and EBT design reviewed. See Functional Areas 5.4 and 5.5.</p> <p>Process flows developed and or reviewed, see Functional Area 5.4</p> <p>Change Management for data migration developed and/or reviewed. See</p>	<p>Overall there has been improvement noted for most agencies reviewed, in 2017, in the VENA competency rapport building and positive health outcomes.</p> <p>Some Nutritionists engaged in more leading rather than open-ended questions during assessment and counseling. Based on observations it is evident staff require additional training on how to partner with the participant in goal setting verses assigned/prescribed goal setting.</p> <p>Two (2) agencies were recognized at the December 2, 2016, Statewide Meeting: Danbury WIC Program “in recognition of outstanding outreach initiatives and efforts to provide quality nutrition services and increase retention.”</p>

			<p>Functional Area 5.6.</p> <p>Change Management for staff/ participant/vendor training and marketing developed and/or reviewed. See Functional Areas 5.2, 5.7, 5.8. 5.9.</p>	<p>East Hartford WIC Program "for initiative in developing a creative approach to providing quality nutrition education to WIC participants."</p> <p>All WIC staff received Customer service focused training provided by Denise Ryan (FireStar Speaking) at the December 2, 2016 Statewide Meeting- topics included, <i>Motivation by Chocolate, How to Get Along with Everyone Who Isn't You and Taking Care of Business-Delivering Excellent Customer Service.</i></p> <p>During the recent monitoring cycle, 84% of local agency staff met expectations by providing quality customer service. In most instances, staff went above and beyond to meet the participants where they are. Staff were also observed being very diligent with handling participant/vendor complaints of difficulty during the transition to CT-WIC.</p> <p>The State agency hosted a Nutritionist Conference on March 3, 2017, that included a session on Motivational Interviewing,</p>
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			<p>provided by Melissa Santos PhD and JoAnne Arena RD from Connecticut Children's Medical Center Obesity Clinic.</p> <p>Tiffany Lynn Blake-Lamb M.D., M.Sc. from Boston, MA presented her work on the First 1000 Days at the March conference. After the Conference, the ReNEW 2.0 education subcommittee, started developing Prenatal Weight Gain guidance and has incorporated the First 1000 days messages into its materials. Final guidance should be available in October 2017.</p> <p>Additionally, the BMI and MI guidance and tools developed by the ReNEW 2.0 education subcommittee were reviewed at the April 2017 ReNEW 2.0 meeting.</p> <p>The first NA II Paraprofessional training was held in the Fall of 2015 with nine (9) local agency staff in attendance. Seven (7) of the nine (9) staff are still with local agencies and three (3) of seven (7) are functioning as NA II completing low risk</p>
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				certifications/mid-certifications, food package changes for children 3-5 years old and provide secondary education. Two (2) other staff will make food package changes and provide secondary education and two (2) other staff appear to only provide secondary education. For those agencies whose staff are able to do all job functions of a NA II they report that the addition of this position has alleviated some of the time demands and stress on the Nutritionists and overall has improved clinic flow. A survey has recently been completed by all local agency staff. Of the 12 agencies at least six (6) agencies are interested in sending staff to the NA II training if held again in 2018. State staff will assess the need and plan for another training to be held during FY18.
10.3 Improve local agency performance through resolution of findings identified through nutrition services and program operations compliance reviews.	Provide targeted technical assistance interventions and training opportunities based on identified deficiencies. (Liaisons) Track and evaluate local agency use of Off-Year Self-Assessments to improve program operations and nutrition	TBD Review prior monitoring reports (See Objective 10.1).	Reductions of repeat findings and observations in areas of nutrition services and program operations. All local agencies in off-year review cycle should	Liaisons provide targeted technical assistance and training to local agencies based on MER findings and CAP. In 2017, all agencies (6) completed the Off Year Self-Assessment and all

	<p>services.</p> <p>Distribute FAQ's after Statewide trainings to clarify nutrition services and program operations questions</p> <p>Incorporate FAQ's into Local Agency Policy and Procedure Manual.</p>		<p>include one (1) page summary from Self-Assessment in Local Agency Plan.</p>	<p>included a discussion in their LAP about the findings of the self-evaluation how it helped them to identify areas needing improvement.</p>
<p>10.4</p> <p>Monitor the implementation of participant compliant tracking system in 2017.</p>	<p>Review the centralized system and identify if additional training is needed for State staff on how to record and track participant complaints received by the State agency.</p> <p>Implement review of tracking log quarterly for patterns.</p> <p>During monitoring, review local agency compliance with providing required information re: WIC benefit use at orientation, certification & re-certifications. (Proactively reduce complaints about these issues.)</p> <p>Topics covered by local staff should include:</p> <ul style="list-style-type: none"> ▪Food Guide/WIC approved foods ▪Benefit Redemption procedures ▪WIC fraud and abuse policies including on-line sale of WIC food or formula. <p>As needed, work with Vendor Unit to incorporate any feedback into vendor training.</p>	<p>Establish baseline and patterns/themes of complaints.</p>	<p>Decrease number of complaints at the State agency receives.</p> <p>Consistently document of resolution of complaint(s).</p>	<p>As of June 2017, four local agencies were reviewed and all of which were observed providing education about the WIC Approved Food Guide, WIC Benefit redemption procedures and WIC fraud and abuse policies during new client orientations and at (re)certification.</p>

Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2017

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
11.1 Expand the usage to 97% of all food dollars.	Track LA expenditures monthly. <ul style="list-style-type: none">• Meet with program directors.• Monitor food costs using the current CPI cost indicators.	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Based on decrease in participation and transition to eWIC, 2017 food dollar usage is closer to 82%. Vendor and Nutrition Units are working to ensure better WIC benefit redemption by participants by cutting down on errors or issues at the store level. In FY 2018, WIC Shopping Experience project will be implemented.
11.2 Continue to monitor for ease and compliance with local agency required monthly reporting and required budgets and amendments.	Survey Program Coordinators in FY 2017 re: WIC financial reporting changes.	FY 2015 results, less errors on reports.	Survey results show that 75% Program Coordinators are very satisfied or extremely satisfied with the revised reporting procedures and forms.	Observations from fiscal unit reveal less errors on monthly reporting forms.
11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.	Utilize financial data in trend analysis	N/A	Utilize financial trend data to drive program decisions	In FY 2017, fiscal unit was trained on CT-WIC financial module. In FY 2018, fiscal, vendor and Epidemiologist will work together to plan for increased utilization of food dollars and more effectively manage NSA resources.

Program Functional Area 12: Data Quality, Analysis & Reporting

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

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
12.1 Improve access to, and the utility and application of, WIC Program data: a. Build on current reports to provide enhanced, more accessible, data resources;	<p>Prepare summary data tables and graphs to illustrate trends, and maps to compare distribution of selected variables and resources; Censor data as appropriate in keeping with confidentiality regulations prior to sharing outside of WIC Program;</p> <p>Post results or otherwise share selected data tables, graphs, trend reports and/or maps.</p> <p>Provide WIC Director with monthly summary stats covering participation, caseload, check issuance & redemption, program costs, and vendors; maintain current national WIC data and state population figures; provide other information as needed.</p>	<ul style="list-style-type: none">- Monthly Reports- Quarterly Outcome Reports- Biennial PC studies	<p>Enhanced analysis and data presentations meet USDA, state and local WIC agency needs for information on:</p> <ul style="list-style-type: none">• WIC participation and caseload;• Risk factors and referrals;• Process and outcome objectives;• Check issuance and redemption;• Authorized vendors. <p>Data tables, graphs and maps facilitate comparison of participant characteristics, risk factors, outcomes, etc.;</p> <p>Summary reports and improved data access result in improved public access to WIC data and less staff time invested in responding to routine requests.</p> <p>Data reports are posted to the program Website and to the agency Dashboard, and</p>	<p>Limited progress has been accomplished in finalizing data reports in the new CT-WIC MIS. Working closely with state and local staff to identify and correct errors in the data reports. Coordinating with IT staff to build and ensure quality data in the CT-WIC DataMart tables, in preparation for constructing final data reports in the new program Dashboard. Priority is being given to Outcome Objective reports, and those reports required for monitoring purposes. Coordinating with IT consultant and supervisor to identify the appropriate software to purchase for address verification for both WIC participants and authorized</p>

			are censored, and periodically updated, as appropriate	vendors, at both the front (data entry) end & the back end (batch processing), as well as to meet geocoding needs for mapping participant access to vendors, etc.
b. Expand research/ data analysis and reporting initiatives;	<p>Link WIC data file with Medicaid records: determine co-enrollment WIC/Medicaid;</p> <p>Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map location to identify pockets of those not enrolled for more targeted outreach efforts.</p> <p>Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage;</p> <p>Identify and track risk factors contributing to poor program outcomes;</p> <p>Evaluate associations between WIC participation and risk factors for poor birth outcomes.</p>	Prior studies	<ul style="list-style-type: none"> ▪ See also Section 1.1. ▪ DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A. ▪ More in-depth analyses help inform program decisions in support of key interventions and resource allocation; ▪ Local-level disparities are identified based on 2010 Census data and other data sources, to better target program services & financial and program resources. 	Pending imminent receipt of DSS Medicaid dataset to determine co-enrollment in WIC/HUSKY, by participant category, etc. (The new address verification system – see 12.1 – will also be used for data matching and de-duplication of these 2 data files.)
c. Provide support in meeting other Program-related data and reporting needs.	<p>Respond to internal and external data requests;</p> <p>Identify/develop relevant reference & training resources;</p> <p>-Draft presentations for WIC Director, Nutrition staff, etc.</p> <p>-Provide survey design, analysis, reporting, or technical assistance as appropriate.</p> <p>-Collaborate in initiatives that benefit the State's MCH population (e.g. participate on DPH committees (MCH Block Grant, PRAMS Steering Committee, DPH Accreditation Team, RFP and Publication Review Committees, etc.).</p>	SWIS reports Ongoing collaboration	<ul style="list-style-type: none"> ▪ Timely response to internal and external data requests; ▪ Surveys and presentations developed and/or technical assistance provided; ▪ Committees successfully complete assigned tasks. 	To date have continued to produce ad hoc data reports manually, pending completion of CT-WIC reporting functions. Continue to prepare surveys and presentations as needed. Committee work completed (e.g. DPH earned national accreditation this spring).
12.2 Contribute data inputs to help maximize stra-	<p>Monitor program services to help inform program planning and implementation efforts:</p> <p>-Identify service gaps, priorities and opportunities;</p>	Current program services and resources	<ul style="list-style-type: none"> ▪ Decisions to increase/ decrease program services and resources are based 	Pending completion of CT-WIC data analysis & reporting functions.

Strategic program coverage and effectiveness: <ul style="list-style-type: none"> a. Strengthen appropriate access to and delivery of program services; 	<ul style="list-style-type: none"> -Track program outcomes and evaluate changes; -Target resources to improve outcomes for those at highest risk. -Provide data/mapping inputs to help relocate clinic and vendor resources; -Identify specific populations to target for outreach/promotional efforts and program services. 		<ul style="list-style-type: none"> on objective inputs; ▪ Risk factors and other variables associated with a given outcome or results are identified, providing enhanced criteria for targeting program interventions. 	Outcome Objectives reports are being given top priority.
b. Ensure adequate access to vendor services, and vendor capacity to meet demand.	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring, fraud detection and TIP reports.</p> <p><u>Database development:</u></p> <ul style="list-style-type: none"> -Investigate need for new data input form(s), validation rules, etc. to help facilitate data entry, increase efficiency & reduce error rates; -Continue to identify priority data needs; build standardized queries to meet those needs; -Provide monthly updates on authorized vendors to WIC Director and Vendor Management Unit. <p><u>Vendor selection:</u></p> <ul style="list-style-type: none"> -Continue to monitor the results of policy change in vendor selection from quarterly needs assessment to open enrollment, to determine effectiveness in meeting participant and program needs; modify as necessary. 	<p>Current vendor database</p> <p>Currently authorized vendors</p> <p>WIC participation</p>	<p>Vendor services and resources meet participant & program needs.</p> <ul style="list-style-type: none"> ▪ Enhanced data analysis and reporting functions (MS Office Access database). ▪ Strong vendor and participant fraud detection protocol designed and implemented. 	<p>Continuing to prepare maps manually to analyze participant geographic access, pending final selection and installation of the address verification software to geocode participants & vendors within the CT-WIC system.</p>

FFY 2018

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, 2018

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

Objective 1.2: Provide a 1-2 day leadership and management workshop for LA Coordinators/Program Nutritionists/SA staff.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
1.1 Implement a Memorandum of Understanding (MOU) with the State Department of Social Services (DSS) and Medicaid/HUSKY Managed Care Provider (CHN-CT) to provide cross referrals and seamless and consistent services to WIC participants	<p>Schedule and attend 2 face-to-face meetings to finalize deliverables:</p> <ul style="list-style-type: none"> • Maintain contact with program liaisons from Connecticut's Medicaid Program (HUSKY) and WIC • Negotiate content, periodicity and exchange of shared data fields (Epi/IT). • Provide a customized information packet for HUSKY and CHN-CT staff regarding referring to WIC. • Develop a mechanism to evaluate cross referral process between HUSKY and WIC. • Maintain ongoing partnership with DSS consultant to update WIC Powtoons DSS offices. 	N/A	<p>Continue efforts to implement the executed data-sharing MOU (currently being handled at the Commissioner level).</p> <p>Evidence of enhanced cross referral between WIC and HUSKY and CHN-CT (Managed Care provider)</p>	Director Nutrition Unit IT Staff Epidemiologist
1.2 Provide a 1-2 day leadership and management workshop for Local Agency Coordinators/Program Nutritionists/SA staff.	<ul style="list-style-type: none"> • Designate lead by September 30, 2017 • Use previous Mgmt Workshop evaluations & feedback to build agenda • Provide training on any changes to CT-DPH COOP & CT-WIC Disaster Preparedness Plan • Include as topic or part of Program Coordinator's meeting, training/refresher on State and local agency procedures related to inquiries from law firms or attorneys regarding participants. • Finalize agenda and recruit speakers by January 15, 2018 • Send out reminder to LA management staff by February 1, 2018. 	N/A	<p>Workshop offered.</p> <p>90% of retreat attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p>	Director Nutrition Unit Epidemiologist

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

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

By September 30, 2018

Objective 2.1: At least 40% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.

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

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

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

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

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

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

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

Objective 2.8: At least 50% of local agency submitted 2017 Local Agency Plans will have measurable strategies included.

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.	Distribute prenatal weight gain guidance document, participant resources and provide training to all local agencies at September 15, 2017 Statewide meeting. Through State MIER observations and chart reviews 80% of local agency staff will incorporate concepts from prenatal weight gain guidance documents to ensure women receive appropriate information and resources to achieve appropriate weight gain based on their prenatal BMI. 1. Continue to monitor trends and revised target set for low and high weight gain during pregnancy through data reports.	<u>2018 WIC Objective:</u> $\geq 40\%$ <u>FFY 2011:</u> 68.8% Range: 59.0% - 81.1% <u>FFY 2012:</u> 72.1% Range: 48.9% - 85.4% <u>FFY 2013:</u> 73.0% Range: 48.6% - 86.6% <u>FFY 2014:</u> 72.3% Range: 53.8% - 83.3% <u>FFY 2015:</u> 28.4%* Range 20.5% - 34.2% (* 9-month average) <u>Source:</u> CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.	CT-WIC quarterly and annual reports Results of monitoring show 80% of local agencies reviewed in 2018: <ul style="list-style-type: none">▪ Schedule appropriate frequency of visits to discuss and monitor prenatal weight gain.▪ Use effective educational methods i.e. MI, appropriate education materials i.e. iPause, tool/ VENA to assist pregnant women in gaining appropriate weight based on IOM recommendations.▪ Incorporate key messaging from the Prenatal Weight Gain guidance document into counseling sessions.	Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit
Cont. 2.1 At least 35% of pregnant women participating in	2. Assess local agency staff skills in identifying women at risk for		Change in trend data over time for low performing agencies.	

<p>the WIC Program for a minimum of 6 months gain appropriate weight.</p>	<p>inadequate or excessive weight gain during pregnancy through liaison TA and local agency reviews.</p> <p>3.Target education efforts on these modifiable risk factors:</p> <ul style="list-style-type: none"> ▪Underweight/Overweight Prenatal BMI ▪Inadequate nutrition or activity in pregnancy ▪Risks of smoking ▪Use of ETOH or drugs ▪Food Security ▪Homelessness <p>Investigate local agency use of the <i>Tell Me More...</i> Prenatal participant survey tool to develop a baseline for 2019.</p> <p>80% of local agencies will include measurable strategies in the 2018 LAP for increasing percentage of women that gain appropriate weight. At least 50% of local agencies implement their stated measurable strategies.</p> <p>During technical assistance visits, Local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for prenatal weight gain.</p> <p>"Progress" is defined as an increase in local agency target, using quarterly CT-WIC reports, in relation to baseline and/or positive evaluation of documentation expectations.</p>			
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<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 chart audits 80% of local agency staff will incorporate concepts from prenatal weight gain guidance documents and address <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ drug use, ▪ Prenatal weight gain <p>Based on State MER observations and chart audits, 100% of local agencies use the smoking during pregnancy guidance document messages and sample lesson plan into group and or individual education sessions as appropriate.</p> <p>70% of local agencies will include measurable strategies in the 2018 LAP for reducing percentage of LBW infants. At least 50% of local agencies implement their stated measurable strategies.</p>	<p>2018 WIC Objective: ≤6%</p> <p>FFY 2011: 6.1% Range: 3.5% - 8.5%</p> <p>FFY 2012: 6.0% Range: 1.7% - 8.7%</p> <p>FFY 2013: 6.4% Range: 3.1% - 9.0%</p> <p>FFY 2014: 5.8% Range: 1.4% - 8.3%</p> <p>FFY 2015: 3.2% * Range: 0.0% - 5.6% (* 9-month average; excludes pre-term & multiple births)</p> <p>Source: CT SWIS, Outcome Objective #2 – LBW Incidence; quarterly reports, by federal fiscal year.</p>	<p>CT-WIC quarterly and annual reports</p> <p>Reduce health disparities among vulnerable population groups i.e. teenagers, substance abuse, poverty, ethnicity, geographic location.</p> <p>Results of monitoring show greater than 80% of local agencies reviewed use MI, iPause and VENA Guidance in education, provide timely referrals and offer appropriate education materials to prenatal women to reduce their risk of delivering a LBW infant.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</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 80% of local agency staff will accurately identify children at risk for anemia based on WIC nutrition assessment and results of Hgb/Hct tests.</p> <p>Through State MER observations and chart audits 80% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Iron-rich food sources ▪ Explanation of anemia/ risks, ▪ Importance of timely blood work, 	<p>2018 WIC Objective: ≤7.5%</p> <p>FFY 2011: 6.8% Range: 4.1% - 8.8%</p> <p>FFY 2012: 7.8% Range: 4.4% - 10.5%</p> <p>FFY 2013: 8.3% Range: 4.2% - 12.3%</p> <p>FFY 2014: 10.2% Range: 4.6% - 14.5%</p> <p>FFY 2015: 9.9% * Range: 5.4% - 17.8% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #4 – Anemia Rate; quarterly reports, by federal</p>	<p>CT-WIC quarterly and annual reports</p> <p>Results of monitoring show greater than 80% of local agencies use effective educational methods including MI, iPause, make timely referrals and offer appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>Change in trend data over time for low performing agencies</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	<ul style="list-style-type: none"> ▪ Appropriate iron supplementation ▪ Risk of lead poisoning. ▪ Making appropriate referrals and follow-up. <p>Monitoring results show 100% of local agencies incorporate anemia guidance document messages and sample lesson plan into group and or individual education sessions.</p> <p>100% of local agencies will include measurable strategies in the 2018 LAP for reducing the prevalence of anemia in children. At least 50% of local agencies implement their stated measurable strategies.</p> <p>During technical assistance visits, Local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for anemia. Liaisons will investigate barriers to obtaining timely bloodwork results to develop a baseline for 2019.</p>	fiscal year.		
2.4 a. The prevalence of BMI $\geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 15%. b. The prevalence of BMI $\geq 95^{\text{th}}\text{ile}$ for children 2-5 years of age does not exceed 10%.	<p>State MER results, Off-year Self-Assessment and LAP review show 100% of local agencies provided follow-up training to their staff on the ReNEW 2.0 developed BMI and Motivational Interviewing Guidance documents.</p> <p>Through LAP review and Program Operations MER 50% of local agencies will develop a measurable strategy to distribute and discuss the Childhood Overweight and Obesity WIC Fast Facts flyer to pediatric</p>	<p><u>2018 WIC Objectives:</u></p> <p>a. <u>OVERWEIGHT:</u> $\leq 15\%$ ($\text{BMI} \geq 85^{\text{th}}\text{ile}$ to $< 95^{\text{th}}\text{ile}$)</p> <p>FFY 2013: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014: 12.2% Range: 7.3% - 16.6%</p> <p>FFY 2015: 15.5% * Range: 8.7% – 18.6% (* 9-month average)</p> <p>b. <u>OBESITY:</u> $\leq 10\%$ ($\text{BMI} \geq 95^{\text{th}}\text{ile}$)</p>	<p>CT-WIC quarterly and annual reports.</p> <p>All local agencies include in their 2018 LAP measurable strategies for reducing prevalence of childhood overweight and obesity.</p> <p>Results of monitoring show 90% of local agencies use effective educational methods, including MI and iPause, providing appropriate referrals, and offer education materials to parents to assist in</p>	Monitoring Unit Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit

	<p>practices as part of their local Outreach Plan.</p> <p>Through State MER observations and chart reviews 90% of local agency staff will incorporate concepts from childhood BMI guidance document to ensure parents receive appropriate information and resources for reducing risks of childhood overweight and obesity.</p> <p>100% of local agencies will include measurable strategies in their 2018 LAP for reducing the prevalence of overweight and obesity in children. At least 50% of local agencies implement their stated measurable strategies.</p> <p>Investigate pilot site and other local agency early adopters' use of WIC Smart modules for obesity/overweight prevention.</p> <p>During technical assistance visits, Local agency liaisons will discuss the local agency's progress at achieving measurable strategies for childhood overweight and obesity.</p>	<p><u>FFY 2013:</u> 13.1% Range: 7.3% - 18.3%</p> <p><u>FFY 2014:</u> 12.3% Range: 6.7% - 17.9%</p> <p><u>FFY 2015:</u> 15.2% * Range: 13.3% – 22.4% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #5a: Childhood Overweight; #5b: Childhood Obesity; quarterly reports, by federal fiscal year.</p>	<p>developing healthy behaviors for their children.</p> <p>By September 30, 2018, all local agencies will implement BMI and Motivational Interviewing Guidance documents.</p>	
<p>2.5</p> <p>At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 80% 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><u>2018 WIC Objectives:</u> ≥70%</p> <p>HP 2020: 81.9%</p> <p><u>FFY 2011:</u> 65.0% Range: 49.8% - 88.4%</p> <p><u>FFY 2012:</u> 69.9% Range: 48.5% - 91.4%</p> <p><u>FFY 2013:</u> 75.9% Range: 66.7% - 90.7%</p>	<p>CT-WIC quarterly and annual reports</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods, including MI and appropriate education materials to assist mothers in making an informed choice on infant feeding.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Breastfeeding Unit Epidemiologist</p>

	<p>Investigate use of prenatal Make A Plan-breastfeeding checklist into individual or group prenatal counseling/education.</p> <p>State Breastfeeding Unit will facilitate quarterly WIC Local agency Breastfeeding Coordinators' meeting and activities. (Oct/Jan/April/July)</p> <ul style="list-style-type: none"> ▪ Develop and train local agency staff on 1 new content sheet by September 30, 2018. ▪ Update and train local agency staff on revised CT Breastfeeding Promotion and Support Guidelines by December 30, 2017 ▪ Determine if updates to existing content sheets are needed by January 2018. ▪ Develop and train local agency staff on facilitated group discussion "baby shower" lesson plan by June 2018. <p>100% of local agencies will include measurable strategies in the 2018 LAP for increasing breastfeeding initiation for mothers that were on the WIC Program for 6 months or more. At least 50% of local agencies implement their stated measurable strategies.</p> <p>During technical assistance visits, Local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for breastfeeding initiation.</p>	<p><u>FFY 2014:</u> 76.2% Range: 59.3% - 93.0%</p> <p><u>FFY 2015:</u> 77.3% * Range: 58.0% - 92.3% (* 9-month average)</p> <p>Source: CT SWIS, Outcome Objective #3a – BF Initiation Rate; quarterly reports by federal fiscal year.</p>	<p>Results of monitoring show greater than 80% of local agencies use effective educational methods, including MI, 3-step counseling and, iPause. Staff review Make A Plan (breastfeeding checklist) to assist mothers in preparation to increase successful initiation of breastfeeding.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Breastfeeding Promotion and Support guidelines.</p>	
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	<p>In FY 2018, incorporate the Breastfeeding Unit staff into scheduled monitoring visits for 2 local agencies. Modify CT Breastfeeding Promotion and Support Guidelines for use as a MER tool to enhance Nutrition Monitor's existing review tool.</p> <p>Coordinate Year 5 for the breastfeeding portion of CDC 1305 (SHAPE) grant. Work with CBC's CT Ten Step Collaborative on increasing evidenced based maternity care and implementation of the Ten Steps to Successful Breastfeeding through dissemination of "It's Worth It" campaign materials and messages.</p>			
2.6 At least 50% infants enrolled in the WIC Program are breastfed for 6 months or more.	<p>Through State MER observations and chart audits 80% of local agency staff will incorporate and document concepts from duration focused breastfeeding content sheets (building and maintaining milk supply, pumping for work/school, 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>Train LA Breastfeeding Coordinators on implementation of Make It Work checklist (as applicable).</p> <p>100% of local agencies will include</p>	<p><u>2018 WIC Objective:</u> $\geq 50\%$ HP 2020 Objectives: 60.9% FFY 2015: 61.5% * Range: 41.3% – 87.9% (* 9-month average)</p>	<p>CT-WIC quarterly and annual reports</p> <p>Results of monitoring show greater than 80% of local agencies use effective educational methods such as MI and iPause, and provide appropriate resources i.e. Make It Work checklist, to assist mothers in meeting their established breastfeeding duration goals.</p> <p>Results of monitoring show greater than 80% of local agencies are providing accurate information regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p>	Breastfeeding Unit Epidemiologist

	<p>measurable strategies in the 2018 LAP for increasing breastfeeding duration for women to 6 months or more.</p> <p>During technical assistance visits, Local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for breastfeeding duration of 6 months or more.</p> <p>Provide oversight and technical assistance to 3 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs through on-site visits, conference calls and quarterly progress and financial reports. Per contractual language maintain a 40% breastfeeding rate at established intervals.</p> <p>State agency WIC Peer Counselor Coordinator (IBCLC) will participate in Breastfeeding Unit monitoring of programs with peer counseling.</p> <p>State IBCLC to work with CLCs at local WIC program on IBCLC exam requirements.</p> <p>Continue to implement peer-counseling module in CT-WIC,</p>		<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled and duration rates are reviewed and approved.</p>	
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	<p>including development of consistent, automated data reports for peer counseling programs.</p> <p>Coordinate at least one (1) Breastfeeding-focused CT-AAP teleconference in FY 2018.</p> <p>Coordinate Year 5 for the breastfeeding portion of CDC 1305 (SHAPE) grant, specifically increasing compliance with workplace lactation accommodations.</p> <p>Actively participate in the CT Breastfeeding Coalition (CBC).</p>		<p>One CT-AAP teleconference is held in 2018. Evaluations are reviewed.</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 (WIC Shopper App).	<p>Facilitate weekly Bug Calls for 2018. Develop Release Notes for quarterly CT-WIC releases.</p> <p>Revised food list will be completed and distributed to local agencies by September 20, 2017. Review of the food list will be ongoing and revisions will be made as necessary.</p> <p>State staff will provide training by September 30, 2018 for all local agency staff to ensure adequate training and review of shopping materials (food list, benefit list, eWIC brochure, etc) with participants to ensure a positive shopping experience.</p> <p>The Nutrition and Vendor Units are developing a project titled the Participant Shopping Experience Initiative, beginning</p>	2016 Help Desk Calls.	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p> <p>Although a baseline of complaints received monthly has not been identified the overall goal would be to decrease the number of complaints received at the State agency and to improve the overall shopping experience for the</p>	<p>Nutrition and Program Monitoring staff Breastfeeding Unit Epidemiologist Nutrition Unit Vendor Unit</p>

<p>October 2017. A vendor management staff member will visit six local agencies (off year from monitoring visits) to complete 25 participant surveys per permanent site. The results of the surveys will be analyzed to identify the top 5 training needs regarding the WIC Shopping Experience. The primary focus of the surveys is to identify further training needs for vendors, local agency staff as well as protocol for dissemination of information to participants. Survey analysis will be completed by September 2018.</p> <p>Work with Vendor Unit and JPMA to update CT information on WIC Shopper App as needed.</p> <p>Determine if WIC Shopper and WIC Smart Services will continue past August 2018. Make decision in early January 2018 regarding direction.</p>		<p>participant thus resulting in improved retention rates.</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 Possible conversion from Beech-Nut infant cereal and jarred baby food to new rebate contractor, dependent on result of Invitation to Bid.

Objective: 3.2. Improve the participant shopping experience.

Objective: 3.3 Review and modify minimum inventory requirements.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
3.1 Possible conversion from Beech-Nut infant cereal and jarred baby food to new rebate contractor, dependent on result of Invitation to Bid.	Transition infant participants who receive infant cereal and jarred baby foods from Beech-Nut to the new brand.	October 2017	30 day transition from Beech-Nut products to new brand.	UPC Maintainers Kevin Luz
	Deactivate Beech-Nut products in the Authorized Product List with effective date of October 1, 2017	September 2017		UPC Maintainers Kevin Luz
	Add new subcategories to CTWIC with effective date October 1, 2017	September 2017		UPC Maintainers Kevin Luz
	Add new products to the Authorized Product List with effective date of October 1, 2017.	September 2017		UPC Maintainers Kevin Luz
	Monitor availability of rebated products and minimum inventory at authorized food retailers and pharmacies.	1 st Quarter of FY18	2 varieties 36 jars of baby food fruits 2 varieties 36 jars of baby food vegetables	Vendor Monitors
	Investigations for not providing contract infant foods, and substituting for unapproved items.	Nov./Dec. 2017	High risk vendors and vendor history of providing unapproved foods.	FRVM Compliance Investigator

3.2. Improve the participant shopping experience.	Work with mobile apps for participants to obtain current benefit balances	Family Benefits List is only accurate before first purchase		FRVM staff
	Create a flow chart for vendors on a WIC transaction. Create a flow chart for participant's use of the card.			FRVM staff
	Provide local agencies with guidance and test cards to enhance their knowledge of WIC shopping.	Each local agency has their own process for training participants.		FRVM staff
	Standardized training program for local agencies to train participants on obtaining balance inquiries, looking for shelf labels, using a mobile app for approved products.		Number of calls received about participants not knowing how to use card.	FRVM staff
3.3 Review and modify minimum inventory requirements.	Research specific categories, including canned fish and contract formula being redeemed in each peer group.	1 st Quarter of FY18	Reduced waste and expiration of foods based on vendor feedback.	FRVM staff
	Q1 Consider adjusting amounts based on peer groups/store size/redemptions.	1 st Quarter of FY18	Reduced waste and expiration of foods based on vendor feedback.	FRVM staff
	Q1 Consider a restricted Vendor Agreement excluding vendors from stocking or selling all formulas.	1 st Quarter of FY18	Reduced waste and expiration of foods based on vendor feedback.	FRVM staff

Program Functional Area 4: Vendor/Retailer Management

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

Objective: 4.1 Improvements in communication within the FRVM unit and with vendors.

Objective: 4.2 Implement a Lean process on violations and sanctions associated with compliance investigations and the Vendor Agreement selection criteria.

Objective: 4.3 Implementation and follow-up of Vendor Management Evaluation corrective action plans.

Objective: 4.4 Full usage of CTWIC.

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

Objective: 4.6 Quarterly or more frequent enrollment periods throughout the year.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
4.1 Improvements in communication within the FRVM unit and with vendors.	Maintain links to federal regulations, vendor authorization process, vendor agreement and a monthly list of currently authorized vendors.	2015 information	Changes are needed for updated information.	FRVM Staff
	Utilize staff meetings for team building activities and fulfillment of mission and values of unit.	Weekly meetings began FFY2016	Agenda and minutes.	FRVM Staff
	Monitor vendors' usage of email for more timely communications. Email bulletins/communications and renewal application packages through the MIS.	95% of authorized stores provide an email address on their application.	Increased utilization of email and website by vendors to obtain relevant information. Reduction in calls for information that is provided online. New MIS has the capability of emailing from the system.	FRVM Staff
4.2 Implement a Lean process on violations and sanctions associated with	Identify the violations of the Agreement that do not have a state agency established sanction.	Patterns for multiple violations	Vendors failing to meet selection criteria	FRVM Staff

compliance investigations and the Vendor Agreement selection criteria.	Create and revise policies and procedures to establish patterns of violations not specified in the sanction schedule.	Review policies and procedures	Number of times vendors are not meeting specific selection criteria	FRVM Staff
	Offer High Risk vendor training to vendors who have agreement violations.	Provide training when requested.	Sanction letters High Risk Vendor report	FRVM Staff
4.3 Implementation and follow up of Vendor Management Evaluation corrective action plans.	Utilize CTWIC to improve tracking for monitoring visits, closure of investigations, referrals to SNAP on WIC DQs.	Tracked on paper/filing system	Transfer paper tracking sheets to MIS reports.	FRVM Staff
	Develop policies and establish business processes for a Policy and Procedure Manual.	Limited number of policies and procedure in writing.	Individual knowledge of tasks	FRVM Staff
	Enhance the CT WIC Manual for the Vendor Module.		Findings and Observations from FY14 VM ME that require the use of new MIS.	FRVM Staff
4.4 Full usage of CTWIC.	Update authorized vendors on WIC activities through system generated emails	MIS implementation in February 2016	Mirror several reports that were available in SWIS, or information available in the Access database	FRVM Staff
	Q2 Implementation of Vendor Portal for applications, registering for trainings, access to sanction history. Vendor access to Conduent portal for WIC payments.	Manual processes	Number of electronic applications received for open enrollment in January 2017 Vendor's knowledge of when the requested price is over the MARL.	FRVM Staff
	Q2 Enhancements for increased access to EBT data through CTWIC	Database only accessible through IT.	Amount of time to acquire information.	FRVM Staff
	Utilize CTWIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents emailed through the MIS.	FRVM Staff

4.5 Investigate and determine the process for changing State Regulations.	Review Federal Regulations and current State regulations to identify areas that are inconsistent	Current state regulations have been in effect since June 1998.	Vendor Management policies are compliant with federal regulations, but have changed since state regulations were last updated.	FRVM Staff
	Identify and document the expedited process for changing certain regulations and determine when it is (for what changes) appropriate to use this process.	Out of date regulations, violations related to WIC checks.	Revise regulations or through the repeal process.	
	Explore the regular process for changing regulations and determine which required changes can be completed using this process.		Department is completing a technical, repealer bill through the legislative proposal process, and state statutes will be reviewed.	
	Change State regs to reference Federal regulations for Federal Mandatory sanctions for violations, and adjust state agency violations and sanctions to mirror the WIC Vendor Agreement		Several violations no longer exists with the elimination of paper WIC checks in 2016, and new sanctions for eWIC violations were established.	
4.6 Quarterly or more frequent enrollment periods throughout the year.	Q1 Earlier notification of open enrollment period on webpage.	Posting by 2 nd week of January	Increase in vendors being aware of the enrollment period, and decrease in phone calls to State Office asking when it will be offered.	FRVM Staff
	Non-selection letter issued onsite when vendor exceeds the number of failed monitoring visits allowed.	4 months for notifications of non-selection.	Reduce time to 1 month from application to when vendor fails to meet a selection criterion.	FRVM Staff
	Q2 Upon implementation of vendor portal, consider quarterly or more frequent enrollment periods throughout the year.	100 applications received each February.	Fewer applications to process throughout the year vs. all at once	FRVM Staff

Program Functional Area 5: Management Information Systems

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

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

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

Objective: 5.3 Continue the mainframe cost containment initiative.

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

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

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

Objective: 5.7 Develop a new MIS equipment obsolescence plan.

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional vendor and finance functionality to CTWIC.	MI-WIC system transferred to CT With minimal modifications	Vendor and Finance units using CTWIC for all major functions.	IT Section Chief IT Supervisor
5.2 Establish a master schedule of all WIC IT projects.	Create and maintain a master schedule of IT activities.	Master calendar created and maintained.	Master calendar created and maintained.	IT Section Chief IT Supervisor
5.3 Continue the mainframe cost containment initiative.	Mainframe need to be eliminated at the end of the year	Active for remaining check redemption and reporting only.	Maintain MF cost in report of MIS Cost Survey Feb 2010.	Technical Analyst II
5.4 Implement an MIS and EBT solution for Connecticut.	Implement phase 2 tasks from MIS/EBT project	Basic functionality implemented. All participants converted to to eWIC.	Remaining functional requirements from statement of work completed.	Director IT Section Chief IT Supervisor
5.5 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Dashboards in development. Some reports are self-service. Other reports still being emailed to Local agencies.	Pilot intranet or report server. Pilot ad hoc reporting capability.	IT Section Chief IT Supervisor

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

Program Functional Area 6: Caseload Management/Outreach

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

By September 30, 2018:

Objective 6.1: Target a 2% increase over 2017 first trimester enrollment rates. (42%)

Objective 6.2: Determine baseline for child participation/retention in 2016/2017. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2018.

Objective 6.3: 100% of FY 2018 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies.

Objective 6.4: All local agencies will review and use CT-WIC no-show tracking report to improve access to WIC services. Establish baseline using information from CT-WIC report.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
6.1 Target 2% increase over 2017 first trimester enrollment rates.	100% of LAP's Outreach Plans, includes a measurable strategy focused on 1 st trimester enrollment. Based on 2018 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing 1 st trimester enrollment at a Statewide meeting in 2018.	<u>2018 WIC Objective:</u> ≥ 40% FFY 2011: 68.8% Range: 59.0% - 81.1% FFY 2012: 72.1% Range: 48.9% - 85.4% FFY 2013: 73.0% Range: 48.6% - 86.6% FFY 2014: 72.3% Range: 53.8% - 83.3% <u>FFY 2015:</u> 28.4%* Range 20.5% - 34.2% (* 9-month average) <u>Source:</u> CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.	CT-WIC Process Objective Report (FY 2016) 1 st trimester enrollment of pregnant women is greater than or equal to 35%. DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A. 100% of local agency plans will include measurable strategies to increase 1 st trimester enrollment by 2018.	Program Monitor Epidemiologist Outreach Team

<p>6.2 Determine baseline for child participation/retention in 2016/2017. Based on baseline, develop target for improvement. Monitor child participation rates in six local agencies in 2018.</p>	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5 year old child participation.</p> <p>Track child participation rates in six local agencies that participated in the WIC & HS Better Together Project.</p>	<p>TBD</p>	<p>Child participation rate and/or baseline target is established.</p>	<p>Program Monitor Epidemiologist Outreach Team WIC/HS Team</p>
<p>6.3 100% of FY 2018 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies.</p>	<p>100% of FY 2018 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Investigate to develop a baseline, the number of FY 2018 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>	<p>TBD</p>	<p>100% of LAP submissions will have a FY 2018 local agency Outreach Plan that includes measurable strategies.</p> <p>75% of agencies reviewed in FY18 will have evidence that the WIC Outreach Toolkit was utilized in planning and measuring the effectiveness of outreach activities.</p>	<p>Local agency Liaisons Program Monitor</p>
<p>6.4 Investigate local agencies' use of CT-WIC no-show tracking report to improve access to WIC services. Establish baseline for State no-show rate using information from MER and</p>	<p>Through State MER discussions with management staff, investigate number of local agencies reviewed during FY 2018 that report they review CT-WIC no-show reports on a weekly basis and use the results to modify and/or improve future schedules and</p>	<p>TBD</p>	<p>Verification that all local agencies are tracking, analyzing and implementing and effective strategies to reduce no-show rate.</p>	<p>Program Monitor Epidemiologist</p>

CT-WIC report.	<p>show rates.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> ▪ Retrieve and Utilize One Call report to manage clinic schedules and no show rates. <p>Based on 2018 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing no show rates at a Statewide meeting in 2018.</p>			
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Program Functional Area 7: Coordination of Services

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
7.1 Maintain coordination with at least 75% of identified key partners.	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Connecticut was funded in November 2014 for a Full Grant. Continue implementation of <i>Connecticut WIC and Head Start Cross-Program Collaboration Project</i> through September 2018.</p> <p>Dependent on funding, continue SNAP Ed/WIC Program Collaboration to compliment WIC nutrition education efforts. Coordinate with SNAP Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP Ed recipes in WIC education/resources used.</p> <p>Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC) to facilitate the group's</p>	<p>Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Amended and Executed PSA with USJ for Full grant.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p> <p>Final WIC SPG Deliverables are approved by FNS.</p> <p>Fully Executed MOU with Head Start (OEC)</p> <p>Successful SNAP Ed workshops/display at local agencies based on evaluations and feedback from SNAP Ed/local agencies/students</p> <p>SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of CPQC meetings.</p>	<p>Nutrition Unit Nutrition and Program Monitors Breastfeeding Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>understanding of WIC Breastfeeding initiation and duration data and promotion and support strategies. Work with the CPQC to better coordinate hospital and community messaging about breastfeeding.</p> <p>Maintain partnership with CT Alliance on Perinatal Mental Health via implementation and sustainability of a PMAD related training in FY 2018. Provide feedback to Alliance re: community mental health resources identified through local agency networking.</p>		<p>Ongoing implementation of WIC PMAD Screening Protocol.</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). ▪ Reduction in review findings related to referrals <p>At September 2018 Statewide meeting, provide training on changes to CT-WIC screens to track more specific and targeted referral and outreach activities.</p>	N/A	<ul style="list-style-type: none"> ▪ Improved local level coordination with staff regarding referrals. ▪ All local agencies will utilize a Local Community Resource Guide on a regular basis. ▪ 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. 	Monitoring Unit Nutrition Monitor

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, 2018:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
8.1 Verify 100% of local agencies are in compliance 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 and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures followed at local agencies during FY 2018 reviews.</p>	Ongoing	<p>Each brochure and handout will contain the current USDA Non-discrimination statement.</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	Monitoring Unit
8.2 Conduct annual civil rights training for local agency staff.	<p>Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor for use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. (ReNEW 2.0 training subcommittee). Implement a self-paced annual Civil Rights training for all local agency staff. Provide short interactive session at Statewide Meeting to review CR concepts and application in clinic setting.</p>		<p>Initial self-paced Civil Rights training is implemented statewide.</p> <p>Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.</p>	Monitoring Unit

Program Functional Area 9: Certification & Eligibility

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

By September 30, 2018:

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies. (See Objective 3.3)	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT WIC Program Special Formula Review Form to determine if 80% of agencies reviewed are 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 monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the Nutrition Consultant Formula Lead (NCFL) will use the CT WIC Program Special Formula Review Form to conduct 5 chart audits per LA permanent site three times per year: December, April, and August.</p> <p>A total of 50 charts of more per trimester will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals issuance.</p> <p>In first quarter of FY 2018, NCFL will ensure updated data entry policy for WIC Special Formulas and Eligible Nutritionals. Update policy as needed. At a minimum, bi-annually. Update list in 1st</p>	June 2017: report: WIC Special Formula and Eligible Nutritionals Range-% Average- %	<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>Reduction in the number of health care provider phone calls related to confusion re: WIC special formula issuance.</p> <p>CT-WIC Infant Formula Monthly Reports.</p> <p>Results of chart audits summaries</p> <p>Formula issuance & redemption reports</p> <p>Summaries and Actions of WIC Special Formula and Eligible Nutritionals meetings i.e. data entry policy, bulletin to vendors</p> <p>100% Initial Medical Documentation in chart</p>	Nutrition Unit Nutrition Monitor

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>quarter of FY 2018.</p> <p>At beginning of FY 2018, coordinate with Vendor Unit to develop Vendor Bulletin related to updated WIC Special Formulas and Eligible Nutritionals listing.</p> <p>Review CT-WIC Quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals.</p> <p>The results of chart audits will be discussed during State Nutrition Unit Meetings to discuss areas for improvement.</p> <p>Based on results, Local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits.</p> <p>Outstanding formula issues identified will be topic for discussion during training sessions at staff meetings and or statewide meetings.</p> <p>Provide two (2) in-service trainings to identified stakeholders about WIC formula policies and procedures by September 30, 2018. Assist local agencies in providing in-service presentations as appropriate.</p>		<p>90% Medical Documentation Up to Date</p> <p>90% Accurately completed</p> <p>100% Medical Documentation correlates with WIC prescription issuance in family benefit list</p> <p>90% of verbal orders obtain medical documentation within 24 hours</p> <p>100% of RTF formulas issued comply with rationale in Federal Regulations.</p>	
<p>9.2</p> <p>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>	N/A	<p>IT report submitted. Training scheduled for local agencies.</p> <p>Monitoring indicates local agency staff are correctly assigning risks.</p>	Nutrition Unit Monitoring Unit Breastfeeding Unit IT Unit

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>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>			
9.3 75% of participants receive targeted exit counseling.	<p>Develop or modify a State's existing exit counseling brochure with ReNEW 2.0 subcommittee members by September 30, 2018. This brochure will be made available for all participants leaving the program.</p> <p>Review and update existing exit counseling policies in Local agency Policy and Procedure Manual.</p> <p>Train local agency staff on any updated policies.</p>	2016 & 2017 Monitoring results	<p>During routine monitoring local agency staff will show proficiency with providing appropriate exit counseling to participants.</p> <p>75% of agencies reviewed in FY18 will have evidence of participants receiving targeted exit counseling.</p>	Nutrition Unit Program Monitor
9.4 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures.	<p>During nutrition services monitoring validate 80% of local agency comply with mid-certification visits for breastfeeding consistent with State Plan policies.</p>	2016 & 2017 Monitoring results	<p>During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.</p>	Nutrition Unit Program Monitor Breastfeeding Unit IT Unit

Program Functional Area 10: Monitoring & QA

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

By September 30, 2018:

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

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

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

Objective: 10.4 Monitor implementation of participant complaint tracking system.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
10.1 Monitor six (6) service regions including satellites.	<p>By end of 1st quarter, develop FY2018 monitoring schedule.</p> <ul style="list-style-type: none">▪ Conduct monitoring visits & schedule exit conference within two weeks of completion of fieldwork.▪ 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 FFY17 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	FFY17 LA monitoring schedule (See Objective 10.3)	<p>100% of scheduled monitoring visits and reports completed by Sept 2018.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit

<p>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement.</p> <p>Highlight local agency best practices at December statewide meeting.</p> <p>Utilize “ReNEW 2.0” committee” to address statewide local agency training and technical assistance needs.</p> <p>During 2018</p> <ul style="list-style-type: none"> ▪ Monitor/Investigate for implementation of BMI and MI Guidance. (Results will determine 2019 baseline.) ▪ Monitor/Investigate implementation and use of WIC staff orientation learning objectives and competencies. ▪ Evaluate NA II paraprofessional training held in all 2015. Based on evaluation, schedule 2nd offering. ▪ Finalize, distribute and provide training on pregnancy weight gain guidance document to build upon revised MWG objective targets. ▪ Training will be completed and resources distributed to local agencies by December 2018. ▪ Update web page as needed. ▪ Revise CT-WIC clinic manual. Train staff by December 2018. Continue to gather feedback from ReNEW 2.0 committee and local agencies on CT-WIC clinic experiences. 	<p>Baselines from local agency reviews</p>	<p>Ongoing process/tool evaluation and feedback from local agencies.</p> <p>Evidence of LA application of VENA principles is reflected in monitoring reports.</p> <p>Results of monitoring visits are incorporated into technical assistance and training plans.</p> <p>At least 75% of ReNEW 2.0 sub-committee planned deliverables are completed.</p> <p>MIS/EBT Functional requirements for MIS and EBT design reviewed. See Functional Areas 5.4 and 5.5.</p> <p>Process flows developed and or reviewed, see Functional Area 5.4</p> <p>Change Management for data migration developed and/or reviewed. See Functional Area 5.6.</p> <p>At least two agencies reviewed in FY18 will have incorporated the pregnancy weight gain guidance document and resources in counselling sessions as evidenced during onsite monitoring reviews.</p> <p>Change Management for staff/participant/vendor training and marketing developed and/or</p>	<p>Nutrition Unit Breastfeeding Unit Monitoring Unit</p>
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			reviewed. See Functional Areas 5.2, 5.7, 5.8. 5.9.	
10.3 Improve local agency performance through resolution of findings identified through nutrition services and program operations compliance reviews.	<p>Provide targeted technical assistance interventions and training opportunities based on identified deficiencies. (Liaisons)</p> <p>Track and evaluate local agency use of Off-Year Self-Assessments to improve program operations and nutrition services.</p> <p>Distribute FAQ's after Statewide trainings to clarify nutrition services and program operations questions</p> <p>Incorporate FAQ's into Local Agency Policy and Procedure Manual.</p>	TBD Review prior monitoring reports (See Objective 10.1).	<p>Reductions of repeat findings and observations in areas of nutrition services and program operations.</p> <p>All local agencies in off-year review cycle should include one (1) page summary from Self-Assessment in Local Agency Plan.</p>	Nutrition Unit Breastfeeding Unit Monitoring Unit

<p>10.4 Monitor the implementation of participant compliant tracking system in 2017.</p>	<p>Continue to review the centralized system and identify if additional training is needed for State staff on how to record and track participant complaints received by the State agency. Implement review of tracking log quarterly for patterns.</p> <p>Monitoring will show, 80% of local agencies provide required information re: eWIC card use at orientation, certification & re-certifications. (Proactively reduce complaints about these issues.)</p> <p>Topics covered by local staff should include:</p> <ul style="list-style-type: none"> ▪Food List/WIC approved foods ▪eWIC procedures ▪WIC fraud and abuse policies including on-line sale of WIC food or formula. <p>As needed, work with Vendor Unit to incorporate any feedback into vendor training.</p> <p>During technical assistance visits, local agency liaisons will discuss WIC Shopping Experience expectations.</p>	<p>Establish baseline and patterns/themes of complaints.</p>	<p>Decrease number of complaints at the State agency receives.</p> <p>Consistently document of resolution of complaint(s).</p>	<p>Monitoring Unit Vendor Monitor Epidemiologist</p>
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Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2018

Objective: 11.1 Expand the usage to 90% of all food dollars, based on recent trends of usage (82%).

Objective: 11.2 Plan for transition to universal worksheet for expenditure reporting in FY 2019.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
11.1 Expand the usage to 90% of all food dollars. (Goal to improve 8% points over FY 2017 numbers.)	Track LA expenditures monthly. <ul style="list-style-type: none">•Meet with program coordinators.•Work with Management and Epidemiologist to monitor food costs using the current CPI cost indicators.	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Program Director/ Management Fiscal Unit Epidemiologist
11.2 Plan for transition to universal worksheet for expenditure reporting in FY 2019.	Survey Program Coordinators in FY 2018 re: pending WIC financial reporting changes.	TBD	Acceptable plan to train and update WIC Local agency management on new reporting requirements.	Management Fiscal Unit
11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.	Utilize financial data in trend analysis	N/A	Utilize financial trend data to drive program decisions	Management Fiscal Unit Epidemiologist

Program Functional Area 12: Data Quality, Analysis & Reporting

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

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

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

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

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

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

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

a. Strengthen appropriate access to and delivery of program services;	<p>changes;</p> <p>Target resources to improve outcomes for those at highest risk. Provide data/mapping inputs to help relocate clinic and vendor resources;</p> <p>Identify specific populations to target for outreach/promotional efforts and program services.</p>		<ul style="list-style-type: none"> Risk factors and other variables associated with a given outcome or results are identified, providing enhanced criteria for targeting program interventions. 	
b. Ensure adequate access to vendor services, and vendor capacity to meet demand.	<p>Coordinate with the Food Resource & Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring, fraud detection and TIP reports.</p> <p><u>Database development:</u></p> <ul style="list-style-type: none"> -Continue to identify priority data needs; build standardized queries and presentation formats to meet those needs; -Provide monthly updates on authorized vendors. <p><u>Vendor selection:</u></p> <ul style="list-style-type: none"> -Continue to monitor the results of policy change in vendor selection from quarterly needs assessment to open enrollment, to determine effectiveness in meeting participant and program needs; modify as necessary. 	<p>Vendor data</p> <p>Currently authorized vendors</p> <p>WIC participation</p>	<p>Vendor services and resources meet participant and program needs.</p>	<p>Epidemiologist</p> <p>Vendor Unit</p>